

Planning, Partnerships and Population Health Committee

Thu 20 October 2022, 10:00 - 12:30

Teams

Agenda

10:00 - 10:00
0 min

1. PRELIMINARY MATTERS

Oral Chair

📄 Agenda_PPPH_20Oct22final.pdf (2 pages)

1.1. Welcome and Apologies

Oral Chair

1.2. Declarations of Interest

Oral All

1.3. Minutes from the previous meeting held on the 14 July 2022, for approval

Attached Chair

📄 PPPH_Item_1.3_PPPH Unconfirmed minutes 14July2022.pdf (13 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_PPPH_Action Log_Oct22.pdf (3 pages)

10:00 - 10:00
0 min

2. ITEMS FOR APPROVAL/ RATIFICATION / DECISION

There are no items for inclusion in this section

10:00 - 10:00
0 min

3. ITEMS FOR ASSURANCE

3.1. Tobacco Control Delivery Plan Assurance Report

Attached Director of Public Health

📄 PPPH_Item_3.1_Tobacco Control Delivery Plan Update.pdf (16 pages)



10:00 - 10:00
0 min

4. ITEMS FOR DISCUSSION

4.1. Strategic Planning: IMTP Requirements and Approach for Development



Powell Behan
19/10/2022 15:07:37

Attached *Director of Planning and Performance*

-  PPPH_Item_4.1_IMTP Requirements and Approach Cover Paper.pdf (4 pages)
-  PPPH_Item_4.1a_Integrated Plan Approach.pdf (39 pages)

4.2. Strategic Change Report

Attached *Director of Planning and Performance*

-  PPPH_Item_4.2_Strategic Change Report Cover Paper.pdf (5 pages)
-  PPPH_Item_4.2a_Strategic Change Report.pdf (39 pages)

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

0 min

Information *Director of Public Health and Associate Director of Corporate Services*



-  PPPH_Item_5.1_Local Public Health Team Transfer.pdf (16 pages)

10:00 - 10:00 6. OTHER MATTERS

0 min

6.1. Committee Risk Register

Attached *Interim Board Secretary*

-  PPPH_Item_6.1_PPPH Committee Risk Report_Oct22.pdf (3 pages)
-  PPPH_Item_6.1a_PPPH_RiskRegister_Oct22_Appendix_A.pdf (7 pages)



6.2. Review of Committee Programme of Business

Attached *Interim Board Secretary*

-  PPPH_Item_6.2_PPPH_Committee_Work Programme_2022-23.pdf (4 pages)

6.3. Annual Review of Committee Terms of Reference 2022/23

Attached *Interim Board Secretary*

-  PPPH_Item_6.3_Review of Committee Terms of Reference.pdf (3 pages)
-  PPPH_Item_6.3a_PPPH Committee_ToR_Final.pdf (10 pages)

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

Oral *Chair*

6.5. Any Other Urgent Business

Oral *Chair*

6.6. Date of the Next Meeting: 19 January 2023

Oral *Chair*

Powell Bethan
19/10/2022 15:07:31

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

**20 OCTOBER 2022,
10:00– 12:30
VIA 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, 14 July 2022	Attached	Chair
	1.4	Matters arising from the minutes of the previous meeting	Oral	Chair
10:05	1.5	Planning, Partnerships and Population Health Committee Action Log	Attached	Chair
	2	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
		<i>There are no items for inclusion in this section</i>		
	3	ITEMS FOR ASSURANCE		
10:10	3.1	Tobacco Control Delivery Plan Assurance Report	Attached	Director of Public Health
	4	ITEMS FOR DISCUSSION		
10:30	4.1	Strategic Planning: <ul style="list-style-type: none"> IMTP Requirements and Approach for Development 	Attached	Director of Planning and Performance
11:05	4.2	Strategic Change Report	Attached	Director of Planning and Performance
	5	ITEMS FOR INFORMATION		
	5.1	Local Public Health Team Transfer	Attached	Director of Public Health/Associate Director of Corporate Business
	6	OTHER MATTERS		
11:30	6.1	Committee Risk Register	Attached	Interim Board Secretary
11:45	6.2	Review of Committee Programme of Business	Attached	Interim Board Secretary
11:50	6.3	Annual Review of Committee Terms of Reference 2022/23	Attached	Interim Board Secretary
12:00	6.4	Items to be Brought to the Attention of the Board and/or Other Committees	Oral	Chair
	6.5	Any Other Urgent Business	Oral	Chair
	6.6	Date of the Next Meeting: <ul style="list-style-type: none"> 19 January 2023, via Microsoft Teams 		

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

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

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

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

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

UNCONFIRMED

**MINUTES OF THE MEETING HELD ON THURSDAY 14 July 2022
VIA MICROSOFT TEAMS**

Present:

Rhobert Lewis	Independent Member (Committee Chair)
Ian Phillips	Independent Member (Committee Vice-Chair)
Ronnie Alexander	Independent Member
Kirsty Williams	Independent Member and PTHB Vice Chair

In Attendance:

Claire Madsen	Director of Therapies and Health Sciences
Hayley Thomas	Director of Primary, Community Care and Mental Health
James Quance	Interim Board Secretary
Pete Hopgood	Executive Director of Finance, Information & ICT
Mererid Bowley	Director of Public Health
Julia Toy	Transformation Programme Manager
John Morgan	Transformation and Value Programme Manager
Andrea Blayney	Community Health Council Representative
Adrian Osbourne	Programme Director of Covid-19 and Test, Trace and Protect

Observers:

Bethan Hopkins	Audit Wales
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Apologies for absence:

Stephen Powell	Executive Director of Planning and Performance
Carol Shillabeer	Chief Executive Officer
Vivienne Harpwood	PTHB Chair

Committee Support:

Bethan Powell	Interim Corporate Governance Business Officer
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PPPH/22/33	<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. The Chair welcomed newly appointed Director of Public Health, Mererid Bowley, to the meeting. Apologies for absence were NOTED as recorded above.</p>
PPPH/22/34	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared.</p>
PPPH/22/35	<p>UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 7 April 2022</p> <p>The Committee APPROVED the minutes of the meeting held on 7 April 2022, subject to the following clarification:</p> <ul style="list-style-type: none"> PPPH/22/12- It was highlighted that further detail would be required to better understand both Part 1 and 2 of the Mental Health Needs Assessments. The Committee were informed that The Director of Primary, Community Care and Mental Health would circulate a summary to explain both assessments to the Committee. <p>Action: Director of Primary, Community Care and Mental Health</p>
PPPH/22/36	<p>MATTERS ARISING FROM PREVIOUS MEETINGS</p> <p>The committee discussed the following matters:</p> <p>PPPH/22/10: A briefing would be provided and circulated to members of the committee with regards to future plans to standardise the approach of Powys sites to become Smoke free.</p> <p>The Director of Public Health confirmed that as part of the Welsh Government control and Delivery plan, this remains a high priority for the Health Board. As part of legislation and compliance across all premises, an update would be provided on the forward pathway delivery, inclusive of the next report due to Committee in October 2022.</p> <p>Action: Director of Public Health</p>

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PPPH/22/37	<p>COMMITTEE ACTION LOG</p> <p>The Committee received and NOTED the Action Log.</p>
<p align="center">ITEMS FOR APPROVAL/RATIFICATION/DECISION</p>	
PPPH/22/38	<p>HEALTHY WALES WHOLE SYSTEM APPROACH TO OBESITY PREVENTION</p> <p>The Director of Public Health presented the report and provided an overview of the approach to Obesity prevention introduced by Welsh government in 2021/2022. It was highlighted that a national systems leadership programme is in place to support the development of local Obesity systems and plans using system working methodology.</p> <p>It was noted that this important component of the national approach is critical for Executive-level support across a number of local partnerships for implementation. A workshop has been arranged to map the local approach of the obesity system in September 2022 and to develop an action plan in taking obesity prevention forward.</p> <p>It was noted that the report has received Executive Committee approval on 26 June 2022. Committee members were sighted on the proposed approach for Powys and oversight of the new programme.</p> <p><i>How does the Health Board aim to measure performance and indicate the path of further governance given the impact of the Obesity programme?</i></p> <p>The Director of Public Health highlighted the long-term aim of obesity prevention with the support of the programme action plan. Once implemented, immediate process evaluation would be undertaken to gain sound action planning going forward. It was noted that as a core population health issue, this programme of work would remain under the Planning, Partnerships and Population Health Committee business and further review would be considered during future report updates.</p> <p>The Committee discussed the report, highlighting the themes aligning the approach to partnership working. It was noted that the objectives and outcomes are difficult to identify, and it was recommended that further consideration to explore opportunities to support Obesity improvement to be integrated across the whole system.</p>

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	The Committee APPROVED the Healthy Wales Whole System Approach to Obesity Prevention.
ITEMS FOR ASSURANCE	
PPPH/22/39	<p>COVID-19 VACCINATION PROGRAMME 2022/2023: Review of phase 3 Delivery 2021/22, Review of Q1 Delivery 2022/23, Forward look to Q2-Q4 2022/23.</p> <p>The Programme Director of Covid-19 Vaccination and Test Trace and Protect provided committee members with an overview of the delivery of the Covid-19 vaccination programme.</p> <p>Committee members were advised that the 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. It was noted that it remains essential that Powys have the vaccination workforce and wider infrastructure in place to respond to known requirements, 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).</p> <p>The Programme Director expressed the key transition from the Senior Responsible Officer, Hayley Thomas to Mererid Bowley, Director of Public Health and added personal thanks to Committee members for their continued support to the Covid-19 vaccination Programme.</p> <p><i>Have vaccination staff teams been retained to minimise staffing issues for future vaccination?</i></p> <p>The Programme Director confirmed the recognition that vaccination will continue and the requirement as a Health Board to develop a more sustainable and integrated approach. The Executive Committee have approved the approach to retain a core workforce into early 2023 with the assumed requirement of an Autumn Booster programme. The core workforce will minimise the impact on the wider workforce to support the vaccination programme delivery.</p> <p><i>What are the Health Board's plans to co-administer Flu and Covid vaccine?</i></p> <p>The Programme Director confirmed that Welsh Government are due to release Joint Committee on Vaccination and</p>

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Immunisation (JCVI) guidance ahead of the autumn around a combined respiratory vaccination plan. It was highlighted that co-administration is a clear aspiration for Wales and Powys, recognising the factors outside of the Health Board's direct control. It was highlighted that there are different supply chains for the Covid and flu vaccinations in addition to new types of vaccines becoming available. It was noted that co-administration is not expected to be rolled out fully this year, as a Health Board, this is the longer-term aspiration.

Given the low uptake from staff of the Flu vaccination in previous years, what is the Health Board's approach to encourage this as we transition into the winter period?

It was reported that with the National infrastructure aligning the Covid and Flu vaccination, planning meetings are in place with the Director of Public Health to align this and to review coadministration as a key priority of how this would be delivered. The Health Board procure Flu vaccination for staff and logistic planning is being managed as to how this is offered to all staff to increase the uptake.

It was noted by the Director of Primary, Community Care and Mental Health that the Primary Care position is under negotiation as a National PCCIS contractual arrangement is in place to balance the broader sustainability issues within Primary Care. Discussions with General Practices in terms of supporting delivery are underway.

Is there an opportunity to offer permanent contracts to the temporary contracted Vaccination staff?

The Programme Director confirmed that the desirability of permanent contracts for vaccination staff, has been acknowledged by the Workforce team. The Director of Public Health to seek clarity regarding permanent contracts for vaccination staff.

Action: Director of Public Health

What are the Health Board's plans to review premises within North Powys for vaccination administration?

It was confirmed that a number of buildings and Commercial Estate have been reviewed to administer vaccinations, however it appeared they were not deemed suitable for delivery. This was due to space requirements, ICT that were not adequate to set up the full infrastructure required. Thanks were noted to Newtown Leisure Centre and the Royal Welsh Show Ground in providing their premises during the pandemic which has now returned for usual business.

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What are the Health Board's next steps to encourage the significant low uptake for vaccination across Welshpool and Newtown?

It was noted that due to the location of the Vaccination Centre within walking distance for the majority of patients, it is evident that access is not an issue for communities. It was noted that with leadership from Public Health, there are plans to re-establish the Vaccine Equity Group to support national data to reach out to the population through trusted leaders. Discussions are underway with Newtown Practice to participate in the Autumn vaccination delivery following their support during the Spring Booster programme.

When does the Health Board anticipate to secure a decision from General Practices to participate in vaccination administration and how do they intend to operate?

It was advised that Primary Care have been contacted in support of the vaccination administration, however, there remains a challenge of uncertainty around the overall demand and capacity. It was highlighted that input from Primary Care across the Mid and South are not required due to the capacity support through the Mass Vaccination centres, however the North remains challenging and Ystradgynlais. It was noted that delivery would be available through Park Street Clinic, noting an extended delivery is required to delivery sufficient capacity. Discussions continue with Powys County Council in relation to the critical traffic management issues due to the constrained site. The timeframe regarding vaccination administration support from General practices remains a challenge and committee members would be informed of the progress made at the next meeting.

Action: Director of Public Health

What is the role for Community Pharmacy Practitioners to support the Flu vaccination administration?

The Programme Director confirmed that the Health Board does not plan to utilise the Community Pharmacy sector during the autumn booster programme due to the small number of pharmacies across Powys. It was reported that during the pandemic, the AstraZeneca vaccine was safely transportable, however the challenges today are evident with MRNA vaccine due to the complexity of additional requirements of safe transportation within primary care and the community.

Does the Health Board have adequate staffing to support the vaccination Programme should a surge response be required?

The current National intelligence indicates no immediate surge response. It was confirmed that as the planned programmes emerge, the Health Board aims to continue to deliver the

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	<p>programmes with the expectation of completion at the end of December 2022. It was highlighted that the national plan is currently based upon the Pfizer and Moderna booster supply chains with the expectation for a trial bivalent Moderna in the coming months. Staffing remains adequate with plans to step down services in support of a surge response if required.</p> <p>The Committee expressed thanks to the Programme Director for the exceptional work undertaken in terms of the planning and delivery of the Covid-19 Vaccination Programme.</p> <p>The Committee DISCUSSED and NOTED 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.</p>
ITEMS FOR DISCUSSION	
PPPH/22/40	<p>OVERVIEW OF STRATEGIC RENEWAL PRIORITIES AND ARRANGEMENTS</p> <p>The report was presented to Committee members and an overview of the progress being made by a portfolio of programmes driving forward recovery and longer-term service 'renewal' was provided.</p> <p>During the first quarter of the financial year 2022/2023 the following highlights and key issues were reported:</p> <ul style="list-style-type: none"> • £284k has been secured (non-recurrently) from the Wales Cardiac Network to assist with the implementation of the community cardiology service for Powys. However, the tight time scales for implementation, including clinical posts, is a significant challenge. • 972 "FIT" tests were provided across Powys between November 2021 and April 2022 in response to 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. • A Wet Macular Degeneration service has been extended into mid Powys and a nurse eye care injector is in place.

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- 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.
- Recruitment of staff remains challenging, but funding such as that secured for community cardiology should increase clinical capacity.

What plans are in place to respond to the challenges against the programmes should they not be deliverable?

The Transformation Manager advised committee members that the governance arrangements of the renewal portfolio board currently meet on a monthly basis to discuss key decisions should programmes need to be paused. It was highlighted that any deviation across the programmes arise, this would be reported to Regional Partnership Board (RPB), the relevant health board committee and to the Board. The team continue to support the delivery across all schemes.

How are lessons learned incorporated into renewal planning initiatives?

A rapid discipline exercise has been undertaken following conclusion of the insourcing activity of lessons learned. Various workshops have been implemented to review data, reporting to the Renewal Strategic Portfolio Board which is then cascaded across services. It was highlighted that the proactive exercise has been beneficial to various portfolios of work supporting pathway changes across South Powys.

How does inequality shape the programme going forward?

The Committee were advised that the programme positions are analysed under the commissioning cycle adhering to the NICE standards such as reviewing population needs. This has identified inequalities, service gaps and variation of community resource requirements. The analysis stage supports continuous active learning as the programmes of work are developed. An example was provided by the Director of Therapies and Health Science of the scrutiny given to patient letters using proactive language, this is to support and encourage patient self-management providing information in an accessible format.

What is the referral mechanism pathway for bowel cancer patients, given the 20% rate of patients with positive diagnosis?

It was highlighted that if a patient has a positive Faecal Immunochemical Test (FIT) it is not a positive cancer

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	<p>diagnosis, but evidence that there is blood in their faeces which may be an indication of cancer. At this point the patient would be placed onto a suspected cancer pathway for further investigation. Approximately 10% of positive FIT tests are found to be cancer. However, for negative diagnostics, patients would be referred to their GP for further management and investigation.</p> <p>The Committee DISCUSSED and NOTED the report.</p>
PPPH/22/41	<p>PRIMARY CARE CLUSTER PLANS</p> <p>The Director of Primary, Community Care and Mental Health provided the committee with an update on the process of how Clusters worked to develop their Cluster Integrated Medium Term plan (IMTP) and their priorities.</p> <p>It was highlighted that Accelerated Cluster Development programme (ACD) was introduced from April 2022 and was seen as a 'transition year' for clusters and the Health Board moves towards the Pan Cluster Planning arrangements and the full implementation of the ACD model.</p> <p>The cluster plans have focused on projects that were representative of the Welsh Government Ministerial priorities and cluster IMTPs (Integrated Medium-Term Plan) have continued to explore alternative ways to maximise the delivery of services across both Primary and Secondary care.</p> <p><i>What processes are in place for Cluster feedback in aligning lessons learned?</i></p> <p>The Director of Primary, Community Care and Mental Health advised the committee that a number of mechanisms are in place for strategic awareness of the cluster priorities and lessons learned through regular Cluster leads meetings. With the requirement of a national programme for accelerated cluster development, Powys recognises the importance of Primary Care as a key planning priority. Engagement with HEIW (Health Education Improvement Wales) remains a key focus to strengthen collaborative working relationships. It was noted that Cluster leadership across the Mid-cluster is urgently required.</p> <p>The Committee NOTED and welcomed the report.</p>
PPPH/22/42	<p>DELIVERY OF MULTI AGENCY PLAN FOR ADDITIONAL LEARNING NEEDS (ALN) AND EDUCATION TRIBUNAL (WALES) ACT (2018)</p>

	<p>The Director of Therapies and Health Science presented the report providing key focus on the implementation of key activity to date, multi-agency planning and anticipated demand and capacity challenges. It was reported that the ALN Act is now 'live,' with a phased programme for implementation over the period to summer 2024.</p> <p>The committee were provided with the transformative intentions of the ALN Act and the statutory requirements that the new legislative framework places on Health Boards. Whilst the Act has been formally 'live' from September 2021, implementation arrangements mean that initial levels of statutory demand have been relatively low.</p> <p>It was highlighted to committee members that the Act has been enacted with no additional funding from Welsh Government which has resulted in reconfiguration of services and utilising current staff to support the implementation of the Act.</p> <p><i>What was the known reason for the 3 requests that had breached the statutory timescales for information or help by Health Board services?</i></p> <p>The service is deemed to make decisions for those children on a waiting list on a clinical risk basis where children's needs require prioritisation. It is anticipated that a relatively low number would breach the statutory timeframe, but this is constantly reviewed and monitored.</p> <p>It is anticipated that a significant proportion of school children could have an additional learning need. The complex range of health care needs is covered by the legislation and as a Health Board it was noted that the service development planning is a crucial part of the pathway management intervention to ensure adequate referrals are received appropriately for individual needs.</p> <p>The Committee DISCUSSED and NOTED the Delivery of Multi Agency plan for additional Learning Needs and Educational tribunal (Wales) act (2018).</p>
PPPH/22/43 Powell Bethan 19/10/2022 15:07:31	<p>REGIONAL INTEGRATED CARE FUND (ICF) UPDATE</p> <p>The Director of Finance and ICT presented the report, highlighting to committee members that the Welsh Government's ICF ceased in 2021/22, and is being replaced by the Regional Integration Fund, which consolidates the ICF and other Transformation funding streams into one core</p>

	<p>Regional Integration Fund. The RPB is in the process of finalising the 22/23 projects that will access this funding.</p> <p>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.</p> <p>The Director of Finance and ICT highlighted to the committee that the prioritisation of future projects would be considered and engagements with agencies would be strengthened.</p> <p>The Committee DISCUSSED and RECEIVED THE Regional Integrated Care Fund Update.</p>
PPPH/22/44	<p>POWYS REGIONAL PARTNERSHIP BOARD MARKET STABILITY REPORT</p> <p>The Director of Primary, Community Care and Mental Health provided committee members with an overview of the report to introduce the Draft Market Stability Report.</p> <p>The report informed 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.</p> <p>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, with respect to regulated services. A number of substantial key issues were highlighted to committee members these are:</p> <ul style="list-style-type: none"> • Funding for the public sector in general and social services have been under significant pressure • 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. • Powys County Council and the Health Board have seen significant pressures to provide domiciliary care to older and vulnerable people in the community. • 'Cost of living' crisis with inflation running at levels not known for a generation.

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	<ul style="list-style-type: none"> • The Council, Health Board and Third Sector providers have struggled for some time to retain and recruit staff. <p>The report provided an update on work undertaken to date. The final document will be submitted to the Local Authority, and the Regional Partnership Board during July 2022 for approval with a final submission to Welsh Government on 1 August 2022.</p> <p><i>Would an easy read facing report be available for public consumption?</i></p> <p>The Director of Primary, Community Care and Mental Health confirmed that further guidance was being sought about whether the Health Board would need to approve the document, but it was assumed for the purpose of this discussion that approval was not required.</p> <p>Committee members raised concerns with regards to the use of inconsistent language throughout the report. In addition, concerns were highlighted regarding the level of accuracy of the data and analysis, coherence, and content of the report. It was discussed and agreed that further refinement is required in relation to the use of wording around WCCIS issues, nursing care and position of Care Homes occupancy levels. It was recognised the purpose is a statement of the current market position and the report does not propose a future model of care. This report will inform the revised area plan which will set out the priorities for final submission to Welsh Government in March 2023.</p> <p>The Committee agreed that the report requires considerable work and revision to be ready for approval.</p> <p>The Committee DISCUSSED and NOTED the draft Powys Regional Partnership Board Market Stability Report.</p>
<div style="transform: rotate(-90deg); transform-origin: left top; position: absolute; left: 80px; top: 820px; font-size: small;"> Powell Bethan 19/10/2022 15:07:31 </div>	<p>COMMITTEE RISK REGISTER</p> <p>The Board secretary presented the item and raised that risk management improvements continue to be worked through following the exercise undertaken from a recent Board Development session. These include Partnership working and red risks to mitigate the actions through a targeted approach.</p> <p>It was advised that the Partnership working risk rating would need to be reconsidered as a significant risk due to the complexity of current Partnership working arrangements. The</p>

	<p>Board Secretary confirmed this would form part of the Board Development exercise of risk management review.</p> <p>The Committee RECEIVED the Committee Risk Register.</p>
	<p>DEVELOPMENT OF COMMITTEE ANNUAL PROGRAMME OF BUSINESS</p> <p>The Board Secretary highlighted to Committee members that the principles of the Committee Work Programme aim to align to the objectives set against the balance of quality reporting. The programme provides flexibility to respond to risks, issues and escalations as required through the Committees.</p> <p>The Committee NOTED the Annual Programme of Business.</p>
ITEMS FOR INFORMATION	
PPPH/22/45	There were no items for inclusion in this section.
OTHER MATTERS	
PPPH/22/46	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</p> <p>There were no items noted.</p>
PPPH/22/47	<p>ANY OTHER URGENT BUSINESS</p> <p>No other urgent business was declared.</p>
PPPH/22/48	<p>DATE OF THE NEXT MEETING</p> <p>20 October 2022 at 10:00, via Microsoft Teams.</p>

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Key:

Completed
Not yet due
Due
Overdue

PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

ACTION LOG OCTOBER 2022



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NHS
WALES

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Minute	Meeting Date	Action	Responsible	Progress Position	Completed
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. A number of workshop sessions have been arranged throughout the Autumn to inform the OBC. A verbal update to be provided to committee in October 2022.	
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	Progression against the 22/23 plan and stocktake of the overall progression being made against the Health & Care Strategy is underway. The review is being undertaken as part of 23/24 planning and the next IMTP. Two Board workshops are being held in Sept/Oct as part of the planning for the next IMTP including the review.	

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	To be included in work programme for next meeting.	
PPPH/22/11	07 April 2022	To review the development of the partnership Corporate Risk Register.	Interim Board Secretary & Committee Chair	Will be part of ongoing review of risk register and development of partnership governance arrangements.	
PPPH/22/35	14 July 2022	It was highlighted that further detail would be provided to committee members outside of the meeting to better understand both Part 1 and 2 of the Mental Health Needs Assessments – timeframe to be scheduled.	Director of Primary, Community Care and Mental Health		
PPPH/22/36	14 July 2022	An update to be provided on the forward pathway delivery to be inclusive of the next report in October 2022.	Director of Public Health		
PPPH/22/39	14 July 2022	A secured timeframe regarding vaccination administration support from General practices remains a challenge and committee members would be informed of the progress made at the next meeting.	Director of Public Health		
PPPH/22/39	14 July 2022	The Director of Primary and Community Care to seek clarity regarding permanent contracts for vaccination staff.	Director of Primary, Community Care and Mental Health		



Agenda item: 3.1

Planning, Partnerships and Population Health Committee		Date of Meeting: 20 October 2022
Subject :	Smoke-Free Wales – implementation of the long-term Tobacco Control Strategy	
Approved and Presented by:	Director of Public Health	
Prepared by:	Consultant in Public Health Principal Public Health Practitioner Director of Public Health	
Other Committees and meetings considered at:	Executive Committee 5th October 2022	

PURPOSE:

Welsh Government published a new Tobacco Control Strategy for Wales in July 2022.

This paper provides an overview of the strategy, an update of current position in Powys, and outlines plans for taking forward action on tobacco control to achieve the national ambitious aim for Wales to be smoke-free by 2030.

RECOMMENDATION(S):

Members are asked to NOTE and APPROVE the content of the report and the recommendations for action

Approval/Ratification/Decision¹	Discussion	Information
✓	✓	✓

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

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 paper sets out the current position in Powys in relation to Tobacco Control and the actions proposed to achieve a smoke free Powys by 2030. This includes reforming and refocusing the Powys Tobacco Control Steering Group (PTCSG) to enable a systems wide approach which aligns the new recently published Welsh Government (WG) national strategy with local priorities for Tobacco Control within Powys.

Wales has made significant progress on tobacco control, including working towards making smoke-free the norm, reducing smoking uptake and promoting smoking cessation. The Welsh Government in its newly published Tobacco Control Strategy for Wales (Welsh Government, 2022a) has set out an ambitious aim for Wales to be smoke-free by 2030.

As we work towards this vision in Powys, the number of people taking up smoking needs to decrease, and the number of people quitting smoking needs to increase for us to reach this goal.

To support the delivery of the Strategy Welsh Government will release a series of two-year delivery plans, commencing with 2022-2024, which sets out the actions that will be undertaken to work towards a smoke-free Wales.

The three themes within the new National Strategy will be the focus for the development of Tobacco Control work programme for Powys to work towards achieving the ambition of smoke free Powys by 2030.

DETAILED BACKGROUND AND ASSESSMENT:

1.0 A Smoke-free Wales: Our Long-term Tobacco Control Strategy for Wales

The Welsh Government published a new National Tobacco Control Strategy and Delivery Plan in July 2022, which outlined an ambitious aim for Wales to be smoke-free by 2030. This means reducing adult smoking prevalence rates across Wales from 13% in 2021 to 5% or less over the next eight years. Reducing tobacco smoking prevalence to below 5% will be a key milestone in eradicating the harm caused by tobacco. This will improve lives by preventing smoking related illnesses and deaths, and support a healthier, more equal society for all.

To support the delivery of the Strategy, a series of two-year national delivery plans will be produced by WG, setting out the actions to be undertaken to work towards achieving a smoke-free Wales.

The strategy sets out the following three themes to drive further changes:

- Theme 1: Reducing inequalities
- Theme 2: Protecting Future Generations
- Theme 3: A whole-system approach for a smoke free Wales.

The strategy shows a commitment to delivering meaningful changes to tackle health inequalities, preventing ill health, and supporting people to make healthier choices. There is an emphasis within the strategy on the importance of protecting children, young people and future generations from the dangers of tobacco including a key priority to address maternal smoking. Work is planned nationally to understand the reasons for higher smoking rates among some groups in society and to further tailor effective support measures to help people quit smoking.

The first national Delivery Plan, published in July 2022, focuses on the actions that support the further de-normalisation of smoking to make smoke-free the norm in Wales. Importance is placed on both prevention of the uptake of smoking as well as smoking cessation to support more smokers to quit for good.

1.1 Impact of tobacco on health

Significant progress has been made in recent years to reduce the number of people smoking across Wales and Powys with a steady reduction in adult smoking prevalence achieved since 2003/04.

Whilst significant progress has been made to reduce smoking prevalence, tobacco smoking remains the leading single cause of preventable ill health and premature death in Wales, and the biggest single contributor to health inequalities. In Wales, one in every six deaths in people aged 35 years and over is attributable to smoking, around 5,600 deaths per year (Public Health Wales, 2020).

The breakdown of the top 20 Global Burden of Disease identified risk factors (Figure 1) shows that smoking is currently the leading risk factor for the number of years of life lost due to premature mortality in Wales and for Disability-Adjusted Life Years lost (Public Health Wales Observatory, 2018).

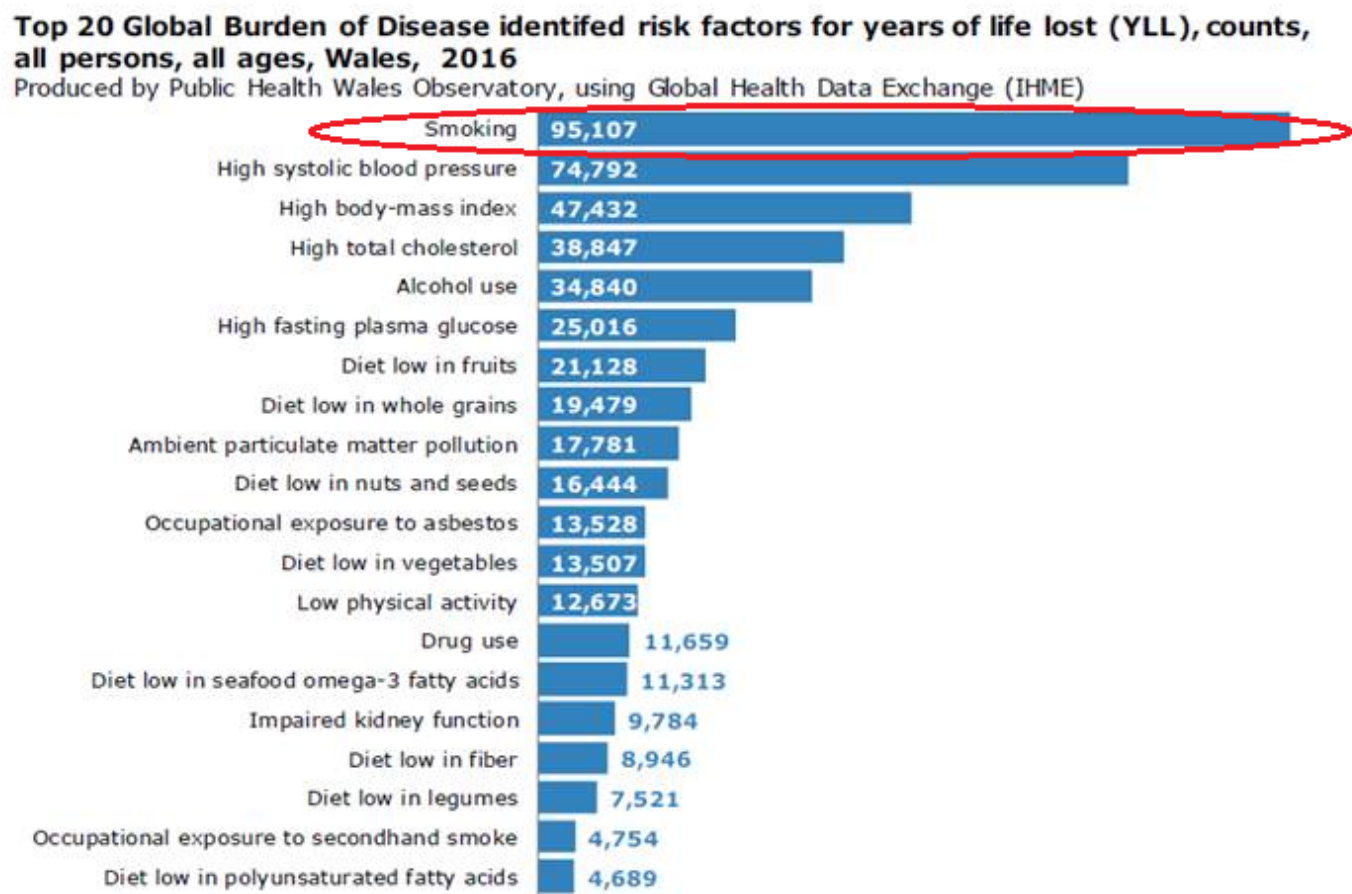


Figure 1: A breakdown of the Top 20 Global Burden of Disease identified risk factors for Wales, 2016.

The significant burden of illness due to tobacco smoking has a financial and economic impact. Treating smoking related diseases cost the NHS in Wales an estimated £302 million per year (Public Health Wales, 2020).

1.2 Adult smoking rates in Powys

Adult smoking prevalence rate has continued to reduce year-on-year in Powys to the lowest rate reported of 10.7% as of 2020/21, as shown in Figure 2. This is the lowest reported rate across Health Boards in Wales and is below the Wales average of 13%.

Alongside the national challenge of reducing smoking prevalence, the NHS Delivery Framework for 2022/23 has set a new target for Health Boards to report on “an annual reduction towards a 5% prevalence rate by 2030”. The Health Board can demonstrate

year-on-year improvements though it's important to note as the prevalence declines a refocus on a system wide approach will be needed to achieve the vision of being smoke-free by 2030.

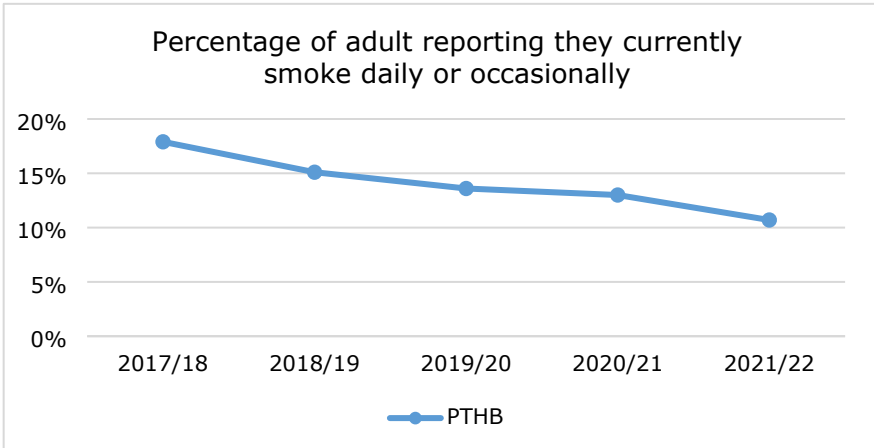


Figure 2: Percentage of adults in Powys who self-report as smokers.
(Source: Welsh Government, National Survey for Wales, 2022b)

2.0 Reducing inequalities

The reasons why people start smoking and continue are complex.

There is evidence that smoking rates are higher in certain groups, including people living in socio-economically deprived areas, people in routine and manual occupations, people who are unemployed, people with mental health conditions, people from ethnic backgrounds, and people from the LGBTQ+ community. Smoking rates amongst people living in the most socio-economically deprived areas of Wales are estimated to be over twice as high as the rates for people living in the least deprived areas. These smokers are likely to have more complex issues to deal with in their lives and will probably find it harder and need multiple attempts to quit successfully.

These disparities in smoking rates are causing a greater burden of smoking related diseases in these groups and in turn, contributing to inequalities and health inequalities. We have seen how a the COVID-19 Pandemic has exposed these inequalities, affecting smokers and the communities where smoking prevalence is higher in a disproportionate way.

Whilst Powys has made significant progress achieving the lowest adult prevalence rate in Wales, a system wide approach is required going forwards to increase the sophistication of our approach to drill down into these inequalities, and ensure we develop tailored and targeted approaches to further drive towards a smoke free Powys.

2.1 Supporting smokers to stop

Alongside the national challenge of reducing smoking prevalence, the NHS Delivery Framework for 2022/23 states that Health Boards are required to encourage their local smoking population to attend an NHS funded service to stop smoking and sets out the performance target for smoking cessation as “5% of adult smokers who make a quit attempt via smoking cessation services”.

Despite the reduction in adult smokers, only a small percentage attempt to quit using NHS smoking cessation services, most smokers quit on their own which is the least effective method. Figure 3 shows the percentage of Powys adult smokers treated by NHS smoking cessation services, from 2018/19 to 2021/22. Whilst the trend is showing a small increase of residents accessing NHS services for support to quit smoking, the percentage is below the national 5% target, evidencing that most smokers continue to quit on their own.

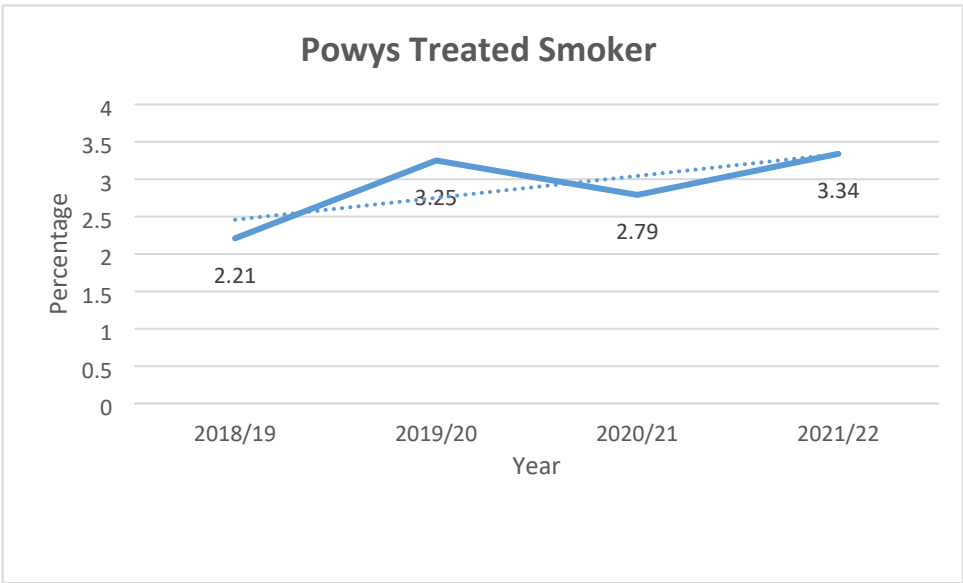


Figure 3: The percentage of Powys adult smokers treated by NHS smoking cessation services, from 2018/19 to 2021/22.

At present in Powys, the main providers of stop smoking services are Community Help Me Quit (predominantly phone service provided through the pandemic), some community pharmacies offering level 3 support to quit smoking, and maternal support. These form part of a co-ordinate Wales wide systems approach, as shown in Figure 4. These involve access to evidence-based behavioural change support and effective prescribing of pharmacological aids; this is the most effective and cost-effective method to successfully stop smoking (Parrott *et al.*, 1998).

During the emergency phase of the response to the COVID-19 pandemic, the community Help Me Quit service adapted by moving from face-to-face support to offer telephone support and continued to offer a service throughout the pandemic. Carbon monoxide monitoring ceased during this period and the data across Wales reflect self-reported quit rates. The smoking cessation level 3 service offered through community pharmacy was impacted by the pandemic with a reduction in access to residents, resulting in over 50% reduction in community pharmacy activity between 2019 and 2021.



Figure 4: Key components of the smoking cessation system for Wales.

Figure 5 outlines the wider range of options available to stop smoking, including low-intensity interventions - the most common method used to quit alone without any support, quitting with nicotine replacement therapy (NRT) alone, use of a stop smoking app, of which all of these interventions are less effective compared to high-intensity NHS support and do not contribute data towards the NHS Performance and IMTP target.

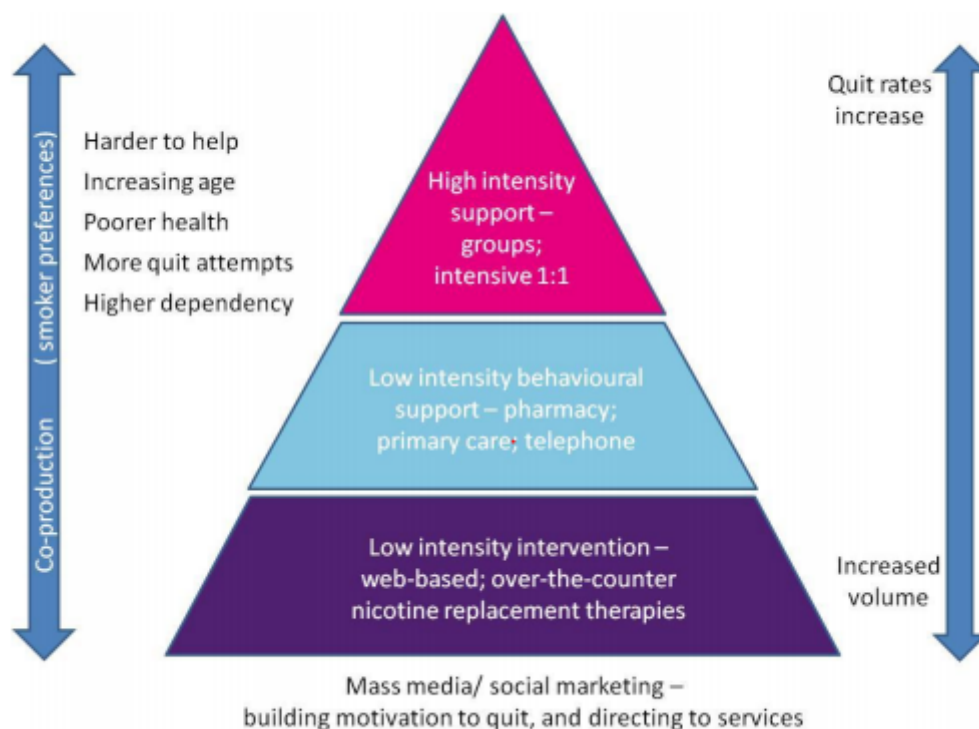


Figure 5: Methods to stop smoking.

For some people, nicotine e-cigarettes and other nicotine products can help them to stop smoking. Electronic cigarettes (e-cigarettes) are handheld devices that work by heating a liquid that usually contains nicotine and flavourings. E-cigarettes allow you to inhale nicotine in a vapour rather than smoke. Because they do not burn tobacco, e-cigarettes do not expose users to the same levels of chemicals that can cause diseases in people

who smoke conventional cigarettes. Using an e-cigarette is commonly known as 'vaping'. Many people use e-cigarettes to help them to stop smoking tobacco. Current evidence shows that using nicotine e-cigarettes is much less harmful than continuing to smoke tobacco. In 2020/21, 4% of adults in Powys reported to be current e-cigarette users, compared to Wales average of 6%. There have been concerns around a lack of long-term evidence on the use of e-cigarettes, and the potential for them to cause harm in children, young people, and non-smokers. Evidence on the use of nicotine e-cigarettes and other nicotine products for smoking cessation is constantly evolving, with multiple studies exploring their potential uses and limitations. A recent Cochrane Review of systematic studies reported that more evidence is needed to be confident about the effects of e-cigarettes, particularly the effects of newer types of e-cigarettes that have better nicotine delivery than older types of e-cigarettes (Hartmann-Boyce *et al.*, 2021).

2.2 Building an integrated smoking cessation service for Powys

There is opportunity to build back fairer following the emergency phase of the pandemic by developing an integrated smoking cessation service, applying the expertise and experience of Smoking Cessation Advisors to best effect, and ensuring service provision aligns with providing support to those who require enhance support to quit. With a skill mix of smoking cessation services provided by community pharmacies for smokers who need a lower level of support and specialist smoking cessation support for those who find it hard to quit. A targeted and tailored support for groups who have higher smoking prevalence, have a higher risk of taking up smoking, or experience increased health impacts from smoking will be developed for the next phase. This together with encouraging more referrals into evidence-based support services to help tobacco users to quit is essential in further reducing smoking prevalence across the Powys Teaching Health Board area.

Recommendations for Action:

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

3.0 Protecting Future Generations

Tobacco smoking can impact on the lives of children and young people throughout their childhood.

3.1 Maternity smoking cessation service

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

A focus of activity over recent years has been to establish the role of midwives in raising smoking with pregnant women. This has involved changing practice and culture, ensuring carbon monoxide (CO) testing is routinely applied to all pregnant women as part of the initial contact to establish smoking status which will allow targeted implementation of advice and support. All pregnant women identified as smoking are required to opt-out of referral to the smoking cessation service. During the pandemic CO monitoring has been largely suspended to reduce the risks of spreading the Covid-19 virus, therefore the data captured was self-reported status. CO monitoring is considered more accurate than self-reporting.

The most recent data for Powys, for 2021, suggests that 13.4% of pregnant women were recorded as smokers at their initial assessment, compared to Wales average of 15%.

A key area for development is to provide a dedicated smoking cessation service for pregnant women, based on recommendations from the Wales Models of Access for Maternal Stop Smoking Services study (MAMSS). A maternity smoking cessation service has recently commenced with employment of a Healthy Lifestyle Support Officer to work with midwives and health visitors to offer tailored and flexible support. The model will focus on supporting pregnant women and their families to stop smoking for the duration of the pregnancy by providing access to intensive behavioural support and pharmacotherapy.

Recommendations for Action:

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

3.2 Preventing the uptake of smoking

Good physical and mental health is fundamental for our current and future generations to develop and thrive. The Well-Being of Future Generations Act goals of a prosperous, healthier, and more equal Wales underpins how we are supporting the health and wellbeing of our children and young people. Many health and wellbeing issues emerge in childhood and early intervention is therefore needed. However, adolescence is an important period of rapid physical and emotional development, as well as a time of changing social influences on health, and socio-economic inequalities in physical, mental and emotional health emerging from early childhood widen during adolescence before tracking into adulthood.

Smoking is an addiction of childhood with most smokers starting before the age of 18.

Whilst the majority of children do not smoke children and young people from the most deprived areas are much more likely to be exposed to smoking throughout their childhood, including in the home, increasing their harms from second-hand smoke and risk of taking up smoking themselves. We also know that exposure to smoking in pregnancy, early childhood, adolescence, including in the home, is not equally distributed across society. This contributes to generational smoking patterns which worsen health inequalities.

In Powys, 4% of 11-16 years olds identify as current smokers (smoking at least once a week), compared with 3% in Wales (SHRN, 2022).

The Student Health and Wellbeing Survey is undertaken by the School Health Research Network (SHRN) every two years. The most recent data from 2021/22 show that the average percentage of pupils who currently smoke at least weekly has not changed much over the last 6 years in Powys (see Table 1). The data is only available to the Health Board at Powys level. All participating comprehensive schools receive an individual School Student Health and Wellbeing Report and are advised to work with the Powys Healthy Schools Team to identify action to improve you people’s health and wellbeing

Table 1: Average percentage of pupils in Powys who report currently smoking at least weekly

	2017/18		2019/20		2021/22	
	Powys	Wales	Powys	Wales	Powys	Wales
Year 7	1	1	1	1	1	1
Year 8	1	1	1	1	1	1
Year 9	2	3	4	4	2	2
Year 10	8	6	6	7	6	5
Year 11	8	9	12	9	10	7
Total average	4	4	5	4	4	3

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Source: SHRN, 2022

The percentage of students in Powys who report having tried e-cigarettes was 21%, which is at a similar level to the Wales average of 20% (SHRN, 2022).

100% of Primary and Secondary schools in the Powys area are signed up to and are taking part in the Healthy Schools Scheme and therefore actively contributing towards promoting smoke free living and de-normalising smoking in society. Work as part of health schools' scheme on tobacco control has focused on supporting children and young people to understand the risks and harms of tobacco, and to make smoke-free the norm so that they are less likely to take up smoking in the first place. This has included smoking bans in places where children spend much of their time such as school grounds, outdoor areas of childcare settings and public playgrounds, as well as private cars when a child is present. These measures strengthen the approach that smoke-free is the norm in society and reduces exposure to harmful second-hand smoke.

This means that all schools are smoke free sites, buildings, and grounds. As part of the scheme, schools must clearly display signage and follow the criteria below to achieve Healthy School status:

1. Policies are in place which follow national and local guidance, show consideration of current legislation, include smoke free grounds, and preclude the use of e-cigarettes on school premises and grounds.
2. Schools' take-up opportunities offered to be involved in a range of local/national initiatives.
3. Smoking is banned on school premises/grounds (legislation introduced from March 2021).
4. E-cigarettes are included in smoke free policies and are treated in the same way as tobacco products.

To reduce the uptake of smoking in young people, a school-based smoking prevention programme *JustB* is delivered in targeted secondary schools in the most deprived areas across Wales by Public Health Wales. *JustB* has been designed to work with Year 8 (aged 12-13) students to help prevent young people becoming smokers in the first instance. The programme trains students as smoke-free ambassadors to discuss the risks of smoking and the benefits of becoming smoke free with students, friends, and family. The *JustB* project is returning to schools in 2022/23 after a 2-year break due to the Covid-19 pandemic. Schools are chosen for inclusion based on free school meals data, areas of deprivation and attainment. The top 60 schools are invited to be part of the program. Pre-pandemic no schools in Powys met the criteria to be included but because it was a nationwide programme two schools in Powys were offered the chance to be

involved. We are currently awaiting information about which schools will be offered the programme this academic year.

Effective action to reduce youth smoking further can be at population level such as reducing smoking among adult role models, reducing the public acceptability and visibility of smoking through smoke free places, and ensuring effective implementation of regulations on the sale and marketing of tobacco products.

Recommendations for Action:

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

4.0 A whole system approach for a smoke free Powys

4.1 System wide response

We recognise the significant progress has already been made on tobacco control so far, and the importance of supporting the ongoing actions being undertaken by a wide range of organisations, communities, and individuals across Powys. To achieve our ambition of a smoke-free Powys, and a further step change in smoking prevalence rates, we must take a whole-system approach to tobacco control. This means everyone working together in a collective effort to contribute to this shared vision.

A key part of our local strategy and implementation plan will be supporting collaboration by ensuring the actions of all partners are coordinated at a local level to contribute towards a smoke-free Powys. Working together, each partner in the process will understand how they can contribute to that change through aligning activity to a shared vision and ambition for a smoke free Powys.

A Powys Tobacco Control Steering Group will be established and adapt a systems approach to delivery of actions aligned to one ambition to achieve a smoke free Powys by 2030. Gaining the initial commitment and raising awareness of key local strategic partners will be crucial to achieve progress towards the ambition for Wales to be smokefree. An action plan will be developed to monitor and review progress on identified and agreed priorities.

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

4.2 Reducing exposure to second-hand smoke

In recent years legislation implemented has been key to reduce exposure to tobacco and second-hand smoke and strengthen the approach that smoke-free is the norm in society, including:

- The ban on smoking in public places (2007)
- The display and pricing of tobacco products (2012)
- The ban on smoking in cars with children (2015)
- Standardised packaging for tobacco products (2016)
- Smokefree Premises and Vehicles (Wales) Regulations (March 2021).

Nearly 90% of adults in Powys do not smoke, and smoke-free spaces support the behaviour of the majority of the population.

PTHB implemented the Smokefree Premises and Vehicles (Wales) Regulations, which was introduced from March 2021 on all hospital sites. Work was carried out across the Health Board and in particular with mental health services to ensure that patients and staff were supported ahead of the smokefree status for inpatient units. Work continues to ensure compliance with smoke free hospital sites, including strengthening signage and working with Powys County Council for enforcement. There is a multiagency Smoke-free Site Group which meets quarterly to monitor progress on PTHB sites. This group will report to the Powys Tobacco Control Steering Group (PTCSG) when this is re-launched.

Recommendations for Action:

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

4.3 Tackle illegal tobacco and the tobacco control legal framework

Illegal tobacco was estimated to make up 15% of the tobacco market in 2015, with nearly half (45%) of smokers stating that they had been offered illegal tobacco. Younger smokers aged 16-34, and people who are financially struggling are all more likely to be offered illegal tobacco (ASH Wales, 2017). All tobacco products that are sold in the UK are subject to excise duty. Illegal tobacco is defined as any cigarettes or tobacco product that is sold without paying this duty. Illegal tobacco includes UK and foreign brands that are bought overseas and smuggled to be sold in the UK, as well as unregulated and counterfeit tobacco products.

Tackling illegal tobacco is a key issue for tobacco control in Wales. Previous work in dealing with illegal tobacco in Powys included the Health Board linking with Trading Standards team within the Local Authority. Trading Standards and Environmental Health within the Local Authority play a key role in enforcement of legislation. For example, each local authority has responsibility for conducting checks to monitor underage sales of tobacco by retailers; compliance with point-of-sale requirements (whereby tobacco products must be stored out of sight); issuing fixed penalty notices for anyone caught

smoking in a vehicle carrying children; and littering of cigarettes. It is also the responsibility of Trading Standards to respond to concerns surrounding intelligence on illicit tobacco. More recently the national initiative Operation CeCe was created by National Trading Standards and HMRC to investigate the selling of illegal tobacco in all parts of Wales. All the information provided is now sent to the relevant Trading Standards team who will investigate further.

In 2022 there has also been a pan-Wales integrated communications campaign raising public awareness of illegal tobacco, sharing key messages regarding the health aims and ensuring people understand the harms associated with it, including that it makes it easier for children to start smoking and it brings criminality into local communities. This pack was shared with partners across Powys.

Recommendations for Action:

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

NEXT STEPS:

Summary

In summary, Powys THB has made good progress in reducing smoking prevalence levels. Further sustained and co-ordinated action at system level needs to continue to realise the potential substantial gains in both health and healthcare sustainability. Focus needs to continue to develop a fully integrated and comprehensive system for preventing smoking uptake; supporting smokers to stop; reducing exposure to second-hand smoke; reducing the harm and inequalities caused by smoking and advocating for a tobacco-free generation. Reducing smoking prevalence needs to be everybody's business to achieve a smoke free Powys.

The three themes within the new National Strategy along with the priority action areas will be the focus for the development of Tobacco Control work programme for Powys to work towards achieving the ambition of smoke free Powys by 2030.

Powys THB has an important leadership role in relation to reducing adult smoking prevalence across the population to contribute to the national prevalence target and contribute towards development of a fully integrated and comprehensive system for:

- Preventing the uptake of smoking
- Supporting smokers to stop
- Reducing exposure to second-hand smoke
- Reducing the harm and inequalities caused by smoking
- Advocating for a tobacco-free generation.

Recommendation:

Committee members are asked to note and approve the content of the report and the recommendations for action.

References:

ASH Wales. 2017. 10 years of the smoking ban in Wales: Summary. Available at: <https://ash.wales/wp-content/uploads/2018/05/10-years-of-smoking-ban-1.pdf>

Hartmann-Boyce, J. et al. 2021. Electronic cigarettes for smoking cessation. Cochrane Database of Systematic Reviews. Available at: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010216.pub4/full>

Parrott, S., Godfrey, C., Raw, M., et al., (1998). Guidance for commissioners on the cost-effectiveness of smoking cessation interventions. *Thorax* 1998; 53 (2 Suppl 5), S1-38.

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Welsh Government, 2022a. A smoke-free Wales: Our long-term tobacco control strategy. Available at: [A smoke-free Wales: Our long-term tobacco control strategy \[HTML\] | GOV.WALES](#)

Welsh Government, 2022b. Adult lifestyle (National Survey for Wales): April 2021 to March 2022. Available at: [Adult lifestyle \(National Survey for Wales\): April 2021 to March 2022 | GOV.WALES](#)

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			
<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>				

Race	x				Smoking continues to be the major preventable cause of health inequalities.
Religion/ Belief	x				
Sex	x				
Sexual Orientation	x				
Marriage and civil partnership	x				
Welsh Language	x				
Risk Assessment:					
	Level of risk identified				Statement
	None	Low	Moderate	High	
					<i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i>
Clinical	x				Smoking continues to be the major preventable cause of health inequalities. This report sets out action that needs to be taken to work towards reducing the impact of smoking on health and wellbeing.
Financial	x				
Corporate	x				
Operational	x				
Reputational	x				

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Agenda item: 4.1

**PLANNING, PARTNERSHIPS
AND POPULATION HEALTH
COMMITTEE**

**Date of Meeting:
20 October 2022**

Subject:	IMTP Requirements and Approach for Development
Approved and presented by:	Director of Planning and Performance
Prepared by:	Director of Planning and Performance
Other Committees and meetings considered at:	Executive Committee 5th October 2022

PURPOSE:

This report provides the Committee with a set of emerging issues that Health Board is dealing with that impact not only in the current financial year but potentially that in future years.

Although no formal planning guidance has been issued at the time this report has been produced, an approach to the production and development of an Integrated Medium Term Plan (IMTP) has been created.

The initial document produced summarises information into three main sections:-

1. Where are we now?
2. Where do we want to be?
3. How will we get there?

As in previous years, the Health Board will adopt its six-stage planning process within order to achieve a likely submission of a draft IMTP to Welsh Government by the end of January 2023. In summary the six stages are:-

1. Learning & Reflection
2. Latest Evidence
3. Position Assessment
4. Strategic Framework
5. Develop and Refresh Proposals
6. Formulate Plan

The development of the IMTP is an iterative process so future updates to the plan will be developed and forward to the committee for further discussion.

As part of the development of the IMTP and recognition of some of the current issues the NHS faces, some prioritisation may need to occur to achieve the best possible outcomes within the resources available.

RECOMMENDATION(S):

- 1. Committee members are asked to DISCUSS the report.**
- 2. To note the requirement for future iterations to be presented to the Committee.**
- 3. To note that actual planning guidance for 2023/24 has yet to be received.**

Approval/Ratification/Decision¹	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	✓

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

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:

As per Purpose of the report

DETAILED BACKGROUND AND ASSESSMENT:

Please see supporting presentation

NEXT STEPS:

- As Per recommendations

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
<p style="text-align: center;">Statement</p> <p style="text-align: center;"><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p> <p>Positive impacts are identified in relation to the delivery of Strategic Priorities in the IMTP for the population and therefore marked as 'positive' for those characteristics where there</p>				

Religion/ Belief				X	is a direct relationship with health service usage; for the marriage and civil partnership characteristic this is not identified as a direct positive healthcare impact but no adverse impact has been identified
Sex				X	
Sexual Orientation				X	
Marriage and civil partnership	X				
Welsh Language				X	
Risk Assessment:					
	Level of risk identified				<div>Statement</div> <div>Level of risk has been identified in line with the Strategic risks set out in the IMTP, which are noted in further detail in the Board Assurance Framework and Corporate Risk Register</div>
	None	Low	Moderate	High	
Clinical			X		
Financial			X		
Corporate		X			
Operational			X		
Reputational		X			

Integrated Planning Approach, Framework and Parameters 2023-26

Powell Bethan
19/10/2022 15:07:31

Overview: Integrated Plan Routemap



Starting with the end in mind...

The Plan is made up of several 'end products' comprising:

Strategic Plan (‘narrative’ plan)



Delivery Plans



- Financial Plan
- Workforce Plan
- Bed Model
- Activity Plans
- Performance Trajectories

- Provides contextual information about Powys, the health board and the wider health and care system
- Sets the Strategic Framework of A Healthy Caring Powys, Wellbeing Objectives, Principles and Powys Outcomes
- Sets out Strategic Priorities developed through learning, evidence, assessment of current position and environment
- Demonstrates alignment across complex interdependencies and requirements at national, regional and local level

- Delivery Plans set out clear and achievable activities and milestones against the Strategic Priorities

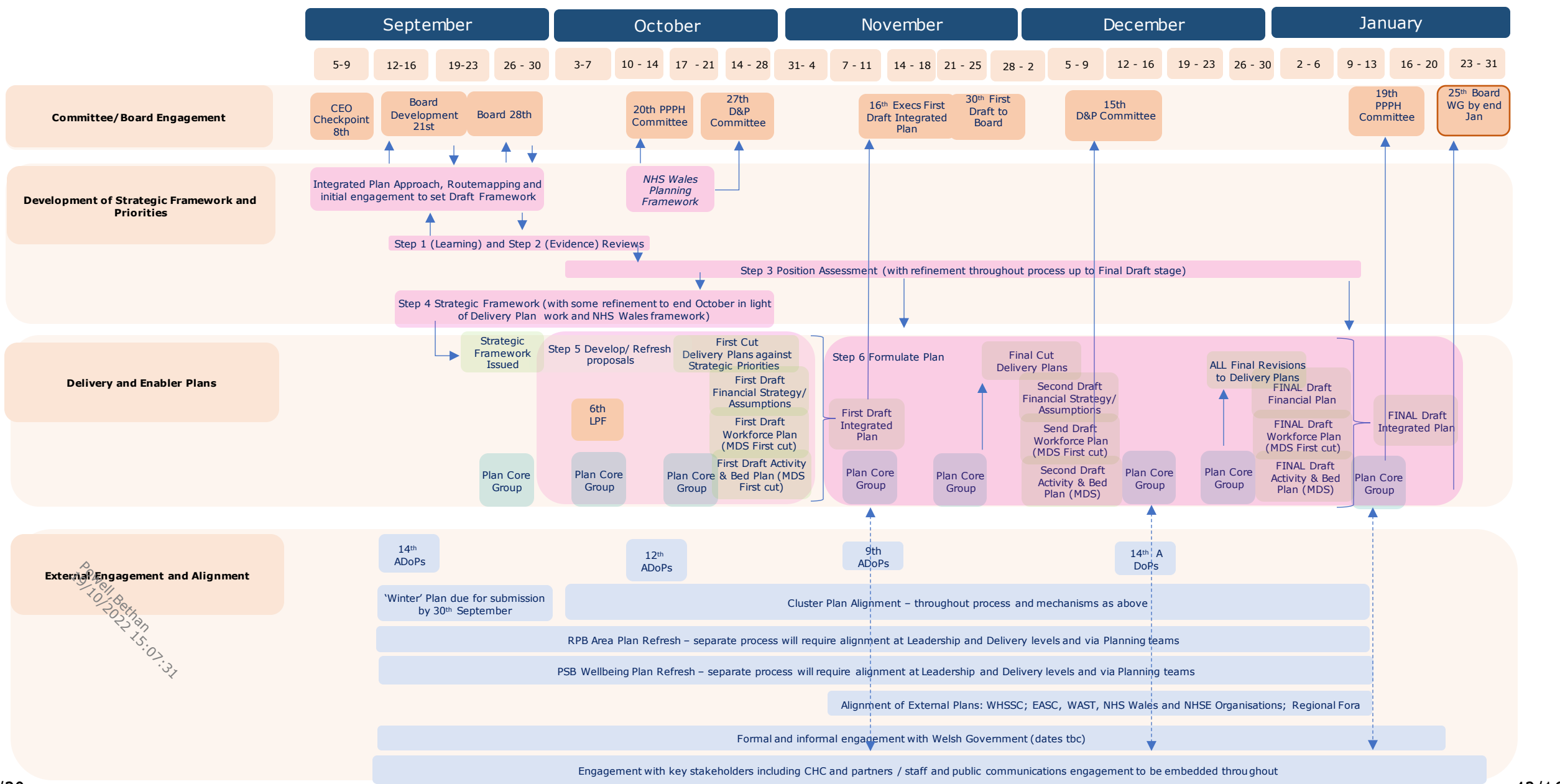
- These are required to be submitted through the 'Minimum Data Set' issued by Welsh Government
- This includes the bed model and plan for the year ahead (for PTHB, this is community and mental health bed provision)
- Sets out service activity plans for the year across all planned and unplanned care / condition specific care (for PTHB as a provider, commissioned services are submitted by provider)
- It includes high level workforce plan and trajectories against key indicators for the year including educational placement requirements for the health board

What good looks like...

- Positive feedback that the 'Plan on a Page' summary is useful
- Signposting or appending context to keep the plan concise
- Position assessment / PESTLE / SWOT well received by Welsh Government
- Delivery Plans that are SMART
- Activities that are Outcome, evidence and value based
- Milestones that describe the delivery of benefits and results (not processes)
- Alignment of financial, workforce and activity modelling assumptions/ baselines and trajectories in plans

Other feedback from the Board welcome on what is most helpful for the Board and what the Board would like to see in the Plan this year – any 'must haves'?

Plan Timeline: showing detailed process dependencies



Step 1 and 2: Learning and Reflection, Latest Evidence

Powell Bethan
19/10/2022 15:07:31

Wellbeing Assessment – Key insights



WELL-BEING ASSESSMENT

Powys Public Service Board

31/03/2022

<https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis>

Economy

- 79.2% of people are economically active and 17.8% are self-employed
- Unemployment has grown in all localities, 5% of working-age people are unemployed
- Weekly full-time earnings in Powys are lower than Wales and UK at £519 (Wales £542, UK £586)
- Average household income is also lower in Powys at £33,458 (Wales £34,700, UK £40,257) and 55% of households in Powys earn *below* the Powys average
- Powys has the lowest gross value added per hour worked in the UK since 2008
- 93% (8,030) of businesses are micro-businesses (0-9 employees)
- 6% are small business, 1% medium-sized and less than 1% (10) large businesses
- Powys has the worst quality of broadband coverage in Wales, with 12% unable to receive 10mb/s

Social

- 4,088 families live in absolute poverty, 31% (1,248) are lone parent households
- 16% increase in homelessness between 2019 and 2020 (from 527 to 621)
- 20% of people contacting Powys Association of Voluntary Organisations due to loneliness and isolation, increasing in the winter months
- There are 3,500 people on the housing demand register
- 48% of homes have a poor energy EPC rating
- 12% (16,154) are unpaid carers

Culture and Community

- 19% can speak Welsh in Powys; ranging from 54% in Machynlleth and 8.6% in Knighton and Presteigne
- Most Welsh speakers are 5-15 years old
- Most of Powys falls into the category of poor access to services; just under half is in the worst 20% in Wales
- Newtown East ranks 31st most deprived area in Wales (of 1,909 areas in Wales) (Welsh Gov, 2019)
- 6 areas are in the worst 20% in Wales for community safety (Llandrindod East/West, Newtown East, Newtown South, St Mary's Brecon, Welshpool Castle and Welshpool Gungrog)

Environment

- All of Powys is within 300m 'buffer area' of greenspace and half of residents live within 10km of accessible greenspace
- Climate changes are being experienced with more frequent flooding, higher temperatures and wind speeds recorded
- There are energy efficiency issues in relation to old and inefficient housing stock, reliance on solid fuel and multiple car use (linked to rurality and limitations of public transport)
- River quality issues include nutrient pollution, with two water pollution incidents per week.
- Ammonia pollution from intensive agricultural units is a key issue for air quality

Population Needs Assessment – Key insights



POPULATION NEEDS ASSESSMENT

Regional Partnership Board

Health and Social Care

<https://www.powysrpb.org/>

Powell Bethan
19/10/2022 15:42:31
March 2022

Population Size and Density

- There are approximately 133,000 people living in Powys
- Powys covers a quarter of the landmass of Wales with a relatively small population of just 26 people per square km (compared to Wales 153 per km² and Cardiff 2620 per km²)
- The highest population numbers are Welshpool and Montgomery (14%) Newtown (13%) and Brecon (11%)
- Over half of people in Powys live in villages, hamlets or smaller settlements

Population Age and Ethnicity

- The average age of the population is higher than Wales and UK, with a further growth in average age predicted
- 28% of the population is over 65 years old (compared to 21% Wales and 19% UK)
- 24% (32,376) is aged between 0 and 24 years this is projected to fall by 6% (to 29,634) by 2043 (this is an improved prediction compared to 18% in the previous population assessment in 2018)
- 94% of residents were born in the UK and latest available census data (2011) for ethnicity shows 98% (130,827) White; 0.86% (1,142) Asian/Asian British; 0.57% (760) Mixed/multiple ethnic groups; 0.1% (132) Black/African/Caribbean/Black British; 0.09% (115) are other ethnic groups

Households / Income and Deprivation

- Powys has 58,345 households with an average size of 2.2 persons; there is a predicted rise in households in Powys to 60,034 by 2026 and additional housing units will be needed to meet social and private housing need
- The Housing Demand register indicates current unmet need for affordable housing of the right size and in geographies that people come from and wish to remain living in
- Powys has a greater proportion of single person households (20085) than the Wales average, and this is predicted to increase 4.2% over the next ten years
- 75% of areas in Powys are in the top 30% most deprived in Wales

Health

- Life expectancy for men and women is higher than the Wales average but there are variations in the County
- The UK lags behind several other developed nations and evidence is emerging of a plateau in life expectancy in Wales (which is also being seen in other countries in Western Europe and was occurring prior to the pandemic); this halting of improvement in mortality rates is mainly driven by deaths in the over 85 age range
- People in Powys live longer in good health than the population of Wales and the UK overall, however there are inequalities in life expectancy between groups
- A girl born in the least affluent parts of Powys can expect to live 5.6 years less than if born in the most affluent areas and a boy brought up in the least affluent areas can expect to live 6.5 years less in good health

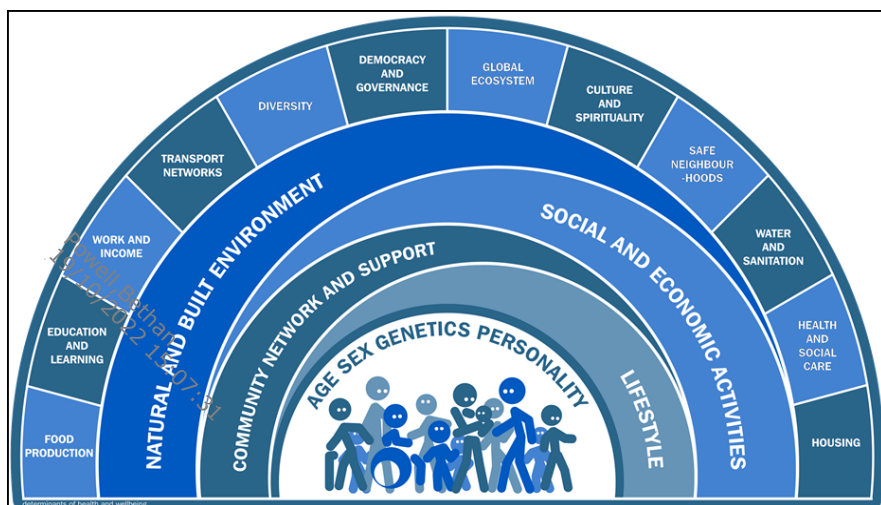
Health Inequalities – Key Insights (1)

Based on recent evidence from Public Health Wales, and as part of a trend which pre-dates COVID-19, health inequalities have not been improving over recent years in Powys. This picture is not unusual and broadly reflects the national position across Wales and the rest of the UK.

Health inequalities are caused by a complex interplay of factors and there is evidence that even in the decade before the pandemic, there was a stalling of life expectancy improvement in Wales (and across Western Europe).

Key current, overarching determinants of UK population health status and health inequalities include (but are not limited to):

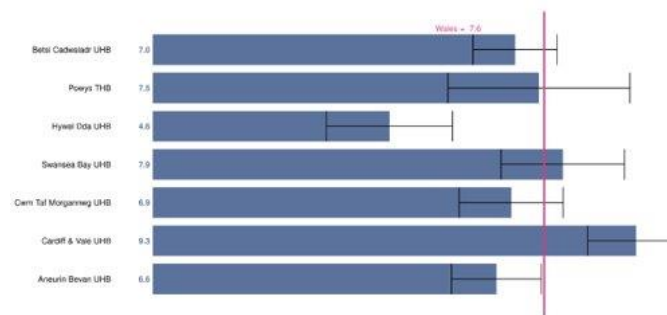
- The health status of the population – including the failure to address health inequalities – *prior* to COVID-19
- Climate change; The cost-of-living crisis; Brexit and Covid
- Overwhelmed public services (and within this: this risk of hard-wiring in digital exclusion)



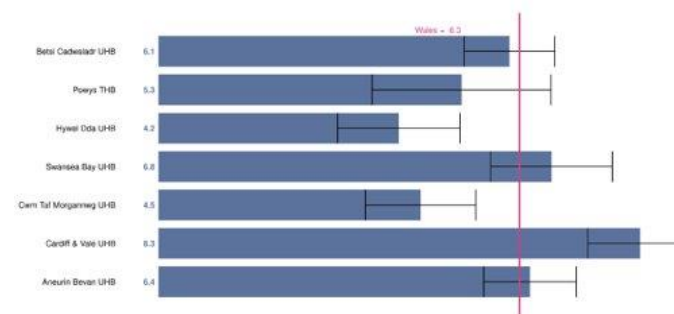
In Powys, some routine measures indicate that health inequalities were deteriorating, prior to the pandemic. With reference to the period 2018-2020:

- Life expectancy in the Powys male and female population was the longest of any Welsh health board and was statistically significantly better than Wales – however there are significant variances between the least and most deprived areas (as noted in the recently refreshed Powys Population Assessment)

Absolute gap in life expectancy at birth (comparing least to most deprived fifth), years, males, health board, 2018-2020
Produced by Public Health Wales Observatory, using APS, 2011 Census, PHM, MYE (ONS) & WMD 2019 (WG)
— 95% confidence interval



Absolute gap in life expectancy at birth (comparing least to most deprived fifth), years, females, health board, 2018-2020
Produced by Public Health Wales Observatory, using APS, 2011 Census, PHM, MYE (ONS) & WMD 2019 (WG)
— 95% confidence interval



COVID 19 further exposed and exacerbated existing health inequalities; it is likely to have an enduring impact on some conditions and on health inequalities.

Health Inequalities – Key Insights (2)

- The total cost associated with inequality in hospital service utilisation to NHS Wales is £322 million annually
- This is driven largely by higher service use among people living in the more deprived areas of Wales
- At £247.4 million annually, emergency inpatient admissions are the largest contributor to the overall cost associated with inequality

Source: World Health Organisation, Public Health Wales, June 2022

Public Health Wales has recently produced the first in a series of reports; emerging messages are complex and based on underlying assumptions; in terms of NHS activity, findings from the first report include that:

- Socioeconomic inequality exerts its biggest influence on A&E attendances and emergency in-patient admissions; this effect is much greater for over-16s than under-16s
- Higher overall and proportional costs associated with inequality for A&E attendances and emergency inpatient admissions suggest higher use/demand among people from the more deprived areas, which "...could be driven by unmet healthcare need suggested by the low use of elective inpatient admissions and outpatient appointments"
- Elective inpatient admissions have a negative overall and proportional cost associated with inequality; people from the least deprived areas contribute most to the cost, an observation driven largely by higher activity levels compared to people from the more deprived areas
- Other important effects are mediated by age, sex and deprivation

Potential opportunities to consolidate PTHB's approach to addressing health inequalities include:

- Recognition of the three distinct domains of NHS influence and a clear prioritisation of resources aligned to a value-driven approach, using the drivers highlighted by PHW to inform decision making as a partner, employer and as an anchor institution
- Opportunities include the role as a "healthy employer", "purchasing locally" for social benefit and increasing the use of buildings and space to support communities
- Transformation in the prevention and management of health inequalities through planning, design and delivery, driven through Board-level engagement and senior leadership
- Implement an intelligence-driven approach, to enable clear prioritisation of a manageable programme of actions
- Focus on those interventions which have the greatest impact: accelerate and expand preventive programmes
- Ensure proactive engagement of those communities and groups at greatest risk of poor health outcomes
- Further develop population segmentation; clear identification of the most deprived local communities, coupled with other target or at-risk groups, as defined by local circumstance and risk stratification, with needs assessment and proactive case finding
- Further examine intelligence relating to life expectancy and healthy life expectancy in the Powys population
- Revisit the "Big Four" approach in the light of any more recent (ideally post-COVID) surveillance intelligence, to check and confirm / identify any emergent clinical priorities
- Consider the support tools available for the determination and management of health inequalities will be implemented by the health board
- Development of performance metrics by deprivation and ethnicity

Access to healthcare – Key Insights

There is significant variation in access across commissioned services depending on care requirements, geographical location, pathway and flows.

The Powys proportion of 104 + week waiters shows significant variation:

- 0 patients waiting over 104 weeks in PTHB services
- 22 people waiting over 104 weeks on English pathways (with plans to address those by the end of the year)
- 682 people waiting over 104 weeks on Welsh pathways

This variation was present to varying degrees but much less significantly before the Covid pandemic. It is greatly exacerbated by the challenges across healthcare systems in relation to recovery of planned care backlogs.

This includes significant variation between the rate of recovery of backlogs between England and Wales as shown by the comparators for 104 week waits in particular:

- In England, 104 week waits have almost been eradicated; latest figures show 2900 people with plans in place to address those by the end of the year
- In Wales, the 104 week waits have been more static, at a figure of 62,000 people
- The outlook for referral to treatment (RTT) times and the recovery of performance back to standard is forecast to take a number of years (3 to 5) for most acute hospital providers
- Welsh & English providers, including Powys provider services have mobilised additional capacity be that insourcing, outsourcing or the increase usage of additional payments for clinical activity.
- As part of planning for 2022/23, the Health Board will be working with all providers to ascertain what progress will be made particularly with the reduction in extreme long waiters.
- The new Welsh waiting list report will be used to prompt discussions with Commissioned care providers and support their recovery, including repatriation scoping

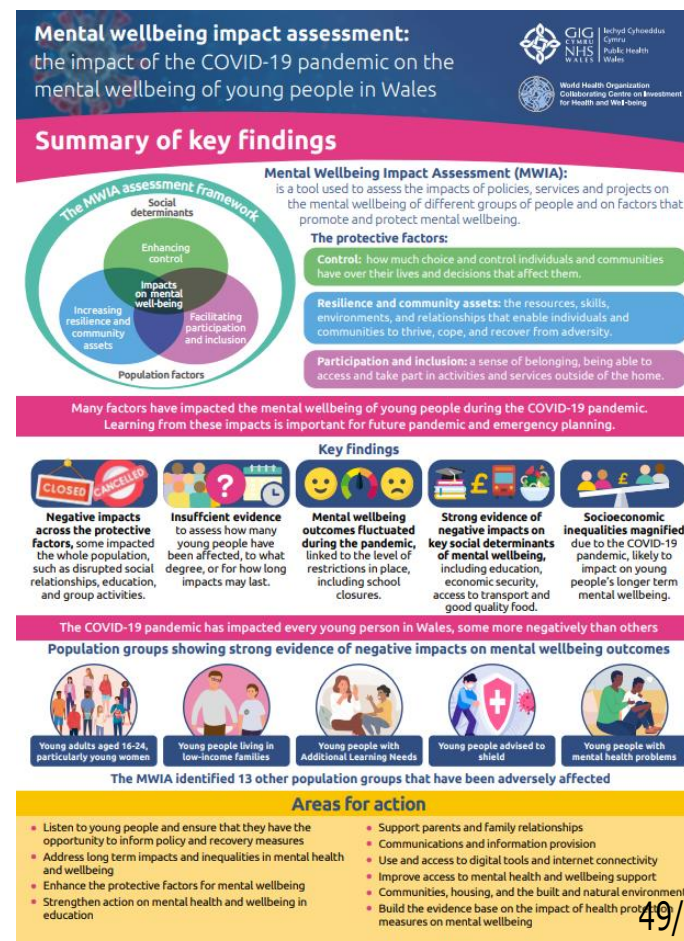
Welsh Providers	Jul-22	Patients Waiting						
	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
Aneurin Bevan Local Health Board	63.9%	1517	288	216	166	76	110	2373
Betsi Cadwaladr University Local Health Board	48.8%	301	45	78	92	38	63	617
Cardiff & Vale University Local Health Board	52.5%	219	42	41	39	28	48	417
Cwm Taf Morgannwg University Local Health Board	45.8%	254	49	72	69	32	79	555
Hywel Dda Local Health Board	55.5%	839	113	178	141	130	111	1512
Swansea Bay University Local Health Board	48.6%	975	162	259	196	142	271	2005
Total	54.9%	4105	699	844	703	446	682	7479

English Providers	Jun-22	Patients Waiting						
	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
English Other	73.3%	269	36	43	15	4	0	367
Robert Jones & Agnes Hunt Orthopaedic & District Trust	57.6%	1634	345	423	301	110	22	2835
Shrewsbury & Telford Hospital NHS Trust	66.9%	2736	457	567	286	41	0	4087
Wye Valley NHS Trust	65.7%	2129	450	502	139	22	0	3242
Total	64.3%	6768	1288	1535	741	177	22	10531

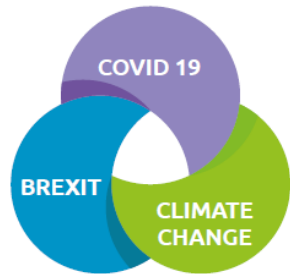
Horizon Scanning - Wider Insights

*Catherine Woodward to share report on Health Inequalities with further local insights

- The [Technical Advisory Cell](#) in Welsh Government are continuing to monitor and publish regular updates on Covid-19 – in the most recent advice there are positive indications that system pressures are lessening along with lower levels of covid in the population, however significant uncertainty is still projected
- A recent [Senedd research report](#) draws attention to why health inequalities are so important noting for example that 30,000 extra cases of cancer can be attributable to socio economic deprivation
- The [NHS Confederation](#) have raised the threat of public health risks in relation to energy price increases and is calling for government support to protect households; fuel poverty will be a concern in terms of greater illness and associated demand on the health and care system.
- The NHS Confederation have also published a recent report on [The unequal impact of COVID-19](#)
- The [NHS Confederation](#) have pointed to a staffing crisis in the community healthcare sector, which is having a profound impact on service users and the wider NHS
- The Confederation's mental health network chief executive has also spoken about extra demand for mental health services which is being experienced and likely to increase over such difficulties
- The World Health Organisation have published [research](#) on the impacts of the pandemic on mental health noting that while many individuals have adapted, others have experienced mental health problems and has raised concerns about increases in suicidal behaviour
- The impact on the wellbeing of children and young people has been explored by [Public Health Wales](#) and in other research including a consolidated study by the [University of Glasgow](#)
- The Health Foundation have also highlighted the growing risks associated with the cost of living and Covid "[The continuing impact of COVID-19 on health and inequalities](#)"
- The REAL Centre have published projections for acute / community care, general practice and social care over the coming decade, highlighting the shortfall between demand and supply
- The Bevan Foundation has published two papers examining poverty "[A snapshot of poverty in Summer 2022](#)" and "[The rural cost of living crisis](#)" which is pertinent to Powys residents
- Climate change and its effects have been a key issue over the summer with drought conditions and heatwaves impacting on households and agriculture.
- The need to adapt to future hot weather episodes is a wider public health concern, with implications for PTHB service provision and its ageing estate.

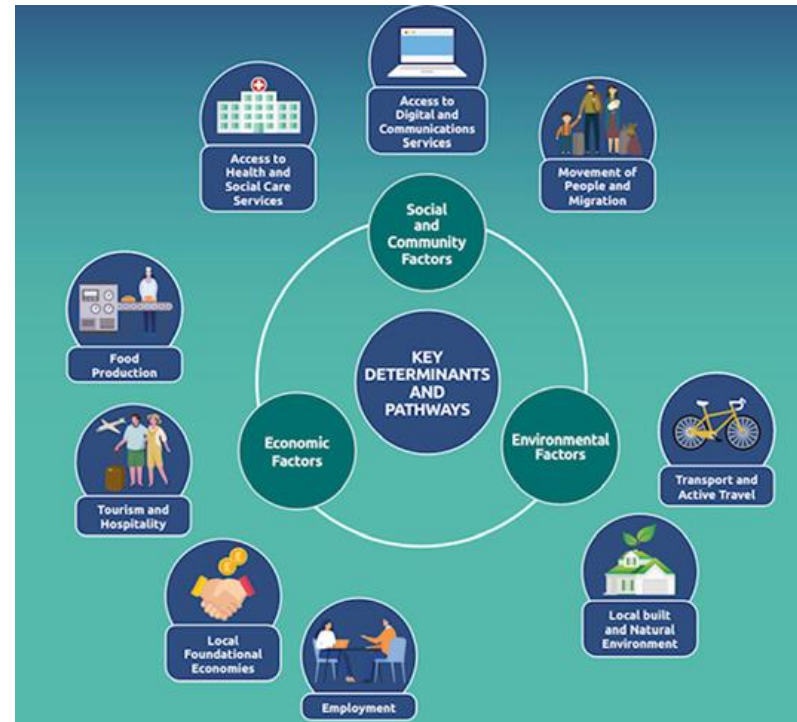


Rising to the Triple Challenge of Brexit, COVID-19 and Climate Change – Insights



Opportunities (for policy and decision makers)

- Specific policy framework for rural Wales covering wider determinants of health well being and the triple challenge
- Increased focus on mental health to support rural populations
- Use existing policies to enable digital literacy
- Involve key stakeholders in identifying to support and strengthen food system
- Use a placed base approached
- Future planning to connect urban and rural communities
- Explore and consider ways to reduce climate change effects to enhance rural communities
- Enhance local communities building on the changes witness during pandemic
- Establish a Commission on rurality as a driver of future policy
- Prioritisation of a policy framework for post Brexit Rural Development Funding



Integrated approach to tackle the three challenges



Key Insights

- There is a gap in existing evidence on rural health however this analysis demonstrates rural communities are impacted by a triple challenge
- Some aspects are the same for urban communities, but others are more specific to rural areas and need consideration when drafting policies and plans and help reduce inequalities
- Further research is needed to understand the differences and particular challenges which rural communities will face in the future – and a number of ‘unknown unknowns’
- Rural environments and communities have become much more attractive to live and work in during the pandemic – leading to both positive and negative impacts
- Digital infrastructure and accessibility are very important as is increasing digital literacy
- Brexit could present an opportunity to develop innovative and transformative approach

*Source – Public Health Wales & World Health Organization Collaborating Centre on Investment for Health and Well Being, June 2022

Communication and Engagement Insights

During the COVID-19 pandemic the NHS experienced a burst of popular support, with the public reaching out through "Clap for Carers" and offers of support. However, following the prolonged impact of pandemic restrictions and the impact on access, waiting times and morale, the flavour of public sentiment is shifting:

NHS dentistry at breaking point, BBC study reveals



Growing frustration about access to primary care particularly dentistry and face-to-face GP appointments.

Air Ambulance proposes to move its base from Welshpool

By Sue Austin | Mid Wales | Published: Aug 17, 2022 | Last Updated: Aug 17, 2022

Welshpool's air ambulance base could close as part of a new strategy being worked up by The Wales Air Ambulance Charity.

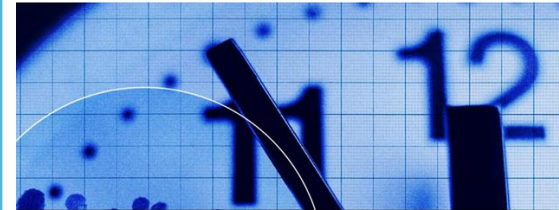
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Anxiety about possible service changes (e.g. WAA, stroke), including temporary changes introduced during COVID (Panpwnton Ward, Crug Ward).

Britain falls out of love with the NHS: poll reveals three in five now expect delays

Almost half of people believe service has worsened in the past year



Risk that reducing public confidence ("from hero to zero") has adverse impact on discretionary effort, self-care, help-seeking etc.



Brits are worried about long NHS wait times and staff shortages Credit: AFP

Anxiety about safe and timely emergency care including ambulance response, with potential impact on how & when people seek care.

Cost of living: How to cope with the rise in prices

Millions of Britons are struggling as the price of everything soars amid rising energy prices and inflation.

Kate Ng turns to financial experts for advice on how to deal with it all

2 hours ago • Comments



Rising anxiety about cost of living impacting on ability to self-care, to support dependents, and to access timely services.

Understaffed wards, nurses in tears, and using foodbanks: The NHS staff struggling to survive

Jackie Davies, who started working in the NHS in 1985, is now at the forefront of a campaign to give nurses a substantial pay rise in the wake of potential strike action

SHARE By Mark Smith Health Correspondent 04:00, 13 AUG 2022 WALES NEWS

Enter your postcode for local news and info



Jackie Davies is a mental health nurse and the Welsh representative on the Royal College of Nursing's (RCN) trade union committee (Image: Jackie Davies)

Challenges to staff morale from prolonged COVID demands, ongoing pressures, cost of living etc.

Powys councillor's warning over Newtown health campus

1st August



Optimism about key developments (e.g., Newtown, Machynlleth, Shrewsbury) but also frustration about pace of progress, potential knock-on impact, engagement fatigue.



Opportunity to re-frame public perception and debate as we move towards the 75th birthday of the NHS in July 2023.

Revisiting the Situational Analysis

Prompt for Board Development Session:

What has changed since Autumn 2021?

Some considerations included – is anything missing? Any other views?

Changes in Powys County Council political leadership and portfolios and changes in management posts

Changes in UK Government leadership (ongoing)

New considerations with regards to war in Ukraine in relation to humanitarian needs and refugees and the impact of sanctions / consequential of the conflict on supply chain

Major changes in national response to pandemic (and associated population behaviour)

Changes to infrastructural requirements in healthcare settings with changing covid response

Global and UK economic challenges: high inflation and associated interest rates in UK, energy and other supply chain issues and associated impact on consumer domestic costs; complex factors driving cost of living issues

Inequalities remains a key issue, as shown in the Powys Population and Wellbeing Assessments, exacerbated further by economic situation noted above in parallel with health and care system challenges

Significance of the impacts on population post pandemic will require a more sophisticated understanding of the role of the NHS and the contribution to tackling deprivation and poverty

Complexity of public perception / experience with public sector and healthcare sector specifically; changes in media reporting from 'heroes' to more grounded and challenging reporting

Challenge of balancing environmental impacts as workplaces increasingly return to office-based working

Opportunities and challenges presented by new technologies – need to ensure high cost / resource intensive innovations are used equitably, for greatest benefit and improved outcomes / experience

NHS Wales emerging 'policy' around regional collaboration (for example regional diagnostic centres/ centres of excellence) presents opportunities and some challenges for Powys

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

Step 3: Position Assessment

Powell Bethan
19/10/2022 15:07:31

Position Assessment – Overview

Sources of Information

Performance Against Measures & Outcomes

Position against NHS Wales Performance Framework
(Q2 Position - IPR September; Directorate Reviews Oct - Nov)

Position against PTHB IMTP

Quarterly Progress Reporting on IMTP milestones / activities
(Q2 to be completed October 2022, Directorate Performance Reviews Oct – Nov 2022)

Financial position

Financial Recovery Plans being developed September 2022 – to inform reprioritisation in year and for Integrated Plan 2023/26

Opportunity Assessment

Transformation and Value Opportunities and Challenges

Progress against key Welsh Government requirements

including Six Goals; Planned Care and Recovery; Cluster Development; IMTP Accountability Conditions
(Welsh Government Planning touchpoints; IQPD and JET; Directorate Performance Reviews Oct - Nov)

Position against Powys 'Regional' Strategy

(A Healthy Caring Powys / Area Plan)

RPB Area Plan being refreshed currently; including mid term review of progress

Commissioning Position

Commissioning Assurance Framework positions
(PTHB provider, Welsh and English Systems)
Complex picture across multiple domains and systems and changing legislative / infrastructure for health & care

Accelerated changes in North Powys Wellbeing Programme

Whole System learning and development in Renewal programme

Performance against Key Workforce/ Activity / Capacity Trajectories

Quarterly review of MDS
(Q2 October 2022)

Position against other 'Regional' Strategy and Plans / Changes

Strategic Change 'Stocktake' update underway provides high level overview – detailed positions transacted via partnership reporting

Value Assessment (Quality / Experience and Outcomes)

Value Based healthcare work includes assessment of variation and opportunity; GIRFT reviews providing condition / pathway specific insights

Innovations and Challenges in Digital /Innovative Environments

Strategic /Significant Service Changes in and around Powys

Key Developments across the Strategic Priorities

Ministerial priorities recent advice given through DoPs (in advance of NHS Planning Framework):

Emphasis on 'Golden Threads'
Population Health
Prevention
Quality and Outcomes
System Working
Eradicating Health Inequalities

Welsh Government Programme for Transforming and Modernising **Planned Care** published April 2022



GIRFT review intelligence will help shape work across the delivery priorities



National Quality Statements are shaping work in key areas of clinical care

Six Goals Programme for Urgent and Emergency Care - workbook published April 2022



Planning advice given through DoPs (in advance of NHS Planning Framework):

Emphasis on **alignment of workforce, finance and service delivery** – clear demand and capacity **activity planning**

To be delivered in a refreshed Minimum Data Set template which forms part of the plan



Ministerial advice given through DoPs (in advance of NHS Planning Framework):

Emphasis on **Collaboration and Partnership**

Expectation that plans reflect **system working**

Performance Position – Prevention and Self Management

Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management

2022/23 Performance Framework Measures										Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Weight Management	Director of Public Health	3	% Babies breastfed 10 days old	✓	Annual Improvement	2021/22	52.0%		56.5%	1st	36.7%
Smoking	Director of Public Health	4	% of adults that smoke daily or occasionally	✓	Annual reduction towards 5% prevalence 2030	2021/22	13.0%		10.7%	1st	13.0%
		5	% Attempted to quit smoking	✓	5% annual target	Q4 21/22	2.79%	2.43%	3.34%	6th	4.07%
Diabetes	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	7	% diabetics who receive 8 NICE care processes	✓	>=27%	Q4 21/22	24.5%	35.0%	40.1%	1st	28.4%
		8	% Diabetics achieving 3 treatment targets	✓	1% annual increase from 2020-21 baseline	2020/21	30.4%		26.2%	4th	27.6%
Substance Misuse		9	Standardised rate of alcohol attributed hospital admissions	✓	4 quarter reduction trend	Q4 21/22	380.9	437.2	394.2	6th	373.9
		10	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	✓	4 quarter improvement trend	Q1 22/23	65.0%	50.0%	70.7%	3rd	67.2%
Vaccinations	Director of Public Health	11	'6 in 1' vaccine by age 1		95%	Q4 21/22	95.8%	96.1%	93.8%	6th	93.8%
		12	2 doses of the MMR vaccine by age 5		95%	Q4 21/22	90.3%	91.0%	94.4%	1st	90.8%
		14a	Flu Vaccines - 65+		75%	2021/22	73.5%		75.3%	7th	78.0%
		14b	Flu Vaccines - under 65 in risk groups		55%	2021/22	52.2%		50.9%	3rd	48.2%
		14c	Flu Vaccines - Pregnant Women		75%	2021/22	92.3%		66.7%	6th	78.5%
		14d	Flu Vaccines - Health Care Workers		60%	2021/22	56.5%		52.1%	6th	55.6%
Screening	Director of Public Health	15a	Coverage of cancer screening for: cervical		80%	2021/22	76.1%		72.7%	1st	69.5%
		15b	Coverage of cancer screening for: bowel		60%	2021/22	56.4%		68.3%	1st	67.1%
		15c	Coverage of cancer screening for: breast		70%	2019/20	69.1%		74.6%	1st	71.7%

Key Insights

- Smoking measures showing progress, including the measure that is noncompliant which has improved since the previous period
- Diabetes performance in Powys in treatment targets was around the All Wales average but had deteriorated (note this is last year's figures as these are the latest available)
- PTHB mirroring the national trends in relation to the decrease in vaccination uptake, but it remains above target across the year
- Screening performance is showing positive recovery

Compliance against targets quadruple aim 1



■ Not-compliant ■ Compliant

Performance Position – Quality and Access

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

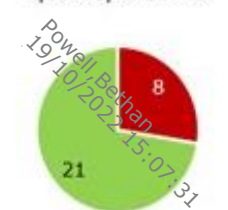
2022/23 Performance Framework Measures										Welsh Government Benchmarking ("in arrears")	
Area	Executive Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Primary & Community Care	Deputy Chief Executive & Director of Primary Care	16	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS		100%	2021/22	93.9%		100.0%	1st	88.6%
Urgent & Emergency Care	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	21	% 111 patients prioritised as P1/C1C that started their definitive clinical assessment within 1 hour of their initial call being completed		90%	Jun-22	96.3%	87.0%	83.0%	3rd*	83.6%
		22	Percentage of total conveyances taken to a service other than a Type One Emergency Department	✓	4 quarter improvement trend	Q1 22/23	7.9%	8.8%	8.1%	5th	11.8%
		25	MIU % patients who waited <4hrs		95%	Jul-22	99.9%	99.9%	100.0%	1st	65.7%
		26	MIU patients who waited >12hrs		0	Jul-22	0	0	0	1st	10,696
		31	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Jul-22	52.6%	45.0%	39.9%	7th	52.0%
Elective Planned Care	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	39	Number of diagnostic endoscopy breaches 8+ weeks	✓	Improvement trajectory towards 0 by Spring 2024	Jul-22	169	18	8	1st*	16,961
		40	Number of diagnostic breaches 8+ weeks		12 month reduction trend towards 0 by Spring 2024	Jul-22	353	38	23	1st*	43,564
		41	Number of therapy breaches 14+ weeks		12 month reduction trend towards 0 by Spring 2024	Jul-22	19	171	180	1st*	12,811
		42	Number of patients waiting >52 weeks for a new outpatient appointment	✓	Improvement trajectory towards 0 by 31/12/22	Jul-22	91	0	0	1st*	97,882
		43	Number of patient follow-up outpatient appointment delayed by over 100%	✓	Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March 2021	FUP data is currently being validated for both reportable/non reportable specialties following reporting change to use WPAAS national team stored procedure.					
		44	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)		95%	Jul-22	61.3%	61.8%	68.1%	2nd	63.3%
		LM1	Percentage of patient pathways without a HRF factor		<= 2.0%	Jul-22	0.5%	0.5%	0.5%		
Elective Planned Care		45	RTT patients waiting more than 104 weeks	✓	Improvement trajectory towards 0 by 2024	Jul-22	0	0	0	1st*	62,136
		46	RTT patients waiting more than 36 weeks	✓	Improvement trajectory towards 0 by 2026	Jul-22	463	71	92	1st*	263,781
		47	RTT patients waiting less than 26 weeks	✓	Improvement trajectory towards 95% by 2026	Jul-22	89.1%	95.3%	95.0%	1st*	54.8%

2022/23 Performance Framework Measures						Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Elective Planned Care	Director of Planning and Performance	LM2	Commissioned RTT patients waiting more than 104 weeks (English & Welsh Providers)		Individual Targets	Jun-22	156	754	721		
		LM3	Commissioned RTT patients waiting more than 52 weeks (English & Welsh Providers)		Individual Targets	Jun-22	2663	2743	2778		
		LM4	Commissioned RTT patients waiting more than 36 weeks (English & Welsh Providers)		Individual Targets	Jun-22	4,448	4,980	5,109		
		LM5	Commissioned RTT patients waiting less than 26 weeks (English & Welsh Providers)		Individual Targets	Jun-22	61.1%	59.1%	60.1%		
Mental Health	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	48	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	✓	Annual Reduction	2020/21	5.06		2.42	2nd	3.54
		49	CAMHS % waiting <28 days for first appointment	✓	80%	Jul-22	69.5%	91.3%	93.9%	3rd	42.9%
		50	Assessments <28 days <18	✓	80%	Jul-22	61.3%	97.4%	96.8%	1st*	50.2%
		51	Interventions <28 days <18	✓	80%	Jul-22	52.6%	70.6%	71.0%	1st*	40.8%
		52	% residents with CTP <18	✓	90%	Jul-22	85.7%	97.1%	100.0%	3rd*	73.5%
		53	Children/Young People neurodevelopmental waits	✓	80%	Jul-22	49.5%	90.2%	80.8%	1st*	37.4%
		55	% adults admitted to a psychiatric hospital 9am-9pm that have a CRHT gate keeping assessment prior to admission	✓	95%	Jun-22	100%	100%	100%	1st	90.9%
		56	% adults admitted without a CRHTS gate keeping assessment that receive a FU assessment within 24hrs of admission	✓	100%	Jun-22	100%	100%	100%	1st	100.0%
		57	Assessments <28 days 18+	✓	80%	Jul-22	91.4%	72.5%	74.2%	6th*	79.1%
		58	Interventions <28 days 18+	✓	80%	Jul-22	70.1%	37.4%	47.4%	6th*	68.5%
		59	Adult psychological therapy waiting < 26 weeks	✓	80%	Jul-22	95.2%	93.3%	94.3%	2nd*	73.7%
60	% residents with CTP 18+	✓	90%	Jul-22	89.2%	84.7%	69.7%	5th*	84.1%		
Hospital Infection Control	Director of Nursing	63	HCAI - Klebsiella spp and Aeruginosa cumulative number	✓	Local	Jul-22			2.25	PTHB is not nationally benchmarked for infection rates	
		64	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) and C.difficile	✓		Jul-22			6.75		

Key Insights

- As a provider the health board has made significant steps improving its immediately controllable flows back to near target performance, but challenges remain in commissioned services in relation to backlogs and for Powys this is significant, with 90% of total admitted care (34,964 pieces of activity) and 65% of outpatient care (130,217 pieces of activity) going into commissioned providers (2021/22 financial year)
- There is variation in access across commissioned services depending on care requirements, geographical location, pathway and flows and significant variation between the rate of recovery of backlogs between England and Wales as shown by the comparators for 104 week waits in particular
- System demand is already high leading in to the winter season; significant challenges include fragility of services, staffing pressures, emergency flow & access in acute care, very long waits in accident and emergency, this in turn impacts on ambulance waiting times and planned surgical capacity
- There is positive progress as a provider of planned care including diagnostic and therapy pathways, mental health and day cases, however, there are increases in breach numbers across therapies including Audiology, Podiatry, Physiotherapy and adult Speech & Language Therapy.
- Some deteriorated positions reflect wider system pressures particularly in relation to urgent and emergency care, as shown in the 111 performance and similarly PTHB benchmarks favourably against the All Wales mental health performance however assessments are below average and demonstrate pressures with staff sickness and increased referrals

Compliance against quadruple aim 2



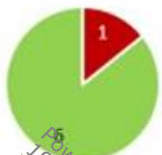
Performance Position – Workforce and Innovation

Compliance against quadruple aim 3



■ Not-compliant ■ Compliant

Compliance against quadruple aim 4



■ Not-compliant ■ Compliant

2022/23 Performance Framework Measures							Performance			Welsh Government Benchmarking (*In arrears)	
Area	Executive Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Staff Resources	Director of Finance and ICT	67	Agency spend as a percentage of the total pay bill	✓	12m↓	Jul-22	9.8%	10.8%	11.2%	10th (Mar-22)	8.5% (Mar-22)
	Director of Workforce and OD	68	(R12) Sickness Absence	✓	12m↓	Jul-22	5.1%	5.8%	5.9%	3rd (Mar-22)	6.89% (Mar-22)
		69	% staff Welsh language listening/speaking skills level 2 (foundational level) and above	✓	Biannual improvement	Q4 2021/22	16.0%	17.0%	17.0%	Not currently available	
Training & Development	Director of Workforce and OD	70	Core Skills Mandatory Training	✓	85%	Jul-22	80.0%	84.2%	81.0%	2nd (Mar-22)	79.0% (Mar-22)
		71	Performance Appraisals (PADR)	✓	85%	Jul-22	69.0%	72.0%	73.0%	1st (Mar-22)	57.2% (Mar-22)
Staff Engagement	Director of Workforce and OD	72	Staff Engagement Score	✓	Annual Improvement	2020	79% (2018)		78.0%	1st	75%
		73	% staff reporting their line manager takes a positive interest in their health & wellbeing	✓	Annual Improvement	2020	77% (2018)		75.5%	2nd	65.9%

2022/23 Performance Framework Measures							Performance			Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Decarbonisation	Director of Environment	74	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	✓	16% Reduction by 2025 Against 21018/19 NHS Wales Baseline	2020/21	20,028		17,021	2nd *	1,001,378
New Ways of Working	Director of Finance and ICT	78	Number of risk assessments completed on the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q1 22/23	235	22,473	28,438	5th	456,210
		79	Number of wards using the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q1 22/23	2	7	8	5th	128
		80	Percentage of episodes clinically coded within one month post discharge end date		Maintain 95% target or demonstrate an improvement trend over 12 months	Jun-22	99.4%	82.8%	100%	1st	81.0%
Clinically Effective Prescribing	Medical Director	81	Total antibacterial items per 1,000 STAR-PU's	✓	A quarterly reduction of 5% against a baseline of 2019-20	Q4 21/22	195.6	260.0	230.3	1st	259.4
		93	Number of patients 65+ years prescribed an antipsychotic		Quarter on quarter reduction	Q1 22/23	485	489	486	1st*	10,262
		84	Opioid average daily quantities per 1,000 patients	✓	4 quarter reduction trend	Q4 21/22	4068.0	4222.0	4040.1	2nd	4,329.4

Key Insights

- Agency spend has increased from the last period and over the year as a whole and is higher than the All Wales average
- Sickness absence remains higher than pre-covid levels and is an increasing trend, but remains lower than the All Wales average
- There are gradual improvements in other key targets of performance appraisals, and this was also the case in core skills training but that has deteriorated slightly due to a new module being introduced nationally
- Staff engagement is good when compared to the All Wales benchmark, the health board ranks 1st in Wales (albeit slightly missing the annual improvement target)
- Integrated Performance reporting will continue to evolve during 2022/23 strengthening the ability of stakeholders to assess progress against key targets, aims, and required actions.
- This will include updating the Improving Performance Framework, revising the Commissioning Assurance Framework (CAF), and working with the new framework measures and their rollout.

Transformation and Value Opportunities

Whole System Redesign to improve outcomes, experience and cost

Improving outcomes for patients who are experiencing delays and associated deconditioning in hospital (in Powys, in external community hospitals, in District General Hospitals)

Redesigning pathways to improve outcomes:

- Wet Age-Related Macular Degeneration and Cataracts
- Frailty
- Falls
- MSK Redesign including shift to day case for orthopaedic surgery and repatriation of low complexity activity
- Heart failure
- Gynaecology
- lymphedema

Providing diagnostics - Diagnosis at earlier more treatable stages, closer to home including cancer; community cardiology; respiratory (spirometry, sleep, lung function); 6 day bloods; ProBNP (heart failure blood test); transnasal endoscopy; imaging extended reporting and case for elective CT & MRI; serving patients beyond Powys as part of network

Clinical pathway management clinical criteria /pathways /virtual MDTs/referral management, shared decision making

Medicines Optimisation & Management (Blue Teq)

Modernisation of outpatients and alternatives to admission including paediatric pathway

Prehabilitation and rehabilitation (teachable moments; shifting to greater focus on 'pre' habilitation for prevention and improving outcomes; common core and extending virtual beyond pulmonary)

Orthopaedics: The Getting it Right First Time Review (GIRFT) of Orthopaedics showed Powys has best orthopaedic outcomes in Wales, with scope across all providers to shift to predominantly day case and greater low complexity work within Powys.

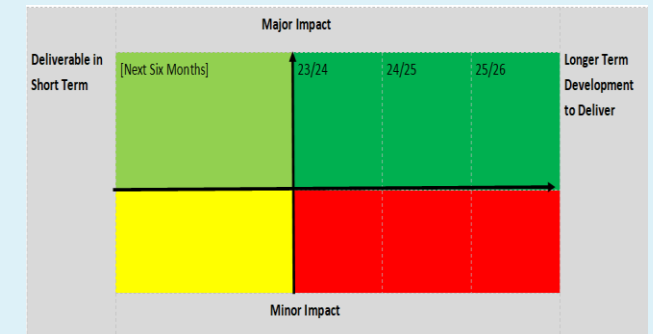
Cancer: wide variation across tumour sites and health boards particularly Breast, Gynaecological, Head & Neck, Lower GI, Upper GI and Urological, diagnostic wait volume sharply increasing in endoscopy and radiology

Diabetes: Dashboard includes the English flows for Powys, indicating the areas for improved outcomes



Key Insights

- There is emerging evidence including benchmarking of marked variation in terms of outcomes, experience and cost in areas such as cancer, diabetes, orthopaedics and eye care
- GIRFT reviews are beginning to provide valuable insights and scope for further improvement especially
- This includes the issue around data quality especially outpatient coding across Wales
- Further work underway to capture Patient Reported Outcome Measurements and Patient Reported Experienced Measures
- Importance of balancing short-term deliverables and longer-term strategic system redesign / major and minor impacts



North Powys Wellbeing Programme Opportunities

Programme Goal

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

Key Drivers....

- There is a strong base of volunteering and community resilience in Powys, supporting a more social model for health.
- Variation in service provision across Powys is creating inequalities which are potentially widening due to the pandemic.
- Demand for health and care services is increasing; we need to increase prevention and early help and support.
- More care can be provided closer to home, reducing unnecessary travel for people and families.
- New treatments and technology are creating new ways of working which can help with some of the workforce challenges.
- National policy and legislation – Future Generations Act, A Healthier Wales and Social Services and Wellbeing Act

What outcomes we want to achieve....

Strengthen peoples ability to manage their own health and wellbeing and make healthier choices

Increased focus on prevention and health promotion

Increased independence and participation within communities

Increased emotional and behavioral support for families, children and young people to build resilience and support transition into adulthood

Improved integration of services, partnership working and confidence in leadership

Improved accessibility to services and community infrastructure that meet the needs of the population

Improve the opportunity for people to access education, training and learning opportunities



Phased plan: delivery of campus includes school in 2025; other services in 2026

Campus Programme Business Case endorsement will be sought in March 2023

Strategic Outline Case submitted and currently subject to Welsh Government Scrutiny process and initial advice received; next step likely to include further Business Justification Case

Five transformation areas of Children and Young People; Mental Health; Diagnostics and Planned Care; Social Model for Health; Integrated Community Model (November 2022 – Summer 2023)

Why Newtown / North Powys

Regeneration of the Town

According to the Welsh Index of Multiple Deprivation (WIMD), some small areas have poor scores relating to both health and the economy. Our programme aims to support Newtown to become a healthy community, growing the economy of the town and aiding its residents to fulfil physical and mental health and wellbeing.

Strategically Important

In strengthening health and care services for mid Wales and providing an opportunity to reduce the likely impact of reconfiguration proposals around our borders. Our geography poses significant challenges in Powys; we cover a quarter of the land mass of Wales, but have >5% of the population.



Some Buildings in Poor Condition

Potential for an innovative, integrated health and care model within a fit for purpose environment



Largest Town in Powys

Population base for Newtown is 11,319



Broader Partnership Opportunity

A number of partners are investing in the area, possibly presenting opportunity to integrated health, care, education, third sector and housing through a campus style approach.

Key Insights

- The programme is a once in a generation opportunity to improve population health outcomes and wellbeing, delivering integrated care, closer to home.
- It is an RPB partnership programme – currently funded via Welsh Government RIF/ Transformation Fund with wider investment opportunities that will be required for the capital and associated development
- Covid and ongoing challenges with resource availability has resulted in some delays however there is evidence of success in accelerated change programmes – and a wider benefit being secured in the depth of partnership working and stakeholder engagement
- Check and challenge workshops to be held Autumn 2022 will provide further insights on the service models, pathways and workforce plans

Cluster Development – National and Local Positions

The Vision and Opportunities:

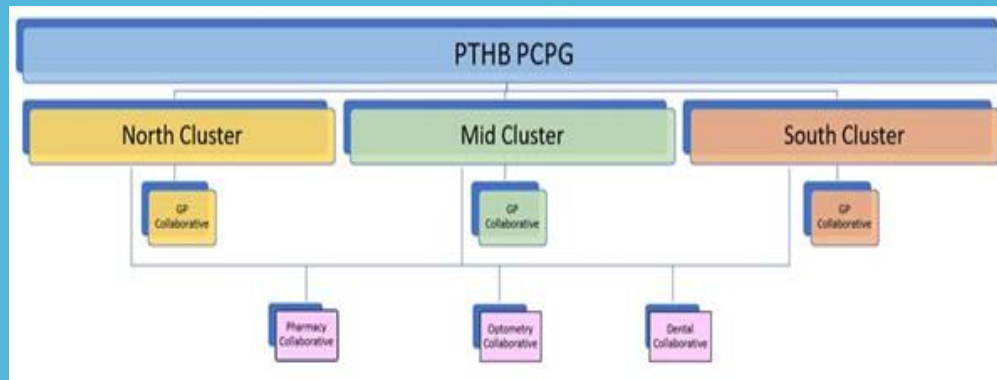
Clusters are uniquely placed to identify agile solutions that address the community needs and to develop targeted services to meet those community needs

The Accelerated Cluster Development Programme nationally is driving work to grow the role of Clusters, to assess population needs and identify improvement priorities, developing solutions and influencing decision making through multi-disciplinary professional collaboratives.

Key opportunities:

- to realise tangible improvements for patients, professionals and stakeholder
- forging easier access to services and a wider range of treatment and support options
- smart solutions to maintain continuity of care and a holistic personalised approach
- Coherence between local and regional priorities
- Consistency, simplicity and confidence for the public, patients and carers,

In Powys, this is part of the work underway to refresh the Area Plan / Wellbeing Plan – linked by the Golden Thread of 'A Healthy Caring Powys'.



Key Insights

- 2022/23 is the 'transition' year for the Accelerated Cluster Development (ACD) programme.
- PTHB strategic programme for primary care funding (previously pacesetter allocation) is being used to support ACD transition.
- During the ACD transition year three cluster groups will continue but options to reduce the footprint to 2 will be explored
- One Powys group needs to be established to undertake the required functions of the Pan Cluster Planning Group (PCPG)
- The model terms of reference for the PCPG have similarities to the current Cross Cutting Oversight Group (CROG) with includes PTHB and Local Authority Representation
- Next steps: Review arrangements in September 2022 including Pan Cluster Planning Group

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Strategic Change Positions

Key Insights

Almost all areas are 'resetting' their strategic change programmes.

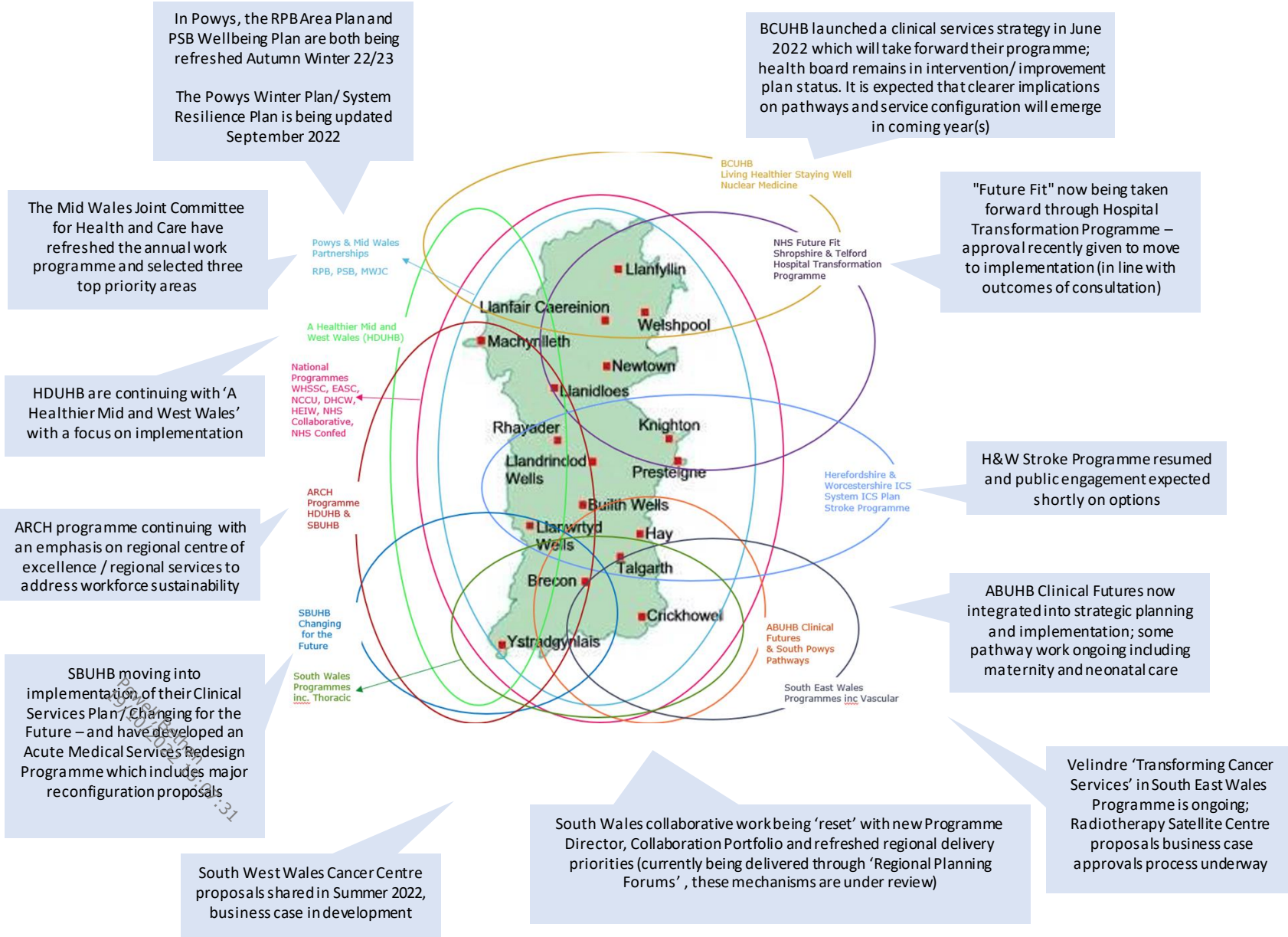
Some programmes are no longer running in the same form; some are continuing with a new emphasis or change of scope / delivery mechanism

Some new priorities are emerging particularly around regional collaboration and partnership.

South Wales regional collaboration approach being reset with a refreshed portfolio, leadership and delivery priorities.

All Wales programmes similarly seeing some refresh with the NHS Collaborative role in support of the NHS Executive Team and a new programme focusing on Quality. Other national programmes have increased prominence including Six Goals, Planned Care and Primary Care.

The Strategic Change Stocktake has been updated giving further information (available as a separate document).



Digital First



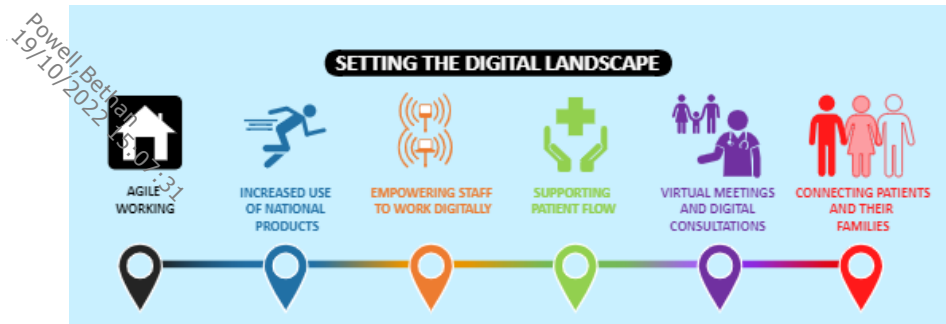
Digital is a fundamental requirement to ensure an efficient, cost-effective service model and to enable transformation and delivery of key benefits to the people of Powys

Current work programme :

- Implementation of Clinical Digital Systems that directly enable improved care including cross border clinical records sharing, clinical service priorities (nursing, eye care, prescribing), and telecare
- Digital Infrastructure & Intelligence – to support a mobile agile workforce
- Infrastructure monitoring and device management
- Roll out of national systems including Malinko, WCCIS, WPAS (Welsh Patient Administration System) Bed management, Electronic Test Requesting
- Roll out of administration systems: Office 365 and SharePoint migration
- Cyber Security Improvement
- Digitisation of Health Records
- National Data Resource
- Innovations supporting clinical care areas e.g. Digital Maternity Cymru; Sexual Health System
- Infrastructure Review; Print Management, Telephony
- Community Training Platform
- Healthcare Communications
- Clinical Coding
- Information Governance

Key Insights

- Funding and capital investment – the ability to manage risk from an ageing infrastructure and equipment at the end of its life
- This is linked to the ability to secure significant Welsh Government investment to support major activity pan-Powys
- A step change in Capital delivery will put pressure on the wider organisation to support the modernisation required for a digital first fully mobile and agile service delivery; limited revenue funding
- Cyber security and privacy risk is a growing issue globally with local impacts as seen with cyber attacks over the summer
- Network issues occur frequently including outages, requiring immediate responses and associated time / resource on very short term fixes; Wi-Fi coverage not yet optimum but is improving
- Issues in supply chain including Supplier Chip shortage
- Difficulties in vacancies /recruitment related to non recurrent funding / fixed term posts and the specialist skills required in digital
- Complexity of managing multiple systems, with high volumes of data across various systems, some with poor or no interoperability
- Mixed level of digital confidence; training gap around digital learning and development; high volumes of paper-based processes in place



Innovative Environments – Estates & Support Services



Wide ranging current work programme:

- Major business cases and developments: Machynlleth, Brecon car park, Llandrindod Phase 2, North Powys Wellbeing Programme
- Discretionary Capital programme - 30 plus projects (in the context of a reduced funding allocation)
- 17 audits undertaken in a 12 month period
- Agile working strategic direction
- Key worker residential accommodation
- Development of Estates strategy
- Decarbonisation, Climate Change and Biodiversity:
 - Electric Vehicle Charging
 - Refit – ITT in Q3 and Q4 for 23/24 proposals
 - Energy Programme
 - Carbon Literacy
- Estates compliance
 - Roll out of 30 plus statutory compliance specialist contracts to strengthen position
 - Fire safety (and wider Health and Safety)
- Environmental Cleanliness Standards
- Non-Emergency Patient Transport
- Catering Service: Compliance and Improvements

Key Insights

- Risks in recruiting to key posts including Fire Safety and Environmental Management and challenges regarding comparable pay in other sectors
- Revenue implications of aging estate alongside £500k statutory compliance challenge
- Increasing estate and use of existing estate increases works and costs (i.e. expanding portfolio and also increased utilization of older buildings)
- Analysis demonstrates workforce deficit to deliver planned preventative maintenance and reactive maintenance in ageing estate
- Cultural challenge of agile including “letting go of the desk” and capital challenges
- General Inflationary Pressures for materials and workforce; impact of cost of living on supply of goods including food
- Additional ventilation running costs; and additional demand on electrical network
- EFAB funding suspended for 2021/22; reduced for 23/24 with additional caveats
- Reduction in Discretionary Capital in year and All Wales funding also challenged (Powys approx. 7-8% of all Wales backlog bill)
- Tension between service/workforce needs and availability of funding
- Importance of community engagement through development and management of schemes and resource implications of this activity
- Decarbonisation agenda and shift away from gas places additional pressure on electrical infrastructure/network
- Adaptations for climate change (water consumption, heat, ventilation)
- Climate change emergency requires more challenging and aggressive plans which will require investment

Workforce Position

- The Workforce Futures Strategic Framework has provided an important platform in recent years, supporting partnership working and the development of major schemes including the Health and Care Academy
- Collaboration on a Mid Wales footprint has enabled the growth of strategic workforce and academic partnerships and significant innovation has been generated through work with the military, community and voluntary sectors
- Recruitment and retention remains a key challenge – there is a need to more clearly articulate the 'Unique Selling Point' and set out short, medium and long-term strategies (10 plus pipelines of recruitment)
- There are particularly hard to fill roles and clinical area vacancies, and a need to expand the 'Grow our own model'
- Robust workforce planning will be required to face the challenges; the all-Wales workforce planning toolkit will provide a consistent approach
- Reduction in Variable pay /reduction in agency usage is a key opportunity and challenge
- This are opportunities in relation to apprentices, aspiring nurses and international recruitment as well as work with HEIW to expand existing offers and explore new routes to education
- The underpinning enablers of Clinical leadership development and staff wellbeing remain key

The Health and Care Academy has potential for further expansion in the offer of the hours schools to maximise the benefits of this approach (Leadership, Volunteer and carers, Education, Research)



Staff wellbeing remains a core priority, with important developments being progressed including Occupational Health, counselling, Wellbeing offer and staff engagement activities, Staff surveys and assessment of Team climate, Corporate health standard, retiree fellowship, volunteering and mentoring.

Key Insights

- Workforce planning, sustainability and resilience remains a significant focus, in a complex and changing socio-economic landscape
- There will be impacts on the employment landscape and workforce market in the short and longer term which will both limit and accelerate opportunities in complex ways
- Collaboration will be important in this environment and there are strong foundations to build upon including:
 - the Workforce Futures Strategic Framework
 - the Rural Health and Care Academy
 - Collaboration with the third sector and volunteering opportunities
 - 'Social partnership' with Trade Unions
 - Collaboration on a Mid Wales regional footprint



Quality and Patient Experience

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 became law on 1 June 2020: The Act places a Duty of Quality and a Duty of Candour on Organisations and Welsh Government. The citizen voice is central to a quality driven organisation

- **Duty of Quality**
- "Quality is more than just meeting service standards; it is a system-wide way of working to provide safe, effective, person-centred, timely, efficient and equitable health care in the context of a learning culture"
- **Duty of Candour**
- A culture of openness, transparency and candour is widely associated with good quality care. To help achieve this, the Act places a duty of candour on providers of NHS services (NHS bodies and primary care) - supporting existing professional duties.
- **Citizen Voice**
- strengthen the citizen voice in Wales in matters related to both health and social services, ensuring that citizens have an effective mechanism for ensuring that their views are heard, are supported with advice and assistance when making a complaint in relation to their care; and use the service user experience to drive forward improvement
- The Act outlines six domains of health care quality as systems which are:
 - ✓ ☐ Safe: Avoiding harm to patients from the care that is intended to help them.
 - ✓ ☐ Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
 - ✓ ☐ Patient-centred: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions
 - ✓ ☐ Timely: Reducing waits and sometimes harmful delays for both those who receive and those who give care.
 - ✓ ☐ Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
 - ✓ ☐ Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status

Key Insights

- Clinical Quality Framework (2020-2023): Requires review in light of :
 - ✓ National Clinical Framework: published on the 22 March 2021
 - ✓ Quality and Safety Framework: published on the 17 September 2021

(Both Frameworks are informed and driven by A Healthier Wales (Welsh Government 2018) and the **Health and Social Care** (Quality and Engagement) (Wales) Act which became law on the 1 June 2020, and which comes into force in Wales in March 2023)

Alignment required to:

Powys Commissioning Assurance Framework and Performance Improvement Framework

Financial Position Assessment

We continue to operate in a dynamic environment with considerable uncertainty. Delivery of the 2022/23 financial plan is proving to be a considerable challenge with a forecast deficit of £7.5m.

It is anticipated that 2023/24 will be another very challenging year. Based on current funding assumptions, the underlying deficit entering 2023/24 will be in excess of £15m due to the non-delivery of recurrent savings and Continuing healthcare demand and price growth.

A number of key areas will require further clarity:

- Additional costs linked to COVID funded at risk non recurrently in 2022/23
- Exceptional national pressures funded at risk non recurrently in 2022/23
 - Energy
 - Real Living Wage
 - National Insurance/Social Care Levy

A 2.8% core funding uplift which excluded the cost of wage award (funded separately) was received in 2022/23.

As per the December 2021 revenue allocation letter a core funding uplift of 1.5% can be expected in 2023/24 - a significant reduction.

In addition to planned care recovery that will continue at pace through 2023/24 there a number of system challenges that will need to be addressed:

- Access and equality issues
- Urgent and emergency care impacts
- workforce availability
- general cost of living/inflationary pressures

We will continue to work closely with Welsh Government in the development of the 2023/24 integrated plan.

Revisiting the SWOT Analysis

Prompt for Board Development Session:

What has changed since Autumn 2021?

Some considerations included – is anything missing? Any other views?

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

Step 4: Strategic Framework & Priorities

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Long Term Vision and Strategy

National Strategy and Plans

A Healthier Wales; Ministerial Priorities; NHS Wales Planning Framework

Regional Strategy and Plans

NHS Wales Collaborative and Regional Planning Groups including Recovery/ Planned Care

Mid Wales Health and Care Committee Strategic Intent and Plan

Local Plans

Powys Regional Partnership Board (RPB) Area Plan and Powys Public Services Board (PSB) Wellbeing Plan

Partner Plans – including PCC Corporate Plan and **PTHB Integrated Medium Term Plan**

Cluster Plans – North/ Mid / South Powys Plans



The RPB Area Plan is being refreshed this year; this will inform and shape the next stage of the shared Health and Care Strategy for Powys



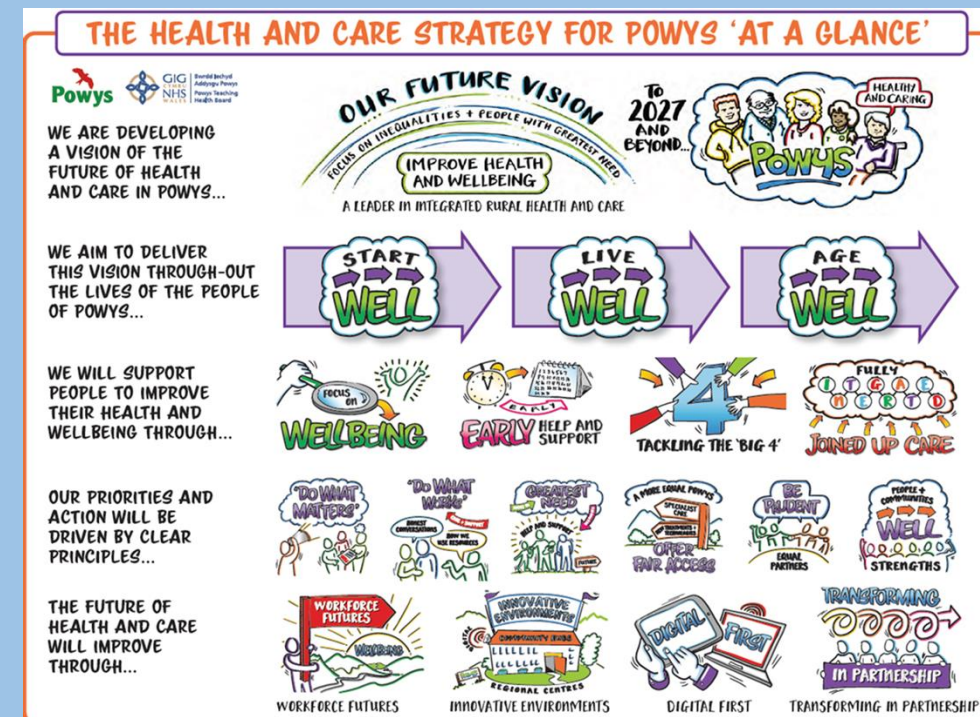
The PSB Wellbeing Plan is also being refreshed this year and will similarly reaffirm the longer term wellbeing goals



'A Healthy, Caring Powys' (the shared Health and Care Strategy) remains the 'golden thread' for the shared ambition, vision and wellbeing objectives



This aligns with the national strategy for 'A Healthier Wales' and the principles of sustainable development/ five ways of working within the Future Generations Act



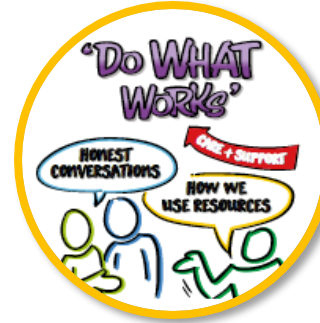
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Guiding Principles



Do What Matters

We will focus on 'what matters' to people. We will work together to plan personalised care and support focusing on the outcomes that matter to the individual.



Do What Works

We will provide care and support that is focused on 'what works' based on evidence, evaluation and feedback. We will have honest conversations about how we use resources.



Focus on Greatest Need

We will focus resources on those with greatest need for help and support, in a way that looks ahead to future generations.



Offer Fair Access

We will ensure that people have fair access to specialist care and to new treatments and technologies, helping to deliver a more equal Powys and recognising rural challenges.



Be Prudent

We will use public resources wisely so that health and care services only do those things that only they can and should do. Supporting people to be equal partners and take more responsibility for their health and care.



Work with People and Communities

We will work with individuals and communities to use all their strengths in a way that maximises and included the health and care of everyone, focusing on every stage of life – Start Well, Live Well and Age Well

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Powys Outcomes

Co-produced outcomes informed by stakeholder feedback, national outcomes and the Powys Well-being Assessment:

Focus on Well-being

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

Provide Early Help and Support

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

Tackle the Big Four

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

Ensure Joined up Care

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

Develop Workforce Futures

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

Promote Innovative Environments

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

Digital First

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

Transforming in Partnership

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

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Revisiting the Strategic Priorities

Ministerial priorities recent advice given through DoPs (in advance of NHS Planning Framework):

Emphasis on 'Golden Threads'
Population Health
Prevention
Quality and Outcomes
System Working
Eradicating Health Inequalities

Welsh Government Programme for Transforming and Modernising **Planned Care** published April 2022



GIRFT review intelligence will help shape work across the delivery priorities



Six Goals Programme for Urgent and Emergency Care - workbook published April 2022



Prompt for Board Development Session:

Are these still broadly the right priorities?

Any changes / additions / removals to be made?

WHAT ARE THE 'MUST DOS'?

Planning advice given through DoPs (in advance of NHS Planning Framework):

Emphasis on **alignment of workforce, finance and service delivery** – clear demand and capacity / activity planning

To be delivered in a refreshed Minimum Data Set template which forms part of the plan



1. Reduce Health Inequalities and Improve Population Health
2. Health Improvement
3. Covid Prevention and Response



4. High Quality Sustainable Primary Care
5. Diagnostics, Ambulatory and Planned Care
6. Children, Young People and their families



7. Cancer
8. Circulatory Disease
9. Breathe Well (Respiratory)
10. Mental Health



11. Frailty and Community Model including Urgent and Emergency Care
12. Specialised Services



WORKFORCE FUTURES

13. Workforce Planning
14. Leadership and Team Development
15. Staff Wellbeing and Engagement
16. Education and Training
17. Partnership and Citizenship



DIGITAL FIRST

18. Clinical Digital Systems
19. Digital Infrastructure & Intelligence



INNOVATIVE ENVIRONMENTS

20. Carbon reduction, biodiversity & environmental wellbeing
21. Capital, Estates and Facilities Improvements



TRANSFORMING IN PARTNERSHIP

22. Quality across the whole system
23. Integrated Partnership Working
24. Value Based healthcare
25. Governance & Organisational Improvement

Ministerial advice given through DoPs (in advance of NHS Planning Framework):

Emphasis on **Collaboration and Partnership**

Expectation that plans reflect **system working**

Step 5 and 6: Develop/ Refresh Proposals and Formulate Plan

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NHS Wales Planning Framework – early indications

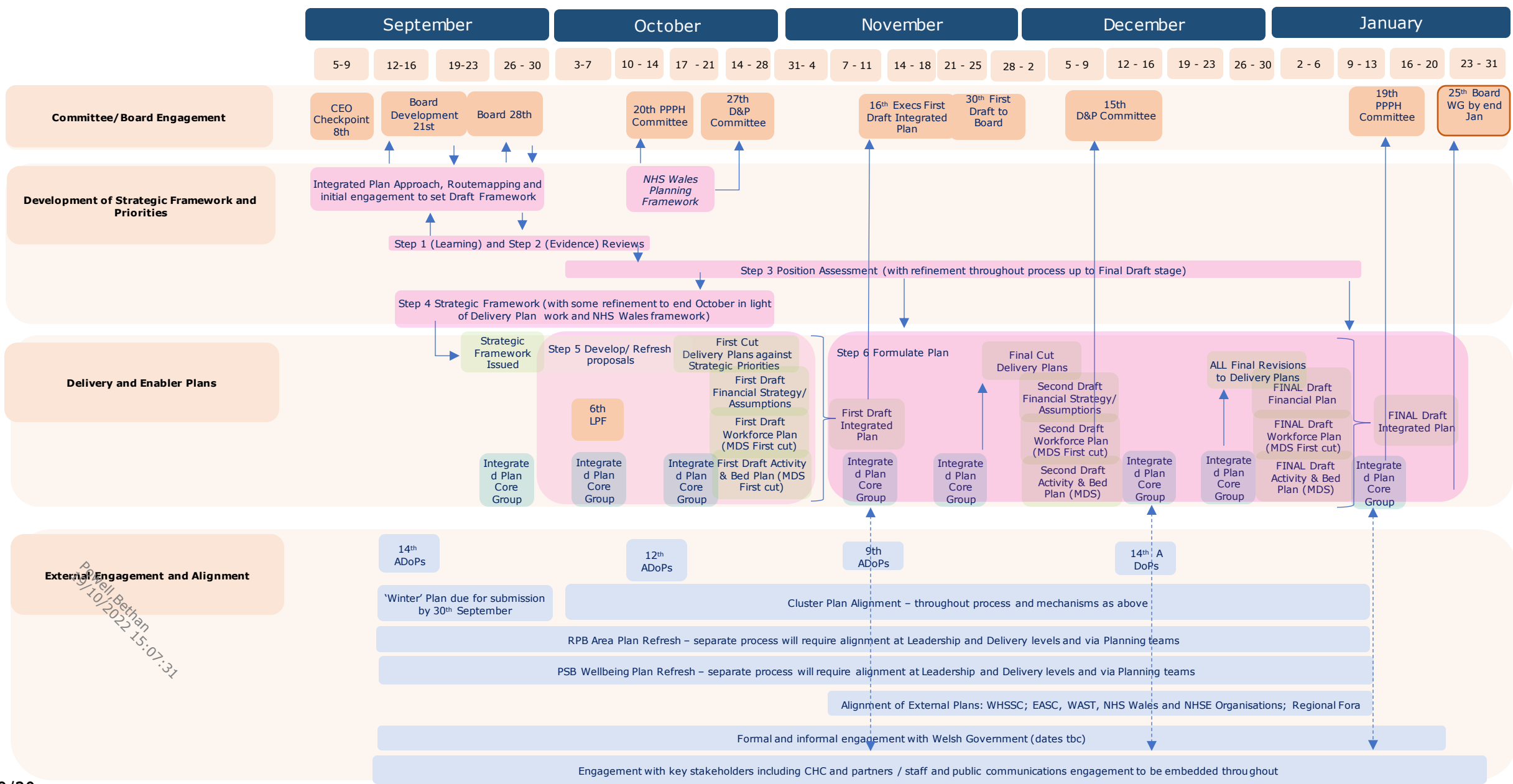
NHS Wales Planning Framework – expected mid-October

Early advice being provided through Welsh Government Touchpoints and peer networks:

- Framework will reflect Minister's priorities – to include population health, prevention, inequalities, cost of living, Foundational Economy, Mental Health and backlog
- National Clinical Framework and Value Based Healthcare also noted as important
- As are the existing programmes e.g., Planned Care Five Goals, Urgent Care Six Goals, Primary Care, Accelerated Cluster Development
- Template to be issued this year – this will be focused on Lines of Enquiry
 - Template likely to be in the format
 - Item (to be confirmed – e.g., Six Goals/ Population Health)
 - Key Actions
 - Quarterly Milestones
 - Intended Outcomes
 - Workforce alignment
 - Finance Alignment
- Autumn Planning Event – scheduled for 17 November – being organised by BCUHB

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Plan Timeline: showing detailed process dependencies



List of Key Board and Committee Dates

Date	Session
21 September 2022	PTHB Board Development: Planning Approach, Strategic Framework, Strategic Priorities
28 September 2022	PTHB Board: Presentation of above for (initial) approval
6 October 2022	Local Partnership Forum: Planning Update and engagement
20 October 2022	Planning, Partnerships and Population Health Committee: Plan (Strategic) Update <i>to include NHS Wales Planning Framework (if received)</i>
27 October 2022	Delivery and Performance Committee: Plan (Technical) Update <i>to include NHS Wales Planning Framework (if received)</i>
16 November 2022	PTHB Executive Committee: Consideration of FIRST DRAFT Plan prior to consideration at PTHB Board
30 November 2022	PTHB Board: Consideration of FIRST DRAFT PLAN
15 December 2022	Delivery and Performance Committee: Plan (Technical) Update <i>to include Draft MDS / Activity / Bed Plan / Workforce Trajectories</i>
19 January 2023	Planning, Partnerships and Population Health Committee: Consideration of FINAL DRAFT prior to submission to PTHB Board
25 January 2023	PTHB Board – FINAL PLAN for Approval Onward submission to Welsh Government for end of January 2023

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Agenda item: 4.2

Planning Partnerships and Population Health Committee		Date of Meeting: 20 October 2022
Subject:	Strategic Change Report	
Approved and presented by:	Director of Planning and Performance	
Prepared by:	Assistant Director of Planning, Assistant Director of Engagement and Communication	
Other Committees and meetings considered at:	Executive Committee	

PURPOSE:

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

RECOMMENDATION(S):

The Committee is asked to NOTE the Strategic Change Report.

Approval/Ratification/Decision¹	Discussion	Information
		✓

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

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

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 a stocktake of Strategic Change programmes around Wales and into England.

DETAILED BACKGROUND AND ASSESSMENT:

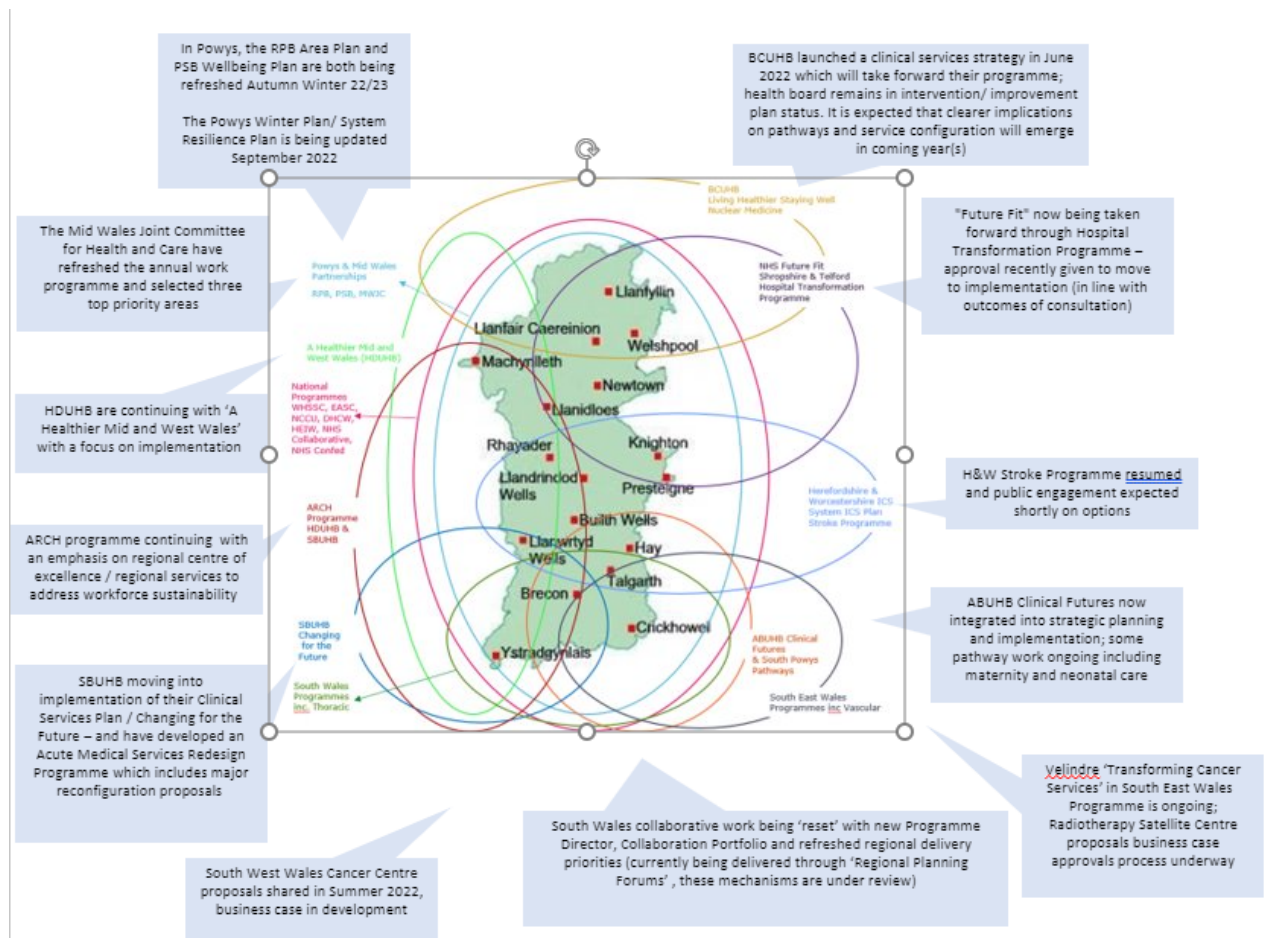
Background

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

Assessment

Almost all areas are 'resetting' their strategic change programmes. Some programmes are no longer running in the same form, and some are continuing with a new emphasis or change of scope / delivery mechanism. Some new priorities are emerging particularly around regional collaboration and partnership.

All Wales programmes are similarly seeing some refresh with the NHS Collaborative role in support of the NHS Executive Team and a new programme focusing on Quality. Other national programmes have increased prominence including Six Goals, Planned Care and Primary Care.



Current Engagement and Consultation Exception and Highlights

Key programmes for which engagement/consultation is under way or under consideration are listed below. The Strategic Change Report includes exception and highlight reports for each programme:

- Engagement under way:
 - Herefordshire and Worcestershire Stroke Services
 - WHSSC 10 year strategy
- Engagement planned or under consideration
 - South Wales Specialist Auditory Hearing Implant Services
 - EMRTS / Welsh Air Ambulance
- Consultation:

- No formal processes of consultation are currently under way or planned

NEXT STEPS:

- Continued engagement with neighbouring organisations around service change
- Update to be presented to Executive Committee and Planning, Partnerships and Population Health Committee on a quarterly basis
- Update to be presented to Community Health Council Services Planning Committee on a quarterly basis

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 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> <p>Positive impacts are identified in relation to the delivery of Strategic Priorities in the IMTP for the population and therefore marked as 'positive' for those characteristics where there is a direct relationship with health service usage; for the marriage and civil partnership characteristic this is not identified as a direct positive healthcare impact but no adverse impact has been identified</p>				
Risk Assessment:				
	Level of risk identified		Statement	

	None	Low	Moderate	High	Level of risk has been identified in line with the Strategic risks set out in the IMTP, which are noted in further detail in the Board Assurance Framework and Corporate Risk Register
Clinical			X		
Financial			X		
Corporate		X			
Operational			X		
Reputational		X			



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Strategic Change Update

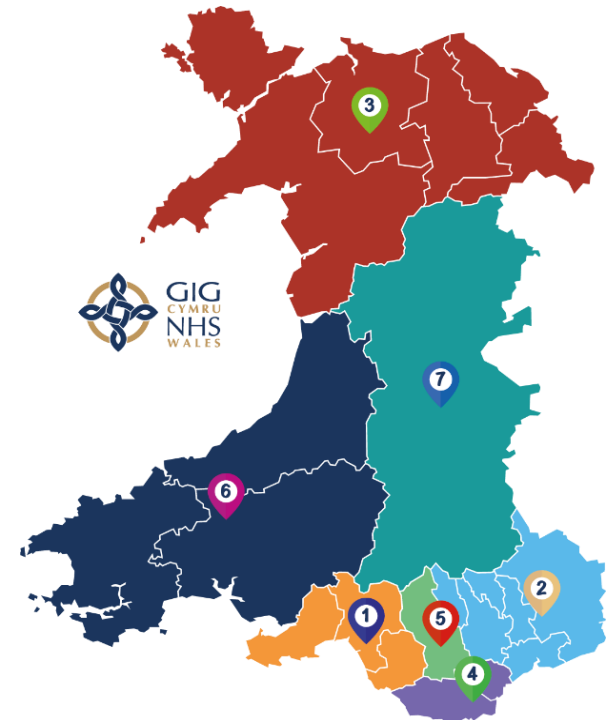
September 2022

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Purpose

- To update upon strategic change programmes within Wales and bordering areas of England
- To inform the assessment of benefits and impacts of individual and collective changes on pathways and services for the Powys population
- To provide information to relevant stakeholders

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Overview – Key Insights for Powys

In Powys, the RPB Area Plan and PSB Wellbeing Plan are both being refreshed Autumn Winter 22/23

The Powys Winter Plan/ System Resilience Plan is being updated September 2022

The Mid Wales Joint Committee for Health and Care have refreshed the annual work programme and selected three top priority areas

HDUHB are continuing with 'A Healthier Mid and West Wales' with a focus on implementation

ARCH programme continuing with an emphasis on regional centre of excellence / regional services to address workforce sustainability

SBUHB moving into implementation of their Clinical Services Plan / Changing for the Future – and have developed an Acute Medical Services Redesign Programme which includes major reconfiguration proposals

South West Wales Cancer Centre proposals shared in Summer 2022, business case in development

South Wales collaborative work being 'reset' with new Programme Director, Collaboration Portfolio and refreshed regional delivery priorities (currently being delivered through 'Regional Planning Forums', these mechanisms are under review)

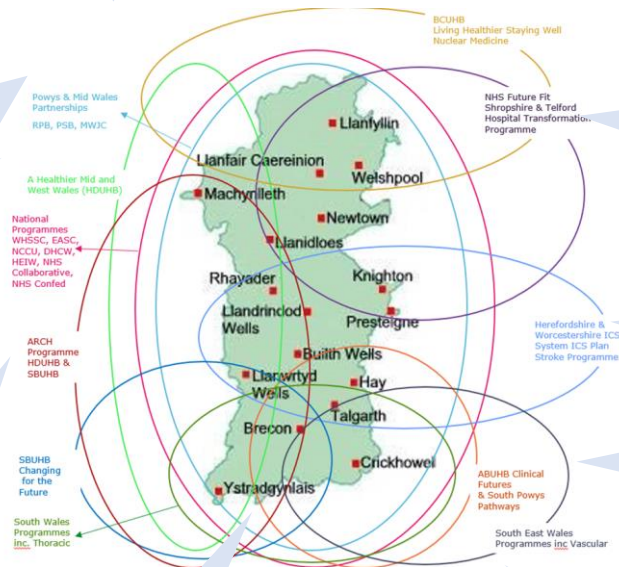
BCUHB launched a clinical services strategy in June 2022 which will take forward their programme; health board remains in intervention/ improvement plan status. It is expected that clearer implications on pathways and service configuration will emerge in coming year(s)

Future fit now being taken forward through Hospital Transformation Programme – approval recently given to move to implementation (in line with outcomes of consultation)

Hereford & Worcestershire Stroke Programme resumed and public engagement expected shortly on options

ABUHB Clinical Futures now integrated into strategic planning and implementation; some pathway work ongoing including maternity and neonatal care

Velindre 'Transforming Cancer Services' in South East Wales Programme is ongoing; Radiotherapy Satellite Centre proposals business case approvals process underway



Almost all areas are 'resetting' their strategic change programmes.

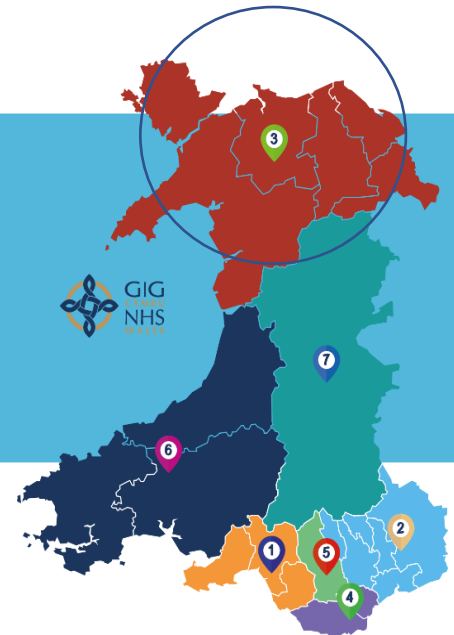
Some programmes are no longer running in the same form; some are continuing with a new emphasis or change of scope / delivery mechanism.

Some new priorities are emerging particularly around regional collaboration and partnership.

South Wales regional collaboration approach being reset with a refreshed portfolio, leadership and delivery priorities.

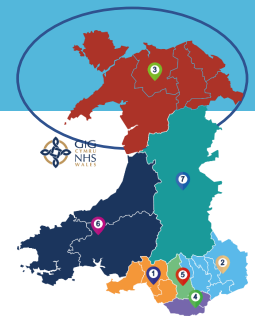
All Wales programmes similarly seeing some refresh with the NHS Collaborative role in support of the NHS Executive Team and a new programme focusing on Quality. Other national programmes have increased prominence including Six Goals, Planned Care and Primary Care.

North Wales



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Betsi Cadwaladr University Health Board



Geographical information: North Wales area has 6 Local Authorities, 14 Integrated Health and Social Care Localities / Clusters – and one Health Board

IMTP status: Submitted as Annual Plan

Escalation/intervention status: Targeted Intervention

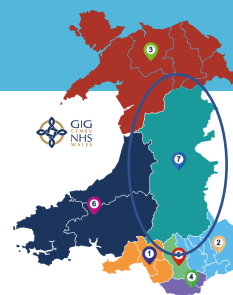
Strategy	Key Points
Clinical Services Strategy	The Strategy sets out the principles and design features, which will guide the decisions around large-scale strategic service change and will help to inform the clinical service priorities. These priorities will be detailed in a Clinical Services Plan, which will feed into the development of the 2023/26 Integrated Medium Term Plan (IMTP). It is expected that clearer implications on pathways and service configuration will emerge in coming year(s).
Transformation Approach	<ul style="list-style-type: none"> • Single Transformation and Improvement Unit established • Developing the BCU Pathway resource • Golden Metrics based upon PROMS and PREMS • The atlas of variation approach • Embedding of 'Lean' principles into our delivery of continuous improvement • Evidence-based change management expertise to support the systematic delivery of large-scale transformation programmes such as Regional Treatment Centres
Programmes	Key Points
Rapid diagnostic clinics	Plans for rapid diagnostic clinics for 'vague symptoms' with reasonable risk of cancer but does not fit the criteria for a current site specific urgent suspected cancer pathway.
Stroke Improvement Programme	Plans include three stroke rehabilitation centres and new prevention, diagnosis and monitoring services. The programme has received over £3million in funding, and will open three new rehabilitation centres across North Wales, for patients who no longer need specialist medical care in acute hospitals, but still require stroke rehabilitation that cannot be delivered at home.

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Mid and West Wales



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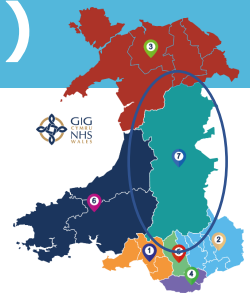


Geographical information: Powys has a 'co-terminous' health board and local authority. Powys County Council (PCC) plans services across 13 Locality footprints. Powys has 3 Clusters – North Powys, Mid Powys and South Powys.

There is one Powys Regional Partnership Board (with one Area Plan) and one Public Services Board (with one Wellbeing Plan)

Strategy	Key Points
A Healthy Caring Powys – 10 year Health and Care Strategy 2017 – 2027 (Powys Area Plan)	<ul style="list-style-type: none"> Overseen by the Powys Regional Partnership Board (RPB) Shared health and care strategy formally approved by the RPB, PTHB, PCC in March 2018 Sets out a shared vision and well-being objectives; Population Needs Assessment updated Spring 2022 Area Plan being refreshed in 2022/23
The Powys Well-being Plan – Towards 2040	<ul style="list-style-type: none"> Overseen by the Powys Public Services Board (PSB) Based on the Powys Wellbeing Assessment – sets out four objectives and 12 Wellbeing Steps which set out ambitions for very long term 'inter-generational' sustainable development of Wellbeing in Powys Approved by all partners in the PSB Statutory partners Mid and West Wales Fire and Rescue Service; Natural Resources Wales; Powys County Council; Powys Teaching Health Board Invited organisations include: Brecon Beacons National Park Authority; Powys Association of Voluntary Organisations; Dyfed Powys Police; Dyfed Powys Police and Crime Commissioner; Department for Work and Pensions; Welsh Government; One Voice Wales Wellbeing Assessment updated Spring 2022 Wellbeing Plan being refreshed in 2022/23
Programmes	Key Points
There are a number of programmes overseen by the RPB	<ul style="list-style-type: none"> North Powys Wellbeing Programme Workforce Futures Start Well Live Well Age Well Cross Cutting Programme

Powys Teaching Health Board (PTHB)



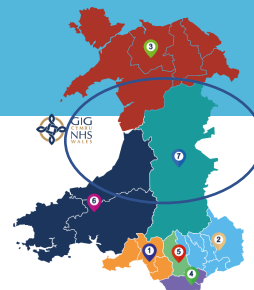
PTHB is recognised as having unique circumstances as a commissioner as well as a direct provider of healthcare; Powys residents access care from NHS providers around its borders including those in England

IMTP status: Approved

Escalation status: Routine Monitoring

Strategy	Key Points
PTHB IMTP (Integrated Medium Term Plan)	<ul style="list-style-type: none"> Powys has a unique role as a commissioner of healthcare as well as a provider The IMTP sets out the health board's three year plan in the context of 'A Healthy Caring Powys' which is aligned to the ambition set out in 'A Healthier Wales' Shaped around the Strategic Framework of four Wellbeing Objectives and four Enabling Objectives in 'A Healthy Caring Powys' The IMTP 2022 – 2025 sets out 25 Strategic Priorities across the Wellbeing Objectives The IMTP Delivery Plan includes key activities and milestones across these 25 areas
Programmes	Key Points
<p>Detailed updates are produced quarterly – Q1 Update available at https://pthb.nhs.wales/about-us/the-board/board-meeting-calendar/meeting-of-the-board-on-27-july-2022/1/</p> <p>Powell Bethan 19/10/2022 15:07:31</p>	<ul style="list-style-type: none"> Key strategic changes/ programmes of work include: <ul style="list-style-type: none"> Transformation and Value - Renewal Programme The Six Goals of Urgent and Emergency Care Planned Care and recovery of access East Radnorshire and future service model at Knighton hospital Mental Health Strategic Review Primary Care Powys Clusters (North Powys; Mid Powys; South Powys) Clinical Quality and Patient Experience Frameworks Digital First Workforce Futures Innovative Environments Q2 update scheduled to be undertaken in October 2022

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



- Mid Wales is formally designated as a Regional Planning Area
- MWJC membership is made up of PTHB, HDUHB, BCUHB, WAST, Ceredigion, Gwynedd and Powys County Councils. The respective CHCs are also co-opted members.

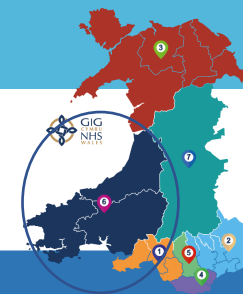
Strategy	Key Points
<p>Strategic Intent and Work Programme</p> <p>Link for further information: https://mwjc.nhs.wales/</p>	<ul style="list-style-type: none"> • Strategic Intent and Work Programme published annually; with five overarching aims <ul style="list-style-type: none"> • Aim 1: Health, Wellbeing and Prevention <i>Improve the health and wellbeing of the Mid Wales population</i> • Aim 2: Care Closer to Home <i>Create a sustainable health and social care system for the population of Mid Wales which has greater focus on care closer to home</i> • Aim 3: Rural Health and Care Workforce <i>Create a flexible and sustainable rural health and care workforce for the delivery of high quality services which support the healthcare needs of rural communities across Mid Wales</i> • Aim 4: Hospital Based Care and Treatment <i>Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales with robust outreach services and clinical networks</i> • Aim 5: Communications, Involvement and Engagement <i>Ensure there is continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners</i>
Programme	Key Points
<p>Powell Bethan 19/10/2022 15:07:31</p>	<p>Supporting these aims are a set of annually agreed priority areas – the top three for this year have been agreed as Urology, Palliative Care and Rheumatology.</p> <p>Other priorities include ophthalmology, cancer (community based oncology/ chemotherapy), respiratory networked pathways, digital developments, oral surgery, Bronglais clinical strategy, cross border workforce / training/ leadership development and education, support for Aberystwyth School of Nursing, links across Mid Wales Clusters, Rehabilitation</p> <p>MWJC also established Rural Health and Care Wales, working in collaboration with Universities as a centre for excellence in rural health and social care.</p> <p>Link for further information: https://ruralhealthandcare.wales</p>

Mid and South West Wales



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Hywel Dda University Health Board

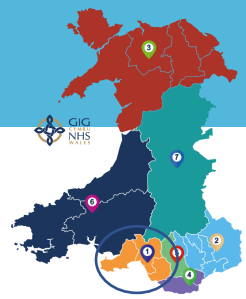


Geographical information: Mid and West, 3 Local Authorities, 7 clusters

One-year financial plan / three-year plan submitted

Strategy	Key Points
A Healthier Mid & West Wales (formerly Transforming clinical services)	<ul style="list-style-type: none"> The strategy describes a whole system approach to health and wellbeing and places significant emphasis on placing people and communities at the heart of the model and therefore the vital role community networks will play in achieving the required transformation. The future design aims to create a sustainable healthcare system for the future, built on a "social model of health and wellbeing", requiring a shift from a focus on hospital-based care to one on wellness and prevention where care is provided closer to home through enhanced community models. The future service model includes a new Urgent and Planned Care Hospital in the south of the region which will operate as the main hospital site for Hywel Dda. It will offer a centralised model for all specialist children and adult services and be supported by a network of hospitals and community hubs which will provide more locality-based care:- <ol style="list-style-type: none"> Urgent and Planned Care Hospital (located between Narbeth and St Clears in the South of the region) Bronglais General Hospital in Aberystwyth Prince Philip General Hospital in Llanelli Glangwili Community Hospital in Carmarthen Withybush Community Hospital in Haverfordwest
Programme	Key Points
Stroke Pathway	<ul style="list-style-type: none"> Stroke services are provided across four acute sites currently. The challenges in providing effective services in rural locations are significant, with the need to balance multidisciplinary specialist care with care closer to home, and timely assessment and treatment with travel considerations across a wide geographical area. The clinical and operational teams are engaged in internal and regional service development meetings, however, significant improvement cannot be achieved without whole service/whole redesign and investment/reinvestment in parts of the pathway.

Swansea Bay University Health Board



Geographical information: South Wales

There are 3 local authorities in Swansea Bay UHB and 8 clusters

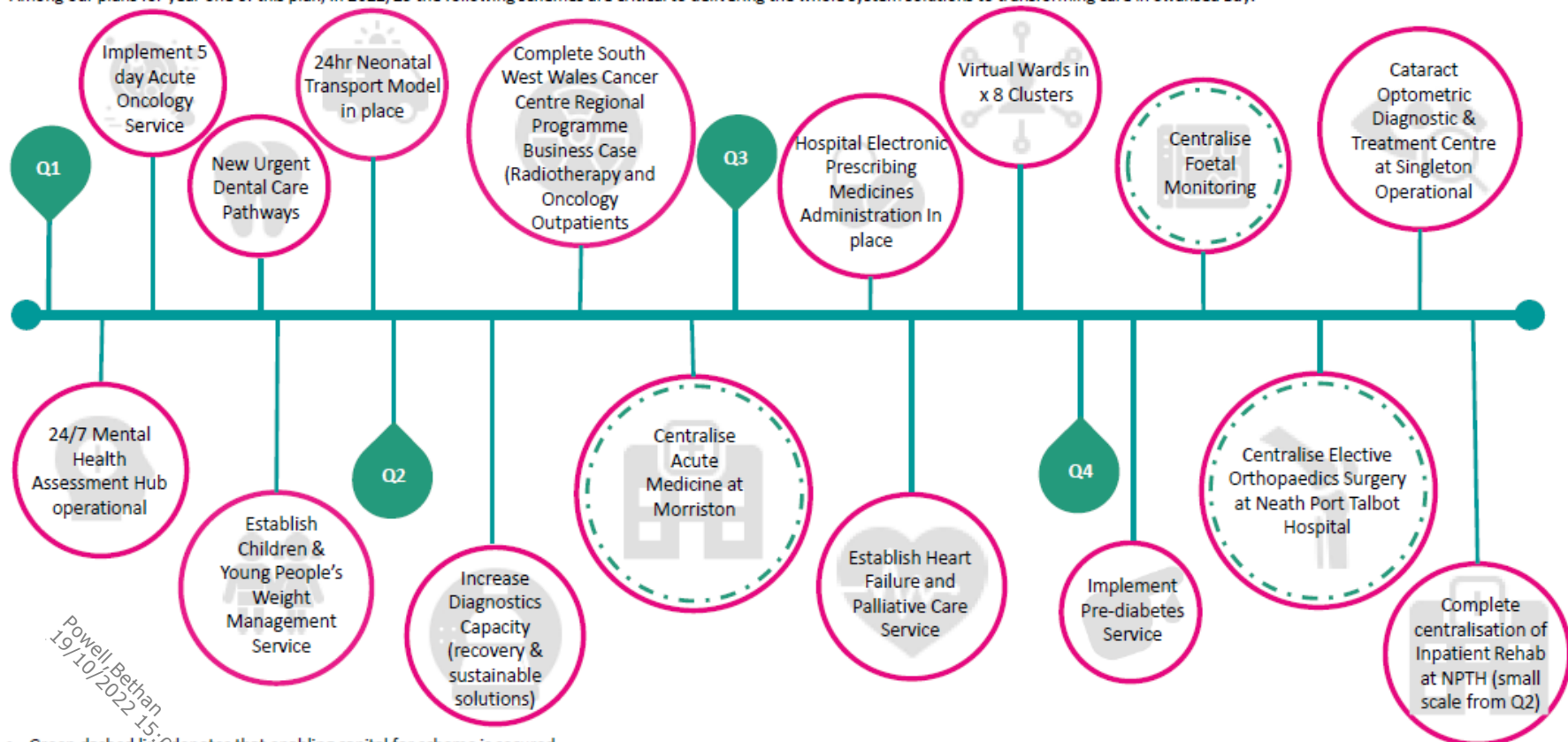
IMTP status: Approved; Escalation status: Routine

Strategy	Key Points
SBUHB Clinical Services Plan 2019-2024 and 'Better Health, Better Care, Better Lives' Organisational Strategy 2019 - 2030	<p>This plan was developed before the pandemic and set out the ambition for clinical services with three priorities:</p> <ul style="list-style-type: none"> • integrated primary and community care • major hospital roles *with significant change implications • clinical service ambitions across population health, planned care, older people, unscheduled care, maternity, children and young people, mental health and learning disabilities, cancer
Programme	Key Points
Changing for the Future / Acute Medical Services Redesign Programme	<p>This programme has been established to take forward the plan/ strategy noted above and the wider 'Changing for the Future' plans.</p> <p>The programme is particularly focusing on the evolution of Morriston, Singleton and Neath Port Talbot hospitals to become individual 'Centres of Excellence'.</p> <p>The Business Case (included in SBUHB Board papers in July 2022) includes the centralisation of acute medical services on Morriston hospital site and the centralisation of rehabilitation services on Neath Port Talbot hospital site.</p> <p>In addition, the case includes temporary (until October 2023) establishment of 90 beds on Singleton hospital site as an additional capacity for Clinically Optimised Patients (COPs).</p>
(See overleaf for more key changes planned as per SBUHB IMTP)	

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Key Service Changes Critical Path 22/23

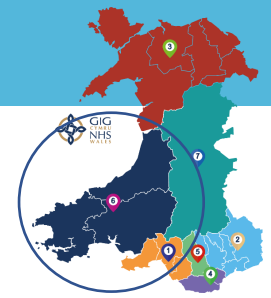
Among our plans for year one of this plan, in 2022/23 the following schemes are critical to delivering the whole system solutions to transforming care in Swansea Bay.



• Green dashed line denotes that enabling capital for scheme is secured.

• Workforce delivery challenges have been considered and assessed our assumptions and mitigations are described on pages 6, 38, 47 and our detailed assessment of Tier one schemes is has been conducted.

ARCH Programme



Geographical information: HD, CTM, SBUHB

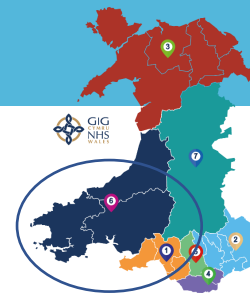
A Regional Collaboration for Health (ARCH) is a unique collaboration between three strategic partners; Swansea Bay University Health Board, Hywel Dda University Health Board and Swansea University. It spans the local authority areas of Ceredigion, Pembrokeshire, Carmarthenshire, Neath Port Talbot and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

Strategy	Key Points
ARCH	<p>Service Transformation</p> <ul style="list-style-type: none"> Regional Pathology and Genomics Centre of Excellence Project Regional Eye Care Services Regional Dermatology Services South West Wales Cancer Centre (SWWCC) Neurological Conditions Regional Services Cardiology Regional Services Stroke Regional Services <p>Service Transformation – Pipeline</p> <p>Develop regionally agreed approaches including scope, programme delivery and governance, regional service models, resourcing and management for:</p> <ul style="list-style-type: none"> Oral & Maxillofacial Surgery Radiology Services Orthopaedics Endoscopy Children's Services <p>Other Regional Projects/Programmes</p> <p>Sexual Assault Recovery Centre (SARC): Established a regional programme to work with the National Programme to deliver the agreed national workforce and service model, establish a Regional Children's Hub, and ISO accredited services for Adults.</p> <p>Transforming Access to Medicines (TRAMS):</p>



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South West Wales Cancer Centre



Geographical information:

- South West Wales Cancer Centre (SWWCC) based in Singleton Hospital, Swansea provides non surgical oncology services (cancer treatment) predominantly for the population of Swansea Bay University Health Board (SBUHB) and Hywel Dda University Health Board (HDdUHB).
- SWWCC serves nearly one-third of the population of Wales. Due to historic flow of patients, some tumour sites for the Bridgend population, including Gynaecology continue to flow into the SWWCC for treatment rather than into the Velindre Centre.
- The SWWCC serves a small catchment area on the South West Powys border, that due to geographical location.

Programme	Key Points
South West Wales Cancer Centre (SWWCC) Regional Strategic Programme	<p>To develop and agree the SWWCC Strategic Programme Case (SPC), to confirm the strategic vision and direction of travel for regional non-surgical oncology services over the next 10 year period (23/24 – 33/34)</p> <p>A regional programme looking specifically at improving cancer services for the benefit of patients across South West Wales</p> <p>The strategic objectives are:</p> <ul style="list-style-type: none"> ✓ To provide a fit for purpose SWWCC service for the South West Wales population ✓ To improve the quality of the SWWCC and local cancer services ✓ To increase the capacity of cancer services to meet local demands and improve access and outcomes ✓ To improve the economy of the SWWCC and local cancer services ✓ To improve the efficiency of the SWWCC and local cancer services ✓ To improve the effectiveness of the SWWCC and local cancer services <p>Deliver a Transformational Programme Business Case (PBC) to support the delivery of regional cancer services in South West Wales, including Radiotherapy, and Oncology-Specific Outpatients.</p>

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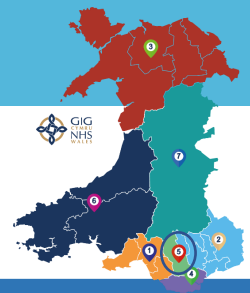
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South / South East Wales




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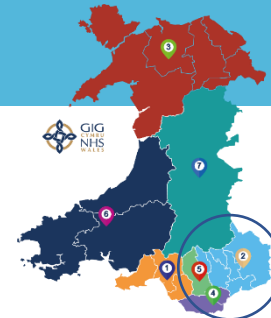
Cwm Taf Morgannwg University Health Board



Geographical information: South Wales, 8 Clusters, 1 RPB, 3 Local Authorities
 IMTP status: Annual Plan
 Escalation status: Targeted Intervention for Maternity and Neonatal Services

Strategy	Key Points
'Our Health Our Future, CTM 2030'	 <p>Cwm Taf are developing and agreeing an organisational strategy, including the future of their clinical services through 'Our Health, Our Future, CTM 2030'. CTM 2030 has engaged with staff, their population and partners to identify four strategic goals.</p>
Programme	Key Points
Transformation Programme	<ul style="list-style-type: none"> New virtual service for outpatients is being trialled in other specialties across the Health Board and initial discussions have taken place within Ophthalmology. A Mobile Endoscopy Unit based on the RGH site is due to be operational from mid-May 2022 for a period of 15 months. Orthopaedic service changes - Centralisation of the management of the service to reduce inequity of access. Diagnostic and imaging services Continuing the transformation of pathology services, ensuring that digital technology is utilised to its maximum effect. Critical Care - Post Anaesthesia Care Unit is being developed on the RGH site for 6 beds In 2022/23 the benefits from the 'C the Signs' (which is an evidence-driven Artificial Intelligence platform for healthcare professionals, to accelerate early cancer detection and improve referral quality) pilot will be realised, which include faster referral routes and dedicated advice directly into Primary Care. Urology - a new dedicated cystoscopy suite on the RGH site operational from June 2022 will help to reduce the waiting times for this diagnostic procedure and reduce the overall time a patient is on a cancer pathway. An Improvement Plan to address the significant backlogs in the suspected Breast Cancer pathway was initiated in March 2022 Additional Clinical Nurse Specialist support is also being put in place in Colorectal, Gastroenterology and Hysteroscopy, non-recurrent Consultant support in ENT and Oral Maxillo-Facial surgery and MDT administrative support across a number of cancer sites. It is recognised that Stroke is a priority for the Health Board and an organisation wide proposal for improving current services has been developed.

Aneurin Bevan University Health Board



Geographical information: South East Wales

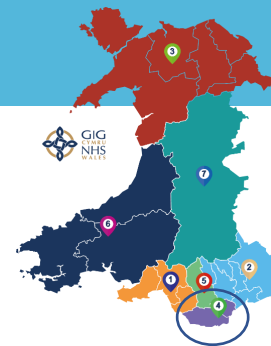
There are 5 local authorities in Aneurin Bevan UHB and 11 Clusters

IMTP status: Approved

Escalation status: Routine

Strategy	Key Points
Clinical Futures	<ol style="list-style-type: none"> 1. Public Health Protection and Population Health Improvement 2. Accelerated Cluster Development 3. Redesigning Services for Older People 4. Mental Health Transformation 5. Planned Care Recovery 6. Transforming Cancer Services 7. Urgent Care Transformation 8. Enhanced local General Hospital Network 9. Net Zero – Decarbonisation
Review of stroke services	<p>Initiated by Health Board's Stroke Delivery Group. Recognition of best practice stroke pathways, but currently unable to deliver optimal care as a result of wider urgent care pressures, workforce challenges and service configuration.</p> <ul style="list-style-type: none"> • Formal review commissioned from national Getting It Right First Time (GIRFT) team • Report and recommendations received Sep 2022 • Task & finish group established to review recommendations and agree priorities / action plan • Formal proposals to be brought Executive Team later in the year
Maternity Services	<p>Temporary changes agreed to midwifery-led services at Royal Gwent / Nevill Hall / Ysbyty Ystrad Fawr hospitals in May 2022 in response to severe workforce challenges. Operational experience since May has shown the potential for a revised longer-term delivery model, and options for this are now being considered with formal proposals to be brought to the Health Board's Executive Team.</p>
Value-Based healthcare improvements	<p>MSK pathway ▪ Alcohol liaison ▪ Cardiology heart failure ▪ Diabetes ▪ Respiratory ▪ Ophthalmology ▪ Theatres ▪ Value team ▪ "</p>
South Wales Oncology	<p>Development of the satellite radiotherapy unit at Nevill Hall (ABUHB), completion due 2024. Approved business case and now implementing phase 1.</p>

Cardiff & Vale University Health Board



Geographical information:

Cardiff and Vale have three localities and each locality has three clusters that sit within it. IMTP

status: revised annual plan set in a three year context

Escalation status: Routine

Strategy	Key Points
Shaping our Future Wellbeing	Ongoing strategy/ programme of work 2015-2025
Programme	Key Points
Transformation Programme	<ul style="list-style-type: none"> • Progress key Primary Care infrastructure projects • MDT Cluster Development model • Single Point of Access • Vaccination and immunisation • Systematically tackle inequalities • Healthy weight: Move More, Eat Well • King's Fund recommended programmes Developed service lines - Bringing policy, best practice, research, data & information, innovation and subject matter experts together • Feasibility study of an academic health science hub • Progression of the SOFH business case
Hyperacute Stroke	Discussions with CTM around hyperacute stroke provision in South Wales

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South Wales

The regional forums in South Wales are being reviewed / reset (including the South Central and East / South West Regional Planning Forums) - key current programmes of work are noted below:

Strategy	Key Points
South Wales Programme (strategic configuration legacy work with ongoing implications)	The South Wales Programme recommendations were supported in 2014, relating to configuration of consultant-led maternity and neonatal care, inpatient children's services and emergency medicine (A&E), for South Wales and South Powys.
Collaborative Portfolio Board / South East Wales Regional Planning Forum	Recently agreed portfolio of work for South East Wales with existing and new programmes: <ul style="list-style-type: none"> - Ophthalmology Programme (existing – ABUHB lead) - Orthopaedic Programme (new – CAVUHB lead) - Diagnostics Programme incorporating Endoscopy and Pathology (new – CTMUHB lead)
South East Wales Vascular Network	Implementation phase following public engagement undertaken in 2021 on a proposal for the reorganisation of localised vascular services into a 'hub and spoke' model.
Adult Thoracic Surgery (South Wales)	Full implementation scheduled for 2025/26 although further detailed review planned
Hepatobiliary & Pancreatic Surgery Board	Recently established programme with terms of reference to develop proposals for improving current service provision, and to make recommendations on a safe, effective and sustainable service model for HPB surgery (currently delivered on a split-site basis across UHW and Morriston). Intended that proposals for future service model be finalised by January 2023.
Welsh Sexual Assault Services	Established programme with terms of reference to review the required service delivery model in the light of new ISO accreditation standards mandated from October 2023. Programme is implementing a revised hub and spoke model with acute services for SE Wales centred on a new hub at Cardiff Royal Infirmary, supported by follow up activity at existing spoke sites in Risca and Merthyr.

All Wales

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NHS Wales National Programmes

There are a number of national 'All Wales' Programmes – key items noted here however this will not be a comprehensive list (as there are subgroups/ clinical and professional forums which are also undertaking programmes and projects).

Strategy	Key Points
A Healthier Wales	A Healthier Wales was developed by Welsh Government in June 2018 in response to a Parliamentary Review of the 'Long-Term Future of Health and Social Care, A Revolution from Within: Transforming Health and Care in Wales'. Ministerial Priorities are set annually and the NHS Wales Planning Framework is also issued annually.
National Clinical Framework	Published in March 2021, to support recovery and transformation in the planning and the delivery of clinical services https://gov.wales/national-clinical-framework-learning-health-and-care-system
Programme	Key Points
Six Goals Programme (Urgent and Emergency Care)	National programme hosted by WG – policy handbook published Spring 2022; all health boards have also been required to submit local plans https://gov.wales/six-goals-urgent-and-emergency-care-policy-handbook-2021-2026
Planned Care Programme	Five Goals for Planned Care published Spring 2022 (Effective Referral; Advice and Guidance; Treat accordingly; Follow Up prudently; measure what's important) https://gov.wales/transforming-and-modernising-planned-care-and-reducing-waiting-lists
Strategic Programme for Primary Care	Hosted by ABUHB; national programme for primary and community care services http://www.primarycareone.wales.nhs.uk/
Accelerated Cluster Development	The ACD programme is managed within the Strategic Programme for Primary Care and is accountable to the National Primary Care Board and through the Lead NHS Chief Executive to the National NHS Leadership team.
Other All Wales Programmes (as per latest DOPs Workplan)	Decarbonisation and Climate Change Rebalancing Care and Support (Four workstreams: Technical; Market; Planning and Performance; Integration Clinical Programmes: Orthopaedic; Dermatology; Eye Care; ENT; Urology; General surgery; Gynaecology; IBD Duty of Quality and Candour Steering Group Planning Programme for Learning (PP4L) Value in Health Programme Board Adaptation Planning Steering Group National Commissioning Board – Commissioning Standards Ten Year Capital Task and Finish Group

NHS Wales Collaborative

NHS Wales Collaborative is national organisation working on behalf of the health boards, trusts and special health authorities.

Strategy

Key Points

The NHS Collaborative work plan is shaped in a number of ways in response to the requirements of Welsh Government and the NHS Wales leadership. The majority of the priorities are agreed through clinical network boards, major conditions implementation groups and national programme boards (with some work reprioritised in 2020 in the response to the COVID-19 pandemic).

Programme

Key Points



Networks

The collaborative supports five National Clinical Networks:

- Mental Health
- Maternity and Neonatal
- Cardiac
- Cancer
- Critical Care



Implementation Groups

There are a range of Implementation Groups and Network Boards for 2022/23:

- Diabetes Implementation Group
- End of Life Care Implementation Board
- Liver Diseases Implementation Group
- Neurological Conditions Implementation Group
- Rare Diseases Implementation Group
- Respiratory Health Implementation Group
- Stroke Implementation Group
- Women's Health Implementation Group

Current Programmes:

Endoscopy; Pathology; Laboratory Information Network Cymru (LINC); Imaging; Radiology Informatics Systems Procurement; Sexual Assault Service Programme; Irritable Bowel Disease (IBD), Stroke Programme, Neonatal transport.

There has also been a recent consultation on a proposed Service Specification for adult specialised endocrinology services.

A Quality programme is now in development.

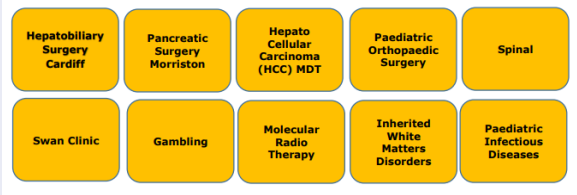
Link for further information: <https://collaborative.nhs.wales>



Programmes

Welsh Health Specialised Services Committee (WHSSC)

WHSSC is responsible for the joint planning of Specialised and Tertiary Services on behalf of Local Health Boards in Wales.

Strategy	Key Points
10-year plan	Engagement is under way to support the development of the WHSSC 10-year strategy. More information is available from https://pthb.nhs.wales/whssc-strategy
Integrated Commissioning Plan https://whssc.nhs.wales	Strategic Priorities 2022-2025 <ul style="list-style-type: none"> • Specialist Services Strategy development • Mental Health Strategy • Specialist Paediatric Strategy • Major Trauma • Intestinal Failure Review • Neonatal cot review • Mesothelioma • Commissioning Specialised Services for North Wales residents/ North Wales Plan • Ensuring Equity for Powys residents • Positron Emission Tomography (PET) Programme • Potential New Services (as right) 
Programme	Key Points
Recovery Programme	Spanning Cardiology and Cardiac Surgery; Thoracic Surgery; Neurosurgery; Plastic Surgery; Bariatric Surgery, Cleft lip and palette, Paediatric Surgery and BMT and CAR-T
Commissioning Programmes	Advanced Therapeutic Medicinal Products (ATMPs) (Advanced Therapies Programme) Cancer and Blood - Specialist Radiotherapy Molecular Radiotherapy (MRT); SABR provision, Thoracic Surgery; Genomics; Extracorporeal Membrane Oxygenation (ECMO); Specialised Haematology and Immunology; Psychology support for paediatric plastic surgery; Pulmonary Hypertension (PH) Services; Cardiac Surgery South Wales; Inherited Cardiac Conditions; Mental health Specialised Services; Neurosciences Specialised Rehabilitation, Tertiary Thrombectomy (South Wales), South Wales Neurosurgery and Neuropsychiatry, Prosthetic Services, Adolescent Paediatric Cochlear Implant; Paediatric Pathology, Gastroenterology, Orthopaedic and Spinal Surgery, Welsh Renal Services.

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

Strategy	Key Points
<p>EASC Integrated Medium Term Plan</p> <p>https://easc.nhs.wales</p>	<p>Working with providers on behalf of the Committee, the CASC and the EASC Team enact the priorities of the Committee for their populations, with benefits delivered to patients and the Welsh public, Welsh Government, Clinical Networks, Health Boards and other elements of the NHS Wales system.</p>
Programme	Key Points
<p>EASC Commissioning Priorities & intentions 22 – 25</p>	<p>EASC IMTP 2022 – 20-25 spans three main areas</p> <ul style="list-style-type: none"> - Emergency Ambulance Services (EAS) - Non-Emergency Patient Transport Services (NEPTS) - Emergency Medical Retrieval and Transfer Service (EMRTS Cymru), including the Adult Critical Care Transfer Service (ACCTS). <p>Refresh of EMS Collaborative Commissioning Framework & development of Integrated Commissioning Action Plan.</p>
<p>EMRTS / Air Ambulance Service</p>	<p>A review is underway of the EMRTS service in partnership with Welsh Air Ambulance Charitable Trust. The charity has commenced stakeholder engagement on initial proposals which has generated political, media and public interest and concerns. An initial update on the review was presented at the Emergency Ambulance Service Committee on 6th September 2022.</p>
<p>Six Goals for Urgent & Emergency Care</p>	<p>NCCU leads on Goal 1 & Goal 4</p> <p>Goal 1</p> <ul style="list-style-type: none"> • High Risk Populations • Equity of access to UEC • Reducing high use of UEC services <p>Goal 4</p> <ul style="list-style-type: none"> • EASC Optimised response & Optimising Conveyance (including Ambulance Handover Delay Improvement) • Emergency Department Quality & Delivery framework • All Wales Escalation
<p>Quality Assurance Improvement Service</p>	<ul style="list-style-type: none"> • Commissioning Mental Health & learning disability hospitals & care homes (adult, CAMHS) • Undertake reviews on behalf of WG • Quality assurance of commissioned services through audit & inspection
<p>Sexual Assault Referral Centres</p>	<ul style="list-style-type: none"> • Commissioning of South East Wales SARC services & development of a national commissioning framework

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Map of Key Service Strategic Changes WAST is jointly supporting Health Boards regionally & nationally across NHS Wales

Additionally, WAST continues to work closely with all Health Boards to jointly support and engage on other local service changes prioritised in year.

BCUHB: Supporting the modernisation of **Nuclear Medicine** and **PET/CT Services** across North Wales.

BCUHB: Supporting the review and development of **Stroke services** across North Wales.

HDUHB: Supporting the delivery phase of the **Transforming Clinical Services Programme** in Hywel Dda Health Board.

Regional SBUHB & C&VUHB: Supporting the implementation of a new integrated service for **Adult Thoracic Surgery** across South Wales, including a single Thoracic Surgery Centre at Morriston Hospital.

SBUHB: Supporting implementation of the Clinical Strategy and acute services re-design work.

South Wales: Commissioning of the **Neonatal Transport Service (CHANTS)**

Services Changes paused during Covid-19

SBUHB: Development of a regional model for Stroke with the implementation of a **centralised hyper acute stroke unit (HASU)** in Morriston hospital, Swansea.

HDUHB: Review of Health Board Stroke Pathways



Supporting the implementation of the **Future Fit health services reconfiguration** programme in collaboration with Shrewsbury & Telford hospitals.

Supporting the **reconfiguration of stroke services** in Hereford & Worcester.

South Powys: Change in **Maternity & Neo-natal flows**

South East Wales:

- Continue to support the **centralisation of vascular surgery** across South East Wales.
- Engage and support plans for regional **oncology** and Velindre Cancer centre and satellite centres.
- Engage and support regional **ophthalmology**

C&VUHB & CTM: Engaging and supporting developments on hyper acute stroke services

Engaging with Cardiff & Vale on their **Future Clinical Services** programme

National:

- Supporting the transfer of North Wales and South Wales patients requiring **Thrombectomy**
- Support the development of the **Critical Care service** across Wales.

Other National Organisations

Organisation	Key Points
Digital Health and Care Wales (DHCW) A Special Health Authority established in April 2021, it replaces the NHS Wales Informatics Service https://dhcw.nhs.wales	Four National 'Missions' - Digital Transformation; Digital Health and Care Record; High Quality Technology, Data and Services and Driving Value and Innovation Key programmes include: <ul style="list-style-type: none"> • The Digital Health Ecosystem Wales (DHEW) working with the Life Sciences Hub Wales – digital innovations and access to health sector technology platforms • Research and Innovation Strategy • Welsh Government Digital Health Strategy • Digital Medicines Portfolio • Cyber Action Plan • Shared Listening and Learning Annual Review
Health Education and Improvement Wales (HEIW) A Special Health Authority https://heiw.nhs.wales	Six Strategic Objectives: <ul style="list-style-type: none"> • to lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales' • to improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs • to work with partners to improve collective leadership capacity in the NHS • to develop the workforce to support the delivery of safety and quality • to be an exemplar employer and a great place to work • to be recognised as an excellent partner, influencer and leader. Key programmes include: the Health and Social Care Workforce Strategy, nurse staff, review of undergraduate education HEIW have commissioned the first Undergraduate nursing course in Aberystwyth University reflecting the importance of widening access and delivering high quality healthcare education in communities across Wales. Nursing education at the University has been developed with the support of a number of partners, including Hywel Dda, Betsi Cadwaladr and Powys health boards as well as service users and carers. The new degree courses also offer students the opportunity to study up to half of their course through the medium of Welsh. These nursing students will be equipped with skills and experience to meet the needs of rural populations and fulfilling career opportunities in Wales.
Public Health Wales (PHW)	Strategic Themes for 2022/23: <ul style="list-style-type: none"> • Enabling better population and reducing health inequalities through preventative and sustainable measures • Delivering excellent services for population screening programmes, health protection and infection • Supporting improvements in the quality and safety of health and care services • Maximising the use of digital, data and evidence to improve public health • Enabling the successful delivery of the Plan

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Other National Organisations

Organisation	Key Points
NHS Shared Services https://nwssp.nhs.wales	<p>NWSSP delivers professional, technical, and administrative services for and on behalf of NHS Wales including services to the GP practices, dentists, opticians, and community pharmacies.</p> <p>These span audit and assurance; finance, procurement and supply chain; counter fraud, digital workforce solutions; employment services; student awards; accounts, legal and risk services, medical examiner, primary care, laundry, infected blood support service, surgical materials testing, specialist estates services; pharmacy technical services.</p> <p><u>Five Priorities for 2022 – 25:</u></p> <ul style="list-style-type: none">• Covid response• Financial governance• Ministerial priorities• Digital technologies and skills• Infrastructure Programme - Transforming Access to Medicines Service (TRAMS); Laundry and Scan for Safety <p>Key programmes include the Once for Wales Concerns Management System and Planning Programme for Learning</p>

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Velindre

Strategy	Key Points
Velindre Cancer Centre. 5 Year Strategy	<p>Velindre Futures, Transforming Cancer Services Programmes</p> <p>Development of Acute Oncology Services Across South East Wales</p> <ul style="list-style-type: none"> Acute oncology (AO) ensures that cancer patients who develop an acute cancer-related or cancer treatment related problem receive the care they need quickly and in the most appropriate setting. <p>Development of a Cardiff Cancer Research Hub</p> <ul style="list-style-type: none"> Velindre University NHS Trust (VUNHST), Cardiff and Vale UHB (CVUHB) and Cardiff University (CU) have a shared ambition to work in partnership together and with other partners to develop a Cardiff Cancer Research Hub.
Blood & Transport Service	<p>National Blood Health Plan Laboratory Modernisation</p> <ul style="list-style-type: none"> Focus will continue to be on supporting the developing of Clinical trials in Wales and facilitating a collaborative approach to research and development with the Cardiff Cancer Research Hub, a tripartite partnership between Velindre University NHS Trust (VUNHST), Cardiff and Vale UHB (CVUHB) and Cardiff University (CU) is driving the development of a Cardiff Cancer Research Hub (CCRH) and the Clinical Research Hub, established by Cardiff and Vale UHB (the main tertiary services provider in Wales) to provide the opportunity for key stakeholders, including Health and Care Research Wales (HCRW), the Cell and Gene Catapult, health and academia to work together to implement new clinical studies for the population of Wales.

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England

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England

- Major changes have come into effect in health and care legislation, infrastructure and delivery mechanisms this year.

Legislation / Strategy	Key Points
Health and Care Act 2022 Integrated Care Systems	<ul style="list-style-type: none"> The Health and Care Act 2022 was passed in July 2022, this established Integrated Care Systems (ICS) on a statutory footing in England, replacing the previous Clinical Commissioning Groups (CCGs). Each Integrated Care System has two statutory elements, an Integrated Care Partnership (ICP) and Integrated Care Board (ICB). <ul style="list-style-type: none"> Integrated Care Partnership (ICP) - a statutory committee jointly formed between the NHS Integrated Care Board and all upper-tier local authorities that fall within the ICS area. The ICP brings together partners concerned with improving the care, health and wellbeing of the population, with membership determined locally. It is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area. Integrated Care Board (ICB) - a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area.
NHS England/ Improvement	<ul style="list-style-type: none"> NHS England and NHS Improvement came together to work as a single organisation in April 2019 The NHS Long Term Plan (England) was published in 2019 – this remains the key planning document and spans ten years up to 2029 – it proposes an increased focus on population health, prevention, care quality and outcomes and a new service model comprising <ul style="list-style-type: none"> Transformed out of hospital care and integrated community based care Reducing pressure on emergency hospital services Giving people more control over their own health and personal care Digitally enabling primary care and outpatient care Better outcomes for major health conditions The NHS People Plan was published in July 2020 with Our People Promise, organised around four pillars: <ul style="list-style-type: none"> looking after our people – with quality health and wellbeing support for everyone belonging in the NHS – with a particular focus on tackling the discrimination that some staff face new ways of working and delivering care – making effective use of the full range of our people's skills and experience growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return.

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Shropshire, Telford and Wrekin

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



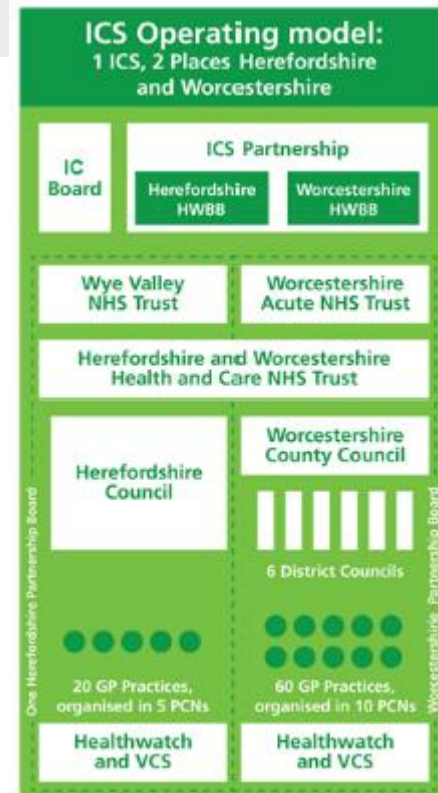
Strategy	Key Points
Integrated Care System	<p>Shropshire, Telford and Wrekin ICS includes the following healthcare providers:</p> <ul style="list-style-type: none"> The Shrewsbury and Telford Hospital NHS Trust The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust Shropshire Community Health NHS Trust Midlands Partnership NHS Foundation Trust West Midlands Ambulance Service Foundation Trust <p>NHS Shropshire, Telford and Wrekin is the commissioning body within the ICS. It came into being as a statutory body on 1 July 2022, and took on the duties and responsibilities of the former NHS Shropshire, Telford and Wrekin Clinical Commissioning Group.</p> <p>There are two local authorities within the ICS; Shropshire Council, and Telford & Wrekin Council.</p>
Programme	Key Points
Hospital Transformation Programme (HTP)	<p>The Hospital Transformation programme (Shrewsbury and Telford Hospitals) takes forward the outcome of 'Future Fit' programme following extensive business case development and consultation.</p> <p>The Strategic Outline Case was resubmitted in 2021 in light of changing costs impacting on the programme due to the pandemic and wider impacts. This was approved at the end of August 2022 and will deliver to the parameters set out in the Future Fit programme, with efficiencies to achieve implementation within the agreed cost envelope.</p>
Cardiology change - Telford	<p>On-going temporary change until the completion of the HTP - Co-located Cardiology service provision adjacent to current Cardiology Ward at PRH.</p>

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Herefordshire and Worcestershire

Herefordshire and Worcestershire Integrated Care System was created on 1 July 2022

Strategy	Key Points
Integrated Care System	<p>Herefordshire and Worcestershire Integrated Care system was formally designated in April 2021 and Clinical Commissioning Groups functions have transferred to a statutory Integrated Care Board (ICB).</p> <p>In addition , the Herefordshire and Worcestershire Integrated Care Partnership (HW ICP) was established as a statutory committee, between Herefordshire Council, Worcestershire County Council and NHS Herefordshire and Worcestershire ICB. The ICP will formulate an Integrated Care Strategy.</p> <p>Existing provider organisations are continuing whilst the place based operating model is refined.</p>
Programme	Key Points
Integrated Care Board Programme	<p>System level priorities are noted in the visual on the right hand side. Programmes of work initiated by the former 'STP' are also being resumed (including the Stroke programme noted below).</p> <p>Immediate operational priorities centre on elective care waits; diagnostic services and centres, urgent care and handovers, mental health investment, primary care, health and care workforce, financial sustainability.</p>
Stroke Programme	Long term programme of work across Herefordshire and Worcestershire ICS, with emerging proposals for reconfiguration of services and plans for engagement this Autumn on the case for change and option(s).
Haematology	Service changes in response to fragility in provision at WVT – regional partnership approach being taken to ensure alternative pathways in place



ICS priority work programmes @ system level.
Includes

- Reset and recovery
- Development of PHM
- Health and Care Inequalities
- Digital strategy
- Capital/Estates
- UEC, Cancer, MH etc

Engagement and Consultation

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Exception and Highlight Reports

Engagement under way:

- Herefordshire and Worcestershire Stroke Services
- WHSSC 10 year strategy

Engagement planned or under consideration

- South Wales Specialist Auditory Hearing Implant Services
- EMRTS / Welsh Air Ambulance

Consultation:

- No formal processes of consultation are currently under way or planned

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Herefordshire and Worcestershire Stroke Services

Current Status	<ul style="list-style-type: none"> • UNDER WAY: Formal engagement is under way from 20 September 2022 to 11 November 2022
Lead Body	<ul style="list-style-type: none"> • Herefordshire and Worcester Integrated Care System Stroke Programme Board. PTHB and WAST are members of the programme board, with Powys CHC as observers.
Overview	<ul style="list-style-type: none"> • A review of stroke services in Herefordshire and Worcestershire is currently under way. This includes the stroke services provided at County Hospital in Hereford. They are looking at the best way to deliver quality stroke services, including for the patients they serve in Powys. A key driver is the challenge in recruiting and retaining sufficient specialist staff including specialist stroke consultants to meet national clinical standards for hyperacute and acute stroke services on two sites. • Discussions have been ongoing for several years, including previous engagement activities with local stakeholders to raise awareness of the challenges and discuss possible solutions. • A formal period of engagement is taking place from 20 September 2022 to 11 November 2022. Following engagement, initial recommendations on the next steps are due to be presented to the programme board by the end of November.
Impact and interdependency	<ul style="list-style-type: none"> • These proposals affect people in mid and east Powys for whom Hereford County Hospital is their main acute hospital for hyperacute and acute stroke services. Under the proposals, County Hospital would no longer provide hyperacute and acute stroke services which would be centralised to Worcester. A pathway would be in place for triage, assessment and diagnostics at County Hospital including provision of thrombolysis as needed. • Local rehabilitation and community services in Powys are not directly affected, and nor are stroke pathways for residents of other parts of Powys (e.g. Princess Royal Hospital, Bronglais Hospital, Morriston Hospital, Prince Charles Hospital). However, a review of stroke services in South and West Wales is being established, with a National Stroke Programme Board being established and due to meet on 13 October.
Key Dates	<ul style="list-style-type: none"> • 20 September 2022: launch of engagement • 20 September 2022: CHC Services Planning Committee • 28 September 2022: Update to PTHB Board within CEO Update • 19 October 2022: Virtual Focus group coordinated by PAVO • 11 November 2022: End of engagement
Key Materials	<ul style="list-style-type: none"> • Website: https://pthb.nhs.wales/hereford-stroke • Issues Paper (EN, CY, Easy Read) • Narrated presentation
Engagement Planning	<ul style="list-style-type: none"> • A local PTHB engagement plan is in place to raise awareness of these proposals amongst Powys populations and stakeholders.
CHC Liaison	<ul style="list-style-type: none"> • There has been ongoing liaison with the CHC. Powys CHC has observer status on the Herefordshire & Worcestershire Stroke Programme Board. • A presentation on the proposals was made to the CHC Services Planning Committee on 20 September 2022.

WHSSC 10 Year Strategy

Current Status	<ul style="list-style-type: none"> • UNDER WAY: Formal engagement is under way from 27 September 2022 to 22 December 2022
Lead Body	<ul style="list-style-type: none"> • WHSSC
Overview	<ul style="list-style-type: none"> • Welsh Health Specialised Services (WHSSC) is writing a new 10 year strategy for specialised services for the residents of Wales and its responsible population. • To support the development of the strategy, they are engaging with key interest stakeholder groups to gather their views on the future of specialised services, in addition to the further value that WHSSC can add as one of the main NHS commissioning bodies for specialised services in Wales.
Impact and interdependency	<ul style="list-style-type: none"> • The strategy will affect the commissioning of all specialist services via WHSSC.
Key Dates	<ul style="list-style-type: none"> • 27 September 2022: Start of engagement • 22 December 2022: End of engagement • Following engagement a draft 10 year strategy is expected by March 2023 and a final strategy published by end May 2023.
Key Materials	<ul style="list-style-type: none"> • Website: https://pthb.nhs.wales/whssc-strategy and https://biap.gig.Cymru/pgiac-strategaeth
Engagement Planning	<ul style="list-style-type: none"> • WHSSC is responsible for planning and delivering the engagement. • Health board support includes publication of information via our digital channels.
CHC Liaison	<ul style="list-style-type: none"> • Board of CHCs briefed on the planned engagement process on 11 July 2022.

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South Wales Specialist Auditory Hearing Implant Devices

Current Status	<ul style="list-style-type: none"> PLANNED: Formal engagement is being planned and is expected from October 2022
Lead Body	<ul style="list-style-type: none"> WHSSC
Overview	<ul style="list-style-type: none"> Urgent temporary arrangements have been in place for the provision of Cochlear Implant services from a single centre at CVUHB since 2019 when the service provided at the PoW, Bridgend became unavailable. A commitment was made to undertake engagement in line with NHS Wales guidance on the temporary change and future service model. Cochlear Implant services in South Wales are currently only provided in Cardiff following this temporary change, but historically South Powys patients would have been referred to Cardiff or Princess of Wales depending on needs/pathway. Bone Conduction Hearing Implant services are currently located at Royal Gwent, Cardiff and Neath Port Talbot. South Powys patients are normally referred to Cardiff or Neath Port Talbot. Following a process of assessment and review, it is proposed that a single centre for Cochlear Implants and Bone Conduction Hearing Implants is established with an outreach support model. The intended benefits include a more reliable service that can maintain appropriate staffing and skills, offering a higher number of procedures which is associated with improved outcomes, and with a greater critical mass of patients there is greater scope for adoption of new technological advances to bring more treatment options for more people.
Impact and interdependency	<ul style="list-style-type: none"> These proposals affect people in south Powys who access specialist auditory services in South Wales. If the preferred option is implemented then some patients would need to travel further for implant but could continue to receive outreach support closer to home in hub sites. Between 2017 and 2021 there was an average 56 adult and 20 paediatric cochlear implant referrals in South Wales per year leading to 28 adult implants and 16 paediatric implants per year. Between 2017 and 2021 there was an average 42 adult and 2.5 paediatric BCI referrals in South Wales per year, leading to 17 adult implants and 0 paediatric implants per year. South Powys activity is typically less than 5 referrals per year. Pathways for patients in north and mid Powys to BCUHB and England are not affected.
Key Dates	<ul style="list-style-type: none"> Health Board Meetings take place on 28 and 29 September to consider the proposal to undertake engagement Subject to approval by Boards, a period of formal engagement is currently proposed from 24 October to 5 December 2022 The outcome of engagement would be presented to CHCs and Health Boards in January 2023
Key Materials	<ul style="list-style-type: none"> Materials are expected to include a core engagement document and questionnaire, summary document, easy read document and draft Equality Impact Assessment.
Engagement Planning	<ul style="list-style-type: none"> Subject to confirmation of engagement, a local engagement plan will be put in place for Powys to support local delivery of the regional engagement led by WHSSC.
CHC Liaison	<ul style="list-style-type: none"> There has been ongoing liaison with the CHC, with draft engagement materials discussed at CHC Executive Committee on 13 September 2022.

EMRTS / Welsh Air Ambulance

Current Status	<ul style="list-style-type: none"> • UNDER CONSIDERATION
Lead Body	<ul style="list-style-type: none"> • EASC with EMRTS and Welsh Air Ambulance Charity
Overview	<ul style="list-style-type: none"> • Media coverage on 17 August indicated that the Welsh Air Ambulance Charity and the NHS Emergency Medical Retrieval and Transfer Service (EMRTS) were reviewing their operational delivery model. Based on media reports, options include the closure of the Welsh Air Ambulance bases in Welshpool and Caernarfon, with relocation to a new base in North Wales. • The health board awaits further detail from the Emergency Ambulance Services Committee (EASC) on the review, modelling and options for the future. • A health board task and finish group has been established led by the Chief Executive to co-ordinate PTHB involvement in the review.
Impact and interdependency	<ul style="list-style-type: none"> • Further information is awaited.
Key Dates	<ul style="list-style-type: none"> • Further information is awaited.
Key Materials	<ul style="list-style-type: none"> • Subject to decisions on engagement and/or consultation
Engagement Planning	<ul style="list-style-type: none"> • Discussions are under way regarding the nature and scope of engagement and/or consultation.
CHC Liaison	<ul style="list-style-type: none"> • An updated was presented by the Chief Officer of EASC to the CHC Services Planning Committee on 20 September 2022.



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Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.1

**Planning, Partnerships and
Population Health Committee**

**Date of Meeting:
20 October 2022**

Subject :

Transfer of Local Public Health Team from Public Health Wales to Local Health Boards and Future Ways of Working

**Approved and
Presented by:**

Mezz Bowley, Interim Director of Public Health

Prepared by:

Mezz Bowley, Interim Director of Public Health
Paula Walters, Associate Director of Corporate Business
Tim Humberstone and John Filsell, Finance Business Partners
Chris Davies and Natasha Price, W&OD Business Partners

**Other Committees
and meetings
considered at:**

The Director of Public Health provided a briefing to Executive Committee on 17th November 2021.

Executive Committee, 14th September 2022.

Audit, Risk and Assurance Committee 27th September 2022.

PURPOSE:

This paper provides an overview of the arrangements that have been put in place to transfer the local public health team function, staff and resources to the health board from Public Health Wales.

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It seeks to provide assurance on the planning and implementation of the transfer and sets out the key risks and mitigating actions that have been put in place to manage the risks and limit any adverse impact on the health board.

RECOMMENDATION(S):

The Committee are asked to NOTE the contents of the paper.

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	✗
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:

In October 2021 the Director General for Health and Social Services/Chief Executive of NHS Wales wrote to PHW in October 2021 confirming Ministerial support for the proposal to transfer the Local Public Health Teams to Local Health Boards. Following this confirmation, a national Project Team led by Public Health Wales with representation from health board Directors of Public

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

Health and project leads, was established to plan and implement the transfer.

The national Project Team has been working through the detail of the transfer in areas such as finance, people, ICT and the development of a Memorandum of Understanding – Part 1 to focus on the arrangements for public health teams to remain connected to the public health system for professional development and intelligence and Part 2 will articulate how the wider public health system will operate in the future. Part 1 has been development and health boards are requested by PHW to agree to the MoU. Part 2 will be developed by the Public Health Directors Leadership Group post-transfer.

It is proposed that 18 staff (14.83 wte) from the LPHT transfer from PHW to the health board on 30th September 2022. In addition, that £515,461 be transferred from PHW to the health board on a recurrent basis and £280,993 of grant funding be claimed from PHW on an annual basis through a process that is already in place. This funding is ring-fenced.

Currently the LPHT staff and resources are employed by Public Health Wales and work under the direction of the Health Board Director of Public Health. The proposed change will transfer the employment of staff and resources to the Health Board to align governance and accountability. The only change for staff is therefore the employing organisation.

The health board has been asked by Public Health Wales to agree to these terms and the MoU and confirm acceptance by 19th September 2022.

DETAILED BACKGROUND AND ASSESSMENT:

Background

On 17th November 2021 the health board's then Director of Public Health presented a paper to the Executive Committee on the proposed transfer of the local public health teams (LPHTs) from Public Health Wales (PHW) to health boards. The following is a brief overview of the paper:

- In August 2021, the Chief Executive of PHW wrote to the Director General for Health and Social Services/Chief Executive of NHS Wales to seek *'the consideration and consent of the Minister for Health and Social Services to transfer Local Public Health Teams from Public Health Wales into health boards'*.
- In making this request, PHW took account of the need for the organisation to:

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- Develop and establish their optimum design- *'Doing only what we [PHW] should (and could) do'.*
 - Continuing their evolution as a National Public Health Institute.
 - Further improving system governance and accountability - noting the then Wales Audit Office (WAO) view that *"...collaborative arrangements for managing local public health resources do not work as effectively as they should do."*²
 - Support the optimisation of the resources across an integrated public health system – recognising that LPHTs represent a local specialist public health resource that has evolved and increased with varying additional investment from each respective health board.
- The Director General for Health and Social Services/Chief Executive of NHS Wales wrote back to PHW in October 2021 confirming Ministerial support for the proposal subject to the following conditions:

'Once transferred, resource will be added the Directed Expenditure table within the main Health Board revenue allocation and should be solely used for the funding of local public health teams. This funding will remain within the Directed Expenditure table for at least the next three years. The transfer does not preclude additional investment by Health Boards in their public health teams, building on some of the models already adopted by some'.

'There is a need for the development of a Memorandum of Understanding (MoU) between Public Health Wales and Health Boards setting out the areas of support and collaboration between the organisations beyond the transfer, providing Health Boards with clarity on the legitimate expectations of ongoing specialist support across the domains of public health. The MoU will ultimately be signed off by the NHS Leadership Group and subject to periodic review'.

LPHT staff received formal notification from PHW of the proposed change on 21st October 2021 and a staff briefing was held on 02nd November 2021. Following this, our Chief Executive joined the then Director of Public Health at a meeting with staff and this was received positively. The original intention had been for the staff to transfer on 01st April 2022 but, due to Winter pressures and the impact of the Omicron variant of COVID-19, the plan was reviewed and a new transfer date of 30th September 2022 was agreed.

Planning and Implementation of the Transfer

National Arrangements

PHW established a Project Board to plan and deliver the transfer arrangements. The Project Board includes representatives from PHW' senior management, HR, Finance, IT, Estates and Facilities and the Directors of Public Health (DsPH) from each of the Health Boards.

The specific project objectives are to:

- Transfer all Local Public Health Teams (people and budgets) to respective Health Boards by 30th September 2022.
- Undertake the transfer in such a way to ensure:
 - a. effective timely and accurate staff engagement and communications
 - b. business continuity before, during and after the transfer
 - c. full legal and policy compliance, as part of the all-Wales Organisational Change Policy (OCP) including the Transfer of Undertakings (Protection of Employment) (TUPE) Regulations 2006 as amended by the Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014.
- Put in place arrangements for strengthening the public health system (including through a new Memorandum of Understanding) which are focused on ensuring that:
 - a. Local Public Health Teams continue to have the resources, skills, knowledge and professional support required to deliver public health outcomes at a local and regional level; and
 - b. There is clarity between Public Health Wales and Health Boards on ongoing specialist support across the domains of public health, which is mutually available.³

The Project Board agreed the terms of reference and Project Initiation Document (PID) which sets out how the project board operates.

The national project arrangements have six workstreams, each with deliverables and milestones set out in individual workstream plans.

The workstreams are:

³ a. above is referred to in the Project Board arrangements as the development of MOU Part 1 and b. in known as MOU Part 2.

1. **Finance** – confirming the resource envelope to be transferred (total staff and non-staff budgets, liabilities).
2. **People** – confirming all staff to be transferred, undertaking due diligence (provision of all material information on each staff member), all in accordance with the NHS Wales OCP and TUPE Regulations.
3. **Informatics** – gathering requirements from local and central teams, agreeing an informatics transfer strategy, information governance assessment (e.g. data protection and FOI impact), IT switch over, records access and management; access to systems/channels.
4. **Future system working** – mapping current interfaces, working arrangements and business processes between Local Public Health Teams and Public Health Wales directorates, ensuring business continuity before, during and after the transfer, including through a Memorandum of Understanding (MOU).
5. **Facilities and assets** – Identifying and cataloging the assets to be transferred, developing the approach and contributing to the Finance and Assets transfer principles.
6. **Governance** – effective and timely decision-making and the formal acceptance processes of the transfer.

The PID recommended that each health board establishes a local project team to mirror the national project structure with a local plan, aligned to the central plan, led by a dedicated project manager.

Local Arrangements

Earlier this year and in the absence of a Director of Public Health at that time, the Chief Executive asked the Associate Director of Corporate Business to lead and co-ordinate the transfer and to continue to support the new Interim Director of Public Health once they were in post. It has been necessary for this arrangement to continue because the new Interim Director of Public Health is personally affected by the transfer with their substantive role in PHW being transferred to Aneurin Bevan University Health Board's LPHT.

The health board adopted a similar project methodology internally with representatives from the LPHT, Workforce and OD, Finance, IT and Information Governance involved. The ADoCB Chairs the internal project group and has supported the Interim Director of Public Health with planning and implementation. Work has been undertaken in accordance with the timeline provided by the national Project Board plan. In some health boards, staff will be transferring from a PHW building to health board premises at some point during or after the TUPE transfer. It has not been necessary to

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engage colleagues from Estates and Facilities as there is no intention to physically transfer the Powys team to a new office location.

Progress to Date

1. Finance

PHW drafted Finance Principles and they were shared with all health board Finance teams before being discussed by the Project Board on 3rd May 2022. The principles are attached at Appendix A.

Implications for PTHB

On 3rd May 2022 PHW sent the health board its initial breakdown of how the Finance Principles would be applied. On 11th May 2022 the health board provided PHW with the following feedback:

- a. the 'Adjusted Budget Level' for the health board did not cover the actual cost of establishment (£10k shortfall). This was covered for all other health boards and we believe in principle, the budget should cover the establishment cost.*
- b. the health board does not support the principle of the vacancy factor. The application of the vacancy factor has worked for PHW team as a whole as there would likely have been vacancies in the national team. However, for PTHB with a stable substantive team, it would mean the health board taking on an additional recurrent £30k overspend.*
- c. the health board is not in a position to mitigate the £40k recurrent proposed overspend (total of a. and b.) across the organisation.*
- d. regarding Programme & Development Funding, staff funded via projects should be employed fixed term in line with the funding. However, some of these staff are substantive and therefore would also potentially put the health board at financial risk.*

PHW collated all comments from health boards and presented them to their Executive Team and we were advised at the Project Board held on 21st June 2022 that PHW proposed to provide PTHB with an additional £11k to cover the shortfall in point a. above. PHW also proposed to reinstate and allocate to health boards, the budget for travel and subsistence that had been removed as part of PHW's cost improvement target (£59k total budget).

However, concern was raised by health boards in the Project Board at the continued application of a 'vacancy factor' and DsPH also requested to see the budget figures back to 2018 which is when the reallocation of funding took place following work undertaken to address WAO report recommendations.

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As a result of further discussions between PHW and PTHB project leads and Finance colleagues during the Summer, the following transfer is proposed.

Table 1: Proposed finance transfer from PHW to PTHB.

Powys Finance Funding Tables		
Core Funding Table		
Total Available Budget	459,189	
Additional funding agreed to fund at actual	50,139	
Previously removed travel budget reinstatement	2,435	
Core Budget to be transferred on a recurrent basis	511,763	
Grant Funding Table		
Healthy Schools	110,972	Programme Funding
Healthy Pre-schools	29,850	Programme Funding
Obesity	102,195	Development Funding
Whole School Approach to Mental Health	37,886	Development Funding
Total Grant Allocation - accessed via invoice to PHW	280,903	
Apprentice Levy Table		
Apprentice Levy allocation for Core Funding	2,477	
Apprentice Levy allocation for Grant Funding	1,220	
Budget to be transferred on a recurrent basis	3,697	
Budget to transfer to Health Board on a recurrent basis	515,461	
Budget to be claimed via agreed grant process already in place	280,903	

The proposed financial transfer figures are generally positive but there are some issues and mitigating actions for the Executive Committee to be made aware of and give due consideration. This detail was provided to the project and Finance leads on 21st July 2022 and is recommended for approval by the Executive Committee.

Core funding:

The core staff budgets are based on the staffing establishment (staff in post and vacancies) as at 30th June 2022. It covers funding for eight members (7.2 wte) of staff.

Issue	Mitigating Actions
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Clarity has been sought from PHW on how the 2022/23 pay inflation rise will be accounted for in the transfer. It is envisaged that staff will be paid the increase in September 2022 in the final pay they receive from PHW.	This has been acknowledged by PHW and they in turn have sought clarification from Welsh Government on how the rise will be reflected in the revised core allocation.
The core funding includes the cost of on-call payments to Consultants who participate in the national health protection on-call rota. Clarity has been sought on how many Consultants have agreed to continue to participate in the rota post-transfer. If there is less participation, there is a risk that it could lead to Consultants who remain on the rota taking on additional shifts and this could increase their Intensity Payment banding and lead to increased costs to the health board as a result of our staff supporting the national health protection service.	The SRO in PHW is checking the position regarding individuals' participation but it was felt that the current Intensity Payment banding was sufficient. However, this may need to be reviewed depending on the level of response to the process by Consultants.
Clarity has been sought on the potential impact to the health board of future increments for staff who are transferring.	None of the staff transferring are due to receive an increment in 2022/23 following the transfer. There is one member of staff (0.6WTE) due an increment in two years which will cost the health board approximately £5k.

Grant funding:

PHW currently manages a number of grant programmes on behalf of Welsh Government. There is Programme Grant Funding for Healthy Schools and Healthy Pre-schools and Development Grant Funding for Obesity and Whole School Approach to Mental Health. There are no proposed changes to the management of these grants – the funding and monitoring will continue to be administered by PHW. The funding covers ten members of staff (7.63 wte).

Risks	Mitigating Actions
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- Programme Grant Funding

and agreements for the year have been issued and accepted by PHW and health board Project Board leads. However, there is real concern about the future level of funding for these programmes which have not received inflationary increases.

- Development Grant Funding

has been confirmed until March 2025 and will continue to be administered by PHW. Historically the funding has been paid by PHW in arrears with health boards underwriting the programmes.

- PHW has historically appointed to grant funded posts on a permanent basis. Under the proposals, the health board will receive 10 permanent members with funding only agreed for 2022/23 for Programme Grants and March 2025 for Development Grants.

- Should Programme Grant funding end, the health board would have a risk relating to substantive staff employed of £142k p.a.

- Should Development Grant funding end, the health board will have a risk relating to substantive staff employed of £139k p.a.

- There has been no increases to the grant funded budget allocations in line with inflation. These budgets are being squeezed year on year and there is little room to manoeuvre as there has been no increase in the grant allocations despite year-on-year inflation/increment costs.

The funding issues for the current model, which includes input from local authorities, has been strongly articulated to PHW by health board DsPH, project and Finance leads.

There is a national review of these programmes which is looking at the optimum model going forward. PHW, health boards and local authority partners have the opportunity to raise the issue of the model and funding with Welsh Government as part of the review.

Funding for these programmes post 2025 will need to be negotiated by all health boards with Welsh Government.

PHW and health board DsPH have agreed to collectively raise the issue with WG of all grant funded programmes needing to receive fair and sustainable funding.

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It is important to note that the transferring of risk relating to staff with permanent contracts and funded by WG grants applies to all health boards and Powys Teaching Health Board is not an outlier. Directors of Public Health have agreed to pick up with Welsh Government, the issue of future funding arrangements as part of the routine planning cycle.

Apprenticeship Levy:

The proposal provides the health board with its share of the centrally held Apprenticeship Levy for both core and grant funded staff.

The following issues were confirmed by the PHW' SRO in a letter to all health board Project Team members on 7th July 2022:

Travel Costs:

In line with the Trust's cost improvement programme, PHW reduced budgets for the reduction in specific costs including the reduction in travel costs resultant from both the pandemic and also new ways of working. Following concerns raised by health boards around the need for teams to work across geographic areas, PHW agreed to reinstate this to the LPHT budgets. This resulted in a cost to PHW of £50,000.

Microsoft Licences:

As part of the all Wales contract with Microsoft PHW recently agreed to a 5 year deal for its staff. This includes the 174 WTE staff transferring to health boards. PHW will continue to pay these costs over the course of the 5 year contract. Any increase in LPHT staffing will need to be covered by health boards.

Transfer of Overheads:

Some members of the national Project Team requested the transfer of overheads. PHW did not support this request. Due to the size and nature of the transfer the Trust did not consider there to be additional costs to health boards.

2. People

The consultation period for the TUPE transfer commenced on 24 May 2022. TUPE does not specify a minimum length for staff consultations, however an end date of 31 July 2022 was determined. During this period, Public Health Wales actively consulted with staff and trade union representatives worked closely with health boards. Individual meetings were offered to staff to discuss their personal circumstances. In early September, PHW arranged two post-consultation briefing sessions for staff and health board leads to

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formally close the process and provided an update on the timeline the transfer on 30th September 2022.

The Director of Public Health introduced, in July, fortnightly meetings specifically to engage with staff on the transfer and the practical arrangements around the moves to health board systems and processes, for example, ESR, expenses systems. The frequency of this meeting has moved to weekly since end of August in the lead up to the official transfer date of 30th September 2022.

LPHT staff have all been booked onto Corporate Induction, managers training and appraisal training.

Implications for PTHB

On 15th June 2022 the staff list for PTHB was issued to our Workforce and OD team and on 18th August 2022, we received the due diligence information for the staff transferring. This confirmed that 18 people (14.83 wte) are on the list to transfer from PHW to the health board. Colleagues in Workforce and OD continue to liaise with PHW on the due diligence information and to date, no issues are being escalated by the Director of Public Health other than those relating to the risk of staff occupying grant funded roles. These have been raised in the Finance section above.

3. Informatics

Currently, LPHT staff receive ICT support from PHW IT Services. Following the transfer, ICT support will be provided by the health board's internal IT Service and our IT leads have been working with PHW IT and LPHT staff on the practical arrangements.

The Project Board agreed general principles for the transfer at its meeting on 21st June 2022. These were agreed as:

- *Business continuity for staff continuing to perform the same roles for a new employer*
- *Compliance with Public Health Wales' (PHW) Information Governance requirements and procedures*
- *Retention of the data required by PHW for the Covid Enquiry*
- *Accommodation of health boards (HB) requirements to support staff post-transfer as well as DHCW Client Services' requirements to transfer them.*

Implications for PTHB

Detailed plans for the transfer have been agreed between the respective IT Service teams and there should be no or limited impact on business operations. This will be monitored closely by the teams during the transfer.

The following arrangements have been agreed and are being worked through:

- PHW and health board IT teams have agreed a phased NADEX and file transfer with PTHB's transfer taking place during week commencing 26th September 2022.
- New laptops and mobile devices are being issued to staff and the PHW sim cards will be retained until the health board has a new mobile phone contract in place.
- PHW's Information Governance has agreed to the transfer of NADEX accounts and O365 cloud data to health boards with only minimal necessary changes e.g. removal from PHW-only groups such as HR info updates and addition to required health board groups. Access permissions necessary to perform staff roles will remain in place.
- The transferred users will retain access to their email, Microsoft Teams (channels & chat), OneDrive, existing SharePoint sites and relevant file share data.
- Transferred users will still need to access certain PHW systems and some users will remain part of the PHW Health Protection on-call rota requiring access to the PHW Groupware system.
- Due to the requirements of the UK COVID-19 Inquiry, PHW has Litigation Hold (LH) without a set duration period in place which stores items deleted by users indefinitely in a hidden "Recoverable Items" mailbox folder so relevant data is retained for possible searches.
- PHW has requested that health boards maintain LH without a duration period for transferred users so that all items are held indefinitely until the LH is removed.
- If there are any requests from the UK Inquiry to search the transferred data, PHW will submit these to the health board and an eDiscovery search by the health board should return the required data.
- PHW will notify the health board when the UK Inquiry has completed its work and LH can then be removed.
- PHW will only be able to provide shared folder data for transfer to health boards. The health board will arrange migration to SharePoint Online subsequent to the transfer if required.

4. Future System Working

A single Memorandum of Understanding (MoU) between Public Health Wales and health boards⁴ is being developed to support the transfer of LPHTs to Health Boards in September 2022. The purpose of an MoU is for multiple organisations to commit jointly to achieving shared goals and outcomes.

It should be noted that the updating of the broader MoU between PHW and Health Boards, covering areas such as microbiology and screening, is out of scope of the LPHT Transfer Project. It is anticipated the MoU documents being produced here will form part of this broader document once updated by PHW corporately.

MoUs are neither legally binding documents, nor service level agreements. An effective process will be required to monitor adherence and continually improve the documents and this will be lead through the CMO/PHW/DPH Leadership Group.

MoU Part 1 has been developed to ensure that local teams transferring to Health Boards remain professionally connected to and able to continue to access specialist resources (e.g. environmental public health) from Public Health Wales and vice versa following the point of transfer. The focus of MoU Part 1 is on continuing workforce development and exchange of knowledge across the specialist public health system.

The document is underpinned by a mutual commitment to ensure business continuity and further strengthen the system and will be overseen by the Public Health Director's Leadership Group (PHDLG) on an ongoing basis.

The document is also wholly separate to the TUPE process for protecting individual staff term and conditions, although it does include a general commitment upon all parties to act in accordance with TUPE both during and after the transfer.

The document is in two parts:

- *Memorandum of Understanding* – which is a standard template issued by NHS Wales Shared Services setting out several general principles, definitions and governance arrangements. Each organisation will sign this section.
- Appendix A - Roles, Responsibilities and Obligations of the Parties. This is the original 'scoping document' which has already been reviewed by the Project Board, and which contains all the detailed commitments.

Structuring the document in this way will allow for Appendix A to be strengthened further by the PHDLG if required without the document having to be re-signed every time.

The document has been developed collaboratively between Public Health Wales, LPHT staff and Executive Directors of Public Health over a period of six months. The document seeks to identify all areas where continuing professional connections are required, focusing on key risks to business continuity arising from the transfer. For each area, the following information is provided:

- the current position – current ways of working, systems and processes
- business continuity objectives
- risks arising from the transfer and mitigations set out

- a recommended set of proposals for addressing the risks.

Work has also started on developing an MoU Part 2, which will be a forward-looking document focused on improving and strengthening the public health system across Wales and is likely to involve additional stakeholders such as Welsh Government and local authorities.

This will be developed through a much lengthier process compared to the MoU Part 1, which will continue to run after the LPHT transfer has taken place.

NEXT STEPS:

On 31st August 2022, Tracey Cooper, Chief Executive of PHW, wrote to Chief Executives seeking confirmation of the final elements that require agreement for the transfer of the LPHT to the health board on 30th September 2022 (Appendix B).

The following action is required:

1. The health board to sign Part 1 of the MOU,
2. NHS Leadership Board to approve Part 1 of the MOU at its meeting in September 2022 (PHW is coordinating this),
3. The health board is asked to formally agree the financial transfer: -
 - Core funding
 - Grant funding – programme grants and development grants
 - Apprenticeship levy
4. Confirmation of the transfer of employment from PHW to the health board.

The Chief Executive has requested formal confirmation of the above by 19th September 2022 in readiness for the transfer at the end of the month. From discussions held at the Project Board, it is understood that most health boards are intending to seek approval of the transfer via their Executive Team governance arrangements.

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:

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	No impact	Adverse	Differential	Positive	
Age	X				Statement <i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i>
Disability	X				
Gender reassignment	X				
Pregnancy and maternity	X				
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				
Risk Assessment:					
	Level of risk identified				Statement The financial risks have been highlighted in the Finance section of this paper.
	None	Low	Moderate	High	
Clinical	X				
Financial			X		
Corporate		X			
Operational	X				
Reputational	X				

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Agenda item: 6.1

Planning, Partnerships and Population Health Committee		Date of Meeting: 20 October 2022
Subject:	COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER	
Approved and Presented by:	Interim Board Secretary	
Prepared by:	Interim Corporate Governance Manager	
Other Committees and meetings considered at:	n/a	

PURPOSE:

The purpose of this paper is to provide the Committee with the October 2022 version of the Committee Risk Register for information.

RECOMMENDATION(S):

It is recommended that the Committee CONSIDERS the October 2022 version of the Committee Risk Register, which reflects the risks identified as requiring oversight by this Lead Committee. This iteration of the Committee Risk Register is based upon on the Corporate Risk Register (CRR) considered by the Board on 28 September 2022.

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

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

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

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

EXECUTIVE SUMMARY:

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

BACKGROUND AND ASSESSMENT:

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

Meetings of the Executive Committee on 4 May and Board Development of 28 June 2022 focussed on 'blank page' risk identification exercises. Following these sessions, the Interim Board Secretary liaised with Executive Directors to refresh the CRR to ensure it reflected the latest position consistently. The resulting revised CRR was presented to the Board on 28 September 2022. Key themes arising within the revised Register for further consideration by the Committee are:

- the focus that continues to be needed on effective working with partners; and
- the sustainability of Primary Care Services.

The Committee is asked to DISCUSS the risks relating to Planning, Partnerships and Population Health Committee and the risk targets within the Committee Risk Register, and to CONSIDER whether the targets identified are achievable and realistic.

The full Committee Risk Register is attached at **Appendix A.**

NEXT STEPS:

The development of Committee risk registers will continue to be progressed in order to provide greater oversight of the more detailed aspects of the risks, controls and mitigating actions within the Corporate Risk Register.

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Health Board

Committee based Risk Register October 2022

Committee Based Risk Register
Appendix A

Page 1 of 7

Planning, Partnerships and Population
Health Committee
20 October 2022
Item:6.1
Appendix A

COMMITTEE RISK HEAT MAP: October 2022

There is a risk that...

Impact	Catastrophic	5					
	Major	4				<ul style="list-style-type: none"> The demand and capacity pressures in the primary care system lead to services becoming unsustainable 	
	Moderate	3			<ul style="list-style-type: none"> Ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys 		
	Minor	2					
	Negligible	1					
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain
			Likelihood				

CORPORATE RISK DASHBOARD – October 2022

Risk Lead	Risk ID	Main Risk Type	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DPP	CRR 007	Innovation & Strategic Change	Ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys	3 x 3 = 9	Low	6	✗	Planning, Partnerships & Population Health	Organisational Priorities underpinning WBO 8
DPCCM H	CRR 008	Quality & Safety of Services	The demand and capacity pressures in the primary care system lead to services becoming unsustainable	4 x 4 = 16	Low	8	✗	Planning, Partnerships & Population Health	Organisational Priorities WBO 4

KEY:

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

Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
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Executive Lead:	
CEO	Chief Executive
DPCMH	Director of Primary, Community Mental Health Services
DN	Director of Nursing
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director of Public Health
DWODSS	Director of Workforce & OD and Support Services
DTHS	Director of Therapies & Health Sciences
DPP	Director of Planning & Performance
BS	Board Secretary

RISK APPETITE		
Category	Appetite for Risk	
Quality & Safety of Services	Low	Risk Score 1-6
Regulation & Compliance	Low	Risk Score 1-6
Reputation & Public Confidence	Moderate	Risk Score 8-10
Finance	Moderate	Risk Score 8-10
Innovation & Strategic Change	High	Risk Score 12-15

Trend	
↑	risk score increased
→	risk score remains static
↓	risk score reduced

CRR 007 Risk that: ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys		Executive Lead: Director of Planning and Performance																
Risk Impacts on: Organisational Priorities underpinning WBO 8		Assuring Committee: Planning, Partnerships and Population Health																
Risk Rating (likelihood x impact): Inherent: 3 x 4 = 12 Current: 3 x 3 = 9 Target: 2 x 3 = 6 Date added to the risk register Risk Updated September 2022		Rationale for current score: <ul style="list-style-type: none">Effective partnership working arrangements requires strong governance and performance management. There should be a clear approach to ensure and demonstrate that investment in partnerships delivers effective and appropriate outcomes for the local population. In January 2021, Internal Audit reported limited assurance in respect of how the Health Board ensures effective partnership governance.Further, achievement of the health board’s Health and Care Strategy will be dependent on the success of successful working relationships with key partners and stakeholders.																
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Health Board attendance at Public Service Board, Regional Partnership Board, Joint Partnership BoardHigh-level reporting to Board from Public Service Board, Regional Partnership Board, Joint Partnership BoardPowys Health and Care Strategy in place with Powys County Council and PAVOActive engagement with Mid Wales Joint CommitteeEngaged in regional planning and partnership arrangements such as South East Wales Central Planning Group; Future Fit		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Identify all existing partnerships and collaborations to inform development of a Framework</td><td>BS / DPP</td><td>31/10/2022</td></tr><tr><td>Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes</td><td>BS / DPP</td><td>31/10/2022</td></tr><tr><td>Development and population of a Partnership Register</td><td>BS</td><td>30/11/2022</td></tr><tr><td>Development of the Partnership Governance Framework for presentation to Board in December 2022</td><td>BS / DPP</td><td>31/12/2022</td></tr></tbody></table>		Action	Lead	Deadline	Identify all existing partnerships and collaborations to inform development of a Framework	BS / DPP	31/10/2022	Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes	BS / DPP	31/10/2022	Development and population of a Partnership Register	BS	30/11/2022	Development of the Partnership Governance Framework for presentation to Board in December 2022	BS / DPP	31/12/2022
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Development and population of a Partnership Register	BS	30/11/2022																
Development of the Partnership Governance Framework for presentation to Board in December 2022	BS / DPP	31/12/2022																
Current Risk Rating 3 x 3 = 9		Update including impact of actions to date on current risk score No further update																

CRR 008 Risk that: the demand and capacity pressures in the primary care system lead to services becoming unsustainable		Executive Lead: Director of Primary Care, Community and Mental Health Services Assuring Committee: Planning, Partnerships and Population Health																						
Risk Impacts on: Organisational Priorities underpinning WBO 4		Date last reviewed: September 2022																						
<div>Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 2 x 4 = 8</div> <div>Date added to the risk register Risk Updated September 2022</div>	<table><thead><tr><th>Month</th><th>Target</th><th>Risk</th></tr></thead><tbody><tr><td>Sept</td><td>8</td><td>16</td></tr><tr><td>Oct</td><td>8</td><td></td></tr><tr><td>Nov</td><td>8</td><td></td></tr><tr><td>Dec</td><td>8</td><td></td></tr><tr><td>Jan</td><td>8</td><td></td></tr><tr><td>Feb</td><td>8</td><td></td></tr></tbody></table>	Month	Target	Risk	Sept	8	16	Oct	8		Nov	8		Dec	8		Jan	8		Feb	8		<div>Rationale for current score:</div> <ul style="list-style-type: none">▪ Sustainability assessment of GP Practices identifying several high risk practices across Powys. Practices may not be able to provide sustainable GMS services.▪ Cybersecurity incident caused by ransomware affecting Adastra system across all NHS (England and Wales). Impact on 111 and Out of Hours Services including access to clinical records available to support consultations.▪ Dental access gaps across Powys with demand for access currently greater than capacity. Routine and urgent General Dental Services compromised.	
Month	Target	Risk																						
Sept	8	16																						
Oct	8																							
Nov	8																							
Dec	8																							
Jan	8																							
Feb	8																							
<div>Controls (What are we currently doing about the risk?)</div> <ul style="list-style-type: none">▪ Close monitoring and liaison with practices to offer support including regular review of the sustainability matrix to monitor changes and sustainability funding application process.▪ Primary Care team offering support to practices including workforce development and sourcing of support via Temporary Staffing Unit.▪ Implementation of Accelerated Cluster Development Programme.▪ Health Board management of practices if contracts are handed back until tendering process is successful.▪ Adastra – Participation in national calls with 111 to manage situation. Process to be agree nationally across NHS Wales for retrospective consultations to be added to Adastra. Introduction of new queue management system by Shropdoc and access to Welsh Clinical Portal. Only urgent out of hours notifications being sent to GP Practices until system resolved.▪ Commissioning of urgent access slots across Powys and procurement of new contracts for Llandrindod. Implementation of the new Dental contract		<div>Mitigating actions (What more will we do?)</div> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td><ul style="list-style-type: none">▪ Primary Care – Ongoing regular review of sustainability matrix and applications for support▪ Implementation of the Accelerated Cluster Development Programme to meet national milestones.▪ Management of Adastra to minimise impact on 111 and Out of Hours Services.</td><td>DPCC MH</td><td>Ongoing</td></tr><tr><td><ul style="list-style-type: none">▪ Dental – Urgent access slots commissioned across Powys. Dental contract reform to improve access. Community Dental Service clinics in place to support urgent access to mitigate gaps until procurement processes successful.</td><td>DPCC MH</td><td>Ongoing</td></tr></tbody></table>		Action	Lead	Deadline	<ul style="list-style-type: none">▪ Primary Care – Ongoing regular review of sustainability matrix and applications for support▪ Implementation of the Accelerated Cluster Development Programme to meet national milestones.▪ Management of Adastra to minimise impact on 111 and Out of Hours Services.	DPCC MH	Ongoing	<ul style="list-style-type: none">▪ Dental – Urgent access slots commissioned across Powys. Dental contract reform to improve access. Community Dental Service clinics in place to support urgent access to mitigate gaps until procurement processes successful.	DPCC MH	Ongoing												
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22/23 metrics should increase provision and access. Development of Community Dental Service clinics to support urgent access to mitigate against gaps in provision.			
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 5 = 20	N/a - new risk added September 2022		



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CYMRU
NHS
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Addysgu Powys
Powys Teaching
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PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE PROGRAMME OF BUSINESS 2022-23

The purpose of the Planning, Partnerships and Population Health Committee is to provide advice and assurance to the Board on the effectiveness of arrangements in place for the development of strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction. The scope of the Committee extends to the full range of PTHB responsibilities, including via partnership arrangements and the consideration of population health.

This Annual Programme of Business has been developed with reference to:

- the Committee's Terms of Reference as agreed by the Board;
- the Board's Assurance Framework;
- key risks identified through the Corporate Risk Register, Commissioning Assurance Framework; and Operational Risk Registers.
- audit and regulatory reports identifying weaknesses in internal control (following consideration by the Audit, Risk and Assurance Committee);
- key statutory, national and best practice requirements and reporting arrangements.
-

KEY:

	Item populated into Agenda
	Items requested to be added or following an Action
	Item brought forward
	Item deferred and tracked

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-23			
		7 April	14 July	20 Oct	19 Jan
Assurance Reports					
Audit and Regulatory Assurance Reports	As and when identified				
Regional Partnership Board Programmes Reporting: i. Start Well ii. Live Well iii. Age Well	DPP	✓			✓
Strategic Weight Management Pathway, Levels 1-4, Overview Report	DPH	✓			
Healthy Weight: Healthy Wales 2020-22 Assurance Report					✓
Tobacco Control Delivery Assurance Report	DPH			✓	
Healthy Schools and Healthy Pre-schools/Bach a Iach Schemes Assurance Report	DPH				✓
Covid-19 Prevention and Response Assurance Report <i>Outbreaks will be managed in line with the Outbreak Control Plan for Wales.</i>	DPH				
National Immunisation Framework for Wales Assurance report	DPH				✓
HCWP School Aged Screening Programme Evaluation	DoNM				✓

Delivery of Multi Agency Plan for Additional Learning Needs (ALN) and Education Tribunal (Wales) Act (2018) Assurance Report	DPCCMH		✓		
Smoke free Premises (& Vehicles) Regulations (2018) Compliance Report	DPH	✓			
Strategy, Strategic Frameworks & Plans in Development					
Engagement and Scrutiny of Major Strategic Developments/Business Cases	As and when identified in accordance with the Scheme of Delegation				
Powys RPB Market Stability Report	DPCCMH		✓		
North Powys Programme Models of Care Update Following SAIL Review	DPP			✓	
Strategic Planning: <ul style="list-style-type: none"> Internal Planning Framework IMTP Requirements and Approach for Development IMTP draft 	DPP			✓	✓
Strategic Change Report	DPP	✓		✓	
Wellbeing Assessment and Population Assessment Briefing Paper	DPH	✓			
Primary Care Development Programme Highlight Report	DPCCMH				✓
Primary Care Cluster Planning	DPCCMH		✓		✓
Integrated Care Fund Update	DFI&IT		✓		

Organisational Performance					
Review of Statutory Partnerships and Joint Committees	DPP				✓
Governance Reports					
Committee Risk Register	BS	✓	✓	✓	✓
Policies Delegated from the Board for Review and Approval	As and when identified				
Review of Committee Programme of Business	BS			✓	
Committee Requirements as set out in Standing Orders					
Development of Committee Annual Programme Business	BS		✓ (22-23)		✓ (23-24)
Annual Review of Committee Terms of Reference 2022/23	BS			✓	
Annual Self-assessment of Committee effectiveness 2022/23	BS				✓
Total Number of Agenda Items		6	7	9	9

KEY:

CEO: Chief Executive
 DPP: Director of Planning and Performance
 DFI&IT: Director of Finance, Information, and IT
 DPCCMH: Director of Primary, Community Care and Mental Health
 MD: Medical Director
 DoNM: Director of Nursing and Midwifery
 DoTHS: Director of Therapies and Health Sciences
 DWOD: Director of Workforce & OD
 DPH: Director of Public Health
 BS: Board Secretary
 DE: Director of Environment

Agenda item: 6.3

Planning, Partnerships and Population Health Committee		Date of Meeting: 20 October 2022
Subject :	Planning, Partnerships and Population Health Committee Terms of Reference	
Approved and Presented by:	James Quance, Interim Board Secretary	
Prepared by:	James Quance, Interim Board Secretary	
Other Committees and meetings considered at:		

PURPOSE:

The purpose of this paper is for the Committee to consider its Terms of Reference in order to ensure that they remain fit for purpose.

RECOMMENDATION(S):

The Committee is asked to relay any suggested amendments via the Chair by 30 October 2022.

Approval/Ratification/Decision¹	Discussion	Information
	✓	

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

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

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

EXECUTIVE SUMMARY:

Under the Standing Orders of the Health Board, Board Committees are required to review their Terms of Reference on an annual basis and these are attached as Appendix 1 for that purpose.

Any suggested changes will need to be brought to the attention of the Chair and Board Secretary for consideration. If there are no suggested amendments the Committee is able to note that the review has been undertaken in its Annual Report.

NEXT STEPS:

The Committee is asked relay any suggested amendments via the Chair by 30 September 2022.

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

IMPACT ASSESSMENT				
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 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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Planning, Partnerships & Population Health Committee

Terms of Reference & Operating Arrangements

September 2021

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1. INTRODUCTION

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

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

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

2. PURPOSE

2.1 ADVICE

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

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

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2.2 ASSURANCE

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

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

3. DELEGATED POWERS AND AUTHORITY

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

Strategic Planning

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

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

Partnership Working

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

Population Health

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

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

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

Authority

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

The Committee may seek any relevant information from any:

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

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

Access

- 3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

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

Committee Programme of Work

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

4. MEMBERSHIP

Members

- 4.1 Membership will comprise:

Chair	Independent member of the Board
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Vice Chair	Independent member of the Board
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Members	Independent member of the Board x3
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The Committee may also co-opt additional independent 'external' members from outside the

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organisation to provide specialist skills, knowledge and expertise.

Attendees

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

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

4.3 By invitation:

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

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

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

Secretariat

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

Member Appointments

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

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

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

Support to Committee Members

- 4.8 The Board Secretary, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

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

Frequency of Meetings

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

Openness and Transparency

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

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sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

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

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

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

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

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

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

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

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are

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incorporated into the Board's overall risk and assurance framework.

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

7. REPORTING AND ASSURANCE ARRANGEMENTS

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

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum
- Issue of Committee papers

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9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

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