Cabinet

Meeting Venue **Council Chamber - County Hall, Llandrindod Wells, Powys**	
Meeting date **Tuesday, 13 March 2018**	County Hall Llandrindod Wells Powys LD1 5LG
Meeting time **10.30 am**	
For further information please contact **Stephen Boyd** 01597 826374 steve.boyd@powys.gov.uk	7 March 2018

The use of Welsh by participants is welcomed. If you wish to use Welsh please inform us by noon, two working days before the meeting

AGENDA

1.	APOLOGIES

To receive apologies for absence.

2.	MINUTES

To authorise the Chair to sign the minutes of the last meeting held as a correct record.

3.	DECLARATIONS OF INTEREST

To receive any declarations of interest from Members relating to items to be considered on the agenda.

4.	REGIONAL PARTNERSHIP BOARD -'DELIVERING THE VISION': THE JOINT AREA PLAN

To consider a report by County Councillor Rachel Powell, Portfolio Holder for Children, Youth, Libraries and Leisure Services and County Councillor Stephen Hayes, Portfolio Holder for Adult Services.

5.	SAFEGUARDING CHILDREN: QUARTERLY UPDATE

To consider a report by County Councillor Rachel Powell, Portfolio Holder for Children's Services, Youth, Libraries and Leisure Services.

6.	SCHOOLS POLICY - PLANS FOR POWYS SCHOOLS AND FORWARD TRANSFORMATION WORK PROGRAMME

To consider a report by County Councillor Myfanwy Alexander, Portfolio Holder for Education.
(To Follow)

7.	JOINT ICT STRATEGY

To consider a report by County Councillor James Evans, Portfolio Holder for HR ICT and Communications.

8.	FINANCIAL OVERVIEW AND FORECAST AS AT 31ST JANUARY 2018

To consider a report by County Councillor Aled Davies, Portfolio Holder for Finance.

9.	CAPITAL PROGRAMME UPDATE FOR THE PERIOD TO 31ST JANUARY 2018

To consider a report by County Councillor Aled Davies, Portfolio Holder for Finance.

10.	CORRESPONDENCE

To receive such correspondence as in the opinion of the Leader is of such urgency as to warrant consideration.

11.	DELEGATED DECISIONS TAKEN SINCE THE LAST MEETING

To note the delegated decisions taken since the last meeting.

12.	FORWARD WORK PROGRAMME

To consider the Cabinet forward work programme.

13.	**EXEMPT ITEMS**

The Monitoring Officer has determined that category 3 of the Access to Information Procedure Rules applies to the following items. His view on the public interest test (having taken account of the provisions of Rule 14.8 of the Council's Access to Information Rules) was that to make this information public would disclose information relating to the financial or business affairs of any particular person (including the authority holding that information).

These factors in his view outweigh the public interest in disclosing this information. Members are asked to consider these factors when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.

14.	**RESIDENTIAL / NURSING CARE HOME, AND SUPPORTED TENANCY FEE REVIEW**

To consider a report by County Councillor Stephen Hayes, Portfolio Holder for Adult Services.
(Pages 293 - 366)

15.	**NORTH OFFICE REVIEW**

To consider a report by County Councillor Phyl Davies, Portfolio Holder for Property and Waste.
(Pages 367 - 416)

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MINUTES OF A MEETING OF THE CABINET HELD AT COUNCIL CHAMBER - COUNTY HALL, LLANDRINDOD WELLS, POWYS ON TUESDAY, 20 FEBRUARY 2018

PRESENT
County Councillor M R Harris (Chair)

County Councillors A W Davies, MC Alexander, P Davies, L Fitzpatrick, S M Hayes, R Powell, M Weale and J Wilkinson

In attendance: County Councillor J Williams

1.	APOLOGIES

Apologies for absence were received from County Councillor James Evans.

2.	MINUTES

The Leader was authorised to sign the minutes of the last meeting held on 30 January 2018 as a correct record.

3.	DECLARATIONS OF INTEREST

There were no declarations of interest reported.

4.	GWERNYFED HIGH SCHOOL 21ST C SCHOOLS CAPITAL PROGRAMME

The Portfolio Holder for Education explained that approval was being sought to increase the capital budget for Gwernyfed High School's 21st Century Schools project by £500k, to a maximum of £7.2m and to take forward the remodelling of the school based on the specification laid out in Option B in the report. This would involve the refurbishment of the existing teaching block and the construction of a new teaching block. This option did not include any spend on the mansion house, which would be unlikely to attract Welsh Government match funding and which would enable the school to reduce its usage of the building and/or to consider removing it completely from school use. Cabinet asked about the future of the mansion house and the Portfolio Holder for Education advised that the schools service was looking for a partner, such as an arts body, to take it on and run it to complement the work of the school. The Leader asked officers to approach Cadw to see if there was any grant funding available for the mansion house.

RESOLVED	Reason for Decision:
To increase the budget for Gwernyfed High School's capital project by £500k to £7.2m and take forward the remodelling of the school based on the specification laid out in Option B	To provide a value-for-money solution that is focused on improving teaching and learning and will deliver 21st C Schools facilities.

in the report.	This will also ensure that the project can go forward within the funding timescales.

5.	SCHOOLS FUNDING FORMULA REVIEW

The Portfolio Holder for Education explained that the purpose of the review was to create a formula that funds schools in a clear, transparent, objective and measurable way. It would not increase the amount of finding available but it would make the distribution of funds fairer. The Leader asked for regular updates to the Cabinet before it considered the final proposals in January 2019.

RESOLVED	Reason for Decision:
That Cabinet note the contents of the report and the timetable that will ensure delivery of a revised funding formula in 2018 for implementation for the 2019-20 financial year.	To ensure a new formula is on place for 2019/20 budgets. To have an agreed and funded minimum curriculum provision in each of the three sectors,

6.	INCREASE IN CHARGES FOR COMMUNITY BASED SERVICES

Cabinet was asked to consider a proposal that any decision to increase the maximum weekly charge for Community Based Social Care Services, in line with the maximum charge set by the Welsh Government each financial year, will be at the discretion of the Cabinet Members with responsibility for Adult Social Care and Finance, in consultation with the Director of Social Services rather than be reported to Cabinet. This would be undertaken by provision of a Portfolio Holder's Decision Report.

RESOLVED	Reason for Decision:
That the Cabinet Members with responsibility for Adult Social Care and Finance, in consultation with the Director of Social Services are given the discretion to set the maximum charge up to the maximum charge for Community Based Services as set by Welsh Government each financial year.	Income of the Council is optimised

7.	CORRESPONDENCE

There were no items of correspondence.

8.	DELEGATED DECISIONS TAKEN SINCE THE LAST MEETING

Cabinet noted the delegated decisions taken since the last meeting.

9.	FORWARD WORK PROGRAMME

The Monitoring Officer advised that the Scrutiny work programme was being adversely affected by items being changed in the Cabinet work programme at short notice and he asked for scrutiny officers to be advised of any changes in good time.

10.	EXEMPT ITEMS

> **RESOLVED to exclude the public for the following item of business on the grounds that there would be disclosure to them of exempt information under category 3 of The Local Authorities (Access to Information) (Variation) (Wales) Order 2007).**

11.	SALE OF HOUSING DEVELOPMENT SITES AT OAK VIEW, SARN AND FIR HOUSE, CHURCHSTOKE

Cabinet considered proposals to market County Farm Estate land at Oak View, Sarn and Fir House, Churchstoke for housing development.

RESOLVED	Reason for Decision:
1. The Farms Estate markets its development sites at Churchstoke and Sarn.	To ensure that the development opportunity is properly marketed to reach the maximum number of potential developers.
2. Delegated authority is given to the Head of Property, Planning and Public Protection (in consultation with the Portfolio Holder for Property & Waste) to agree the sale of the site at Sarn on receipt of any offer in the region of the sum set out in paragraph 1.10 of the report.	To allow the sale of an asset at the enhanced market value to enable housing development.
3. Delegated authority is given to the Head of Property, Planning and Public Protection (in consultation with the Portfolio Holder for Property & Waste) to agree the sale of the site at Churchstoke on receipt of any offer in the region of the sum set out in paragraph	To allow the sale of an asset at the enhanced market value to enable housing development

1.11 of the report.	

12.	URGENT ITEMS

The Leader agreed to allow discussion of the following items to ensure Cabinet members were kept informed.

Bupa Contract for Residential Homes
The Portfolio Holder for Adult Services and the Solicitor to the Council provided an update.

Strategic Overview Board
Officers were reviewing the Strategic Overview Board to ensure it was best placed to provide the effective challenge required to move the Council forward.

County Councillor M R Harris (Chair)

CYNGOR SIR *POWYS* COUNTY COUNCIL.

CABINET EXECUTIVE
March 13th 2018

REPORT AUTHOR: **County Councillor Stephen Hayes**
                     Portfolio Holder for Adult Social Care
                     County Councillor Rachel Powell
                     Portfolio Holder for Children, Youth, Libraries and Leisure
                     Services

SUBJECT: **Regional Partnership Board –'Delivering the Vision': The**
                     Joint Area Plan

REPORT FOR: Decision

1	**Summary**
1.1	As part of the Social Services and Well-being Act, the Regional Partnership Board is required to develop a Joint Area Plan that will meet our population needs and prioritise the integration of health and care services over the next five years. Following approval of the Health & Care Strategy in March 2017 (Phase 1), Phase 2 of the Programme has focused on developing our approach to delivering the strategy through the Joint Area Plan (Phase 2).
1.2	The Joint Area Plan builds on the Health & Care Strategy Vision **(see Appendix 1)**. It has been informed by views expressed at a series of engagement events, including the Have Your Say Day and the Carers Event in November.
1.3	The Joint Area Plan/Health & Care Strategy which is called **'Delivering the Vision'** (**See Appendix 2)** will contribute significantly to improving levels of well-being and health in Powys. It has been developed within the context of the Public Service Board's Well-being Plan. They also address the principle issues outlined in the Well-being and Population Assessment and use evidence from international and local best practice.
1.4	We understand what is important to our residents and we have developed the outcomes they can expect to experience in 2027. As part of our engagement process, there has been further dialogue with staff, partners and stakeholders to identify what our future models of care need to look like. This will help us to reform and reshape our health and care systems to improve well-being across the life course by enabling young people to 'Start Well', people to 'Live Well' and older people to 'Age Well'.
1.5	Our family, communities and environment play a crucial role in people's well-being. This is why our new model will focus on: care at home and supported living; helping communities to feel connected and able to use local assets and skills; providing care in fit-for-purpose environments that enable us to apply digital technology fully and to deliver more locally services provided in acute hospitals.

1.6	A greater focus on Place is an important component of the Joint Area Plan as we aim to develop more integrated services to meet local population needs. The Plan proposes that partners will establish three Regional Rural Centres within Powys to enable us to create the right environment to provide some services which are currently delivered from within acute hospitals around our borders.
1.7	These Regional Rural centres will have links to acute hospitals via telemedicine /skype and to community hubs within Powys to enable a more local integrated and co-ordinated approach to health and care. The community hubs will provide a range of services including advice, guidance services, well-being services, integrated community health and care services and social activities.
1.8	Comprehensive engagement and scrutiny took place throughout Phase 1 and this has continued throughout Phase 2, thereby ensuring that the Joint Area Plan reflects the priorities of partners and stakeholders while also providing a golden thread across to all key planning documents (including Powys County Council's Vision 2025 and Powys Teaching Health Board's Integrated Medium Term Plan (IMTP).
1.9	The Joint Area Plan is a technical document and it reflects the requirements set out in the Social Service and Well-being Act and associated statutory guidance (Section 14a). The guidance requires that the first joint area plan must be produced by 1 April 2018 and submitted to Welsh Ministers at the time of publication. Subsequent joint area plans must be published within one year after the date and respond to the most recent combined population assessment report. Local authorities and Local Health Boards must produce one population assessment report per local government electoral cycle.

1.10	A recent Parliamentary Review on Health and Social Care (**Appendix 3)** has been published. It contains ten recommendations:
	• Recommendation 1: One seamless system for Wales.
	• Recommendation 2: The Quadruple Aim for all
	   • improve population health and wellbeing through a focus on prevention;
	   • improve the experience and quality of care for individuals and families;
	   • enrich the wellbeing, capability and engagement of the health and social care workforce; and
	   • increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste
	• Recommendation 3: Bold new models of seamless care – national principles, local delivery.
	• Recommendation 4: Put the people in control.
	• Recommendation 5: A great place to work.
	• Recommendation 6: A Health and Care System that's always learning
	• Recommendation 7**:** Harness innovation, and accelerate technology and infrastructure developments.
	• Recommendation 8: Align system design to achieve results.
	• Recommendation 9: Capacity to transform, dynamic leadership, unprecedented cooperation.
	
	The Joint Area Plan aligns closely with the direction of travel outlined in the

	Parliamentary Review to ensure that Powys is at the forefront of new initiatives and development.
1.11	Once the plan has been approved by the Council and the Powys Teaching Health Board, a summary and leaflet for wider dissemination will be published. Delivery of the plan will be taken forward through the four Partnership Groups under the Regional Partnership Board. A Performance Reporting Framework is currently being designed to help the Board monitor progress, identify barriers and risks to delivery and assess outcomes and impact for the citizens of Powys.
2	**Proposal**
2.1	Cabinet is asked to approve the Joint Area Plan prior to submission to the Welsh Government.
3	**Background**
3.1	The Joint Area Plan has been developed within the context of the Well-being of Future Generations Act and the Social Services and Well-being Act. It takes into account both the Population Needs Assessment undertaken by the Regional Partnership Board and the Well-being Assessment undertaken by the Public Service Board.
3.1	Chapter 2b of the Part 2 Code of Practice under the Social Services and Well-being Act sets out the requirement for local authorities and the Local Health Board (LHB) to form partnership arrangements to undertake a population assessment. The first population assessment for Powys was produced in April 2017.
3.2	Where a combined population assessment report has been produced, local authorities and LHBs are required to produce a joint area plan. These joint area plans must provide a description of the range and level of services proposed to be provided or arranged in response to the care and support needs (including the support needs of carers) identified in the combined population assessment reports.
3.3	The statutory guidance states that joint area plans must focus on the integrated services planned in response to each core theme identified in the population assessment. Hence, they must include: - the actions partners will take in relation to the priority areas of integration for regional partnership boards; - the instances and details of pooled funds to be established in response to the population assessment; - how services will be procured or arranged to be delivered, including by alternative delivery models; - details of the preventative services that will be provided or arranged; - actions being taken in relation to the provision of information, advice and assistance services; and - actions required to deliver services through the medium of Welsh.

3.4	We are required to publish our first Joint Area Plan by 1 April 2018. It should illustrate how the Regional Partnership Board will prioritise the integration of services in relation to: • Older people with complex needs and long term conditions, including dementia; • People with learning disabilities; • Carers, including young carers; • Integrated Family Support Services; and • Children with complex needs due to disability or illness.
3.5	The Health and Care Strategy sets the future vision until 2027 and provides the framework for the Joint Area Plan under our Regional Partnership Board. Both the Health and Care Strategy and Joint Area Plan will form part of the submission to Welsh Government. The plan sets out delivery for the next 5 years and it aligns with the RPB governance arrangements.
3.6	During the production of the Joint Area Plan, we have undertaken further international and local research. This involved looking at rural models of care and re-checking our intelligence from exercises such as the population assessment and well-being assessment so that we know what our local population think about our existing services and what is important to well-being. It affirmed what the people of Powys have said consistently: put people first; improve the use of technology; deliver services locally where possible; improve access to information and advice; join up services; and improve access and transport.
3.7	Based on the research and the views gathered at a series of Health and Care strategy workshops from October to December 2017, as well as the Have Your Say Day, the Carers Event and subsequent Engagement Meetings, we have developed: • the intended outcomes to be achieved by 2027; • a high level model of care; and • joint priorities for the first five years.
3.8	The outcomes are based around the four key areas: well-being: early help and support; the big four (cancer, circulatory diseases, respiratory problems and mental health problems); and joined up care. They demonstrate our level of ambition for what people will experience in 2027 in relation to their health and care and achieving these outcomes will guide the way we deliver services. We will gauge our success through our outcome framework and key measures have been identified to help monitor progress.
3.9	Firm foundations will be required to enable delivery. We have developed intended outcomes for 2027 and priorities for each of the four enabling themes (workforce, digital, environments and partnerships).

3.10	The new 'model of care' has a people and place-based approach. It is brought to life via story-board examples through the 'start well', 'live well' and 'age well' life course (i.e. what will it look like to live in Powys in 2027). Family and community well-being are core to our approach. We will focus on: • communities which make best use of existing assets, enable people to feel connected, encourage social participation, use community talents and assets. • environments which enable people to live at home independently, support technology-enabled care, provide care in fit-for-purpose settings and enable people to enjoy the rural environment.
3.11	Place will also be an important component as we aim to develop more integrated services to meet local population needs. We will establish three Regional Rural Centres within Powys to enable us to create the right environment for providing some services which are currently delivered from within acute hospitals around our borders. These Regional Rural centres will have links to acute hospitals via telemedicine /skype and to community hubs within Powys to enable a more local integrated and co-ordinated approach to health and care. The community hubs will provide a range of services including advice, guidance services, well-being services, integrated community health and care services and social activities.
3.12	The Health and Care Strategy and Delivering the Vision – Joint Area Plan sets out the way we will work and has been reflected in our corporate plans – the Council's Vision 2025 and Powys Teaching Health Board's Integrated Medium-Term Plan.
3.13	Delivery will start in April 2018. It will focus initially on ensuring that the right projects are in place to deliver the priorities set out in the Health and Care Strategy document. These will be transformational areas of change that are likely to require initial funding to support delivery; they may also require use of external funding opportunities including capital.
3.14	The Health and Care Strategy and Delivering the Vision - Joint Area Plan have already been influenced and informed by insights from thousands of people and many partners across Powys. Delivery will work in line with the identified key principles in the Health and Care Strategy: • do what matters most; • do what works • focus on greatest need • offer fair access; • do what only we can; and • support people and communities.
4	**Recommendations**
4,1	It is recommended that the Cabinet approve the Delivering the Vision - Joint Area Plan.
5	**Corporate Improvement Plan**

5.1	As outlined in the body of the report, the Health and Care Strategy and Joint Area Plan are fully aligned to Vision 2025.
5.2	There may be risks outside those already identified by the service but these will become known and tackled as each project area moves forward.
6	**Options Considered/Available**
6.1	The Health and Care Strategy and Joint Area Plan have been developed through a comprehensive consultation and engagement process and all options have been considered as part of this process.
6.2	In addition, the Joint Area Plan is a statutory requirement under the Social Services and Well-being Act.
7	**Preferred Choice and Reasons**
7.2	As outlined in the body of the report.
8	**Sustainability and Environmental Issues/Equalities/Crime and Disorder,/Welsh Language/Other Policies etc.**
8.1	The Regional Partnership Board will provide strategic oversight of the Joint Area Plan. It will ensure that critical links and responses are made to all relevant national and local strategies and policies which it may affect or enhance the work it has set out to do.
8.2	The Health and Care Strategy and Joint Area Plan are designed to ensure a sustainable future for health and social care.
8.3	The draft Strategy and Joint Area Plan will be published in English and Welsh. The development of the Joint Area Plan acknowledges that the Welsh language is an area that needs further work to ensure delivery of our improved service offer.
8.4	We have taken active steps in developing this programme of work to draw insights across protected characteristics and we will continue to strengthen this as part of the process by which we translate the Health and Care Strategy/Area Plan into detailed implementation plans.
9	**Children and Young People's Impact Statement - Safeguarding and Well-being**
9.1	The Health and Care Strategy and Joint Area Plan takes a whole population approach and clearly identifies the well-being priorities for children and young people.
10	**Local Member(s)**
10.1	N/A

11	**Other Front Line Services**
11.1	All appropriate front line services have been involved in the developmental process.
12	**Support Services (Legal, Finance, Corporate Property, HR, ICT, BPU)**
12.1	Finance –The Finance Business partner notes the content of the report. The delivery of services to which the Joint Area Plan refers must be provided within the financial budget envelope available to Adult Social Care.
12.2	Legal – Professional Lead for Legal supports the proposal to ensure compliance with the statutory requirements under the relevant legislation.
13	**Local Service Board/Partnerships/Stakeholders etc**
13.1	As outlined in the body of the report, this work aligns to the Public Service Board and the Well-being Plan. In addition, the Regional Partnership Board has been engaged throughout and it will have oversight of the strategic priorities.
14	**Corporate Communications**
14,1	The Communication team receives resources from the Intermediate Cared Fund (ICF) to support and promote the work of the Regional Partnership Board. It has been involved throughout the development of Phase 1 and 2 of the Health and Care Strategy.
15	**Statutory Officers**
15.1	The Head of Financial Services (Acting Section 151 Officer) notes the comments of the Finance Business Partner.
15.2	The Solicitor to the Council (Monitoring Officer) has commented as follows: "I note the legal comment and have nothing to add to the report".
16	**Members' Interests**
16.1	The Monitoring Officer is not aware of any specific interests that may arise in relation to this report. If Members have an interest they should declare it at the start of the meeting and complete the relevant notification form.

Recommendation:	Reason for Recommendation:
To approve the Joint Area Plan	• **To meet the statutory requirements**

	outlined in Part 14a of the Social Services and Well-being Act in respect of Joint Area Plans. • **To support the partnership approach to developing sustainable health and well-being services in Powys.** • **To align with the Parliamentary Review on Health and Care.**

Relevant Policy (ies):	
Within Policy:	**Y /**	Within Budget:	**Y**

Relevant Local Member(s):	

Person(s) To Implement Decision:	**Dylan Owen**
Date By When Decision To Be Implemented:	**1st April 2018 2018**

Contact Officer Name:	Tel:	Fax:	Email:
Dominique Jones	01597 826603		Dominique.jones@powys.gov.uk

Background Papers used to prepare Report:

- **Appendix 1 Health and Care Strategy (Phase 1)**

- **Appendix 2 Delivering the Vision - Joint Area Plan**

- **Appendix 3 The Parliamentary Review on Health and Care**

THE HEALTH AND CARE STRATEGY FOR POWYS

A VISION TO 2027 AND BEYOND

(SUMMARY VERSION 2, JUNE 2017)

Powys

GIG CYMRU NHS WALES | Bwrdd Iechyd Addysgu Powys | Powys Teaching Health Board

OUR FUTURE VISION

FOCUS ON INEQUALITIES + PEOPLE WITH GREATEST NEED

IMPROVE HEALTH AND WELLBEING

"FIRST IN CLASS"

BEST USE POWYS £

HEALTHY AND CARING

POWYS

TRAIN + WORK + LIVE

POWYS

TO 2027 AND BEYOND...

A LEADER IN INTEGRATED RURAL HEALTH AND CARE

SERVICES

DELIVERED IN POWYS

WHEREVER POSSIBLE

CONTENTS

This document provides a summary of the Health and Care Strategy to 2027 and beyond.
More information at: www.powysthb.wales.nhs.uk/health-and-care-strategy

WELCOME TO THE VISION FOR HEALTH AND CARE IN POWYS, TO 2027 AND BEYOND...

We are delighted to publish our first integrated Health and Care Strategy for Powys. It builds on thousands of conversations between the people of Powys, Powys Teaching Health Board, Powys County Council and key partners over the last year.

We all know that these are challenging times, particularly with the prolonged period of austerity and the changing needs of the people of Powys. We know that people in Powys live longer and healthier lives than elsewhere in Wales.

We also know that Powys is a place where we aspire to help improve the wellbeing of all people. This is why this strategy seeks to enable children and young people to 'Start Well', for people to 'Live Well' and older people to 'Age Well'.

Whilst it doesn't describe the detail of the developments at this stage—which will follow during 2017/18—it does outline the direction we feel is important to take. Promoting wellbeing; offering early help and support to people; tackling the big four diseases that limit life (cancer, circulatory diseases, mental health, respiratory diseases); and providing joined up care are the key areas that we suggest become priorities for action.

This means that we will spend more time and effort helping people to stay well, to help them act early to prevent ill health and get support, and where care and treatment is required that we work with people to ensure care is joined up and based on what matters most to the individual.

We also want to provide as much health and care as possible in Powys. There has been real success over the last few years with the introduction of new services, and we feel that — with the development of new technology, for example — we could do more in Powys. We know that some people will continue to need to travel for services out of county, but we will focus on improving access wherever possible.

We would like to thank everyone who has helped to shape this strategy so far. We look forward to working with you during 2017/18 to put this into practice in towns and communities across the county.

**Prof Viv Harpwood,
Chairman, Powys Teaching Health Board**

**Cllr Rosemarie Harris,
Leader, Powys County Council**
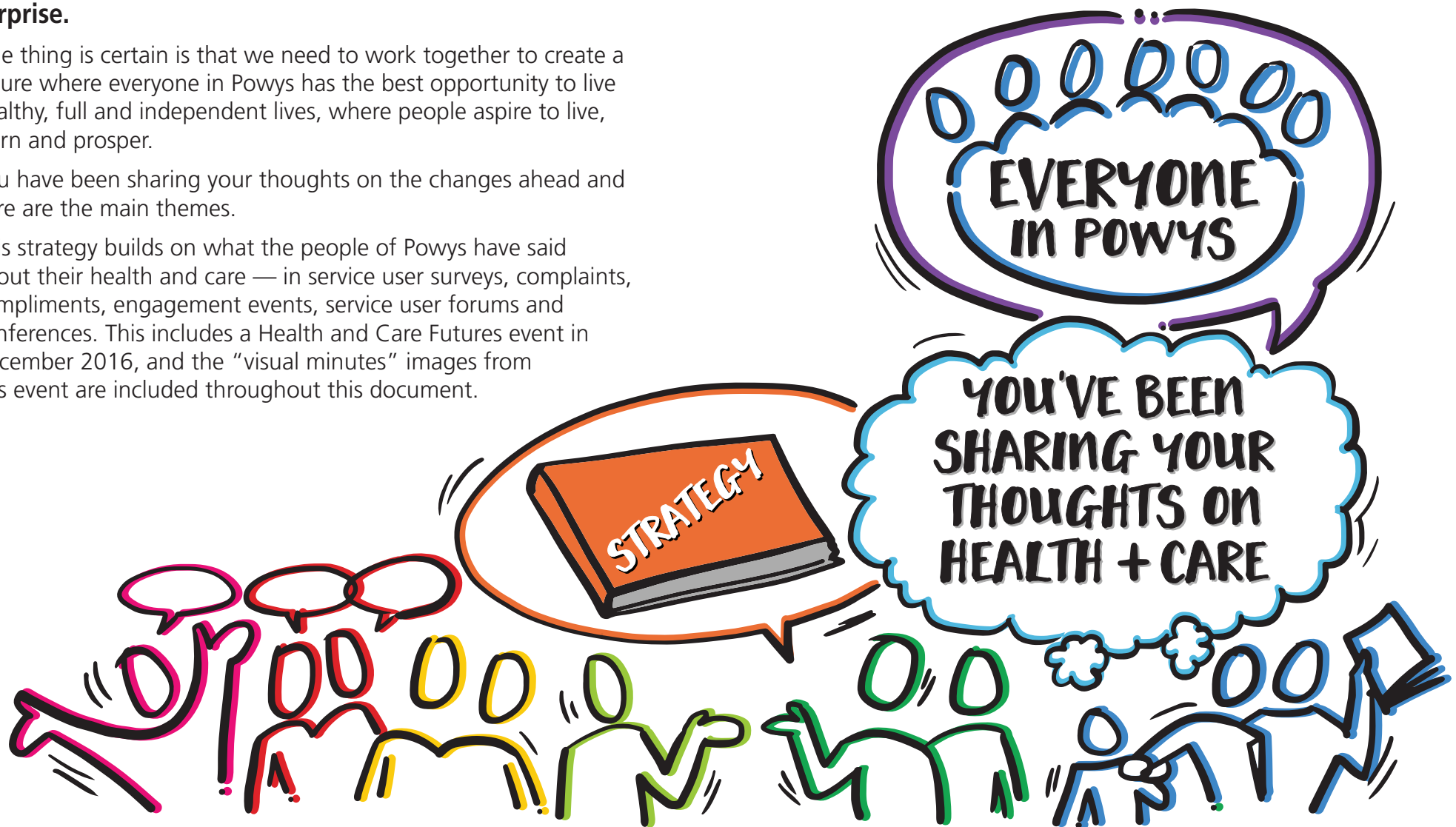
A STRATEGY FOR THE FUTURE

Why do we need a strategy for the future? So much has changed in the last ten years — drones, smartphones, austerity. The next ten years will see even more change. Some changes we can predict. Others will take us by surprise.

One thing is certain is that we need to work together to create a future where everyone in Powys has the best opportunity to live healthy, full and independent lives, where people aspire to live, learn and prosper.

You have been sharing your thoughts on the changes ahead and here are the main themes.

This strategy builds on what the people of Powys have said about their health and care — in service user surveys, complaints, compliments, engagement events, service user forums and conferences. This includes a Health and Care Futures event in December 2016, and the "visual minutes" images from this event are included throughout this document.

THE HEALTH AND CARE STRATEGY FOR POWYS 'AT A GLANCE'

Powys

GIG CYMRU NHS WALES | Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board

WE ARE DEVELOPING A VISION OF THE FUTURE OF HEALTH AND CARE IN POWYS...

OUR FUTURE VISION

FOCUS ON INEQUALITIES + PEOPLE WITH GREATEST NEED

IMPROVE HEALTH AND WELLBEING
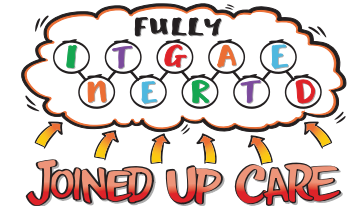
A LEADER IN INTEGRATED RURAL HEALTH AND CARE
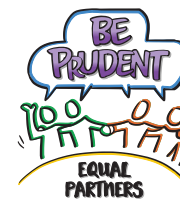
TO 2027 AND BEYOND...

HEALTHY AND CARING

POWYS

WE AIM TO DELIVER THIS VISION THROUGH-OUT THE LIVES OF THE PEOPLE OF POWYS...

START WELL

LIVE WELL

AGE WELL

WE WILL SUPPORT PEOPLE TO IMPROVE THEIR HEALTH AND WELLBEING THROUGH...

FOCUS ON WELLBEING

EARLY HELP AND SUPPORT

TACKLING THE 'BIG 4'

FULLY INTEGRATED JOINED UP CARE

OUR PRIORITIES AND ACTION WILL BE DRIVEN BY CLEAR PRINCIPLES...

'DO WHAT MATTERS'

'DO WHAT WORKS'
HONEST CONVERSATIONS
CARE + SUPPORT
HOW WE USE RESOURCES

GREATEST NEED
FOCUS ON
HELP AND SUPPORT
RESOURCES
FUTURE

A MORE EQUAL POWYS
SPECIALIST CARE
NEW TREATMENTS + TECHNOLOGIES
OFFER FAIR ACCESS

BE PRUDENT
EQUAL PARTNERS

PEOPLE + COMMUNITIES
WELL
STRENGTHS

THE FUTURE OF HEALTH AND CARE WILL IMPROVE THROUGH...

WORKFORCE FUTURES
WELLBEING

INNOVATIVE ENVIRONMENTS
DIGITAL
COMMUNITY HUBS
POWYS
REGIONAL CENTRES

DIGITAL FIRST

TRANSFORMING IN PARTNERSHIP

WORKFORCE FUTURES

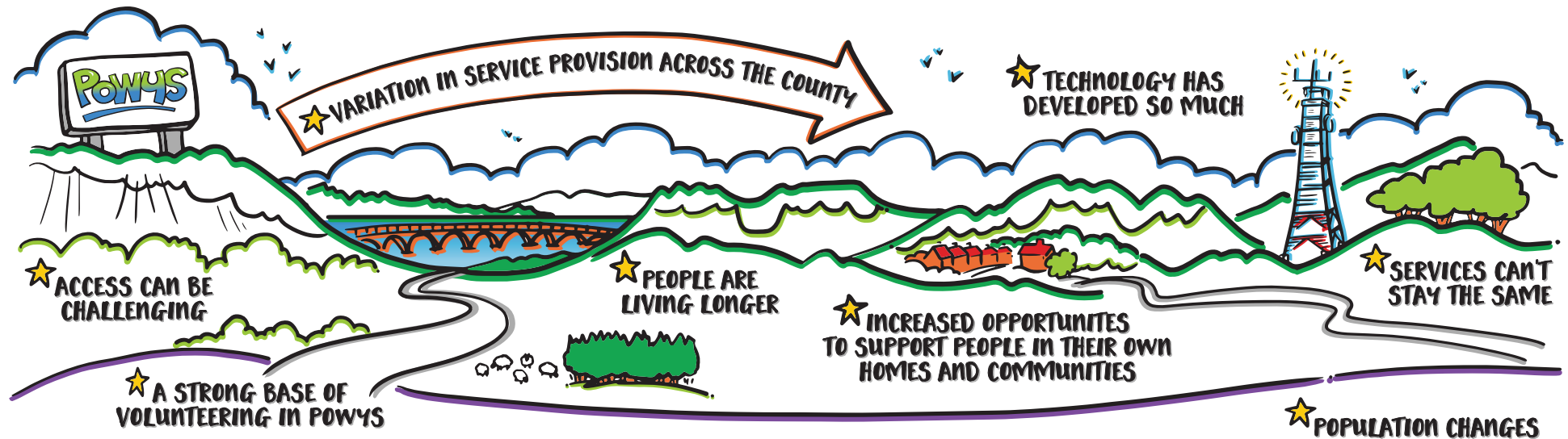INNOVATIVE ENVIRONMENTS

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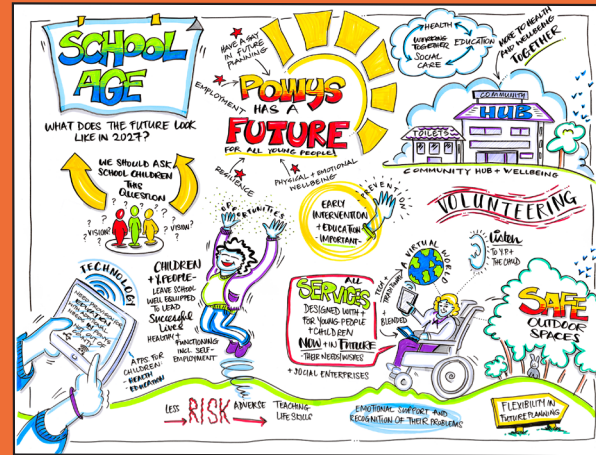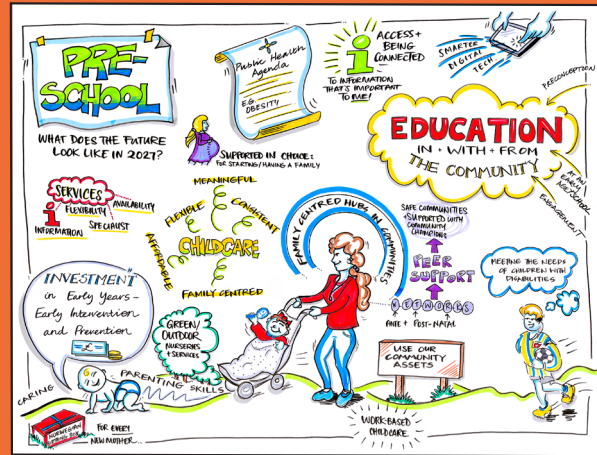
TRANSFORMING IN PARTNERSHIP

5

WHERE ARE WE NOW?

- People are living longer, however those years are not always healthy ones.

- New treatments are being developed which could help more people but they are costly.

- Technology has developed so much. This means the way in which health and social care can be provided, the way that people can be supported, is changing.

- The workforce has changed – there are shortages in several professions (such as care workers and doctors) which are likely to persist for some time to come.

- Many local buildings are old and not fit to deliver modern health and care services.

- Austerity, and the affordability and sustainability of current services, is a real issue – services can't stay the same.

- There are increased opportunities to support people in their own homes and communities.

- There is a strong base of volunteering in Powys which brings amazing benefits, but this is vulnerable if we don't take action to sustain it.

- There is variation in service provision across the county. Some services are not provided in Powys, and people rely on services around the county's borders. Access can be challenging.

- Many services around the county's borders are changing. Some District General Hospital services are becoming more specialised whilst others can be delivered more locally.

- Population changes mean that there will be more older people and fewer younger people in Powys in the future.

- People have different life expectancies depending on their income and where they live, which is unfair.
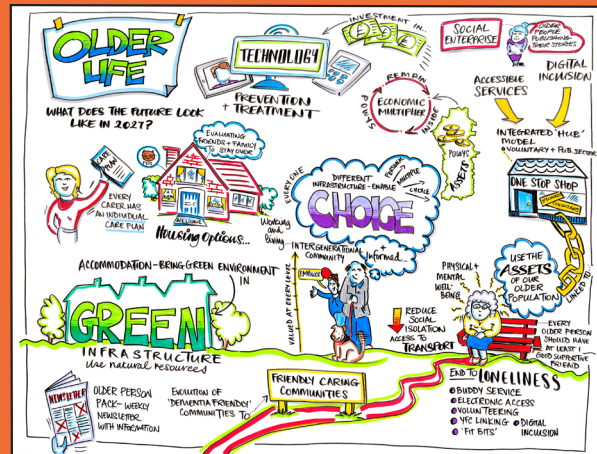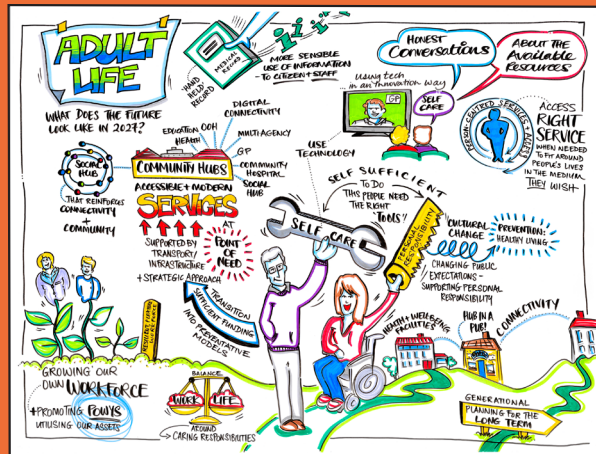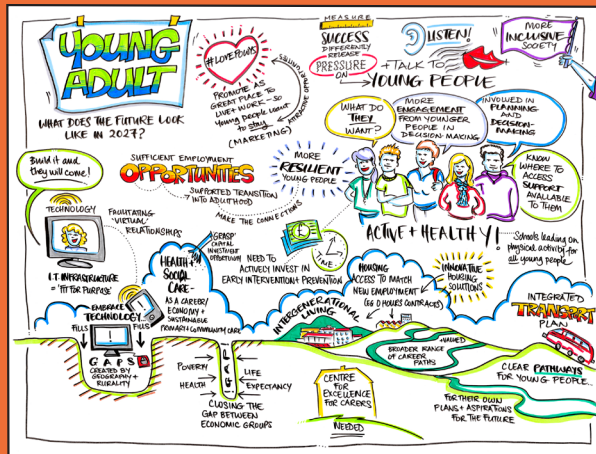
POWYS

VARIATION IN SERVICE PROVISION ACROSS THE COUNTY

TECHNOLOGY HAS DEVELOPED SO MUCH

ACCESS CAN BE CHALLENGING

PEOPLE ARE LIVING LONGER

SERVICES CAN'T STAY THE SAME

INCREASED OPPORTUNITES TO SUPPORT PEOPLE IN THEIR OWN HOMES AND COMMUNITIES

A STRONG BASE OF VOLUNTEERING IN POWYS
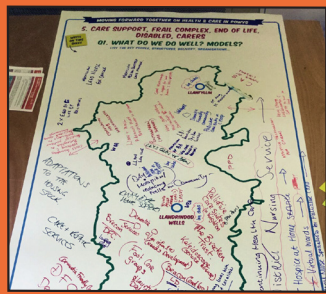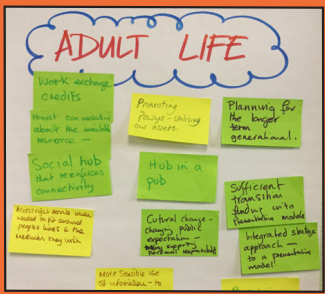
POPULATION CHANGES

LISTENING TO THE PEOPLE OF POWYS

These 'Visual minutes' maps were created at our one of our 'Health and Care Futures' events in December '16, capturing the participants' views and ideas.

WHAT THE PEOPLE OF POWYS SAID...

"I learned about managing my lifestyle, relapse prevention and early intervention through being aware of triggers and early warning signs. This programme changed my life and I'm almost certain it has saved my life. I have gone from coping to managing my bipolar disorder".
(Service User)

Put people first

"Attend to the needs of carers."
"Put the needs of citizens, and people using services, at the heart of your plans"
"Overcome barriers for people with sensory loss, disabilities and other access needs."
"Provide services in the Welsh language."
"Listen to and respect us."

"To be able to go to some organised gentle exercise aimed at older people, in the community, would help. It would keep you moving".
(Service User)

Improve the use of technology

"Use technology more and use it better." "Better connections are needed in services and in the home through Broadband, 4G etc." "We need support to use technology."

Improve access to information and advice

"Let people know about the things they can do to keep themselves healthy."
"Raise awareness and guide people to the right information and support for earlier help."

WHAT THE PEOPLE OF POWYS SAID.....

"Services need to be available in Welsh without having to ask, as well as the principle that people aren't discriminated against because they live in a rural area".
(Service User)

Co-ordinate and join up services

"Allow information to be shared safely." "Locate services in ways that reduce multiple appointments and allow me to see health and care professionals in one place." "Design services in ways that help people to work together."

"Remember that when a young person comes for help, they are often scared. You may know what's going to happen next, but they don't."
(Service User)

Improve access and transport

"Travel to town or to hospital isn't easy for me." "I don't have a car and public transport is difficult for me to access." "Most hospital services are outside the county." "I find it hard to access healthcare around my own work and care commitments."

Local services

"Deliver services locally wherever as possible." "Consider putting a district general hospital in Powys." "Bring services together in community hubs." "Connect health and care with community activities." "Help me to prevent health and care problems arising."

9

WHAT PRINCIPLES SHOULD GUIDE US?

Based on what we have heard we have identified six principles that will guide us as we create a healthy, thriving future for the people and communities of Powys. Achieving our vision means finding the right balance between these six principles.

PRINCIPLE 1.
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.

PRINCIPLE 2.
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.

PRINCIPLE 3.
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.

10
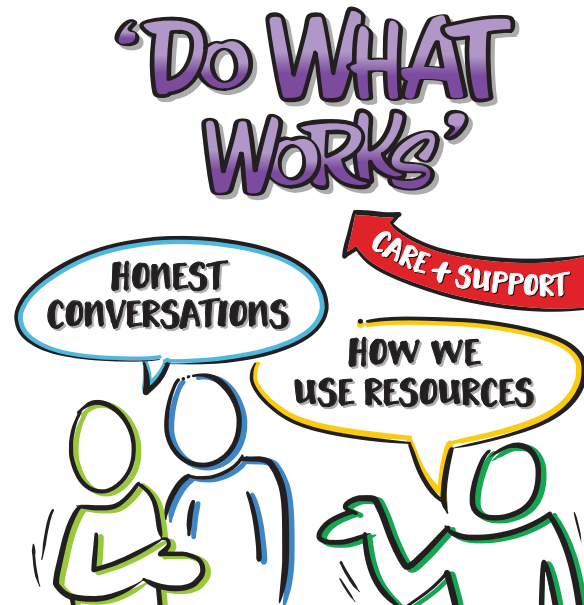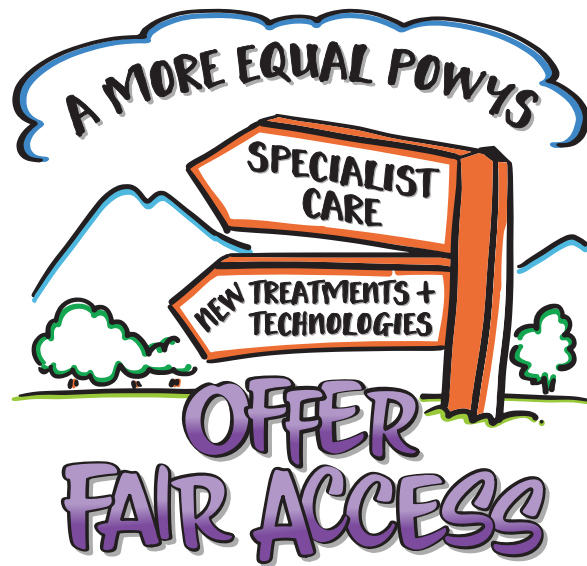
WHAT PRINCIPLES SHOULD GUIDE US?

Based on what we have heard we have identified six principles that will guide us as we create a healthy, thriving future for the people and communities of Powys. Achieving our vision means finding the right balance between these six principles.

A MORE EQUAL POWYS

SPECIALIST CARE

NEW TREATMENTS + TECHNOLOGIES

OFFER FAIR ACCESS

BE PRUDENT

EQUAL PARTNERS

PEOPLE + COMMUNITIES

WELL

STRENGTHS

PRINCIPLE 4.
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.
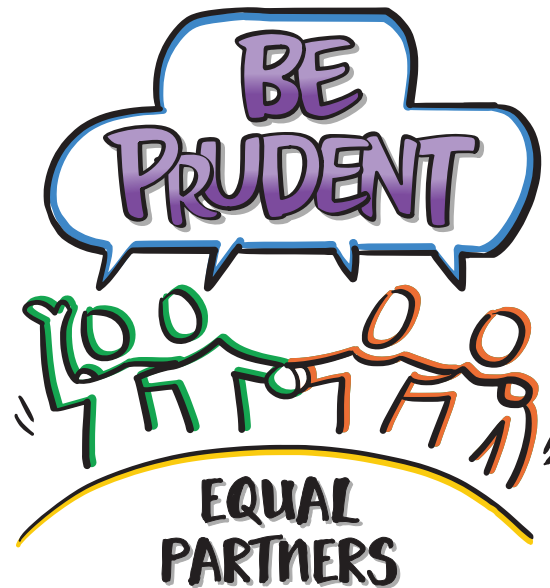
PRINCIPLE 5.
BE PRUDENT

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.

PRINCIPLE 6.
WORK WITH PEOPLE & COMMUNITIES

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

OUR VISION FOR A HEALTHY, CARING POWYS

- WE WILL PUT THE PEOPLE OF POWYS FIRST

- WE WILL MAKE BEST USE OF THE 'POWYS POUND'

- PEOPLE WILL CHOOSE POWYS AS A PLACE TO TRAIN, WORK, LIVE

- POWYS WILL BE A LEADER IN EFFECTIVE, INTEGRATED RURAL HEALTH AND CARE

- WE WILL BE "FIRST IN CLASS" FOR IMPROVING HEALTH AND WELLBEING

- WE WILL FOCUS ON INEQUALITIES IN POWYS AND PEOPLE WITH GREATEST NEED

- WE WILL DELIVER HEALTH AND CARE SERVICES IN POWYS WHEREVER POSSIBLE

OUR FUTURE VISION

FOCUS ON INEQUALITIES + PEOPLE WITH GREATEST NEED

IMPROVE HEALTH AND WELLBEING

BEST USE POWYS £

TRAIN + WORK + LIVE POWYS

HEALTHY AND CARING

POWYS

"FIRST IN CLASS" 1

SERVICES DELIVERED IN POWYS WHEREVER POSSIBLE

TO 2027 AND BEYOND...

A LEADER IN INTEGRATED RURAL HEALTH AND CARE

OUR APPROACH

We plan to deliver the vision throughout the lifespan of the people of Powys. This strategy seeks to enable children and young people to 'Start Well', for people to 'Live Well' and for older people to 'Age Well'.

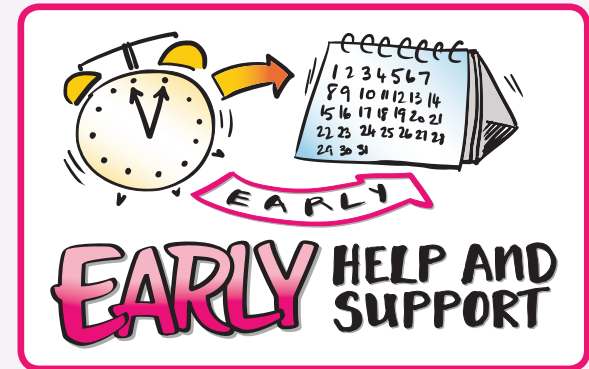START WELL

LIVE WELL

AGE WELL

4 KEY AREAS

Our work will focus on four key areas:

- promoting wellbeing
- offering early help and support to people
- tackling the big four diseases that limit life (cancer, circulatory diseases, mental health, respiratory diseases)
- providing joined up care.

On Pages 14 to 16 we have provided examples of the ways we will support people during each of the three stages of life.
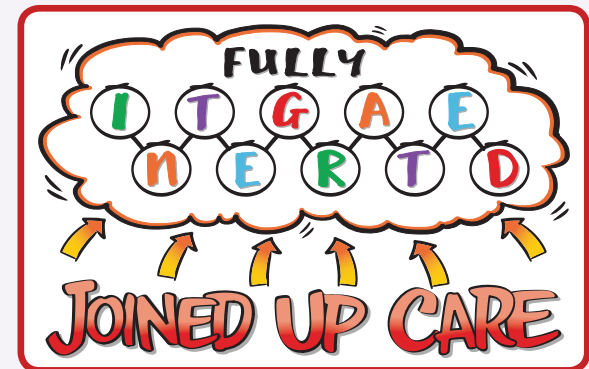
FOCUS on WELLBEING

1. FOCUS ON WELLBEING

EARLY HELP AND SUPPORT

2. EARLY HELP AND SUPPORT

TACKLING THE 'BIG 4'

3. TACKLING THE 'BIG FOUR'

FULLY INTEGRATED JOINED UP CARE

4. JOINED UP CARE

13

DELIVERING THE VISION THROUGHOUT THE LIFESPAN OF THE PEOPLE OF POWYS

START WELL → **LIVE WELL** → **AGE WELL**

HERE ARE SOME EXAMPLES OF HOW WE WILL SUPPORT PEOPLE TO START WELL...

FOCUS ON WELLBEING

- We will provide integrated community hubs with education, communities and voluntary sector, ensuring local accessible services.
- We will develop a holistic programme with communities to support play, mental and physical activity, utilising outdoor green space.
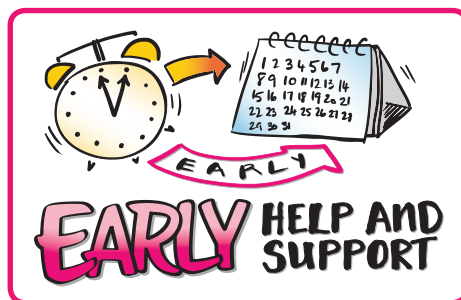
EARLY HELP & SUPPORT

- We will invest in emotional and behavioural support for families, children and young people to build resilience and support transition to adulthood.
- We will make the maximum positive impact within the first 1000 days of a child's life, focusing on preventing adverse childhood experiences.
- We will target resources towards disadvantaged families.
- We will support and assist young carers.

TACKLING THE 'BIG FOUR'

- We will support children and families to create the foundations of good health throughout their life. This includes healthy weights, positive diet and activity, personal resilience and relationships and other steps that will reduce the risk of developing the main four causes of ill health and premature mortality in their later life:
  - cancer
  - circulatory diseases
  - respiratory diseases
  - mental health problems
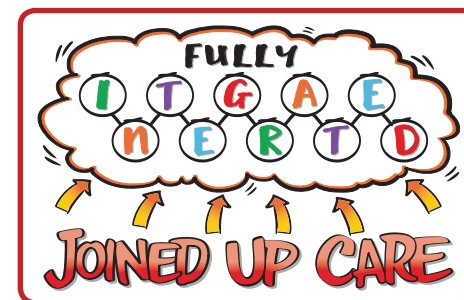
JOINED UP CARE

- We will offer young people and families a fully integrated experience of health and care.
- We will ensure health and care work closely with education providers to support young people and develop healthy behaviours.
- We will work with partners to ensure young people are safeguarded.

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DELIVERING THE VISION THROUGHOUT THE LIFESPAN OF THE PEOPLE OF POWYS

START WELL → LIVE WELL → AGE WELL

HERE ARE SOME EXAMPLES OF HOW WE WILL SUPPORT PEOPLE TO LIVE WELL...

FOCUS ON WELLBEING

- We will empower people to make informed choices based on tailored information that enables them to manage their own health and well-being, and focus on creating an environment that makes the healthier choice an easier choice.

- We will make best use of community strengths and the physical environment to support people to maintain their health and wellbeing.
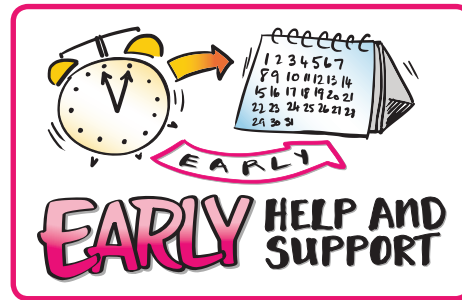
EARLY HELP & SUPPORT

- We will focus on early intervention to support the independence and participation of people with sensory loss, physical disabilities, learning difficulties and other conditions.

- We will support people to be independent and active in their communities.

- We will identify people earlier who are at risk of developing a disease, and we will help them to reduce the risk and impact.

- We will focus on activities which reduce the need for operations and improve post-operative outcomes.

TACKLING THE 'BIG FOUR'

- We will develop effective services to treat and support people suffering from the four main causes of ill health and premature mortality in Powys:

  - cancer
  - circulatory diseases
  - respiratory diseases
  - mental health problems

- We will also develop support to reduce the incidence and impact of the diseases in later life.
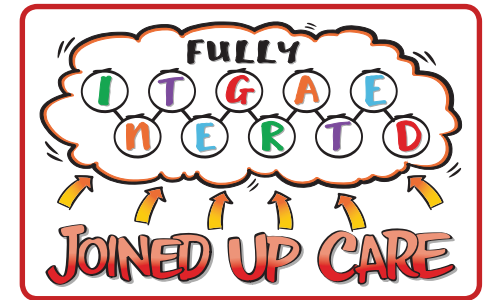
JOINED UP CARE

- We will offer a more co-ordinated approach to managing long term conditions that gives everyone an opportunity to build on their strengths.

- We will develop services that fit around peoples' busy lives – providing choice, accessible and equitable services more locally.

- We will work with partners to safeguard residents.

15

DELIVERING THE VISION THROUGHOUT THE LIFESPAN OF THE PEOPLE OF POWYS

START WELL → LIVE WELL → AGE WELL

HERE ARE SOME EXAMPLES OF HOW WE WILL SUPPORT PEOPLE TO AGE WELL...

FOCUS ON WELLBEING

- We will support older people to be as active as possible, through volunteering, physical and mental exercise.
- We will encourage people to plan for their future, and to take action that reduces the incidence and progression of life-limiting conditions such as dementia.
- We will support a range of accommodations options and access to them for people in older life.
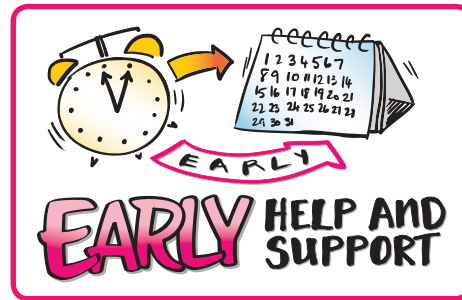
EARLY HELP & SUPPORT

- We will utilise technology so older people can self-care and remain independent, and to encourage greater social inclusion.
- For carers we will continue to develop services to meet the holistic needs of the family and provide adequate respite care.
- We will help people to overcome loneliness and social isolation and be an active member of their community.

TACKLING THE 'BIG FOUR'

- We will develop effective services to treat and support people suffering from the four main causes of ill health and premature mortality in Powys:
  - cancer
  - circulatory diseases
  - respiratory diseases
  - mental health problems
- We will also develop support to reduce the incidence and impact of the diseases in later life.
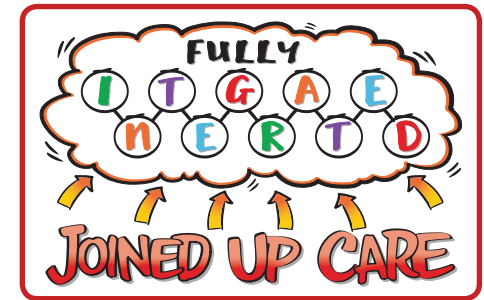
JOINED UP CARE

- We will support health and care teams to work seamlessly with older people to get things right first time and prevent needs from escalating.
- We will review existing health and care services and invest in health and care environments that meet future needs – providing choice, accessibility & co-ordinated services.
- We will work with partners to safeguard residents.

16

WORKFORCE FUTURES

- Support people to work longer, ensuring transfer of knowledge, skills and experience.
- Support our workforce to develop innovative models of care in a rural setting through education, research, training and technology.
- Support a thriving third sector and core economy.
- Grow the Powys workforce through local training and development.
- The health and care workforce will be agile to respond to people's needs in a timely way.
- Promote well-being within the workplace.

INNOVATIVE ENVIRONMENTS

- Develop integrated and technologically-enabled "community hubs" that provide a "one stop shop" for local people, also using community facilities and assets to strengthen local health and care delivery.
- Accommodation that is appropriate and meets need.
- Tackle poor quality facilities for health and care services, providing a modern care environment and working environment that makes people proud.
- Develop rural regional centres in Powys to enable as much integrated health and care to be delivered in-county as possible.

FUTURE HEALTH & CARE IN POWYS WILL IMPROVE THROUGH...

DIGITAL FIRST

- Technology and telecare will support people to be independent.
- Telemedicine and webcam communication (e.g. Skype) will bring specialist skills and expertise remotely to people in Powys.
- Knowledge and access to information will enable people to take greater responsibility and make informed choices.
- New advances in technology will enable more local diagnostic tests to be undertaken in Powys.
- Work together to support people to use technology.

TRANSFORMING IN PARTNERSHIP

- Strengthen engagement of individuals, families communities and partners across the voluntary, statutory and business sectors through area-based planning.
- Remove historic barriers between organisations, working in a more integrated way to respond to people's holistic needs.
- Improve services based on evidence of what works well.
- Improve commissioning to deliver more services in-county, and offer greater continuity of care with services delivered out of county.

17

STAY INVOLVED

This strategy has been influenced and informed by insights from thousands of people and partners across Powys. During 2017/18 we will begin to put it into practice. We will continue to work with you to do what matters most, do what works, focus on greatest need, offer fair access, be prudent, and support people and communities.

Our Vision for a Healthy, Caring Powys has been developed with you – the people of Powys. The next steps also need to be shaped by you.

During 2017/18 we are planning a series of events and activities so that you can help us decide our priorities to Focus on Wellbeing, provide Early Help and Support, Tackle the Big Four diseases that limit life, and ensure Joined Up Care.

This will include working with you to develop clear options and proposals throughout the life course—helping the people of Powys to Start Well, Live Well and Age Well.

We will also begin to put in place the right foundations for the future. So, during 2017/18 we will also work with you to develop more detailed plans for:

- Innovative Environments
- Digital First
- Workforce Futures, and
- Transforming in Partnership.
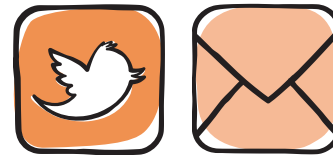
If you would like to keep in touch, and be added to our database to receive further information and to be involved in future events:

- You can find out more from www.powysthb.wales.nhs.uk/health-and-care-strategy
- You can get involved in the debate on Twitter via @PTHBHealth #PowysHCS
- You can email us at powys.engagement@wales.nhs.uk
- You can write to us at Health and Care Strategy Team, Powys Teaching Health Board, Bronllys Hospital, Bronllys, Brecon, Powys LD3 0LU

HOW WE DEVELOPED OUR STRATEGY

MAY 2016

Planning framework developed by Powys County Council (PCC) and Powys Teaching Health Board (PTHB)

STAGE 1: DEVELOPING OUR STRATEGY

Over 1000 members of the public, staff and other people and organisations we work with provided views that contributed to the development of our draft strategy

JUNE-AUGUST 2016

Mini Workshops on 21 themes

NOVEMBER 2016

Health and Care Staff Event

DECEMBER 2016

Public, Staff and Stakeholder Visioning Event

Draft strategy consultation document developed from the feedback

The Health and Care Strategy For Powys

A vision to 2027 and beyond
Summary Version 2, March 2017

STAGE 3: LAUNCHING THE STRATEGY

The 10 year strategy is launched across Powys

JULY 2017

Next phase of the work launched across the county

THE HEALTH AND CARE STRATEGY FOR POWYS

A VISION TO 2027 AND BEYOND

OUR FUTURE VISION

IMPROVE HEALTH AND WELLBEING

(SUMMARY VERSION 2, JUNE 2017)
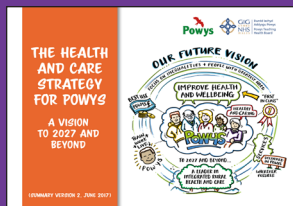
MARCH 2017

Powys Health and Care Strategy approved by PCC Cabinet and PTHB Board

STAGE 2: ASKING PEOPLE THEIR VIEWS

- 23 Health and Care Strategy Engagement events with 500+ people

- 26 Wellbeing Assessment Roadshows and Events in Towns and Villages across Powys - in libraries, shopping centres, community centres, hospitals, markets and garages

- Wide social media reach

JANUARY-FEBRUARY 2017

Stage 2 Engagement

Revised strategy document developed from Stage 2 Feedback

Powys

GIG
CYMRU
NHS
WALES | Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

This report has been produced by the Health and Care Strategy Programme Team at Powys Teaching Health Board and Powys County Council.

For more information please contact the team at powys.engagement@wales.nhs.uk

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OUR FUTURE VISION

FOCUS ON INEQUALITIES + PEOPLE WITH GREATEST NEED

IMPROVE HEALTH AND WELLBEING

"FIRST IN CLASS"

BEST USE POWYS £

HEALTHY AND CARING

POWYS

TRAIN + WORK + LIVE?

POWYS

TO 2027 AND BEYOND...

SERVICES

DELIVERED IN POWYS

WHEREVER POSSIBLE

A LEADER IN INTEGRATED RURAL HEALTH AND CARE

A HEALTHY CARING POWYS

DELIVERING THE VISION

DISCHARING OUR DUTIES IN RELATION TO THE JOINT AREA PLAN

DOCUMENT STATUS: DRAFT version 0.3

6th March 2018.

Please note some of the graphics in this document will be further developed following approval of the content.

Version Control

Version	Who	Date
Document created following agreement to combined the Joint Area Plan and Phase 2 Health and Care Technical Product	Carly Skitt	30/01/18
Updated with PCC sections	Dominique Jones	05/02/18
Updated following input and discussion with Hayley Thomas and Dominique Jones	Carly Skitt & Dominique Jones	09/02/18
Updated following feedback from Hayley Thomas and additional areas.	Carly Skitt & Dominique Jones	13/02/18
Draft working document issued for comment and feedback.	Carly Skitt	16/02/18
Updated to reflect changes from RPB, Scrutiny, Executive & Senior Management members from PCC and PTHB, PSB and feedback from other engagement groups.	Carly Skitt & Dominique Jones	02/03/18
Updated following additional feedback from PSB and other outstanding actions.	Carly Skitt	06/03/18
Updated following additional feedback from FP&P and Executive Committee	Tanya Summerfield	07/03/18

1

FOREWORD

This document builds on the first integrated Health and Care Strategy for Powys which was developed from thousands of conversations between the residents of Powys and key partners. It is the first of its kind in Wales.

A new Regional Partnership Board was formed in 2016, as part of the Social Services and Well Being Act. This legislation requires the production of a Joint Area Plan to outline how services could be delivered in an integrated way in the future, in response to the Population Assessment. It also outlines the delivery intentions for the Health and Care Strategy.

Delivery of the Health and Care Strategy will be critical to improving the social, health, economic, environmental and cultural well-being of Wales as part of Powys's longer term Wellbeing Plan.

The vision 'Healthy Caring Powys' promotes a more holistic way of supporting people by working together more effectively, through multiple levels of integration. For example NHS and social care, physical and mental health and via secondary and primary care.

A new model of care has emerged enabling people to 'Start Well', 'Live Well' and 'Age Well' through focusing on wellbeing, early help and support, the big four health challenges and joined up care. Family, communities, home and the environment are essential to wellbeing. This is why the new model will focus on care within the home and community, enabling communities to feel connected by utilising local talents and resources more, and providing health and care in a fit for purpose environment. Digital First, Workforce Futures, Transforming in Partnership and Innovative Environments will be key enablers to achieving the vision.

These are undoubtedly challenging times, particularly with prolonged austerity and the demographic changes in Powys. There is a compelling need to work differently if services are to be transformed for the future.

Everyone's efforts to influence and shape the Strategy are acknowledged and appreciated and it will be exciting to progress the vision into action to secure a Healthy, Caring Powys.

Cllr Rosemarie Harris,   **Prof Vivienne Harpwood**

Leader, Powys County Council   **Chair, Powys Teaching Health Board**

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CONTENTS

1. Purpose

This document has been developed in line with the Joint Planning framework agreed by Powys County Council and Powys Teaching Health Board, under the Health and Care Strategy Development Programme. It is a technical document which also acts as the Joint Area Plan and will be used as a core basis for the 10 year strategy. It has two purposes:

- To set out in more detail the core drivers of the Health and Care Strategy, the opportunities for development and the rational for the vision 'A Healthy Caring Powys'.
- To outline 5 year priorities of key partners that form the Regional Partnership Board.

The priorities respond to the Population Assessment undertaken in 2016-17, which identified care and support requirements in Powys.

http://pstatic.powys.gov.uk/fileadmin/Docs/Adults/Integration/Powys_Population_Assessment_Summary_-_Final_V1.pdf

A wide range of data and available research and intelligence has been explored, together with examination of the views and feedback of Powys residents and partners, all of which have shaped this document.

This work draws a golden thread across all key planning arrangements, including the Council's Corporate Improvement Plan (aligned to the Vision 2025) and Powys Teaching Health Board's Integrated Medium Term Plan (IMTP).

This is visualised in the diagram below.
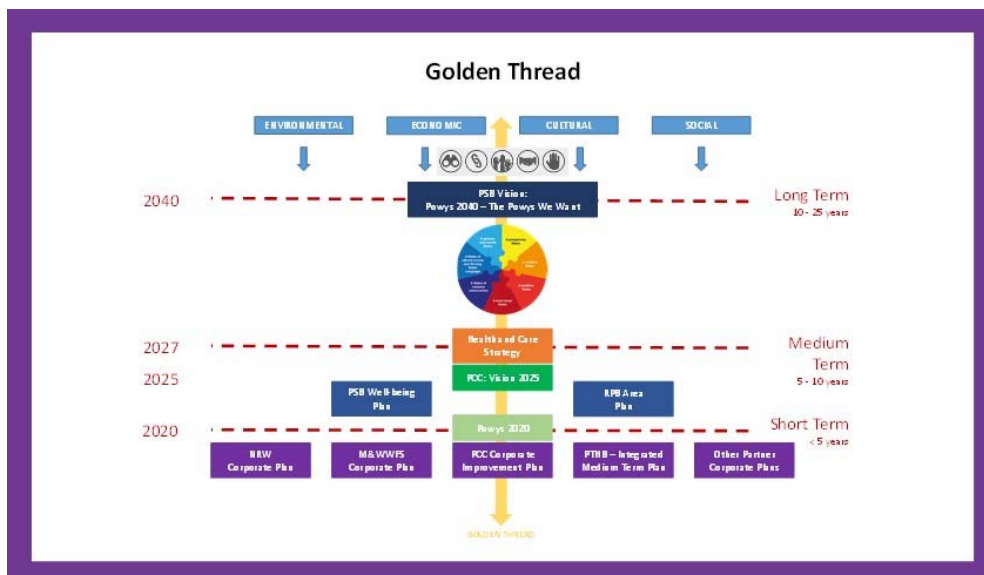
The Council and the Health Board have been working together to develop integrated services over the past few years. Glan Irfon is the first Integrated Health and Care Centre, working in partnership with BUPA, this facility provides a range of integrated health and care services. We also have other section 33 arrangements in place for example Reablement, Community Equipment and IT.

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There are substantial opportunities for further integration and integrated working between the Health Board and Powys County Council, as well as with the third and business sectors. The feedback from the people of Powys supports this approach as a means of simplifying and improving the service users experience across the whole pathway of health and care.

The Health and Care Strategy provides the future vision and direction of travel for integrating health and social care services, and demonstrates the high level of commitment from the Health Board, Powys County Council and its partners to provide one seamless health and care system for Powys residents.

Integration opportunities also span across the borders of Powys for example; the Mid Wales Health Care Collaborative has been established to address the local needs of the Mid Wales region; this involves making sure health and care services across Powys, Ceredigion and Gwynedd are effectively joined up to meet population needs.

The challenges of integration are well understood and include:

- Establishing new forms of governance and operational structures.
- Aligning performance and planning frameworks of health and social care.
- Developing capacity in primary and community care for more innovative whole system approaches.
- Overcoming differences in organisational and professional cultures including terms and conditions.
- Managing and addressing the financial pressures of both systems.
- Ensuring local and national political support.

There is a collective ambition to work together to overcome these challenges to gain the benefits of a prudent health and care system - do only what is needed, care for those with the greatest health and care needs first, reduce inappropriate variation, public and professionals are equal partners through co-production.

Partners who provide services on behalf of the Council or the Health Board play a critical role in health and care provision. The intention is to fully involve people as equal partners. Therefore social enterprise, co-operative organisations, co-operative arrangements, user led and Third Sector options are being considered as part of the plan to promote and deliver care and support and preventative services. A Social Value Forum has been established and will provide, amongst other forums, opportunities to engage on implementation of the Health and Care Strategy and Delivery Plan.

Working differently is not always easy so the development of a culture and approach that supports integrated team working across organisational boundaries and across the full spectrum of need (see page below) will be essential.

The Regional Partnership Board (RPB) provides an integrated approach to working together with cross sector leadership and a strong shared commitment to providing seamless, integrated health and social care services, to support people to across the life course.

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OUR APPROACH

The long term vision for health and care in Powys is set out in the Health and Care Strategy for Powys which was published in March 2017. It was developed by the Health Board and Powys County Council working in partnership with stakeholders, partners and the public. It was informed by the Powys Public Service Board Well-being Assessment, the Regional Partnership Board Population Needs Assessment and extensive engagement and research as to what Powys residents and partners have said about health and care in Powys.

The long term vision identified the importance of enabling people to 'Start Well', 'Live Well' and 'Age Well' through focusing on wellbeing, early help and support, the big four health challenges and joined up care.

It identified four key enablers critical to delivery of the vision.

The key challenges and opportunities for each of the above areas are on pages 29-53.

2. Principles and Strategy 'At A Glance'

Six principles were identified through our extensive engagement, this will guide how we create a healthy, thriving future for the people and communities of Powys. Achieving the vision means finding the right balance between these 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 includes the health and care of everyone, focusing on every stage of life – Start Well, Live Well and Age Well.

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THE HEALTH AND CARE STRATEGY FOR POWYS 'AT A GLANCE'

WE ARE DEVELOPING A VISION OF THE FUTURE OF HEALTH AND CARE IN POWYS...
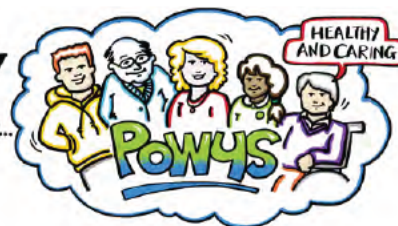
OUR FUTURE VISION

FOCUS ON INEQUALITIES + PEOPLE WITH GREATEST NEED

IMPROVE HEALTH AND WELLBEING

A LEADER IN INTEGRATED RURAL HEALTH AND CARE

TO 2027 AND BEYOND...

HEALTHY AND CARING

POWYS

WE AIM TO DELIVER THIS VISION THROUGH-OUT THE LIVES OF THE PEOPLE OF POWYS...

START WELL → LIVE WELL → AGE WELL

WE WILL SUPPORT PEOPLE TO IMPROVE THEIR HEALTH AND WELLBEING THROUGH...

FOCUS ON WELLBEING

EARLY HELP AND SUPPORT

TACKLING THE 'BIG 4'

FULLY INTEGRATED JOINED UP CARE

OUR PRIORITIES AND ACTION WILL BE DRIVEN BY CLEAR PRINCIPLES...

"DO WHAT MATTERS"

"DO WHAT WORKS" — HONEST CONVERSATIONS — HOW WE USE RESOURCES

GREATEST NEED — HELP AND SUPPORT

A MORE EQUAL POWYS — SPECIALIST CARE — OFFER FAIR ACCESS

BE PRUDENT — EQUAL PARTNERS

PEOPLE + COMMUNITIES — WELL — STRENGTHS

THE FUTURE OF HEALTH AND CARE WILL IMPROVE THROUGH...

WORKFORCE FUTURES

INNOVATIVE ENVIRONMENTS

DIGITAL FIRST

TRANSFORMING IN PARTNERSHIP

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3. Health and Care Strategy Engagement

During the Health and Care Strategy Development Programme, we have engaged with over 1,000 people to develop the future vision for health and care in Powys to 2027 and beyond. This document is built on what the people of Powys have said about their health and care — in service user surveys, complaints, compliments, engagement events, service user forums and conferences. Here are some example service user quotes:

A number of events were held during 2016 and 2017 to support the development of the 'Health and Care Strategy for Powys' and 'The Delivering the Vision'. The sessions were very interactive, capturing the outputs via visual minutes.
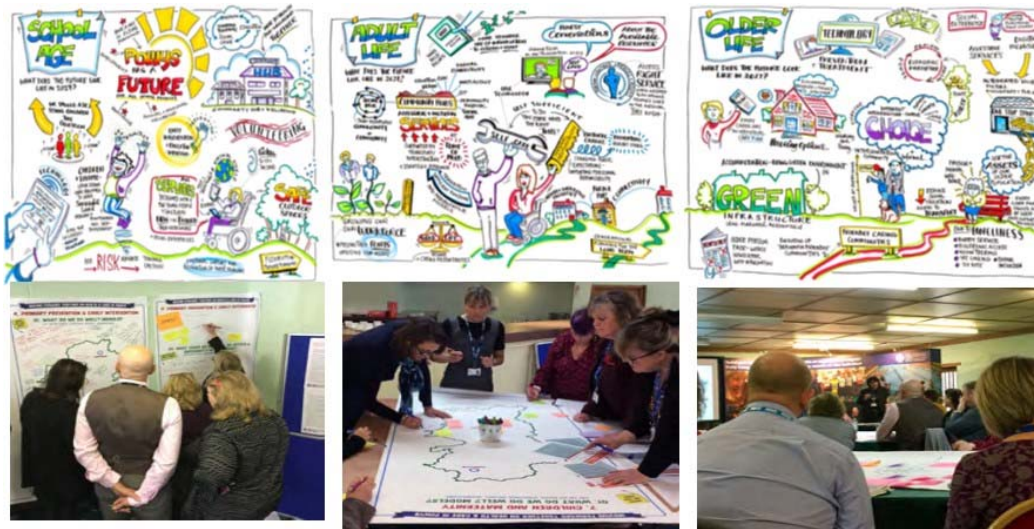
A joint consultation was undertaken on the Health and Care Strategy for Powys and the Wellbeing Plan during April 2016 and further engagement events have taken place early in 2018 to seek feedback on the content within this document.

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4. Strategic Context

The Health and Care Strategy has been developed under the legislative and planning guidance in Wales and utilises practice in relation to national and international health and care systems.

4.1 ALL WALES CONTEXT

4.1.1 THE SOCIAL SERVICES AND WELLBEING ACT

This act imposes duties on local authorities, health boards and Welsh Ministers requiring them to promote the well-being of those who need care and support, or carers who need support.

The Social Services and Well-being (Wales) Act changes the social services sector:

- People have control over what support they need, making decisions about their care and support as an equal partner.
- New proportionate assessment focuses on the individual.
- Carers have an equal right to assessment for support to those who they care for.
- Easy access to information and advice is available to all.
- Powers to safeguard people are stronger.
- A preventative approach to meeting care and support needs is practised.

The principles of the act are:

- The Act supports people who have care and support needs to achieve well-being.
- People are at the heart of the new system by giving them an equal say in the support they receive.
- Partnership and co-operation drives service delivery.
- Services will promote the prevention of escalating need and the right help is available at the right time.

The Local Authority and the Health Board are working collaboratively to ensure better integration of health and social care, the Health and Care Strategy demonstrates the joint commitment and level of ambition.

The Social Services and Wellbeing Act under the Partnership Arrangements Regulations (Part 9) require the establishment of pooled funds in relation to:

- The exercise of care home accommodation functions.
- The exercise of family support functions.
- Functions that will be exercised jointly as a result of an assessment carried out under section 14 of the Act or any plan prepared under section 14A.

We are actively pursuing the requirement in relation to residential and nursing care home accommodation by the due date of April 2018. There are a number of other pooled budgets which have been agreed under Section 33 in Powys. These include:-

- Glan Irfon - a 12 bed health & social care unit which is a partnership between BUPA care staff, community nurses, reablement, physiotherapy, occupational therapists and social care staff, providing a flexible approach to meet the health and social care needs of the community.

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- Community Equipment Service.
- Reablement.
- Ystradgynlais Integrated Care Team.

4.1.2 FUTURE GENERATIONS ACT

The delivery of the Powys Health and Care Strategy is a key contribution to improving the economic, environment, cultural well-being and health of Wales as part of the long term Powys Wellbeing Plan.

This Act was a key guide in developing the future Health and Care Strategy. The seven well-being goals and 5 key ways of working guided our thinking about the longer term vision for Health and Care in Powys.

Throughout the development of the health and care strategy, the Health Board and Powys County Council has sought to apply the sustainable development principle to its vision through planning for the long term, focussing on prevention and well-being, working in collaboration and involving and engaging stakeholders.

4.1.3 PRUDENT HEALTHCARE

The principles of prudent health and care continue to inform and influence the Health and Care Strategy.

The 4 principles of prudent healthcare

Public and professionals are EQUAL PARTNERS through CO-PRODUCTION

CARE FOR those with the greatest health need FIRST

Do only WHAT IS NEEDED and do NO HARM

Reduce INAPPROPRIATE VARIATION through EVIDENCE-BASED approaches

For further information visit www.prudenthealthcare.org.uk
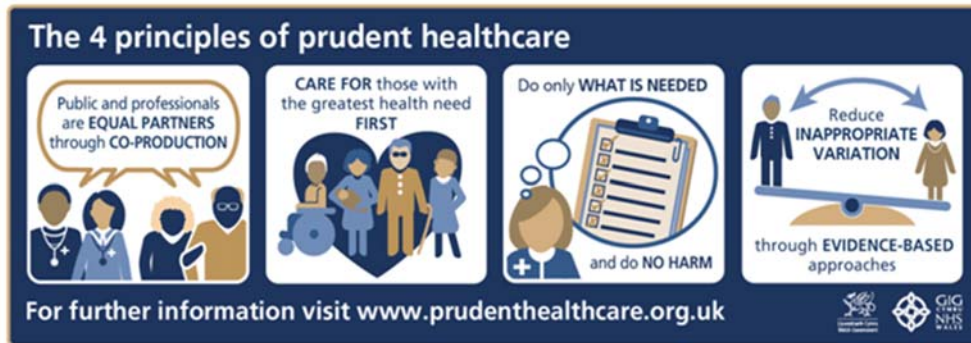
Co-terminosity between PTHB, Powys County Council and PAVO (Powys Association of Voluntary Organisations) alongside the work in progress in relation to integrated delivery between PTHB and Powys County Council provides significant opportunity to progress prudent health and care across these partner organisations.

4.1.4 PARLIAMENTARY REVIEW OF HEALTH AND SOCIAL CARE IN WALES

The Health and Care Strategy has been reviewed against the recent Parliamentary Review and is supportive of the "one system" vision against the four mutually supportive goals – 'the Quadruple Aim':

- Improve population health and well-being through a focus on prevention;
- Improve the experience and quality of care for individuals and families;
- Enrich the wellbeing, capacity and engagement of the health and social care workforce;
- Increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.

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The next phase of work will focus on how to deliver a new model of care in an innovative way to meet future population needs and make best use of resources. This will be achieved through working with communities, staff and partners.

4.1.5 TAKING WALES FORWARD - PROSPERITY FOR ALL

The national strategy for 'Taking Wales Forward': Prosperity for All (2017) identified commitments and five cross cutting themes that will have the greatest potential contribution to long-term prosperity and wellbeing, these are early years, housing, mental health, social care, skills and employability.

4.1.6 NHS PLANNING GUIDANCE AND FINANCE ACT

The Health and Care Strategy supports the aspirations of the recently launched NHS Wales Planning Framework (2018-21) to develop rolling 3 year plans with a longer term view and the NHS Finance Act 2014. It is aligned to the Council's 2025 vision – a strategic statement setting out a number of medium term priorities for the Council and cross references to the Councils annual Corporate Improvement Plan discharging its general duty under the Local Government (Wales) Measure 2009 to set out the Councils improvement objectives for the next 12 months or longer.

4.2 INTERNATIONAL HEALTH AND CARE SYSTEMS

National and international health and care systems that provide for rural and remote communities have formed part of the research basis. In Scandinavia integrated health and care systems provide far more out of hospital care and support independent living in people's own communities. In Holland specialist care for people with Dementia is provided in a housing and not a care setting, integrated into communities of people of all ages. In Australian and Canadian rural communities which are similar to Powys in many ways but much larger and more remote - technology is utilised to link people to specialist opinions and care many hundred of miles away from their homes. In New Zealand – a clear vision was behind 'one system, one budget', giving staff skills to support them to innovate through a new model of integrated health and care – the 'Canterbury Model'.

4.3 POWYS CONTEXT

4.3.1 RURALITY

The population base and rurality of Powys means that it is not viable to provide secondary care services via a District General Hospital within Powys. People currently flow into five main neighbouring health economies – and further afield for specialised health services. There are opportunities to provide alternatives to secondary care services in Powys and some of this work has already progressed in areas. The ability to commission alternative pathways will be critical in the success of upscaling this work across Powys.

Improving access to services is a strong issue being fed back by our local population. The Wellbeing assessment identified that for Transport - Powys is ranked in the bottom 10% of local authority areas in Wales in terms of access to services, particularly in terms of access to services by foot or public transport.

In Powys there is a strong Third Sector and Voluntary provision which helps to overcome some of the rurality issues. Further utilising the strength of Third Sector provision and other partner organisations will enhance the success in bringing care closer to home.

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4.3.2 SUSTAINABLE HEALTH AND CARE SERVICES

More locally, within Powys sustainability of health and care services is a key driver for developing the Health and Care Strategy. Largely the sustainability challenges are driven by workforce, rurality and reconfiguration of secondary services from across the border of Powys. Sustainability issues also exist across the borders of Powys.

In North Powys, The Shrewsbury and Telford Hospital NHS Trust (SaTH) is a significant service provider for Powys residents. Every year approximately 203,606 contacts take place in Shropshire for Powys residents. Under the NHS Future Fit Programme a number of service options have been developed, the current preferred option is for emergency and critical care to remain at the Royal Shrewsbury Hospital with the majority of planned surgery taking place in the Princess Royal Hospital in Telford. Public consultation is due to take place during 2018/19 http://nhsfuturefit.org/. This may result in people having to travel significantly longer for day case or planned surgery. The Health and Care Strategy has started to consider the options in response to the proposed changes through the potential establishment of a Rural Regional Centre in Newtown, more details are provided on page 60 and 61.

Hywel Dda Health Board are running a Transforming Clinical Services Programme which is looking at options for how services could be provided in the future; this may impact on services provided to Powys residents in the Machynlleth area. The emerging model could present further opportunities to provide care closer to home within the Wellbeing Community Hub in Machynlleth and potentially strengthen links with the Regional Rural Centre in Newtown. http://www.wales.nhs.uk/sitesplus/862/page/92263.

In Mid and South Powys, a formal partnership has been put in place between Wye Valley Trust and South Warwickshire NHS Foundation Trust to drive service improvement and economies of scale. An Accountable Care Organisation is being formed to achieve integrated services across primary, community, acute and social care to implement the Sustainability Transformation Planning process covering the Herefordshire and Worcestershire area. The potential impact is not yet known, but could result in some services moving further away. Continuing to strengthen local service provision via a Regional Rural Centre in Llandrindod Wellls will potentially reduce some of the impact by providing more services locally.

In South Powys, the reconfiguration of services, changes to pathways and service delivery will potentially impact on numerous pathways of care for Powys residents, predominantly from the south and south east of the County. Initial conversations have taken place with Cwm Taf and Aneurin Bevan UHBs and agreement reached to take a population based approach for the population of the 'Heads of the Valleys' catchment area with regard to future service planning and the impact of the New Grange Hospital. Continuing to strengthen local service provision via a Regional Rural Centre in Brecon will potentially reduce some of the impact by providing more services locally.

4.3.3 FINANCIAL CONTEXT

The Health Foundation report – The Path to Sustainability, October 2016 – calculated that NHS spending pressures in Wales would rise on average by 3.2% and 4.1% for adult social care per year to 2025/26 with funding held flat in real terms.

In 2016 the Health Board undertook some internal demand and capacity modelling, this identified that if we do nothing to change the way we work, future growth in demand for health services, would mean an additional cost pressure within the health board of nearly

£24.5M over the next 10 years (assuming tariff inflation for secondary care services would be 1% per annum).

The Health Board's Integrated Medium Term Plan outlines a variety of approaches to maintain its plan to contain costs within resource. The savings target of 1.3% is subject to work that is currently underway and at this stage is not yet fully defined, but is based on the assumption that the health board will focus on securing better efficiency as well as service redesign.

The level of investment to support the rising pressures and improvement within the Council's Social Services is a significant challenge to the local authority's financial planning. It is recognised that it is no longer affordable to maintain the Council in its current form. A significant transformational approach is required to meet this challenge and deliver a balanced budget over the medium term. This is illustrated by the fact that the recent Medium Term Financial Strategy identifies that the council must make a saving of £15.988m between April 2018 and March 2022. It is proposed that this will be achieved by a range of measure including: -

- The redesign of our Social Care services and management structures including the commissioning of services.
- Where there is value to be added we will work regionally to improve purchase power and make better use of specialist skills where critical mass does not exist in Powys.
- Continue to build on the success of our early intervention and prevention approach with well-defined and integrated care pathways, including a joint approach with Powys teaching Health Board and other partners such as the Third Sector.

The implementation of the Health and Care Strategy and Joint Area Plan will require us to work differently and to invest in some areas to deliver a new model of care, this will be reliant on the ability to fund new initiatives, commission effectively and to disinvest in other service areas, where safe and appropriate to do so.

4.3.4 DEMOGRAPHY

The Population and Wellbeing Assessments demonstrate the significant challenges facing provision of health and care in Powys. With a greater proportion of people aged over 50, an elderly population increasing at rates above those expected elsewhere in Wales and a predicted decrease in the number of births over the next ten years, a corresponding impact on demand can be anticipated. This impact of demography modelled over the next five to ten years, is over and above the potential impact of epidemiological factors such as obesity, smoking or alcohol use.

The reducing child population means we need to ensure we are able to continue to sustain and develop universal and targeted services – investing in early years is key to supporting the longer term wellbeing of future generations.

In Powys 26% of people are aged over 65 or over (compared to 18% in the UK); this is projected to increase by 38% in 2036. A paper published by Kings Fund, Demography Future Trends UK highlighted:

- ''The annual costs of health and social care are significantly greater for older people.
- The number of elective and non-elective hospital admissions for older people has increased more rapidly than the growth in absolute numbers.

- Current projections suggest that a high proportion of older people in the future will be living on their own and are therefore likely to require formal care.
- The number of older people with care needs is expected to rise by more than 60 per cent in the next 20 years''.

Exploring new approaches such as assistive technologies, mobile working and integration of services can help to bridge the gap between future need and resources.

Both the ageing population and improvements in treatments and interventions also means people are living with multiple diseases and more complex care needs. This means, there is a need to look more holistically at a person's needs. Looking further ahead to prevent people from becoming ill through early help and support can have the greatest impact on ill health and premature mortality, as well as focusing on the things that prevent us from disease such as smoking, alcohol and being overweight.

The next few pages provide a summary of the key findings from the wellbeing and population assessment, of which the Health and Care Strategy and Joint Area Plan are based upon and respond to, in relation to the identified care and support requirements.

4.3.5 WELSH LANGUAGE

The regulation standards will require the Health Board and the Council to plan their work to improve their offer including more services through the medium of Welsh. Building on the Welsh Government's strategic framework for Welsh language services in health, social services and social care which has helped to improve Welsh language services in the sector.

According to the 2011 Census, 18.6% of the population of Powys speak Welsh - a total of 23,990 Welsh speakers. 34% of Welsh speakers were between 5 and 17 years old.

Ystradgynlais has the highest number of Welsh speakers – 3369 according to the 2011 census. But second in terms of the number of Welsh speakers is Newtown, with 1600 Welsh speakers, and Machynlleth third with 1119.

Wards with the highest percentages of Welsh speakers are in the Dyfi, Banw and Tanat valleys in Montgomeryshire and in the Ystradgynlais area in Brecknockshire. 64.2% of the residents of Cadfarch, near Machynlleth speak Welsh, 56.5% in Llanerfyl, 50% in Pen-y-bont-fawr and 42.8% in Ystradgynlais.

Many Welsh speakers can only communicate their care needs effectively through the medium of Welsh, and for many Welsh speakers, using Welsh is a requirement not an optional extra.

It is a priority to maximise the active offer to speak welsh, ensuring people can secure their rights and entitlements by using their own language to communicate and participate in their care as equal.

A Changing Population

Males   **Females**

The population in Powys is generally older both in terms of its demographic make-up and in comparison to the rest of Wales.

The working adult population is smaller in Powys compared to Wales.

Age groups (top to bottom): 90+, 85-89, 80-84, 75-79, 70-74, 65-69, 60-64, 55-59, 50-54, 45-49, 40-44, 35-39, 30-34, 25-29, 20-24, 15-19, 10-14, 5-9, 0-4

Legend: ■ Powys THB — Wales
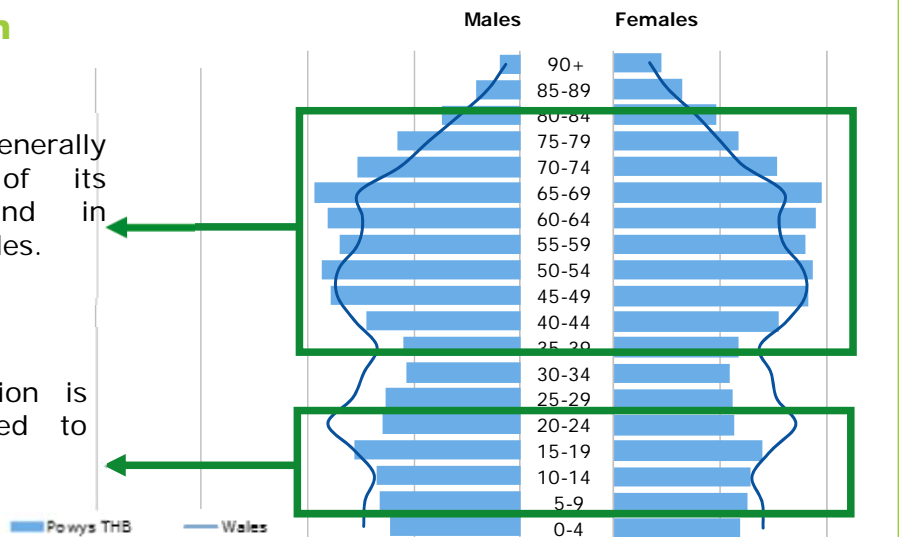
8% Projected overall decline in the Powys population by 2039.

The population of children and young people in Powys is predicted to decrease within the next ten years, mainly due to an on-going trend for young people to leave the county in favour of more urban areas, as well as the reduced birth rate across Powys. However, the number of those aged over 65 and 75 will rise faster in Powys compared with Wales. The 65+ age group in Powys is projected to increase by 37% by 2033 and the 85+ population is estimated to increase by 121% over the same time period in Powys.

15% Powys population aged 15 and under.

59% Powys population of working age.

26% Powys population aged 65 or over.

5,500 people migrated out of Powys in 2015

5,900 people migrated into Powys in 2015

The number of young people and those of working age is predicted to decrease while the number of older adults in Powys is predicted to increase.

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4.3.6 ECONOMIC WELL-BEING AND POVERTY

Access Poverty

Powys is the most deprived Local Authority in Wales for access to services. 42 Lower Super Output Areas (LSOA) are among the least affluent 10% of areas in Wales.

Economic well-being is above the Welsh average but there is hidden poverty in Powys associated with rural communities.

On average, Powys residents earn consistently less than people in many other Welsh Local Authorities, ranking third lowest in Wales.

Five LSOAs in Powys are among the most deprived 30% in Wales while Ystradgynlais 1 is the most deprived area and is among the 10% most deprived LSOAs in Wales.

Powys has a disproportionately high number of small businesses, alongside a high proportion of self-employed workers. This needs to be seen in the context of 11.3% of men and 8.9% of women of working age in Powys having no formal qualifications.

Between 2004 and 2013, there was a reduction in the proportion of Year 11 leavers not in education, employment or training.

Welsh Index of Multiple Deprivation, Powys teaching Health Board, 2014
LSOA, national fifths of deprivation

Most deprived	(3)
Next most deprived	(8)
Middle	(17)
Next least deprived	(42)
Least deprived	(9)
Local authority boundary	
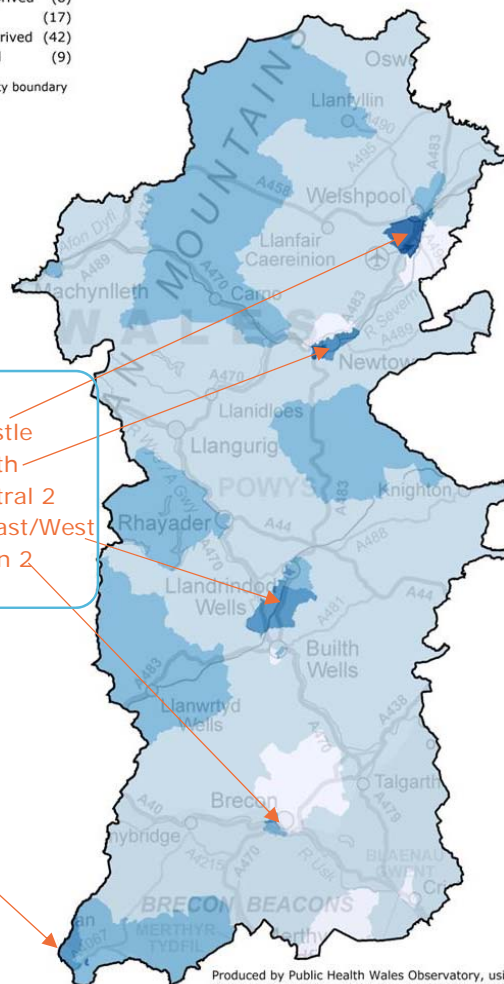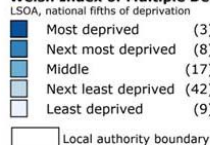
- Welshpool Castle
- Newtown South
- Newtown Central 2
- Llandrindod East/West
- Brecon St John 2

Produced by Public Health Wales Observatory, using WIMD 2014 (WG)
© Crown Copyright and database right 2014, Ordnance Survey 100044810

£487 — Average weekly income in Powys (£539 Wales).

13% — Children living in poverty in Powys (21.9% Wales).

24% — Households in Powys in fuel poverty (23% Wales).

4.3.7 Community Well-being and Health Assets

83% Of Powys residents report that they feel they belong to their local area (Welsh average 76%).

Powys has a high prevalence of the assets required for resilient, self-reliant communities. This is almost universally the case, with good levels of provision relative to Wales, whether looking at people, community or structural assets. The only area where more attention may be required in some parts of Powys is in relation to education and training. Improving educational attainment in more deprived parts of Powys would provide for comprehensive coverage across all communities of the key assets for strong communities.

Health Asset indicators, percentages, Powys 001 and Wales
Produced by Public Health Wales Observatory, using NSW (WG), Census 2011 (ONS) and DWP
— Powys 001   — Wales

- Good health* 83.5
- Day-to-day activities not limited* 82.7
- People
- 5+ GCSE's or higher* 66.0
- No income related benefits 90.6
- Any qualifications* 86.8
- Local area satisfaction 79.1
- Adequate living space 97.9
- Structure
- Can keep up with bills 87.6
- Employed 67.3
- GP satisfaction 92.8
- Feeling safe after dark 84.4
- Two parent households 80.9
- Community
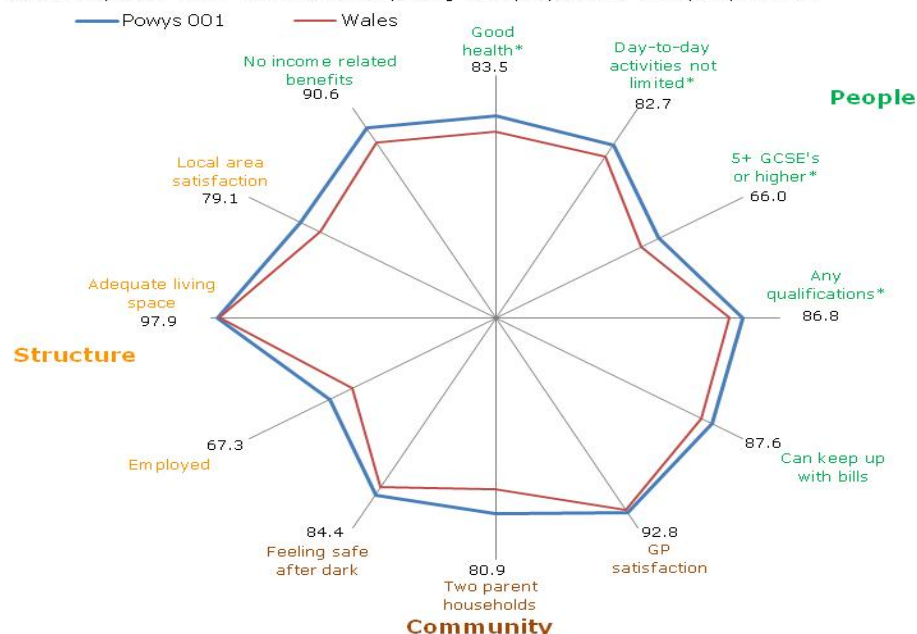
*These percentages are directly age-standardised using aggregated weightings from the 2013 European Standard Population.

- Public sector services in Powys include 98 schools, 17 branch libraries and 2 mobile libraries, 16 leisure centres, 10 hospitals, 18 fire stations and 14 police stations.

- Powys is the second most expensive place to buy a house in Wales (8.7 times the median annual gross pay for a full time job in Powys, 6.4 in Wales).
- House prices vary considerably across the County with Crickhowell and Langattock being the most expensive and Ystradgynlais and Ystradfellte being the least expensive.

- A total of 859 people are supported by domiciliary care in Powys, a lack of infrastructure and assistive technology has reduced the viability of independent living.

4.3.8 Burden of Disease

The *Health and its determinants in Wales*[2] report provides an overview of the health and well-being of the population of Wales. It outlines the main areas of health need and presents the complex picture of health in Wales. Although information is shown on an all Wales basis, the picture it presents of disease and disability throughout the life course is equally likely to apply to Powys. Given the importance of maintaining health and well-being, it is useful to see the relative contribution made by different causes to ill health and disability across the life course. This is shown below using disability-adjusted life years as a measure of ill health.

Disability-adjusted life years lost by cause and age group, percentage, all persons, all ages, Wales, 2015
Produced by Public Health Wales Observatory, using Global Health Data Exchange (IHME)
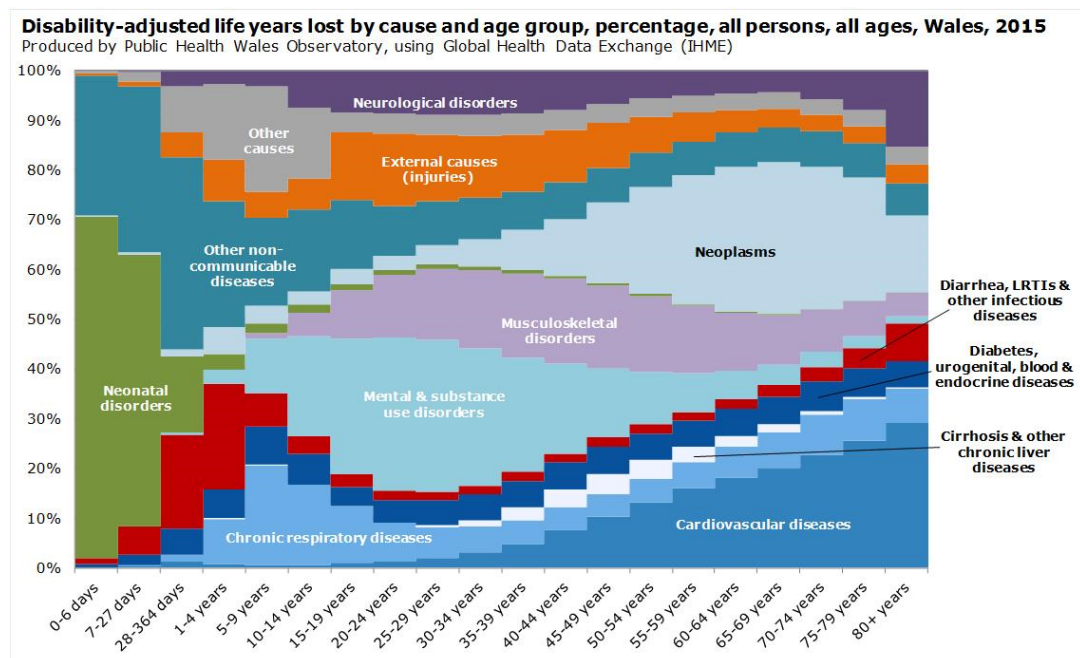
Source: Public Health Wales

This illustrates the contribution made to ill health by different causes at different stages of the life course. Cancer (neoplasms) and cardiovascular diseases feature from birth but are shown to impact on the majority of people in later life. Chronic respiratory diseases feature from birth and have the biggest impact in early years through to adulthood. Mental health disorders feature prominently from the early years onwards, but the biggest impact is seen during adulthood. The Health and Care Strategy for Powys recognises the need to address these four causes, bringing them together under the heading "The Big 4".

Musculoskeletal disorders are also shown to be a significant cause of disability and ill health, especially in relation to working age adults. The incidence of musculoskeletal disorders will addressed through actions that fall within the "Focus on Well-being" (i.e. keeping adults healthy and active), and through "Early Help and Support" (i.e. ensuring prompt access to diagnosis and treatment for those people with chronic conditions).

4.3.9 Population Assessment Specific Key Findings

The following section provides an overview of the key findings from the Wellbeing and Population Assessment based on the core themes within the Regional Partnership Board Area Planning guidance.

4.3.9.1 CHILDREN AND YOUNG PEOPLE

[1]"Family relationships" were identified as the most important aspect of wellbeing to children.

- 91% of respondents lived in a home where they were happy.
- 90% said that they felt safe.

Of those children receiving care:

- 74% of the respondents said that their views about their care and support had been listened to.
- 78% felt that that they'd had the right information or advice when they needed it.

The most common age group of vulnerable children is 10-15 years old, this makes it hard to find suitable foster parents as their needs are greater. More children are being placed on the child protection register, with neglect being the most common reason. The number of cases referred to the Youth Justice Service has fallen since 2010, along with the number of children in need. This is in the context of a statutory requirement for Powys County Council to improve children's services, following a negative review by Care Inspectorate Wales during 2017.

4.3.9.1 OLDER PEOPLE

[2]'Many older people in Powys say they want to stay in their own home and stay connected to their community.

- 81% of respondents felt that their home was suited to their needs. The most common cause for complaints regarding their homes related to the poor quality or lack of adaptations in the home.
- 26% of people felt they had to move into a residential care home because of a decline in their health and inability of family or carers to provide support to them.

[3]'People have said there are a lack of places to go for older people during the daytime and have stressed the importance of the existing day time services and the respite it provides to carers.

- 91% felt that they were able to communicate in their preferred language.
- 80% of respondents said they were happy with the support they receive from family, friends and neighbours.
- 75% said that they felt safe. Of those who did not, a large majority were concerned about the possibility of falling and not being able to call for help.

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[1] citizen questionnaire

[2] citizen questionnaire

[3] citizen questionnaire

- 66% of adults felt they were part of the community, while 27% disagreed or felt this only some of the time - isolation was felt the key reason for this.

[4]'Of those adults and older people receiving care and support:

- 72% said they had been actively involved in the decisions about how their care and support was provided.
- 83% said that they were happy with the care and support they had.

4.3.9.3 HEALTH AND PHYSICAL DISABILITIES

When you compare Powys with the rest of Wales, we experience significantly higher life expectancy for men and women. This continues to improve, yet inequalities have widened between the most and least affluent along the social gradient (The social gradient in health refers to the fact that inequalities in population health outcomes are associated with the socioeconomic status of individuals (Rebalancing healthcare, working in partnership to reduce social inequity, Welsh Government, 2015-16).

The digram below shows the comparison of life expectancy (LE) and healthy life expectancy (HLE) at birth, with Slope Index of Inequality (SII), Powys THB, 2005-09 and 2010-14

Children living in the least affluent parts of Powys can expect to live six years less than a child living in more affluent areas (Public Health Wales NHS Trust, 2016). Also, a child brought up in the least affluent areas can expect to live 10 years less in good health if they are male, and 14 years less if they are female.

When compared with the rest of Wales, Powys adults tend to have healthier lifestyle behaviours. However, nearly 6 in 10 adults are overweight or obese and this is predicted to continue to rise (Public Health Wales NHS Trust, 2016).

Comparison of life expectancy and healthy life expectancy at birth, with Slope Index of Inequality (SII), Powys THB, 2005-09 and 2010-14
Produced by Public Health Wales Observatory, using PHM & MYE (ONS), WHS & WIMD 2014 (WG)

- 2005-09   H 95% confidence interval
- 2010-14   Inequality gap (SII in years)

Males

Life expectancy: 78.9 — 5.9; 80.2 — 5.6

Healthy life expectancy: 67.6 — 5.9; 68.2 — 10.4

Females

Life expectancy: 82.7 — 5.0; 83.6 — 6.3

Healthy life expectancy: 67.5 — 11.8; 68.7 — 14.4

Several serious conditions are associated with being overweight or obese. They include type 2 diabetes, hypertension, coronary heart disease and stroke, osteoarthritis and cancer.

Just under one in five adults currently smoke (Public Health Wales NHS Trust, 2016). Smoking is the single greatest cause of preventable mortality. Smoking causes a range of cancers, it leads to cardiovascular disease and a range of respiratory conditions, e.g. COPD and emphysema.

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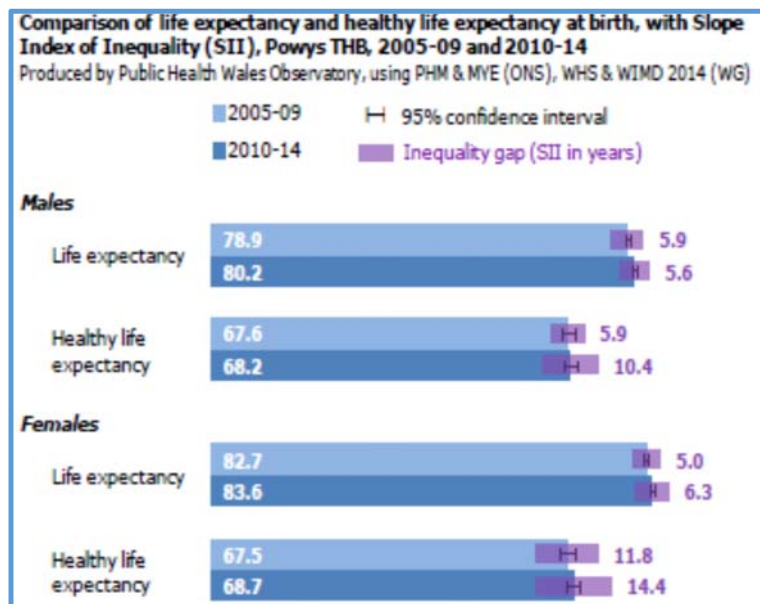
[4] citizen questionnaire

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Four in 10 adults drink in excess of guideline amounts (Public Health Wales NHS Trust, 2016). Regular drinking to excess can cause cancer, stroke, heart disease, liver disease, brain damage, and damage to the nervous system. The impact of unhealthy lifestyles on individuals and wider health and social care services means that prevention is an important topic for the population assessment.

Just over one in three adults report eating five or more portions of fruit and vegetables in the previous day. In Powys, nearly four in ten adults reported being physically active on five or more days in a given week. In contrast, a quarter of the population reported that they did no physical activity.

Residents of Powys generally report higher levels of engagement with healthy behaviours than in Wales as a whole. Powys residents self-report higher levels of regular fruit and vegetable consumption, they report exercising more and drinking to excess on a less frequent basis than in the rest of Wales. Of those residents who responded to the citizen survey, only 52% of adults said they could do things that were important to them - health and mobility issues were raised as being the main limiting factor.

4.3.9.4 LEARNING DISABILITY AND AUTISM

A high proportion of the population in Powys have a learning disability compared with the rest of Wales. Autistic spectrum disorders are the most common presentation of disability within children in Powys. There are 753 people known to have autism: 302 children and 421 adults.

The number of people in Powys with a learning disability is increasing, particularly in the older age categories and this has significant implications for the type and volume of support likely to be needed in the future. The percentage of people with learning disabilities is predicted to increase by 1.7% between 2015 and 2020. However the percentage of people with a severe learning disability is predicted to slightly decrease over the same period (-0.4%).

There are 370 people with Learning Disabilities who are supported to live in the community. A range of long-term and short-term accommodation services are commissioned in Powys, including residential care placements and supported living tenancies. However, there are also people that are placed out of county. These placements include small domestic settings, residential homes, residential specialist colleges, specialist behavioural facilities and larger residential communities catering for a diversity of service users with differing disabilities, care needs and behaviours which challenge services. To enable these people to return home would require an appropriate infrastructure within health and social care to sustain local placements.

The citizen survey reported that children with learning disabilities said they would like more control over their lives and to be able to access the community activities which other children do.

Key priorities identified through the population assessment include: information, staying healthy, choice, control and relationships, flexible support, accommodation/housing, opportunities for work leisure and learning, staying safe, moving on and transition, good support and consultation and co-production.

4.3.9.5 MENTAL HEALTH

The average lost years to life for males with mental health problems is 11 years and for women is 6 years. 1 in 4 people in the UK will experience a mental health problem each year. In Powys 10.4% of adult population report being on the mental register (Wales 12.4%).

8% of the Powys population report being treated for depression or anxiety and it is one of the top three leading causes of disability. One in four patients presenting to their GP live with depression with the average GP seeing at least one patient with depression during each surgery session.

In Powys in 2013-14, there were 1,024 dementia patients according to PTHB records. At 44% Powys, along with Ceredigion, has the highest projected rise in the number of people with dementia in Wales. Dementia prevalence increases with age, roughly doubling every five years for people aged over 65 years. Dementia affects 20% of people over 80 years of age in the UK and one in 14 people over 65. In Powys it is thought that only 39.6% of the projected number of people with Dementia have a diagnosis.

For children and young people, anxiety/stress was by far the most reported presenting issue for young people in Powys, followed by self-esteem related issues (self-worth and depression) and relationships with others (family and friends).

Overall, the number of assessments undertaken by Powys CAMHS (Child and Adolescent Mental Health Service) has increased between April 2014 and March 2016 and overall during this period, people are waiting less time for an assessment.

In 2015/16, a total of 68 cases referred to "Team around the Family" highlighted emotional health and wellbeing as an area for improvement. Following the intervention, 29 cases showed an improvement in emotional health and wellbeing. During the same period, 64 cases highlighted identity, self-image and self-esteem as an area for improvement and following the 'Team Around Family' intervention, 35 had shown an improvement in this area.

Improving mental health is a critical issue for people of all ages and its impact is cross cutting, affecting life chances; learning, home life, employment, safety, physical health, independence and life expectancy.

4.3.9.5 SENSORY IMPAIRMENT

The term 'people with sensory loss' is used to refer to the following:

- People who are Deaf; deafened or hard of hearing.
- People who are Blind or partially sighted.
- People who are Deafblind: those whose combined sight and hearing impairment cause difficulties with communication, access to information and mobility.

Key findings are:

- Total population aged 18 and over predicted to have a moderate or severe hearing impairment is 17,243 (2013) rising to 20,118 in 2020.
- Total population aged 18 and over predicted to have a profound hearing impairment = 395 (2013) rising to 470 in 2020.
- People aged 18-64 predicted to have a severe visual impairment = 49.

- People aged 65-74 predicted to have a moderate or severe visual impairment = 1,009(2013) rising to 1,123 in 2020.
- People aged 75 and over predicted to have a moderate or severe visual impairment = 1,846 (2013) rising to 2,295 in 2020.
- People aged 75 and over predicted to have registerable eye conditions = 945 (2013) rising to 1,175 in 2020.

4.3.9.6 CARERS

There are 16,154 carers known in Powys, of which 576 of these are young carers. The increasing numbers of carers (up by 14% since 2001) is of particular significance as unpaid carers, usually family members, contribute significantly to maintaining the well-being of individuals with complex needs due to long term physical or mental ill-health, disability or old age in the community. The health and well-being of carers is affected by their caring responsibilities, as many may experience ill health, poverty and problems accessing employment. In Powys, 65% of unpaid carers are over 50 and 39% are retired. Their health is typically below average, and some carers are now providing more than 50 hours of care each week. Of those carers who took part in the citizen survey; 33% said they could do things which were important to them with 24% saying this applied only part of the time and 29% felt supported to continue in their caring role.

The number of young carers is increasing, with most providing up to 19 hours of care. Some young carers, due to their responsibilities, are missing out on school time. This can have an effect on their education and future prospects. Due to the increasing elderly population, more young people are finding themselves with caring responsibilities.

Dementia prevalence increases with age, roughly doubling every five years for people aged over 65 years. Dementia affects 20% of people over 80 years of age in the UK and one in 14 people over 65.

It is estimated there are 4,256 people in Powys aged over 65 with dementia. At 44% Powys, along with Ceredigion, has the highest projected rise in the number of people with dementia in Wales. Generally it is thought that only 39.6% of the projected number of people with Dementia have a diagnosis.

4.3.9.7 VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE

In 2016 Powys has seen a 10% rise in the number of domestic violence incidents being reported, compared with 2015. Domestic violence appears to be more prevalent in the north of Powys, where BME (Black, Minority and Ethnic) and LGBT (Lesbian, Gay, Bisexual, Transgender) groups are also more likely to be affected. Many crimes are still not reported, and the number of incidents is expected to rise over the coming years. This rise continues an existing trend with an overall increase of 75% since 2010.

The 2016-2019 Joint Commissioning Strategy for Domestic Abuse in Powys identified the following priorities for action:-

- *Prevention: Violence* against women, domestic abuse and sexual violence is prevented and wherever possible there is early identification and intervention to limit harm to victims and survivors.
- *Protection:* Suitable and effective processes are in place to protect all individuals experiencing violence against women, domestic abuse and sexual violence.

- *Support:* Individuals experiencing any form of violence against women, domestic abuse and sexual violence can access appropriate, high quality support wherever in Wales.

4.3.9.8 OLDER PEOPLE ACCOMODATION

More people over 65 are now living on their own in Powys, there are 19,000 lone person households out of a total of 59,100 households (2015). Many people are finding it increasingly difficult to perform basic domestic tasks. A total of 859 clients are supported by domiciliary care in Powys, a lack of infrastructure and assistive technology has reduced the viability of independent living. Despite this, there has been an increase in the number of adult clients supported in the county. As our elderly population increases, there will be more demand for suitable accommodation options. By 2035, more people are expected to be living alone and the number of people with dementia is also expected to increase. We will need to accommodate citizens within their local communities, whether that is in their own home, in sheltered or extra care accommodation, or a nursing home.

5. Strategic Challenges and Opportunities

5.1 START WELL, LIVE WELL AND AGE WELL

The Health and Care Strategy seeks to enable children and young people to 'Start Well', for people to 'Live Well' and for older people to 'Age Well'.

START WELL → LIVE WELL → AGE WELL

Focusing on enabling children to 'Start Well' is fundamental to improving the longer term wellbeing of our resident population.

There is a growing body of scientific evidence that shows the foundations of a person's lifelong health—including their predisposition to obesity and certain chronic diseases—are largely set during this 1,000 day window. There is also growing evidence that our experiences during childhood can affect our health throughout the life course. Adverse childhood experiences are increasingly being linked to effects throughout the life course, contributing to a number of physical and mental health problems in adulthood and ultimately greater disability and (premature) mortality.

START WELL → LIVE WELL → AGE WELL

As the needs of our population have changed, more people are living with cancer, mental health, respiratory disease, circulatory disease and musculoskeletal disorders. There is a need to ensure people can 'Live Well' through being healthy and active and by accessing early help and support. Living well during adulthood can create huge benefits in older age.

START WELL → LIVE WELL → AGE WELL

As the older population in Powys is projected to increase faster than the rest of Wales, it is important that we enable older people to feel supported to live independently in a home of their choice and to remain healthy and active members of the community.

Across the life course, we will focus on the four key areas, promoting wellbeing, offering early help and support to people, tackling the big four diseases that limit life and providing joined up care. The next few pages describe the importance of the life course approach and the strategic challenges and opportunities in Powys.

5.2 WELLBEING STRATEGIC CHALLENGES AND OPPORTUNITIES

5.2.1 COMMUNITIES

A core part of individual and community wellbeing is the feeling of being connected to others and having a meaningful purpose. The rurality of Powys can lend itself to people becoming socially isolated. Evidence shows there is a clear link between loneliness and poor mental and physical health and that specific interventions such as exercise, group activities and volunteering can reduce social isolation & promote mental wellbeing. Feeling connected can improve satisfaction with life including greater resilience emotionally and physically.

The Social Service and Wellbeing Act and The Parliamentary Review of Health and Social Care in Wales, identifies the need to put people in control by strengthening individual and community involvement through voice and control in health and care, and ensuring all ages and communities have equal opportunities for involvement. This needs to be supported through a model of care that enables equal relationship between people and professionals and for people to make informed decisions based on the choices available to them.

In Powys there are strong and resilient communities. There are opportunities to build on these strengths to improve future wellbeing through intergenerational services, which are community and/or statutory led. This includes building on the strength of Third Sector capacity and volunteers, and evaluating areas of good practice such as community connectors and home support services to fully realise the potential benefits across the whole of Powys.

In Powys, people in the most deprived communities live more years in poor health compared to people in the least deprived areas. There is a 10 year difference for men and a 14 year difference for women in healthy life expectancy in Powys. Overall life expectancy differs by around 6 years for both men and women.

By growing up in a deprived area, children are more likely to have poorer health which will impact on the rest of their lives. Evidence shows that over a period of 10 years, cognitive outcomes for children in high and low socio-economic status diverge over time. Across Wales, there is a clear correlation between levels of deprivation and rates of overweight or obesity, ranging from 28.4 of children living in the most deprived areas being overweight or obese to 20.9% in the least deprived.

5.2.2 HEALTH AND WELLBEING

Health and care interventions that do not reach those at greatest risk are likely to increase the inequity in health outcomes. Reducing inequalities can be achieved through effectively working across health, local authorities, schools and other agencies by upstream interventions throughout the life course, but with particular emphasis on wellbeing, the first

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1000 days, adverse childhood experiences and independence. There is a need to work much more closely with our communities to intergenerational services that support everyone including those who need it most.

Supporting healthy lifestyles is a key contributor to the future wellbeing of Powys residents. Unhealthy lifestyles place greater demand on health and social care services and reduce people's opportunity to live fulfilling lives.

Smoking continues to remain the single greatest preventable cause of premature death and ill health in Powys and is one of the main contributors to health inequalities. Just under 1 in 5 adults currently smoke and 4 in 10 adults drink in excess of guideline amounts.

In Powys, more people are generally active than in the rest of Wales, and people in Powys are generally healthier than in the rest of Wales. However nearly 6 in 10 adults are overweight or obese, this equates to 58% of adults being overweight or obese (Wales 59%). Excess body weight is a major contributor to preventable morbidity and premature mortality. Being overweight or obese increases the risk of developing a wide range of serious health problems including type 2 diabetes, cardiovascular disease, cancer and musculoskeletal conditions such as osteoarthritis.

Whilst a greater proportion of the Powys population engages in healthy behaviours compared with Wales, there remains significant challenge in further improving health behaviours and health outcomes.

5.2.3 CARERS

The health of carers is Powys is reported as being typically below average. Some carers are now providing more than 50 hours of care each week. 65% of unpaid carers are over 50 and 39% are retired. Powys is below the Welsh average in the proportion of carers assessed and who were then provided with support (Wales 58.2% and Powys 34.8% - 2013/14 baseline).

Being a young carer can significantly impact on their wellbeing, education and future opportunities. Young carers have a significantly lower attainment level at GCSE and are much more likely to be Not in Education, Employment or Training (NEET).

Respite is hugely important to carers and at times is limited in parts of Powys.

The Social Services and Well-being Act is designed to ensure that carers can access a wider range of appropriate services in a more flexible way. Key areas identified for development include:

- Information, Advice and Assistance (IAA) - access to comprehensive information relating to all types of support and respite services. IAA services will play an important role in signposting carers and others to preventative care and support services in their community without the need for formalised assessments.
- Integrated Assessment - a duty to undertake a proportionate carer's assessment where it appears that a carer has need for support to ensure that more energy is focused on delivering support.
- Community Based Preventative Services – The new arrangements for support will mean the majority of carers will receive support through the provision of IAA services and or be supported through community based preventative services.

- After Assessment – A national 'eligibility framework' will be developed and the detail of how this will operate will be set out in Regulations.
- Support Plans – If a carer is assessed and confirmed as having an 'eligible need' for support the local authority will put in place a support plan for the carer, and will carry out further assessments and revise the plan if there has been a change in the carer's circumstance.
- Direct Payments – Carers who are assessed by their local authority as having an eligible need for support will be entitled, as now, to receive direct payments (subject to financial assessment) so that they can arrange their own support.

5.3 WELLBEING INTENDED OUTCOMES

Through successfully focussing on wellbeing, people in Powys will say;

- I am responsible for my own health and wellbeing.
- 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 wellbeing, for myself and my family.
- I have life opportunities whoever I am and wherever I live in Powys.
- The environment/community I live in supports me to be connected and to maintain my health and wellbeing.
- As a carer I am able to live a fulfilled life and feel supported.

5.4 EARLY HELP AND SUPPORT STRATEGIC CHALLENGES/OPPORTUNITIES

The impact of unhealthy lifestyles on individuals and wider health and social care services means that early help and support is a key strategic focus. Providing early help and support in an integrated way is vital across the life course to improve wellbeing, prevent people from disease, enable people to lead fulfilled lives and manage ill health effectively.

5.4.1 ACHIEVING THE BEST START IN LIFE

Significant evidence supports the need to focus on the first 1,000 days of a child's life. The right nutrition during this 1,000 day window has a profound impact on a child's ability to grow, learn and thrive. Nutrition during pregnancy and in the first years of a child's life provides the essential building blocks for brain development, healthy growth and a strong immune system. In fact, a growing body of scientific evidence shows that the foundations of a person's lifelong health—including their predisposition to obesity and certain chronic diseases—are largely set during this 1,000 day window.

There is also growing evidence that our experiences during childhood can affect our health throughout the life course. Children who experience stressful and poor quality childhoods are more likely to adopt health harming behaviours during adolescence which can lead to mental health illnesses and diseases such as cancer, heart disease and diabetes later in life. These negative experiences are referred to as ACE's – Adverse Childhood Experiences, they can alter how children's brain develops, as well as change the development of their immunological and hormonal systems. Preventing ACE's can have a huge impact on children's well being and reduce additional costs to the health system. Tackling ACE's will rely on having the intelligence on how many people are exposed to ACE's; this information can often prove difficult to obtain. Midwifes, and health visitors will be crucial in supporting this, identifying potential issues at point of conception and identifying those children at risk and identifying appropriate intervention support.

In Powys the number of looked after children is low compared to Wales, however there are more complex needs arising and more children being placed on the child protection register, with neglect being the most common reason. There is a need to develop a local plan to ensure prevention of adverse childhood events and appropriate focus on the first 1,000 days. There are also opportunities to look at how health and social care work with schools to talk to children about their wellbeing. Broadening staff understanding around the early beginnings and what services are available is essential to ensuring children are getting the right level of support as early as possible.

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4.5.2 INTEGRATION OF PRIMARY AND COMMUNITY CARE SERVICES

Primary and community care services are fundamental to wellbeing and ensuring early help and support to residents in Powys.

In Powys there are seventeen General Practices with practice list ranges from 2,957 to 15,512 patients. There are a number of factors currently affecting the sustainability of general practice services including GP recruitment, removal of the minimum practice income guarantee, rurality associated with cost pressures of working across multiple sites. New workforce models are being piloted to include community pharmacists, urgent care practitioners, advanced nurse practitioners and physician associates. Some General Practices are already utilising technology to provide virtual consultations as support to other GP practices.

Some practices are working from within buildings which require substantial maintenance and repair investment. There are two practices (Welshpool and Newtown) whereby the premises are no longer fit for purpose. Opportunities to integrate general practice within new health and care developments should be explored, this is currently being progressed in the Machynlleth area.

There are similar risks in sustainability of primary care dental services across Powys, key challenges include gaps in provision, single practicing dentists, recruitment and training. The Health Board have provided some support to primary care dental services via the Community Dental service, there are further opportunities to improve access through developing mobile dental services and by bringing services closer to home for people. The latter is subject to capacity being available within existing buildings or new developments such as the Regional Rural Centre in Newtown.

Optometry services within Powys work well, there are further opportunities to expand services on the high street, reducing demand on secondary care services. There are also opportunities to improve access to support for people who are visually impaired.

5.4.3 SUPPORTING PEOPLE WITH CHRONIC CONDITIONS

People with long-term conditions are the most frequent users of health care services, accounting for 50 per cent of all GP appointments and 70 per cent of all inpatient bed days. There is an ever-increasing demand on primary and community care services from people with long-term conditions.

Screening is an important component of the pathway, to identify people who have chronic conditions or who are at risk of developing them, this can help prevent disease or lessen the severity of illness.

Barriers to making better lifestyle choices for people with long term conditions include poor health literacy and lack of psychological support to modify their behaviour. This has been combined with a current medical model which has usually meant people playing a fairly passive role in their condition management.

Around 70-80 per cent of people with long-term conditions can be supported to manage their own condition (Department of Health 2005). Self management has potential to improve health outcomes in some cases, with people reporting increases in physical functioning (Challis et al 2010). It can improve experience, people reported benefits in terms of greater confidence and reduced anxiety (Challis et al 2010). Self management, combined with

tailored information and signposting, education and psychology support will improve outcomes and potentially reduce hospital admissions. Community pharmacy could be integrated within Wellbeing Community Hubs and Regional Rural Centres to support prevention and management of short and long term conditions and to promote self care.

There are opportunities to develop chronic condition services so that more services can be provided locally, through an integrated approach that supports people with multiple conditions via a single management plan and chronic condition co-ordinator. Ensure holistic needs on the individual and their family are met.

5.5 EARLY HELP AND SUPPORT INTENDED OUTCOMES

Through successfully focussing on early help and support, people in Powys will say;

- I can easily access information, advice and assistance to inform myself and remain active and 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.

5.6   THE   BIG   FOUR   STRATEGIC   CHALLENGES   AND OPPORTUNITIES

The Public Health Report for Wales, 'Making a Difference Investing in Sustainable Health and

Well-being for the People of Wales' highlighted that making a fundamental shift to re-focus the health and care system on prevention, early help and support will improve wellbeing and in the longer term reduce the burden of disease.

The Health and its determinants in Wales report, illustrates the contribution made to ill health by different causes at different stages of the life course. Cancer (neoplasms), cardiovascular diseases, respiratory diseases, and mental health disorders all feature prominently from the early years onwards. Neoplasms (cancers, 19%) and cardiovascular disease (18%) are the leading causes of disability-adjusted life years (DALYs) by cause, in Wales, 2016 and the main causes of years of life lost (YLL) in 2016. Musculoskeletal disorders and mental and substance use disorders were identified as the main causes of years lived with disability (YLD).

The Health and Care Strategy for Powys recognises the need to address these four causes, bringing them together under the heading "The Big 4".

In tackling 'The Big Four' the current system can be slow to diagnose people; this leads to deterioration whilst people are waiting and can therefore increase costs, mental health implications and lower self-esteem.

5.6.1 MENTAL HEALTH

Improving mental health is a critical issue for people of all ages and its impact is cross cutting, affecting life chances; learning, home life, employment, safety, physical health, independence and life expectancy.

The Kings Fund 'bringing together physical and mental health' published a compelling the case for seeking to support physical and mental health in a more integrated way, in addition to integration of health and social care. It identified there are high rates of mental health conditions among people with long-term physical health problems, and that there is reduced life expectancy among people with the most severe forms of mental illness, largely attributable to poor physical health.

The average lost years to life for males with mental health problems. Women with mental health problems on average lose 6 years this is the biggest health inequality.

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In Powys 10.4% of adult population report being on the mental register (Wales 12.4%). It is estimated there are 4,256 people over 65 with Dementia and 8% of the Powys population report being treated for depression or anxiety.

For children and young people, anxiety/stress was by far the most reported presenting issue for young people in Powys. The number of referrals to the Children Mental Health service increased over the last two years.

Mental health services previously had complex arrangements in Powys with services being delivered to Powys residents by three neighbouring health boards and the ability to deliver change was increasingly challenging. The management of services were recently brought back into the health board and new rural community models of care are being developed to improve services and address some of the key workforce challenges.

Recent recruitment challenges in the north of the county, led to the development of an alternative inpatient model, these services are now provided via a Dementia Home Treatment Team and feedback from service users has been positive. There are further opportunities to embed consider this approach across South Powys.

Reducing stigma associated with mental health services remains a challenge. There is a need to improve awareness of the range of mental health issues by linking access to information and support on mental health to all other services that are universally available. This would also help to provide earlier interventions.

5.6.2 CANCER

Cancer incidence rates are increasing and there is a need to ensure future demand can be met. There continues to be variation in cancer outcomes across Wales, and there is a need through commissioning to ensure equity of access and quality.

Nearly all cancer services are provided outside of Powys either in England or Wales. The current service provision includes primary prevention, screening, advice and guidance, end of life support including hospice. People requiring diagnosis and treatment are referred to the nearest external District General Hospital or specialist cancer centres. It can be difficult to co-ordinate care due to the use of multiple providers and the cross border complexity this brings. Case management and co-ordination is therefore crucial to ensuring that people with cancer receive the right information, early help and support and high quality, effective services. There are opportunities to improve communication and work more collaboratively to redesign the whole system and to provide care closer to home for services such as chemotherapy, as well as other parts of the cancer pathway. These opportunities would also build on the strengths of the existing community nursing team.

The risks of cancer are proven to reduce as the health status of the people is improved. Focus on primary prevention to reduce smoking, alcohol consumption and obesity will positively impact on the future risk of people developing cancer.

People are receiving earlier diagnosis through effective screening programmes. In Powys screening is undertaken through the National Screening Programmes as well as through Third Sector screening activities. It has been identified that onward referral from screening to mobile screening units in Powys needs to be reviewed in order to ensure that the referral pathway is appropriate for people whether that is in England or Wales. This needs to take into consideration travel and potential onward referral. Work to improve screening rates

through a coordinated approach, identifying local need, and working collaboratively with the national screening programmes and our Third Sector partners is required.

The age-adjusted cancer incidence rate in PTHB has increased from 567 cases per 100,000 population in 1995, to 632 cases per 100,000 population in 2014. The one year survival rate for all cancers has improved by 12 percentage points in PTHB between 1995-99 to 2009-13. Nearly three quarters of persons diagnosed with cancer in 2009-13 were alive one-year after diagnosis.

More people are living with and beyond cancer, this means improving quality of life and experience is paramount. For many this becomes a 'long-term condition' and many more people are living with the physical and psychosocial consequences of their cancer or its treatment. The recently implemented Powys Community Cancer Nurse pilot has demonstrated that when people are offered holistic needs assessment appointments, and are able to access the appropriate services and information, a real difference can be made. Powys is keen to learn from examples of good practice such as the successful Implementing Cancer Journey Programme from Glasgow, and is working with Macmillan to explore the opportunities for implementing a proactive community response to the needs of people with cancer in a rural setting.

The majority of people with cancer responding to the Macmillan Cancer Survey (90%) rated their overall care as 7/10 or more, however only 15% said they were offered a written care plan, Powys respondents scoring the lowest out of all health boards and less than half (45%) felt they completely discussed the impact of cancer on their day-to-day activities.

The Annual Report 2015/16 of the Director of Public Health for PTHB highlighted the following key messages for cancer:

- The four most common incident cancers in Powys are prostate, female breast, colorectal and lung cancer.
- The incidence of lung cancer is significantly lower (better) in Powys than in Wales for the period under consideration. For all other cancers considered, the incidence rate in Powys is not significantly different from the national rate.
- One and five year survival rates from individual cancers amongst the Powys population are, in general, not significantly different to the national rates.
- Findings have highlighted the need for ongoing surveillance of ovarian and oesophageal cancer, although the analyses are based on relatively low numbers.

5.6.3 RESPIRATORY

One in twelve people are said to have a respiratory illness and Wales has the highest prevalence of asthma in Europe. In Powys Chronic obstructive pulmonary disease (COPD) affects 2,216 adults or 2% of the population. This figure is projected to rise to 3,264 by 2019.

Improving the respiratory health of the population of Powys is a challenge and if it is done well it can improve the lives of people and their families. People who have a respiratory condition need access to care and support whenever it is needed.

Tobacco control, preventing the update of smoking, reducing smoking prevalence are all preventative measures which need to be taken to reduce incident rates.

There is significant opportunity for more telehealth/digital health care and to support self monitoring. Self monitoring takes place via key health indicators monitored on a daily basis

by a smart phone. The smart phone apps and other technologies are able to support in diagnosis and prescribe medication.

There are also opportunities for technology to support the National Exercise Referral Scheme enabling people to self refer and by making them more accessible services in communities through use of video link and skype.

5.6.4 CIRCULATORY DISEASE INC. DIABETES, HEART DISEASE AND STROKE

Approximately 3,174 adult patients are living with the consequences of stroke. 2% of adults have had a stroke in Powys. This figure is projected to rise to 3,340 over the next three years.
There needs to be greater emphasis on identifying and engaging with people who are at greater risk of developing a stroke, tackling the determinants which contribute directly to an increased risk of stroke. Working proactively with this cohort will help to reduce the risk of a stroke. There are opportunities to further strengthen emotional and psychological support for people who have had a stroke, and to develop the provision of stroke rehabilitation in people's own home through suitably trained staff to be based across Powys.

The total number of patients diagnosed with diabetes in Powys increased to 8,469 in 2015/16; generally there has been an upward trend in the past five years. Of these; 647 have type one diabetes. Evidence shows the onset of diabetes can be delayed or prevented through improved management of obesity, smoking and high blood pressure. Effective management of the condition can increase life expectancy and reduce risk of complications. Self management is the essential element of diabetes care and is an important area of focus, it relies on good access to psychology services.

80% of diabetic service costs are associated with complications developed from diabetes e.g. renal, heart failure and amputation. Some of which can then have an impact on social care needs and on the economy potentially due to loss of employment. There is a significant impact to be had through preventing people from developing diabetes and from effective management of those who have diabetes.

Proactive identification of people who are at risk of developing type 2 diabetes is essential to ensuring earlier diagnosis and reducing onset through targeted lifestyle intervention and psychology to support changing behaviours. There are opportunities to develop more localised services in Powys, this includes the expansion community provision through one stop services via an integrated health and care team which ensures timely access to advice and guidance from consultants to prevent unnecessary referrals to secondary care.

Increased delivery of effective education and lifestyle services will encourage greater responsibility of people and communities to improve their lifestyle.

There are approximately 4,432 patients living with coronary heart disease in Powys or 4% of the population. This figure is projected to remain largely unchanged over the next three years. The team see approximately 400 of these people, there are opportunities for greater focus on risk management and for working with all people with heart disease to ensure appropriate prevention and early intervention.

In Powys there are high levels of people with Atrial Fibrillation, therefore a need for general health promotion in relation to blood pressure and pulse checking to improve understanding of how individuals can support themselves with this condition.

There are opportunities to expand local services in Powys through developing one stop services to undertake echos and angiograms. This would require broadening the team's skill base and commissioning secondary care advice and guidance but would reduce travel times significantly for people.

5.7 THE BIG FOUR INTENDED OUTCOMES

Through successfully focussing on 'The Big Four', people in Powys will say;

- 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.

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Joined Up Care

5.8 JOINED UP CARE STRATEGIC CHALLENGES AND OPPORTUNITIES

The health and care system is complex, often there are multiple organisations involved in caring for an individual and this can results in handovers, delays and repetition when sharing information. With growing expectations and increasing complexity of need, its important services become more flexible to respond and help people to navigate easily to ensure early help and support.

5.8.1 URGENT CARE

The majority of unscheduled care services are provided outside of Powys with the exception urgent care and minor injuries. Currently there are sustainability issues with the provision of out of hours services, short term mechanisms have been put in place but a longer term solution aligned with the new NHS 111 service is required. In Powys, there is significant variation in the minor injuries services across Powys, which are provided from within GP practices and /or community hospitals. There are opportunities to develop a new model of care to strengthen minor injury and illness provision and ensure residents are clear on what services they can access where across Powys.

Avoiding unnecessary admissions to hospital is a key area of work for the Health Board and Powys County Council. The Virtual Ward has been in operation for a number of years. There is a need to ensure this service is admitting people who are truly those who will benefit the most, i.e. those most at risk of unplanned hospital admission, and ensure effectiveness in terms of their experience and cost.

There is also an increasing need to develop alternative pathways to prevent admissions to hospital, this is due to the neighbouring secondary care providers, who are reconfiguration services which might impact on access to emergency care for Powys residents.

Evidence shows holistic case assessment and a personalised case management plans reduce duplication and provide the case manager with a detailed understanding of the needs of the individual and their carer. Care co-ordination centres can improve discharge planning processes, providing opportunities to release inpatient capacity, but more importantly can reduce unnecessary hospital stays. Prolonged bed rest results in a reduced functional capacity of multiple body systems (especially the musculoskeletal system). We know that if people who are admitted stay in their pyjamas or gowns for longer than they need to, they have a higher risk of infection, lose mobility, fitness and strength, and are at risk of increased dependency.   Further work is required to reduce length of stay/delayed transfers of care and prevent people from being admitted to hospital, through increasing alternative provision for those people who dial 999.

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5.8.2 PLANNED CARE

A number of planned care services are provided from within Powys mainly from within the community hospital outpatient and day case departments. There are opportunities to further improve planned care services by:

- People to access electronically advice, book appointments and get test results.
- Commissioning advice and guidance services from secondary care organisations to reduce referrals into secondary care.
- Developing one stop services locally to reduce the need for multiple appointments (sometimes out of county), improve experience and outcomes.

In 2016 clinically led internal demand and capacity modelling work identified significant opportunities to repatriate outpatient and day case activity into Powys, to reduce unnecessary travel out of county. There is a growing evidence base to support a shift of services from secondary care to primary and community through clinical led pathway redesign. This would further utilise the two state of the art theatres based in mid and south Powys, creating potential opportunities to develop surgical services within the Newtown area.

5.8.3 NEW MODEL OF CARE – LLANDRINDOD WELLS AND MACHYNLLETH

There are opportunities to develop unscheduled care and planned care services through Regional Rural Centres. Capital funds have been secured for Llandrindod Wells Hospital, this hospital is strategically placed in Powys to support the repatriation of services from Wye Valley Hospital. The scheme will reconfigure departments to maximise capacity, improve experience and productivity, and will provide fit for purpose accommodation that improves infection control and meets health and safety. It provides further capacity to repatriate activity from secondary care and to opportunities to develop and expand existing services within the hospital. For the longer term, there is a need to look more broadly at the population and future health and care model within this area to strengthen Llandrindod Wells as a Regional Rural Centre.

Capital funds are also being secured for Bro Ddyfi Hospital in Machynlleth. The business case seeks to address issues with backlog maintenance costs for the front block which are estimated at £4,268,516 (inclusive of fees and VAT) and to address fundamental issues including compliance, infrastructure, water ingress and first floor accommodation which has become unsafe. The geographical location of Bro Ddyfi Hospital in Machynlleth is strategically placed to develop a 'Wellbeing Community Hub' to serve the north west Powys population. It has strong links with Bronglais Hospital in Aberystwyth and is further developing links with Tywyn Community Hospital. There is a need to further align the capital investment project work with the health and care model developed during 2018/19 and to progress this work with the community under the umbrella of the Mid Wales Healthcare Collaborative.

5.9 JOINED UP CARE INTENDED OUTCOMES

Through successfully focussing on 'Joined Up Care, people in Powys will say;

- 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.

Workforce Futures

5.10 WORKFORCE STRATEGIC CHALLENGES AND OPPORTUNITIES

A key strength is that the workforce in Powys is committed and professional. Findings from the recent staff survey are positive. The way in which we plan, recruit, support, develop and deploy staff, will be vital in addressing the risks associated with the delivery of the Health and Care Strategy.

5.10.1 GENERLA WORKFORCE CHALLENGES:

- The working age population is predicted to significantly reduce in the next 20 years.
- Significant number of younger people are leaving the county to pursue further education and careers out of county.
- The workforce is unstable in terms of single professional roles.
- Ageing workforce, a large percentage of the workforce is over 50.
- There are areas in Powys where it is hard to attract/recruit for all employers.
- Not making the best use of prevention and community based services due to lack of knowledge, information /understanding.
- Capable post retirement population resource could be utilised.
- Lack of workforce plan and strategy across the whole health and care system.
- Utilising the skills of carers to join the workforce.

There are also wider considerations that must be explored in terms of ensuring shared organisational cultures that span organisations. This involves supporting innovative approaches that will be needed for the workforce to succeed.

5.10.2 RECRUITMENT AND RETENTION

Recruitment and retention remains particularly challenging across all care and clinical groups – with General Practice being a critical issue. Within adults social care there are areas where recruitment and retention is more difficult, including mental health social workers who are Approved Mental Health Professionally qualified. In domiciliary care, it is becoming more difficult for providers to recruit staff, this is an area where increased use of direct payments and the dynamic purchasing system are intended to secure more creative approaches.

The current situation results in higher than desired use of temporary workforce solutions and/or challenges in sustaining services.

Both the Health Board and Powys County Council are developing their recruitment and retention capability. This needs to be undertaken in the context of a wider joint workforce plan which considers private, independent and Third Sector and recognises Volunteers and Carers as part of the wider team.

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New workforce roles have been developed and piloted. Further opportunities need to be explored around more generic roles to support people with long term conditions, and providing greater flexibility within integrated health and care teams to be able to respond to an individual's holistic needs in a timely way.

Evidence suggests that engaged staff have better job satisfaction and those at the frontline are the best placed to identify the barriers to improvement and to develop innovative services.

Effective staff and partner engagement is crucial to implement the Health and Care Strategy and Area Plan. There have been recent improvements, but there are still opportunities to develop a more integrated approach.

5.11 WORKFORCE INTENDED OUTCOMES

Through successfully focussing on 'Workforce Futures', people in Powys will say;

- 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.

Innovative Environment

5.12 INNOVATIVE ENVIRONMENT STRATEGIC CHALLENGES AND OPPORTUNITIES

5.12.1 OUTDATED BUILDINGS

The geographical distribution of the health board's estate and its functionality has evolved around traditional patterns of care and much of the estate is now outdated. At forty five per cent, the Health Board has the highest proportion of healthcare estate in Wales that pre-dates 1948. The draft results of the recent six facet survey indicate that backlog maintenance of the estate is likely to be in the order of £60-£70M. Only 62% of the estate is in condition category B or above, the worst in Wales.

The Primary Care estate is more modern, although the newest facility is now 12 years old. The majority of practices are under direct GP ownership which can cause challenges in recruiting new GPs.

Powys County Council owns over 700 land and building assets (excluding council houses) These can be broadly split into the following categories:

- Operational e.g. Schools, Care Homes, Offices, Depots
- Commercial Estate e.g. Business units, Livestock Markets
- Farms Estate - PCC own about 150 farms.
- Community Assets e.g. War memorials, Outdoor recreation
- Surplus Estate - These are properties which have been declared surplus by a service and are in the process of being sold. There are in the region of 30- 40 of these at any one time.

In terms of care and support services the following table illustrates the type and number however not all are owned or run by the council.

Type	Number
Sheltered Housing	2006 units
Extra Care	58 units
Intermediate Care	1 x 12 bed unit
Residential Care	684
Day Centres	6 (council run)

The majority of the Council's estate is based on out dated models of delivery and requires significant investment to transform the way we provide care.

The ambition is to develop public sector assets to provide integrated facilities where they are required. Providing modern facilities will support new ways of working, but there is also a need to ensure utilisation of existing assets and to meet future standards of the built environment. The Health and Care Strategy and Area Plan is the vehicle for discussing the future opportunities with Powys residents, who will shape the nature of service delivery and the estates requirements to enable this.

5.12.2 OPPORTUNITIES TO CONCERNTRATE SERVICES WITIN INTEGRATED REGIONAL RURAL CENTRES

The current configuration of health and care services in Powys is fragile in areas, often it is difficult to staff services in multiple locations with low levels of activity and this results in services being provided less frequently, with reduced productivity and high costs. The key reasons are due the geographical size of Powys and the population base, this makes it difficult to provide services in multiple locations and for staff to gain the right level of experience and skills working in a rural setting.

Developing Regional Rural Centres will concentrate services, improve productivity and staffing. Brecon and Llandrindod Wells are well established centres with theatres, day case and outpatients, and further expanding their provision will be important as they are strategically placed to repatriate activity from neighbouring secondary care organisations. Newtown is a key area for development. There are multiple health and care buildings, some of which are not fit for purpose, such as the children's centre (Ynys y Plant) and the mental health facility (Bro Hafren). The condition of these services inhibit service user experience and prevent service modernisation. There is a significant opportunity to develop a new integrated health and care facility in Newtown to bring together existing services under one roof and fully realise the benefits from the delivery of a new health and care model for this population.

5.12.3 OPPORTUNITIES TO ENHANCE COMMUNITY FOCUS

Wellbeing Community Hubs create environments which enhance community focus and improve wellbeing. There are multiple drivers for creating these hubs across Powys:

- The current community asset base is not fit for purpose and will require significant investment.
- Joint capital investment can generate efficiencies and enable existing assets to be disposed of.
- Access to services can be improved by single points of contact for one stop appointments / opportunities and to aid transport links.
- Co-location of staff teams can enhance working relationships and improve the service user experience.
- There is a rich community resource base on which to draw to ensure a comprehensive range of integrated services that help people to stay connected.
- There is fragility within the services currently being provided from within Knighton Hospital, partly due to the rurality of the area. This presents a need to review the current service model and look at innovative ways to delivering health and care.

5.12.4 SUPPORTED ACCOMODATION

Ensuring provision of supported accommodation in Powys is important in securing future provision for children, people with learning disabilities and older people. The following key challenges have been identified:

- There is falling demand for standard residential care services and current supply exceeds projected demand overall, in addition the bed provision is not necessarily located where needed
- The results from a condition survey by the Council's Corporate Property demonstrate that the Council owned homes require significant investment (circa £4.2m) in order to bring them up to industry standard.
- Evidence shows us that the more independent people are, and the better connected with their local communities and services, the better their health and wellbeing.
- Research suggests that inaccessible or inappropriate housing can significantly reduce the ability of people who have ill-health or a disability to lead, good quality lives and in many cases is a direct contributor to unnecessary entry into long-term care.
- The current supply of accommodation available across the county is limited and there is a clear message from Powys citizens that they generally want to stay at home and therefore require alternative provision to residential care.

5.12.5 CHALLENGES IN TRANSFORMING SERVICES ACROSS POWYS

Creating an innovating environment is not just about buildings, it's about creating an environment whereby it is easy to spread learning and good practice. In Powys, there are pockets of good practice and innovative working such as the Community Connector Service, Befriending and Home Support and Dementia Matters, however mainstreaming and sustaining this work is proving hard due to the rurality of Powys and austerity. Some key challenges are:

- There are excellent examples of innovation and improvement but it is difficult to scale up or to main stream the approach particularly in relation to early help and support.
- Although improvements have been made in relation to projecting future need / demand this needs to be a more integrated approach.
- A collective approach to measuring impact, outcomes and social value is essential to targeting and aligning our resources.
- Research and development needs to play a critical role in the ongoing innovation and commissioning process.

New ways of evaluating pilots and upscaling to deliver change at pace across Powys is required to ensure we make a positive difference to health and care.

5.13 INNOVATIVE ENVIRONMENT INTENDED OUTCOMES

Through successfully focussing on 'Innovative Environment', people in Powys will say;

- I am part of a thriving community that has a range of opportunities for health and social care, social events, access to advice and guidance services to support my well-being.
- I have access to Regional Rural Centres providing one stop health and care services – diagnostic, advice and guidance, day treatments, etc. which reduces unnecessary out of county travel.
- I am encouraged and supported to utilise the great outdoor environment 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.

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Digital First

5.14 WORKFORCE STRATEGIC CHALLENGES AND OPPORTUNITIES

5.14.1 INFORMATION ADVICE AND GUIDANCE

Information Advice and Guidance is a core requirement of the Social Services and Wellbeing Act. Evidence shows that if people receive the right information, advice and assistance at the right time, and in the right place it prevents things from escalating and becoming a crisis, thus reducing the need for formal assessments.

There are a wealth of community services who are placed to support people accessing information, advice and assistance but would benefit from better co-ordination at local level to understand their role in the health and care pathway.

The sharing of information between partners when doing home visits is vitally important in improving the safety and well-being of Powys residents, and a collective approach in sharing information; skills and resources, is the sufficient yet most effective approach in moving forward in a holistic way.

The approach to sharing information and alerting partners to those at risk within the home should continue to be developed, enabling each organisation to help the other in this regard to the benefit of Powys residents.

5.14.2 IMPROVING ACCESS THROUGH DIGITAL OPPORTUNITIES

Digital opportunities are significant and can improve access to services, enable people to remain independent and empower people to be more in control through greater access to targeted information. Good quality data and technology can aid the process of self-serve and reduce the call on a person to person response. New technologies can also offer huge opportunities from earlier diagnosis, as well as enabling rapid response to avoid hospitalisation. They can help health and care professionals to work together as a "team around the person" and reduce the need for people travel for appointments. Technology apps also have a big role to play in helping motivate people to manage their own health and wellbeing, self-care and manage their own medications.

Digital implementation is reliant on having a good infrastructure. In Powys, 63% of rural communities have a poor mobile phone signal or none at all. The central and northern parts of the County are particularly affected. Solving access problems is also not simply about infrastructure. In 2014/15 the Wales National Survey reported that 63% of 65-74 year olds and only 29% of people aged 75 and over were using the internet. It should also be noted digital exclusion amongst disabled people (38%) is double the figure for all adults (19%) Whilst providing support is critical, usability and affordability are also significant barriers.

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On-going investment to retain a fit, robust and safe infrastructure is fundamental for any digital capability and to maintain current business continuity. The challenge is to ensure we maintain our infrastructure in a cost effective manner whilst being adaptable to the organisations and industry change that affect us. Continued investment in this area is fundamental.

The Health and Care Strategy recognises the importance of digital inclusion, the impact and benefits it brings to the residents of Powys. The PSB Wellbeing Plan takes into account the key priorities required to improve digital inclusion and infrastructure and this dependency will monitored to ensure appropriate linkage with the Joint Area Plan.

5.14.3 OPPORTUNITIES FROM ASSISTIVE TECHNOLOGY

Benefits from assistive technology are significant, it can reduce home care, prevent people from going in to residential or nursing care, reduce the need for day care, reduce the need for supported living and help people manage with conditions such as Alzheimer's and Dementia. An assessment of the impact of use of telecare in Blackburn with Darwen between 2008 and 2010 evaluated the outcomes for 114 users, evidencing significant reductions in escalations of care. Evaluation of the assistive living technology programme between 2008 and 2012 showed a net reduction in costs of £2.2 million directly attributable to the use of Assisted Living Technology.

Telehealth and telemedicine can promote self-care and support for people and carers. It can enable clinicians, managers and support staff to work more effectively and efficiently whether in community hospitals, primary care facilities or out in the community. It will also reduce travel time and miles for people and staff and allow for more agile working.

Electronic health and care records enable joined up care and reduce the need for people to repeat information being shared with multiple professionals. Further work is required to maximise the potential of Welsh Community Care Information System (WCCIS) to include:-

- Use of WCCIS as a predictive tool in relation to population assessments.
- Supports integration of care planning processes with financial processes to provide clarity on spend and unit costs.
- Better alignment of care and support information for children and young people.
- Building methodology to understand the impact and value of external / commissioned services by enabling them to record activity in relation to their contribution to care and support plans in order to enhance the whole picture on WCCIS.

5.15 DIGITAL FIRST INTENDED OUTCOMES

Through successfully focussing on 'Digital First, people in Powys will say;

- 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

5.16 TRANSFORMING IN PARTNERSHIP STRATEGIC CHALLENGES AND OPPORTUNITIES

5.16.1 INCREASING SOCIAL VAULE

People should be involved in designing and operating services at all levels, from individual to population. There is a need to empower people to produce innovative solutions for delaying, preventing and meeting the need for care and support through local networks and communities.

The section 16 duty also means putting robust arrangements in place to secure involvement of people in the design and operation of services. This means focusing on outcomes and supporting more arrangements designed with and led by people who need care and support and carers who need support. Encouraging local people and businesses to be more actively involved in communities can support people to achieve their well-being.

Powys Regional Partnership has established a Social Value Forum who will work with the RPB to address the following:-

- Advise the RPB about what it needs to do to support and build and stabilise the market
- Provide scrutiny and challenge to the work of the RPB
- Align work to the future model of care particularly around community focused outcome based prevention and early intervention services.
- Support the commissioning process:-
- Needs assessment work – mapping and gapping
- Engaging service users / consultation
- Share ideas for service re-design
- Promote the work of the RPB and act as ambassadors for the Health and Care Strategy.
- Identify, share and learn from good practice
- Identify ways in which to quantify and generate greater social value

5.16.2 IMPROVING SAFEGUARDING

Safeguarding in Powys is everyone's business and requires shared understanding and ownership of both the issues and solutions across all organisations, professionals and the public.

Improving over time other opportunities for partnership arrangements (including third sector) for early intervention and support to ensure any safeguarding risks can be reduced or mitigated at the earliest opportunity to impact positively on outcomes for vulnerable people.

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All residents should live their lives free from violence, abuse, neglect and exploitation and their rights are protected. All safeguarding work is sensitive to and firmly rooted in respect for differences in race, ethnicity, culture, ability, faith and sexual orientation. Engaging with and being responsive to the needs of all stakeholders, including children at risk, adults at risk, carers, service providers and the wider community, is essential in implementing the Health and Care Strategy and Area Plan.

5.16.3 MORE JOINT COMMISSIONING

Part 2, section 16 of the Act introduces a duty on local authorities to promote the development, in their area, of not for private profit organisations to provide care and support and support for carers, and preventative services. These models include social enterprises, co-operative organisations, co-operative arrangements, user led services and the Third Sector.

The Third Sector can and do provide good value flexible services at community level in response to local need, particularly in relation to early help and support.

Developing pooled budgets and joint commissioning and grant arrangements for Third Sector provision will enable jointly our ability to improve wellbeing and provide early help and support.

The Social Services and Wellbeing Act - Partnership Arrangements Regulations (Part 9) require the establishment of pooled funds in relation to:

- The exercise of care home accommodation functions;
- The exercise of family support functions;

Pooled budgets can aid the delivery of seamless services.

5.16.4 IMPROVING ACCESS AND TRANSPORT

Access to services is a key issue within the wellbeing assessment. The Health and Care strategy aims to overcome this issue through bringing care closer to home through greater utilisation of digital first and by creating innovative environments which support Regional Rural Centres and Wellbeing Community Hubs.

Non-emergency transport is another key factor in improving access to services. In Scotland, research was conducted to identify and, where possible, measure the economic and social benefits generated by community transport (CT). The research identified the following in relation to Health.

- Community Transport services are seen to be of significant importance in tackling isolation and promoting social inclusion. Community Transport provides a means for isolated individuals to interact – e.g. 68% of all respondents indicated that the CT service they used was very important 'just to get out'.
- Community Transport services are seen as important in promoting wellbeing, quality of life and mental health. 75% of applicable respondents to our survey agreed that without the service they would find it difficult to access activities. Almost half of all respondents 'strongly agree' that their physical health is better because they use the Community Transport service.
- The research also strongly supported the view that Community Transport is a key facilitator in leading to the earlier detection and treatment of emerging health issues.

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60% of applicable respondents agreed that they now see the doctor quicker and/or more often because of the Community Transport service they use. Similarly, 39% of applicable respondents agreed that the Community Transport service makes it much easier for them to get their medication. Without the Community Transport service, individuals sometimes put off going to the doctor, not wanting to be a burden on their families.

5.16.5 SUPPORTING THE WELSH LANGUAGE

The regulation standards will require the Health Board and the Council to plan their work to improve their offer including more services through the medium of Welsh. Building on the Welsh Government's strategic framework for Welsh language services in health, social services and social care which has helped to improve Welsh language services in the sector.

According to the 2011 Census, 18.6% of the population of Powys speak Welsh - a total of 23,990 Welsh speakers. 34% of Welsh speakers were between 5 and 17 years old.

Ystradgynlais has the highest number of Welsh speakers – 3369 according to the 2011 census. But second in terms of the number of Welsh speakers is Newtown, with 1600 Welsh speakers, and Machynlleth third with 1119.

Wards with the highest percentages of Welsh speakers are in the Dyfi, Banw and Tanat valleys in Montgomeryshire and in the Ystradgynlais area in Brecknockshire. 64.2% of the residents of Cadfarch, near Machynlleth speak Welsh, 56.5% in Llanerfyl, 50% in Pen-y-bont-fawr and 42.8% in Ystradgynlais.

Many Welsh speakers can only communicate their care needs effectively through the medium of Welsh, and for many Welsh speakers, using Welsh is a requirement not an optional extra.

5.17 TRANSFORMING IN PARTNERSHIP INTENDED OUTCOMES

Through successfully focussing on 'Transforming in Partnerships, people in Powys will say;
- 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 considering welsh language and cultural diversity.
- The services I receive are coordinated and seamless.
- I am able to access buildings and resources which are shared for multiple purposes, by multiple organisations.
- My community is able to do more to support health and wellbeing.

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6. Vision into Action

6.1 START WELL, LIVE WELL, AGE WELL SUCCESS

Health and care services need to work for all people of Powys throughout their life and therefore a key aspect to the strategy is its ambition to enable children and young people to 'Start Well', for people to 'Live Well' and older people to 'Age Well'. Success will be measured against these life cycle stages and key outcome measures. The below graphics show what successful delivery of the Health and Care Strategy outcomes looks like for people in Powys throughout their lives.

START WELL

"I am happy, healthy and ready to learn"

"My parents lead a healthy lifestyle, they are confident and well supported to help me meet my needs"

"People around me are helping me to make the right decisions and equip me to make healthy choices"

LIVE WELL

"My environment enables me to live healthily, easily, knowing how to access information and advice as I need it"

"I receive the right care and treatment as locally as possible"

"I have positive relationships with others and remain connected to my community"

AGE WELL

"I have housing and support options that enable me to remain independent in my community"

"I have strong intergenerational relationships"

"I still have choices about my life"

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6.2 NEW MODEL OF CARE

To create a 'Healthy Caring Powys', the new model of care will:

- Enable people to be in control.
- Re-focus the system more around wellbeing and early help and support.
- Create one seamless system which meets future population needs.
- Ensure value and high performance in what we do.
- Provide health and care at home or within the community, whenever it's safe to do so.
- Maximise the use of digital technology to improve access to and delivery of care.
- Improve the environment.

The diagram below illustrates what the 'blueprint' for what the future model for health and care in Powys could look like. Further work will be undertaken in each locality within Powys where local partners and the community will develop local models based on the blueprint. Personas are included in appendix B, these describe the model through the 'Start Well', 'Live Well' and 'Age Well' approach.

People's expectations are growing for greater personalisation and choice, and for more local services which are available at a convenient time, potentially outside of traditional working hours. Powys residents will be able to choose wisely, information, advice and guidance will be more accessible, utilising technology to help people make healthy lifestyle choices about their physical and mental wellbeing, as well as enabling people to navigate the health and care system.

Home was fed back was an important factor during the engagement events, in relation to improving wellbeing. The future model has home in the centre of the system, supported by an informal network of family, friends and neighbours. The community will also play a key role in providing an environment which enables people to be able to take more responsibility for their own wellbeing, to access early help and support and joined up services via a Wellbeing Community Hubs.

Developing our community environments to encourage people to be socially and physically active will be an important part of our new system. Age UK (2010) states that research shows the figure of those over 65 often or always lonely is between 6 and 13%. 10% of the over 65 population stated they were lonely and or isolated equating to approximately 2800 people. The Age UK research stated that isolation and loneliness is comparable to the impact of smoking fifteen cigarettes each day and has a greater effect on mortality than current public health priorities such as obesity, drinking alcohol or being sedentary.

Health and care staff, volunteers, partners and citizens will work together to improve wellbeing and deliver outcomes which meet future population needs. This will involve strengthening individual and community involvement in the way health and care is provided and working with communities (where needed) to help them to utilise their local strengths and resourcefulness to improve wellbeing for the community – this may include for example connecting people to community services such as reading or walking groups, upskilling volunteers, creating social spaces to bring people together, developing services which utilise outdoor space and developing peer led support services.

Health and care literacy underlines the importance of managing health, self-monitoring and communication with health professionals. Low health and care literacy is linked to less use of preventive care, reduced safety of care and poor adherence to medication and treatment, more hospitalisation, worse health outcomes and greater risk of death. There needs to be clearer information available to the public on care, the outcomes and the choices available not just the treatment and setting –this will enable people to take appropriate responsibility for their own wellbeing, and make informed choices about their care.

Over the years, medical advances have turned many life-threatening conditions such as some cancers and heart disease into long-term conditions, as more people survive acute episodes of illness and live many years with their conditions. This helps to explain why the additional years of life people are living may not always be healthy years. Evidence suggests that the disease burden will continue to escalate unless there is a change in focus for health and care systems to shift to early help and support. We therefore need to re-focus our system to preventing people from becoming ill through promoting healthy lifestyles, actively identifying people at high risk of illness and by providing early help and support to those people with diseases to enable them to live well with their condition. There are also opportunities to look more alternatively; there is a growing evidence base to support looking at alternatives to medication – such as social prescribing, cognitive behavioural therapy, Third Sector support and exercise on prescription.

The future model will be re-oriented to focus on prevention based outcomes, focusing on reducing the likelihood of adverse childhood experiences and preventing the burden of disease. People will be able to identify early, if they are at risk of developing a disease and will be supported to reduce this risk and future impact. For those people who have a disease they will be supported to self care and to live well with their condition.

Focus on wellbeing, early help and support and joined up care will reduce the burden of disease. Pathways of care will be designed to focus on meeting future need and reducing inequalities. People will be able to make informed choices about their condition and be given greater independence and control. Our future system will be re-orientated to reduce dependency and promote people to utilise their strengths. It will encourage people to anticipate their future needs and to plan with their families in advance to meet their needs their end of life care.

High quality and effective community services will enable people to get screening and diagnostic tests when needed, access help with medications and be supported by psychological therapeutic interventions.

Technology enabled care is our first choice at home and will be supported through the development of more effective integrated community based services.

Care and support will be seamless without artificial barriers between physical and mental health, primary and secondary care, or health and social care. The new model care is organised around the individual and their family's holistic needs and is focused on what matters most to people about their wellbeing. Continuity of care is achieved through integrated health and care teams working with local communities with easy access to electronic records and professional advice and guidance.

Fast and responsive local services with the right skills and technology will provide urgent response and prevent people having to go to hospital, nursing or residential care.

Easy access to care in the community for people with complex needs and palliative care will be provided with appropriate intervention and support.

The rural geography of Powys and the complex commissioning arrangements are key factors in bringing care closer to home wherever possible. We are seeking to shift the balance of outpatient, day care, diagnostic and elective inpatient services to community or primary and community settings to improve access and quality of care within Powys, and to promote independence and reduce demand and dependence on high cost intervention services.

Moving healthcare closer to home is important in addressing the pressures of future demand and ensuring people get care and support in an environment which best meets their needs, this may also avoid further costs in the longer run of expensive hospital environments.

The new model and will focus on:

- Home
- Neighbourhood approach / Wellbeing Community Hubs
- Regional Rural Centres

6.2.1 CARE CLOSER TO HOME

There is a strong national and international consensus that we should strengthen care closer to home. Both digital technology and workforce are key enablers to increasing the services provided within the home. Technology will enable access to specialist advice and opinion and can help people to live safely and independently. Flexible community based services can support people in their own to live well and access early help and support.

6.2.1.1 CORE TO THE MODEL OF CARE

- People are able to live independently for as long as they wish to do so through support from their family and friends, carers and technology enabled care.
- In times of crisis, there is urgent provision of care at home to prevent people from going into hospital or care settings.
- Collaborative working with the housing team to support people in affordable and insulated accommodation to deal with issues which inhibit their wellbeing.

6.2.1.2 POTENTIAL BENEFITS

- Evidence shows that investing in joint initiatives between health, housing and social care can support people to maintain their independence and reduce the number of admissions to hospital. Improving living conditions and wellbeing in the home will prevent future expensive health issues developing in the longer term.
- People have choice about whether they want to die at home.
- New treatments and technology are reducing the need for people to travel for appointments.
- Enables a focus on what matters to the individual and assessment of broader individual's need.

6.2.2 WELLBEING COMMUNITY HUBS

Based on a partnership with residents, this is a neighbourhood approach which focuses on community need, not just individual need. There is a growing emphasis on asset[5]-based approaches to promoting health and wellbeing in marginalised communities that utilise the capacity, skills, knowledge, connections and potential within the community, rather than focusing on the needs and problems. Wellbeing Community Hubs can provide a means for alternative approaches to service delivery underpinned by the principles of community involvement and partnership. They can facilitate this by providing a place where different local partners in a neighbourhood can come together and address the issues that matter most to them. Wellbeing Community hubs can provide services for the community, but also by the community.

Wellbeing Community Hubs can also be run and managed by a dedicated community organisation or can be owned or managed by a public agency such as health, local authority or a housing authority but still this retains substantial input and influence from the community. Wellbeing Community Hubs most commonly operate out of buildings, from which multi-purpose, community-led services are delivered. They often host other partners and access to public services, of which co-location can be an efficient and effective use of resources.

6.2.2.1 CORE TO THE MODEL OF CARE

- To understand the needs of our local communities and develop intergenerational Wellbeing Community Hubs which are linked to Regional Rural Centres and provide a means for alternative approaches to service delivery.
- To create an opportunity to bring communities together to enable people to address wellbeing issues which matter most of them.
- To offer one stop services which focus on wellbeing and reduces the complexity of the existing offer.

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[5] The asset based approach, is a term coined by *Professor Bob Hudson.* and is based on valuing the capacity, skills, knowledge, connections and potential in a community. It doesn't only see the problems that need fixing and the gaps that need filling.

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6.2.2.2 POTENTIAL BENEFITS

- Wellbeing Community Hubs can provide a more holistic approach to helping people with their problems. They often have an 'open door' policy and are able to help people access a range of services under one roof – making services more accessible and desirable.
- Community Hubs are in themselves a good use of local resources, and the model can help to underpin enterprising and resilient communities.
- People are incentivised to focus on their well being and that of others.
- Encourage children and young people to utilise outdoor community spaces linked to Wellbeing Community Hubs.
- Connecting people with the outdoor environment can improve mental and physical wellbeing. Green health prescribing can reduce reliance, costs and potential side effects of prescribed drugs.

6.2.3 REGIONAL RURAL CENTRES

There is an ambition to develop public sector assets with partners that provide integrated health and care services for Powys communities.

Regional Rural Centres will be integral to the communities of Powys and could provide some of the services currently provided separately in facilities such as community hospitals, GP surgeries, pharmacies, elderly day centres and residential care facilities, as well as some secondary care services from within our neighbouring District General Hospitals.

Such centres should reflect the unique nature of the rural context of Powys and therefore include strong relationships with providers of services that cannot be delivered currently in Powys. These centres would provide additional services to Wellbeing Community Hubs and will provide the opportunity of delivering more services in Powys that are currently provided out of Powys for example, this could include some day case surgical services and/or advanced physiotherapy and rehabilitation services. The scale and scope of the centres will need to reflect the nature of the population they serve e.g. population size, health need, demography, deprivation and also the services (and service changes) in partner commissioned services that currently serve those populations.

Three areas have been identified as strategically important in developing Regional Rural Centres, these are Newtown, Llandrindod Wells and Brecon. According to the Welsh Index of Multiple Deprivation (WIMD) these areas have been identified as being among the worst 30% of areas in Wales. The link between deprivation and poor health is well recognised. People in the most deprived areas have higher levels of mental illness, hearing and sight problems, and long term conditions.

Powys is also identified as one of the most deprived area in Wales for access to services, the population is spread thinly across a large area. Developing three Regional Rural Centres, (supported by Wellbeing Community Hubs) geographically spread across Powys will improve access to services and prevent people travelling out of county for some services, improving their experience.

The development of Regional Rural Centres will also support community development. We will work with our local communities to develop and strengthen community assets that support people to feel safe, with opportunities to benefit from and take part in

environmentally based schemes, live healthily for longer and contribute to their communities for the benefit of all.

6.2.3.1 CORE TO THE MODEL OF CARE

- Integrate health and care services to meet holistic needs of individuals.
- Move services (where safe and effective) from secondary care out of county hospitals into our Regional Rural Centres.
- Utilise digital technology to provide virtual clinics accessing secondary care professionals.
- Linkage to and provision of adequate supported living accommodation and nursing homes.
- Community development and stakeholder involvement to deliver wider community benefits.
- To offer one stop services and deliver as much of the care pathway as locally as possible within Powys.

6.2.3.2 POTENTIAL BENEFITS

- Integration of health and care services.
- Improve access and reduce unnecessary travel time for people.
- Strengthen Powys as a place to work.
- Create new service development and partnership opportunities.
- Improve service user experience.

6.2.3.3 REGIONAL RURAL CENTRE - NEWTOWN

Newtown sits within the North Central Powys region which has a population of 29,758, it is the largest town in Powys. It acts as one of the main employment centres, as well as being a major industrial area. Based on the uptake of free school meals, this community area is one of the most deprived in the county. Further adding to this evidence, North Central Powys has the highest number of children placed on the child protection register. According to the Welsh Index of Multiple Deprivation (WIMD), some small parts of this area are severely deprived, with poor scores relating to both health and the economy. Further evidence is found in the high number of homeless presentations, as well as the large increase in the number of reported crimes.

The strategic importance of Newtown has been recognised in relation to strengthening joint working between Bronglais District General Hospital and Shrewsbury Hospital through the Mid Wales Health Care Collaborative work, and in relation to the emerging Betsi Cadwaladr UHB clinical strategy work and the Future Fit Programme in Shropshire. The changes within these clinical reconfiguration programmes present opportunities to strengthen service provision within the Newtown area, presenting opportunities to provide surgical day case and chemotherapy services. The current hospital site has inpatient services, maternity services and outpatient services, but currently does not provide any theatres or a minor injury service. There is a need to review minor injury services for this population area, considering potential options for central provision, as well as looking at broader opportunities to strengthen primary care service provision within an integrated health and care building.

Within Newtown, there are a number of health and care buildings, some of which are in poor condition and need significant investment. This presents the need to look at the options for a new build development, which would consolidate many services provided from multiple

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buildings which are not fit for purpose such as the Children's Centre within Ynys Y Plant and Mental Health Services within Bro Hafren. In the broader context, Newtown has been awarded funding under the 21st Century Schools Programme to develop education provision within the area. This is part of a broader partnership development opportunity which is looking at the potential of a campus style approach that could integrate health, social care, housing, education and other provision.

6.2.3.4 REGIONAL RURAL CENTRE – LLANDRINDOD WELLS

Llandrindod Wells sits within the Mid-West Powys region which has a population of 19,505. While it is not as deprived as other areas of Powys, the area still scores poorly in relation to the economic measures. The current hospital is undergoing a significant refurbishment largely driven by the current condition of the estate, opportunities to expand services and increase care locally within the Powys. The refurbished building offers inpatient services, theatres, birthing services, renal services and other health and care services.

The nearest District General Hospital for this population base is Wye Valley Trust in Hereford. Under the Sustainability Transformation Planning process, this hospital is merging with South Warwickshire NHS Foundation Trust .The potential impact is unknown, but could result in some services moving further away. Developing a Regional Rural Centre within this area presents opportunities to further integrate health and care services, strengthen local service provision and reduce the impact of service change across the border.

6.2.3.4 REGIONAL RURAL CENTRE – BRECON

The South Central Powys region include Brecon, Hay & Talgarth and Crickhowell, the wellbeing assessment identified a population of 29,658. The major towns within this region are Brecon and Crickhowell. The Welsh Index of Multiple Deprivation (WIMD) gives a low score to this area, based on the economy and health factors. This is particularly the case around Brecon and the St. Johns localities. Brecon itself has also seen a sharp increase in the number of homeless presentations.

Brecon Hospital site has been expanded over the years and has repatriated activity from neighbouring health boards to strength local service provision. Amongst other services, it provides theatres, inpatient services, minor injuries, treatment and diagnostics. It has well developed partnership arrangements with Cwm Taf Health Board who are increasingly supporting more services locally which would have otherwise been provided out of county. This area accesses secondary care services from Wye Valley Trust and Neville Hall Hospital. We are awaiting the outcome of the clinical service strategy work as part of the Clinical Futures Programme to ascertain what future services will be from provided Neville Hall Hospital following the new SCCC development. Continuing to strengthening local service provision within this area through the development of a Regional Rural Centre will be important in developing and sustaining local integrated health and social care services.

6.2.4 CORE COMPONENTS OF THE MODEL OF CARE

The engagement events identified the following areas as being important components in the model of care as illustrated in the diagram on page 55. These are linked to the four enablers.

6.2.4.1 WHOLE SYSTEM COMMISSIONED CARE PATHWAYS

Ensure high quality commissioned services, which are safe, effective and efficient. Pathways which joins up services, deliver services more locally and provides access to specialist care

outside of Powys. These pathways will be available electronically for people to help them to understand what outcomes they should expect and how to live with their condition.

6.2.4.2 CARE CO-ORDINATED APPROACH

This works on a scale of need i.e. increases if people have complex needs. This will help people to navigate through the health and care system and a timely and effective way - accessing the right level of support based on their needs.

6.2.4.3 ELECTRONIC RECORDS AND HEALTH CARE INTERFACES

Electronic records are supported with handheld devices and enable sharing of information more easily between health and care professionals as well as real time access to test results.

6.2.4.3 INTEGRATED TEAMS

Working within local communities to support care closer to home, agile and responsive to meet individuals future needs. The Buurtzorg Model (from Netherlands) is an example which promotes self managed teams working in neighbourhoods, it starts from the individual's perspective and works outwards to assemble solutions that bring independence and improved quality of life. It achieves this through utilizing informal networks, the Buurtzorg team, and then more formal networks. Powys has been given money by Welsh Government as one of the three test sites, to explore this approach.

6.2.4.4 PARTNERSHIPS AND COLLABERATIVE WORKING

The Health and Care Strategy has enabled a shared vision for a 'Healthy Caring Powys'. Under this umbrella, partnership working is key to ensuring the best interests of the local population, utilising the Third Sector and the Social Value Forum.

6.2.4.5 SPECIALIST ACCESS TO ADVICE AND GUIDANCE

Commissioning advice and guidance services from professionals in secondary care will be crucial in enabling reduced demand on secondary care services and enabling the provision of seamless care across organisational boundaries.

6.3 HEALTH AND CARE STRATEGY AND JOINT AREA PLAN PRIORITIES

6.3.1 WELLBEING PRIORITIES

A focus on well-being is the essential foundation for ensuring a healthy, caring Powys. Promoting, supporting and facilitating the physical and mental well-being of people across the life course is about reducing ill-health and enabling people to manage their health and ill-health.

Below are some examples of how people's wellbeing will be supported through the life course:

START WELL

- Integrated Wellbeing Community Hubs will be provided with education, communities and voluntary sector, ensuring local accessible services.
- A holistic programme will be developed with communities to support play, work, mental and physical activity utilising outdoor green space of Powys.

LIVE WELL

- Empowering people to make informed choices based on tailored information that enables management of their own health and well-being, and focus on creating an environment that makes the healthier choice an easier choice.
- Making the best use of community strengths and the physical environment to support people to maintain their health and wellbeing.

AGE WELL

- Supporting older people to be as active as possible, through volunteering, physical and mental exercise.
- Encouraging people to plan for their future, and to take action that reduces the incidence and progression of life-limiting conditions such as dementia.
- Supporting a range of accommodation options and access to them for people in older life.

PRIORITY 1: COMMUNITY DEVELOPMENT

Working with strongly connected local communities to develop and strengthen community resources that support people to feel safe, with opportunities to benefit from and take part in neighbourhood based schemes, live healthily for longer and contribute to their communities for the benefit of all.

PRIORITY 2: SUPPORTING UNPAID CARER

Ensuring the well-being of unpaid carers before, during and after caring through information, advice and assistance, supporting education, skills and training development, opportunities for employment, respite, transport and community support.

PRIORITY 3: PREVENTION AND HEALTH IMPROVEMENT

Enabling and supporting people to make decisions and take actions to improve their health and well-being and avoid or reduce ill health through, for example, stopping smoking or increasing physical activity. Whilst the majority of this work is to be led by the Health Board, there is a joint responsibility for both organisations to ensure commissioning services supports prevention and health improvement.

6.3.2 EARLY HELP AND SUPPORT PRIORITIES

 Providing early help and support in an integrated way is vital to support people across the life course to manage ill health, improve well-being and to enable people to live fulfilled lives. Maximum positive impact will be made within the first 1000 days of a child's life, focusing on preventing adverse childhood experiences. Resources will be targeted towards disadvantaged families, with delivery of responsive and coordinated services as early as possible.

Below are some examples of how early help and support through the life course will be provided:

START WELL

- Investing in emotional and behavioural support for families, children and young people to build resilience and support transition to adulthood.
- Making the maximum positive impact within the first 1000 days of a child's life, focusing on preventing adverse childhood experiences.
- Targeting resources towards disadvantaged families.
- Supporting and assisting young carers.
- Making sure the transition in to adulthood for young people is well manged and minimises anxiety.

LIVE WELL

- Focusing on early intervention to support the independence and participation of people with sensory loss, physical disabilities, learning difficulties and other conditions.
- Supporting people to be independent and active in their communities.
- Identifying people earlier who are at risk of developing a disease, and we will help them to reduce the risk and impact.
- Focusing on activities which reduce the need for operations and improve post-operative outcomes.

AGE WELL

- Utilising technology so older people can self-care and remain independent, and to encourage greater social inclusion.
- For carers, continuing to develop services to meet the holistic needs of the family and provide adequate respite care.
- Helping people to overcome loneliness and social isolation and be an active member of their community.

PRIOIRITY 1 TACKLING ADVERSE CHILDHOOD EXPERIENCES

Working with families to make the maximum positive impact within the first 1000 days of a child's life, focusing on preventing adverse childhood experiences, through a joint plan to implement good practice guidance:

- Focus efforts in communities and areas where multiple ACEs are likely to be present.
- Ensure the workforce is ACE-informed.
- Provide programmes which seek to improve parenting skills.
- Screen for ACEs in the antenatal and early years settings.
- Screen for ACEs among adults in contact with public services.
- Ensure local implementation of national programmes designed to address ACEs.
- Deliver resilience programmes in schools and youth settings.

PRIORITY 2 PRIMARY AND COMMUNITY CARE

Sustainable Primary Care services are vital to the identifying, providing and signposting people to the early help and support they need, therefore there is a need to continue to improve the sustainability of GP Practices across Powys and has developed a Sustainability Toolkit that can be deployed to support Practices that find themselves at risk.

Working within the Primary Care Clusters, the development of a population based approach will be taken to planning and delivery of the health and social care model, supporting development of shared services across GP cluster areas, to provide wider access to scarcer skills and the continued development of enhanced service arrangements. This work will:

- Further integrate primary care with community based services to ensure equity, early help and support and sustainability of services.
- Continue to strengthen local delivery of optometry and community dental services, avoiding unnecessary travel out of county to District General Hospitals.
- Provide mobile services across Powys to improve access to dental care for hard to reach groups and reduce inequity of service.

PRIORITY 3 MANAGING LONG TERM CONDITIONS

We will support people to identify if they are at risk of developing a disease, and help them to reduce the risk and its impact by taking a wider, whole system approach to risk reduction and chronic condition management. Ensuring those people with long term conditions are able to live well.

People will be better informed regarding their conditions and options for treatment; through shared decision making and active co-production of treatment and care plans. Everyone will have a self management plan which supports multiple co-morbidities. This is developed in collaboration between individual and health and care professionals. More emphasis on self care through education, increased use of technology, and through changing the culture of the way care is currently provided will empower individuals.

6.3.3 TACKING THE BIG FOUR

Effective services will be developed to treat and support people with the four main causes of ill health and premature mortality in Powys. This means focusing on prevention of the big four conditions by supporting children, families and adults to create the foundations of good health throughout their life, including healthy weights, positive diet and activity, personal resilience and relationships. Focus on early help and support, and improving outcomes for people who develop any of the big four conditions,

Below are some examples of how the big four will be tackled throughout the life course:

START WELL

- Supporting children and families to create the foundations of good health throughout their life. This includes healthy weights, positive diet and activity, personal resilience and relationships and other steps that will reduce the risk of developing the main four causes of ill health and premature mortality in their later life.

LIVE WELL   **AGE WELL**

- Developing effective services to treat and support people suffering from the four main causes of ill health and premature mortality in Powys.
- Developing support to reduce the incidence and impact of the diseases in later life.

PRIORITY 1 MENTAL HEALTH

Hearts and Minds: Together for Mental Health in Powys is the strategy for improving the mental health and emotional well-being of the people of Powys. It is delivered through a multi-agency Partnership Board known as the Mental Health Planning and Development Partnership. Its aim is to improve the mental well-being of all residents in Powys and to support those people with a severe and enduring mental illness.

Across all tiers, from health promotion through to specialist services, focus will be on further improving integrated working arrangements, increasing focus on wellbeing, early help and support and improving quality and effectiveness of services.

A holistic approach to support families with mental health issues is crucial. All support services will be adaptable and flexible to meet the needs of individuals; by ensuring the right level of training is in place.

Integration of physical and mental health care is key in reducing stigma, and embedding this within existing services is important, some identified areas for opportunity include public health, primary care, chronic conditions, perinatal and community and social care.

Key areas of focus will include:

- Continue to engage with our stakeholders to develop sustainable models and pathways of care suitable for the needs of adults and older adults living in Powys.
- Deliver the priorities outlined in the Dementia Plan.

- Improve mental health, resilience and emotional health of the people of Powys through delivering the priorities in the mental health delivery plan.
- Support families and carers' of people living with mental health issues that impact daily living and quality of life.
- Ensure services are accessible and appropriate to the population they serve addressing the needs of those whose first language is Welsh and the needs of people with protected characteristics.
- Continue to embed the five ways to well–being across services and communities:

Pum Ffordd at Les **Powys** Five Ways To Wellbeing

cysylltu — bod yn fywiog — bod yn sylwgar — dal ati i ddysgu — bod yn greadigol a rhoi

connect — be active — take notice — keep learning — be creative & give
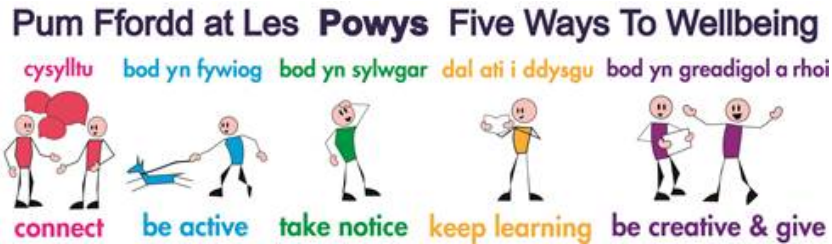
Key areas of work are:

- Integrate of NHS and Social Care Mental Health services across Powys, at each level including leadership and management as well as front-line provision to provide a seamless mental health service that supports the mental well-being and recovery of patients.
- Enhance Primary Care outcomes, co-locating mental health practitioners and services wherever possible; promoting collaboration through shared / care /co-management arrangements between GPs/primary care practitioners and 'secondary' care and providing flexible local solutions.
- Implement of the key findings from the Child and Adolescent Mental Health Services (CAMHS) review.
- Develop of Acute Care in the Community to form one holistic and joined up service.
- Develop of perinatal services to improve wellbeing, develop pathways and improve skills of midwives, health visitors and nursery nurses to address mild to moderate perinatal ill health.

PRIORITY 2 CANCER

There is a strategic commitment to supporting activities that reduce the incidence of cancer through wider work to improve health and well-being, improving timely detection of cancer through screening and early diagnosis, ensuring fast and effective care and treatment through managing effective commissioning; and supporting those diagnosed with cancer and those who care for them in the community throughout their cancer journey.

A multi-agency Cancer Partnership Group leads the work to improve cancer services for the people of Powys.

Key work areas include:

- Continued focus on improving wellbeing, prevention of disease and providing early help and support to reduce impact and improve survival rates.

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- Initiate a programme of work in partnership with Macmillan and other Third Sector partners to develop an integrated model between health and social care which delivers a proactive community response to the needs of people with cancer. This service will offer holistic needs assessment and an identified link officer able to signpost or refer to existing local agencies to provide appropriate support for the person and their individual needs.
- Continue to explore the feasibility study of establishing chemotherapy outreach services in Powys and work with Hywel Dda UHB and Shrewsbury and Telford NHS Trust to develop service options in North Powys.
- Explore opportunities to implement telehealth opportunities into cancer pathways in Powys.
- Secure and deliver well coordinated palliative and end of life care on a 24/7 basis in line with published standards and guidance.
- Address health inequalities through analysis of cancer pathways and outcomes to identify and address inequalities and targeting of cancer screening.
- Robustly and effectively performance manage commissioned cancer services through the Commissioning Assurance Framework.

PRIORITY 3 RESPIRATORY

There is a strategic commitment to improving clinical outcomes and experience for people affected by Respiratory conditions. This means supporting activities which will prevent respiratory diseases through improving health and well-being and targeting efforts with at risk groups, improving early diagnosis, and supporting those with respiratory conditions to effectively and proactively manage their conditions through effective rehabilitation and self-management programmes.

People will be better informed regarding their conditions and options for treatment; through shared decision making and active co-production of treatment and care plans. Everyone will have a self management plan. This will be developed in collaboration between individual and health and care professionals.

There will be more emphasis on self care through education and through changing the culture of the way care is currently provided. This will enable respiratory nurse's to focus more on complex needs to avoid unnecessary admissions and support exacerbation.

Key work areas include:

- Continued focus on improving wellbeing, prevention of disease and providing early help and support to reduce impact and improve survival rates – with particular focus on reducing the number of people who smoke and increasing uptake to pulmonary rehabilitation programmes and the National Exercise Referral Scheme programme.
- Ensure all respiratory patients have key measurements taken annually to identify early decline and prompt intervention.
- Ensure all people with chronic respiratory conditions have a personalised self-management plan in place within three months of diagnosis.
- Ensure that crisis management packs are available to the whole of the population of Powys.

- Develop pathways to manage acute conditions across an enhanced primary/secondary care interface.
- Develop initiatives to promote the management of acute respiratory conditions in the patient's home and in intermediate care settings.
- Ensure adequate and equitable access to palliative care services for end-stage respiratory disease care.
- Work with WAST to explore and scope improvements to respiratory pathways.

PRIORITY 4 CIRCULATORY

There is a strategic commitment to improving clinical outcomes and experience for people affected by circulatory conditions. This includes diabetes, heart disease and stroke. The aim is to reduce the incidence of circulatory conditions through the wider work to improve health and well-being, improve the timely detection of circulatory conditions through increasing awareness, ensuring effective treatment though robust commissioning, strengthening community services and enable people to confidently self-manage their conditions.

Partnership groups are established and lead the work to improve diabetes, heart disease and circulatory condition services for the people of Powys.

The aim is to reduce the rise in rates of type two diabetes and continue to improve key outcomes and complication rates for all people with diabetes. This will be achieved through effective management of the condition which can increase life expectancy and reduce risk of complications and through enabling self-management.

Changes to stroke service provision from neighbouring health boards has resulted in a review of the pathway and changes to commissioning to ensure that patients access the required services within the recommended time. The aim is to increase and strengthen the care provided locally.

Using information on premature mortality from coronary heart disease as a proxy for need, there is some high level evidence from Public Health Wales that the relatively low emergency admission and intervention (angiography; revascularisation) rates for coronary heart disease in the Powys population are in line with local need. However, there is also anecdotal evidence within Powys that patients with coronary heart disease present late to primary care including after acute events.

Key work areas include:

- Continued focus on improving wellbeing, prevention of disease and providing early help and support to reduce impact and improve survival rates – to include working with GP practices to optimise opportunities for secondary prevention e.g. optimising blood pressure or reducing cholesterol levels in patients with coronary heart disease.
- Introduce a Cardio Vascular Disease risk assessment programme in deprived areas of Powys to improve the detection and management of cardiovascular disease.
- Ensure all Powys residents have access to 24/7 thrombolysis within an 80 minute travel time from their home.
- Undertake work to review existing community heart disease services and analyse rates of diagnosis of coronary heart disease in GP practices.

- Develop local one stop clinic services, including psychology support, to improve early help and support, and improve the experience for people diabetes, heart and stroke services.
- Review and develop provision of community stroke rehabilitation to increase equity across Powys and increase intensity of stroke therapy in the community.

6.3.4 JOINED UP CARE

Providing joined up care means people are at the centre of health and care services, minimising and eliminating barriers, duplication and complications between organisations and teams. Health and care teams work seamlessly to get things right first time and minimise needs from escalating. Services will be reviewed in line with new developments to ensure choice, accessibility and coordinated services, working with partners to safeguard residents.

Below are some examples of how care will be joined up support people through the life course:

- Young people and families will have a fully integrated experience of health and care.
- Health and care will work closely with education providers to support young people and develop healthy behaviours.
- Work with partners to ensure young people are safeguarded and resilient.

- Offer a more co-ordinated approach to managing long term conditions that gives everyone an opportunity to build on their strengths;
- Develop services that fit around peoples' busy lives – providing choice, accessible and equitable services more locally;
- Work with partners to safeguard residents;

- Support health and care teams to work seamlessly with older people to get things right first time and prevent needs from escalating;
- Review existing health and care services and invest in health and care environments that meet future needs – providing choice, accessibility & co-ordinated services.

PRIORITY 1 CARE CO-ORDINATION

During 2016/17, the Council and the Health Board have been focussing on the development of two Integrated Team pilot sites in South Powys, in Ystradgynlais and Brecon. Considerable achievements in the delivery of care have been gained, through improved communication, coordination, knowledge and skills. It is widely acknowledged that integrated care is highly beneficial to the individual in receipt of services and carers, and remains the model by which

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both the Council and the Health Board wish to operate. It is recognised that there is great potential to deliver further improvements, and a qualitative review has recently been completed to assess the current pilots and support the next phases of development.

A Care Coordination Hub will be developed to ensure a more efficient way of managing the timely repatriation of people from other health board's District General Hospitals / acute hospital beds in Wales and England and manage flow in and out of community hospitals.

This will support a 'home first' ethos and a 'discharge to assess' model of care, it will hold and manage bed and service capacity data from across the health and social care system in Powys and will act as the central point for referral and allocation of community hospital beds, assessments of need, packages of care in the community and residential and nursing home beds, for those who are currently in a District General Hospital /acute care bed in Wales and England.

Ensuring access to services such as reablement that offer intensive support to help people who are recovering from an illness or injury to regain their maximum level of independence at home will be essential in supporting the 'home first' and a 'discharge to assess' model of care.

PRIORITY 2 UNSCHEDULED CARE

Reducing more avoidable emergency admissions and re-admissions to hospital of people (all age) with chronic disease and other health issues such as people prone to falling, is a priority to improve outcomes and reduce the costs of unscheduled care.

Key areas of work:

- A review of the Virtual Ward will be undertaken to further develop an integrated approach to address people's holistic needs across health and social care to prevent crises from occurring; reduce duplication, improve continuity and the quality of care across providers and ensure that resources in the community are used efficiently by targeting additional services to those most at risk.
- Explore opportunities to reduce admissions to hospital through re-development of pathways to provide more diagnostics and interventions in a primary and community care setting.
- Develop urgent care services including the development of paramedics in the community, joint initiatives with WAST and improvements to the out of hours care to reduce sustainability risks and implement the All Wales NHS 111 service. The 111 service will provide one stop shop for health information and advice including access to GP out of hours services.

PRIORITY 3 NEW MODEL OF CARE FOR LLANDRINDOD – REGIONAL CENTRE

Over the last 3 years Welsh Government have invested £6.5m specifically to support major capital works to reconfigure the layout of Llandrindod War Memorial Hospital in Mid Powys. Some of the works that have already been completed to enable refurbishment of departments; this also includes a brand new Birth Centre which opened in 2017.

Work on the next phase is currently underway, with a very large programme of work due for completion by May 2019 to extend the use of the building through increasing services delivered from within the hospital, as well as offering the potential to deliver new services.

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For the longer term, further work is required to look more broadly at the population and future health and care model within this area to strengthen Llandrindod War Memorial Hospital as a Regional Rural Centre. This will involve an assessment of current service provision, as well as working with the community to further develop a potential of the Regional Rural Centre which delivers integrated health and care for the population of the Llandrindod Wells area.

PRIORITY 4 NEW MODEL OF CARE FOR MACHYNLLETH – COMMUNITY HUB

There is a growing emphasis on asset-based approaches to promoting health and wellbeing in communities that utilise the capacity, skills, knowledge, connections and potential within the community, rather than focusing on the needs and problems. Wellbeing Community hubs can provide a means for alternative approaches to service delivery underpinned by the principles of community involvement and partnership.

An Outline Business Case for the development at Bro Ddyfi Hospital was submitted to Welsh Government in 2017. This scheme will integrate primary care services onto the site and establish Bro Ddyfi Hospital as a Wellbeing Community Hub for the local community. The facility will provide a base for health, local authority and Third Sector teams, encouraging integration and efficiency and will create a 'hub' to improve access to health and social care, well-being, prevention and health promotion facilities. Working with the Mid Wales Collaborative, BCUHB and HDUHB we will be looking at what services can be repatriated to Machynlleth to provide care closer to home.

The Full Business Case will be aligned with the Health and Care Strategy outcomes and new model of care, and further work will be undertaken with the community to develop the model of care and to create a 'Wellbeing Community Hub'.

PRIORITY 5 PLANNED CARE CLOSER TO HOME

Outside of Powys a wide range of planned care services are commissioned from local, regional and specialist hospitals and healthcare providers, such as major surgery, cancer care and specialist tests and investigations. In addition, there are also a number of placements for disabled people with complex needs out of county.

The key aim is to ensure that commissioned services are high quality, effective and timely elective care that meets or exceeds targets. We are seeking to shift the balance of outpatient, day care, diagnostic and elective inpatient services to community settings to improve access and quality of care within Powys, and to reduce demand on acute services. People will continue to have rapid access to specialist services and expertise where they, in discussion with their GP, think it necessary. This work will include transforming outpatient services across Powys and improving existing theatre utilisation.

For disabled people with complex needs we aim to create a flexible range of appropriate, effective and efficient accommodation options locally within Powys.

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6.3.5 WORKFORCE FUTURES

An effective workforce is about ensuring the right people in the right roles, effective professionally and clinically led structures, robust and efficient processes and a culture of engagement and innovation. All of which enables and supports people to thrive, delivering the best possible care for the people of Powys.

This will require all employees in public, independent and voluntary sector to come together to deliver a cross sector workforce strategy and organisational development plan.

We will:

- Support people to work longer, ensuring transfer of knowledge, skills and experience.
- Support our workforce to develop innovative models of care in a rural setting through education, research, training and technology.
- Support a thriving Third Sector and core economy.
- Grow the Powys workforce through local training and development.
- The health and care workforce will be agile to respond to people's needs in a timely way.
- Promote well-being within the workplace.

The aim is to create a workforce which is agile, flexible and responsive.

PRIORITY 1 STAFFING MODEL

Opportunities to provide integrated care via integrated teams, using resources most efficiently is the underlying principle of any workforce model or approach.

Develop and implement an Integrated Joint Workforce Plan to ensure a whole system approach to delivering the future model of care, to ensure highly skilled and effective workforce to support good outcomes across the 'Start Well', 'Live Well, 'Age Well'.

Maximising the role of the workforce across all sectors through an integrated approach will be fundamental to delivering the new model of care. New innovative models will be based on multi-skilled roles ensuring a shift to prevention and early intervention. This will require workforce plans to cover the whole health and care system.

Key areas of work:

- Develop a cross sector workforce strategy and organisational plan that ensures the cultures, systems, structures, staff engagement mechanisms and people are aligned to deliver the Health and Care Strategy.
- Develop and agree overall culture necessary for shared workforce plan to be delivered.
- Develop joint approach to education, commissioning for health and care.
- Further build on excellence in leadership and management at all levels of system to develop staff from within our organisations, as well as developing our apprenticeship schemes to offer further opportunities for young people to train and work within Powys.

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PRIORITY 2 PARTNER ENGAGEMENT

We will develop an overarching engagement plan to ensure that we share resource and provide effective mechanisms for people to play an active role in the development and implementation of health and care services.

6.3.6 INNOVATIVE ENVIRONMENT

It is important that in order to deliver safe, effective, and sustainable services the right environments are created for our staff, the public and our partners. This means an appropriate environment which promotes innovation, research and development across all aspects of the health and care system.

We will:

- Develop integrated and technologically-enabled Regional Rural Centres and "Wellbeing Community Hubs" that provide a "one stop shop" for local people, also using community facilities and resources to strengthen local health and care delivery.
- Provide accommodation that is appropriate and meets need.
- Tackle poor quality facilities for health and care services, providing a modern care environment and working environment that makes people proud.

PRIORITY 1 REGIONAL RURAL CENTRE IN NEWTOWN

We will look at the options for developing a Regional Rural Centre in Newtown to address the issues around the ageing estate, support the future population needs and mitigate against the potential shift of services away from north Powys.

Newtown has been awarded funding under the 21st Century Schools Programme to develop education provision within the area. This is part of a broader partnership development opportunity which is looking at the potential of a campus style approach that could integrate health, housing, education, police and other provision. This is a unique opportunity which we have an ambition to work with the local community and our partners to develop and test a fully integrated model of a Regional Rural Centre that secures the triple integration aims in relation to integrating physical and mental health; health and social care; primary and secondary care within this region of Powys. This scheme will require capital funding which will be discussed with Welsh Government in 2018/19.

PRIORITY 2 EAST RADNORSHIRE & YSTRADGYNLAIS WELLBEING COMMUNITY HUB

There is a need to review service provision in East Radnorshire and Ystradgynlais; this includes reviewing the model of care within Knighton Community Hospital, seeking to build on the existing community led hub within this area.

PRIORITY 3 DEVELOPMENT OF WELLBEING COMMUNITY HUBS

East Radnorshire and Machynlleth have been identified as the first areas to start work on developing Wellbeing Community Hubs. During 2018/19, we will agree further areas for development. We recognise there is a need to look at the south west Powys region.

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Ystradgynlais is amongst the worst 10% of deprived areas in Wales, it has a high percentage of 4-5 year old children who are obese or overweight and it has the highest rates of people regularly drinking above recommended guidelines.

PRIORITY 4 SUPPORTED HOUSING

Suitable accommodation that is safe and warm is one of the foundations of personal wellbeing, particularly for the people with a disability and older people. It enables people to access basic services, build good relationships with neighbours and others, and maintain their independence, all resulting in an improved quality of life. Helping people to stay well and maintain independence is critical for good health and helps to reduce pressure on health and social care services.

Powys County Council and Powys Teaching Health Board have developed a number of commissioning intentions (Older People's Commissioning Strategy, 2016) which focus on potential accommodation options for older people. These intentions aim to ensure that;

- Older people know and understand what care, support and opportunities are available to them
- Older people have a choice of local accommodation to be able to live independently
- Older people have suitable accommodation that meets their needs.

A review of Older People accommodation has highlighted Brecon, Welshpool and Ystradgynlais as key areas of development.

PRIORITY 5 INNOVATION, IMPROVEMENT, RESEARCH AND DEVELOPMENT

Areas of focus will include:

- Develop measurement framework to support delivery of the Health and Care Strategy.
- Develop a strategic outline programme to provide framework for delivery of the Health and Care Strategy.
- Identify areas for joint approach ensuring innovation, improvement, research and development are embedded within the delivery of new models of care.
- Development of predictive modelling tools to support ongoing population assessment.

6.3.7 DIGITAL

The importance of technology and technologically enabled buildings and services in our estate, in people's own homes, between them and between primary and secondary care providers is a key opportunity to transform the current pattern of service provision and reduce demand on acute services. The potential benefits to improving services, reducing waste and mitigating against the geographic and service access challenges in Powys are tremendous.

Technology solutions and innovations are a key part of the future opportunities for sustainable health and care provision for Powys residents. A digital first approach will enable and promote telehealth, telemedicine, self care and support for people and carers. This will support and enable clinicians, managers and support staff to work more effectively and efficiently whether in community hospitals, primary care facilities or out in the community, it will reduce travel time and miles for people in Powys and allow for more agile working.

We will use:

- Telemedicine and webcam communication (e.g. Skype) will bring specialist skills and expertise remotely to people in Powys.
- Technology and telecare will support people to be independent.
- Knowledge and access to information will enable people to take greater responsibility and make informed choices.
- New advances in technology to enable more local diagnostic tests to be undertaken in Powys.
- Work together to support people to use technology.

PRIORITY 1 INFORMATION, ADVICE AND ASSISTANCE

Continue to develop Information, Advice and Assistance services including the development of Powys People Direct, Info Engine, Dewis and Community Connectors service to provide up-to-date, accessible information on local community support services.

In line with Social Services and Wellbeing Act – Part 10 Code of Practice (Advocacy Regulations) we are currently co-producing an approach for the delivery of the full range of advocacy including the provision of an Independent Professional Advocacy Service (IAS). Other than the IAS most advocacy support will be developed as a generic approach across our information, advice and assistance services.

PRIORITY 2 WELSH COMMUNITY CARE INFORMATION SYSTEM (WCCIS)

Continue to implement the WCCIS system across Powys to support joint assessment and care coordination to help ensure that service users do not have to repeat they story. Alongside this work implement electronic referral, discharge and diagnostic information across Powys GP Practices.

PRIORITY 3 TELECARE AND TELEHEALTH

The Mid Wales Health Care Collaborative has an ambition for Mid Wales to be an exemplar for the deployment of telemedicine. We will promote and roll out telehealth and telemedicine to enable people to self care and to support people to access early help and support.

6.3.8 TRANSFORMING IN PARTNERSHIPS

With the increasing complexity of care, the rurality of Powys and current workforce challenges, our ability to work with our communities and partners is paramount in improving the wellbeing of our population and developing our new model of care.

We will:

- Strengthen engagement of individuals, families, communities and partners across the voluntary, statutory and business sectors through area-based planning.
- Remove historic barriers between organisations, working in a more integrated way to respond to people's holistic needs.

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- Improve services based on evidence of what works well.
- Improve commissioning to deliver more services in-county, and offer greater continuity of care with services delivered out of county.

PRIORITY 1 SAFEGUARDING

Continue to work with private, voluntary and independent sectors to ensure that Safeguarding remains every bodies business and that commissioned services are more tightly monitored in relation to safeguarding requirements including implementation of the Threshold Document.

PRIORITY 2 THIRD SECTOR COMMISSIONING

Develop pooled budgets and joint commissioning and grant arrangements for Third Sector provision with increased focus on wellbeing, early help and support including information, advice and assistance.

PRIORITY 3 CARE HOME COMMISSIONING

Develop pooled budgets and joint commissioning arrangements for Care Home Commissioning.

PRIORITY 4 ACCESS AND TRANSPORT: MILES MATTER

Review of non-emergency patient transport and voluntary transport schemes to ensure future provision of community transport.

Access to services will be improved through the introduction of new models of care which deliver care closer to home and through utilisation of digital technology, the actions associated with this are included within other sections of this plan).

PRIORITY 5 WELSH LANGUAGE

There is a need to improve welsh language offer for the residents of Powys when accessing health and care services.

Undertaking a review of the Welsh Language requirements is required to establish a baseline position and enable consideration as to how the welsh language offer can be improved for the residents of Powys.

7. Joint Area Plan

7.1 OVERVIEW

The key areas of work, within this section, are joint areas of work that have been identified as those that will have the greatest impact, in relation to responding to the identified care and support requirements in Powys population assessment and delivering the new integrated health and care model for Powys and its intended outcomes.

It is also driven by the feedback provided by the Regulators in relation to the recommendations made following the review of children services by the Care Inspectorate Wales (CIW, previously CSSIW). It will be further refined in line with the recommendations of the adult's services review following its completion.

The diagram below illustrates this.
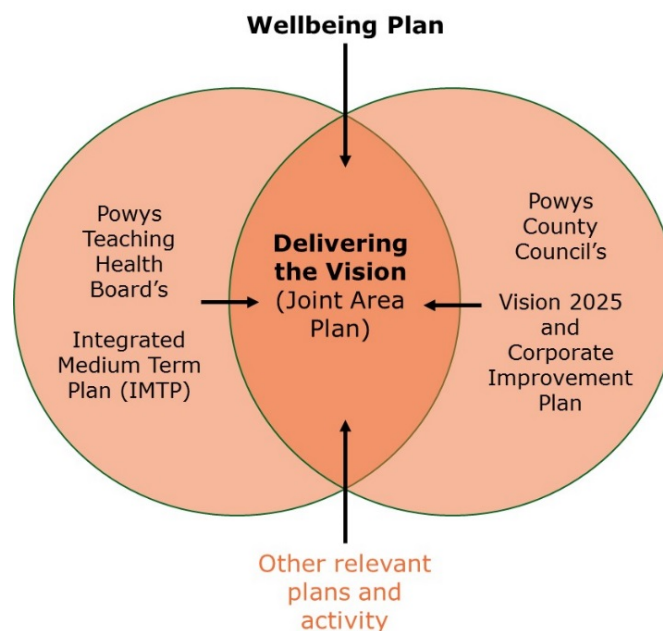
In addition to these joint areas of work. Powys County Council and Powys Teaching Health Board have re-aligned their operating plans to the Health and Care Strategy; these plans provide details of the agreed areas of work being undertaken in each respective organisation over the next 1-3 years.

Corporate Improvement Plan http://pstatic.powys.gov.uk/fileadmin/Docs/Democracy/Corporate-Improvement/Powys_Corporate_Plan_2017_v3_English_FINAL.pdf

Integrated Medium Term Plan – currently under development.

7.2 JOINT AREA PLANS

The tables below highlight key areas to integrate and improve services, these will be reviewed annually. The areas of work are linked to the priorities established through the Health and Care Development Programme and other areas of work which are important.

Wellbeing Joint Areas of Work	Cross Reference to priority groups (as per area planning guidance)	Delivery Mechanism	Indicative Timescales	IAA	Prevention	Alternative Models
[Priority1] Undertake a local review of community development, working closely with Third Sector provision to assess and develop opportunities to increase wellbeing. Align with Information, Advice and Assistance through Infoengine and DEWIS. Support priority areas- projects for children, young people and families, dementia friendly communities, volunteering, role of community connectors.	All Themes	Cross cutting	Y1 - Y2	✔	✔	
[Priority1] Develop Day Time Activities for Older People in line with the new model of care linking with the community development work to ensure we have a co-ordinated and accessible range of services for older people, including those with dementia, and their carers.	Older people with complex needs and long term conditions	Age Well	Y1 - Y2			✔
[Priority1] Create an Integrated Youth Support and Skills Service for young people to ensure that they are able to fulfil their potential, make good life choices, maintain healthy relationships, enter further training or employment and successfully.	Integrated Family Support Services Children with complex needs	Start Well	Y1	✔	✔	
[Priority2] Implement Everybody's Business Model for Carers so that carers have a good sense of well-being and are able to fulfil the caring responsibilities they chose to undertake: • More carers are identified and their needs assessed. • Access to short breaks for carers.	Carers and Young Carers	Start Well Age Well	Y1 - Y4	✔	✔	✔

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Wellbeing Joint Areas of Work	Cross Reference to priority groups (as per area planning guidance)	Delivery Mechanism	Indicative Timescales	IAA	Prevention	Alternative Models
• A carers' champion in every GP surgery and school to act as a point of contact and help carers get advice and support. • Strengthened community support for carers. • Carers can access the services they need in a timely manner. • Access to social and leisure opportunities for carers. • Training, information and advice for carers is accessible to support them in their role. Young carers are helped to fulfil their life choices and educational aspirations						
[Priority3] Deliver the prevention and health improvement programmes set out within the Health Board's IMTP. (insert link)	All Themes	Cross cutting	Y1-Y3		✔	
[Priority 3] Develop and implement a joint statement of intent for adults with Physical Disabilities and/or Sensory Impairment to transform the health, care and wellbeing for people with a physical disability and/or sensory loss and their carers.	People with complex needs and long term conditions. Carers.	Live Well Age Well	Y1 - Y4		✔	
[Other] Continue to deliver the joint commissioning strategy for protection of violence against women, domestic abuse and sexual violence in order to reduce and prevent. Work with regional partners to develop a local VAWDASV strategy (date for implementation to be confirmed)	Integrated Family Support Services	Start Well	Y1-Y2	✔	✔	

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Early Help and Support Joint Areas of Work	Cross Reference to priority groups (as per area planning guidance)	Delivery Mechanism	Indicative Timescale	IAA	Prevention	Alternative Models
[Priority 1] Develop ACE's plan in line with national guidance and existing priorities.	Integrated family support services Children with complex needs due to disability or illness.	Start Well	Y1	✔	✔	
[Priority 1] Develop Integrated Parenting and Family Support Services to provide whole system support that offers wellbeing, early help/support for families across their continuum of need – ranging from Information Advice and Assistance through to support for those children at the 'Edge of Care.'			Y1 new service commissioned Y1 – Y2 Full completion	✔	✔	
[Priority 2]. Further integrate primary care with community based services to ensure equity, early help and support and sustainability of services.	All groups	Cross cutting	Y1 – Y3	✔	✔	✔
[Priority 3] Develop service models for people living with long term conditions linked to improved health and well-being outcomes with broader use of resources across the whole community rather than just statutory providers i.e. Community Connectors.	All groups	Cross cutting	Y1 – Y3			
[Other] Working with our partners, develop wellbeing and early help and support services which promote emotional and mental health and well-being for adults.	All groups	Live Well	Y1 – Y4		✔	✔

Big Four Joint Areas of Work	Cross Reference to priority groups (as per area planning guidance)	Delivery Mechanism	Indicative Timescales	IAA	Prevention	Alternative Models
[Priority 1] In line with Health and Care Strategy develop a joint Dementia Action Plan and implement Together for Dementia Friendly Wales.	Older People with complex needs and long term conditions.	Age Well	Y1-Y3			✔
[Priority 1] Introduce new approach to the delivery of psychological therapies within communities such as group based talking therapies, peer support and improving links with Community Connectors.	Older People with complex needs and long term conditions. Carers.	Live Well	Y1-Y3		✔	
[Priority 1] Develop a multi-agency prevention and early intervention service to promote emotional and mental health and wellbeing for children and young people. Implement key findings from CAMHS review.	Integrated family support services. Children with complex needs due to disability or illness. Young Carers.	Start Well	Y1-Y2	✔	✔	✔
[Priority 1] Promote wellbeing and aim to reduce perinatal mental health through innovative community based interventions such as bump-to-buggy walks, baby massage and splash a spri.	Integrated family support services. Children with complex needs due to disability or illness.	Start Well	Y1-Y3		✔	
[Priority 2] Initiate a programme of work in partnership with Macmillan and other Third Sector partners to develop an integrated model that delivers a proactive community response to the needs of people with cancer. This will be achieved through the offer of a holistic needs assessment and an identified link officer who is able to signpost or refer people to existing local agencies to provide appropriate support to meet their individual needs.	All Groups	Live Well	Y1-Y3		✔	

Big Four Joint Areas of Work	Cross Reference to priority groups (as per area planning guidance)	Delivery Mechanism	Indicative Timescales	IAA	Prevention	Alternative Models
[Priority 2] Continue to explore feasibility of Chemotherapy Unit and align with the development of Regional Rural Centres.	All Groups	Cancer Partnership Board	Y1-Y3			✔
[Priority 2,3,4] Continue to strengthen end of life palliative care on a 24/7 basis.	All Groups	Cross cutting	Y1-Y3			✔
[Priority 3] Deliver improvements to pathways for people with chronic respiratory conditions, increasing self care and providing enhanced support at home and in the community.	All Groups	Respiratory Partnership Board	Y1-Y3			✔
[Priority 4] Develop local one stop clinic services, including psychology support, to improve early help and support, and improve the experience for people diabetes, heart and stroke services.	All Groups	Partnership Boards	Y1-Y3			✔
[Priority 4] Review and develop provision of community stroke rehabilitation to increase equity across Powys and increase intensity of stroke therapy in the community.		Stroke Partnership Board				
[Other] Support implementation of Area Planning Board Substance Mis-use Commissioning Strategy 2015-20 to commission and monitor delivery of high quality substance misuse treatment and prevention services to reduce alcohol and/or drug related harm to individuals, their families and the wider community.	All Groups	Regional Group	Y1-Y3		✔	✔

Joined Up Care Joint Areas of Work	Cross Reference to priority groups (as per area planning guidance)	Delivery Mechanism	Indicative Timescale	IAA	Prevention	Alternative Models
[Priority 1] Develop Care Coordination Hub – to reduce length of stay, prevent DToC, and ensure early escalation at DToC trigger points. This wioll include the review of the joint reablement services.	Older People with complex needs and long term conditions.	Cross Cutting	Y1-Y3		✓	
[Priority 1] Develop and implement a joint commissioning plan for the Supporting People programme that focuses on reducing homelessness and improves people's wellbeing.	Carers	Live Well	Y1-Y3		✓	
[Priority 2] Review Virtual Wards and further development of integrated approach.		Cross Cutting	Y1-Y3		✓	
[Priority 4] Develop Regional Rural Centre for Llandrindod Wells.	All Groups	Project Board	Y1-Y5	✓	✓	✓
[Priority 5] Develop Community Hub for Machynlleth.	All Groups	Project Board	Y1-Y5	✓	✓	✓
[Priority 6] Repatriate activity into Powys through commissioning new pathways of care.	All Groups	Cross Cutting	Y1-Y3			✓
[Priority 6] Put in place a flexible range of appropriate, effective and efficient accommodation options for people with learning disabilities (to return home) to provide the necessary support arrangements to meet the needs of individuals.	People with Learning Disabilities	Live Well	Y1-Y4		✓	✓

Joined Up Care Joint Areas of Work	Cross Reference to priority groups (as per area planning guidance)	Delivery Mechanism	Indicative Timescale	IAA	Prevention	Alternative Models
[Other] Enhance transition arrangements through improving our understanding of the experiences of young people moving from children to adult services and improve our learning of their experiences.	Integrated family support services. Children with complex needs due to disability or illness.	Start Well Live Well	Y1-Y2		✔	✔
[Other] Establish a fully integrated multi agency team to provide a co-ordinated and appropriate support service for children with a disability and additional learning needs, and their families	Integrated family support services. Children with complex needs due to disability or illness.	Start Well	Y1	✔	✔	✔

Workforce Futures Joint Areas of Work	Cross Reference to priority groups (as per area planning guidance)	Delivery Mechanism	Indicative Timescales	IAA	Prevention	Alternative Models
[Priority 1] Develop a cross sector workforce strategy and organisational plan that ensures the cultures, systems, structures, staff engagement mechanisms and people are aligned to deliver the Health and Care Strategy. This will include to agreeing overall culture necessary for shared workforce plan to be delivered, joint approach to education, commissioning for health and care and further building on excellence in leadership and management.	All	Cross Cutting	Y1-Y4			✓
[Priority 1] Develop and implement an Integrated Joint Workforce Plan to ensure a whole system approach to delivering the future model of care to ensure highly skilled and effective workforce to support good outcomes across the Start well, Live well, Age well.	All	Cross Cutting	Y1-Y4			✓
[Priority 1] Agree model for Integrated Care Teams and roll out across Powys.	All	Cross Cutting	Y1-Y4			✓
[Priority 1] Develop and implement apprenticeship scheme for Powys.	All	Cross Cutting	Y1-Y2			
[Priority 2] Develop joint engagement plans for partner, key stakeholders, service users and public.	All	Cross Cutting	Y1			

Innovative Environment Joint Areas of Work	Cross Reference to priority groups (as per area planning guidance)	Delivery Mechanism	Indicative Timescales	IAA	Prevention	Alternative Models
[Priority 1] Develop the case for change and aim to secure funding to complete a strategic case for investment in a Regional Rural Centre in Newtown.	All groups	Cross cutting	Y1 – Y2			✔
[Priority 2] Review existing services in East Radnorshire and Ystradgynlais.	All groups	Cross cutting	Y1			
[Priority 3] Agree other areas for Community Hub development.	All groups	Cross cutting	Y1			
[Priority 4] Develop a flexible range of appropriate, effective and efficient accommodation options for Older People to provide the necessary support arrangements to meet the needs of individuals	Older People with complex needs and long term conditions.	Age Well	Y1 – Y2			✔
[Priority 5] Develop strategic outline programme to provide framework for delivery of Health and Care Strategy.			Y1			
[Priority 5] Development of predictive modelling tools to support ongoing population assessment.	All	Cross Cutting	Y1-Y4			✔
[Other] Develop Home Based Support Model in Ystradgynlais and align with Integrated Care Team, Older People's Accommodation strategy, plans for Domiciliary Care and the review of Day Care Services.			Y1-Y3			✔

Innovative Environment Joint Areas of Work	Cross Reference to priority groups (as per area planning guidance)	Delivery Mechanism	Indicative Timescales	IAA	Prevention	Alternative Models
[Other] Commission a flexible range of appropriate, effective and efficient accommodation options to provide the necessary support arrangements to meet the bespoke needs of our individual children, including looked after children.	Children with complex needs due to disability or illness.	Start Well	Y2		✔	✔

Digital Joint Areas of Work	Cross Reference to priority groups (as per area planning guidance)	Delivery Mechanism	Indicative Timescales	IAA	Prevention	Alternative Models
[Priority 1] Develop Information, Advice and Assistance services including the development of Info Engine, Dewis and Community Connectors service.	All	Cross Cutting	Y1-Y2	✔		
[Priority 2] Roll out of WCCIS implementation.	All	WCCIS Project	Y1-Y3			
[Priority 3] Technology Enabled Care	All	Cross Cutting	Y1-Y2		✔	✔
[Priority 3] Further develop and roll out Florence (text messaging) to enable people to increase their involvement in the management of their treatment, condition or lifestyle	All	Cross Cutting	Y1-Y3	✔	✔	
[Priority 3] Develop and expand the number of Invest in your Health group sessions via Skype to support individuals to manage their long term conditions.	All	Cross Cutting	Y1-Y3	✔		
[Priority 3] Develop specialist consultant in reach services, clinician outreach, supporting primary and secondary care joint working through the use of telemedicine via the Mid Wales Health Care Collaborative.	All	Cross Cutting	Y1-Y3			✔
[Priority 3] Evaluate and continue to roll out CBT intervention for people with depression to aid improved rural access to care.	All	Cross Cutting	Y1-Y3		✔	

Transforming Partnerships Joint Areas of Work	Cross Reference to priority groups (as per area planning guidance)	Delivery Mechanism	Indicative Timescales	IAA	Prevention	Alternative Models
[Priority 1] Work with private, voluntary and independent sectors to ensure Safeguarding remains every bodies business. Implement monitoring arrangements in relation to safeguarding requirements including the Threshold Document.	All	Cross Cutting	Y1-Y2		✔	
[Priority 2 and 3] Pooled Funding - We will work together to pool funding across Health and Social Care in relation to:- • Residential and Nursing Care. • 3rd sector grants and small contracts (PCC & PTHB) to enable the commissioning of the preventative elements of the new model of care.	Older People with complex needs and long term conditions.	Age Well	Y1-Y2			✔
[Priority 4] Review of non emergency patient transport and voluntary transport schemes to ensure future provision of community transport.	All	Cross Cutting	Y1-Y3			
[Priority 5] Maximise the Active Offer to speak Welsh, ensuring people can secure their rights and entitlements by using their own language to communicate and participate in their care as equal.	All	Cross Cutting	Y1-Y4	✔		

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Transforming Partnerships Joint Areas of Work	Cross Reference to priority groups (as per area planning guidance)	Delivery Mechanism	Indicative Timescales	IAA	Prevention	Alternative Models
[Other] Developing the Market in a rural economy is essential. This includes developing and encouraging social value sector to fulfil service delivery opportunities.	All	Cross Cutting	Y1-Y3			✔
[Other] We will develop an Advocacy Plan to support a whole system approach to the provision of advocacy which is aligned to the RPB key themes, ensures all types of advocacy are available and supported across the model of care and continuum of care. We will support the commissioning process around a range of services including the Independent Professional Advocacy Service.	Older People with complex needs and long term conditions. People with learning disabilities Carers, including young carers	Cross Cutting	Y1-Y2			✔
[Other] Review Domiciliary Care Delivery Model, identify whether there are opportunities to broaden and integrate roles to support improved outcomes.	Older People with complex needs and long term conditions. People with learning disabilities; Carers, including young carers;	Age Well	Y1			✔

8. Measuring Impact

Key to delivering the Health and Care Strategy and Joint Area Plan will be measuring the impact of the intended change and tracking progress against the intended outcomes.

A matrix has been drafted in appendix A with some health and care indicators that will inform whether the evidence based interventions are having an impact on the wellbeing and quality of health and care in Powys. This will be further developed during quarter 1 of 2018/19, along with quantifiable measures that demonstrate the level of intended impact i.e.

9. Governance

9.1 REGIONAL PARTNERSHIP BOARD

The role of the Regional Partnership is to improve the outcomes and wellbeing of people, as well as improve the effectiveness of service delivery.

In line with the requirements outlined in Part 2 of the SS&WB Act, the RPB ensures that all work will be co-produced, requiring practitioners and people to work together as equal partners to plan and deliver care and support. The RPB will facilitate a balanced representation from the full range of public services and provide targeted support (via Powys Association for Voluntary Organisations) to ensure citizen including carer engagement at all levels of the RPB infrastructure. The Joint Area Plan will take a Results Based Accountability approach to measuring impact and not just measure how much or how well we do. We will measure impact via the outcomes aligned to the SS&WB Act.

The Regional Partnership Governance structure is as follows:-
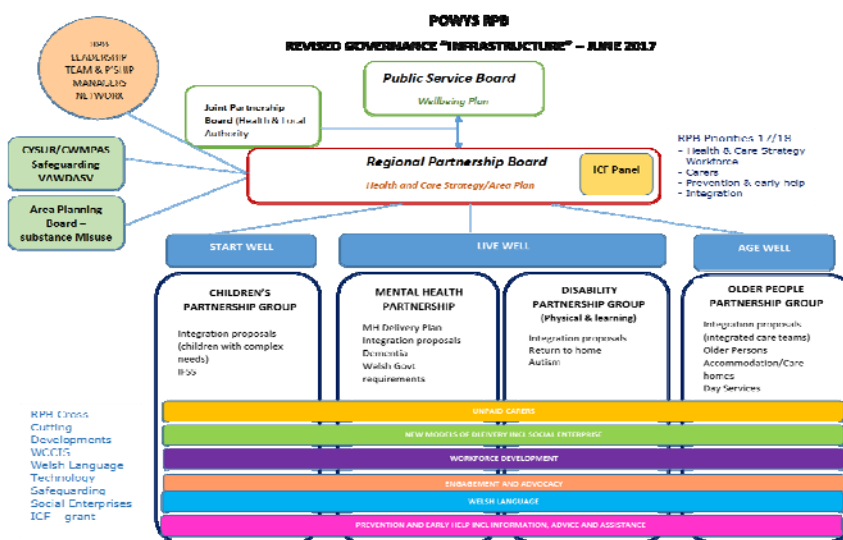
Strategic Leads have been identified across the key agencies and will have responsibility for overseeing the delivery of the Joint Area Plan.

Each Partnership Group will report to the RPB on a regular basis in relation to progress and or identifying any barriers to achieving the identified priorities.

The RPB will also produce an annual report that shares more widely the achievements being made against the Joint Area Plan.

9.2 INTERDEPENDENCIES

9.2.1 HOUSING

Housing is fundamental to achieving wellbeing and the intended outcomes. There are key areas identified within the Joint Area Plan such as supported accommodation which support these wellbeing outcomes, however there is also a need to ensure alignment with the County Council's Affordable Housing Programme. This is a phased five year programme for the development of new council homes and homes for low cost home ownership. The plan will look to build around 250 properties during this period.

9.2.2 EDUCATION

Education is crucial in achieving the outcome ' As a child and young person I have the opportunity to experience the best start in life' There is a critical interdependency with in the following areas that will be managed via the Children and Young People Partnership:

- Strengthen learning and skills in Powys, infrastructure and resource via 21st Century schools programme, resource management and shaping the schools infrastructure.
- Developing the post-16 sector.

9.2.3 PUBIC SERVICE BOARD - WELLBEING PLAN

There is a key interdependency with all aspects of the wellbeing plan. The Delivering the Vision and Joint Area Plan under the Public Service Board Wellbeing Plan will be delivering on many of the health and social care aspects of wellbeing in Powys, including the safeguarding of vulnerable people, prevention, action on adverse childhood experiences and the needs of carers.

9.2.4 COUNTRYSIDE SERVICES

Connecting people with the outdoor environment can improve mental and physical wellbeing. Opportunities to work with countryside services will be utilised to improve wellbeing and prevention.

9.2.5 FIRE SERVICE

In the delivery of health and wellbeing services within local communities, the Fire Service can play a crucial role in assessing risk and vulnerability within the home, particularly in cases involving the elderly and those considered at risk or vulnerable.

The sharing of information between partners when doing home visits is vitally important in improving the safety and well-being of our citizens, and a collective approach in sharing information; skills and resources, is the sufficient yet most effective approach in moving forward in a holistic way.

These is a need to identify interdependencies with existing and future work with the fire service to ensure the future health and care system is fully aligned and benefits are maximised.

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9.3 FUNDING

There is a commitment in principle to pooling some of our Third sector grants and small Third Sector contracts between the Local Authority and Powys Teaching Health Board to ensure a consistent approach to meeting outcomes and supporting the future model of care.

In addition there are opportunities to align existing Welsh Government flexibilities with the Health and Care Strategy and Joint Area Plan. This includes Supporting People Grant, Flying Start, Families First and the new Employability Grant.

During quarter 1 of 2018/19, more detailed plans will be developed and projects will be established for new areas of work. Business case development will be key in securing funding.

Potential sources of funding to be explored include:

- Integrated care funds.
- Transformation funds (under the Parliamentary review).
- Innovative or Technical funds
- WG capital funding.

Both the Regional Rural Centre in Newtown and the potential development of Wellbeing Community Hub in East Radnorshire, are areas where resources will be targeted to deliver a new model of care as per the Parliamentary Review. The Parliamentary Review suggests that Regional Partnership Boards "develop and implement substantial seamless locality model in at least two new localities in their region". We will be looking at opportunities to access the Transformation Funds to enable us to proceed at pace.

9. 4 REPORTING

The reporting arrangements for this plan will be developed during quarter 1 of 2018. Each area will be required to establish detailed plans and regular reports on benefit and progress.

9.5 ENGAGEMENT AND COMMUNICATION

An engagement and communication plan will be developed for RPB and a partnership journal will be produced outlining progress and good practice in relation to integrated work undertaken. This will ensure that people are supported to design, develop and delivery of health and wellbeing services.

9.6 INFORMATION SHARING

The RPB Information Sharing Protocol will be developed to include a training plan to ensure that all partners are clear on their duties in relation to the sharing and security of data.

9.7 POPULATION ASSESSMENT

The Powys population assessment will be regularly reviewed and updated, based on evidence and systems to enable prediction and targeted intervention for individuals with additional and complex needs, at the end of life and sensory.

10. Supporting Strategies

The following strategies and plans support the Joint Area Plan.

Joint Strategy for Carers

http://pstatic.powys.gov.uk/fileadmin/Docs/Adults/Joint_Commissioning_Strategy_for_Carers_in_Powys_2016-18_-_FINAL.pdf

Older People Commissioning Strategy
http://www.powysthb.wales.nhs.uk/sitesplus/documents/1145/Older%20People%20Strategy%20EZread%20Version.pdf

Supporting People Programme - Local Commissioning Plan April 2018- March 2021
http://pstatic.powys.gov.uk/fileadmin/Docs/Adults/Joint_Commissioning_Strategy_for_Carers_in_Powys_2016-18_-_FINAL.pdf

Joint Strategy for Mental Health - Hearts and Minds.
http://www.powysmentalhealth.org.uk/fileadmin/PAMH/docs/Mental_Health_Vision/Hearts_and_Minds_-_final_version.pdf

Joint Dementia Plan.
http://www.powysthb.wales.nhs.uk/sitesplus/documents/1145/MH%26LD_Item_3.1_Dementia%20Plan%20%282016-2019%29%20-%20Progress%20Update_Update%20Report.pdf

Joint Commissioning Strategy for adults with learning disabilities in Powys.
http://pstatic.powys.gov.uk/fileadmin/Docs/Consultations/Joint_LD_strategy_2015-2020_en.pdf

Substance Misuse and Mental Health Plan (2017).
http://pstatic.powys.gov.uk/fileadmin/Docs/CSP/CSP_Commissioning_Strategy_2015-2020_Final_en.pdf

Joint Commissioning Strategy for Older People

http://pstatic.powys.gov.uk/fileadmin/Docs/Comms/Older_People_strat_and_plan_2016_en.pdf

Regional Safeguarding Plans (CYSUR and CWMPAS)

http://powys.moderngov.co.uk/documents/s21059/Powys%20County%20Council%20Draft%20Improvement%20Plan.pdf

Full Business Case for Llandrindod Wells

http://www.powysthb.wales.nhs.uk/sitesplus/documents/1145/Board_Item_2.3_%28Llandrindod%20Wells%20-%20FBC%29Version%202.pdf

Outline Business Case for Machynlleth

Currently in development.

Older People Accommodation Market Position Statement and Future Vision
http://pstatic.powys.gov.uk/fileadmin/Docs/Adults/Integration/Planning_for_the_future_of_older_people_accommodation_in_Powys_A_Case_Study.pdf

Powys Joint ICT strategy

http://www.powysthb.wales.nhs.uk/sitesplus/documents/1145/Board_Item_2.4_ICT%20Strategy%202015-2018_Draft%20Strategy.pdf

11. Stay Involved

More information is also available at www.powysthb.wales.nhs.uk/health-and-care-strategy

- You can get involved in the debate on Twitter via @PTHB Health @PowysCC #PowysHCS

- You can follow us on Facebook at www.facebook.com/PTHBhealth or www.facebook.com/PowysCC

- You can email us at powys.engagement@wales.nhs.uk

- You can write to us at Engagement Team, Powys Teaching Health Board, Bronllys Hospital, Bronllys, Brecon, Powys LD3 0LU

- You can invite a representative from the Health and Care Strategy Programme to your group or meeting to update you on progress and listen to your views.

We welcome your views on an ongoing basis to help us to translate our strategy into reality.

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Appendix A – Draft Measures

Delivering the Vision - Health and Care Strategy

KEY MEASURES (ANNUAL)	OUTCOMES																	
	Wellbeing						Early Help and Support			Big Four			Joined Up Care					
	I am responsible for my own health and wellbeing	I am able to lead a fulfilled life.	make healthy lifestyle choices about my mental and physical health, and wellbeing, for myself and my family.	As a carer I am able to live a fulfilled life and feel supported.	whoever ... I am and wherever I live in Powys.	live in supports me to be connected and to maintain my health and well being	I can easily access information, advice and assistance to inform myself and remain active and 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.	I have easy access to support, information and early diagnosis.	I have early intervention and treatment	My treatment and support is high quality, evidence based and timely as locally as possible	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
Life satisfaction among working adults and older people		X		X	X	X			X								X	
Number of people supported to live in their home of choice						X									X			
Healthy life expectancy at birth including the gap between the least and most deprived.		X	X		X			X										
People reporting they feel safe		X				X		X									X	
People reporting they live in the right home for them		X				X									X		X	
People reporting they feel part of the community		X	X			X											X	
Working age adults and older people in good health	X	X	X															
Average capped points score at year 11, including the gap between those eligible and not eligible for free school meals.			X		X			X										
Life expectancy at birth and Low birth weight			X					X										
Measurement of development of young children			X			X		X										
Children age 5 of a healthy weight	X		X					X										
Mental well being amongst children and young people	X		X			X		X										
Mental well being amongst adults/older people	X		X			X				X	X	X						
Children and Young People have improved learner qualifications/standards		X	X		X			X										
Number of Looked after children								X									X	
Number of children on the child protection register								X									X	
Working age adults and older people free from life limiting long term illness.			X						X									
Carers reporting that they feel supported to continue in their caring role			X	X														
People reporting they have received the right information or advice when they needed it			X	X			X		X	X	X							
Adults who smoke										X	X	X						
Adults and older people of a healthy weight										X	X	X						
Premature mortality <75 years										X	X	X						
Cancer incidents and 5 year survival										X	X	X						
People reporting they have received care and support through their language of choice			X						X									
People reporting they were treated with dignity and respect.			X						X					X				
People reporting that they felt involved in any decisions made about their care and support			X						X						X			
People who are satisfied with care and support that they received			X						X			X			X			
The number of persons (per 1000 population) aged 75 and over who experience a delay in return to their own home or social care setting following													X			X		
The percentage (n=) of enquiries resulting in safeguarding intervention																X		
Percentage of people satisfied with their ability to get to/access the facilities and services they need.			X						X	X	X	X	X			X		
The rate of emergency hospital admissions for basket 8 chronic conditions per 100,000 of the health board population									X									
Number of adult clients supported to live in their own home through assistive technology						X											X	
Number of Pooled Budgets																X		
% of Staff Working in Integrated Multi-Disciplinary Teams																X		
Care Closer to home measures - The number of service users with Learning Disabilities receiving residential care or supported tenancies outside of Powys and						X							X					

Appendix B – Model of Care Personas

The personas describe the future model of care. Following approval of the document, these will be developed into visuals.

START WELL → LIVE WELL → AGE WELL

Emma is a 27 year old healthy mother of two, Elin who is seven and Eddie who is 4 months. She takes a proactive approach to managing her individual and family's health and care needs. She is very used to searching for information on the website, picking up literature at her local health and wellbeing hub which includes the local library, knows where to go for local services on infoengine and Dewis and is very well connected and active in her community. She has also met the local Community Connector via her Health Visitor and has received good advice and support from them, including specific support within her local community for families and children.

Emma is interested in utilising the technology available. Her eldest, Elin, has respiratory problems, developed from a very early age which was diagnosed very early. Elin has been used to positively managing her condition from an early age and uses game based supportive apps. Elin has positive role models in her family, her Nan and school friends, and her best friend Sian also has asthma so they help each other.   She knows everyone in her community as they play in the local play grounds and she's in the local Rainbows and just moved up to Brownies. Her family, teachers and Brownie leader(s) all have access to information, advice and guidance on well-being and long term conditions management and have been released to train by a commissioned community service specialising in "Children with Additional Needs" (CAN) so they can support Elin's wellbeing and help her to lead a healthy and fulfilled life.

Elin has a new brother, Eddie. Throughout her pregnancy with Eddie, Emma felt in control as she was able to monitor her own pregnancy, access real time advice and raise concerns with her community midwife through the electronic tablet provided to her. She was able to choose whether to have her baby at home, assisted by her Midwife with a GP or Consultant on hand via video link or to give birth in a local modern birthing suite with expert support on hand if needed.

She was also put in touch by the Midwife with the Community Connector and they helped her access local voluntary health and care services such as advice and guidance on parenting support, parent and baby social activities and other services like the Health Visitor, Library and also the Credit Union. Emma as a new Mum was a bit nervous to begin with and so she was supported by a volunteer Befriender to access the new parent and baby social group. A café is run by local volunteers and has an outdoor area where the kids can play. Emma finds this environment provides a great peer support network.   She also meets her gran there

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once a week when she's attending for older people's activities. As her gran's unpaid carer, Emma also has access to carer respite and enjoys their information and pamper days. There's great intergenerational fun happening, with lots of joint activities and they all love the singing, story-telling, dancing and balance exercises provided by a professional trainer with the local extra care facility. During school holidays, Emma is able to access local Play Network activities which helps her keep Elin active and happy.

Emma is able to access medical support for the whole family through her GP or via telemedicine links to specialist care. She can book appointments online and talk with the team or her GP, if necessary, over a video app on her mobile or watch face. She can book in directly into her personal GP's calendar. The family are able to receive the majority of their health and care services within the home, but occasionally they need to travel to the Rural Regional Centre when Elin needs more specialist diagnostic tests for her condition, and often they link up to the Consultant in the nearby hospital as part of a one stop service. They get community transport to and from their appointment as Emma doesn't drive. Emma feels they are well supported to both self-manage their health and wellbeing needs but also feels secure in knowing specialist services are accessible locally, if needed.

Ethan is 55 and lives with his wife and two sons. All of the family, friends and neighbours support his mental health needs, as Ethan, who is ex-forces has PTSD and struggles with anxiety. Linked with this, Ethan has also experienced substance misuse in his past and has recently been diagnosed with Type 2 Diabetes. Ethan does not work at the moment, although he does volunteer at the local British Legion and gives some time at the Military Museum and the Wellbeing Mobile Unit.   He does want to work again, but is fearful that a potential employer won't understand his needs and also doesn't think he can do what is needed, he worries about his PTSD. He's also concerned about his family and wants to support them in the way he did when he was in the forces.

Ethan's GP works within an integrated team which includes a care co-ordinator who spends time with him, focusing on what really matters to him in his life, his aspirations and identifies his holistic needs (and those of his family). The care co-ordinator pulls in various members of the integrated team who have expertise in different areas such as local community services (Community Connector), Occupational Therapy, Psychology including Trauma specialism and specific ex-military support.

Ethan has made the choice of who he wishes to support him and this includes an ex-forces chaplain who is his Befriending Volunteer and an "Anchor Buddy".   Together they have created an electronic personalised plan to help him achieve his health and well-being goals which they share with the integrated team. He has built up incredible strong relationships with the people who support him, they are consistently there for him, when he needs them. His personal electronic device also prompts him each day on what he wishes to do and this all helps ensure Ethan meets his short and long term aspirations and goals.   One of his key choices is exploring alternatives to medical treatment, focusing on his aims to achieve health

and well-being and finding a job locally that will embrace his needs whilst providing meaningful employment so he can support his family.

Services which support clinical, emotional and psychological needs are all tailored to meet Ethan and his family's needs locally in his Community Hub. Private and public employers are committed to working as part of Community Hubs and frequently have staff volunteering as part of local community action. In this way, Ethan is gradually getting to know what employers are in his local area, what they value most and building relationships with them all on an equal footing, as volunteers.

Ethan and his family are offered respite, he can pull on this as often as he feels he needs it, at the time that suits him. This is partly paid for by his time-banking as a volunteer, but also through his choice of how his well-being needs are funded.   Ethan's volunteering with the Well-being Mobile Unit really helps him get out and around other parts of the community and he finds this very rewarding and is a valued member of the team.

He helps inform people that most health and care services are accessible seven days a week in local community hubs and the bigger Regional Centres in Brecon (near where he lives), Llandrindod and Newtown. This includes diagnostics of illness or disease, specific injuries, home care, treatment and support, tele-links to specialist consultants, a wide range of assistive technologies and mobile applications as well as a range of community well-being services.

He can show people how to do this via an app on his phone that is free as it's part of the free Wi-Fi in each community and the Well-Being Mobile Unit. Assistive technology does help Ethan to manage his own health and well-being at home. This includes an app providing him with access to his own health records, up-to-date information on his test results which allows him to self-monitor and manage his medication. He is also able to book and have virtual appointments with his GP or the Integrated Health and Care Team to maintain his even keel and ensure early intervention and appropriate treatment where necessary – everyone is working to a shared plan to ensure continuity of his care.

Ethan's family, his wife Amena and their two children's needs are of equal importance and they also are receiving bespoke support for their own needs, including respite and access to a local carer's group for Amena. She has settled very well into Powys, still attends a local group/class for advanced English speakers with local college students, both virtually via video link and in the local Regional Centre's library. She has been supported by "Workforce Futures", a well-established "Access Local Work" social enterprise co-funded by local businesses and public services to access part-time work in a local opticians. Amena also volunteers with a group of local women on her community safety partnership board, providing not only victim led support and advice but also user led service development.

Seren is 87, she lives alone up in the hills in North Powys and access to her farm house can be difficult. There is a good broadband connection which Seren uses to keep socially active (using the Farming Well-Being Link), she gets her groceries delivered each week and a hot meal from the local pub every day. She makes good use of her "keeping active monitor" which prompts her to get up and move every two hours. She also uses her wireless link on her TV to have a shared falls prevention balance session with her friend Jolene who lives in

the next valley. These daily sessions are a real tonic for one another.   Despite not being able to drive, Seren gets out and about regularly by using her local community transport service, with a regular volunteer driver, which links her to the wider public transport network when she needs it. She goes into her local big market town once a week. Sometimes her daughter visits, but she lives a couple of hours away. Seren's main sources of support are in the vibrant and resilient community in which she lives. There has been a good deal of investment in developing voluntary and local social enterprise based community services to support people living independently, – she often visits the Wellbeing Community Hub where she does activities with her friends, including Jolene. She attends a special group for people living with Dementia each week, led by a Welsh speaker, and she loves the activities she does with the local children in their school and joins in with all the singing, dancing and storytelling activities. Seren likes her Befriending volunteer, Bronwen, who speaks with her in Welsh. Bronwen also provides a "Sitting Service" in the local village with other people who can't easily get out of their homes and sometimes she takes Seren with her so she also joins in with the tea and chat.

Seren has been able to anticipate her future needs and choose how she wants to access support to live independently. She has also made her wishes clear if her Dementia gets worse and circumstances change. Her wishes have been clear documented and agreed and are aligned to her health record, accessible by her Integrated Health and Care team, herself and her family.   To make her feel safe, she has been able to make some adaptations to her house to ensure she has no trip hazards, but also a remote monitoring device which sounds an alert automatically if there has not been any movement in her house. This gives Seren confidence that when she needs support someone will be there to help or check on her, like the time she fell on a Saturday night - the local first responder assessed Seren and asked for a visit from the integrated health and social care team, who arrived within the hour. They discussed her needs with her and jointly agreed a personalised plan which included some short term support – preventing the need to admit Seren to hospital. She was very happy about this as she didn't want to leave her home and had made this clear.

As Seren is living with Dementia and can be quite forgetful, particularly when taking her medications, she has the help of her personal medication plan and a TV or sound application that reminds her when to take her medication and is programmed to come on at the right time wherever she is in her house. Her daughter's voice tells her she needs to take her medication now and Jolene her friend checks when they have their sessions together. Seren's local community pharmacist provides advice and guidance and sometimes she accesses this via skype. The pharmacy team are linked to outreach health and care volunteers who are well trained to provide active checks on her every so often and they can deliver medication to her when she is not able to collect it in person.

Whilst Seren is most happy being in her own home and wants to stay there, she can't look after her garden so well now and also can't keep her house clean and decorated. Seren belongs to a local social enterprise, set up like a Local Exchange Trading Scheme, where the time she devotes to the "Sitting Service" with others enables others in the local community to give her an exchange of doing her garden or decorating. She pays a local student to clean her house and the student earns credits for community service as part of her college education and also gets a discount at the local cinema.

Seren is so busy with different people and activities in her local community, she has a real feeling of well-being, doesn't feel isolated or lonely and is living well with her dementia.

The Parliamentary Review of Health and Social Care in Wales

A Revolution from Within:
Transforming Health and Care in Wales

Final Report

January 2018

Acknowledgements

The panel has benefitted from a wide range of views, including those from service users and staff working in, and leading, services, from many representative bodies, voluntary organisations and independent providers of care. Welsh Government officials provided information and advice. We are deeply grateful for the time and effort put into informing our work. We are also appreciative of the support and advice provided by the Political Reference Group.

The project support team did a sterling job, which we greatly appreciate, in amassing evidence, engaging stakeholders and helping the panel to synthesise its deliberations.

Contents

Chair's Foreword

If the case for change is compelling, then why hasn't it compelled?

This year sees the 70th anniversary of the NHS; born in Wales, based on a model developed by the Tredegar Workmen's Medical Aid Society. The NHS continues to enjoy huge public support. However, in the 1940s, no one foresaw that the demand for health and care would increase rather than diminish, due to changing needs, expectations and new forms of treatment and care. The key challenge is how public services might better anticipate and address new demands upon them effectively. This Parliamentary Review into Health and Social Care was established, on a cross-party basis, to advise on how this challenge might best be met.

In our Interim Report, we emphasised that the current pattern of health and social care provision is not fit for the future. We presented this analysis as a 'case for change' which showed the impact of a growing and changing pattern of need, expectations of services, and the challenge of securing a future workforce. We said those factors demand a new approach to maintain and improve the quality of health and care.

The current situation is of great concern for service users, health and care organisations, health and social care workers, and society more broadly. Health and social care services experience workforce shortages; Wales' outcomes for health and care are not improving as fast as desired; and service delivery is not consistently good. A risk-averse culture hampers change in the health and care system, and limits efficient and effective decision making.

On funding, the long run picture is that spending on health and care is outpacing the growth in the country's wealth – a problem that many other developed economies also face. The pressure for additional investment in the NHS and social care has already been set out in other reports. Currently health and care consume a growing proportion of the Welsh Government's budget, at the expense of other public service areas, for example education, housing and the arts, which also have a great influence on the health and wellbeing of the people of Wales. A key aim therefore should be to maximise the *value* of care and by being more efficient to enable resources to be directed to the areas that have a bigger impact on health and wellbeing.

However, our terms of reference did not include commenting on the level and sources of funding such as how to pay for social care in the long-term. These remain key national issues. Our focus was on how to secure better outcomes. Whatever the overall envelope of funding, given current and future demands on the system, every pound spent must be more effective in improving outcomes for the users of services and for the people of Wales. Progress is underway, but it needs to be faster even to maintain levels of care.

The extensive engagement we undertook during the course of the review is set out in the annex. We very much appreciate the efforts of all those who gave their time so generously to speak and interact with us. Nobody we spoke to during the course of this Review disagreed with our assessment that the case for change is compelling. Decision makers across Wales and front-line staff dealing with these pressures on a daily basis share this perception. The recurrent question we have been asked is this: "If the case for change is compelling, then why hasn't it compelled?

Our answer is that there has neither sufficient clarity of vision to guide the system nor sufficient attention on the practical means of achieving that through such as citizen empowerment, leadership, governance, improvement, performance and finance. We aim to address this in our final report. This means whilst we aimed to produce a strategic report, in some areas we have also gone into practical detail to guide implementation. The breadth of our work means that not every issue has been addressed, instead we have focused on the aspects where we think change is most needed.

Wales has the potential to overcome all of the challenges we have identified. The strong intent to improve health and wellbeing is apparent, as is the desire for a high-quality NHS and social care system. Wales' legislation for sustainable development through the Wellbeing of Future Generations (Wales) Act, and the Social Services and Wellbeing (Wales) Act 2014, and the Welsh Government's new national strategy 'Prosperity for All' sets a positive and forward-looking context that many other health and care systems aspire to. The challenge is turning the ambition into reality.

As the Welsh Government aims to steer the health and care system into the next five years and beyond, our aim in this report is to set out a way forward and to make recommendations on how change can be supported and explain, in practical terms, how to meet the challenges of the years ahead.

Dr Ruth Hussey CB OBE (Chair)

Professor Sir Mansel Aylward CB

Professor Don Berwick

Professor Dame Carol Black DBE

Dr Jennifer Dixon CBE

Nigel Edwards

Professor Keith Moultrie

Eric Gregory

Professor Anne Marie Rafferty CBE

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Introduction

Our Interim Report put the stark case that, in its current form, Wales' health and care system will need to change. By a health and care 'system,' we mean the way care and support is delivered by public, independent and third sector bodies rather than their underpinning organisational structures.

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Wales is not alone in facing these challenges. The vision for care that Wales should achieve is one being pursued by most developed nations in the face of similar circumstances. This is to revolutionise care so that it empowers individuals to take decisions, tailors care to the individual's expressed needs and preferences, is far more proactive and preventative, is provided as close as possible to peoples homes, is seamless, and is of the highest quality.

Internationally, there is growing knowledge of what is needed to achieve this vision. Initially called the Triple Aim, a fourth dimension has been added due to a realisation that a key factor is the well-being and engagement of staff[1]. In our view this approach builds on values already developed in Wales and will help to give clear purpose and guide the vision into action.

Therefore, we recommend that the vision should aim to deliver against four mutually supportive goals – 'the Quadruple Aim' – each of which should be vigorously pursued. They are continually to:

a. improve population health and wellbeing through a focus on prevention;

b. improve the experience and quality of care for individuals and families;

c. enrich the wellbeing, capability and engagement of the health and social care workforce; and

d. increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.

Progress towards this vision and the Quadruple Aim needs to be significantly accelerated. This will come about through the power of service users and communities to press for change, the ability of the workforce to test and learn what works and to accelerate change, new technology and innovation and the ability of leaders to take bold decisions.

In this final report, we recommend to the Welsh Government some key actions that need to be taken to do that, including: clarifying what a set of new models of care might look like; strengthening the power of citizens and users to make change; improving the local leadership and governance needed to implement change; harnessing digital, scientific, technological and infrastructure developments to underpin modernised models of care as well as unlock efficiencies; and at a national level designing the system to expedite and incentivise progress through increased transparency. This will not be easy, nor is it a short-term task – it is a significant test of leadership in Wales at a national, regional and local level.

We do acknowledge that healthcare and social care in Wales were established as distinct sectors. Healthcare in Wales is almost entirely publicly funded and it is planned and commissioned by the NHS. Social care is publicly and privately funded and provided through multiple public, private and voluntary providers. Our recommendations assume these arrangements broadly continue in place but the focus should be on developing '**One system of seamless health and care for Wales**'.

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Wales is a small country, but it has tremendous assets in its people, especially those who use, support and work in the health and care system. We met many who are innovating and progressing towards the vision we espouse, but they are sometimes doing so against the tide. Unless faster, more widespread progress can be unlocked, access to and the quality of services will decline in the face of the predictable pressures. The next five years will be a crucial test, which is why our final recommendation is to review progress against the vision and Quadruple Aim, alongside the rest of the UK and internationally, with open public debate as to the further action needed.

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High Level Recommendations

Recommendation 1: One seamless system for Wales

Rapidly articulate a clear simple vision of what care will look like in the future to meet the needs of the population. Care should be organised around the individual and their family as close to home as possible, be preventative with easy access and of high quality, in part enabled via digital technology, delivering what users and the wider public say really matters to them. Care and support should be seamless, without artificial barriers between physical and mental health, primary and secondary care, or health and social care.

The public, voluntary and independent sectors all have a role to meet the needs of the population now and in the future.

Recommendation 2: The Quadruple Aim for all

Underpin the "one System" vision with four aims - the Quadruple Aim. That is, health and care staff, volunteers and citizens should work together to deliver clear outcomes, improved health and wellbeing, a cared for work force, and better value for money.

Recommendation 3: Bold new models of seamless care – national principles, local delivery

Move to a seamless new way of working in localities – guided by the vision and Quadruple Aim with national good practice principles. There should now be rapid acceleration of action to develop, implement, and evaluate: seamless care close to home in localities; proactive improvement of population health and wellbeing; and reoriented specialised care.

Recommendation 4: Put the people in control

Strengthen individual and community involvement, through voice and control in health and care, and ensuring all ages and communities have equal involvement. The public rightly want a modern service in which they have much better information about health and care, shared decision making in treatment, choice of care and setting, and peer support.

Recommendation 5: A great place to work

Urgently align the workforce with new service models. Staff should be well trained, supported and engaged to deliver and continually improve a quality service consistent with the vision and Quadruple Aim. Wales should aim to be a great place to train and work.

Recommendation 6: A Health & Care System that's always learning

Significantly increase support so that the pace of improvement accelerates. Invest in support to the front line, service users and local leadership that nurtures team-based learning and the use of evidence and sharing of best practice. Develop and implement a strategy for quality improvement and continuous learning for health and care, enhancing the leadership and infrastructure required to support it.

Recommendation 7: Harness innovation, and accelerate technology and infrastructure developments

Maximise the benefits of technology and innovation to pursue the Quadruple Aim and deliver more effective and efficient care. This needs the right culture, behaviours and leadership to embrace innovation, embed collaboration and support prudent risk-taking.

Recommendation 8: Align system design to achieve results

Design the system better to achieve faster progress. Given the need for transformative change, at national level there should be focus on designing a more effective blend of incentives, regulation, planning, targets and performance management.

Recommendation 9: Capacity to transform, dynamic leadership, unprecedented cooperation

Increase capacity at a national level to drive transformation, and strengthen leadership nationally, regionally and locally to make progress in line with the vision and Quadruple Aim.

Recommendation 10: Accountability, progress & pace

Publish progress against the vision, Quadruple Aim and new models in one year, three years and five years, and benchmark progress against the other three countries in the UK, and internationally.

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Recommendations

What follows are the specific actions that we recommend the Welsh Government, Local health boards (LHBs) and trusts, local authorities and partners should undertake in relation to each of these high-level recommendations.

Recommendation 1
One seamless system for Wales

> " *We need a cultural shift – valuing and empowering people and staff, community and volunteer, as well as a resource shift – putting money and people into making the vision a reality* "
> – Twitter

There is not a single, clear and captivating vision for the future for health and care in Wales. Drawing on the extensive engagement we have already undertaken, it is our view that the vision should be of **care organised around the individual and their family as close to home as possible, be preventative with easy access and of high quality, in part enabled via digital technology, delivering what users and the wider public say really matters to them. Care and support should be seamless, without artificial barriers between physical and mental health, primary and secondary care, or health and social care.**

This vision is fully aligned to the requirements of the Wellbeing of Future Generations (Wales) Act and will help the health and care system to respond effectively. It will mean substantive change in what is done and how everyone works. Welsh Government should urgently engage with the public and with health and care staff from across the public, independent and voluntary sector to publish this vision within three months.

To achieve this vision, we advocate the creation of a time limited, staffed and resourced national Transformation Programme to implement the recommendations and supporting actions laid out in this report. This should be informed by an independent evaluation process to track progress and suggest adjustments. Wales needs to transform not just how much is done, but what and how it is delivered to meet the future care and support needs for the people of Wales.

Illustrations from Citizen Panel meetings

Recommendation 2
The Quadruple Aim for all

> 66 *The Quadruple Aim is really important,
> because it builds on Prudent Healthcare
> and gives a tangible way of delivering it* 99
> – Twitter

Drawing from international experience and evidence, we advise that the vision for a single system of health and care in Wales will be delivered by four mutually supportive goals for Wales which must be vigorously pursued. These comprise the Quadruple Aim, adapted for Wales and supportive of the requirements of the Wellbeing of Future Generations (Wales) Act. They are continually to:

a. improve population health and wellbeing through a focus on prevention;

b. improve the experience and quality of care for individuals and families;

c. enrich the wellbeing, capability and engagement of the health and social care workforce; and

d. increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste

Every plan, strategy and practice should be driven by the Quadruple Aim. To achieve the first of these aims, Welsh Government and Health Boards must significantly redistribute resources to support robust measures aimed at prevention driven by epidemiological data, scoping future trends and adopting a greater emphasis on behaviour change methodologies to significantly improve population health and wellbeing. Health Boards must contribute to action on the wider social determinants of health in partnership with other agencies.

Pursuing quality means **trying to achieve what matters to people** about their health and wellbeing. For health and care services, quality comprises safety, accessibility to all groups in society, effectiveness in producing the best achievable outcomes, and efficient utilisation of tax payers' and service users' resources. A health and care system that supports,

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nurtures and empowers its employees is essential if the vision is to be achieved. For this reason we have added an additional component to what was previously the Triple Aim, to highlight the importance of staff wellbeing, training, management and engagement.

Continually seeking better use of resources to achieve improved outcomes is essential in order to meet Wales' needs. Thus ensuring that appropriate services are delivered, that provide maximum value for the user of services and tax payers is essential. These four goals are interdependent and should be considered and used collectively.

Many developed health and care systems faced with similar challenges to those being experienced in Wales are adopting this broad approach. Wales should therefore seek to learn from its peers across the UK and internationally, and make the most of its agility as a small nation to respond at pace.

This vision and these goals provide a clear 'purpose' and measurable outcomes that can guide the processes set out in recent policies and legislation, such as Prudent Healthcare and the Wellbeing and Social Services Act. This legislation is a strong foundation to build on, and should be used in conjunction with the Quadruple Aim and vision. This should be embedded within the workplace culture of all health and care organisations.

Figure 1: Future Generation Goals
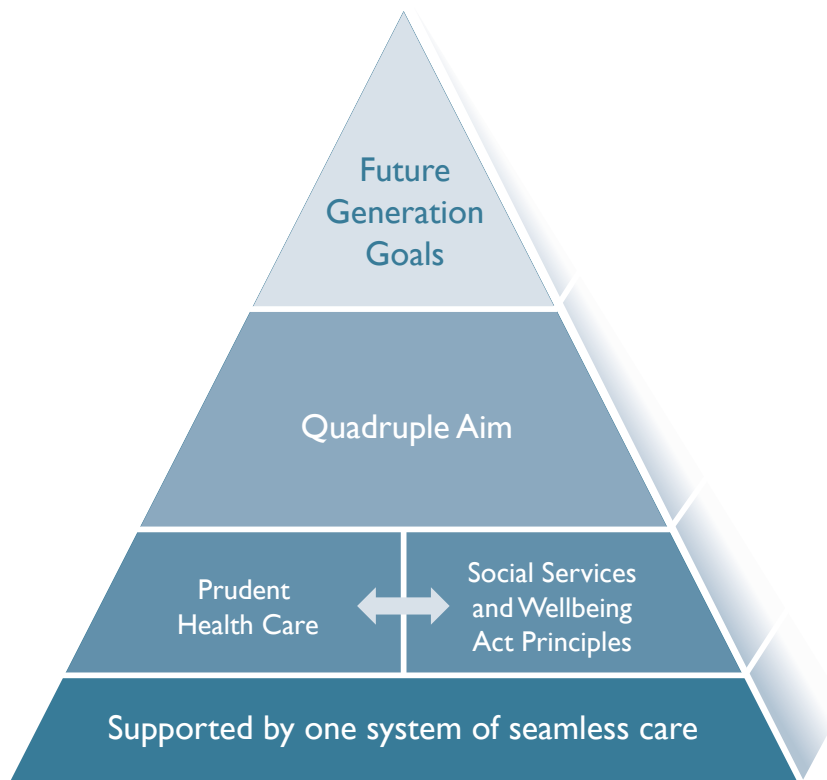
Recommendation 3

Bold new models of seamless care – national principles, local delivery

" *From a frontline perspective this [integration] has been relatively straightforward, the boundaries become less and even non existent when people are focussing on doing the right thing* "

– Stakeholder

From a clearer vision, the development, adoption and spread of new models of seamless health, care and wellbeing can be substantially accelerated. For over a decade there has been a strong national and international consensus that three broad shifts in care are needed:

• **Strengthened care close to home;**

• **Reoriented specialised care; and**

• **Proactive improvement wof population health and wellbeing**

These three elements will need to be accelerated in order to build a different system of more effective community-based services, supported by a shift of resources towards early help and support for people in their own home, and more proactive population health and wellbeing measures.

Design characteristics for these new models should include, among others, the following: (a) make care available as close to the individual's home surroundings or community as is practical; (b) maximise the use of digital technology to improve the access to and delivery of care; and (c) continually improve the quality of care and support through increased investment in care outside hospitals and rebalancing of services currently provided inside hospitals to maximise support of local services.

New models of care must be co-designed and co-developed with the public and users of care alongside front-line health and social care professionals, and be underpinned by the design concepts set out in Prudent Healthcare, the Wellbeing of Future Generations (Wales) Act 2015, and the Social Services and Wellbeing (Wales) Act 2014. It is clear from the case studies of new models of care we received from different parts of Wales that designs for innovative seamless local health, care and wellbeing services are already emerging, and we want to encourage these to be spread right across the country. We have also heard of examples from outside of Wales which offer ideas and learning for local partners to draw on. These include the Integrated Health and Social Care arrangements in Canterbury District Health Board (CDHB), New Zealand, and work in England on some

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of the Vanguard health and social care pilot projects[2]. These and many others will offer ideas and approaches, but partners in Wales will need to build their own seamless national principles and local delivery arrangements to meet the needs of the Welsh population.

Local innovation needs to be guided and supported by common principles and implementation support through a national programme of transformation, and robust evaluation. Welsh Government, Health Boards and local authorities should make realistic and stretching projections about the expected rate of change. We therefore recommend:

- National standards and principles of design created 'Once for Wales', supported by a programme of transformation including joined-up inspection and improvement support;
- Regional joined-up leadership to support implementation;
- Joined-up local service design, development and delivery to meet the specific needs of each local population; and
- Joint planning, performance, quality, infrastructure and resources to help local areas deliver seamless care that is also actively working to improve population health and wellbeing.

Features of new models of seamless care and support

Taking an example from older people's services, we explored what a common set of 'Once for Wales' design principles for seamless locality care and support might look like, and tested this with an advisory group. On the basis of the evidence we reviewed and emerging best practice from local examples already in Wales, we think that every locality should work to a common set of principles for the delivery of health, social care and wellbeing services designed co-productively with the local population, and underpinned by the vision

and Quadruple Aim. Specifically, we think older people in every locality in Wales should expect:

- Well-run and well-co-ordinated public, private and voluntary services designed around the needs of the local community. Best use of workforce, resources, infrastructure and estate to ensure health, social care and wellbeing support is effective in improving outcomes for the local population.
- Reliable help to navigate the health and social care systems and access welfare, housing, employment and voluntary services to deal with any issue that inhibits maintaining their wellbeing.
- Effective prevention and early help services which ensure that people who may need help are identified, and can get community support, important screening tests, and can access help with medication, domiciliary care and therapies.
- A wide range of professionals working in a multidisciplinary way to support people at home through safe physical and psychological therapeutic interventions in the community.
- Nursing and care homes which provide high quality and flexible respite and long-term care for people who cannot live in their own home.
- Fast and responsive local 24/7 services including intermediate care, ambulance and other rapid response services with the right skills and technology to help where people need urgent care without having to go to hospital, nursing or residential care.
- Easy access to high quality care for people with complex care needs in the community, to take the right action when needed. Specialists in hospitals freed up to advise community colleagues assess and treat people with specialist needs.
- Best use of technology to improve access to services, reduce the time people have to spend in or dealing with the current system

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of care, and expand the range of ways in which professionals can spot problems, provide help and share information.

- Best systems and practices of assessment, diagnosis and care planning across agencies to ensure people's individual needs are understood and met.

- Joined-up training and development for professionals, volunteers and carers promoting generalist skills delivered in the local area.

- Care and support delivered by public, private and voluntary agencies which are so culturally sensitive and well co-ordinated that people experience seamless care.

This does NOT mean that every locality across Wales should operate in the same way, or that services should be identical. It does not mean that every locality must have every possible service in its local area, nor that the resources needed to deliver services should be the same. The needs of populations differ hugely across Wales, and health and care resources must be designed locally to meet those needs. What it does mean is that local partners must work with their communities to build care and support provision that is right for their local population, is effective and efficient, and is designed on the basis of a national framework which requires seamless care as close to home as possible.

This does not just apply to care and support for older people – we think the same approach of national principles and local delivery should apply to all population groups with different specific principles for each based on best evidence and practice from across Wales.

On population health and wellbeing, we envisage that the new models of care would include actively identifying people at high risk of ill health using (for example) data analysis and risk prediction, and work with high risk groups to offer tailored secondary and primary preventive care. Too much of current care is reactive, triggered when an individual seeks care leading to patterns of care that don't match need. Performance management and inspection does not currently incentivise prevention: they must.

With respect to wider primary prevention, tackling the social determinants of health which result in health inequalities across the country remains a key area for national and local action. There is already some good progress for example in reducing key risk factors of ill health such as smoking.

At the root of poor health and well-being is also the limited opportunity that a sizable number of people have to a good start in life. Too many children endure multiple adverse childhood experiences, meaning they are

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significantly more likely to become adults with children growing up in the same circumstances. The poorest children enter schools already behind their more affluent counterparts and few ever catch-up, suffering poor mental and physical health which also deprives them of a locus of control over their own lives[3]. This often results in poor health literacy and a passive acceptance of inferior healthcare and social care which prevents people from accessing the services they need. While inequalities in health literacy remain, equity in health outcomes will be most difficult to achieve.

To give future generations the opportunities they deserve through the Sustainable Development Goals and their human rights as children, Wales will need interventions now to break that cycle, giving everyone the confidence and health literacy they need to manage their health and care needs. It will also need to adequately invest in a very effective supportive 'welfare state' beyond the NHS, including education, and housing, which in turn will mean making choices about the per capita cost growth in health and care to pay for it.

During our engagement work we heard a strong desire among housing providers for closer involvement with health and care services. The proposed vision, and the Quadruple Aim, builds on services at home and it is vital that individuals can live independently and receive care, when needed, at home. Therefore we urge Welsh Government to maximise the benefits of closer planning and collaboration by taking further steps through guidance, legislation and financial incentives to ensure that housing considerations are fully aligned with health and care planning at local level.

Our Terms of Reference did not ask us to look at the social determinants of health and wellbeing, the overwhelming majority of which lie outside of the health and care system, or assess the quantum of investment needed to address them. However, the health and care system does have an important influence on inequalities of access and outcome, and further work on what Health Boards, in particular, need to do to impact meaningfully upon them is vital. This is a statutory function which has not attracted sufficient attention.

Organisational responsibility for population health and wellbeing rests with Local health boards and local authorities. Public Services Boards bring these organisations together to agree Local Well-being Plans, whilst Regional Partnership Boards are tasked with driving forward strategic regional delivery of health and social care. These bodies, using their ability to pool resources, are key to developing and implementing new care models in Wales.

Supporting Actions

- Principles for new models of care should be agreed on a 'Once for Wales' basis and guide local service development across the country. The principles should be developed by or on behalf of the Welsh Government with the commitment of all key national health and care delivery, inspection and improvement bodies, and with the public. Design principles and the development of services should include the central involvement of service user and carers' organisations and the models should work towards the vision and Quadruple Aim.

- As suggested above and in the supporting pack of information on the Parliamentary Review website **https://beta.gov.wales/ review-health-and-social-care,** the principles should apply to the whole system of seamless health, care and wellbeing for specific groups in localities. This includes: services and practices across the NHS, local authorities and the third and independent sectors; across community, primary and specialist care; and across physical and mental health and wellbeing. We suggest that there should be related but specific principles for older people, working age adults with disabilities and

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learning disabilities, people with mental health problems and children and young people. For example, we heard many calls for the need to improve collaboration and timely decision making in services for children and young people. Through national principles and local delivery this work must be encouraged and further developed as the basis for building a seamless system of health and care.

- We recommend that as part of the national transformation programme a specific workstream is established to support the development of national principles, and to support the design and development of seamless locality arrangements across Wales. It needs to be run on a multi-agency and multi-disciplinary basis with a national support team and an independent evaluation process to learn what is working well and why. It should have appropriate governance, investment, resourcing and change management disciplines and support liaison between local teams and national policymakers as to what features of national policy could help unblock progress (see recommendation 8). The workstream should have national oversight, with successful progress determining further support and investment. An independent evaluation process would involve service users in its design and the methods and the results made transparent, with effective peer support and learning encouraged between sites.

- In the next year, as part of the national transformation programme, and building on learning from the Pacesetter programme and the Integrated Care Fund[4], the Welsh Government should require each Regional Partnership Board to develop and implement a substantial seamless locality model in at least two new localities in their region, using extra investment through a Transformation Fund and support from the transformation programme.

- We have explored different approaches to the design of local services using older

people's services as an example and produced a supporting paper summarising what a common set of national principles might look like. We have also considered various examples of emerging promising practice from Wales and more widely, and suggest that these resources might be a starting point for further work in this area.

- Local Health Boards (LHBs) should build on the good work that has already taken place to develop primary care clusters and devolve resources and decision making to the cluster level to work in partnership as part of these new locality initiatives.

- Seamless locality based care and support for children and young people should be one of the key priorities for the transformation programme. At the same time, the Welsh Government should prioritise reducing poverty and inequality for children, scaling up what works and creating new interventions using a data-driven and outcomes-based approach. This should include driving improvement through seamless locality provision for children and young people, drawing for example on learning from the Families First and Communities First initiatives and the First 1,000 Days Collaborative to exploit potential up-scaling, stronger community links between health and social care and schools, the third sector and leisure facilities, and a stronger focus on driving health equity, continuing to focus on promoting good mental health for children through Child and Adolescent Mental Health Services, and emotional and physical wellbeing and health literacy.

- As part of Prosperity for All, Welsh Government has already committed to a step-change in public health campaign work. To ensure that this will achieve a maximum impact in empowering the people of wales, this should include a focus on improving health literacy.

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Recommendation 4
Put the people in control

" *We must innovate in developing effective user voices* "

– Twitter

At the heart of the vision and the Quadruple Aim is the need to empower individuals to have good health and wellbeing. We believe that there is a revolution occurring due to the digitisation, accessibility and analysis of information about people's health and care which will fundamentally change the relationship between professionals providing care and users. Building on its commitment in legislation to involve people, Wales must respond to this 'customer/user revolution' very actively or risk lagging behind other nations.

Wales must be a **listening nation** not just by paying full regard to citizens' experiences of health and care but actively seeking out diverse views and experiences. This empowerment is necessary to accelerate change and improve quality. This does not just mean those easiest

to contact and receive responses from, but all groups of citizens, including children and young people, older people, ethnic minorities, and those in disadvantaged communities or living in isolated locations. One aspect is information – Welsh citizens should be health literate, so that they are able to take appropriate responsibility for their own wellbeing, and make informed choices as to their care, which is fundamental to co-production and prudent health care. Another aspect is encouraging and supporting the citizens of Wales to be active in guiding the transformation of health and care in Wales, in particular in designing new models locally.

For this to happen there needs to be much stronger effort to find out what users think of the care they have received, and the outcomes, and that this information is regularly incorporated into the management of care at local and national level. We held Citizen Juries on the design principles for new models of care and noted the consistent and clear advice on 'what mattered' to the people who use the services. This included a panel specifically with young carers to understand the issues that mattered to them.

There needs to be more and clearer information available to the public on care, the outcomes of local services and the choices available not just of treatment and setting but also the location of care. There also need to be more opportunities and support for the public and users to take part meaningfully in decisions affecting them as individuals for example making choices about care and also for their communities – for example in having a say about wider services.

Wales is already already making some progress such as through the Making Choices Together work and Dewis. Further efforts must involve all parts of diverse communities, including Welsh speakers, rural communities, and particularly the most deprived and should be accelerated.

Rapid advances in the availability and use of information in treatment and care, we believe, will recast the relationship between users and professionals. Wales should aim to get ahead of the curve and respond to new expectations of service by the public. This means Wales actively providing information about care; seeking assessing and scaling technologies that enhance access to advice and information, and supporting users and care professionals to adapt. The aim is empowering the public through information, supporting shared decision making, choice, and peer support.

Some elements of these actions are emerging but an integrated, strategic approach is now needed to make it them the usual way of working.

Healthcare professionals will need active support to help them adapt to this different world.

Making Choices Together (previously called Choosing Wisely Wales) is a clinician-led initiative, that aims to:

- embed a broad culture change in healthcare where clinicians and patients regularly discuss the value of treatments and make shared decisions.

- ensure reliable and valid information is available for patients and clinicians regarding agreed interventions of low value i.e. where there is a low chance of a beneficial outcome.

- enable participating professional health organisations such as the health professional colleges and societies, to produce with patients lists of commonly used treatments/interventions whose necessity should be questioned.

- encourage local clinical teams to use shared decision-making skills in consultations, and adopt or select, locally relevant interventions, of low value, to concentrate on when applying shared decision making.

- reduce harm to patients caused by inappropriate use of tests or interventions.

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Supporting Actions

- Information access and technology: The Welsh Government should fully review and assess the opportunities to deliver improved access to health and care information, and align this with existing work in this area. This should cover: service users' and citizens' needs and preferences, to what extent these are currently being met, and new digitally-enabled opportunities, particularly for remote areas; how health and care organisations are currently providing public access to integrated information regarding advice, support and care, including to support choices; and how new apps that help promote independence are identified, assessed, implemented and scaled up.

- National public engagement programme: As part of the Transformation programme, a national public engagement project should be implemented to describe the aspirations for new models of seamless community-based health, care and wellbeing, consult on best practice, build principles and desired outcomes together, and explore the implications for professionals, families and individuals across Wales. An emphasis should be on engaging the public with high needs, and those living in more remote rural areas.

- Public engagement at local level: The Welsh Government should require Health Boards and local authorities to integrate the different mechanisms they use for public consultation and engagement on decisions about community wide services, where they relate to health and social care services. There are clear standards for public involvement in Wales[5] and these should underpin the engagement approach.

- User experience: More sophisticated methods of gathering service user experience and outcomes are being developed and used in Wales, such as patient reported outcome measures and real time patient feedback on experience. These should be used routinely in the design and improvement of care. LHBs and local authorities should be held to account for the quality and extent of user feedback, and comparative metrics about services between LHBs and local authorities published routinely to help users make better decisions about which, if any, service to use to best meet their needs.

- Empowering choice: Wales is already on a path to encourage more shared decision-making in health and care between service users, their carers' and health and care professionals. In social care users are supported to have voice and control, but there is limited exercise of choice by patients regarding NHS facilities, or care setting (such as home, community or outpatients). Patients should be given this freedom, which is entirely consistent with the principles of the NHS and Prudent Healthcare. To encourage this, more meaningful information must be available to the public and to their GPs on the availability and quality of services (including feedback from patients and clinical outcomes) and transportation access.

- Supporting staff in providers: clearly better user feedback and engagement in designing care will not help to improve services unless health and social care staff are supported and enabled to act on it. How to do this better is covered in recommendations 5 and 6.

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Recommendation 5

A great place to work

❝ *There's lots of agreement on what's needed. The issue is changing behaviours across professions to implement new models* ❞
— Twitter

Workforce shortages are very acute in the health and social care system and this is a critical issue which urgently requires both immediate and longer-term action. Active steps are already being taken to address these gaps in Wales, though the uncertainty regarding policies following Brexit makes this a critical area for attention. Our focus is on the longer-term and how to meet the sharply rising demand with the predicted decrease in working age population. The health and care sector will need to plan for the new models of care, understand their impact on the numbers and skills needed in the future, improve retention and, in order to improve safe and effective care, ensure staff wellbeing. It will also need to expand the scope of the workforce to supporting carers, who provide a large amount of unpaid care in Wales and recognise the vital support provided by the third sector.

Supporting actions

- There should be joint workforce planning at regional (Health Board boundary) level supported by Social Care Wales (SCW), Health Education and Improvement Wales (HEIW) and academia, with an emphasis on expanding generalist skills and new ways of working that enable staff to work at the top of their skill set and across professional boundaries. To deliver this the current and future workforce (including those in undergraduate and postgraduate specialist training) should be skilled in areas such as shared decision-making with service users and carers, team working, prevention and population health and wellbeing, formal quality improvement techniques and the use of new technologies to support the development of new models of providing care.

- We recognise the importance of the Welsh language in care and this should be factored into workforce planning with a focus on professions that use language based tests and therapies such as speech therapists, school nurses, psychologists and clinical staff likely to be in contact with children, older people,

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people suffering from dementia and those with mental health problems.

- HEIW must work closely with SCW to deliver new skills and more specific integrated career paths for the health and social care workforce at a scale aligned with the new models of care with a focus on training within the new models of care and due attention to Welsh language requirements.

- Recruitment of health and care staff in rural areas is, and will be, a challenge. The government needs to develop a strategy for enhancing access to good quality care for rural communities. This should include the opportunities for using the latest digital technologies in new models of care, the development of new approaches to providing emergency hospital care and a comprehensive approach to training in advanced skills, recruitment and retention of the workforce. Those in training should have opportunities to learn in rural care settings. Such a strategy should also look at how the resources of rural communities can be mobilised. We suggest that the new models (as noted in recommendation 3) are trialled in rural areas as a priority.

- Such models should also be tested as a priority for patient or user groups who are known to depend significantly on informal or volunteer carers. The models would be designed to support the carer on an ongoing, rather than episodic, basis and provide opportunities for training and development for carers in their current caring role. Carers must be seen as an integral and valued part of the care system.

- There are a number of recent campaigns including the Train Work Live Campaign which have shown how short-term recruitment issues can be addressed. Health Boards and Local Authorities in Regional Planning Boards should work together with local providers to build joint campaigns wherever appropriate to make best use of resources and recruit the right people.

- All large organisations that employ staff working in health and care should have a clearly identified senior executive accountable for staff well-being. All providers delivering health and care services to the Welsh NHS or local authorities should be required to report on levels of staff well-being and engagement. These data should be collected regularly (as a minimum annually) using validated tools, and improvement of these scores incentivised by Welsh Government. Comparative data across units and providers should be publicly available for benchmarking.

- Assessment of staff wellbeing and engagement should be an explicit element of the regulatory inspection process of providers by of Health Inspectorate Wales (HIW) and the Care and Social Services Inspectorate Wales (CSSIW), alongside other elements of the Quadruple Aim.

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Recommendation 6

A health & care system that's always learning

> *Patient feedback in essential. As a cluster pharmacist I rely on patient feedback to improve the service*
>
> – Twitter

A leader's job is to create a system where people can learn all the time through a system of continuous improvement. To drive up quality, leaders must have as a central part of their job not just to manage or deliver care, but continuously to improve it every day. This means constant and serious attention to quality control, improvement, and planning: there is evidence that if Boards and senior executives of health and social care focus on these three issues, the results for service users are better. Leadership at Board level in NHS organisations and the senior executives in Health and Social Care, and political leadership in a local authority have a critical role here to lead by example.

Leaders also need to build skills for improvement throughout the service. A quality strategy cannot be delivered by Government, Boards and senior managers in health and care alone. Inclusiveness matters, including the health and care workforce, the citizen, and the voluntary and independent sectors. The culture and behaviour should be one of shared learning, excitement and encouragement, much more than of judgment, fear and risk aversion. Recommendation 10 sets out how the system can demonstrate progress in this regard.

The evidence received by the panel showed many great examples of quality improvement at local level, though with many driven by heroic individuals working in isolation due to a lack of support and co-ordination. On innovation, the Bevan Academy's Exemplars programme shows how some innovations have been identified and scaled up, but they needed support. What is now needed is a clear plan for embedding quality improvement approaches formally within and across the health and care system. This should include how innovative practice can be scaled from a local to national level more quickly.

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Figure 2: Listening and Learning System
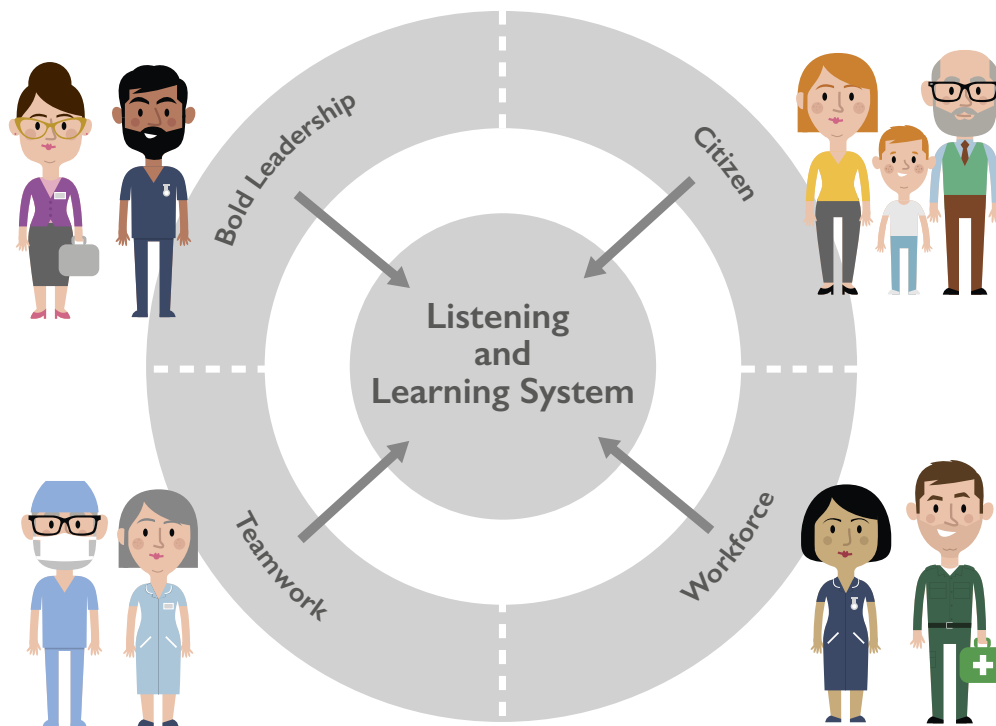
Supporting actions

- The Welsh Government and national improvement agencies should work together to rationalise the range of improvement support activities across health and social care in Wales. The Government should invest resources in a national programme to support local partners to achieve the new models of seamless health, care and wellbeing practice using the national principles and an agreed set of improvement methods for Wales. This will need adequate ring-fenced resources, supported by a contemporaneous evaluation to monitor progress and identify areas for further improvement. It should be based on a partnership approach by Health Education and Improvement Wales, Social Care Wales and Good Practice Wales and draw together all other improvement activity. Within this, Public Health Wales has supported the 1000 Lives programme, but 1000 Lives must be re-invigorated and its actions fully integrated with those of other improvement agencies. Medical Colleges, Professional bodies, Trade Unions and others also have an important contribution to make to this work.

- A unified system to support quality improvement should be constructed nationally, linking with the local support systems; the broad elements include:

  - The principles of co-design and co-production embedded in health and social care, which will need behavioural and cultural change;

  - Development of skills by frontline clinical and managerial staff in systematic quality improvement, linked to applied projects and building on the progress made so far with Improving Quality Together; and Board skills as initially developed by 1000 Lives programme;

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- Development of ways to support staff within providers to make change, in particular making progress on new care models, with an emphasis on supporting junior staff as well as senior leaders. This will require senior management level ownership and buy-in and recognition of their duty to create the time and resources for quality improvement within providers, and where repositories of experience can be developed;

- Development of linked data and metrics to assess progress in improving high priority areas of care, for example new care models;

- The above should explicitly link to the organisational development programmes within major providers and continuous professional development for the main staff groups, learning from best practice in LHBs and local authorities that already have developed models that are working well; and

- The above should also explicitly be linked to capital or revenue investment in innovation.

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Recommendation 7

Harness innovation and accelerate technology and infrastructure developments

> 66 *We need a greater focus on agile implementation of innovation* 99
> – Twitter

Wales should maximise the benefits of technology and innovation to pursue the Quadruple Aim and deliver more effective and efficient care. Wales needs the right culture, behaviours and leadership to embrace innovation, embed collaboration and support prudent risk-taking.

New technologies will transform health and care in Wales when systematically deployed. Our vision for Wales relies upon faster and smarter provision of and access to care, and better targeted, immediate and co-ordinated access to health and care information, which is a critical and precious asset for Wales.

Current and emerging technologies include smartphone apps, localised and portable diagnostics and support systems (including assistive technology and alerting systems), robotics, digital therapeutics, data analytics, artificial intelligence (AI) including machine learning, and genome sequencing[6]. Importantly, technology is increasingly underpinning online communities of citizens, service users and professionals, including Dewis[7] in Wales, which in itself is driving the change agenda[8]. Welsh local authorities also have extensive information websites and ratepayer-based information systems.

There are several examples of technology-enabled care initiatives (the collective term for telehealth, telecare, telemedicine and other technology-related activities) in Wales, provided by the health, social care and voluntary sectors, including: remote consultations and therapy; teledermatology[9]; telestroke[10]; diabetes and cardiac monitoring; and virtual clinical networks. The NHS Wales Informatics Service (NWIS), Health Boards, local authorities and industry partners are developing a national approach, via the Technology-enabled Care Programme[11], to accelerate the adoption of technology-enabled care services at scale across Wales. Objectives include facilitating early intervention, avoiding escalation, supporting wellbeing

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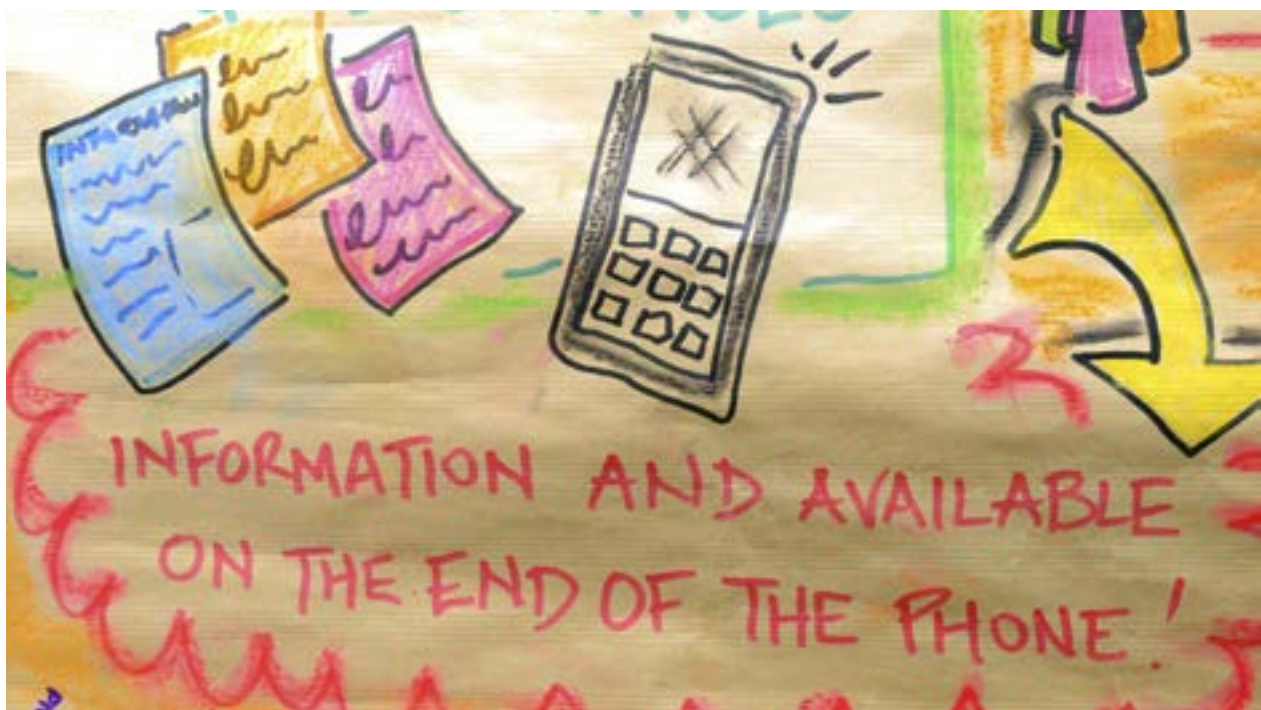
and helping people remain at home. Initial 'pacesetter' plans will build on the early work of the mid-Wales Healthcare Collaborative[12] and initiatives funded by the Efficiency Through Technology Fund[13].

There is much to commend regarding the established core digital and infrastructure/shared services arrangements in Wales, not least the national architecture, cross-sector Welsh Community Care Information System (WCCIS), and shared service benefits from procurement, professional influence, e-learning and estate services. Nevertheless, we heard a series of concerns and frustrations emanating from both the users and providers of the digital services. Simply put, activity is just too dispersed and stretched, and lacks overall commitment around a unified vision and set of priorities. The principal concerns include integration challenges (centred around the need for common standards, and data and systems interoperability), information governance, cultural and behavioural issues, and the limited capacity and capability to deliver change and innovation at pace.

Wales has a real opportunity to better leverage its technology and infrastructure assets to deliver a transformed and seamless system. The recent life sciences[14] and industrial strategies[15] are a sound basis for progress, provided that these focus on supporting Wales' biggest industry – health and social care – to modernise and become more cost-effective, and in identifying and scaling up innovations across the country. We are pleased to see the recent publication of Wales' economic strategy, *Prosperity for All: the Economic Action Plan*, which recognises the importance of digital innovation and that the care sector is a foundational economy Within Wales, the Life Sciences Hub[16], Health Technology Wales and the Digital Ecosystem initiative[17] will be pivotal to future progress.

Our recommended actions, some of which have been recognised and are beginning to be addressed by the Welsh Government and the service providers, are summarised below with further detail in Annex C.

Health Technology Wales (HTW) has been established to support a strategic, national approach to the identification, appraisal and adoption (including disinvestment) of non-medicine health technologies into health and care settings. This includes medical devices, surgical procedures and a range of other interventions such as psychological therapies and rehabilitation. To deliver these functions HTW is working with health, academic, patient and industry bodies in Wales and internationally.

The *Life Sciences Hub Wales* supports health professionals, researchers and entrepreneurs to bring their ideas to the point of being a commercial reality. The Hub brings together the various elements of the Welsh life sciences network to drive forward innovation.

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NHS Wales Informatics Service (NWIS) should:

- 'Rightsource' its activities with the optimal balance of internal digital, health and social care staff, third sector, third party, service users, industry and academia;

- Deliver the national data resource, in line with the Statement of Intent from the Welsh Government, so that health and care systems can take full advantage of the value that data and information offer;[18]

- Finalise and share its design, development and service principles;

- Together with NHS Wales Shared Services Partnership (NWSSP), adopt a common, staged and disciplined business case process to underpin prioritisation and investment decisions;

- Confirm funding requirements with the Welsh Government for its revised Informed Health and Care Strategy; and

- Together with NWSSP, undertake external benchmarking assessments vs. peer organisations and 'best in class' to highlight areas of opportunity.

Supporting Actions

- Following the life sciences and industrial strategies, Research and Development investment in health and social care research, bioscience, and new technological innovations including AI and robotics, should be linked strategically to the Quadruple Aim and the development of new care models.

- The Digital Ecosystem project developed by NWIS and the Life Sciences Hub should be progressed at pace, providing NWIS with platform access and analytics to accelerate innovation and support product adoption.

- The Welsh Government, together with all digital and infrastructure service delivery organisations in both health and social care sectors, should reassess their strategic priorities and the opportunities for more collaborative and consolidated working in the light of this report. This should include considering enhancing and accelerating the Technology-enabled Care Programme.

- The Welsh Government should clarify its 'Once for Wales' policy and principles with regard to digital, and agree prioritisation criteria to be applied to all existing and candidate initiatives. This should underpin a robust 'stop, start, accelerate' review.

- Common standards and platforms should be mandated whenever possible across both health and social care sectors to support interoperability and integration in the future.

- Health Education and Improvement Wales (HEIW) should oversee the development of a cadre of trained clinical informaticians and leaders, who in turn can help strengthen efforts to develop a learning health and care system, and quality improvement expertise. Social Care Wales (SCW) should also ensure that training in digital skills is a priority.

- Both NWIS and the NHS Wales Shared Services Partnership (NWSSP) should have greater national presence and authority linked to a strengthened national executive, and the Welsh Government should review their hosting and accountability arrangements.

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Recommendation 8

Align system design to achieve results

> *I don't think we have the right levers in place to effect change* **"**
>
> – Twitter

The vision and Quadruple Aim sets out radical change to the way care is delivered, and the challenge is to increase the historic pace of change. Whilst Welsh Government has set out its broad strategic aims in legislation and policy, this has not always translated into actionable priorities and practice on the ground, as documented by many previous reports. Faster progress will require at least, as the Organisation for Economic Co-Operation and Development (OECD) put it, a 'stronger central guiding hand' to play a more prescriptive role[19].

In a nationally planned mostly public system of healthcare, as is the case with the NHS in Wales, as well as through legislation there are a number of ways that the system can be 'guided'.

The current traditional approach of targets and performance management focused on a small number of 'must-do' targets is narrow and achieving only limited results. Meaningful progress will require strengthened management especially at LHB level (see recommendation 9), and a wider and more creative combination of national support; incentives; benchmarking (both nationally and internationally); regulation; accountability and transparency.

Delivering improved value and reduced waste is a key component of the Quadruple Aim. More specifically it will be important to support the NHS hospital provider function as the largest 'cost centre' in the NHS, to identify where efficiencies can be made, and act on the information. On identification, transparency and benchmarking of indicators of efficiency, in particular developing meaningful measures at provider and directorate level of labour productivity, will be critical. The work already in progress, drawing from the Carter review, 'Getting It Right First Time' programmes, and the new 'Use of Resources' assessment by the Care Quality Commission, are important with

Figure 4: Illustrative Dashboard – metrics across Quadruple Aim

| Population Health and Wellbeing | Quality of Care | Best value for money | Wellbeing of Health and Care Workforce |

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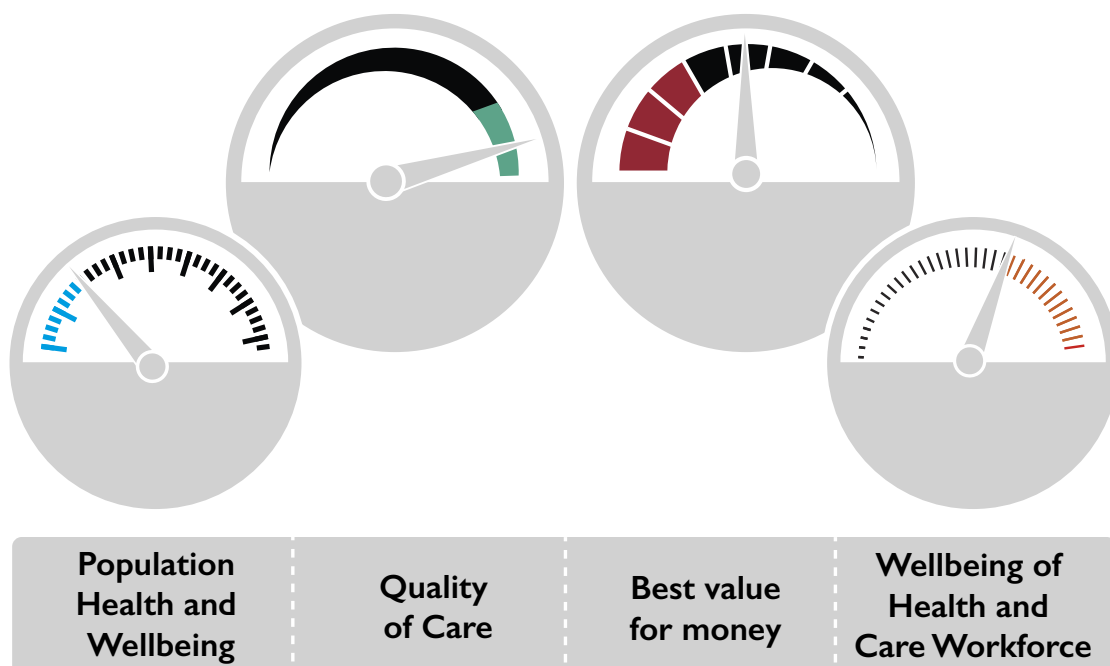
a view to rapidly developing full programmes appropriate for Wales. On acting on the results, a good quality improvement system within each NHS provider (see recommendation 6) will be the key to support staff with the right skills, and permission, to make the changes needed. We heard ample testimony that clinical staff can see clearly where changes need to be made but do not feel empowered to make them. Continuing to extend the work based on the International Consortium for Health Outcomes Measurements (ICHOM) provides an opportunity for 'value' to be the focus for improvement in line with the Quadruple Aim.

Along with a clear and consistent management model, a wider set of approaches to make progress on the Quadruple Aim, and new models of care, could include:

- a more creative set of financial incentives (revenue, capital and transformation funding) such as pay for performance, pay for quality (including productivity);

- a much stronger underlying financial system that supports the costing of care pathways;

- Integrated Capital Funding to support new models of care;

- simplifying the rules around access to funds to support new models of care, particularly where the models cross organisational boundaries (see Principles of Good Governance at Annex B.);

- contracting levers (e.g. through the GP contract);

- investment and support to promote quality improvement and a learning health and care system;

- strengthening regulation for example on the quality of care, or the governance of integrated care models operating across organisational boundaries;

- improved use of data metrics across all domains of the Quadruple Aim;

- regularly benchmarking performance and outcomes of providers across Wales (and between Wales and other UK countries, and internationally) in a form accessible and meaningful to the public; and,

- empowering users to choose services from different NHS providers.

The aim should be to have a wider, stronger and coordinated blend of approaches to guide the system into the future. This is an important but considerable task which needs to be developed coherently at a national level.

The national executive function in NHS Wales must be strengthened to develop a more strategic and coordinated set of incentives for LHBs and providers to ensure faster progress towards the Quadruple Aim and new models of care, and effective use of pooled budgets. A clear focus should be on the financial incentives in the system, and how regulatory effort to improve quality can be significantly strengthened.

At present, there is insufficient executive capacity consolidated at national level to do this, and some significant necessary national assets such as specialised services, commissioning and NWIS are hosted at LHB or Trust level which we think is contrary to the OECD position. More specifically, given the urgency for transformation, within the context of increasing value in the Quadruple Aim, health and care in Wales needs to be ambitious about creating headroom for the future. At the extreme minimum NHS Wales will need to set itself a target of efficiency savings to break even and create the space for new ways of working. Improving quality and reducing waste is really important – the day job really matters to people, so doing that well and getting value from it will help achieve efficiency savings.

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Supporting Actions

- Improving value and reducing waste is a key element of the Quadruple Aim. An effective national blend of incentives in the healthcare system must more strongly drive Health Boards to become more efficient. The work under the aegis of NHS Wales Efficiency and Healthcare Value Improvement Group (NWEHVIG) and the NHS Wales Delivery Framework needs to be fully coordinated with other national efforts (such as regulation, incentives, targets, developments in the data infrastructure, and investment in innovation). It should be part of the overarching transformation programme so that there is coherence and a clear link to the delivery of the vision and the Quadruple Aim.

- The impact of a strengthened and wider set of system level incentives in the NHS should be assessed through indicators published by the Welsh Government.

- Wales should be clear about the efficiency saving required in order to create the headroom needed. The Welsh Government and the NWEHVIG should agree metrics for efficiency and productivity that can be benchmarked across Wales by LHB, and monitor these as part of the NHS Wales Outcomes and Delivery Framework arrangements.

- There needs to be a close harmonisation between the NHS and social care at a national level, to ensure that the blend of incentives is effective to develop new models of integrated health and social care, especially where social care is provided by a large number of non-public organisations in many different settings.

- Welsh Government should revise national contracts with GPs, community pharmacists and other independent community practitioners to support delivery of enhanced community-based provision within localities that ensures effective seamless and prompt responses to health and care needs.

- The Welsh Government should review its grants to local and regional health, care and wellbeing agencies, to refocus them on supporting the delivery of seamless locality-based care services against national principles and outcomes.

- In addition to reviewing and coordinating, at an all Wales system level, financial and other incentives in NHS Wales, there needs to be an explicit financial strategy aimed at LHBs to strengthen local financial systems to enable cost of pathways of care to be assessed and clinical outcomes data to be combined to assess the 'value' produced for the cost. The partnership with ICHOM is a promising way of developing a value based system and should be actively progressed. This will support local decision making – in particular by clinicians – and localities should be able to understand where resources are being allocated for their local population.

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Recommendation 9

Capacity to transform, dynamic leadership, unprecedented cooperation

> 66 *Without true leadership and disruptive thinkers nothing will change* 99
> – Twitter

National, Regional and local capacity and capability must be strengthened to encourage the health and care system to make progress along the lines of the Quadruple Aim, and develop new models of care. When that occurs, service planning, collaboration, decision-making and resourcing should be devolved to the locality level whenever possible.

We argued above that there needs to be more coordination at national level on planning 'Once for Wales' programmes and more focus on delivering the transformation programme, overseen by national cross-sector governance boards, and taking due account of UK and international lessons for major service transformation. We also argued that the 'strengthened executive centre' needs to develop and agree with the Welsh Government a wider and more effective blend of 'system' incentives to steer the health and social care system in Wales towards faster progress. This will require greater focus of time and consolidated technical expertise at national level than is currently the case.

At local level from the evidence we have heard, our view is that the emphasis should be on building effective locality and regional governance, and management expertise. We have seen many positive examples of strong and effective governance and management, as well as forward-looking thinking. However, we have also heard that decision making needs to be quicker and less risk averse, planning should be streamlined, innovation requires better support, and that common metrics and assurance processes

should be in place. We heard repeatedly that Health Boards' systems and processes were not always easy to work with and that collaboration and partnership working across sectors was difficult at times.

For 2016-17, four of seven Health Boards failed to meet their duties under the NHS Finance (Wales) Act 2014, and the Wales Audit Office highlighted other issues including those concerned with corporate governance capacity, assurance arrangements, performance reviews and citizen engagement[20]. It is evident that there is a need for an over arching strategy that consolidates the clinical approach, Integrated Medium Term Plan (IMTP), the financial plan and other strategic initiatives; that there is a significant variance in leadership and governance models; and that an accountability framework, investment in leadership development and more insightful performance information are all required[21]. The existing governance and accountability arrangements are inherently complex and should be streamlined. This is particularly true for the NHS, where there is a plethora of national boards on a range of issues outside the organisational board structures.

In terms of the NHS specifically, to enable stronger national focus on 'system design' and management of the NHS transformation needed, we recommend that there should be a clearer separation between the NHS Wales national executive function, and the national civil service function. We do not recommend that the current dual role of the Welsh Government's Director General for Health and Social Services, who is also the NHS Wales Chief Executive, be separated. However, we do believe that there needs to be a clearer distinction between on the one hand, the national executive function strategically developing and managing the NHS, and on the other the national civil service function to support delivery of the NHS and Social Care priorities as set by Welsh Government Ministers.

Supporting Actions

National level

- As part of differentiating the national executive function and the civil service delivery function of the Director General role, the Welsh Government should consider making explicit, and publicising, its role with respect to a strengthened executive function for NHS Wales.

- Welsh Government should require a strengthened national NHS Wales executive function to be fully aligned to the national Social Care policy leadership to work jointly towards new models of care. This should include both making sure that the vision for care is aligned, along with the goals of the Quadruple Aim, with agreement on the concrete models of care to be encouraged across Wales and the blend of incentives for doing so. The NHS in Wales is a large and complex sector, which like every other sector needs strong leadership and guidance and a steer from the executive on priorities.

- Welsh Government should ensure that its Health and Social Services Group aligns all health, social care and wellbeing policy and implementation with the Quadruple Aim. A simplified centralised governance system of control is needed against a framework informed by the Quadruple Aim and the principles of the Wellbeing of Future Generations (Wales) Act, Social Services and Well-Being (Wales) Act and prudent health care.

- Clinical leadership at national level should be engaged and involved in reformulating health and care in Wales, strengthening primary and community care, and reorienting the balance between care delivered close to home and in an acute setting.

- The new national executive function should review the wide range of boards established to oversee national work programmes with a view to streamlining and developing a coherent, single focus on transformation. Specialist service hosting and governance

arrangements need to be revisited, and the merits of consolidating these in one national location – the national executive of NHS Wales – assessed, looking at the bundle of operational and commissioning functions that need a different national home/system such as NWIS, NHS Wales Shared Services Partnership (NWSSP), specialised services and EASC.

- Welsh Government should work with stakeholders to redesign organisation accountability and reporting arrangements on an integrated health and social care basis. Specifically, it should undertake a review of existing performance indicators and who is responsible for them across health, social care and wellbeing. Joint accountability of local authorities and Health Boards should be established, and joint responsibility between Chief Executives of local authorities and Health Boards for their performance in delivering better outcomes through seamless health, care and wellbeing in each of their local community areas with parity of esteem between mental and physical health.

- It is important that such a framework incorporates indicators that measure health equity and population health and wellbeing. These could include the Slope Index of Inequity in Life and Healthy Life Expectancy, prematuredeaths from key Non-Communicable Diseases, measures of fair access to care for groups and communities in Wales, as well as robust measures of user experience, and outcomes of care drawing from published Health Equity Indicators[22].

- National inspection agencies across health, wellbeing and social care should develop a shared programme of inspection of integrated locality arrangements for all population groups which use a common national set of principles as the basis for inspection standards. National inspection agencies should undertake joint inspections of Regional Partnership Boards and their regional development programmes and assess the quality of collaboration.

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- Leadership development is essential and in particular Wales should ensure it is developed in a way that maximises its ability to realise its ambition for health and care transformation. Cross-sectoral skills and experience of integrated planning and delivery are essential and should be built into development and training. People management skills are also essential to deliver the Quadruple Aim.

- Clinical leadership is vital. There should be a review of current leadership programmes to ensure a clear pipeline of development so that clinicians from all professions and sectors have the opportunity to participate in developing the skills needed to lead and manage the new system of care.

Regional level

- The Welsh Government should reflect on the existing RPB and PSB arrangements, and identify and implement governance changes to better harmonise the health and social care sectors in support of seamless models of care delivered at local level. Whilst this is not directly within the remit of the review panel's work, it was raised by many stakeholders and is more relevant to the Public Services reform programme to address. However the Welsh Government could develop further regulations under the SSWB Act which require RPBs to take account of the national principles of good practice and ensure they are applied to each locality in their region and specify annual national reporting arrangements on progress.

Local level

The Williams Report[23] described weaknesses in management capacity in the public sector and made clear recommendations as to how managerial and leadership skills can be improved. We agree. Good management is crucial if care is to be significantly modernised.

We also believe the Wales Audit Office (WAO) assessment of maturity of local health boards is valuable and should be continued. The Welsh Government must ensure that decisive leadership and the right culture and behaviours are embedded throughout both sectors through strong development programmes for leaders. The Welsh Government should set out clearly what is expected of leaders – embedded within recruitment, regularly holding to account, and the consequences of not adopting the expected leadership approach demonstrating by example at all times.

Over time, requirements by the Welsh Government on Health Boards for planning healthcare have become overly complex, with limited evidence that this approach is delivering effective services. While it is welcome that the current Integrated Medium-Term Plans, required of LHBs, cover more than one year, the extensive requirements have resulted in overly-long plans, running to hundreds of pages. The production and oversight of these plans require resources which could be deployed to much better effect.

Overall Supporting actions

- Welsh Government should streamline its planning guidance and require Local Heath Boards and local authorities to prepare short combined medium-term plans across health, social care and wellbeing to replace NHS Integrated Medium Term Plans. They should include details of how localities in the region will be supported to deliver on seamless local health, care, wellbeing and improving health equity.

- Medium-term planning guidance should be focused on maintaining standards and the priorities for transformation, including a requirement for plans to have detailed targets for a greater share of investment in primary and community services over time, including specific goals and timeframes.

- Welsh Government should revise the regulations under the Social Services and Wellbeing (Wales) Act 2014 to introduce a national requirement for joint regional commissioning strategies across health, care and wellbeing by population, with clear requirements on pooled resources and locality-based services to deliver them, and for market position statements giving clear messages to private and third sector providers about the services needed and planned in localities for the future.

- The "commissioning" role in LHBs needs to be strengthened and used to incentivise the local reshaping of seamless services on behalf of the populations they serve. LHBs, Trusts and local authorities must give greater focus to their population health and wellbeing responsibilities and the development of primary and community services – at present, albeit important, much of the focus of LHBs and their performance management appears to be in managing acute NHS services. This should be accompanied by a reformulation of the membership of LHB boards to ensure executive membership is representative of the wider health and care professional community – including a strengthened presence of primary care and community services to rebalance and equalise them.

- When procuring goods and services, health boards and social care commissioners should assess the social value added. The third sector can play an increasing role in addressing local needs, and RPBs as well as LHBs should seek to utilise fully the sector's unique capabilities. Whenever possible contracts should be used to support and collaborate with social enterprises and other community based organisations.

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Recommendation 10

Accountability, progress & pace

❝ *We have the wrong targets. We are driving people through a system many may not need and we don't know the outcome* ❞

– Twitter

The need for change is urgent and essential. Stakeholders, including service users and providers, will need to understand and accept the need for change. Crucially they will need to be part of developing the solutions and making progress quickly against the vision and Quadruple Aim.

The Welsh Government should require organisations and bodies at each level of the system responsible for delivering transformation to be subject to regular ongoing independent monitoring and public reporting arrangements. This includes national level, regional level (via the local health boards and Regional Partnership Boards) and at locality level about the new care models.

Stakeholder support for service transformation – including amongst the wider public – will be sustained if oversight and scrutiny are undertaken in an open and accessible way. It is about a different relationship with the public where people should have choice and control over their care, an input into the service they want, and see the modernisation of the service they use happen quickly. Above all, transparency is essential to accountability.

Supporting Actions

- Welsh Government should publish a national annual overview of the overall performance of the health and care system in Wales against the Quadruple Aim. This should allow transparent benchmarking across the Wales, the UK and internationally. This information should be published in a way to engage the public in evidence-based debate. A report by the Welsh Government should be submitted to the Assembly Committee for Health, Wellbeing and Sport and debated subsequently in the Senedd.

- In three years' time, Welsh Government should review progress on developing the new models of seamless care and their impact, not just on the demand for and quality of care, but also on value created, the wellbeing of individuals and staff, and on population health and wellbeing. Progress should be benchmarked against the other three countries in the UK, and internationally (where possible). If sufficient progress is not made a reconsideration of the implementation of advice in this report should be commissioned. In the shorter term, a one-year review should take place to ensure the Transformation programme is on track.

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Conclusion

We have heard from a wide range of people including members of the public, service users, staff in health and social care, and the third sector, and considered evidence about national and international models of care. Thank you to everyone for their generous input and advice.

Wales has lots of good things going for it. The policy context in Wales is positive: The Wellbeing of Future Generations (Wales) Act is ground-breaking and the requirements of the Social Services and Well-being Act and the principles of Prudent Healthcare provide a firm foundation for new designs. However, we believe that change is essential and will have to be delivered quickly in the context of the case for change.

Wales needs a different system of health and care, and nobody should underestimate the scale of the challenge ahead. We find strong agreement on what could be done differently to meet the changing needs of the population. The focus now must be on action: delivering the change people want to see.

Health and care funding will continue to be pressured. Deriving the maximum value from the finite resources available will become increasingly important if Wales is to meet the challenges ahead. That is one reason why we are recommending a fundamentally different approach to health and care in Wales. Evolution is no longer enough – Wales needs revolution.

In this report, we have recommended the vision to be adopted in Wales, guided by the clear goals of the Quadruple Aim, to support this new approach to service delivery. We have suggested practical actions to build a new model of seamless health and care, a system that is focused on innovation and improvement, a learning, listening and empowering system that continually adapts to provide health and care services of the highest quality.

To achieve this, Wales will need a different relationship with the public; to support and nurture its health and care workforce; adopt and make full use of technological innovations; and be clear and bold in its leadership. Change has been difficult in the past and it is essential that the skills and capacity for change are nurtured and developed. Much of what is needed is not about structures but about culture and behaviour. Changing these aspects requires long term commitment to working in a different way. Building a modern health and care system on this scale requires bold and confident political leadership in the same way as when the NHS, with its roots in Wales, was born 70 years ago.

This is the right time to take a new approach. Those who deliver and those who use health and care services share an appetite for change, and they share a recognition that a better way must be found. We urge Wales to seize this opportunity with vigour.

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Annexes

Annex A

Engagement undertaken during the review

In formulating our views and developing this report, the panel has heard from a wide range of people and organisations. We are grateful to all those individuals who contributed their views through the variety of channels we have used to engage with people, including:

- Stakeholder Conferences – January, May
- Models of Care Forum – September, October
- Social Care Group – February, April, June, November
- Political Reference Group (Opposition Spokespeople for Health and Social Care)
- Mental Health Roundtable
- Care Forum Wales Essentials Engagement Update Event with Social Workers
- Workshop with Junior Doctors and Nurses
- Professional led events and attendance at committees
- Oral Evidence Sessions
- Invitation for written evidence
- Citizens Juries including one for young people
- Regional Focus Groups
- Targeted awareness-raising at regional events
- Website questionnaires
- Twitter chat
- Older People's Engagement events
- Community event organised with the Co-Production Network

Our thanks go to the following people and organisations, who have submitted written evidence or contributed oral evidence through formal sessions or individual meetings with panel members.

111 Roll Out Team

Abertawe Bro Morgannwg University Health Board

Academy of Medical Royal Colleges Wales

Action for Children

Age Alliance Wales

Age Cymru

Aizlewood Group

Aneurin Bevan UHB

Applied Psychologists in Health National Advisory Group

ARCH

Association of British Pharmaceutical Industry

Association of Directors of Social Services

Dr Rafael Bengoa

Betsi Cadwaladr University Health Board

Bevan Commission

Bliss

British Association of Social Workers Cymru*

British Dental Association

British Dietetic Association

British Heart Foundation

British Medical Association Wales

British Red Cross in Wales

Cancer Research UK

Cannabis 4 MS in Wales

Cardiff and Vale of Glamorgan Integrated Health and Social Care Partnership

Cardiff and Value University Health Board

* incorrectly omitted from the list of contributors to the Interim Report

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Cardiff Third Sector Council

Cardiff University

Care and Social Services Inspectorate for Wales

Care Council for Wales

Care Forum Wales

Carers Trust Wales

Chartered Society of Physiotherapy

Chief Dental Officer for Wales

Chief Medical Officer for Northern Ireland

Chief Medical Officer for Wales

Chief Nursing Officer for Wales

Children in Wales

Children's Commissioner for Wales

Citizens Advice Cymru

CLIC Sargent

Community Health Councils

Cross Party Group on Cancer

Cwm Taf University Health Board

Directors of Adult Social Services

Directors of Children's Social Services

Directors of Nursing

Directors of Primary, Community and Mental Health

Directors of Public Health

Directors of Therapies and Health Sciences

Directors of Workforce and Organisational Development

Exercise for All Campaign

Expert Reference Group Domiciliary Care Wales

Faculty of Public Health

Faculty of Sport and Exercise Medicine UK

Dr Sue Fish

Future Generations Commissioner for Wales

General Medical Council

HAFAL

Health, Social Care and Housing Group

Health, Social Care and Sport Committee

Healthcare Inspectorate Wales

Hospice UK

Housing an Ageing Population Group

Hywel Dda University Health Board

Institute of Welsh Affairs

Integrated Services Team Bridgend (Susan Cooper)

Dr Thomas Kitchen, Welsh Clinical Leadership Fellow

Dr Neil J Kitchiner

Learned Society of Wales

Dr Richard Lewis – National Primary Care Lead

Linc Cymru

Lyndon Miles

Macmillan Cancer Support

Marie Curie

Medical Directors

Mid Wales Collaborative

Mind Cymru

Monmouthshire Housing

Eluned Morgan AM

Motor Neurone Disease Association

MS Society Cymru

National Osteoporosis Society

National Provider Forum

NHS Wales Chairs Peer Group

NHS Wales Chief Executives

NHS Wales Informatics Service

NHS Wales Shared Services Partnership

Older People's Commissioner for Wales

Paediatric Continence Forum

Pembrokeshire Association of Voluntary Services

Police and Crime Commissioner for Gwent

Powys Teaching Health Board

Primary Care Clusters

Public Health Wales

Public Policy for Institute for Wales

Public Service Ombudsman for Wales

Public Service Workforce Council

Regional Partnership Board (Swansea)

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RNIB Cymru

Royal College of GPs

Royal College of Midwives

Royal College of Nursing

Royal College of Occupational Therapists

Royal College of Paediatrics and Child Health

Royal College of Physicians Cymru

Royal College of Psychiatrists Wales

Royal College of Speech and Language Therapists

Royal College of Surgeons

Royal College of Surgeons Edinburgh

Royal Pharmaceutical Society

Samaritans Cymru

Sandeep Hammedi on behalf of Consultant Orthopaedic Surgeons

Shared Lives Plus

Shared Services Partnership

Social Care Wales

SOLACE

Jack Straw

Swansea Centre for Improvement and Innovation

Swansea University

Swansea University Medical School

Tenovus Cancer Care

TUC

UNISON Cymru

United Kingdom Homecare Association

Wales Ambulance Services NHS Trust

Wales Audit Office

Wales Cancer Network and Cancer Implementation Group

Welsh Consultants Committee

Wales Dietetic Leadership Advisory Group*

Wales Institute of Social and Economic Research, Data and Methods

Wales Principal Youth Officers Group

Wales Public Services 2025

Welsh Council for Voluntary Action

Welsh Government

Welsh Health Specialised Services Committee

Welsh Institute of Health and Social Care

Welsh Language Commissioner

Welsh Language in Health and Social Services Partnership Board

Welsh Local Government Association

Welsh NHS Confederation

Sir Paul Williams

Wrexham District Medical Society

* incorrectly omitted from the list of contributors to the Interim Report

Annex B

Principles of Good Governance

The promise of seamless health and care in Wales will require strong and effective governance across organisational boundaries, so-called governance between organisations (GBO), with mature partnership behaviour and the associated sharing of risk, accountability, delegation and reservation. Every governance body should have clear and unambiguous terms of reference, always including safety, quality, control and risk elements, and should highlight the core principles of the NHS[24]. The Good Governance Institute and others[25] emphasise the importance of governance principles, and there are three sets of principles central to ethical behaviour in public services in Wales (Nolan, Welsh Public Service Values and Citizen-Centred Governance)[26]. In our view the principles set out below are essential to support the delivery of our recommendations, and should be integrated with those in the Wales Good Governance Guide. Several of these principles would apply to the Primary Care Cluster arrangements and are aligned with the appropriate governance recommendations from the recent Health Social Care and Sports Committee inquiry into Primary Care Clusters[27].

The Terms of Reference of Boards and Governance Bodies should include the principles of good governance below, as appropriate to their functions. The principles should be included in Guidance on Good Governance for Health and Care.

- Align governance objectives with the new strategy for health and social care in Wales;

- Deliver the Quadruple Aim, aligned with the principles of the Wellbeing of Future Generations (Wales) Act, Prudent Healthcare and the Social Services and Well-being Act;

- Deliver improved outcomes via seamless health and care systems;

- Consider national, regional and cross-sector opportunities ahead of local concerns whenever appropriate;

- Assess their performance based on a common set of outcome indicators;

- Assess maturity against the Good Governance Institute's Maturity Matrix[28] and System Transformation Matrix[29] as appropriate;

- Have proportionate and consistent oversight, regulatory and inspection arrangements, with consistent metrics, incentives, sanctions and intervention triggers. Assurance recommendations should be taken seriously, tracked and actioned (as emphasised by the Williams Commission Report on Public Service Governance and Delivery);

- Be empowering and ensure effective leadership and transparent decision making at all levels with clear lines of accountability throughout;

- Adopt a continuous improvement approach, involving staff and service users;

- Embrace a 'participative enterprise' culture with closer involvement of staff, clinicians, service users and other key stakeholders, including primary care and third sector;

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- Maintain a sharp focus on staff engagement and wellbeing, including addressing issues in Staff Survey results and medical assessment scale surveys[30];

- Have consistent annual effectiveness reviews overseen by an independent member, focussing on leadership and behaviours, operational performance and delivery of change;

- Ensure that their membership is sufficiently diverse, and that a successful background in change delivery, organisational development and behavioural science skills are well-represented;

- Share successes and challenges with one another as part of a learning system that promulgates best practice and helps eliminate waste and unwarranted variation. This should include 'exemplar' Regional Partnership Boards; and

- Be transparent regarding performance, and open to public and political scrutiny.

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Annex C

Recommendation 7: Innovation, Technology and Infrastructure

> 66 *I do not, for example, want patients to be disadvantaged because the technology used in one health board is different to another and the information available is incomplete and the pathway of care disrupted. This is why Wales has committed to working together to adopt common information services and I expect all parts of the NHS in Wales, supported by the Informatics Service, to adopt them* 99

– Source: Andrew Goodall, Chief Executive NHS Wales, speech to Wales Informatics staff, September 2017

Detailed Supporting Actions

- Following the life sciences and industrial strategies, R&D investment in health and social care research, bioscience, and new technological innovations including AI and robotics, should be linked strategically to the Quadruple Aim and the development of new care models, and in particular new forms of prevention and home- rather than hospital-based care.

- The development of new digital products and services will benefit from collaboration between industry, academia and NWIS. We therefore recommend that the Digital Ecosystem project developed by NWIS and the Life Sciences Hub is progressed at pace, providing NWIS and Health Technology Wales with platform access and analytics to accelerate innovation and support product adoption. The focus should be on initiatives which have the maximum impact and reach and generate the most beneficial outcomes, are scalable, support individual and community-based care, and are readily integrated and adhere to common standards.

- The Welsh Government, together with all digital and infrastructure service delivery organisations in both sectors, should reassess their strategic priorities and the opportunities for more collaborative and consolidated working in the light of this report. This should include considering enhancing and accelerating the Technology-enabled Care Programme, as there may be a shift to primary, social and community care initiatives and associated technology-enabled care.

- The Welsh Government should clarify its 'Once for Wales' policy and principles with regard to digital, taking account of the National Informatics Management Board Task and Finish Group's recommendations, and agree prioritisation criteria to be applied to all existing and candidate initiatives. This should underpin a robust 'stop, start, accelerate' review to better focus efforts on a smaller number of key system user-centred initiatives, including regional and local exemplars with 'national promise'. This requires an aggregated and rationalised view of the full portfolio of digitally-enabled initiatives. Core national 'foundation' initiatives, including the Electronic Patient Record (EPR), the gateway/portal for citizens and professionals to access multiple information sources and services, and initiatives delivering significant efficiency benefits, should take precedence.

- Common standards and platforms should be mandated whenever possible across both health and social care sectors to support interoperability and integration in the future. They should explore the opportunity to integrate and consolidate local authority, LHB,

Trust and national infrastructure and systems (which will require a new funding model). Legacy systems should be replaced via an Infrastructure Refresh Plan aligned with a national infrastructure 'route map', although the immense challenge here should not be underestimated. Robust infrastructure, system and information security (which includes cyber security) must be of paramount concern, with clear and agreed protocols and principles in place to meet all legal, regulatory and advisory requirements, and with response plans regularly tested.

- Health Education and Improvement Wales (HEIW) should oversee the development of a cadre of trained clinical informaticians and leaders, who in turn can help strengthen efforts to develop a learning health and care system, and quality improvement expertise. Social Care Wales (SCW) should also ensure that training in digital skills is a priority. The Welsh Clinical Informatics Council (WCIC)[31] representatives could potentially develop into a leadership group of Chief Clinical Information Officers. Programme and project teams should be multidisciplinary from the outset, with appropriate medical and social care involvement and system user input. Users should champion and lead the delivery of new systems, with a keen eye on the challenges of adaptive change (as highlighted in the Wachter report[32]).

- Both NWIS and NWSSP should have greater national presence and authority linked to a strengthened national executive and look to extend collaboration (e.g. e-learning). The hosting and accountability arrangements at the Velindre Trust may no longer be appropriate. The Welsh Government should evaluate alternative models for consolidated national governance, including the HEIW arrangement, as well as the leadership seniority and governance board presence of both organisations. This should include considering leveraging the remit of NWSSP to deliver wider public services in Wales, but will require legislative change for NWSSP to provide services beyond the NHS.

- NWIS, in particular, should review and rebalance its resourcing profile such that design, development and support activities are 'rightsourced' with the optimal balance of internal digital, health and social care staff including clinicians and front-line staff, third sector, third party, system users, industry and academia. They should explore opportunities to better pool and share LHB, Trust and NWIS IT resources. Wales should look beyond its national boundaries and exploit co-operative alliances with other national health bodies with a similar agenda, including NHS Scotland where a close relationship already exists.

- We would support the recommendations from the Informatics Task Force and the resulting Statement of Intent from the Welsh Government to develop a national data resource, with workstreams focussed on information governance, national data resource, clinical information standards and workforce development. Health and care systems must take full advantage of the value that data and information offers to underpin new systems, drive decision making, improve health and care quality and exploit future business intelligence and data analytics initiatives. This will require health and social care professionals to be fully reassured regarding the integrity, security and sharing of data, and for citizens to be fully informed and to have provided appropriate consent.

- NWIS should finalise and share its design, development and service principles, including agile development opportunities, 'process before technology' considerations, evidence-based redesign, inclusion, user involvement, and outcomes-based benefits assessment principles (for example, Government Digital Services (GDS) have a set of digital service standards[33]).

- NWIS and NWSSP should adopt a common, staged and disciplined business case process to underpin prioritisation and investment decisions, in part to ensure that initiatives genuinely add value, and not workload, to professionals and service

<div align="center">Page 185</div>

users. Independent gateway assurance and post-implementation outcomes-based benefits realisation and 'lessons learned' reviews should be mandated and shared, together with clear internal communications to manifest the value of initiatives to staff, citizens and system users. NWIS and NWSSP should have leading roles on the NWEHVIG to help raise productivity, reduce unwarranted variations and waste, and promulgate best practice (including regarding the Carter report recommendations[34], where NWSSP is already fully engaged with the NWEHVIG).

- We understand that NWIS' 5-year 2016-21 Informed Health and Care strategy requires substantial funding on an all-Wales basis. If so, both prioritisation and technical and allocative savings are all the more crucial, and we would wish to see this clarified, and to understand the impact this may have on the funding envelope for other work. The Welsh Government, NWIS, and Finance Directors should evaluate alternative funding models, including assessing the opportunity to consolidate and integrate LHB, Trust and NWIS infrastructure, systems and resources, and the reinvestment of cashable benefits from change initiatives, and optimise the mix of capital and revenue funding sources. The Welsh Government should consider if core 'Once for Wales' funds should be pooled and ring-fenced rather than allocating a subset to LHBs. We assume there is a full current asset register for NHS Wales and professional procurement and contract management processes in place.

- The existing internal digital maturity assessment should be supplemented with external benchmarking assessments of both NWIS and NWSSP vs. peer organisations and 'best in class' to highlight areas of opportunity. This should include resource profiling and stakeholder feedback elements to improve co-production and alignment.

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Annex D

Parliamentary Review into the future of Health & Social Care in Wales Terms of Reference

The establishment of a Parliamentary Review into the long-term future of health and social care in Wales is a key commitment in the Programme for Government launch in September 2016. The independent panel of experts, established in November 2016, was tasked with producing a report in 12 months focussing on the sustainability of health and social care in Wales.

The report should consider the current situation and draw out the challenges facing health and social care over the next 5-10 years bearing in mind the context set by the Social Services and Well-being Act, and the seven goals of the Wellbeing of Future Generations (Wales) Act alongside rising demand, demographic changes and financial sustainability.

The review is tasked with producing recommendations that will deliver improved health and wellbeing outcomes for people across Wales with a particular focus on reducing health inequalities.

The Terms of Reference for the report are:

- Define the key issues facing health and social care
- Identify where change is needed and the case for change
- Set out a vision for the future including moving health and social care forward together, developing Primary Care services out of hospitals.
- Advise on how change can be delivered, building on the positive aspects of the current system.

These areas will be explored initially via six strands across health and social care:

- Situational analysis including learning from previous work
- Future Vision including Delivery Models, & Organisational Issues and the citizen's perspective
- Metrics, Systems, Governance and pace of change
- Workforce including culture, morale, education & training, rurality and Welsh Language
- Quality and Safety including, R&D, and Innovation
- Productivity including Data and Insight, Digital, & Finance

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Annex E

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CYNGOR SIR *POWYS* COUNTY COUNCIL.

CABINET EXECUTIVE
13th March 2018

REPORT AUTHOR: **County Councillor Rachel Powell**
Portfolio Holder for Children's Services, **Youth, Libraries**
and Leisure Services

SUBJECT: **Safeguarding Children: Quarterly Update**

REPORT FOR: **Information**

1. Summary

The purpose of this report is to provide cabinet with an update in respect of safeguarding children in Powys for Quarter 3 (October to December) 2017/18. It should be read alongside the inspection report by CSSIW in October 2017 and the information shared with the Minister for Children and Social Services on 9 January 2018 (as required by his First Warning Letter). This can be seen at Appendix 1. The report also includes an update in respect of CYSUR, the Mid and West Wales Regional Safeguarding Board for Children, whose own update for public and professionals can be found at www.cysur.wales.

2. Inspection follow-up

Our overall position is that, as an organisation, we have been achieving important milestones – both those set for us and those we have planned. It has taken a considerable amount of collective effort. In terms of outcomes, there have been real benefits to some children and families. However, it is still early in the improvement process. Some of our work to date has confirmed that we are seeking to make progress from a very low starting point in important areas such as professional practice and corporate ownership of service priorities,. On the other hand, there have been encouraging signs about our capacity to deliver positive change at pace while dismantling some of the obstacles that could get in our way. We can demonstrate that children's services are firmly established as a political and corporate priority and that good foundations are being laid. Again, this is tempered by realism about how far we need to travel

The Council fully accepted the findings in the inspection report published on 17 October and the subsequent warning notice issued by Welsh Government. It quickly acknowledged the need for urgent and sustained change which will demonstrate our genuine commitment to safeguarding children in Powys. The Council produced on time its improvement plan designed to provide a comprehensive response to the recommendations in the report and also one that matches the scale of the challenges we face.

The plan forms the basis for a three-year programme of change. Our goal is to move Powys in that time from its current position to a place of real strength and exemplary performance. This will require considerable efforts to reshape children's services and this programme will be reflected in a second iteration of the plan, scheduled for submission to CSSIW on 2 February.

The actions set out in the plan will ensure that arrangements for safeguarding children and complying with legislative requirements are robust and represent best practice. Delivering all the changes promptly and effectively will mean that, at the earliest possible time, we can provide the people of Powys and external bodies with realistic reassurance that children are being safeguarded effectively and that children's services are fulfilling all their statutory responsibilities to the highest possible standard.

We recognise that delivering the plan requires the Council to make this our top priority, not only in terms of work to improve children's services but also in taking corporate ownership of key responsibilities (in areas such as prevention, safeguarding, edge of care services, looked after children and leaving care services). The arrangements for accountability set out in the plan and being put into effect demonstrate that the Leader, Cabinet members, the acting Chief Executive, the corporate management team, staff and partners accept a personal and collective responsibility for ensuring that change does happen and that good outcomes are achieved.

Children's services are increasingly able to call on the strength of a wide range of corporate support services and partnerships. We are seeking improvements across the whole Council to ensure that the service can deliver its duties. This includes changes in the way we all work together to support the delivery of front line services. The Improvement Board has been able to consider a comprehensive plan for improving corporate leadership and governance in the Council. The work being done for children's services will provide a template for similar approaches in other areas such as adult social care and education.

Since the inspection, extensive activity has taken place across the Council to secure greater compliance with statutory requirements and practice standards. There has been a rigorous process of self-assessment and we have listened to advice from a range of people who are experts in producing improvement in children's services experiencing severe difficulties. Consequently, Powys has developed a good understanding of its strengths and areas for development, further informed by the helpful recommendations made by the Inspectors and by the work of the Improvement Board. We have acted to:
- strengthen governance arrangements, including the introduction of a very strong independent Improvement Board which is chaired by a former local authority Chief Executive who has experience of leading a council subject to intervention;
- engage the council's whole extended leadership team in this work;
- recruit more social workers (going above establishment in frontline teams) and creating additional in areas such as Powys People Direct, the fostering and adoption services, quality assurance and business management.
- put in place highly experienced senior leadership for children's services and social services as a whole;
- develop plans for reshaping services with our partners;
- improve HR, IT and performance monitoring systems;
- use the expertise and knowledge available within the Improvement Board to support change within key aspects of the improvement plan, such as fieldwork practice and fostering;
- produce a financial plan that incorporates a safe and sustainable budget for children's services;
- agree a Corporate Safeguarding Policy, which sets out the steps that the Council as a whole will take to protect and safeguard children and adults at risk, and set up a Corporate Safeguarding Group chaired by the acting Chief Executive and including both the Cabinet member for Children Services;

- demonstrate renewed commitment to engaging effectively with the Regional Safeguarding Board, the Regional Partnership Board, the Children and Young People's Partnership and structures for national working in areas such as fostering and adoption so that we can benefit more from partnership working and external accountability.

CSSIW undertook further monitoring activity in December. It focused on recent practice through case file reviews and discussions with front line operational staff. They found some early signs of improvement, some evidence of improved practice and many areas where the authority is putting in place new arrangements which have not yet had time to become embedded. They remain concerned about the quality of operational practice, especially on the basis of their case files analysis which generated ongoing concerns about showed a need
This identified signs of improvement but also issues of concern, such as:
- the need for effective accountability (through supervision, management oversight, performance and quality monitoring);
- the quality of operational practice;
- timescales for the completion of assessments and care and support plans;
- frequency of statutory visits for looked after child and those on the child protection register;
- safeguarding practice issues (including use of risk assessments, support to children at risk of child sexual exploitation and multi-agency involvement).

The Council received a letter summarising the findings on 4 January and these concerns were addressed in our review of the improvement plan. The plan will continue to build on the strengths of our staff whose resilience and professionalism in the face of many challenges CSSIW acknowledged in their report. However, it will include too the comprehensive programmes we are developing to improve practice at the frontline, especially in respect of safeguarding. We acknowledge that effective and sustainable change will require far more time and effort. The following areas are seen as being major corporate priorities that we are pursuing.
- greater clarity about accountabilities for social services and recruiting a Director of Social Services as soon as possible;
- better engagement with children, young people and families to encourage co-production in service design and review;
- an improved offer to specific groups, such as young people leaving care and foster carers;
- more inquisitive and effective scrutiny by elected members;
- a workforce strategy for children's services;
- coherent service commissioning strategy including: edge of care/Integrated Family Support Services, placements; support to look after children; front-door responses such as the Information/Advice/Assistance Service.

At the same time, the Social Services Directorate will focus on using additional resources placed in the budget this year and for 2018/19 to improve our capacity for:
- engaging the whole workforce in service redesign;
- facilitating professional development in areas such as Social Services and Well-being Act implementation, specialisation, practice champions, best practice seminars and links to institutions offering professional courses;
- dealing with issues around operational structures, workload management, staffing needs (including urgent recruitment and filling vacancies on a longer-term basis);
- adopting a more robust approach to performance management and supervision; and
- revising processes, policies and procedures.

The improvement plan focuses on ensuring that we have the right conditions to allow our staff to do their very best for children and families across Powys. Working together, we will deliver not

only the priority actions set out in the plan but also sustainable improvement and good outcomes in the lives of our children and young people. We will continue to work closely with CSSIW, Welsh Government, Social Care Wales, regional and other key partners in pursuit of these goals.

In terms of safeguarding, there are a considerable number of actions being taken forward within the current service improvement plan. An assurance mechanism is being implemented as a priority to ensure compliance with legislation, statutory guidance and protocols regarding Looked After Children and children at risk. We are looking to embed performance management and quality assurance arrangements (including scrutiny of service demand and routine auditing of the quality of practice) so that practitioners and managers at all levels have timely, relevant and accurate performance and quality assurance information.

At a political and corporate level, we have established effective systems and structures to monitor and evaluate progress within children's services. The Improvement Board continues to meet monthly meeting and to engage with staff in looking at specific issues (e.g. fostering). There are significant reporting requirements to CSSIW and to Welsh Government, on a monthly and quarterly basis. CSSIW will continue monitoring visits (up to three days each quarter), with the next exercise in March, and there will be another full Children's Services inspection within one year of the last.

We have completed a self- assessment as part of a national inspection by CSSIW in respect of Looked after Children and Care Leavers. Inspectors will follow this up in a range of local authorities across Wales but no decision has been made about where this will happen.

3. Staffing

Staffing arrangements in children's services across Powys have been reviewed and we have a significant number of agency workers at present. This has introduced greater capacity and stability, enabling us to reduce caseloads significantly. However, it is not a sustainable service for meeting the longer-term needs of children and families. There are pressure points in certain teams such as Newtown and Welshpool where a number of staff are leaving and there are high levels of sickness absence. Plans are in place to strengthen these teams with additional agency social workers. Over the past three months, the emphasis in respect of practice and performance has been on ensuring that children and families are visited and assessments completed in a timely manner. We are developing a dashboard of indicators for each team, to help them focus on and monitor their own performance in respect of assessments, visits to children, care planning and reviews and staff supervision.

4. Child Practice Reviews

In this quarter, there have been two new referrals to Cysur for the Board to consider whether or not to conduct a Child Practice Review. There has been a learning event held in respect of Child A, who is the subject of an extended Child Practice Review. As a consequence, specific learning requirements have been embedded within the Children's Services Improvement Plan. The Regional Board has commissioned support to write and develop a regional protocol to complement the new CPR guidance.

5. Quality Assurance

A Quality Assurance Framework has been agreed in November 2017 and this will be implemented across children's services from December. Training will be provided for the staff to ensure they

are familiar with the document. During Quarter 3, a number of case file audits were undertaken by an external auditor. The findings from these audits were disseminated to encourage learning and improvements in practice and service delivery. We will re-audit cases in Quarter 4.

6. Policies & Procedures Sub Group Update

A regional threshold and eligibility document was launched across the region during National Safeguarding Week in November 2017. This is designed to establish a consistent response to children and families in need and to provide the 'right help at the right time'. This policy has been implemented through Child Protection Fora training events across Powys. It is recognised, that further training needs to be held within Children's Service Teams so that all staff are familiar with the document and understand the principles. Training sessions will be available during February and March.

A number of other regional documents are in the process of being completed including protocols for children who are electively home educated, for parents who have identified mental health problems and for Deprivation of Liberty Safeguards (DoLS).

There is a regional action plan for children at risk of sexual exploitation. This needs to be implemented and embedded within the service. In their monitoring visit in December, CSSIW commented on the need for staff to be trained further in all aspects of child sexual exploitation. We are addressing this by relaunching the Multi-Agency Child Sexual Exploitation Meetings from 9 February. These meetings will identify those young people who are considered to be at Medium to High Risk within Powys and scrutinise the plans for them. This will also identify any trends, themes and training requirements for children's services and our partner agencies.

7. Trends in Child Protection (CP) registrations

Child Protection Activity

We have had a slight increase in child protection registrations during this period partly because a number of young people were considered to be at risk of child sexual exploitation. Also, more child protection registrations and early signs that the number of children becoming looked after is stabilising would suggest that the child protection registration is being used more effectively to safeguard children in the community.

No. of Children On Register Since April 2017 by Month

April	May	June	July	August	September	October	November	December
80	88	91	83	92	90	95	104	105
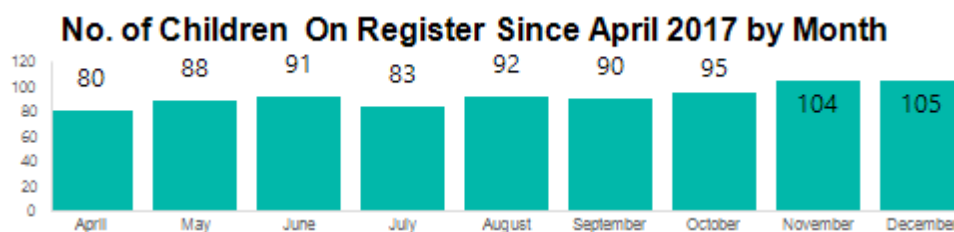
In October, we introduced additional staff across front line services. Since this time, there has been an increase in the number of care and well-being assessments completed in timescale and a focus on increasing the number of care and well-being plans.

The Authority has plans to establish a Corporate Safeguarding Group for Powys. It will be chaired initially by the Chief Executive and it will have both political representation and representatives from each service area.

Powys People Direct

There has been a consistent referral rate into Powys People Direct. In terms of assessments, there are twice weekly performance meetings held with Team Managers around improving the quality of performance around assessments.

No. of Approaches Referred to Childrens Team	77
No. of Approaches to the Service for Information	27
No. of Approaches to the Service for Advice	12
No. of Approaches to the Service Assistance	31
No. of Approaches to the Service In Progress	0
Childrens - Referrals TAF Team	1
Childrens - Referrals IDS Team	2

Childrens - Care & Well-being Assessments	122
Of These Assessments % Carried Out Within 42 Days	79%
Of These Assessments % Carried Out Within 10 Days	22%

There was only one referral received for the TAF team and two for the Integrated Disability Service in December. Out of 122 assessments received into Children's Services, 79% required an assessment within 42 days and 22% for 10 days.

Child Protection December 2017

Childrens - The Number of Children Added to the Child Protection Register	19

Childrens - The Number of Children Removed From the Child Protection Register	18

Childrens - % of Initial Conferences Held in Timescale	70%

Childrens - % of Initial Core Group Meeting Held in Timescale	68%

The % of Children on the Child Protection Register that have been Registered Previously	0

The average length of time on the Child Protection Register for those removed	206 days

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	Year	Q1		Q2		Q3		Q4	Year To Date
Measure 24 - % of assessments completed for children within statutory timescales	**2017/18**	53%	●	48%	●	78%	●		61%

	Year	Q1		Q2		Q3		Q4	Year To Date
Measure 33 - % of children looked after on 31 March who have had three or more placements during the year	**2017/18**	12%	●	12%	●	12%	●		12%

	Year	Q1		Q2		Q3		Q4	Year To Date
% of Looked After Children Statutory Visits carried out within timescale	**2017/18**	37%	●	48%	●	45%	●		44%

	Year	Q1		Q2		Q3		Q4	Year To Date
% of Child Protection Statutory Visits carried out within timescale	**2017/18**	42%	●	37%	●	49%	●		42%

	Year	Q1	Q2	Q3		Q4	Year To Date
% of operational staff who have had Case Supervision on a monthly basis	**2017/18**	N/A	N/A	25%	●		

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There is an action plan place to improve month on month supervision performance and quality and performance around child protection visits and looked after children's visits.

8. INFORMATION PRESENTED TO CYSUR:

The regional board for Cysur was held on January 25ᵗʰ 2018. Updates were provided regarding the challenge version of the Powys Children's Services Improvement Plan. There is a specific action plan for Quarter 3 and 4 around developing consistent practice in respect of children who are at risk of sexual exploitation and improving the Multi-Agency Child Sexual Exploitation service.

7. Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

Improvement Plan for VAWDASV

Introduction.

The Violence Against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015 (VAWDASV) places statutory duties on the council and other relevant agencies (such as the Health Board and Fire Service) to take action to reduce the acceptability of all forms of gender-related violence and to improve services for victims and survivors. These issues affect many services and departments within the council and obligations under the Act are corporate in nature. Under the provisions of the Act, there are a number of statutory deadlines with which the Council (along with other relevant authorities) has to comply. Compliance monitoring of is undertaken by the VAWDASV team in the Welsh Government. The Commissioning Manager for VAWDASV, located in the CYPP, seeks to co-ordinate the council's response to the Act.

Regional arrangements

VAWDASV requires new strategic regional partnership arrangements to ensure co-operation and liaison between the statutory and voluntary agencies involved in providing services. In Powys and the West Wales regions, these structures have been aligned with existing safeguarding arrangements to maximise efficiency. The VAWDASV strategic board for Mid and West Wales has started to prepare a Local VAWDASV strategy which requires approval by April 2018.
For one element of the VAWDASV agenda, the national training framework, Powys is identified as a region on its own. This raises an issue regarding the regionalisation of Welsh Government VAWDASV funding. Powys would prefer the regional grant to be apportioned to each of the four local authorities but the other three local authorities in our region do not appear to share this view.

Member training is now underway. Training will be provided through 15 front-line presentations on VAWDASV Group 1 for depot staff over the next few months.

10. Regional Quality Assurance Reporting

The Mid & West Wales Safeguarding Children (CYSUR) and Safeguarding Adults' (CWMPAS) Annual Plans for 2017-18 are available on their website (www.cysur.wales).

11. Options Considered / Available

11.1   Not applicable.

12. Preferred Choice and Reasons

12.1   Not applicable.

13.   Impact Assessment

13.1   Is an impact assessment required?   ~~Yes~~/No

13.2   If yes is it attached?   Yes/No

14.   Corporate Improvement Plan

14.1   Safeguarding is everybody's business and links to objectives within the Corporate Improvement plan.

15.   Local Member(s)

15.1   Not applicable.

16.   Other Front Line Services

Does the recommendation impact on other services run by the Council or on behalf of the Council?   Yes/~~No~~

If so please provide their comments:-

The Powys Local Safeguarding Group (PLOG) engages with frontline staff/services through its child protection fora. Both the PLOG and PLOGA (for adults) have active training programmes co-ordinated by the local authority and attended by staff from all agencies. The Safeguarding Team give advice and information to managers and staff working with children and adults at risk from all sectors. The PLOG has met recently and it is re-establishing a rigorous set of reporting data which will be used locally to provide information about trends and levels of need for our own use and for submission to the Regional Board.

17.   Communications

Have Communications seen a copy of this report?   Yes/No

Have they made a comment? If Yes insert here.

18.   Support Services (Legal, Finance, Corporate Property, HR, ICT, Business Services)

18.1   Legal – The recommendation can be supported from a legal point of view

18.2   Finance - The Finance Business Partner notes the content of the report.

Independent Domestic Violence Advocates (IDVAs) are provided currently by the independent sector and jointly funded by Dyfed Powys Police and Powys County Council. From March 2018, the IDVA service is being jointly commissioned with the Police on a regional basis across Mid and West Wales and funded from the regional VAWDASV grant. There will be no funding available from this source for individual local authorities. Without such funding and with the loss of grant funding from the region, the Commissioning Manager post for VAWDASV in Powys is at risk. This has been included as part of the bid

for additional resources required to implement the Children's Services Improvement Plan and included in the Finance Resources Model (FRM).

18.3   Corporate Property (if appropriate)

18.4   HR - HR are fully involved in the workforce stream of the improvement plan and are working with the service to meet its actions in respect of the workforce. HR and the Culture and Leadership Service are working with the senior leadership team in Children's services to redesign the service and stabilise the workforce.

18.5   ICT (if appropriate)

19.   Scrutiny
Has this report been scrutinised?   ~~Yes~~ / No?

If Yes what version or date of report has been scrutinised?
Please insert the comments.
What changes have been made since the date of Scrutiny and explain why Scrutiny recommendations have been accepted or rejected?

20.   Statutory Officers

20.1   The Head of Financial Services (Acting Section 151 Officer) notes the comments of the Finance Business Partner.

20.2   The Solicitor to the Council (Monitoring Officer) has commented as follows: "I note the legal comment and have nothing to add to the report".

21.   Members' Interests

The Monitoring Officer is not aware of any specific interests that may arise in relation to this report. If Members have an interest they should declare it at the start of the meeting and complete the relevant notification form.

Recommendation:	Reason for Recommendation:
That Cabinet accepts the safeguarding update in line with its safeguarding responsibilities.	**Safeguarding is everyone's business and this report provides assurance to Cabinet of work that is underway both locally and regionally on important safeguarding matters.**

Relevant Policy (ies):				
Within Policy:	**Y**	**Within Budget:**		**Y**

Relevant Local	**All**

Member(s):	

Person(s) To Implement Decision:	Agency representatives
Date By When Decision To Be Implemented:	N/A

Contact Officer:	Sharon Powell - Interim Safeguarding Lead for Children
Tel:	07899060482
Email:	sharon.powell@powys.gov.uk
Contact Officer:	David Johnston- Interim Head of Childrens services
Email:	david.johnston@powys.gov.uk

Background Papers used to prepare Report:

- **Children's Services First Quarter Improvement Report to the Minister for Children and Social Services**

CYNGOR SIR *POWYS* COUNTY COUNCIL.

CABINET EXECUTIVE
Date: 13th March 2018

REPORT AUTHOR: **Councillor James Evans**
Portfolio Holder for HR and Communications

SUBJECT: **Joint ICT Strategy**

REPORT FOR: Decision

1.   Summary

The purpose of this report is to provide an overview of the revised Joint ICT Strategy and seek approval from members of the Cabinet.

2.   Proposal

The outcome we aim to seek is the approval of the Joint ICT strategy set out in Appendix 1.

Overview of the development of the Joint ICT Strategy

2.1   A revised Powys Joint ICT Strategy has been co-produced between, Powys County Council, Powys Teaching Health Board and Welsh Government. The Draft Strategy has been consulted on across the organisations and feedback were appropriate, has been feed into the final strategy.

2.2   The ICT Joint Strategy is a major refresh of the 2016-18 joint strategy between Powys County Council (PCC) and Powys Teaching Health Board (PTHB) and details the ICT roadmap for the next three years.

2.3   Throughout the period of the Strategy, ICT will underpin, support and enable the strategic priorities of the Council, Health Board and the Public Service Board as well as contributing to the outcomes of the Digital Health and Care Strategy for Wales.

2.4   The Strategy takes into consideration new intelligence and key drivers for change i.e. Customer needs, Information management and security, infrastructure, skills, strategies (such as Vison 20/25, IMTP, A Digital Health & Social Care Strategy for Wales)

Formal staff consultation

2.5   All staff (and members) within PTHB and PCC were invited to comment on the document via an online survey. 92 people responded to the survey and a number of individual feedback was also received. Below are some of the Key common findings:

- The majority of respondents were able to relate to how the strategy and outcomes impacted on them.
- A number of respondents felt that the strategy was too ambitious
- There was a concern regarding the availability of funding and the resource to deliver the objectives of the strategy.
- Regarding the priority areas, there was general support of the priorities identified. There was however some criticism raised about the current infrastructure and systems and some felt that issues were outside the Health Boards and Councils control.

.
Content of the joint ICT Strategy

2.6   **Vison-**Successful implementation of the Powys ICT strategy would mean:

"that individuals and staff can access digital services they need in an efficient, effective and agile manner. We will encourage people to think Digital First in any proposed changes and service improvements. This will be achieved through high quality effective and efficient ICT support services, products and infrastructure that is robust safe and fit for purpose"

2.7   To achieve or Vision for ICT in Powys four priority areas have been agreed;

1. Information for you
2. Supporting Professionals
3. Improvement and innovation
4. A planned future

A critical and consistent component within each of the priorities is the need to ensure a fit, robust and safe infrastructure

2.8   Each Priority area has an overall ambition and in total there are 14 outcomes we aim to achieve.

2.9   We will look to achieve the identified outcomes through a variety of programmes/projects that operate across PCC and PTHB. (Approximately 48 in total) however appropriate levels of investment is key to maintain effective ICT systems and infrastructure, and to support new developments

Key challenges

2.10   Some of the key challenges we face in the delivery of the Joint ICT Strategy include:

- Maintaining our infrastructure in a cost effective manner
- Ensuring we have the appropriate Workforce skills (pace of change)
- Ambitious number of projects/programmes
- Improved collaborative working with service areas
- Customer satisfaction- getting it right for our customers
- Reliant on National progress

3.   Impact Assessment

An Impact assessment is required and is detailed in appendix 1.

In summary…

The overall judgement of the Impact of the strategy is that…

> *The Joint ICT Strategy is overall 'good' in ensuring that it contributes to the required plans/legislation/polices and supports effective decision making, ensuring compliance with respective legislation.*

4.   Corporate Improvement Plan

The Strategy relates to the following Corporate Improvement Plan outcomes:

Effective Governance & Leadership

- Effective and professional strategic and operational senior management
- A clear vision and strategic direction, owned and shared by partners and supported by a robust governance framework

Effective Organisational Design & Delivery

- A performance-focused Council, prioritising delivery of shared outcomes, accurate performance measurement and continuous improvement
- Using modern digital solutions to improve service delivery, generate savings and promote better engagement and information–sharing

The Strategy also contributes to the following Vision 2025 outcomes:

- Develop an agile and flexible workforce to deliver services.
- Have the right skills, attitude, behaviours and experience to be innovative.
- Be pro-active and forward thinking.
- Have seamless and efficient processes to get things 'right' first time.
- Make the best use of resources and improve productivity.
- Significant investment in integrated health and care facilities and infrastructures
- Health and Care teams work seamlessly with people, getting things right first time
- Young people, adults and families have a fully integrated experience of health and care
- A greater supply and mix of suitable work space to support employment
- Powys is established as an innovation base for learning, skills and research
- Technology enables people to self-care and remain independent
- More job opportunities and apprenticeships for young people
- Young people, adults and families are able to create the foundations of good health throughout their life
- Accessible and equitable services fit around people's busy lives

- High quality teaching and learning environments embrace new technology for the population
- Pupils have access to remote/alternative learning opportunities
- Communities have an active role in the design and delivery of the services they need

5.   Local Member(s)

This is a Powys wide strategy so does not effect only one or some electoral divisions.

6.   Other Front Line Services

The Joint ICT Strategy does impact on other services run by the council or on behalf of the council. The impact has been assessed as part of the Impact Assessment.

7.   Communications

No proactive communication action at this time.

8.   Support Services (Legal, Finance, Corporate Property, HR, ICT, Business Services)

(Comments from Legal and Finance officers must be set out here along with comments from Corporate Property, HR and ICT if applicable)

8.1   Legal -The recommendation can be supported from a legal point of view

8.2   Finance – The Finance Business Partner for Resources comments: - To deliver the strategy appropriate levels of investment to maintain effective ICT systems and infrastructure and to support new developments is key. The projects within the strategy are funded through a mix of revenue and Capital funding. Further costings need to be developed for life of the strategy and included in the medium and longer term financial plans of the Authority to ensure appropriate levels of funding are secured.

8.3   Corporate Property- N/A

8.4   HR (if appropriate) - N/A

8.5   ICT (if appropriate) - N/A

9.   Scrutiny

This report has not been scrutinised.

10.   Statutory Officers

(The views of both the Strategic Director Resources (Section 151 Officer) and the Monitoring Officer **must** be set out below)

10.1   The Solicitor to the Council (Monitoring Officer) has commented as follows: "I note the legal comment and have nothing to add to the report".

10.2   The Head of Financial Services (Acting Section 151 Officer) notes the comments of the Finance Business Partner.

11.   <u>Members' Interests</u>

The Monitoring Officer is not aware of any specific interests that may arise in relation to this report. If Members have an interest they should declare it at the start of the meeting and complete the relevant notification form.

Recommendation:	Reason for Recommendation:
The Joint ICT Strategy in Appendix 1 to the report is approved	**Approval of the Joint ICT Strategy will enable both Powys County Council and Powys Teaching Health board to continue to effectively plan, deliver and sustain ICT systems, services and projects across both organisations.**

Relevant Policy (ies):			
Within Policy:	Yes	**Within Budget:**	Partial

Relevant Local Member(s):	N/A

Person(s) To Implement Decision:	Andrew Durant
Date By When Decision To Be Implemented:	

Contact Officer: Ellen Sullivan
Tel: 01597 826005
Email: ellen.sullivan@powys.gov.uk

Background Papers used to prepare Report:

CABINET REPORT TEMPLATE VERSION 5

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Powys Joint ICT Strategy

2018 - 2020

DRAFT

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Powys County Council and Powys Teaching Health Board, along with other public sector organisations are going through an unprecedented and rapid period of transformation. Our customers expect us to deliver more and more services through digital means and increasingly in collaboration with partner organisations. We are therefore delighted to present this updated strategy between Powys Teaching Health Board and Powys County Council that describes the ever-increasing role that technology will play in supporting and driving change to improve service for our customers.

Our aim is to make it as easy as possible for staff, patients, clients and stakeholders to interact with the Council, Health Board and its partners through innovative service delivery and better use of its technological and information assets. There have been major developments already, just to mention a few:

- Health colleagues have piloted a range of telehealth facilities;
- Powys has led on the launch of the Welsh Community Care Information System (WCCIS); which is an integrated computerised system for Health and Social Care ;
- Learning In Digital Wales has been introduced in almost all schools in Powys which has improved broadband speeds , and;
- A fully integrated administrative and teaching digital platform is available to all schools in Powys.

In the latter part of 2016, the Health and Care Futures event provided a vehicle for stakeholders to share their thoughts on the changes ahead and the priorities for the future. These views have been taken into consideration along with the key findings of the Wellbeing and Future Generations Assessment. New and improved technologies were highlighted as a clear priority area in both pieces of work, both siting improved infrastructure with greater Wi-Fi coverage as a real need. Whilst there is always more that can be done in terms of engagement with stakeholders, this strategy builds on what the people of Powys have said and ensures it uses the sustainable development principles to guide its work (listed in Appendix 4).

In conclusion this major refresh of the existing strategy, takes into consideration new intelligence and the key drivers for change. We have tried to make this accessible in terms of language and format, however we would be keen to hear the views of citizens and partners on how we might improve our future reports and wider communication. Effective partnerships are key to the success of any modern strategy and therefore we would like to express our sincere thanks to our existing partners and staff for their contribution in a number of major IT developments within Powys

Cllr. James Evans

Portfolio Holder for HR and Communications
Powys County Council

Mark Baird

Independent Member (ICT).
Powys Teaching Health Board

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Successful implementation of the Powys ICT strategy would mean:

> "That individuals and staff can access digital services they need in an efficient, effective and agile manner. We will encourage people to think Digital First in any proposed changes and service improvements. This will be achieved through high quality effective and efficient ICT support services, products and infrastructure that is robust safe and fit for purpose"

This vision has been translated into a number of priority areas which are outlined in more depth in a later chapter. In summary, the priority areas, with the stated ambition are as follows:

Priority- Information for you

The ambition for Information for you: "Powys citizens and businesses will be able to look after their own well-being and business needs through connecting with services more efficiently and effectively, with improved online access to information; to improve business performance; and to support citizens to live an independent healthier life.

Priority- Supporting Professionals

The ambition for Supporting Professions is: "Professionals across Powys will use digital tools and have improved access to information to do their jobs more efficiently and effectively. Improvements in quality, safety and efficiency will support collaborative working and systems for better outcomes to the service users

Priority- Improvement and innovation

The ambition for improvement and innovation; Services will make better use of available data and information to improve decision making; plan service change; improve data safety; and drive improvement in quality and performance. Collaboration with partners in industry and academia, will ensure digital advances and innovation is harnessed

Priority- A planned Future

The ambition for a planned future: Joint planning, partnership working and stakeholder engagement at local, regional and national level will ensure that opportunities and ambitions outlined in key strategies are prioritised, with effective ICT planning".

This strategy is a major refresh of the 2016-18 joint strategy between Powys County Council (PCC) and Powys Teaching Health Board (PTHB) and details the ICT roadmap for the next 3 years. Powys County Council (PCC) and Powys Teaching Health Board (PTHB) have a joint ICT service that operates under a s.33 agreement of the NHS (Wales) Act 2006. Throughout the period of the Strategy, ICT will underpin, support and enable the strategic priorities of the Council, Health Board and the Public Service Board.

Strategies & Collaborations

It is well documented that ICT has become a critical service. It has the ability to transform the way services are organised and delivered. It has a fundamental role to play in improving efficiency, reducing cost across the organisation and underpinning the organisational change programme. As such a number of important national strategies and collaborations are helping guide this local strategy and service development. These are detailed in the diagram:

Collaborations
Eg Society of Information Technology Managers (SOCITM Wales); NHS Wales Informatics ; Education Through Regional Working ; other health boards and local authorities

National Strategies
Eg Wellbeing of Future Generations Act; A Digital Health & Social Care Strategy for Wales; Prudent Health & Care; Delivering Digital Inclusion ; Education

Local Strategies
EG Vision 20/25; IMTP; Wellbeing Plan ; Integration Plan; Health & Care Strategy; Service Improvement Plans

Powys ICT Strategy

The Wider Business Environment

A key strategic focus in Powys is improvements in the local economy. Within its 20/25 vision one of its outcomes is to promote a vibrant economy and the ICT services need to adapt to provide far greater support in this area.

Whilst the economic benefits of digital tools are widely known many small and medium sized enterprises (SMEs) and charities still face a number of challenges to adopting digital technologies. The service needs to be continually aware of the impact of any proposed IT developments will have on its local businesses/charities.

The Powys Population Assessment states that there is a growing need to address issues relating to broadband connectivity and mobile phone infrastructure. It was stated that by June 2017, 96% of Powys should have access to superfast broadband due to the Superfast Cymru project. However, in rural areas of the county, there is a growing problem of rural isolation.

Digital Inclusion in Powys

It is important to ensure new service models are fit for purpose and are inclusive. Outside of urban centres around 63% of rural communities in Powys have a poor mobile phone signal or none at all. The central and northern parts of the County are particularly affected. Through the fixed line network around 40% of rural communities have poor broadband connectivity. The main urban centres across the county are generally well served through the fixed line network and mobile networks. These issue contribute to rural isolation.

Solving access problems is also not simply about infrastructure. In 2014/15 the Wales National Survey reported that 63% of 65-74 year olds and only 29% of people aged 75 and over were using the internet (this compares to 99% of 18-24 year olds and 96% of 25-44 year olds) Overall, digital exclusion, based on regular internet use, has fallen from 34% in 2010 to 19% in the latest National Survey for Wales figures from June 2015. However it should be noted digital exclusion amongst disabled people (38%) is double the figure for all adults (19%)

Whilst providing support is critical, usability and affordability are significant barriers. A survey of non-internet users from the 2013-14 National Survey for Wales, highlights the multiple barriers that prevent people from going online including that 91% identified a lack of interest or need as a factor. Cost was a contributing barrier for one third and upfront costs were seen as more of a constraint than monthly connection fees. These issues will be taken into consideration in this strategy, as Lesley Griffiths, Minister for Communities and Tackling Poverty stated :

> " Achieving a more digitally inclusive society will make a significant contribution to meeting our Tackling Poverty commitments and the seven goals of our ground-breaking Well-being for Future Generations (Wales) Act. "

Drivers for Improved ICT

The ICT service will continue to make progress moving from a service that has been focused on reacting to service request and maintaining business as usual, to transforming business through integration, innovation and strong planning. It is a difficult journey in a complex environment but one that has a strong focus and determined workforce to ensure success. As part of the planning process the strategy will also take into account the drivers for improved ICT, which include:

- **Customer Needs –** Changing customer expectations on the delivery of services and ensuring equality of provision
- **infrastructure –** Improved Broadband and connectivity; interoperability between IT products and services; mobile facilities;
- **Information Management & Security -** effective, efficient, relevant and appropriate use of information in a safe environment
- **Skills -** Meeting service needs, ensuring up to date knowledge of ICT solutions, technical and non-technical staff understanding of wider change management issues when implementing ICT. Improving the skills of users
- **Regulations -** Industry standards; accreditation; and legislation
- **Finance -** Access to funding sources, investment, procurement
- **Research and development -** Innovation, commercialisation, business and academia
- **Rurality –** The need to deliver services over a large geographical area
- **Strategies –** These include specific ICT strategies, Digital Inclusion Strategies, and service strategies

The interconnection between national and local strategies, ICT development groups; and the drivers for change in Powys is complex. This strategy takes into consideration all of these factors and ensures that digital investment is spent wisely in order to achieve the outcomes set.

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Technology alone does not change things, but it is widely recognised that public services cannot transform to meet modern citizens' expectations without it. Technical staff will be supported to ensure that ICT programmes are not viewed in isolation from the wider changes that need to happen within a service for any transformation to succeed. Furthermore other services will be encouraged to think "Digital First" when considering changes and include ICT at early stage in discussions. Greater joint planning, focusing clearly on change management principles, for ICT and other relevant service professionals, will be a key theme moving forward.

 Powys is in a unique position having one shared IT service across the Council and Health so that resources and intelligence are maximised. Whilst there are numerous benefits to this approach it must also be recognised the challenges this brings in supporting change in different cultures, governance structures and working patterns. The challenges of managing change in complex environments has already been recognised and plans to upskill staff are in progress.

In order for the planned changes to succeed there must also be greater service engagement, direction and ownership. Encouraging multi-disciplinary teams focusing on a common outcome will assist understanding of how the different organisation cultures, governance and processes influence the delivery of a project. Some business processes have already been put in place outlining the requirement for better planning which details business objectives, business change, real savings and tangible efficiencies to justify future investment. A more collaborative and flexible approach to supporting departments will be sought taking into account the importance of managing existing systems whilst at the same time enabling change and understanding service needs. ICT Governance will continue to improve, and will provide critical challenge and support to departments.

A clear aim of this strategy is to ensure that Powys is ready and able to meet the demands arising from organisational change; and to effectively plan the deployment of available resources. PTHB is in a unique position in Wales in managing care across 6 Health Boards in Wales and three Health Trusts in England. This is a complex environment and the potential for unplanned changes is significant. This risk needs careful management.

To ensure this change environment is monitored and managed effectively, the strategy will be considered a live organic document, updated regularly, in partnership with services and adhere to a number of key principles. These principles have been well rehearsed over time but have still been refreshed to ensure they are relevant and appropriate in today's environment.

The principles are:

ICT Principles
- Clearly defining outcomes, business/service needs and processes will drive the shape and form of our ICT systems
- Safe and secure systems including privacy by design
- In supporting business needs we will look nationally and regionally for available solutions,
- Where our population can and want to, we will utilise online channels and transactions utilising e-business as much as possible
- We will support and encourage innovation in self-serve/self-help and self-care technologies as these begin to emerge and make it easy for our customers to access digital services.
- Our technology will help to drive efficiency and effectiveness through integration and agile by design.
- Our technology will be resilient to support business continuity planning.
- Our ICT solutions will be of appropriate scale and where appropriate a shared services.
- Future changes to ICT systems will be bi-lingual by design.
- ICT systems will support our environmental principals, devices will be of low power consumption where possible, we will make use of cloud technology, where possible; and will enable users to communicate effectively avoiding unnecessary travel.
- Make our systems available to our users 24/7 (if appropriate and applicable) in multiple locations.

Our Priorities

In order to achieve the Powys ICT vision four priority areas have been agreed; Information For You; Supporting Professionals, Improvement and Innovation and A Planned Future. Each of these priority areas will provide the reader with a clear position statement on what we want to achieve; how we are going to achieve it; and what the benefits will be including some examples of impact. A critical and consistent component within each of the priorities is the need to ensure a fit, robust and safe infrastructure.

A planned future

Information for you

Fit, robust and safe infrastructure

Improvement and Innovation

Supporting professionls
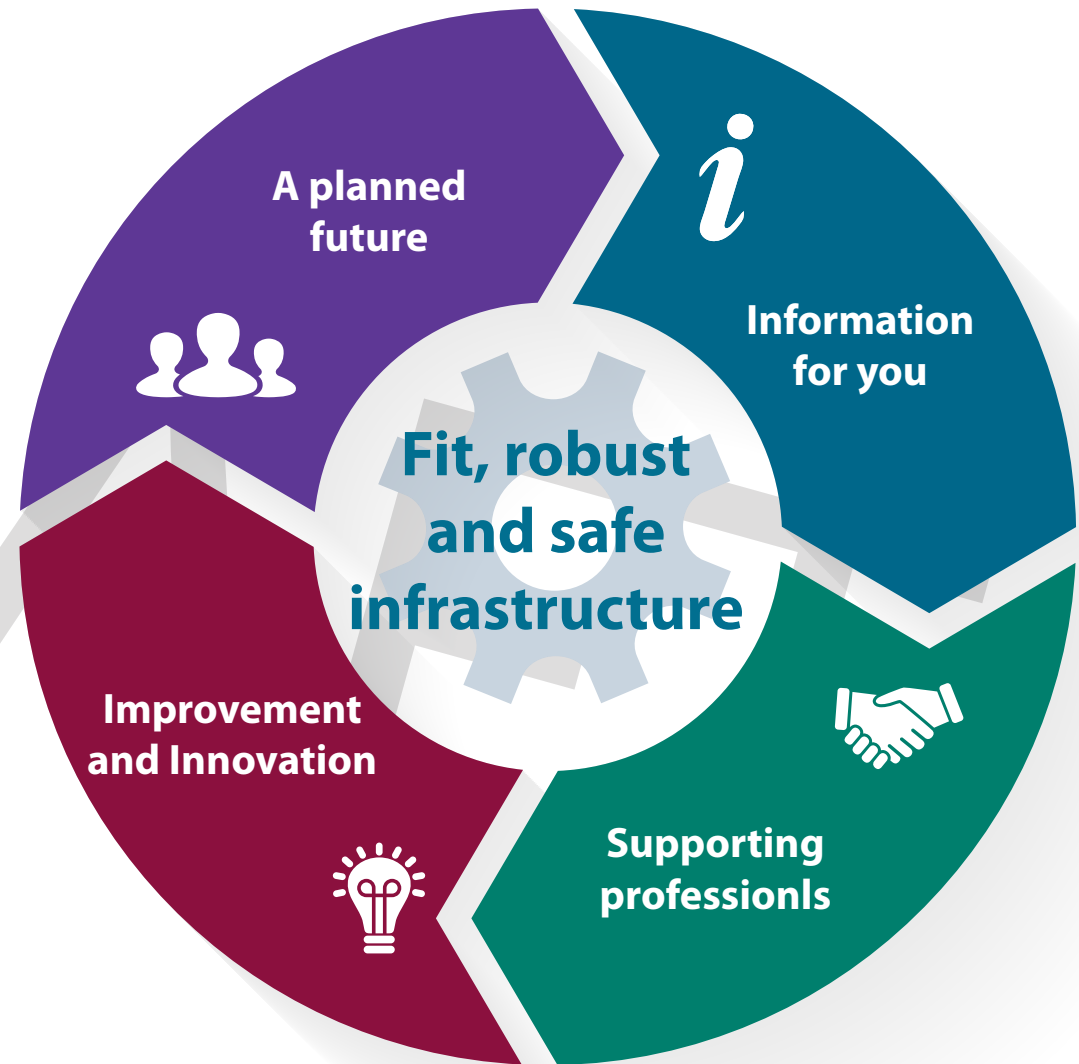
⚙ A fit, robust and safe infrastructure

On-going investment to retain a fit, robust and safe infrastructure to maintain current business continuity is vital for the strategy to succeed. It is therefore crucial that each of the priorities has a fit and robust infrastructure. Specific consideration has been given to each of the priority areas in terms of what actions ensure there is a fit, robust and safe infrastructure.

So what does a fit, robust and safe infrastructure look like for Powys?

Fit- A fit infrastructure is having the right shape and size to meet the current and future business needs.

As the organisation transforms, a fit infrastructure will need constant appraisal and adjustment to ensure it remains fit for purpose. To achieve this we will work with the services to fully understand the business requirements, identify any changes to processes and opportunities to innovate.

Robust- A robust infrastructure is solidly built and strongly maintained and is key to good business continuity and disaster recovery

Our robust infrastructure is proactively monitored to spot developing problems before they affect the services. It will reduce unplanned system outages and where an unexpected outage occurs our infrastructure will allow for quick assessment and mitigation of the problem.

In order to achieve a robust infrastructure we will procure and maintain industry standard equipment that a skilled workforce can support to ensure the right level of business continuity. We will also take advantage of third party contracts ensuring that they meet the business continuity needs of the organisations.

Safe- Safe infrastructure is one that has sufficient controls to prevent loss of information either from hacking, inappropriate use or through mistakes.

We will ensure appropriate security standards are adhered to and up to date technologies are utilised to minimise the growing cyber threats. We will work with partners e.g. the National Crime Agency, NWIS, other public/private partners to provide a robust cyber incident response capability and train our users in good cyber prevention practices.

In Summary

A fit, robust and safe infrastructure is fundamental for any digital capability. The challenge is to ensure we maintain our infrastructure in a cost effective manner whilst being adaptable to the organisations and industry change that affect us. Continued investment in this area is fundamental.

The ambition for Information for you:

> Powys citizens and businesses will be able to look after their own well-being and business needs through connecting with services more efficiently and effectively, with improved online access to information; to improve business performance; and to support citizens to live an independent healthier life.

Outcomes	1) People use technology to support independence and promote wellbeing	2) Digitally enabled buildings that increase, employment/ business/social opportunities	3) Citizens have access to digital technology to promote Wellbeing.
We will do this by…..	1a Provide more online services to promote self-service and assisted service 1b Ensure that quality advice and guidance is provided for users to encourage use and digital inclusion. 1c Improved connectivity including mobile coverage broadband and Wi-Fi to enable connection to the internet. 1d Improve marketing and promotion of new technologies	2a Contribute to the creation of digitally enabled buildings 2b Improved connectivity including mobile coverage Broadband and Wi-Fi to enable connection to the internet.	3a Continue to develop digital apps, wearable devices and online resources 3b Improved connectivity including mobile coverage Broadband and Wi-Fi to enable connection to the internet. 3c Improved digital access for public self-service and telehealth technology. 3d Improve transparency and assist people to view the personal information held about them (where appropriate) in support of GPDR
Benefit	• Accessible technology will allow for improved management of conditions. • Professional Health expertise is concentrated on higher level of need in a more efficient way. • Improved access/shorter waiting times • Maximising staff time for direct care and removing duplication and travel reduces costs and increases capacity • Reduction in cancelled patient appts/ increased utilisation of clinic slots • Parents, pupils, teachers governors have access to appropriate information anywhere • Teachers and pupils can learn and share safely across wales	• Greater attraction for business investment. • Reduce outward migration of skilled workforce. • A greater supply and mix of suitable work space to support employment and service use. • Supports social regeneration • Increased access to information at the point of care/real time	• Higher levels of engagement and self • Management of health. • Self service functions will support early diagnosis • Citizens have a greater assurance of how their personal data is used. • Information becomes more accessible through self- service processes, resulting in greater transparency.

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What difference this will make?

- Citizens will be able to receive text reminders of appointments, and where appropriate may receive health information by text such as reminders to take their medication or a request to call their surgery to discuss blood test results etc.

By having services available on an online portal it allows customers to view their information and access services. For example:

Using "My Health on Line" an online service, patients will be able to access their GP record, to view details of current medication and read letters related to their care. Patients will be able to carry out self-assessments, complete satisfaction surveys and report experiences and outcomes of the care they have received.

- Powys citizens will be able to access these digital services at home, in public buildings such as hospitals, schools and libraries via a free Wi-Fi service and whilst on the move via their smartphone.

- The expectation is that health and other personal Information will become as accessible as other online services such as banking or shopping. This will help people make informed decisions and take control of their care.

- The suite of digital services available through portals, video conferencing, and Skype for business will significantly reduce the travel needed to access services.

Note: An operational overview can be viewed in Appendix 1 providing greater detail

The ambition for Supporting Professionals is:

> Professionals across Powys will use digital tools and have improved access to information to do their jobs more efficiently and effectively. Improvements in quality, safety and efficiency will support collaborative working and systems for better outcomes to the service users.

Outcomes

1) Improved access, remote access and support to information, communications and collaborative tools.

2) Reduced incident resolution times and improved support

3) New technology supports the delivery of high quality teaching and learning environments

4) Improved engagement with our customers/users on their needs

We will do this by.....

1a Increase flexibility for accessing information/ systems (anytime/anywhere/any device (agile)
1b Support services in using modern, agile ready systems with integration by design e.g. Microsoft SharePoint
1c Provide high quality management information to aid business analysis of decisions.
1d Work with services to include an IT continuity feature within their own business continuity plans
1e Use information and electronic records to collaborate fully with citizens.
1f Create a corporate hub of joined up systems to enable consistent processes, removing any duplication by sharing information with other services/organisations

2a Continue to review and develop appropriate plans for upskilling support staff.
2b Continually analyse reasons for incident reporting and identify service improvement needs.
2c Develop automated services to support staff to help themselves resolve problems.

3a Continue to advise and implement appropriate technologies for the school Transformation Programme.
3b Ensure schools maximise capabilities available through the national digital learning systems (HWB, HWB+)

4a Update Service Level agreements with our customers.
4b Develop customer feedback tools to improve services.
4c Encourage a 'digital first 'philosophy when designing and delivering new services

Benefit

- Improved decision making in a timely manor
- Improved collaboration between organisations.
- Maximising staff time for direct contact thus removing duplication and travel and costs.
- Allows piloting of new ways of working
- Single view of clients/patient records across the organisations.
- Streamlining & automation of business processes
- Improved planning and use of data
- Greater staff awareness of support available for IT systems.

- IT downtime/incidents are minimised
- Increased IT skills of workforce
- Improved IT response
- Reduced IT professional input into resolving incidents.

- Improved Learning experience for pupils
- Improved flexibility of lesson planning for teachers.
- Increased training uptake/compliance resulting in a more skilled workforce

- Increased understanding of clients' needs
- Greater intelligence of operational activity to improve service delivery
- Enables new technology to support different ways of working.

14

What difference this will make?

- Health and Social Care staff that utilise WCCIS will have all the necessary information to hand, therefore improving their decision making and client experience.

- Utilising real time electronic record keeping, as opposed to typing up notes after a meeting, means that staff are able to be more productive and spend greater amount of time with clients.

- Through "SharePoint" staff can find information across a range of services quicker and easier, therefore reducing duplication and time spent waiting for information.

- GPs surgeries can reduce their administrative costs and time by sending e referrals and receiving edischarges from other Health professionals.

- Staff will have greater confidence in knowing how to resolve IT related issues through improved business continuity planning.

- Business Metrics is a method of analysing how well an ICT system or process is working, using this approach it will help the service focus on making the right decisions for improvements.

Note: An operational overview can be viewed in Appendix 1 providing greater detail

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Improvement and innovation

The Powys ambition for improvement and innovation:

> Services will make better use of available data and information to improve decision making; plan service change; improve data safety; and drive improvement in quality and performance. Collaboration with partners in industry and academia, will ensure digital advances and innovation is harnessed

Outcomes	1) Improved infrastructure that's robust, resilient and secure and meet the needs of customers.	2) Powys is established as an innovation base for learning, skills and research	3) Integrated services, have ICT support to assist business improvement
We will do this by.....	1a Improved connectivity including mobile coverage Broadband and Wi-Fi to enable connection to the internet. 1b Improving information storage, and server hosting, security and disaster recovery capability. 1c Support services to utilise Microsoft SharePoint and roll out Skype for business across PTHB to transform services 1d Improving Back-up and archiving capabilities 1e Replace core switch 1f Promote cloud system and remove the legacy data centre to a 3rd party Data Centre. 1g Improving data lifecycle management by utilising effective ICT solutions 1h Support services to utilise the Powys enterprise resource planning (ERP)	2a Improved connectivity including mobile coverage Broadband and Wi-Fi to enable connection to the internet. 2b Strengthen links with economic development services, internally and externally. 2c Explore the potential for establishing an apprenticeship programme for ICT	3a Establish a mechanism for effective engagement with our customers to identify support needs. 3b Improve mechanisms for regular updating ICT resource plans 3c Service plans/Project Plans identify where and when IT professional input is required.
Benefit	• Increase automation of processes and streamline workflow. • Improved access to digital information and acceptable system response times. • Improved flexibility of accessing information. • Increases the security of information. • Improved communication technology will allow services greater flexibility. • Minimising risk of loss of information. • Improved access to information. • Compliance with legal requirements on data management. • Improve organisation business continuity and ability to recover from a disaster.	• Attract a high quality workforce. • Joint working with key services will support inward investment and business growth. • Assess to content rich information to support improved learning. • Improved succession planning ensuring skills are available locally.	• A fit for purpose ICT service that meets the needs of our customers • Ensuring services regular consider ICT solutions • Integration success is enhanced through ICT involvement. • Availability of ICT skills and capacity can be planned more effectively.

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What difference this will make?

- Through "SharePoint" staff can find the relevant information, far quicker and easier, therefore reducing downtime in locating information.

- Improvements in the speed and connectivity of Broadband, coupled with improved management systems will significantly reduce the travel needed to access services and information and improve decision making in a timely manner.

- Managing changes within organisations will be improved by IT services becoming involved far earlier in the project planning phase, so that advice and guidance can be given at the appropriate time.

- By Powys "growing its own" ICT professionals through an effective apprenticeship programme it will ensure there is appropriate skills available to take forward initiatives.

- By ensuring there is a modern ICT infrastructure it will improve Powys' ability to retain business, attract further business and skilled staff.

- If there is a Cyber-attack on the systems in Powys, we will be more resilient to counter any attack, resume service quickly and recover any data that may have been affected.

Note: An operational overview can be viewed in Appendix 1 providing greater detail

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The Powys ambition for a planned future:

> Joint planning, partnership working and stakeholder engagement at local, regional and national level will ensure that opportunities and ambitions outlined in key strategies are prioritised, with effective ICT planning.

Outcomes

| 1) IT information systems across organisations/services become joined up | 2) Reduced digital exclusion | 3) Secure appropriate levels of investment to -maintain effective ICT systems and infrastructure -support new developments | 4) There is a culture of ensuring ICT programmes are not viewed in isolation from wider service changes |

We will do this by.....

1)
1a Implement the Powys Enterprise Resource Planning and rationalise legacy systems.
1b Have integrated systems by design
1c Explore ways of sharing systems and processes across organisations.
1d Continue to improve the ICT governance framework and service management framework across the Health Board and Council.

2)
2a Ensure that service plans cater for customers who are currently digitally excluded.
2b Strengthen links with business, education and community providers to improve digital inclusion

3)
3a Strengthening project management proposals across the organisations to clearly identify ICT requirements.
3b Strengthening the process for developing business cases for ICT solutions.
3c Develop and monitor an ICT financial investment plan that reports holistically on business as usual finance and new developments
3d Improve links with Welsh Government on the financial implications of National ICT projects.
3e Have a sustainable ICT infrastructure and support.
3f Control spend of ICT within Council and Health Board.

4)
4a Training programmes for ICT staff include a wider understanding of cultural impacts on service developments and joint working and commissioning.
4b Revise the current ICT business case template to include better understanding of change processes
4c Project governance arrangements are strengthened with greater service ownership

Benefit

1)
- Improved governance will aid a better understanding, decision making and engagement across the organisations.
- Sharing information in a streamlined manner will be quicker and more effective
- Reduction in technical refresh costs
- Reduction in the reliance of standalone departmental systems
- Common standards across both organisations can be adopted.

2)
- Greater numbers can access digital services.
- External bodies have a better understanding of planned ICT intent to support customers.

3)
- Improve planning by identifying needs in a holistic way.
- A better understanding of needs and potential costs will improve decision making.
- An ICT Investment plan will ensure organisations and politicians can balance finance against priorities.
- Improve relationships at a National level will ensure finance is appropriately targeted.

4)
- Greater numbers can access digital services.
- External bodies have a better understanding of planned ICT intent to support customers.

18

What difference this will make?

- Last year over 3 dozen IT systems were decommissioned and users were encouraged to review their business processes. This will continue as it has highlighted that it will lead to reduced costs, more effective business processes, and release ICT staff to work on other systems. .

- Effective governance arrangements will lead to greater sharing of information and understanding of service pressures and processes that currently exist that need transforming.

- Improving change processes for all staff will allow for improved understanding of needs, pressure points and overall project planning

- Changes to the way in which finance is bid for and monitored will improve key decision makers understanding of the holistic requirements and competing priorities for funding

- WCCIS is an example of a joined up system whereby health and social care staff can access records across both services which will improve decision making and support to customers.

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Note: An operational overview can be viewed in Appendix 1 providing greater detail

Effective governance is fundamental to the success of any strategy. It is important that the strategy is correctly implemented and monitored so that the governance process enables high quality decisions to be made at the right time. This strategy needs to be viewed as a roadmap for success, and like all roadmaps, sometimes there are unforeseen routes, obstacles, and opportunities (particularly in the technological word) that warrant different routes and different approaches.

Whilst both Health Board and the Council need to be accountable for the success of this strategy, the governance administration clearly lay within the ICT Department. The governance for ICT must improve and act as a gateway for investment decisions, ICT standards; and ensure different information technology systems and software applications communicate, exchange data, and use the information that has been exchanged (interoperability)

New governance arrangements need to be agreed to ensure:
- Efficiency- through applying interoperability, standards and good investment decisions resources can be deployed in the most cost effective manner.
- Security- ensuring products are secure in an environment of increasing Cyber threats.
- Sustainability- ensuring we are procuring systems that are sustainable in terms of support and 3rd party viability

It is our intention that anyone affected by this strategy will be given the opportunity to participate in the governance process. This will happen in a number of ways

- A formal Board will be established to monitor the progress of the strategy in detail
- Bi Annual progress reports will be provided to the Council and PTHB
- Quarterly briefing notes will be provided on the progress of each of the key priority areas.
- The ICT division will introduce regular feedback sessions in each of the projects they are undertaken and the learning fed back into the process.

Whilst there is collective responsibility for the achievement of this strategy, there is also a need to designate specific responsibility for its monitoring. This will be undertaken by the ICT Department and specifically the ICT Strategy and Governance Manager. The post holder will be responsible for continually horizon scanning for intelligence that will help implement, monitor and update the strategy.

Conclusion

The Strategy sets out the vision to enable Powys to adopt a truly Digital First approach. The needs of the Individual is paramount in all the proposed developments and reflect the analysis we have undertaken of service challenges, and opportunities, as well as national direction in a number of policy areas. Some of the priorities build on work started during the existing plan and will therefore progress throughout this strategy, whilst others are new and reflective of emerging opportunities and improvements needed.

At its core, ICT is a key enabler to strategic change as well as a key component of current operational delivery of services. We need to continually review this strategy and would welcome regular input from staff and citizens on areas for improvement. For any comments please email Ellen Sullivan- ICT Strategy and Governance Manager at
ellen.sullivan@powys.gov.uk

APPENDICES

The table below gives key operation detail for the ambition of Information for You:

Links to Outcome & Objectives	2017/2018 Activity	17/18 Investment (funding stream)	2018/2019 Activity	18/19 Investment (funding stream)	2019/20/21 Activity/funding
1a 3a 3c	**Health on Line** • Implemented and rolled out	• Nationally funded- no local funding required for implementation	• Investigate the roll-out of further Health online functions.	Potential funding gap in if additional functions/services are required (Cost of this will be part of investigatory work for 18/19)	Future direction of work is to be determined
1a 3a 3c	**Choose Pharmacy** • Choose Pharmacy (National solutions) • Implemented and rolled out	• Nationally funded- no local funding required for implementation	• Investigate the potential for Pharmacies to use additional services as part of Choose Pharmacy.	Potential funding gap in if additional functions/services are required (Cost of this will be part of investigatory work for 18/19)	Future direction of work is to be determined
1c 2b 3b	**Wi-Fi Coverage** • • Wi-Fi Blanket coverage for all main Council sites	• 350K secured to complete Blanket Wi-Fi (which includes switch replacement upgrades and other hardware replacements)Funded buy PCC			Future direction of work is to be determined

Links to Outcome & Objectives	2017/2018 Activity	17/18 Investment (funding stream)	2018/2019 Activity	18/19 Investment (funding stream)	2019/20/21 Activity/funding
1c 2b 3b	• • Commission and Implement ICT infrastructure for introduction of Wi-Fi in community hospitals/ surgery's to support the roll out of WCCIS.	• 55k funding secured via PTHB Capital WCCIS funding	• Continue Roll out of outstanding Wi-Fi areas (linked to WCCIS) • Explore coverage for other Health sites	Residue spend from 55k funding 17/18 secured via PTHB Capital WCCIS funding	Future direction of work is to be determined
1a 1b 1d 3a 3c	• Telehealth Programme, the below projects need evaluating/progressing and rolling out. • Florence • Invest in your health • Telehealth carts • Mental health-CBT online	• This needs to be progressed by the service areas, with IT supporting. The amount of funding required is dependent on the progress and development of the project so it is hard to estimate a cost	Telehealth Programme, the below projects need evaluating/progressing and rolling out. • Florence • Invest in your health • Telehealth carts • Mental health-CBT online	This needs to be progressed by the service areas, with IT supporting. The amount of funding required is dependent on the progress and development of the project so it is hard to estimate a cost	Explore requirements to Implement future 'information for you' National products.
3d	• Develop Powys Council policies and procedures to support the individual's rights under the general data protection regulation. (GDPR)	• 57k funding secured by PCC to provide direct support	• Explore and build a platform to access information efficiently and effectively to support the individual's rights under the general data protection regulation	PCC Funding to be secured	
3d	• Undertaking information asset audit in service areas to develop detailed GDPR action plans	• PCC Internal resource cost			

Links to Outcome & Objectives	2017/2018 Activity	17/18 Investment (funding stream)	2018/2019 Activity	18/19 Investment (funding stream)	2019/20/21 Activity/funding
3d	• Develop Powys School policies and procedures to support the individual's rights under the general data	• 100k funding to be secured from schools to provide direct support	• Explore and build a platform to access information efficiently and effectively to support the individual's rights under the	PCC Funding to be secured	
			• Establish a plan with Regeneration for priority roll out of digital enabled buildings.	PCC Internal resource cost- work will be completed in partnership with Regeneration.	Future direction of work is to be determined
3d			• Review current usage, undertake gap analysis of ICT support to schools	PCC Internal resource cost- Following gap analysis funding may be required.	Future direction of work is to be determined
1a 1d 3c	**Web Project** • Support for customer-service transformation	• 2 x developers internal resource	• Continue roll out	PCC 2 x developers-41k x2= 82k	Future direction of work is to be determined
1a 3c	**HTR Digital Transformation** • Development of HTR Digital transformation Plan.	• PCC- internal resource	• Support HTR Digital Transformation	PCC- Cost unknown and not secured- TBC	

The table below gives key operation detail for the ambition of supporting the professional:

Links to Outcome & Objectives	2017/2018 Activity	17/18 Investment (funding stream)	2018/2019 Activity	18/19 Investment (funding stream)	2019/20/21 Activity/funding
1a 1b 1c 1f	**SharePoint Project** • Team sites created and rolled out across PCC	• £165k funded from PCC Capital funding	• SharePoint Project • Review success of roll out and define new functionality.	100k funded from PCC Capital funding	SharePoint Project Review success and explore further development.
1a 1c 1e	**WCCIS** • Continue rollout to PTHB and improved functionality for Social Care	• PCC/PTHB-£1,200.00	• WCCIS • Continue rollout to PTHB and improved functionality. • Evaluate success and benefits of WCCIS.	PCC/PTHB -£1,100.00	WCCIS Continue to evaluate and improve.
1a 4c	• PTHB Mobile replacement • Replace all Blackberry phones with Smartphones	• PTHB 30K funding secured	Combined Mobile phone project Explore option of moving MDM to EMS as part of 0365 migration.	PTHB funding to be secured	Future direction of work is to be determined
1d	• IT Disaster/Business continuity • Review and update PCC ICT Disaster/Business Continuity plan	• PCC Internal resource cost	IT Business continuity Review and update PTHB ICT business Continuity plan	PCC Internal resource cost	Future direction of work is to be determined

Links to Outcome & Objectives	2017/2018 Activity	17/18 Investment (funding stream)	2018/2019 Activity	18/19 Investment (funding stream)	2019/20/21 Activity/funding
1a 4c	**Voip** • Voip Project- PCC- Implementation and roll out. • Develop business case and secure funding for roll out of VOIP- Telephony system across PTHB, including the replacement of the Avaya system	• Voip PCC implementation fully funded by PCC -£150k	• Implement and roll-out Voip - Telephony system across PTHB	Approx. £500K required- Funding to be secured from PTHB	Future direction of work is to be determined
2a	**ICT Staff Training** • Update Training needs analysis and develop ICT staff training plan	• PCC/PTHB funding secured 20k	**ICT Staff Training** • Review and continue to implement ICT staff training plan	PCC/PTHB funding secured 20k	Future direction of work is to be determined
1c 2b 2c 4a 4b	**Metrics** • Introduce a metrics system for analysing incident reporting	• PCC Internal resource cost	**Metrics** Embed performance management across IT Teams	PCC Internal resource cost	Future direction of work is to be determined
1a 3a 3b	**Schools Transformation Project** • LIDW • Migration of Schools email to O365	• Cost of HWB unknown until gap analysis completed	• Review current usage, undertake gap analysis, of School support	Cost of HWB unknown until gap analysis completed	Future direction of work is to be determined

Links to Outcome & Objectives	2017/2018 Activity	17/18 Investment (funding stream)	2018/2019 Activity	18/19 Investment (funding stream)	2019/20/21 Activity/funding
1c 4c	**Develop Service Management Board**	• PCC/PTHB Internal resource cost	• Develop a customer engagement plan. • Develop a digital first promotional plan • Promote customer engagement through ICT governance	PCC/PTHB Internal resource cost	Future direction of work is to be determined
1a	• Welsh Language • Pilot Welsh translation of Trent & implement	• PCC £4,500k fully funded			
1b	• Finance System • Re-procurement of Finance system	• PCC £300K secured	Implementation of new Finance system	Future funding/costs to be secured.	
1b 4c	**Re-procurement of housing system** • Development of Housing specification	• PCC Internal resource cost	**Re-procurement of housing system** • Implementation of new system	PCC Costs tbc, funding not secured.	
1b 1f 4c	**Planning and Building Control** • IDOX- Re-procurement of system	• PCC internal resource cost	**Planning and Building Control** • Implementation of new system.	PCC Costs/funding tbc	

Links to Outcome & Objectives	2017/2018 Activity	17/18 Investment (funding stream)	2018/2019 Activity	18/19 Investment (funding stream)	2019/20/21 Activity/funding
1b 4c	**HTR Digital Transformation** Development of HTR Digital transformation Plan.	• PCC- internal resource	• Support HTR Digital Transformation	PCC- Cost unknown and not secured- TBC	Future direction of work is to be determined
1b 4c	**HTR Digital Transformation** • Development of HTR Digital transformation Plan.	• PCC- internal resource	• Support HTR Digital Transformation	PCC- Cost unknown and not secured- TBC	Future direction of work is to be determined
			Welsh Image Archive System Implement if Nationally available	£28k PTHH funding to be secured	Future direction of work is to be determined
1b 1c 1e	**Welsh Clinical Communication Gateway** • Further engagement/ support with the remaining Practices to encourage take-up	• PCC/PTHB Internal resource cost	**Welsh Clinical Communication Gateway** • Continue with engagement/ support, aim to achieve 100% take-up in General Practices across Powys	PCC/PTHB Internal resource cost	
1b 4c			**WCP Test Requesting** • Implement if available in Powys	£18K PTHB Funding to be secured.	Future direction of work is to be determined

Links to Outcome & Objectives	2017/2018 Activity	17/18 Investment (funding stream)	2018/2019 Activity	18/19 Investment (funding stream)	2019/20/21 Activity/funding
1a 1b 4c					**Welsh Patient Referral Service** Implement if available in Powys. 19/12- £18k PTHB- Funding to be secured
1b 1e 4c					**Welsh Care Records Service** Complete rollout 19/20- £18K PTHB- Funding to be secured.
1b	**Children and Young Persons Integrated System (CYPrIS)** Implementation of CYPrIS.	• £10K PTHB funding to be secured.			
1e	**GP "Next Generation" Systems** • Re-procurement of system.	• NWIS to project manage. No local resource required.	**GP "Next Generation" Systems** • Complete rollout to Practices who opt to change their clinical system.	NWIS to project manage the installations. No local resource required.	
1a 1b 1c	**Welsh Clinical Portal (WCP)** • • MTeD – rollout • • WGPR – rollout	• 17/18/19- £83K PTHB, funding secured.	**Welsh Clinical Portal (WCP)** • MTeD – Complete rollout • WGPR – Complete rollout	17/18/19- £83K PTHB, funding secured.	Future direction of work is to be determined

Links to Outcome & Objectives	2017/2018 Activity	17/18 Investment (funding stream)	2018/2019 Activity	18/19 Investment (funding stream)	2019/20/21 Activity/funding
1e 4c	• WRRS – rollout		• WRRS – Complete rollout		
1b 1c 1e 4c	**Cross Border** • eReferrals – complete implementation • eDischarges – initiated	• See total costs in 18/19	**Cross Border** • eDischarges – Complete implementation	17/18/19 Pooled fund- SaTH- No additional costs. £41k carried forward (unless work is completed in 17/18) secured WVT- No funding required RJAH- No additional costs. £41k carried forward (unless work is completed in 17/18) Project Manager support- 0.5 WTE (£24k) secured	Future direction of work is to be determined
TBC	**NIIAS** Complete implementation	• PCC Internal resource cost			
TBC	**ICNet** • Complete implementation	• PTHB- 30K-funding secured • Hardware £25k (Quality & Safety team funded through)			

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Links to Outcome & Objectives	2017/2018 Activity	17/18 Investment (funding stream)	2018/2019 Activity	18/19 Investment (funding stream)	2019/20/21 Activity/funding
1a 1b 4c	**GP2GP** Complete Implementation	• Managed by NWIS No local costs.			
1b 4c	**GP Test Requesting** • Results reporting – Aim to complete implementation	• Results Reporting is funded already, included in WCP costs above	**GP Test Requesting** • Test requesting – Aim to complete implementation	20k PTHB-Funding to be secured.	

The table below gives key operation detail for the ambition of Improvement and Innovation:

Links to Outcome & Objectives	2017/2018 Activity	17/18 Investment (funding stream)	2018/2019 Activity	18/19 Investment (funding stream)	2019/20/21 Activity/funding
1a 2a	**Wi-Fi** • Wi-Fi Blanket coverage for all main Council sites	• 17/18, 18/19 350K secured to complete Blanket Wi-Fi (which includes switch replacement upgrades and other hardware replacements)			Future direction of work is to be determined
1a 2a	• Commission and Implement ICT infrastructure for introduction of Wi-Fi in community hospitals/ surgery's to support the roll out of WCCIS.	• 55k funding secured via PTHB Capital WCCIS funding	• Continue Roll out of outstanding Wi-Fi areas (linked to WCCIS) • Explore coverage for other Health sites	Residue spend from 55k funding 17/18 secured via PTHB Capital WCCIS funding	Future direction of work is to be determined
1b 1d 1f			• PTHB Data Centre Migration to the cloud	PTHB £60k (one off cost) £40k (annual costs for hosting and PSBA)- No funding secured	PCC Data Centre Migration to the cloud 19/20- PCC £60k (one off cost) £40k (annual costs for hosting and PSBA) No funding secured
1b 1d	**IT Disaster/Business continuity** • Review and update PCC ICT Disaster/Business Continuity plan	• PCC Internal resource cost	**IT Business continuity Review and update** PTHB ICT business Continuity plan	PCC Internal resource cost	Future direction of work is to be determined

Links to Outcome & Objectives	2017/2018 Activity	17/18 Investment (funding stream)	2018/2019 Activity	18/19 Investment (funding stream)	2019/20/21 Activity/funding
1e	**Replacement of Core Switch**	• PCC Capital- £150k funding secured.			
1b 1d	**Cyber security** • PCC/PTHB Cyber security strategy and Action plan developed	• PCC Internal resource cost	• Implement Cyber security action plan	PCC-100k- funding secured PTHB-100k- funding to be secured.	Future direction of work is to be determined
1c	**Voip roll-out** • Voip Project- PCC- Implementation and roll out. • Develop business case and secure funding for roll out of VOIP- Telephony system across PTHB, including the replacement of the Avaya system	• Voip PCC implementation fully funded by PCC -£150k	• Implement and roll-out Voip - Telephony system across PTHB	Approx. £500K required- Funding to be secured from PTHB	Future direction of work is to be determined
1a	**Email project-** PCC Office 365	• PCC- £120K funding secured.	Email project- PTHB Office 365	PTHB- no funding secured.	
1c 1g	SharePoint Project Team sites created and rolled out across PCC	• £165k funded from PCC Capital funding	SharePoint Project Review success of roll out and define new functionality.	100k funding secured from PCC Capital	**SharePoint Project** Review success and explore further development.

Links to Outcome & Objectives	2017/2018 Activity	17/18 Investment (funding stream)	2018/2019 Activity	18/19 Investment (funding stream)	2019/20/21 Activity/funding
1g			• Review/update Active Directory and group policy PCC/ PTHB	PCC/PTHB- Cost to be confirmed/ funding to be secured.	
1a 1b 1d 1e 1f 2a	**Modernisation of Infrastructure** • Rolling 5 year programme Server replacements, switch replacement etc	• PCC-£474k- funding secured. • PTHB- £117k- funding to be secured.	Modernisation of Infrastructure Rolling 5 year programme Server replacements, switch replacement etc	PCC- £362K-bid submitted. PTHB- £134- bid submitted PCC £75K required for implementation of the above-funding to be secured.	Modernisation of Infrastructure Rolling 5 year programme Server replacements, switch replacement etc PCC- £12k- bid submitted. PTHB-£112K- bid submitted
3a 3c 3b	**Develop Service Management Board**	• PCC/PTHB Internal resource cost	• Develop a customer engagement plan. • Develop a digital first promotional plan • Promote customer engagement through ICT governance	PCC/PTHB Internal resource cost	Future direction of work is to be determined
2c			ICT Apprenticeship Programme fully scoped and implemented	PCC Internal resource cost to scope.PCC cost to implement tbc	Future direction of work is to be determined
2b			• stablish a plan with Regeneration for priority roll out of digital enabled buildings.	PCC Internal resource cost- work will be completed in partnership with Regeneration.	Future direction of work is to be determined

The table below gives key operation detail for the ambition of A Planned Future:

Links to Outcome & Objectives	2017/2018 Activity	17/18 Investment (funding stream)	2018/2019 Activity	18/19 Investment (funding stream)	2019/20/21 Activity/funding
1a 1b 1c 3e	**System rationalisation** Continue to rationalise IT systems	• PCC-Internal resource cost	**System rationalisation** Continue to rationalise IT systems	PCC-Capital resource cost	**System rationalisation** Continue to rationalise IT systems PCC-resource cost
1d 3a 3b			**Governance** Complete a review of the ICT Governance arrangements	PCC/PTHB-Internal resource cost	Future direction of work is to be determined
1d 3a 3c 3d 3f	**Planning processes/ engagement** Develop Service Management Board	• PCC/PTHB Internal resource cost	**Planning processes/ engagement** Complete a review of business and planning process for ICT and implement recommendations	PCC/PTHB-Internal resource cost	Future direction of work is to be determined
4a	**ICT Staff Training** Update Training needs analysis and develop ICT staff training plan	• PCC/PTHB funding secured 20k	**ICT Staff Training** Review and continue to implement ICT staff training plan	PCC/PTHB funding secured20k	Future direction of work is to be determined

Links to Outcome & Objectives	2017/2018 Activity	17/18 Investment (funding stream)	2018/2019 Activity	18/19 Investment (funding stream)	2019/20/21 Activity/funding
2a 2b			**Digital inclusion** Commission work to develop a greater understand of the community support network to aid digital inclusion and develop plan to meet needs	18/19- PCC/PTHB 50k- Funding to be secured.	
1c			Direct Access	18/19- PCC-Internal resource cost	

Please see below a list of outcomes from a range of local strategies that we will aim to contribute to through our work detailed within this Joint ICT strategy.

PSB wellbeing plan

Objective 1
• People have a great work/life balance using the digital technologies on offer in Powys to work more flexibly and be connected worldwide.

Objective 2
• Residents adopt healthy living habits and take responsibility for their own health and well-being
• Digital technologies help people to connect with friends and loved ones, access information and advice, stay healthy and feel safe in their own homes and communities
• Advances in digital technologies enables healthy living, making Powys a great place to live
• Health and care initiatives have reduced ill health and allow people to re-connect and contribute in their communities

Objective 4
• Community hubs exist across the county offering residents a mix of services all under one roof reducing the need for people to travel to several places.

IMTP- Summary Digital Health care Plan

• Services and staff are supported with a modern and efficient infrastructure
• Improved coordination of information, referrals and patient records
• Care closer to home supported by effective and innovative technology

Vison 2025

• A greater supply and mix of suitable work space to support employment
• Powys is established as an innovation base for learning, skills and research
• Technology enables people to self-care and remain independent
• More job opportunities and apprenticeships for young people
• Young people, adults and families are able to create the foundations of good health throughout their life
• Significant investment in integrated health and care facilities and infrastructures

- Health and Care teams work seamlessly with people, getting things right first time
- Young people, adults and families have a fully integrated experience of health and care
- Accessible and equitable services fit around people's busy lives
- High quality teaching and learning environments embrace new technology for the population
- Pupils have access to remote/alternative learning opportunities
- Communities have an active role in the design and delivery of the services they need

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Impact Assessment (IA)
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This **Impact Assessment (IA)** toolkit, incorporating Welsh Language, Equalities, Well-being of Future Generations Act, Sustainable Development Principles, Communication and Engagement, Safeguarding, Corporate Parenting, Community Cohesion and Risk Management, supporting effective decision making and ensuring compliance with respective legislation.
Please read the accompanying guidance before completing the form.
Draft versions of the assessment should be watermarked as "Draft" and retained for completeness. However, only the final version will be made publicly available. Draft versions

Service Area	ICT	Head of Service	Andrew Durant	Strategic Director	Mark Evans	Portfolio Holder	Cllr James Evans
Proposal		Joint ICT Strategy					

Outline Summary / Description of Proposal

This is the impact assessment of the Joint ICT Strategy. The ICT Joint Strategy is a refresh of the 2016-18 joint strategy between Powys County Council (PCC) and Powys Teaching Health Board (PTHB) and details the ICT roadmap for the next three years.

1. Profile of savings delivery (if applicable)

2018-19	2019-20	2020-21	2021-22	2022-23	TOTAL
£n/a	£n/a	£n/a	£n/a	£n/a	£n/a

2. Consultation requirements

Consultation Requirement	Consultation deadline	Feedback considered
Staff consultation required	13/12/17	Yes

3. Version Control (services should consider the impact assessment early in the development process and continually evaluate)

Version	Author	Job Title	Date
1	Ellen Sullivan	ICT Strategy and Governance Manager	11/01/18
2	Ellen Sullivan	ICT Strategy and Governance Manager	29/01/18

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4. Impact on Other Service Areas

Does the proposal have potential to impact on another service area? (Including implication for Health & Safety and Corporate Parenting) PLEASE ENSURE YOU INFORM / ENGAGE ANY AFFECTED SERVICE AREAS AT THE EARLIEST OPPORTUNITY
The strategy will not impact negatively on services areas. Through the work detailed within the strategy services will be impacted positively through improved infrastructure, customer satisfaction and improved ICT support.

Service Area informed:		Contact Officer liaised with:	
Mitigation			

5. How does your proposal impact on the council's strategic vision?

Council Priority	How does the proposal impact on this priority?	IMPACT Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT AFTER MITIGATION Please select from drop down box below
The Economy **We will develop a vibrant economy**	• A greater supply and mix of suitable work space to support employment • Powys is established as an innovation base for learning, skills and research • More job opportunities and apprenticeships for young people	Good		Choose an item.

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Council Priority	How does the proposal impact on this priority?	IMPACT Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT AFTER MITIGATION Please select from drop down box below
Health and Care **We will lead the way in effective, integrated rural health and care**	• Technology enables people to self-care and remain independent • Young people, adults and families are able to create the foundations of good health throughout their life • Significant investment in integrated health and care facilities and infrastructures • Health and Care teams work seamlessly with people, getting things right first time • Young people, adults and families have a fully integrated experience of health and care • Accessible and equitable services fit around people's busy lives	Very Good		Choose an item.
Learning and skills **We will strengthen learning and skills**	• High quality teaching and learning environments embrace new Learning technology for the population • Pupils have access to remote/alternative learning opportunities	Good		Choose an item.
Residents and Communities **We will support our residents and communities**	• Communities have an active role in the design and delivery of the services they need	Good		Choose an item.

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Source of Outline Evidence to support judgements
The Joint ICT Strategy has Four key Priority areas. These areas have a total of 13 outcomes which intern has a number of objectives detailing how we propose to meet out outcomes. These outcomes and objectives have been cross referenced with the 4 council priorities listed above and have been determined through a planning process including desk top research, planning workshops and consultation.

6. How does your proposal impact on the Welsh Government's well-being goals?

Well-being Goal	How does proposal contribute to this goal?	IMPACT Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT AFTER MITIGATION Please select from drop down box below
A prosperous Wales: An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.	By aiming to achieve the following outcomes: • Digitally enabled building that increase, employment/business/Social opportunities • New technology supports the delivery of High quality teaching and learning environments • Powys is established as an innovation base for learning, skills and research Through…… • Ensuring schools maximise capabilities available through the national digital learning systems • Contributing to the creation of digitally enabled buildings • Continuing to review and develop appropriate plans for upskilling support staff. • Strengthening links with economic develop	Good		Choose an item.

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Well-being Goal	How does proposal contribute to this goal?	IMPACT Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT AFTER MITIGATION Please select from drop down box below
	services, internally and externally. • Exploring the potential for establishing an apprenticeship programme for ICT. • Developing Training programmes for ICT staff include a wider understanding of cultural impacts on service developments and joint working and commissioning.			
A resilient Wales: A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change).	*proposal neither undermines or contributes to this aspect*	Neutral		Choose an item.
A healthier Wales: A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.	By aiming to achieve the following outcomes: • People **use** technology to support independence and promote well-being • Citizens have **access** to digital technology to promote Well Being. Through...... • Improving digital access for public self-service and telehealth technology. • Continuing to develop digital apps, wearable devices and online resources • Using information and electronic records to	Good		Choose an item.

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Well-being Goal	How does proposal contribute to this goal?	IMPACT Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT AFTER MITIGATION Please select from drop down box below
	collaborate fully with citizens. • Establishing a mechanism for effective engagement with our customers to identify support needs.			
A Wales of cohesive communities: Attractive, viable, safe and well-connected Communities.	By aiming to achieve the following outcomes: • Digitally **enabled** building that increase, employment/business/Social opportunities • Powys is established as an innovation base for learning, skills and research • Reduced digital exclusion Through….. • Contributing to the creation of digitally enabled buildings • Strengthening links with economic develop services, internally and externally. • Ensuring that service plans cater for customers who are currently digitally excluded.	Good		Choose an item.
A globally responsible Wales: A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account	*proposal neither undermines or contributes to this aspect*	Neutral		Choose an item.

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Well-being Goal	How does proposal contribute to this goal?	IMPACT Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT AFTER MITIGATION Please select from drop down box below
of whether doing such a thing may make a positive contribution to global well-being.				
A Wales of vibrant culture and thriving Welsh language: A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.				
Opportunities for persons to use the Welsh language, and treating the Welsh language no less favourable than the English language	Key principle in the ICT Strategy is… • Future changes to ICT systems will be bi-lingual by design.	Good		Choose an item.
Opportunities to promote the Welsh language	Key principle in the ICT Strategy is… • Future changes to ICT systems will be bi-lingual by design.	Good		Choose an item.
Welsh Language impact on staff	Key principle in the ICT Strategy is… • Future changes to ICT systems will be bi-lingual by design.	Good		Choose an item.
People are encouraged to do sport, art and recreation.	*proposal neither undermines or contributes to this aspect*	Neutral		Choose an item.
A more equal Wales: A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances).				
Age	*proposal neither undermines or contributes to this aspect*	Neutral		Choose an item.
Disability	*proposal neither undermines or contributes to this aspect*	Neutral		Choose an item.
Gender reassignment	*proposal neither undermines or contributes to this aspect*	Neutral		Choose an item.
Marriage or civil partnership	*proposal neither undermines or contributes to this aspect*	Neutral		Choose an item.

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Race	proposal neither undermines or contributes to this aspect	Neutral		Choose an item.
Religion or belief	proposal neither undermines or contributes to this aspect	Neutral		Choose an item.
Sex	proposal neither undermines or contributes to this aspect	Neutral		Choose an item.
Sexual Orientation	proposal neither undermines or contributes to this aspect	Neutral		Choose an item.
Pregnancy and Maternity	proposal neither undermines or contributes to this aspect	Neutral		Choose an item.

Source of Outline Evidence to support judgements

The Joint ICT Strategy has Four key Priority areas. These areas have a total of 13 outcomes which intern has a number of objectives detailing how we propose to meet out outcomes. These outcomes and objectives have been cross referenced against the above Well-being goals and have been determined through a planning process including desk top research, planning workshops and consultation.

. How does your proposal impact on the council's other key guiding principles?

Principle	How does the proposal impact on this principle?	IMPACT Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT AFTER MITIGATION Please select from drop down box below
Sustainable Development Principle (5 ways of working)				
Long Term: *Looking to the long term so that we do not compromise the ability of future generations to meet their own needs.*	The ICT Joint Strategy aims to support the digital needs of future generations.	Good		Choose an item.
Collaboration: *Working with others in a collaborative way to find shared sustainable solutions.*	The Joint ICT Strategy is a collaborative approach between Powys County Council and Powys Teaching Health Board. Through the joint partnership we have created opportunities to deliver improved outcomes. Delivery of the outcomes within the strategy are shared encouraging all partners to play an active role in achieving positive outcomes.	Good		Choose an item.

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Principle	How does the proposal impact on this principle?	IMPACT Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT AFTER MITIGATION Please select from drop down box below
Involvement (including Communication and Engagement): *Involving a diversity of the population in the decisions that affect them.*	Staff across Powys Council and Powys Teaching Health Board have been engaged and communicated with regards to the revised ICT Strategy. A staff consultation has taken place and feedback has been incorporated into the Strategy.	Good		Choose an item.
Prevention: *Understanding the root causes of issues to prevent them from occurring.*	There is a good understanding of the 'need' and the 'root causes' of issues. This is detailed within the strategy via 'digital inclusion in Powys', the 'wider business environment' and a number of objectives reflecting the need to have a fit, robust and safe infrastructure with appropriate levels of investment	Good		Choose an item.
Integration: *Taking an integrated approach so that public bodies look at all the well-being goals in deciding on their well-being objectives.*	As with collaboration, integration is seen as key in delivering the outcomes within the strategy. Powys ICT provide an integrated service between Powys Council and Powys Health. The outcomes/objectives within the strategy meet this principle by ensuring that we work in partnership with a range of service areas, ensuring that we considering and where possible contributing to common goals	Good		Choose an item.
Preventing Poverty: Prevention, including helping people into work and mitigating the impact of poverty.	*proposal neither undermines or contributes to this aspect*	Neutral		Choose an item.
Unpaid Carers: Ensuring that unpaid carers views are sought and taken into account	*proposal neither undermines or contributes to this aspect*	Neutral		Choose an item.

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Principle	How does the proposal impact on this principle?	IMPACT **Please select from drop down box below**	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT **AFTER MITIGATION** **Please select from drop down box below**
Safeguarding: Preventing and responding to abuse and neglect of children, young people and adults with health and social care needs who can't protect themselves.	*proposal neither undermines or contributes to this aspect*	Neutral		Choose an item.
Impact on Powys County Council Workforce	The strategy aims to enable a digital workforce where applicable.	Very Good		Choose an item.

Source of Outline Evidence to support judgements
The Joint ICT Strategy has Four key Priority areas. These areas have a total of 13 outcomes which intern has a number of objectives detailing how we propose to meet out outcomes. These outcomes and objectives have been cross referenced against the above Well-being goals and have been determined through a planning process including desk top research, planning workshops and consultation.

8. Achievability of proposal?

Impact on Service / Council	Risk to delivery of the proposal	Inherent Risk
Low	Medium	Low
Mitigation		
n/a		

9. What are the risks to service delivery or the council following implementation of this proposal?

Risk Identified	Inherent Risk Rating	Mitigation	Residual Risk Rating
Ambitious in the number of outcomes seeking to achieve	Medium	**Monitor and review progress and if required reconsider number of outcomes**	Low

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Dependant of sufficient funding to sustain a fit, robust and secure infrastructure	Medium	**Improve planning and ensure suitable funds are secured to maintain/improve our current infrastructure**	Low
Adequate workforce skills to maintain/develop infrastructure/systems/programmes	Medium	**Skills gap analysis to be updated, continued staff training to upskill were applicable.**	Low

Overall judgement (to be included in project risk register)			
Very High Risk	**High Risk**	**Medium Risk**	**Low Risk**
		x	

10. Indicative timetable for actions to deliver change proposal, if approved

Action	Target Date	Outcome	Decisions made
Develop reporting framework to monitor progress	May 18	Performance frame work	n/a
Continue to review ICT Strategy/ICT plans etc	On-going	Suitable funding secured	n/a
Complete updates skills analysis	Summer 18	Robust ICT workforce plans	n/a
Portfolio Holder decision required	No	**Date required**	n/a
Cabinet decision required	No	**Date required**	n/a
Council decision required	No	**Date required**	n/a

11. Indicative resource requirements (FTE) – link to Resource Delivery Plan

	2018-19				2019-20				2020-21			
Support Requirements	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
The ICT strategy has a delivery plan, which the resource requirements will be defined and agreed as part of the plan. Resource requirements will be dependent on individual projects.												

12. Overall Summary and Judgement of this Impact Assessment?

Outline Assessment (to be inserted in cabinet report)	Cabinet Report Reference:	

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The overall judgement of this impact assessment is that the Joint ICT Strategy is overall **'good'** in ensuring that it contributes to the plans/legislation/polices of the Council and supports effective decision making, ensuring compliance with respective legislation.

The overall risk identified in this impact assessment is **'Medium'**. This is based on the delivery (not the impact) of the strategy:-the ambition of the strategy, the need for adequate funding and an appropriately skilled workforce. Mitigating actions have been identified which will lower the risk to Low. The impact to the service is '**Low'.**

13. Is there additional evidence to support the Impact Assessment (IA)?

What additional evidence and data has informed the development of your proposal?
• Joint ICT Strategy   • Desk top research   • Staff workshops   • Consultation feedback document

14. On-going monitoring arrangements?

What arrangements will be put in place to monitor the impact over time?
• A performance framework will be developed to monitor progress/impact.   • This progress will feed into ICT SMT and other boards of both the Council and Health Boards as and when required e.g. IMTG, CMT, and Executive Board.   • The Joint ICT Strategy will be reviewed on an annual basis

Please state when this Impact Assessment will be reviewed.
Annually through the process of reviewing the Strategy.

15. Sign Off

Position	Name	Signature	Date
Impact Assessment Lead:	Ellen Sullivan		
Head of Service:	Andrew Durant		
Strategic Director:	Mark Evans		
Portfolio Holder:	Cllr James Evans		

16. Governance

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Decision to be made by	Portfolio Holder	Date required	

Principles of sustainability that this strategy has considered:

Long term
taking account of how what we do now may affect communities and services in the future

Preventative
acting to prevent problems occurring or getting worse

Integrated
considering how our well-being objectives contribute to each of the well-being goals, affect our other objectives, or those of other public bodies

Collaborative
working with others to meet our well-being objectives

Involved
involving people in achieving the well-being goals, and ensuring that those people reflect the diversity of the communities in Powys

Appendix one- Please see separate document

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CYNGOR SIR *POWYS* COUNTY COUNCIL

CABINET EXECUTIVE

13th March 2018

REPORT AUTHOR: **County Councillor Aled Davies**

                                Portfolio Holder for Finance

SUBJECT: **Financial Overview and Forecast as at 31st January 2018**

REPORT FOR: **Decision / Discussion / Information**

1.   Summary

1.1   This report provides an update on the revenue spend against budget for the year to date, as at 31st January 2018, and provides an early indication of the 2017/18 end of year financial forecast.

1.2   The report has been prepared on an exceptions basis, using actual variance against budget to define the RAG (Red, Amber, Green and Blue) status of the services' financial position. This method assists in highlighting those service areas with significant pressures which carry the most financial risk to the Authority and where corrective action must be taken to ensure a balanced year end budget, and mitigate any risk for future years.

2.   Revenue

2.1   The projected revenue forecast, is shown in the table below, with a projected overspend of £751k (December £4.536m, before MRP adjustment), excluding Housing Revenue Account (HRA) and Delegated Schools.

Summary Forecast by Directorate	Total Working Budget	Approved Use To / (From) Reserves	Forecast Spend	Variance (Over) / Under Spend	
	£'000	£'000	£'000	£'000	%
People	71,056	2	77,271	(6,215)	(9)
Place	38,359	(3,353)	37,291	1,068	3
Schools	24,590	(1,370)	24,948	(358)	(1)
Resources	17,249	(466)	17,041	208	1
Central Activities	13,277	1,358	13,355	(78)	(1)
Total	**164,531**	**(3,829)**	**169,906**	**(5,375)**	**(3)**
Technical adjustment - MRP			(4,624)	4,624	
Total	**164,531**	**(3,829)**	**165,282**	**(751)**	**(0.5)**
Housing Revenue Account	0	(53)	(284)	284	
Schools Delegated	75,449	(1,884)	75,589	(140)	(0)
Total including HRA and Delegated Schools	**239,980**	**(5,766)**	**240,587**	**(610)**	**(0.2)**

1

2.2   The overspend is largely the result of non-delivery of savings targets. There has been limited improvement in recent months and it is of concern that savings delivery is becoming increasingly difficult.

2.3   The table contained in Appendix A provides a forecast spend by service, against approved working budget, which includes budgeted transfers to / from reserves.   It shows the projected position on both savings delivery and service performance.

3.   Efficiency savings

3.1   The efficiency saving target of £11.78m includes both in year and undelivered previous year targets. For prudency the forecast includes savings that have been achieved or have progressed to a point where there is confidence in final delivery taking place.

3.2   An additional £602k of savings has been achieved during the month; Highways, Transport and Recycling £336k and Adult Social Care £266k, all other Service's unachieved savings remain the same.   To date, £7.799m has been achieved (66% of the total), leaving £3.981m yet to be attained.

Financial Year	Target £'000	Delivered £'000	Variance £'000
2015/16	1,323	165	1,157
2016/17	841	476	365
2017/18	9,616	7,158	2,459
Total	**11,780**	**7,799**	**3,981**

3.3   The table contained in Appendix B provides a service breakdown on the delivery of savings required within the budget.

4   Reserves

4.1   The total revenue reserves held at 1 April 2017, together with the forecast addition/ (use) of reserves during the year and the projected year end balances as at 31st January, are set out in the table in Appendix C.

4.2   The revenue reserves held at the beginning of the year totalled £38.8m, with £8.6m held in the General Reserve and Specific and Ring fenced reserves of £28.4m.

4.3   The forecast use of reserves to support the revenue budget during the year, (excluding Schools and HRA) is £3.8m, a reduction of £4.8m from December, due to the rolling forward of monies in respect of the fleet replacement programme, funded via the Transport and Equipment funding reserve.

4.4   The revised forecast level of General Fund reserve as at 31st January 2018 is 4% of total net revenue budget (excluding Schools and HRA).   This increases to 6.5% if the budget management reserve is included, just over twice the 3% agreed strategy.

2

5   Revenue Forecast

5.1   Appendix A confirms the overspend of £5.375m which reduces to £751k after the MRP adjustments.   The service deficit relates mainly to undelivered efficiency savings of £4m, offset in part by net over/underspends currently projected on service budgets. RAG status has been applied to service variance based on the categories below, and those with a variance calculated at "red" have been explained in more detail.

- **Blue**   **Underspend above 1%**
- **Green**   **+/- 1% (or £0.05m if budget less than £5m)**
- **Amber**   **Overspend of 1-2% (£0.05m - £0.1m if budget less than £5m)**
- **Red**   **Variance above 2% (£0.1m if budget less than £5m)**

6.	**People Directorate**		
		Net Working Budget:	£ 71,056k
		Net Forecast Expenditure:	£ 77,271k
		Variance (Over)/Under Spend:	£ (6,215)k
		December Forecast (Over)/Under Spend:	£ (6,589)k
		Change in Forecast	£ 374k

6.1   Adult Social Care (ASC) - Net Budget £57,108k, Forecast Overspend £(1,032)k

6.1.1   The forecast position has improved by £552k from December and the Service is no longer RAG status RED.   This has been achieved through the delivery of additional savings from reablement and right sizing of packages and the maximisation of grant monies.

6.2   Children's – Net Budget £13,150k, Forecast Overspend £ (5,229)k

6.2.1   The forecast overspend for Childrens Services has increased by £178k to that reported at the end of December, mainly due to additional agency required to increase capacity, to enable delivery of the Childrens Improvement Plan. Finance have been working with the service to fully cost this plan, cross referencing the spend requirements to the recommendations and outcomes in the Improvement Plan. It is likely there will be further costs that are not yet included in the forecast.

.7.	**Place Directorate**		
		Net Working Budget:	£ 38,359k
		Net Forecast Expenditure:	£ 37,291k
		Variance (Over)/Under Spend:	£ 1,068k
		December Forecast (Over)/Under Spend:	£ 810k
		Change in Forecast	£ 258k

7.1   It is worth noting in this area, that additional savings identified from Waste contracts, due to the budgeted provision for the use of external sorting facilities no longer required, have been utilised to offset unachieved savings on Waste collections £121k and Staff Savings £215k.

7.2   The 2016-17 Rhayader Leisure Centre Trust Fund Accounts (the elected members of the Council are the Trustees of the Charity) have been independently examined and were filed with the Charity Commission before the 31st January 2018 deadline.

3

8	**Schools Service** (non delegated)	Net Working Budget	£ 24,590k
		Net Forecast Expenditure	£ 24,948k
		Variance (Over)/Under Spend:	£ (358)k
		December Forecast (Over)/Under Spend:	£ (449)k
		Change in Forecast	£ 91k

9	**Resources Directorate**	Net Working Budget:	£ 17,249k
		Net Forecast Expenditure:	£ 17,041k
		Variance (Over)/Under Spend:	£ 208k
		December Forecast (Over)/Under Spend	£ 222k
		Change in Forecast	£ (14)k

10	**Central Activities**	Net Working Budget:	£ 13,277k
		Net Forecast Expenditure:	£ 13,355k
		Variance (Over)/Under Spend:	£ (78)k
		December Forecast (Over)/Under Spend	£ 1,470k
		Change in Forecast	£ (1,548)k

10.1 The change in forecast on Central relates to the removal of the planned £1m call on reserve to support the deficit and £500k for capitalisation. The latter may still be required at year end to balance the budget, but is not yet accounted for.

10.2 There has been no further decrease due to discounts and exemptions in respect of Council Tax; the surplus remains at £500k.

11	**Schools Delegated**	Net Working Budget:	£ 75,449k
		Net Forecast Expenditure:	£ 75,589k
		Variance (Over)/Under Spend:	£ (140)k
		December Forecast (Over)/Under Spend	£ (67)k
		Change in Forecast	£ (73)k

11.1 The individual Schools Delegated budgets are forecasting a deficit reserves balance at the 31st March 2018 of £1.6m. The figures, where available, incorporates figures provided from the High Schools and the All Through School in accordance with the Scheme for Financing Schools and reflects any update to their previous available forecast year end position.

11.2 The primary schools forecast is based on their latest budget plan. Primary schools update their budgets on a regular basis when changes occur, it has therefore been assumed that the schools are working to their latest budget plan held by finance. Financial surgeries have taken place. Additional meetings have been organised where necessary to ensure timely action of forecast deficits.

11.3 The budgeted and forecast use of Schools Reserves is shown in the table below. The current information projects a £1.883m use of reserves.

School Sector	Opening Balance	Original Budgeted Contribution/ (Use)	Revised Budgeted Contribution/ (Use)	Forecast Underspend/ (Overspend)	Forecast Closing Balance
	£'000	£'000	£'000	£'000	£'000
Primary	1,608	(503)	(329)	0	1,298
Special	(259)	42	19	2	(238)
Secondary	(864)	(1,522)	(1,643)	(142)	(2,649)
Total	**485**	**(1,983)**	**(1,934)**	**(140)**	**(1,589)**
School Loans/Other	**(493)**	**55**	**51**	**0**	**(442)**
Total Balance	**(8)**	**(1,928)**	**(1,883)**	**(140)**	**(2,031)**

12 Housing Revenue Account

12.1 The Housing Revenue Account (HRA) is forecasting an underspend of £284k, however, an update on the void properties is worth noting:-

12.2. The number of void properties has fallen slightly between quarter 2 and quarter 3, and now stands at 163, after a spike of 193 at the end of November. Of these 163 properties, 93 have been empty longer than 12 weeks and 42 have been empty longer than 26 weeks. If this void issue is not addressed and the situation was to continue over a 12 month period for the 93 void properties, based on the average rent, approximately £396k of rental income would be lost.

13 Deficit Recovery Plan

13.1 An improved financial forecast within Place and Adult Social Care, has reduced the overspend and the need to draw down £1m from reserves, as previously expected.

13.2 The use of £4.624m Minimum Revenue Provision has been approved, and now a key part of the improved forecast.

13.3 With further grants expected in February to support the ASC budget, and uncertainty about the Childrens forecast, it may be necessary to capitalise the £500k of transformation costs, as previously explained, to support a balanced budget at year end.

14 Options Considered/Available

No alternative options are considered appropriate as a result of this report.

15 Preferred Choice and Reasons

None to consider.

16 Impact Assessment

Is an impact assessment required?   ~~Yes~~/No

17 Corporate Improvement Plan

To achieve the Corporate Improvement Plan (CIP) objectives the Council undertakes forward planning with its medium term financial strategy (MTFS) - this sets out the financial requirements to deliver the short and longer term council vision. These capital

5

and revenue monitoring reports are used to ensure the funding identified to deliver the council priorities is spent appropriately and remains within a cash limited budget.

18 Local Member(s)

This report relates to all service areas across the whole County.

19 Other Front Line Services

This report relates to all service areas across the whole County.

20 Communications

This report has no specific communication considerations. Detailed finance reports are presented to Heads of Service, Cabinet and the Audit Committee. These reports are public and are part of a range of statutory and non-statutory financial information documents including the Statement of Accounts.

21 Support Services (Legal, Finance, HR, ICT, BPU)

This report has no specific impact on support services other than reporting on those service areas financial outturns. Financial Services work closely with all service areas in monitoring financial performance against budgets.

22 Scrutiny

Has this report been scrutinised?   ~~Yes~~ / No

23 Statutory Officers

The Head of Financial Services (Acting Section 151 Officer) has provided the following comment:

As with previous reports to Cabinet the position is a prudent reflection of the projected 2017/18 revenue budget outturn.   The projections will only be adjusted when there is confidence and evidence that savings have been delivered.

The improved financial position helps to reduce the call on reserves, the budget will be balanced by the use of MRP and capitalisation, if necessary.

The increasing demand within Children Services and the implementation of the improvement plan continues to be the main financial challenge for the Authority.   It is essential that the costings developed to support the plan are robust in order to provide the appropriate level of financial resource and governance.

The overall schools' balance position remains a risk that needs to be addressed and will require concerted effort to ensure it is managed effectively.

The Monitoring Officer has no specific concerns with this report.

24 Members' Interests

The Monitoring Officer is not aware of any specific interests that may arise in relation to this report. If Members have an interest they should declare it at the start of the meeting and complete the relevant notification form.

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Recommendation:	Reason for Recommendation:
a. The contents of this report are noted by Cabinet; and b. Cabinet supports appropriate action by services to curtail or reduce the reported forecasted service deficits.	To monitor the council's financial performance and ensure that spending remains within approved limits and that the 3% minimum general fund reserve is maintained.

Relevant Policy (ies):		Financial Regulations	
Within policy:	Yes	Within Budget:	n/a
Relevant Local Member(s):			
Person(s) To Implement Decision:		Jane Thomas	
Date By When Decision To Be Implemented:		ongoing	
Contact Officer	Tel	Fax	E mail
Jane Thomas	01597 826341	01597 826290	jane.thomas@powys.gov.uk

Forecast Outturn and Undelivered Savings as at 31st January 2018

Service Area	Net Budget	Forecast Spend	Variance (Over) / Under spend	Total Unachieved Savings as at 31st January 2018	Service Under/(Over) spend excl. unachieved savings	Variance (Over) / Under spend as a % of Net Budget	Variance BRAG status
		£'000	£'000	£'000	£'000	%	
People							
Adult & Commissioning	57,108	58,140	(1,032)	(159)	(873)	(1.8)	A
Children Services	13,150	18,379	(5,229)	(1,101)	(4,128)	(39.8)	R
Housing General Fund	798	752	46	0	46	5.8	B
Place							
Leisure & Recreation	9,069	8,939	130	0	130	1.4	B
Regeneration, Property & Commissioning	8,906	8,648	258	(63)	321	2.9	B
Highways, Transport & Recycling	20,384	19,704	680	(607)	1,287	3.3	B
Schools							
Schools Service	24,590	24,948	(358)	(207)	(151)	(1.5)	A
Resources							
Business Services	6,275	6,238	37	(92)	129	0.6	G
Information Services	3,579	3,576	3	(32)	35	0.1	G
Legal Services	3,030	2,997	33	0	33	1.1	B
Financial Services	1,877	1,778	99	0	99	5.3	B
Workforce, OD & Comms	2,488	2,452	36	0	36	1.4	B
Service Area Totals	**151,254**	**156,551**	**(5,297)**	**(2,261)**	**(3,036)**	**(3.5)**	
Central Activities	**13,277**	13,355	(78)	(1,720)	1,642	(0.6)	G
Total	**164,531**	**169,906**	**(5,375)**	**(3,981)**	**(1,394)**	**(3.3)**	
Housing Revenue Account (HRA)	0	(284)	284	0	284		G
Schools Delegated	75,449	75,589	(140)	0	(140)	(0.2)	G
Total including HRA	**239,980**	**245,211**	**(5,231)**	**(3,981)**	**(1,250)**		

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Efficiency / Saving	2015/16	2016/17	2017/18	Total to be Achieved 17/18	Total Achieved to Date	Remainder to find	Achieved
	£000's	£000's	£000's	£000's	£000's	£000's	%
Place							
Highways Transport & Recycling	151	364	1,839	2,354	1,747	607	74%
Regeneration, Property & Commissioning	14	35	399	448	385	63	86%
Leisure & Recreation	0	0	730	730	730	0	100%
Place	**165**	**399**	**2,967**	**3,532**	**2,862**	**670**	**81%**
Schools							
Schools	158	88	1,619	1,865	1,658	207	89%
Schools	**158**	**88**	**1,619**	**1,865**	**1,658**	**207**	**89%**
People							
Adult	0	0	2,231	2,231	2,073	159	93%
Children Services	0	1	1,101	1,101	0	1,101	0%
People	**0**	**1**	**3,332**	**3,333**	**2,073**	**1,260**	**62%**
Chief Executives							
Chief Executives	0	0	250	250	250	0	100%
Legal	0	12	28	40	40	0	100%
Chief Executives	**0**	**12**	**278**	**290**	**290**	**0**	**100%**
Resources							
Business Services	0	0	278	278	187	92	67%
Information Services	0	0	232	232	200	32	86%
Professional Services	0	20	215	235	235	0	100%
Corporate Activiites	999	320	695	2,015	295	1,720	15%
Resources	**999**	**340**	**1,421**	**2,760**	**917**	**1,844**	**33%**
Grand Total	**1,323**	**841**	**9,616**	**11,780**	**7,799**	**3,981**	**66%**

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RESERVES TABLE AS AT 31st JANUARY 2018   **APPENDIX C**

Summary	Opening Balance (1st April 17) Surplus / (Deficit)	Forecast Addition / (Use) of Reserves	Forecast (Over) / Under Spend	Projected Balance (31st March 18) Surplus/ (Deficit)
	£`000	£`000	£`000	£`000
General Fund	8,585	(678)	(751)	7,156
	8,585	**(678)**	**(751)**	**7,156**
Ringfenced & Specific Reserves				
Budget Management Reserve	3,484	100		3,584
Specific Reserves	1,902	(497)		1,405
21st Century Schools Reserve	6,297	(1,580)		4,717
Adult Services Reserve	2,750	0		2,750
Regeneration Reserve	100	0		100
Invest to Save & Corporate Initiatives (inc J	5,300	(562)		4,738
Insurance Reserve	2,394	(46)		2,348
Transport & Equipment Funding Reserve	6,199	(537)		5,662
Sub-Total	**28,426**	**(3,122)**	**0**	**25,304**
Schools Delegated Reserves	486	(1,935)	(140)	(1,589)
School Loans & Other Items	(494)	51		(443)
Net School Delegated Reserves	**(8)**	**(1,884)**	**(140)**	**(2,032)**
Total Ringfenced & Specific Reserves	**28,418**	**(5,006)**	**(140)**	**23,272**
Housing Revenue Account	1,761	(82)	284	1,963
	1,761	**(82)**	**284**	**1,963**
Total Revenue Reserves	**38,764**	**(5,766)**	**(607)**	**32,391**

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CYNGOR SIR *POWYS* COUNTY COUNCIL.

CABINET EXECUTIVE

13 March 2018

REPORT AUTHOR: **County Councillor Aled Davies**
                 Portfolio Holder for Finance

SUBJECT: **Capital Programme Update for the period to 31st January 2018**

REPORT FOR: **Decision**

1.   **Current Capital Programme 2017-18**

1.1   The revised Capital Programme after accounting for approved virements is £79.816m (Dec £87.643m), of which committed expenditure is £62.941m (78.9%) (Dec £59.190m 67.5%) of the budget an increase of £3.751m or 5.96% during the month.

1.2   The actual spend to the end of January is £42.083m (spend to the end of December was £38.6m).

1.3   Table 1 below summarises the position for each directorate and service.

1.4   Table 1 Capital Table as at 31st January 2018

Service	Original Budget	Virements Approved	Virements Required by Cabinet	Virements Required by Council	Revised Working Budget 2017/18 as at 31st January 2018 (after virements approved and required)	Actuals	Commitments	Remaining Budget	
	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000	%
People									
Adult Services & Commissioning	0	1,095	0	0	1,095	106	0	989	90.3%
Childrens Services	0	289	0	0	289	0	0	289	100.0%
Housing	2,943	-320	0	0	2,623	1,157	561	905	34.5%
Schools and Inclusion	30,086	-1,509	-170	-1,091	27,316	17,541	4,352	5,423	19.9%
Workforce, OD and Comms	0	0	0	0	0	0	0	0	
Resources									
Business Services	446	233	0	0	679	361	75	243	35.8%
Information Services	1,192	783	-275	0	1,700	347	925	428	25.2%
Legal Services	0	23	0	0	23	4	0	19	82.6%
Financial Services	500	-432	0	0	68	0	0	68	100.0%
Corporate Activities	0	0	0	0	0	0	0	0	
Place									
Highways, Transport & Recycling	21,826	-878	0	0	20,948	11,143	4,331	5,474	26.1%
Leisure & Recreation	4,451	5,356	0	0	9,807	3,585	4,676	1,546	15.8%
Regeneration, Property & Commissioning	3,655	361	0	-1,000	3,016	461	382	2,173	72.0%
Total Capital	**65,099**	**5,001**	**-445**	**-2,091**	**67,564**	**34,705**	**15,302**	**17,557**	**26.0%**
Housing Revenue Account	21,260	-599	-5,099	-3,310	12,252	7,378	5,556	-682	-5.6%
TOTAL	**86,359**	**4,402**	**-5,544**	**-5,401**	**79,816**	**42,083**	**20,858**	**16,875**	**21.1%**

2. Funding

2.1 The funding of the capital programme is shown in Table 2. This stands at £79,816k as at 31st January 2018 and has reduced by £7,826k from that reported at the end of December. This reflects the virements above and additional grants listed in section 4.

2.2 **Table 2 Funding of the Capital Budget as at 31st January 2018**

	Revised Working Budget 2017/18 as at 31st January 2018 (after virements approved and required)					
	Supported Borrowing	Prudential Borrowing	Grants	Revenue Contributions To Capital	Capital Receipts	Total
	£'000	£'000	£'000	£'000	£'000	£'000
COUNCIL FUND	10,805	19,980	21,320	4,509	11,048	**67,662**
HRA	0	2,711	2,115	5,656	1,672	**12,154**
Total	**10,805**	**22,691**	**23,435**	**10,165**	**12,720**	**79,816**

3. Virements as at 31st January 2018:

3.1 **Roll forward of 1.29m into financial year 2018-2019 of the HRA Non Traditional Properties budget**;

3.2 External Wall Insulation (EWI) - Initially there was a 4 month delay in procuring the EWI works and they were eventually awarded in July 2017. Two events during June and July also had an adverse effect and delayed the programme further.

3.3 We were advised by Welsh Government and attended a Seminar where one of the main topics were Radon Gas, a further delay was incurred while we sought levels of Radon in our Housing areas via a post code survey. It is conclusive that EWI increases the level of Radon in a property and therefore a monitoring exercise was carried out on some properties in the high Radon areas prior to the installation of EWI and we will continue monitoring once the EWI has been installed, this will provide us with sufficient evidence moving forward on whether we need to carry out remedial work to install additional ventilation to alleviate any raised Radon levels.

3.4 Due to the Grenfell disaster, we had to suspend all works while we firstly carried out a scrutiny of our buildings, seeking advice from experts such as Building Research Establishment (BRE) and the manufacturers of our products, to ensure they were all compliant and caused no hazards or risks to our tenants and assets in the form of our buildings, we also liaised with designers and again manufacturers, for forward planning, to determine if we needed to build in additional fire breaks especially between blocks of flats.

3.5 **Roll forward of £4.33m of HRA budgets into financial year 2018-2019** the delay in awarding the WHQS Framework Contracts until July has reduced our working year by 4 months. Furthermore, we have been waiting for the procurement of the following Contracts – Heating, doors and windows, and Dynamic Purchasing System, which will cover all our Estate Works including level access and remodelling and reconfiguration. This has prevented us from awarding many programmes of work this current financial

year. Due to the delays highlighted above, the compliance date for WHQS has been moved from March 2018 to December 2018, it is therefore imperative that we roll the underspend from this financial year forward to ensure that we meet the new target date.

The amounts to be rolled forward for each budget virement are all below £500K and are detailed in the table below:

Project Area	Roll Forward Required
Bathrooms North	£190k
Bathrooms South	£70K
Rewiring North	£235k
Rewiring South	£19k
Windows/Doors North	£300k
Windows/Doors South	£280k
Wallwork North	£60k
Wallwork South	£40k
Estate Works North	£450k
Estate Works South	£450k
Gwaelod Y Bryn	£240k
Fairview	£500k
Heating North	£500k
Heating South	£105k
Fit for Purpose North	£135k
Level Access Bungalows North	£125k
Level Access Bungalows South	£155k
Fit for Purpose South	£125k
External Wall Insulation	£350k

3.6 **Roll forward of £720k of HRA Roof South budget into financial year 2018-2019.** Challenge from a Contractor with regards to the roofing contract in the South of the County, has prevented completion of the programme planned for 2017/2018.

3.7 **Roll forward of £395k of the HRA Asbestos Management budget into financial year 2018-2019:**
Once works commenced on Wyeside Gardens in Hay on Wye, a large Housing estate, we unearthed large amounts of asbestos containing materials behind the tiled facades and beneath the roof eaves, not known to us previously. For the work to progress, the asbestos had to be removed and the planning and removal process has had a detrimental impact on the programme, whereby we have been unable to complete as many properties as we originally anticipated.

During this time, however we have reviewed the programme of works developed by Savills and taking into account the poor energy efficiency on some properties, and have used this data where possible to improve the Standard Assessment Procedure rating and

Energy performance of some properties not originally identified We would therefore like to roll the budget forward into next financial year.

3.8 **Roll forward of £1.3 million of the allocated new build budget into financial year 2018-2019**, as the 4 current new development project officers are working at full capacity and are unable to progress more than the 8 sites currently under consideration.

4. **Grants accepted as at 31ˢᵗ January 2018**

4.1 Additional Grant of £2,600 from the Federation of Museums (Welsh Government) for the conservation of Artefacts at Brecknock Museum.

4.2 An award of £2.3m from Welsh Government (WG) to be invested on Highways networks has been accepted. This grant displaces Prudential borrowing in 2017/18.

4.3 Award of Funding £1m from Welsh Government for Brecon Cultural Hub in relation to the Regeneration Capital Pipeline Projects 2017/18.

5. **Capital Receipts**

A capital receipt occurs when an asset of the authority is sold. Capital receipts can only be used to finance new capital expenditure or repay loans. In 2015/16 Welsh Government issued a directive that enabled Authorities to use capital receipts obtained during the year to finance the revenue costs from transformation incurred in the same period. This option has been utilised in both 2015/16 (£1.6m) and 2016/17 (£0.9m), a further £0.5m is forecast to be capitalised in 2017/18. This could impact the need for additional Prudential Borrowing. This directive ends on 31ˢᵗ March 2018. Welsh Government are currently reviewing this policy.

5.1 The current capital receipt target, excluding the HRA, for 2017/18 is £1m for Property and £1m for County Farms, of which £213k has been agreed subject to contract and £881k has actually been received to date. Since the last report, three small strips of land, totalling £42k have been sold.

5.2 The HRA is still subject to Right to Buy Disposals. Total receipt to date is £920k.

5.3 A recent decision by Cabinet to suspend declaring any further property from the Farm estate surplus, will effectively mean the target for capital receipts will not be met in future.

6. **Borrowing Requirements**

6.1 The Council's underlying need to borrow for capital expenditure is termed the Capital Financing Requirement (CFR). This figure is a gauge of the Council's indebtedness. The CFR results from the capital activity of the Council and resources used to pay for the capital spend. It represents the current year's unfinanced capital expenditure and prior years' net or unfinanced capital expenditure which has not yet been paid for by revenue or other resources.

6.2 Part of the Council's treasury activities is to address the funding requirements for this borrowing need. Depending on the capital expenditure programme, the treasury service organises the Council's cash position to ensure that sufficient cash is available to meet the capital plans and cash flow requirements. This may be sourced through external borrowing or utilising temporary cash resources within the Council.

6.3 Net external borrowing (borrowings less investments) should not, except in the short term, exceed the total of CFR in the preceding year plus the estimates of any additional CFR for the current year and next two financial years. This allows some flexibility for limited early borrowing for future years.

CFR Position:

	As at 31.03.17 Actual	2017/18 Original Estimate	2018/19 Original Estimate	2019/20 Original Estimate
	£M	£M	£M	£M
Capital Financing Requirement	307,524	326,461	357,224	382,433

The Authority had outstanding long-term external debt of £226.4M at 31st March 2017. In relation to the CFR figure for 31st March 2017, this equated to the Authority being under borrowed by £81M. This is a prudent and cost effective approach in the current economic climate. However, members will be aware that internal borrowing is only a temporary situation and officers have advised that, based on capital estimates, it will be necessary for the Authority to borrow at stages over the next few years. The following temporary borrowing is applicable to this financial year. It is expected that temporary borrowing will be necessary on further occasions throughout the financial year.

Date	Lender	Type	Amount	Rate
29-Sep-17	Manchester City Council	Fixed to 5/10	5,000,000	0.20000
20-Oct-17	Powys Pension Fund	Fixed to 23/10	730,000	0.20000
24-Oct-17	Powys Pension Fund	Fixed to 25/10	300,000	0.20000
30-Oct-17	Newport City Council	Fixed to 7/11	5,000,000	0.14000
31-Oct-17	Rhondda Cynon Taff CBC	Fixed to 6/11	3,000,000	0.20000
30-Nov-17	Scarborough Borough Council	Fixed to 5/12	4,000,000	0.35000
04-Dec-17	Powys Pension Fund	Fixed to 6/12	1,000,000	0.40000
05-Dec-17	Powys Pension Fund	Fixed to 6/12	750,000	0.40000
28-Dec-17	Manchester City Council	Fixed to 4/1	6,000,000	0.38000
23-Jan-18	Powys Pension Fund	Fixed to 30/1	1,050,000	0.40000
30-Jan-18	Middlesbrough Borough Council	Fixed to 12/2	5,500,000	0.36000
31-Jan-18	Hastings Borough Council	Fixed to 5/2	5,000,000	0.40000

Alongside this, it is likely that some longer term borrowing will take place, if interest rates are conducive to this. This is a prudent approach to ensure some borrowing takes place whilst interest rates are at their low levels as opposed to borrowing at a future date at increased rates.

6.4 The CFR figures above include the increase in the amount of long-term borrowing that is anticipated in 2017/18. Any borrowing undertaken will have a revenue implication which includes both the payment of interest on the loan and the repayment of the principal of the loan via the Minimum Revenue Provision (MRP) required. MRP is a statutory and prudent way of setting aside the funds required to repay loan principal in the future. Work is also ongoing to improve the forecast for capital spend so that Treasury Management

are able to improve the cashflow predictions for the authority. The net cost of borrowing together with the MRP are the real capital charges.

6.5 The virements in section 3 have an impact on the CFR figures for future years. In addition, any capital bids and approved projects for future years will increase the CFR. This in turn increases the MRP and the borrowing requirements. The real capital charge revenue budgets, while showing an underspend in the current year, will require additional budget to meet the additional borrowing and MRP costs in future years.

6.6 It is important to highlight that there is likely to be an underspend on the capital financing revenue budget because the actual spend on capital is lower than predicted and we anticipate further virements to roll forward capital budgets into 2018/19.

7. **Options Considered/Available**
No alternative options are considered appropriate as a result of this report.

8. **Preferred Choice and Reasons**
None to consider.

9. **Impact Assessment**
Is an impact assessment required?
No

10. **Corporate Improvement Plan**
To achieve the Corporate Improvement Plan (CIP) objectives the Council undertakes forward planning with its medium term financial strategy (MTFS) - this sets out the financial requirements to deliver the short and longer term council vision. These capital and revenue monitoring reports, are used to ensure the funding identified to deliver the council priorities is spent appropriately and remains within a cash limited budget.

11. **Local Member(s)**
This report relates to all service areas across the whole County.

12. **Other Front Line Services**
This report relates to all service areas across the whole County.

13. **Communications**
This report has no specific communication considerations. Detailed finance reports are presented to Heads of Service, Cabinet and the Audit Committee. These reports are public and are part of a range of statutory and non-statutory financial information documents including the Statement of Accounts.

14. **Support Services (Legal, Finance, HR, ICT, BPU)**
This report has no specific impact on support services other than reporting on those service areas with capital programmes. Financial Services work closely with all service areas in monitoring financial performance on capital programmes against budgets. The Capital and Financial Planning Accountant confirms that the projects included in section 3 are included in the Capital Programme.

15. Scrutiny

This report presents financial information which will help inform the future capital strategy and therefore has implications for any related organisation.

16 Statutory Officers

The Head of Financial Services & Acting Section 151 Officer notes the contents in the report.

The Monitoring Officer has no specific concerns with this report.

17. Members' Interests

The Monitoring Officer is not aware of any specific interests that may arise in relation to this report. If Members have an interest they should declare it at the start of the meeting and complete the relevant notification form.

Recommendation:	Reason for Recommendation:
a. **The contents of this report are noted by Cabinet; and** b. **The Capital virements set out in Section 3 are approved, and those over £500k be submitted to full council for approval.**	**To outline the capital budget position as at 31st January. To ensure appropriate virements are carried out.**

Relevant Policy (ies):			
Within Policy:	**Y / N**	**Within Budget:**	**Y / N**

Relevant Local Member(s):	

Person(s) To Implement Decision:	
Date By When Decision To Be Implemented:	

Contact Officer Name	Tel	Fax	E mail
Jane Thomas	01597-826341	01597-826290	jane.thomas@powyscc.gov.uk

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Delegated Decision List

8 February	Portfolio Holder for Housing and Countryside Services	Letting of the tenancy of Brynmawr, Sarn
9 February	Portfolio Holder for Education	Approved the name of the new school to replace Builth Wells High School and Llandrindod High School as Ysgol Calon Cymru.
9 February	Leader	Delegated all the functions, powers and duties of the lead enforcement authority for the National Trading Standards Estate Agency Team, including the authority to sub-delegate, to the Head of Regeneration and Regulatory Services.
13 February	Portfolio Holder for Housing and Countryside Services	Declared 27 Kerry Road, Newtown surplus to requirements.
14 February	Portfolio Holder for Education	Appointed the following school governors: County Councillor R Williams to Mount Street CP Junior School, Mrs M Jones to Ysgol Dafydd Llwyd and Mr P Webb to Llangorse C in W School.
16 February	Portfolio Holder for Property and Waste	Approved the sale of Brockwell, Montgomery
20 February	Portfolio Holder for Housing and Countryside Services	Approved the declaration of a Powys ECO Flex 'Statement of Intent' to allow fuel poor private sector households, access to heating upgrades & home energy efficiency improvements.
23 February	Portfolio Holder for Housing and Countryside Services Portfolio Holder for Property and Waste	Set the fixed penalty notice fees for the Unauthorised Deposit of Waste.
27 February	Portfolio Holder for Education	Appointed the following school governors: Mrs K Anderson to Knighton C in W School, County Councillor Karl Lewis to Llandinam CP School.

2 March	Portfolio Holder for Education	Appointed the following school governors: Mrs E Spawton to Knighton C in W School, Mr S Hayward to Treowen CP School.

Cabinet Date	Cabinet/Manage Title	Portfolio Holder	Lead	Description
28/02/18	Public Conveniences	Liam Fitzpatrick (CSP - County Councillor)	Alastair Knox (CSP - Highways Technical)	Continue funding and / or move to Freehold transfer - delegated decision
28/02/18	Redesign of the Trade Waste Service	Phyl Davies (CSP - County Councillor)	Ashley Collins (CSP - W&R Strategy)	delegated decision
28/02/18	Strategic Salt Storage	Liam Fitzpatrick (CSP - County Councillor)	Alastair Knox (CSP - Highways Technical)	Portfolio holder decision
28/02/18	Enforcement Policy NTSEAT	Jonathan Wilkinson (CSP - County Councillor)	James Munro (CSP - Regeneration and Corporate Property)	Delegated decision
27/03/18	Residential Care Pooled Budget	Stephen Hayes (CSP - County Councillor)	Dylan Owen (CSP - Policy and Care Services)	
30/03/18	Animal Health Torfaen	Jonathan Wilkinson (CSP - County Councillor)	Clive Jones (CSP - Trading Standards)	Delegated decision
30/03/18	Delegation of Highways functions	Rosemarie Harris (CSP - County Councillor)	Wyn Richards (CSP - Scrutiny Services)	Delegated decision
31/03/18	Moelfre City	Liam Fitzpatrick (CSP - County Councillor)	Alastair Knox (CSP - Highways Technical)	delegated decision

10/04/18	20/03/18	Adoption of Additional Land Drainage Bye-laws	Liam Fitzpatrick (CSP - County Councillor)	Alastair Knox (CSP - Highways Technical)	To consider adopting bye-laws
10/04/18		Update from the Anti-Poverty Champion		Joy Jones (CSP - County Councillor)	
10/04/18	20/03/18	Capital Programme Update	Aled Wyn Davies (CSP - County Councillor)	Jane Thomas (CSP - Finance)	
10/04/18	20/03/18	Budget Outturn Report	Aled Wyn Davies (CSP - County Councillor)	Jane Thomas (CSP - Finance)	
10/04/18	20/03/18	Review of Farms Policy	Jonathan Wilkinson (CSP - County Councillor)	Natasha Morgan (CSP - Regeneration and Corporate Property)	
10/04/18	20/03/18	Residential Care Homes - Onwership and Administration	Stephen Hayes (CSP - County Councillor)	Dylan Owen (CSP - Policy and Care Services)	
10/04/18	20/03/18	Director of Social Services Annual Report	Stephen Hayes (CSP - County Councillor)	Dylan Owen (CSP - Policy and Care Services)	
10/04/18	20/03/18	Home to School Transport (pre-consultation)	Myfanwy Catherine Alexander (CSP - County Councillor)	Gareth Jones (CSP - Schools Service)	

10/04/18	20/03/18	Mid Powys Welsh medium Primary Review	Myfanwy Catherine Alexander (CSP - County Councillor)	Marianne Evans (CSP - Schools Service)
10/04/18	20/03/18	Well Being Plan	Rosemarie Harris (CSP - County Councillor)	Heather Delonnette (CSP - Corporate Insight Centre)
10/04/18	20/03/18	Llanfair Caereinion Footbridge	Liam Fitzpatrick (CSP - County Councillor)	Alastair Knox (CSP - Highways Technical)
10/04/18	20/03/18	Highways Capital Programme 2018/19	Liam Fitzpatrick (CSP - County Councillor)	Alastair Knox (CSP - Highways Technical)
10/04/18	20/03/18	Strategy to measure and reduce radon levels in HRA homes	Jonathan Wilkinson (CSP - County Councillor)	Simon Inkson (CSP - Housing Solutions)
10/04/18	20/03/18	Corporate Improvement Plan	Rosemarie Harris (CSP - County Councillor)	Peter Jones (CSP - Corporate Insight Centre)
10/04/18	20/03/18	Schools Service Major Improvements programme 2018-2023	Myfanwy Catherine Alexander (CSP - County Councillor)	David Thompson (CSP - Central Support Services Team)

10/04/18	20/03/18	SER Estyn	Myfanwy Catherine Alexander (CSP - County Councillor)	Ian Budd (CSP - Schools Service)
10/04/18		LDP - Out of Examination	Martin Weale (CSP - County Councillor)	Peter Morris (CSP - Regeneration and Corporate Property) delegated decision
10/04/18	20/03/18	Closed landfill insurance	Jonathan Wilkinson (CSP - County Councillor)	Nia Hughes (CSP - Environmental Health)
10/04/18	20/03/18	Trewern Depot	Phyl Davies (CSP - County Councillor)	Natasha Morgan (CSP - Regeneration and Corporate Property)
10/04/18	20/02/18	Childcare - implementation of 30 hours free care	Myfanwy Catherine Alexander (CSP - County Councillor)	Gareth Jones (CSP - Schools Service)
10/04/18	20/03/18	Mid and West Wales VAWDASV Strategy		Duncan Kerr (CSP - Young Peoples Partnership)
10/04/18	20/03/18	Hay Town Council	Phyl Davies (CSP - County Councillor)	Clive Pinney (CSP - Corporate Legal and Democratic Services)

10/04/18	20/03/18	Q3 Adult Services Safeguarding Report	Stephen Hayes (CSP - County Councillor)	Karen Arthur (CSP - Policy and Care Services)	
30/04/18		Child burial fees	Jonathan Wilkinson (CSP - County Councillor)	Nia Hughes (CSP - Environmental Health)	delegated decision
01/05/18	17/04/18	Treasury Management Report for Quarter 4	Aled Wyn Davies (CSP - County Councillor)	Ann Owen (CSP - Finance)	
01/05/18	17/04/18	Local Development Plan	Martin Weale (CSP - County Councillor)	Peter Morris (CSP - Regeneration and Corporate Property)	
01/05/18	17/04/18	Collaborative Working Policy	Myfanwy Catherine Alexander (CSP - County Councillor)	Gareth Jones (CSP - Schools Service)	
01/05/18		Food Hygiene Rating System Audit by FSA	Jonathan Wilkinson (CSP - County Councillor)	Beverley Cadwallader (CSP - Commercial and Food)	delegated decision
22/05/18	08/05/18	Sustainable Drainage Approval Body	Liam Fitzpatrick (CSP - County Councillor)	Alastair Knox (CSP - Highways Technical)	Statutory new function currently out for consultation
22/05/18	08/05/18	Budget Outturn Report	Aled Wyn Davies (CSP - County Councillor)	Jane Thomas (CSP - Finance)	

22/05/18	08/05/18	CIW Adult Social Care Inspection Report	Stephen Hayes (CSP - County Councillor)	Dylan Owen (CSP - Policy and Care Services)
22/05/18	08/05/18	Capital Programme Update	Aled Wyn Davies (CSP - County Councillor)	Jane Thomas (CSP - Finance)
22/05/18	08/05/18	21st Century Schools Programme Band B - Funding Options	Myfanwy Catherine Alexander (CSP - County Councillor)	Marianne Evans (CSP - Schools Service)
22/05/18	08/05/18	School modernisation proposal	Myfanwy Catherine Alexander (CSP - County Councillor)	Marianne Evans (CSP - Schools Service)
19/06/18		Update from the Anti-Poverty Champion		Joy Jones (CSP - County Councillor)
19/06/18	05/06/18	Budget Outturn Report	Aled Wyn Davies (CSP - County Councillor)	Jane Thomas (CSP - Finance)
19/06/18	05/06/18	Capital Programme Update	Aled Wyn Davies (CSP - County Councillor)	Jane Thomas (CSP - Finance)
19/06/18	05/06/18	Adult Social Care Strategies	Stephen Hayes (CSP - County Councillor)	Dylan Owen (CSP - Policy and Care Services)
19/06/18	05/06/18	Regional Partnership Board Annual Report	Stephen Hayes (CSP - County Councillor)	Dylan Owen (CSP - Policy and Care Services)

19/06/18	05/06/18	School Budgets	Myfanwy Catherine Alexander (CSP - County Councillor)	Anne Phillips (CSP - Finance)
10/07/18	26/06/18	Treasury Management Review 2017/18	Aled Wyn Davies (CSP - County Councillor)	Ann Owen (CSP - Finance)
10/07/18	26/06/18	Budget Outturn Report	Aled Wyn Davies (CSP - County Councillor)	Jane Thomas (CSP - Finance)
10/07/18	26/06/18	Capital Programme Update	Aled Wyn Davies (CSP - County Councillor)	Jane Thomas (CSP - Finance)
10/07/18	26/06/18	Update on Operation Jasmine	Stephen Hayes (CSP - County Councillor)	Dylan Owen (CSP - Policy and Care Services)
10/07/18	26/06/18	Home to School Transport (post-consultation)	Myfanwy Catherine Alexander (CSP - County Councillor)	Gareth Jones (CSP - Schools Service)
10/07/18	26/06/18	Schools Budgets	Myfanwy Catherine Alexander (CSP - County Councillor)	Ian Budd (CSP - Schools Service)
10/07/18	26/06/18	Fair Funding Review and Scheme for Financing Schools (pre-consultation)	Myfanwy Catherine Alexander (CSP - County Councillor)	Ian Budd (CSP - Schools Service)
10/07/18	26/06/18	ALN Transformation revised delivery model	Myfanwy Catherine Alexander (CSP - County Councillor)	Imtiaz Bhatti (CSP - Schools Service)

10/07/18	26/06/18	Post 16 Review	Myfanwy Catherine Alexander (CSP - County Councillor)	Marianne Evans (CSP - Schools Service)
10/07/18	26/06/18	Flood Risk Management Plan	Liam Fitzpatrick (CSP - County Councillor)	Alastair Knox (CSP - Highways Technical)
10/07/18	26/06/18	Mid Powys Welsh medium Primary Review	Myfanwy Catherine Alexander (CSP - County Councillor)	Marianne Evans (CSP - Schools Service)
10/07/18	26/06/18	Workforce Strategy	Myfanwy Catherine Alexander (CSP - County Councillor)	Ian Budd (CSP - Schools Service)
10/07/18	26/06/18	Schools Service Asset Management Plan	Myfanwy Catherine Alexander (CSP - County Councillor)	Gareth Jones (CSP - Schools Service)
10/07/18	26/06/18	Safeguarding Compliance	Myfanwy Catherine Alexander (CSP - County Councillor)	Imtiaz Bhatti (CSP - Schools Service)
10/07/18	26/06/18	Annual Estyn Inspection Outcomes	Myfanwy Catherine Alexander (CSP - County Councillor)	
10/07/18	26/06/18	Skills & Employability Strategy	Myfanwy Catherine Alexander (CSP - County Councillor)	Marianne Evans (CSP - Schools Service)

10/07/18	26/06/18	Corporate Safeguarding 6 monthly update	Rachel Powell (CSP - County Councillor)	Emma Palmer (CSP - Policy and Care Services)	
10/07/18	26/06/18	Implications for building control	Martin Weale (CSP - County Councillor)	Ian Maddox (CSP - Building Control)	
18/09/18	04/09/18	Treasury Management Report for Quarter 1 2017/18	Aled Wyn Davies (CSP - County Councillor)	Ann Owen (CSP - Finance)	
18/09/18		Update from the Anti-Poverty Champion		Joy Jones (CSP - County Councillor)	
18/09/18	04/09/18	Budget Outturn Report	Aled Wyn Davies (CSP - County Councillor)	Jane Thomas (CSP - Finance)	
18/09/18	04/09/18	Review of 3rd Sector Social Care Grants	Stephen Hayes (CSP - County Councillor)	Dylan Owen (CSP - Policy and Care Services)	
18/09/18	04/09/18	Highways Asset Management Plan	Liam Fitzpatrick (CSP - County Councillor)	Alastair Knox (CSP - Highways Technical)	
28/09/18		Highways Winter Plan	Liam Fitzpatrick (CSP - County Councillor)	Shaun James (CSP - Highways Technical)	Delegated Decision
09/10/18	25/09/18	WHQS Completion	Jonathan Wilkinson (CSP - County Councillor)	Simon Inkson (CSP - Housing Solutions)	

09/10/18	25/09/18	Cemeteries Review	Jonathan Wilkinson (CSP - County Councillor)	Nia Hughes (CSP - Environmental Health)
09/10/18	25/09/18	Capital Programme Update	Aled Wyn Davies (CSP - County Councillor)	Jane Thomas (CSP - Finance)
09/10/18	25/09/18	Schools Service Asset Management Plan	Myfanwy Catherine Alexander (CSP - County Councillor)	Ian Budd (CSP - Schools Service)
09/10/18	25/09/18	Schools Budgets update	Myfanwy Catherine Alexander (CSP - County Councillor)	Ian Budd (CSP - Schools Service)
06/11/18	23/10/18	Treasury Management Report for Quarter 2 2017/18	Aled Wyn Davies (CSP - County Councillor)	Ann Owen (CSP - Finance)
06/11/18	23/10/18	Homelessness Strategy	Jonathan Wilkinson (CSP - County Councillor)	Simon Inkson (CSP - Housing Solutions)
06/11/18	23/10/18	Annual Estyn Inspection Outcomes	Myfanwy Catherine Alexander (CSP - County Councillor)	Ian Budd (CSP - Schools Service)
28/11/18	13/11/18	Budget Outturn Report	Aled Wyn Davies (CSP - County Councillor)	Jane Thomas (CSP - Finance)
28/11/18	13/11/18	Capital Programme Update	Aled Wyn Davies (CSP - County Councillor)	Jane Thomas (CSP - Finance)

28/11/18	13/11/18	Newtown Bypass De-trunking	Liam Fitzpatrick (CSP - County Councillor)	Shaun James (CSP - Highways Technical)	
28/11/18	13/11/18	Fair Funding Review & Scheme for Financing Schools (post-consultation)	Myfanwy Catherine Alexander (CSP - County Councillor)	Anne Phillips (CSP - Finance)	
28/11/18	13/11/18	ALN Strategic Review - Progress Report	Myfanwy Catherine Alexander (CSP - County Councillor)	Imtiaz Bhatti (CSP - Schools Service)	
30/11/18		Traffic Regulation Orders	Liam Fitzpatrick (CSP - County Councillor)	Tony Caine (CSP - Highways Technical)	delegated decision
18/12/18		Update from the Anti-Poverty Champion		Joy Jones (CSP - County Councillor)	
18/12/18	04/12/18	Budget Outturn Report	Aled Wyn Davies (CSP - County Councillor)	Jane Thomas (CSP - Finance)	
18/12/18	04/12/18	Capital Programme Update	Aled Wyn Davies (CSP - County Councillor)	Jane Thomas (CSP - Finance)	
18/12/18	04/12/18	Review of Day Time Activities for Older People	Stephen Hayes (CSP - County Councillor)	Dylan Owen (CSP - Policy and Care Services)	
18/12/18	04/12/18	Corporate Safeguarding 6 monthly update	Rachel Powell (CSP - County Councillor)	Emma Palmer (CSP - Policy and Care Services)	

15/01/19	08/01/19	Joint Dementia Action Plan	Stephen Hayes (CSP - County Councillor)	Dylan Owen (CSP - Policy and Care Services)	
05/02/19	22/01/19	Toilet Strategies	Liam Fitzpatrick (CSP - County Councillor)	Alastair Knox (CSP - Highways Technical)	As required by the Public Health (wales) Act 2017

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