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Health and Care Scrutiny Committee

Meeting Venue
Council Chamber, County Hall - County Hall

Meeting Date
Monday, 24 February 2020

Meeting Time
10.00 am

County Hall
Llandrindod Wells
Powys
LD1 5LG

For further information please contact
Lisa Richards

lisa.richards@powys.gov.uk

18 February 2020

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.	**DECLARATIONS OF INTEREST**

To receive declarations of interest from Members.

3.	**DISCLOSURE OF PARTY WHIPS**

To receive disclosures of prohibited party whips which a Member has been given in relation to the meeting in accordance with Section 78(3) of the Local Government Measure 2011.

(NB: Members are reminded that, under Section 78, Members having been given a prohibited party whip cannot vote on a matter before the Committee.)

4.	**MINUTES**

To authorise the Chair to sign the minutes of previous meetings on 13 and 27 January 2020 as correct records.
(Pages 5 - 16)

5.	NORTH POWYS PROJECT - MODEL OF CARE

To consider the proposed Model of Care for the North Powys Project.
(Pages 17 - 92)

6.	PERFORMANCE REPORTS

6.1. **Adults' Performance Report - December 2019**

To consider the December 2019 Performance Report for Adult Services.
(Pages 93 - 124)

6.2. **Children's Services Performance Report - December 2019**

To consider the December 2019 Performance Report for Children's Services.
(Pages 125 - 144)

7.	FINANCE

To review the Financial Overview and Forecast Report as at January 2020, with particular reference to the sections relating to Adult Services and Children's Services.
(To Follow)

8.	INTEGRATED EMOTIONAL HEALTH AND WELLBEING AND SOUTH SUPPORT UPDATE

To consider the report of the Portfolio Holder, County Councillor R Powell.
(Pages 145 - 148)

9.	CHILDREN FIRST PROJECT

To consider the report of the Portfolio Holder, County Councillor R Powell.
(Pages 149 - 152)

10.	QUALITY ASSURANCE

To receive a presentation on Quality Assurance.

11.	MID WALES GROWTH DEAL - JOINT SCRUTINY WORKING GROUP

To appoint one Member of the Health and Care Committee to sit on the Mid Wales Growth Deal Joint Scrutiny Working Group.

12.	WORKING GROUPS - SUMMARY REPORTS

12.1. **Adult Services Working Group**

To note the summary report of the Adult Services Working Group.
(Pages 153 - 154)

12.2. **Children's Services Working Group**

To receive the summary report of the Children's Services Working Group.
(Pages 155 - 156)

13.	**WORK PROGRAMME**

To note the scrutiny forward work programme.
(Pages 157 - 158)

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MINUTES OF A MEETING OF THE HEALTH AND CARE SCRUTINY COMMITTEE HELD AT COUNCIL CHAMBER - COUNTY HALL ON MONDAY, 13 JANUARY 2020

PRESENT
County Councillors G I S Williams (Chair), J Charlton, D E Davies, A Jenner, S McNicholas, G Morgan, K M Roberts-Jones, D Rowlands, A Williams, J M Williams and R Williams

Cabinet Portfolio Holders In Attendance: R Powell

Officers: Dylan Owen, Head of Commissioning, Joanna Harris, Senior Partnership Manager and Anne Marie Davies, Strategic Commissioning and Project Manager

1.	APOLOGIES

Apologies for absence were received from County Councillors E Jones and E Vaughan

2.	DECLARATIONS OF INTEREST

There were no declarations of interest.

3.	DISCLOSURE OF PARTY WHIPS

There were no disclosures of party whips.

4.	MINUTES

Documents:

- Minutes of the last meeting – 29 November 2019

Discussion:

- Data regarding abandoned calls to Assist was awaited but expected shortly

Outcome:

- **The Chair was authorised to sign the minutes of the last meeting held on 29 November 2019**

5.	CORPORATE SAFEGUARDING GROUP

Documents:

- Report of the Corporate Director, Childrens and Adults

Discussion:

- A report would be presented to the Committee every 6 months to update Members on work being undertaken

- Members were reminded that this was a *corporate* update and was intended to raise the profile of themes across the county
- A member questioned whether County Lines was considered and was advised that it was, but there had been no major activity within the period and therefore had not been included in the report
- A further question regarding home education was raised and discussed. Detail would need to be provided by the Portfolio Holder for Education and an invitation could be extended to him to attend a future Committee.
- It was suggested that the Health Board may have a register of children who were home educated but there was currently no requirement to register. The issue may have been discussed at Learning and Skills Scrutiny Committee and enquiries would be made whether this was the case.
- Further questions regarding training for Governors would also be for the Portfolio Holder for Education to respond to

Outcomes:

- **The Portfolio Holder for Education would be invited to a future meeting**

6.	**GLAN IRFON UPDATE**

Documents:

- Analysis of Glan Irfon Occupancy – December 2019

Discussion:

- A regular update would be provided to Committee on occupancy at Glan Irfon
- Glan Irfon was an Intermediate Care Facility to provide reablement with the vast majority of clients being stepped down from hospital
- Occupancy had dropped in July 2019 at the time of the handover to the Shaw Healthcare Trust
- Since Shaw has taken over there has been a review of the needs of the service and recommendations have been made. This included a review of both the building and equipment to ensure the facility is fit for purpose.
- The most recent data shows that Glan Irfon has full occupancy
- The challenge is to ensure a flow through of clients and that care is available for those clients to return home
- Winter pressures funding has been received and shared with the Health Board. The Health Board have used this funding to increase the therapy input at Glan Irfon.
- Members have previously asked whether end of life care or palliative care can be provided at Glan Irfon. Palliative care is provided but not end of life care although if a client becomes end of life during their stay, then they will continue to receive care. End of life care requires access to nursing provision which can be challenging to provide. A recent development has provided end of life care at Llandrindod Hospital.
- Discussions are ongoing with Brynhyfryd Residential Home, the GPs, Shaw and the Health Board regarding provision at Glan Irfon.

- The Committee noted that some clients had exceeded the expected maximum length of stay and were concerned that they may become institutionalised. It was recognised that it only takes two weeks to become institutionalised and every effort is made to ensure that clients can return home. Proactive reablement is provided.
- Members asked if it was intended to repeat the model in other areas and if such facilities could be used to improve delayed transfers of care or increase respite provision. The Head of Commissioning indicated that Glan Irfon would not be appropriate for respite care. However, one respite care bed has been allocated in each residential home and further beds were being block booked in new, private homes. It was suggested that respite could be a topic for future scrutiny. Credu are working on a project which is looking at innovative solutions to provide bespoke respite care.
- It was suggested that reablement was the responsibility of the Health Board, but this changed under the Community Care Act. The Social Services and Wellbeing Act clearly sets out that the Authority and the Health Board have a joint role in supporting people to live independently. Rehabilitation would be the responsibility of the Health Board but reablement is a lower level of rehabilitation which can be provided by domiciliary carers who have had additional training.
- Arranging home care is not the only challenge to the service. Demographics is also an issue with increasing demand for more acute services. Although there are fewer clients coming into the system due to early intervention policies, those that do access services tend to be older and have more acute needs.
- Both Health and Social Care need to adopt a recovery model. A consultant has recently undertaken a study in the County and his initial findings question whether the right model of community hospitals etc is currently provided.
- The service must make the best use of what is available to increase capacity, including increasing the role of community connectors. The Head of Commissioning indicated that the work programme for the Adult Services Working Group had been designed to look more closely at these issues.
- Direct Payments were continuing to increase – this topic would be discussed in depth at the Adult Services Working Group
- Members asked if there was a catchment area for Glan Irfon – there was no designated catchment area although the reasonableness of travelling times and distances was likely to have an influence
- It was suggested that the Committee consider one or two anonymized case studies to satisfy themselves of the distribution of work between the Authority and the Health Board

Outcomes:

- **Anonymised case studies would be provided at a future date for consideration**

7.	**APPOINTMENT TO JOINT SCRUTINY WORKING GROUP**

County Councillor Roger Williams was appointed to the Joint Scrutiny Working Group.

8.	WORK PROGRAMME

Documents:

- Forward work programme for 2020

Discussion:

- A recent newspaper article indicated that £14M was needed to upgrade community hospitals in Montgomeryshire
- It was acknowledged that this was a question for the Health Board and that consideration could be given to asking the Chief Executive of the Health Board to attend a future meeting

Outcomes:

- **The work programme was noted**

9.	EXEMPT ITEM

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).

10.	CHILDREN'S SERVICES PLACEMENTS AND ACCOMMODATION

Documents:

- Report of the Portfolio Holder for Young People and Culture

Discussion:

- An overview of work currently being undertaken was presented to Members
- Current demand for placements exceeds supply
- A number of proposals were outlined for Members which would meet the needs of Children Looked After
- The proposals would lead to greater capacity for the Authority in line with the Sufficient Supply of High-Quality Care Placements Strategy

Outcomes:

- **The Committee commended the report and endorsed the contents and direction of travel for Children's Services Placements and Accommodation**

11.	EARLY HELP HUBS

Documents:

- Report of the Portfolio Holder for Young People and Culture

Discussion:

- Members noted the award of capital funding to create a Flying Start Childcare, multi agency office space and a training contact room in Brecon
- The Committee was briefed on the options available and the preferred option to take the project forward
- Members suggested that Flying Start be a topic at a Member Development session

Outcomes:

- **The Committee supported the preferred option, Option 3**

12.	**CHILD EXPLOITATION**

This item was withdrawn.

County Councillor G I S Williams (Chair)

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MINUTES OF A MEETING OF THE HEALTH AND CARE SCRUTINY COMMITTEE HELD AT COMMITTEE ROOM A - COUNTY HALL, LLANDRINDOD WELLS, POWYS ON MONDAY, 27 JANUARY 2020

PRESENT
County Councillors G I S Williams (Chair), J Charlton, D E Davies, S M Hayes, A Jenner, E Jones, S McNicholas, G Morgan, L Rijnenberg, K M Roberts-Jones, D Rowlands, A Williams, J M Williams and R Williams

Cabinet Portfolio Holders In Attendance: County Councillor R Powell

Officers: Michael Gray, Alison Bulman, Jan Coles and Jacqueline Pugh

1.	APOLOGIES

The meeting clashed with a meeting of the Improvement and Assurance Board to which Portfolio Holders were obliged to attend.

2.	DECLARATIONS OF INTEREST

There were no declarations of interest.

3.	DISCLOSURE OF PARTY WHIPS

There were no disclosures of party whips.

4.	DRAFT 2020-21 BUDGET

Documents:

- Cabinet report - Budget 2020-21
- Service Cost reductions proposals
- Individual Impact Assessment
- Fees and Charges Report
- Capital Programme
- Budget Simulator Public Consultation Exercise

Adult Services

The Head of Service introduced the proposals by reiterating the Service's commitment to strengths-based delivery. It was confirmed that the proposals aligned with the priorities for health and care in Vision 2025 and current legislation. The long-term aim is to collaborate with partners to ensure residents are in the right place, prevention of problems occurring or worsening. Self-care will be promoted. Residents' wishes will be considered alongside available resources and what can be done to bridge any gaps. This is integral to the improvement journey.

Discussion:

- Impact assessments had not all had the impacts completed – these should be completed whether there is a positive or negative impact
- There was a lack of information on the budget overall with discussion limited to savings proposals. The Committee would like greater detail on where money is spent to enable them to assess whether the right savings were being made.
- AS02 – Direct Payments - savings of £300K were proposed but the impact assessment indicates that there will be no impact elsewhere and that consultation was not necessary. It could be considered that there would be an impact on the 3rd sector and they should be consulted. The Head of Service indicated that the proposal was to enable direct payments to be more flexible in how care can be delivered and so be more cost effective. There is a need to make direct payments as administratively attractive as possible. The service works closely with the 3rd sector and it is hoped that micro enterprises will be developed but this could be high risk. The Corporate Director informed the Committee that a threshold unit rate for direct payments had been set at £10.90. It is hoped to move the authority away from this arbitrary threshold and develop a service which will help people source their own care in a more creative way.
- AS07 – the Corporate Director advised that discussion of the following should be confidential due to the commercially sensitive nature of elements of the proposal:

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).

- The Committee was briefed on the proposals
- There was some concern that savings could be made during the financial year if these were dependent on third party involvement

The Committee returned to open session.

- AS09 – Recommissioning/Decommissioning – the narrative could have been clearer in indicating that the proposal relates to changing commissioning practices to reflect person-centred care. The Committee asked how many services were due to be recommissioned in the next year and questioned whether savings would only be generated for part of the year. The Head of Service indicated that there were several different pieces of work ongoing into the next financial year. For example, a number of packages were for meal preparation only and it was considered that this could be delivered more effectively. Officers would be revisiting the strategy regarding domiciliary care rates which may result in fee uplifts and this will shape markets and generate efficiencies. This will be further considered by the Adult Services Working Group in due course. The Corporate Director stated that the proposal was not about stopping services but incentivising the right areas of the market which could lead, for example, to a reduction in spot bed purchases. More emphasis would be on community-based services to enable residents to remain at home.

- AS08 – Strengths based reviews – a request was made for an explanation of strengths-based services. It has been the case that practitioners have made an assumption when carrying out reviews that needs would not have changed. Under a strengths-based approach individual circumstances are reviewed. As a result of services provided, an individual may be more independent. The review would cover what the individual can do, what other people can do to support them and whether there were any gaps in provision. A multi-disciplinary approach is taken which for example, could see Occupational Therapists undertaking reviews to assess whether double handled care can be reduced to single handled care with assistive technology. This is less intrusive for the individual and can free up carers for other areas. The fragility of the domiciliary care market is recognised.
- Members questioned how savings could be quantified given the crossover between technology enabled care and double to single handling, for example. The budget was complex and interrelated and robust programme management was required. Each programme has a lead officer who meet monthly to ensure that links are made between the programmes and double counting does not take place. The proposal relating to double handling had been brought to managers by practitioners as one example of how improvements could be made which also lead to better cost efficiency.
- There are challenges for the Authority in how travel is dealt with. An opportunity exists to demonstrate how well services can be delivered in a rural authority. A rural cost analysis has been completed. Virtual assessments are already in place where appropriate for both the practitioner and resident. Although there was some concern regarding the social isolation of residents, proposals around technology enabled care would not replace personal care.

Children's Services

A strengths-based approach was also taken in Children's Services to ensure families are kept together wherever possible with local authority care being a last resort. A restructure has been completed and early intervention has been introduced. There is ongoing work to recruit more foster carers.

Discussion:

- CH03 – Changes in service provision - effect of pump priming– more detail was sought on the 'various proposals' totalling £1.226M. This would include the development of children's homes in Powys and increased foster provision to bring children closer to home.
- The Committee accepted the proposals but were concerned that the Service had a history of not achieving savings. Considering the complexities of acquiring properties, the achievability of these savings was questioned in the next financial year. There would need to be significant investment before savings could be achieved. The Head of Service informed the Committee that an infrastructure was needed within

communities to provide placements closer to home and a range of proposals was being considered.

County Councillor J M Williams left the meeting at 11:50

- There were considerable costs in having a child in care. The Service currently relies on provision by the private sector across the UK and a local infrastructure is needed to bring children closer to their homes to enable local links to be maintained and improve the viability of them being able to return home. This is a key part of the strategy.
- The number of Children Looked After (CLA) is reducing due to early intervention
- There were 239 CLA which had reduced from 250
- Members questioned why the numbers remained high as they had been at 160 three years previously. Increasing numbers was a national problem and Members were of the opinion that research should be undertaken into the root cause of the problem to enable it to be addressed on a national basis. The Corporate Director informed the Committee that this was a priority of the First Minister and a piece of work has been commissioned, supported by the WLGA, to understand why there has been an increase in numbers. The Committee asked to be kept informed of the results of this work.
- It was noted that the numbers of CLA had been affected by the CIW Inspection. The service has an aspirational target of 230 CLA by the end of March but the Committee was reminded of the statutory duty to protect children. Prior to the Inspection some children had been left in dangerous situations and were now in care. Legacy issues have to be managed at the same time as new policies and processes are implemented and this will continue in the short term. The new structure focuses on early intervention and prevention. The Edge of Care Service has actively kept 78 children out of care and stepped down 33 children to less costly provision.
- The service is more proactive replacing the previous reactive approach
- It was not possible to compare Adult and Children's Services as Children's Services operated under a different regime to and was more heavily regulated
- There were 80 children currently out of county. Some of these were just over the border and some in-house foster carers also lived over the border. This number includes children living with family members.
- The length of time taken to recruit foster carers is now monitored
- The detail of figures contained within CH03 had not been quantified. If there has been a business case, it should be available to the Children's Services Working Group. The Committee required justification that the capital expenditure will result in the stated savings. The Head of Finance informed Members that a business case was essential before any proposal could be included in the capital programme. Once a strategic outline case is approved, an outline business case is prepared which would give a much greater level of detail. Funds will not be released into the capital programme until the outline business case is approved

- A further issue regarding the capacity of proposed children's homes going forward was also raised given the introduction of early intervention work
- The Service are committed to achieving the savings identified within the next financial year.
- CH03 is the only impact assessment which notes that consultation with foster carers is required due to proposed changes to the financial offer. There is a move across Wales to harmonise terms for foster carers.
- CH01 - Shared Costs with PTHB for Placements for Children who are Looked After – the Corporate Director indicated that this item was commercially sensitive and may impact on the Authority's ability to negotiate

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).

- The Committee was briefed on the proposals

The Committee returned to open session

- The Committee had focussed on savings of £2.2M but there was an increase in budget of £5.7M proposed
- There was no justification provided for the increase and no scrutiny of this amount. The Head of Finance advised that the increase met the ongoing costs of current commitments and inflationary pressures
- The Corporate Director noted that there had been a £6M overspend in 2018 when she took up post which reflected part year pressures from 2017. In 2019 a deficit of £2.3M was forecast. There was a much more rigorous process for setting the current budget.
- The Chair reported that the cost of providing Children's Services was approximately 20-25% higher per child than in comparator authorities and questioned how the Committee could have confidence in the proposed budget. Previous work had not been funded. The right infrastructure was now in place, but existing children are still in the system and need to be funded whilst investing in new preventative services. However, the service was now open and transparent, the numbers of CLA were falling, the number of step- downs was increasing and there was a reduction in numbers on the Child Protection Register. All indicators are going in the right direction and the Head of Service was confident this would continue.
- The Corporate Director and Head of Service were asked if they had been as rigorous as they could be in setting the budget or had an element for contingencies been included. The Corporate Director indicated that all measures were being taken to keep children at home and reduce the cost burden on the authority. Commissioning had not been in place previously but was now in place. Powys had a significantly higher number of step-downs than other authorities. She was confident that the service could deliver what has been stated and mitigate against the unexpected.
- Members remained concerned that the increase to the budget would deflect from the debate and that reporting a net figure could minimise

adverse comment. The Head of Finance reported that both sides of the equation would be reported for clarity and transparency.

- Members asked how much of the increase could be attributed to agency staff. This was £1.2M based on the current cohort. The Head of Service was pleased to report that all Team Managers were now permanent members of staff. The solution was to make people want to work for Powys and this will improve as the service improves. Relationships with universities are being broadened to help grow our own social workers. Retention payments are being introduced in some areas. A health care apprenticeship scheme is also being launched.
- £2M had been retained within the current year's corporate budget to offset the risk inherent in the budget. This will support the current overspend in Children's Services. It was suggested that the service should have a contingency budget or a reserve to meet unexpected pressures.

Outcomes:

- **Committee's comments would be included in a report to be considered by Cabinet alongside comments by other scrutiny committees**
- **Further information would be provided on the welsh government work on the numbers of Children Looked After**
- **A business case for children's homes would be considered by the Children's Services Working Group when available**
- **A report compiled by the Lead in Continuing Health Care will be considered by the Committee or the Adult Services Working Group in due course**
- **The protocol that arises from the findings of the report to be considered by Committee the Adult Services Working Group**
- **The protocol to be reviewed 6 months after implementation**

County Councillor G I S Williams (Chair)

CYNGOR SIR POWYS COUNTY COUNCIL

COMMITTEE: Health and Care

DATE: Monday 24th February 2020

REPORT AUTHOR: **Alison Bulman, Corporate Director (Children & Adults)**

SUBJECT: **North Powys Wellbeing Programme: Model of Care**

REPORT FOR: Decision

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1. Purpose

a) To provide an update on the North Powys Wellbeing Programme and to share the outputs of the work to date around the development of a new model of care.
b) To formally approve the model of care (see appendix one) for more detailed design.

2. Background

- The North Powys Wellbeing Programme Team undertook a 4-month period of engagement during summer 2019 with public, staff and wider stakeholders across towns and communities to support the design stage of the programme which focuses on developing a new Model of Care and the Strategic Outline Case to support the capital development of a multi-agency wellbeing campus in Newtown.
- The engagement activities focused on understanding what keeps people safe and well in their homes and communities. Experience of our residents using public services was also tested, and they were asked to provide insight into what they feel could be improved closer to home, within their communities, across north Powys and out of county.
- A summary report of stage one engagement findings can be found at appendix one. This phase of work captured the feedback and experiences from a wide range of stakeholders (including staff, residents of all ages, hard to reach groups such as mental health/Syrian families/learning disability forums) and helped to bring the differences in needs across communities to the forefront of our thinking. Despite the differences in needs, there were a number of common themes that emerged from all areas across north Powys, including:
    - Transport
    - GP practices (accessibility)
    - Services for children and young people
    - Strengthening of mental health services
    - Importance of libraries
    - Green space accessibility (linked to wellbeing)
    - Arts and culture
    - Community hospitals

- The feedback received from the engagement sessions supported the first draft Model of Care and Case for Change, ensuring a co-production approach that places the voices of our staff and residents at the heart of a new model of care.
- The draft model of care has been developed from a range of different sources, building upon the Health and Care Strategy approved in 2017. There are 5 main sources which have formed to create the model:
    - Public, staff, GP and other stakeholder engagement
    - Model of Care work stream meeting outputs
    - National legislation and policy drivers
    - Deep dive population assessment to understand communities and population across north Powys
    - Service mapping in north Powys
- The model of care is the next level of detail to the Health and Care Strategy, and the delivery mechanism for delivering the strategy. The model aligns to the 4 priority areas identified within the Health and Care Strategy:
    - Focus on wellbeing
    - Early help and support
    - The big four
    - Joined up care
- The draft model of care was initially tested with a range of audiences throughout October 2019. This included Executive Teams across Powys County Council and Powys Teaching Health Board, as well as officers and managers representing the Start Well, Live Well and Age Well partnerships under the Regional Partnership Board. The model narrative was subsequently updated and tested further at Check and Challenge events held with Executive Teams within Powys Teaching Health Board and Social Services SLT in Powys County Council.
- The draft model of care has been shared for the second stage of engagement as a technical document with public, staff and broader stakeholders.
- The purpose of this stage of engagement was to test whether those who had an input felt their insights had been reflected within the draft model.
- The first draft model was also published on the Programme's website (www.powyswelllbeing.wales) which went live in December 2019. A survey was developed by the team's Engagement and Communications Specialist and the website was used as a platform to host this. The website and survey were distributed via email to staff and key stakeholders, whilst social media was utilised to direct residents to the website and survey. An engagement report for stage 2 is available, where engagement results and qualitative feedback on the first draft model of care can be found.
- The majority of feedback received around the first draft model of care focused more on the 'mechanics' of how the model will work, rather than content and strategic direction. Consideration will need to be given as to how this feedback gets incorporated at a later stage during the design phase of the programme. There were a number of key themes that emerged from the stage 2 engagement that the team felt needed strengthening within the model:
    - Dementia; no mention of dementia specifically in the model, it is encapsulated within mental health but need to make specific reference to this.
    - Care for younger disabled adults (under 60 years of age).
    - The model of care is too medicalised and needs more focus on wellbeing and social services.

    - The wording of particular elements within the citizen pledge and the citizen outcomes.
- **Dementia:** there is recognition that this needs to be strengthened as a standalone element throughout the model, though difficult to summarise in a high-level technical document. An additional emphasis has been placed upon dementia friendly communities, with a view to further defining the mechanics of this during the detailed design phase.
- **Care for younger disabled adults (under 60 years of age): t**he Model of Care spans the start well, live well and age well agendas and therefore applies to all ages. To refer specifically to care for a particular age would be inappropriate. The Model of Care makes clear that all ages will be supported to live as independently as possible, with access to equipment, aids and adaptations to support this.
- **The model of care is too medicalised and needs more focus on wellbeing and social services:** whilst this point is accepted, the medical complexities within any model of care will seem amplified due to the sheer volume and complexity of interventions provided by health services. Medical language is also difficult to simplify without diluting its meaning and therefore the language used in the model may be a reason for the perceived overemphasis of medical services. The model has been shared with the Director of Social Services, Heads of Social Services as well as Senior Managers across Children's and Adults Services, and all are satisfied that the social care offer within the model is the direction of travel, is suitably robust and aligns with future strategic plans.
- **The citizen pledge and citizens' having a 'responsibility' to ensure their health and wellbeing:** it is accepted that the citizen outcomes initially agreed for inclusions within the Health and Care Strategy cannot be changed at this stage. The language has been softened within the citizens pledge to encourage buy-in from citizens rather than resistance.
- The model of care was updated to reflect any comments/feedback received through stage 2 engagement.
- It is important to note that the Model of Care has been sent to copywriters to ensure the language is easily understood by a range of people, however the complexities of health are sometimes difficult to simplify.
- Alongside this work, there have been ongoing efforts to develop the supporting evidence base (see appendix two) and the visuals/schematics to help with communicating and wider understanding of the model, which will be refined following approval at PCC Cabinet and PTHB Board.
- The model of care will also be further tested during Spring 2020 as demand, capacity and financial modelling work will be undertaken to understand the impact of the key changes to the model and to test affordability across both organisations.

Recommendation	**Reason for Recommendation**
To formally approve the model of care for more detailed design to be undertaken.	

Relevant Policy (ies) :	• Health and Care Strategy • A Healthier Wales • Social Services and Wellbeing Act		
Within Policy	**Y**	**Within Budget**	N/A

Contact Officer:	Telephone:	Fax:	Email:
Ali Bulman	01597 826906	N/A	Alison.bulman@powys.gov.uk

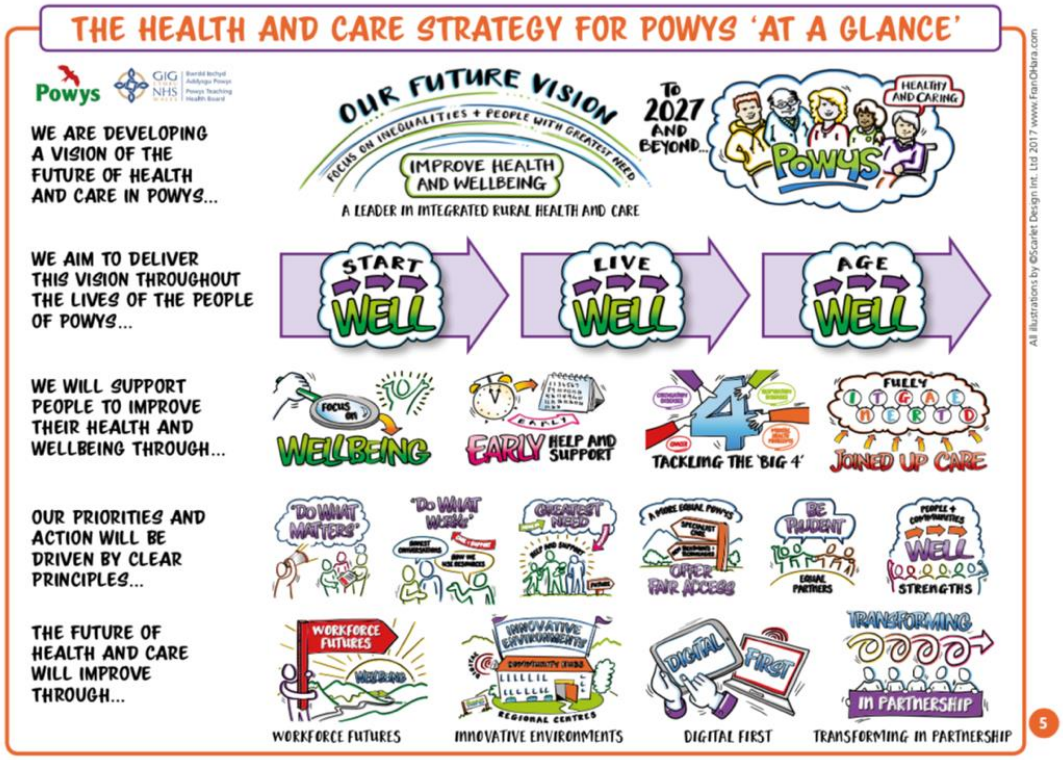
North Powys Wellbeing Programme

Model of Care

Live Document

Introduction

This model of care for Powys is part of a Wales-wide response to the increasing demands and new challenges facing the NHS and social care. These include an ageing population, lifestyle changes, public expectations and new and emerging medical and digital technologies.



In June 2018, the Welsh Government published *'A Healthier Wales: Our Plan for Health and Social Care'.* The ambition of *A Healthier Wales* is for the health and social care systems to work together, to help people live well in their communities, meet their health and care needs effectively and provide more services closer to or at home, so that people only need to use a hospital for treatment that cannot be provided safely anywhere else.
The new model of care sits under the overarching *Health and Care Strategy for Powys: A Healthier, Caring Powys*.

We asked the local community and people who provide services, both in and out of the county, to tell us 'what works well' and 'what could be improved in the future'. To help focus our conversations we looked at how we deliver services in three distinct ways:

- At home and in the community
- At a district or regional level
- At a county or out of county level.

We have initially focused conversations in north Powys and have discovered people are enthusiastic about transforming health and care services in north Powys, in part by delivering more services in-county, closer to where people live.

In developing the model of care, we took care to keep a balance between ambition and reality. This will help us deliver meaningful change, within the boundaries of what we can realistically achieve. As we develop more detailed plans, we will test our ability to deliver the new model, continue to share information, ask for feedback and explain the reasons behind our decisions.

What we know now

Powys is a large, rural county. It covers a quarter of the land mass of Wales and is the most sparsely populated county in England and Wales, with a population density of just 26 people per square kilometre. More than half of the county's residents live in villages and small hamlets.

The geography of the county presents a challenge in delivering services, especially health and social care services. Many people tell us that, although they do not want to leave their community, access to services and social isolation is a problem, in particular those who are older and live in more remote locations.

- Evidence shows that people who live in the most deprived areas in Powys live more years in poor health compared to people in the least deprived areas. Evidence shows that the difference in cognitive outcomes between children from the least and most deprived areas continues to grow over 10 years. Across Wales, there is also a clear link between levels of deprivation and rates of overweight or obesity, from 28.4% of children who live in the most deprived areas being overweight or obese to 20.9% in the lest deprived. Just over 1 in 5 children in Powys are estimated to be living in poverty, after housing costs have been considered. Children who grow up in poverty are more likely to have poor health which can have an effect on the rest of their lives. In North Powys there are some areas which score high on several factors associated with the Welsh Index of Multiple Deprivation (WIMD). Health inequalities increase when services do not reach those who are at most risk. this can be reduced when services work together with a focus on early intervention, adverse childhood experiences, wellbeing and independence.

- Unhealthy lifestyles increase demand on health and social care services and reduce people's opportunity to live a fulfilling life. Although rates of physical activity in Powys are above the Wales average, nearly 6 in 10 adults are overweight or obese and this figure is predicted to rise. Just under 1 in 5 adults in the county smoke and 4 in 10 drink more than the recommended amount.

- Developments in technology are changing how we provide some health and social care services and support. For example, more people can access services in or closer to home. Although we have started to use new technologies, there is much more we can do.

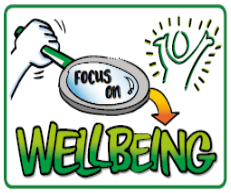
- Population changes mean there will be more older people and fewer younger people living in Powys in the future. And while people are living longer, these years are not always healthy. New treatments are being developed, which could help more people live for longer, but they are costly. To be able to meet future demand we must change the way we deliver services, so they are affordable and sustainable.

- Services around the county's borders are changing. The Shrewsbury and Telford Hospital NHS Trust, the main acute hospital provider for many north Powys communities, are changing their services which means some services will move to Telford. Every year approximately 5,000 people travel out of county each year for day case procedures and 60,000 for outpatient appointments, if we had the right workforce, facilities and diagnostics a large number could be provided locally.

- We have started to talk to our partners in the Mid Wales Joint Health and Social Care Committee about how we can provide more services locally that are currently provided in hospitals, and will be starting more detailed work on this over the next 12 months, this will reduce people's travel costs and time.

- We depend on volunteers to deliver care and are fortunate to enjoy strong support for this. However, to maintain levels of care we must improve how we support our volunteers and continue to recruit new ones.

By 2027 we want people who live in Powys to say…



- I am responsible for my own health and wellbeing.
- I enjoy a range of opportunities which mean I am able to lead a fulfilled life.
- I have easy access to information and advice that helps me make healthy lifestyle choices for myself and my family.
- I enjoy health and wellbeing through support from my local community and access to the natural environment.
- I receive support which helps me balance my responsibilities as a carers and enjoy a fulfilled life.

- I am confident my children have opportunities that help give them the best start in life.
- I have easy access to information, advice and support that helps me live well with my chronic condition.

- When I need to, I can access services as near to my home as possible.
- I am treated with dignity and respect.
- I receive care and support which is focused on what matters most to me.
- I receive continuity of care which is safe and meets my needs.

- I have easy access to information and support about my condition.
- My condition was diagnosed early.
- After my diagnosis I received treatment quickly.
- I continue to receive high-quality treatment and support as near to my home as possible.

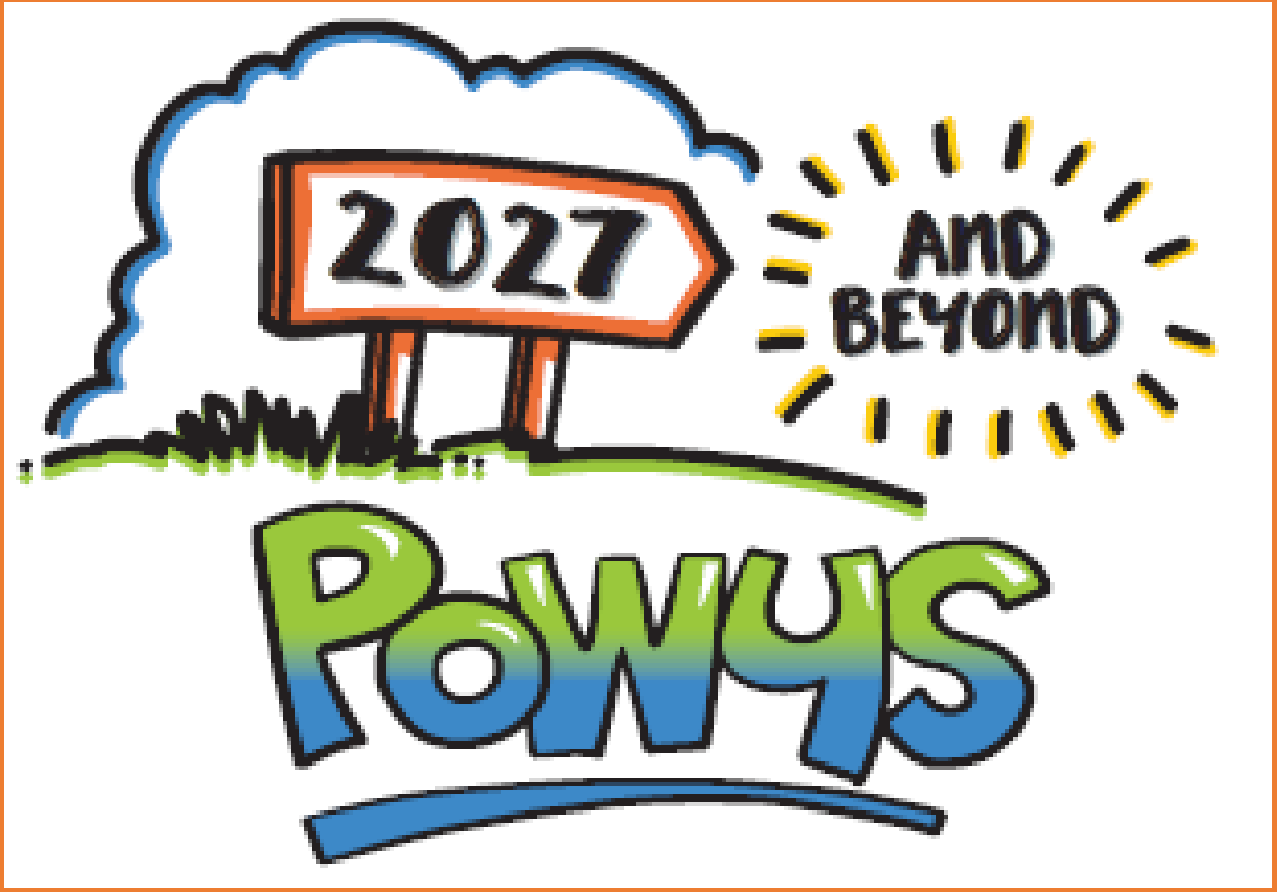
Those who provide health and care services in Powys will:

- Listen to the people of Powys about their hopes, fears and opinions on health and care services.
- Provide care which meets the needs of the individual and helps them manage their own care budget.
- Influence housing, education, leisure and in-work poverty to reduce health inequalities.
- Help communities develop hubs and activities that encourage cultural wellbeing, physical activity and social interaction.
- Encourage people to develop a wellness plan, be aware of the impact of their lifestyle and act when the time is right.
- Improve access to services, provide better screening and early diagnosis and help and support.
- Make the most of the opportunities that developments in technology bring to improve communication, deliver new services and provide services at more convenient times.
- Work to the sustainable development principle under the Future Generations Act's Five Ways of Working to develop sustainable services and promote the Welsh language.
- Deliver services as close to people's own homes as possible to save people time and money and reduce carbon emissions. People will only need to travel out of county to receive specialist care and complex services which we cannot safely provide through digital technology or closer to home.

If you live in Powys, we ask you to:

- Be proactive in supporting your own health and wellbeing and be an expert in managing your own care.
- Be an equal partner in the decisions that are made about your care and support.
- Take action to maintain good health and wellbeing, through participating in physical activity, looking at information, advice and guidance attending screening, utilising self-referral and educational programmes, using digital apps where you feel comfortable to do so.
- Support activities that help people feel part of their community and able to take part in making decisions about what matters to them.
- Act as a champion to help develop integrated community hubs that bring people and communities together.
- Use digital technology to support your independence and help you receive prompt care and support.

What the model will look like: 2027 and beyond



Evidence tells us that…

- People enjoy better health and wellbeing when they are active partners in their own care.
- Education is a key way to encourage positive lifestyle behaviours in people of all ages.
- Encouraging children and young people to live healthy lifestyles now helps them live more healthily in the future.
- A positive working environment and well-paid work that people can take pride in helps create social and economic wellbeing.
- A positive living environment, including good-quality housing, affordable heating and easily accessible local amenities, helps people enjoy good health and wellbeing.
- Services are most effective when they are universally accessible but reflect differing need.
- Targeted health promotion and disease prevention in deprived communities and through schools helps reduce the impact of the 'Big 4' diseases – mental health, respiratory, circulatory disease, cancer.

Key focus of the model:

- Promote independence and self-care where possible.
- Use digital and traditional paper-based channels to publish and share information about community wellbeing activities to help people engage with local groups and establish the friendships and social networks that are essential to maintain resilient communities.
- Utilise voluntary sector and social networks and increase green and social prescribing so that people can take part in more community-based activities to improve their health and wellbeing.
- Provide one-stop, universal and targeted early and primary prevention services at integrated community hubs that bring together education, welfare, housing, leisure, health, social care and the third sector.
- Support an active travel infrastructure (where appropriate) to encourage people to choose active travel and reduce their carbon footprint.
- Help people achieve a healthy weight through, for example, access to dietetics, behavioural change approaches and physical activity specialists.
- Influence housing, education, leisure and in-work poverty to improve health outcomes and reduce inequalities.
- Provide opportunities for employment, training and career progression that help people stay living and working and Powys, enjoy job satisfaction and increased wellbeing, and contribute to the growth of the local economy
- There will be a broader approach to delivering behavioural and clinical risk factor management programmes, e.g. through the use of community venues and the use of digital technology.
- Ensure a skilled, supported workforce equipped to provide a high-quality service to children, young people and their families, which is compliant with the legislative framework and in line with best practice.

Evidence tells us that…

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

Key focus of the model:

Give children the best start in life

- Recognise the importance of the first 1000 days of a child's life and provide activities that help children gain resilience as they move into adulthood.
- Public sector childcare to help families return to work.
- Good-quality childcare and early years parenting and transition to school programmes so that every child starts school ready to learn.
- Support to children to ensure they reach their full potential at school.
- Better access to wellbeing activities and green spaces.
- Early intervention, multi-agency services for families who are most in need so that more children who are at risk stay at home and fewer children are placed in care.

Help communities become self-sustaining and more resilient

- Ask people what matters to them and help them draw on their own strengths and the support available to them in their community to reduce the need for statutory interventions.
- Utilise public buildings so we have more facilities from which communities and providers can bring children, young people and adults together to share skills and experience through a wide range of intergenerational activities.
- Offer consistent and equitable services at home and in the community.

Support people with long-term conditions to live well

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

Evidence tells us that…

- Multi-agency assessment and holistic, personalised care can reduce duplication, eliminate gaps in service provision, address equity issues and ensure the needs of an individual are shared, understood and met in a timely way.
- There is a direct correlation between how long a patient stays in hospital and their subsequent admission to nursing or residential care.
- People can stay living independently for longer when they spend less time in hospital and receive appropriate care and support at home.
- Changing demographics mean demand for complex health and social care packages will go up in the future.

Key focus of the model:

- Multi-agency working across education, housing, welfare, emergency and primary, community and secondary healthcare services to provide a seamless health and care service.
- People involved in making decisions about their care so that the services we provide are focussed on what matters most to them.
- 24/7 multi-agency urgent care in the community for people who do not need to attend an emergency department or be admitted to hospital.
- Ambulatory care (outpatients, day case, urgent care, diagnostics) as locally as possible so that people receive a prompt diagnosis and easy access to treatments.
- Local accommodation so that fewer children and adults are placed out of county.
- Co-ordinate care to prevent unnecessary hospital admissions and help people return home as soon as possible after a necessary admission.
- Encourage more people to complete advance care planning, so that they can choose whether they would like to receive end of life care at home or in a community setting.
- Support people with complex needs to live independently for as long as possible and, when it is no longer possible, to have prompt access to residential care.
- Reablement services that help people quickly regain as much independence as possible.
- Personalised care as soon as it is needed through anticipatory care planning and individual budgets.
- Work with children, young people and their families to co-produce plans and make the changes children need as quickly as possible.
- Flexible and affordable mix of high-quality placements for children who are looked after that meet their individual needs and keep them as close to home as possible.
- Good parenting programmes, specialist support and well-planned journeys into adulthood so that children in care achieve the best possible outcomes.
- Make sure every person who needs one has easy access to a keyworker.
- Support people to take a positive and risk aware approach to life.
- Make sure people have clear information before and throughout any statutory involvement, in a format they can access and understand and that contains key contact details, their current situation and the next steps that are planned.
- Where it is safe and effective to do so, provide specialist services in-county.

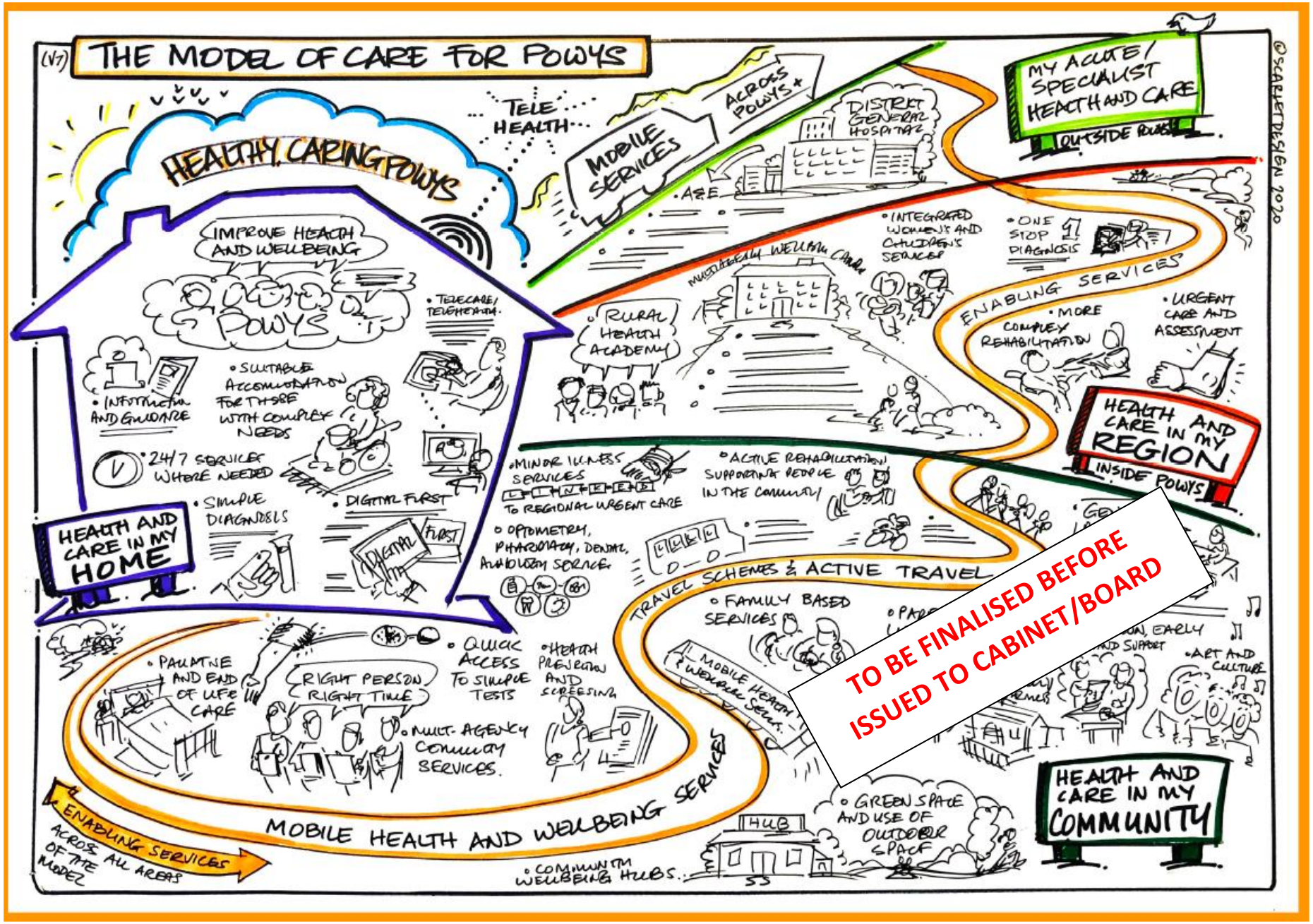
Evidence tells us that…

- Good mental health improves people's overall life chances including their education, home life, employment, safety, physical health, independence and life expectancy. Integrated, multi-disciplinary and multi-agency services that are easy to access help people enjoy good mental health and wellbeing.
- Although new treatments have resulted in better survival rates, cancer incidence rates and the demands on services continue to rise.
- Early identification of people who are at risk of developing diabetes, respiratory or circulatory diseases and musculoskeletal disorders will help to prevent incidence and reduce their long-term disease burden.

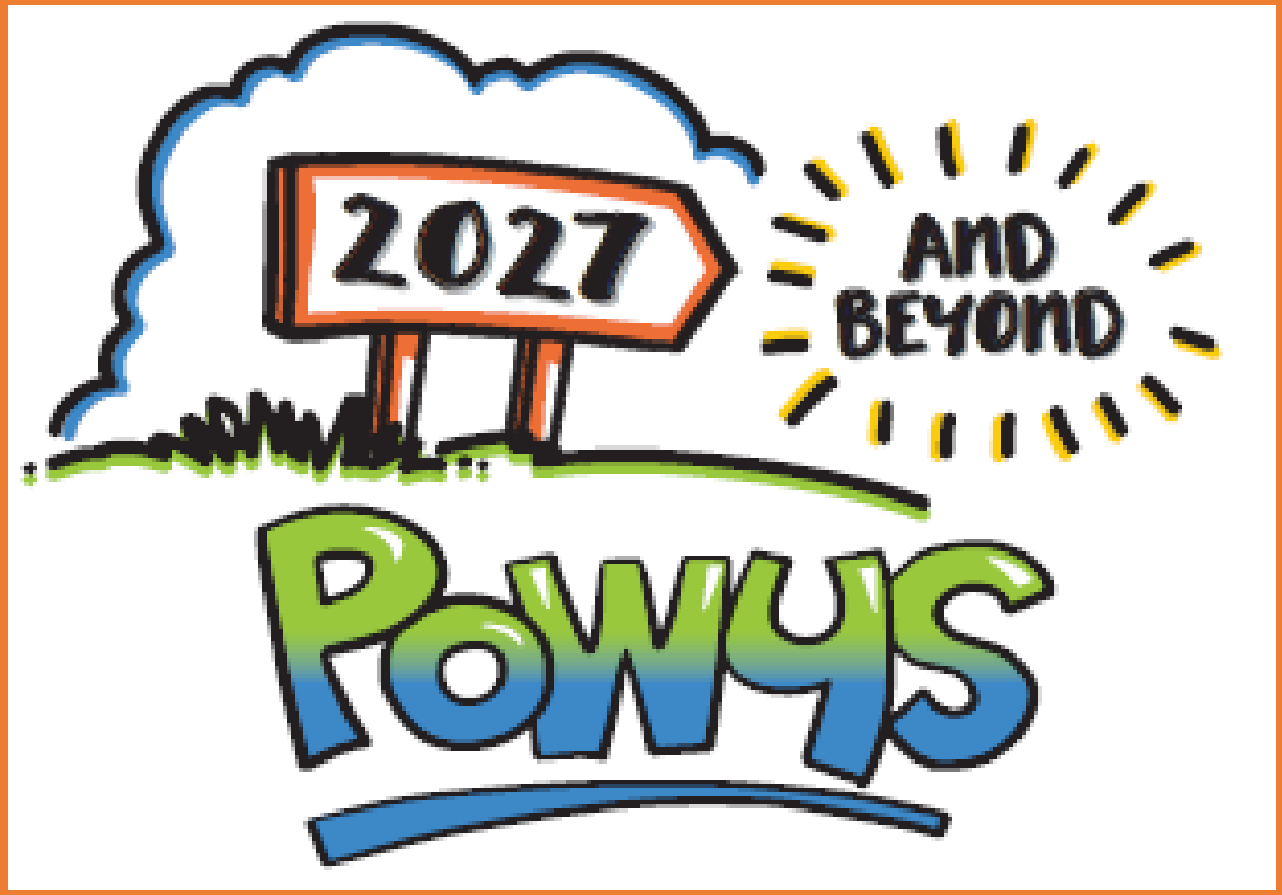
Key focus of the model*:

- Use information and intelligence to better understand future needs at population level and so deliver better value services.
- Encourage people to reduce behaviours that contribute to incidence of the Big 4 (smoking, poor diet, physical inactivity, stress) with a particular focus on the health board and council as significant employers in Powys.
- Better identify and manage key clinical risk factors: high blood pressure, high cholesterol, high blood sugar.
- Reduce incidences of the Big 4 through better education and healthier work and lived environments.
- Make screening easy for people to access and ensure they are well informed about why they have been invited to attend screening and the importance of doing so.
- Use agreed pathways to address the Big 4 and improve outcomes based on national planning guidance and evidence.
- Remove the stigma around mental illness so that people who live with it are understood and valued in their community.
- Integrate mental and physical health services.
- Dementia friendly communities and a focus on community resilience and support for people with dementia.
- Provide intergenerational opportunities between school children and people who live in an EMI residence or attend a day centre.

*Big Four: Mental Health, Respiratory, Circulatory and Cancer


(V7)
THE MODEL OF CARE FOR POWYS
HEALTHY, CARING POWYS
IMPROVE HEALTH AND WELLBEING
POWYS
TELE HEALTH
MOBILE SERVICES
ACROSS POWYS
A&E
DISTRICT GENERAL HOSPITALS
MY ACUTE/ SPECIALIST HEALTH AND CARE
OUTSIDE POWYS
INTEGRATED WOMEN'S AND CHILDREN'S SERVICES
ONE STOP DIAGNOSIS
MULTIAGENCY WELLNESS CENTRE
RURAL HEALTH ACADEMY
ENABLING SERVICES
MORE COMPLEX REHABILITATION
URGENT CARE AND ASSESSMENT
HEALTH AND CARE IN MY REGION
INSIDE POWYS
TELECARE/ TELEHEALTH
SUITABLE ACCOMMODATION FOR THOSE WITH COMPLEX NEEDS
INFORMATION AND GUIDANCE
24/7 SERVICES WHERE NEEDED
SIMPLE DIAGNOSIS
DIGITAL FIRST
HEALTH AND CARE IN MY HOME
MINOR ILLNESS SERVICES LINKED TO REGIONAL URGENT CARE
ACTIVE REHABILITATION SUPPORTING PEOPLE IN THE COMMUNITY
OPTOMETRY, PHARMACY, DENTAL, AUDIOLOGY SERVICES
TRAVEL SCHEMES & ACTIVE TRAVEL
FAMILY BASED SERVICES
MOBILE HEALTH & WELLBEING SERVICES
PALLATIVE AND END OF LIFE CARE
RIGHT PERSON RIGHT TIME
QUICK ACCESS TO SIMPLE TESTS
HEALTH PREVENTION AND SCREENING
MULTI-AGENCY COMMUNITY SERVICES
ART AND CULTURE
GREEN SPACE AND USE OF OUTDOOR SPACE
HUB
COMMUNITY WELLBEING HUBS
HEALTH AND CARE IN MY COMMUNITY
MOBILE HEALTH & WELLBEING SERVICES
ENABLING SERVICES ACROSS ALL AREAS OF THE MODEL
TO BE FINALISED BEFORE ISSUED TO CABINET/BOARD

Delivery model



Services and support for people at **HOME**

- Information about wellbeing services.
- Video consultations with GP or hospital consultant.
- Good-quality, affordable accommodation to help people live healthily and independently.
- Assistive technology and digital applications to help people self-care and live independently.
- Some diagnostics and test results, carried out and shared electronically.
- Stronger communities with local groups to support people's wellbeing at home

- The right support at the right time, including 24/7 services where needed and available, so people can stay living at home and avoid unnecessary admissions to hospital or residential care.
- Targeted services for disadvantaged families delivered by multi-agency, multi-disciplinary teams.
- Digital applications that help people manage their long-term conditions; improved access to community resources for people who do not want to use technology.
- Mobile health and wellbeing services including simple diagnostics such as bloods and glucose levels.
- Easy access to equipment, aids and adaptations that help people stay living at home, at all ages.

Mental Health

- Support through online cognitive behavioural therapy for people with depression, anger, stress, anxiety and perinatal illness.
- Crisis management and interventions seven days a week through a dementia home treatment team.
- Mental health services and treatment, as soon as people need them.

Respiratory Disease

- Technology that allows people to monitor their own condition.
- More support for people with complex conditions.

Circulatory Disease

- Technology that allows people to monitor their own condition.
- More support to rehabilitate people who are recovering from a stroke.

Cancer

- More support and advice from third sector services.
- A link worker who will ensure the services people receive are coordinated and meet their needs.

- Support to transfer from acute care to home so people can regain their independence as quickly as possible.
- More hospital at home services (e.g. intravenous antibiotics, heart failure follow-up, palliative care, pulmonary rehabilitation) so people can avoid hospital admissions and stay living at home, or return home more quickly following a hospital admission.
- Suitable accommodation for children, young people and adults who have complex needs.
- Prompt access to short-term accommodation and, for people who are able to return home, help so they can do so as soon as possible.
- Respite care, as soon as people need it.
- Palliative and end of life care.
- Residential care for children, young people and adults with mental health and learning difficulties, as close to their community as possible.

Services and support for people in the **COMMUNITY**

- Community wellbeing hubs that provide wellness services such as intergenerational activities, independent living projects, green and social prescribing, healthy living activities and services that focus on the early years, education and employment.
- Community champions and key link workers who will help people access information, advice and support.
- A consistent point of contact who will coordinate services for vulnerable families and those facing difficulties.
- First aid awareness and training to help communities support themselves.

- Multi-agency, multi-disciplinary services for children and young people, delivered at school and in other community settings.
- Access to optometry, pharmacy, dental and audiology services in community settings.
- Respite care, as soon as people need it.
- Simple diagnostics and testing at home or in a community setting.
- Professionals who will help people connect with others in the community and the range of services available to them.
- Access to GP services through clinical triage which will assess people's needs and signpost them to the right person at the right time.

Mental Health
- Support for people with less complex needs through primary care workers in general practice and third sector organisations.
- Support for people with more complex needs from community teams in Newtown, Welshpool and Machynlleth.
- Mental health services from an all-age, multi-agency, multi-disciplinary mental health team.
- Dementia friendly communities.

Cancer
- A wide range of screening, support and services, including palliative care suites, close to where people live.

Respiratory
- Multi-agency, multi-disciplinary teams who will identify people at risk of developing a respiratory disease and provide prevention and early intervention services.

Circulatory
- Multi-agency, multi-disciplinary teams who will identify people at risk of developing a circulatory disease and provide prevention and early intervention services.

- Step up and step down reablement and rehabilitation services to help people avoid unnecessary hospital admissions and, where they do need to be admitted, help them return home as soon as possible.
- Minor injuries and illness services linked to an urgent care centre via GP practices.
- Pre and post-operative care for people with less complex needs, close to where they live and with links to consultants in acute hospitals.
- GP-based virtual wards that include social care and third sector agencies to help identify vulnerable patients and frequent users of health and social care services, stratify their risk and prevent their needs from escalating.
- Easy access to a one-stop, multi-agency, multi-disciplinary clinic.

Services and support for people in the **REGION**

- A multi-agency safeguarding hub.
- Advice and support for people who need advanced levels of care to help them live a healthy lifestyle.
- Technology that will give people access to community wellbeing hubs across Powys.

- Multi-agency support for children, young people and families via dedicated hubs.
- Integrated, multi-disciplinary teams, via a one-stop call centre.
- A wide range of diagnostic services so that people receive an early diagnosis and treatment as locally as possible.
- Ambulatory care services, outpatient consultations and some surgical and medical day case treatments, including chemotherapy and transfusions.

Mental Health

- 24/7 care for a maximum of three days at a crisis house for people who have urgent needs but who do not need to be admitted to an inpatient facility.
- Integrated disability, mental health and alcohol and substance misuse teams.

Cancer

- Outpatients appointments, breast cancer diagnosis and non-complex chemotherapy.

Circulatory

- One-stop clinics to diagnose conditions and provide services including psychology support and stroke rehabilitation.

Respiratory

- One-stop clinics to diagnose conditions and provide services including psychology support.

- Intensive rehabilitation service for people who have suffered a major trauma or stroke.
- Enhanced women's and children's services.
- Urgent care assessment within 0-4 hours and 24/7 out of hours support, where people meet agreed criteria and a multi-disciplinary team is present.

Services and support for people **OUT OF COUNTY**

National wellbeing campaigns:

- Immunisations
- Smoking
- Weight-related illness
- Alcohol
- Substance misuse
- Pollution
- Awareness of the 'Big 4'
- Physical activity

- Children's medical and surgical day case procedures.
- Complex outpatient appointments which require specialist diagnostic tests and support from multi-disciplinary teams which cannot be staffed in Powys.
- Complex birthing, antenatal and postnatal care.
- Specialist diagnostics such as CT and PET scans.

Mental Health

- Specialist inpatient services in Llandrindod or Shrewsbury.

Cancer

- Complex cancer treatments including chemotherapy and radiotherapy, diagnostics and surgery.

Circulatory

- Complex investigations and diagnostics.
- Inpatient services for stroke and heart disease.

Respiratory

- Complex investigations and diagnostics.
- Inpatient services.

- Acute and specialist inpatient medical and surgical care.
- Specialist / Tertiary commissioned services.
- Accident and emergency services including complex acute ambulatory care and assessment.
- Major trauma services.

Changes we expect to see in North Powys

Where we are now	Our Ambition by 2027
Majority of people receive diagnostics and ambulatory care out of county.	Significant increase in diagnostics, outpatient and day case treatments in-county
Most children receive paediatric diagnostics, outpatient and day case treatments out of county.	Small increase in children receiving paediatric diagnostics and outpatients in-county. Due to specialist skills most children will continue to receive complex diagnostics, outpatients, day case care out of county.
Majority of people receive specialist care out of county.	Where safe and effective to do some care will be provided in county or via digital mechanisms.
People receive rehabilitation services in a mix of acute and community settings.	Increase in reablement and rehabilitation at home and in the community.
People travel to Cardiff or Stoke for complex rehabilitation services.	To provide this service in Powys for the population of mid Wales.
People receive the majority of their cancer diagnostics and treatments out of county.	People needing less complex cancer diagnostics and treatments can receive these at the Rural Regional Centre or, where possible, in their home.
Individuals and families can access different services to support them at home depending on where they live.	All individuals and families can access the same services to support them at home and when needed these are accessible 24/7.
A small number of people can access urgent care at home or in a minor injuries' unit.	More people can access urgent care at home, community and Rural Regional Centre.
Some people have access to technology that helps them self-care and live independently.	Most people who need it have access to technology that helps them self-care and live independently.

A large number of adults and children receive care through statutory services.	Fewer adults and children access statutory services. Individual and family needs are supported through early help and support teams, reducing the need for people to go into the care system.
Demand for health and care services is rising.	Prevent demand from growing in the longer term by investing in prevention and early intervention that enables people to live in good health.

Personas – North Powys only

Start Well Persona 1: Today

Andrew is a typically lively 13-year-old boy who lives in Newtown with his mother and father. He has one older brother who has recently left home for university. Andrew has a healthy lifestyle, enjoys outdoor activities and makes use of his local library in Newtown. Both his parents work. The family has one car.

Andrew has suffered with enlarged adenoids since he was about 10. They cause him discomfort and interfere with his breathing which affects his daily life, particularly when he wants to take part in physical activity. His enlarged adenoids also mean he suffers from frequent middle ear infections which have caused him to have some time off school. Although this hasn't affected his academic performance, it does affect his parents who have occasionally had to take unpaid leave from work at short notice.

Andrew's GP referred him to an ENT specialist at the Royal Shrewsbury Hospital. Before his appointment, the consultant asked Andrew to complete a sleep study which meant his mother had to drive to Shrewsbury to collect the study equipment and then drive back to return it the following day. After the appointment Andrew was advised he would need to undergo an adenoidectomy. He had a pre-operative assessment in Telford which found he was fit for the surgery. However, it was postponed several times and now more than six months have passed which means his pre-operative assessment has expired and he will have to travel back to Telford for another one.

These delays have caused Andrew great upset as he has not been able to take part in the outdoor activities he enjoys. The visits to and from Telford have also been difficult for his mum and dad who have had to take time off work, sometimes unpaid, which has occasionally left their household finances a little short.

Andrew is still waiting to have his surgery.

Start Well Persona 1: in 2027

Andrew is a typically lively 13-year-old boy who lives in Newtown with his mother and father. He has one older brother who is studying Adult Nursing at the Rural Health and Care Academy in Newtown. Andrew has a healthy lifestyle and spends a lot of time playing sport and taking part in outdoor activities in the green spaces near to his home. He also enjoys going to the library.

Andrew attends his local school where he receives an excellent education with an extended curriculum that teaches him how to maintain good physical and mental health and wellbeing. Andrew's parents both have meaningful employment in the area and enjoy a stable income. This is just one of the reasons they say their overall health and wellbeing is very good. The family has one car they use for shopping and trips out. Andrew's mum cycles to work on dedicated cycle paths and his dad walks.

Andrew has suffered with enlarged adenoids since he was about 10. They cause him discomfort and interfere with his breathing which affects his daily life, particularly when he wants to take part in physical activity. His enlarged adenoids also mean he suffers from frequent middle ear infections which have caused him to have some time off school. However, this has not affected Andrew's academic performance and his parents have flexible working arrangements which means they can easily take time off to care for him.

Andrew's GP referred him to an ENT specialist at the Rural Regional Centre in Newtown for Andrew's initial appointment. All his other appointments with the consultant have been held from Andrew's home using video conferencing technology. Before the consultant could confirm whether Andrew needed surgery, he had to undergo a sleep study. The equipment for this was available from the Rural Regional Centre in Newtown. After the study Andrew's consultant confirmed that he will need an adenoidectomy. He has since undergone a pre-operative assessment at the Rural Regional Centre, carried out by a nurse who recorded the assessment results on his electronic patient record. Everyone involved in Andrew's care has access to this record. Andrew was deemed fit for surgery and it is scheduled to take place in six weeks' time in Shrewsbury and Telford Hospital.

Live Well Persona 1: Today

David is a 26-year-old farmer. He lives alone in a remote location in Llanwddyn, one of the most sparsely populated areas of the county. His family live on another farm in Llanfyllin, north Powys. The family bought David's farm five years ago for the extra grazing land and so that David would have a home of his own and more independence.

Since moving to the farm, due to the demands of farming on his personal time and the farm's location, David has experienced rural isolation and a lack of social interaction. He has no mobile reception at home because the farm is in a valley and his broadband connection is via satellite which is costly and limited.

Because he has to work such long hours David rarely engages in social activities and can go days without seeing anyone. Before moving to the farm, he used to enjoy going to the gym and swimming pool at his local leisure centre. Now his nearest leisure centre is a 40-minute drive away in Welshpool. David also used to enjoy attending the Young Farmers Club. However, because of the demands of the farm he is finding it difficult to go back.

Sometimes David's only social interaction is with his extended family, and this is often just to talk about work and money. Cash flow concerns David and, while he wants to make his father proud and prove that he can manage a farm, market prices have been low and David is beginning to feel a sense of failure. He's struggling with the maintenance costs on several of the vehicles he needs to run the farm and because his farmhouse is rated Council Tax Band F, his council tax is high at £2,330 per year.

David often feels low in the evening and tends to work late because he is going back to an empty house where he has very little to do. He has also been suffering from aches and pains in his neck and shoulders for some time, which he has yet to seek treatment for.

Live Well Persona 1: in 2027

David is a 26-year-old farmer. He lives alone in a remote location in Llanwddyn, one of the most sparsely populated areas of the county. His family live on another farm in Llanfyllin, north Powys. The family bought David's farm five years ago for the extra grazing land and so that David would have a home of his own and more independence.

Since moving to the farm, despite the demands of farming on his personal time, David has been able to keep strong social connections and support networks. He attends a variety of local groups which he found out about after a quick search on his iPad. Although David lives alone in a rural area, he feels well connected via his reliable mobile phone signal and high-speed unlimited broadband.

David's close friends understand the pressures he feels to maintain the farm and often lend a hand when they have spare time. For example, David recently suffered from aches and pains in his neck and shoulders but was able to visit his GP before his health deteriorated because one of his neighbours offered to carry out his morning duties on the farm.

Before moving to the farm, David enjoyed going to the gym and swimming pool at his local leisure centre. Although his opportunities to use these facilities are now more limited due to the demands of the farm, David appreciates the acres of open countryside that surround him and uses the landscape to stay fit and healthy, both physically and mentally.

Live Well Persona 2: Today

Catherine is a 35-year-old woman who lives in Garthmyl, a few miles from Newtown. Some time ago Catherine discovered a lump in her left breast. She visited her GP who referred her to oncology at the Royal Shrewsbury Hospital where she was diagnosed with Stage 3 breast cancer, with 12 of her lymph glands also affected.

Catherine was then referred to the Princess Royal Hospital in Telford for a lumpectomy, which required an overnight stay. Her husband is a farmer and he found it very difficult to balance the demands of running the farm with supporting Catherine at her appointments.

When Catherine had recovered from her surgery, she had to go to the Royal Shrewsbury Hospital every three weeks for a course of chemotherapy. This made her feel extremely poorly, and she also felt exhausted from all the travel to and from appointments. On several occasions Catherine's temperature spiked after her treatment which meant she had to travel back to Shrewsbury to be admitted to hospital.

After her chemotherapy, Catherine had to undergo 23 sessions of radiotherapy. Although each session only lasted for 15 minutes, Catherine had to travel 40 miles each way to receive the treatment. This added to her exhaustion and affected her recovery.

Although Catherine has now finished her treatment she still has to travel to Shrewsbury for regular check-ups. She finds this difficult, particularly as some of the appointments have only involved a conversation which Catherine feels could have happened just as well over the phone.

Live Well Persona 2: in 2027

Catherine is a 35-year-old woman who lives in Garthmyl, a few miles from Newtown. Some time ago Catherine discovered a lump in her left breast. She visited her GP who referred her to oncology at the Royal Shrewsbury Hospital where she was diagnosed with Stage 3 breast cancer, with 12 of her lymph glands also affected.

Catherine was then referred to the Princess Royal Hospital in Telford for a lumpectomy, which required an overnight stay. Her pre-operative assessment was carried out locally at the Rural Regional Centre in Newtown. The nurse who completed this assessment recorded the results on Catherine's electronic patient record which can be accessed by everyone involved in her care. Although Catherine's husband is a farmer so works long hours, he found it easy to get help from friends and neighbours so he can support Catherine at her appointments.

When Catherine had recovered from her surgery, she attended the Rural Regional Centre in Newtown every three weeks for a course of chemotherapy. Because she could receive the treatment locally, Catherine found it easier to tolerate as she was not exhausted from travelling long distances and had more time in the comfort of her own home, close to her care network.

Catherine has now finished her treatment but still has regular appointments with her oncologist. Where possible these are held using a video link, so Catherine does not have to make any unnecessary journeys.

Age Well Persona 1: Today

Marie is a 65-year-old woman who lives in Machynlleth. She is an unpaid carer for her 87-year-old mother who has COPD and lives in a second floor flat in a sheltered housing complex near to the town centre. Marie also has a part time job at the local supermarket which she travels to on foot. She does not drive.

Marie's mother has become increasingly frail and short of breath recently and can no longer manage the stairs up and down to her flat, especially as she has to carry oxygen to help her breathe. This means she depends on Marie to do all her shopping and housework.

Recently, as Marie was leaving her mother's flat, she fell down the stairs and fractured her hip. As a result she spent a week in Bronglais Hospital. Since being discharged from hospital Marie has had to attend a weekly appointment at the fracture clinic. She sometimes struggles to get to this as it is not always easy to book hospital transport.

An elderly neighbour is doing some shopping for Marie's mother but there is no one to help with her care needs or housework. While Marie is comforted to know that someone is popping in to keep an eye on her mother, she is increasingly concerned about her lack of care. This concern is on top of Marie's other worries about keeping on top of her bills and potentially losing her job.

Age Well Persona 1: in 2027

Marie is a 65-year-old woman who lives in Machynlleth and works as a healthcare support worker. She used to be an unpaid carer for her 87-year-old mother who has COPD and is becoming increasingly frail and short of breath. This frailty is also affecting her mental health and her mood is changing for the worse.

Marie felt she could no longer meet her mother's needs and was relieved when she was able to move from her second floor flat into housing provision where she can receive the care she needs to keep her safe. Marie visits her mother regularly and they both enjoy spending time in the grounds around the care home. The trees and green spaces have a positive effect on both her mother's respiratory difficulties and her mood.

Marie recently fell and fractured her hip. She had to spend a short time in Bronglais but was discharged as soon as it was safe for her to return home. While Marie was in hospital and recovering at home she found it difficult to visit her mother, but they've kept in touch through video calls. This has given Marie peace of mind that her mother is safe and well. Marie's neighbours and friends have also helped her with shopping and cleaning while she recovers.

Marie was unable to work for a while after fracturing her hip but didn't worry as she received sickness pay so could keep on top of all her household bills. Her employers have been very understanding and have kept in touch with Marie, asking if there is anything they can do to help in her recovery.

Get in touch

For more information, to ask a question or share your views please:

Email: powyswellbeing.north@wales.nhs.uk

Or write to: North Powys Wellbeing Team, Ladywell House, First Floor, 1.7, Newtown, Powys.

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

REPORT:

NORTH POWYS HEALTH AND WELLBEING PROGRAMME
SUPPORTING EVIDENCE BASE

The model of delivery of primary care in Powys is being challenged by a variety of factors; but we are not alone. Throughout the world, rural practice is under threat with the most common issues being demographics, recruiting, expectation and changing (increasing) need[1]. However, in addition to the challenges, there are considerable rewards[2] associated with providing health care services in rural areas.

The OECD classes any area with a population density of less than 150 people per square kilometre as rural and the population density of Powys is only 26

[1] Ford DM Four persistent rural healthcare challenges. Healthc Manage Forum. 2016 Nov;29(6):243-246. Epub 2016 Oct 15.

[2] Lee LM. Equitable Health Care and Low-Density Living in the United States. Narrat Inq Bioeth. 2019;9(2):121-125. doi: 10.1353/nib.2019.0037.

people per square kilometre[3]. Powys, therefore, must be acknowledged that Powys is rural. However, the reality of rurality serves up several paradoxes; employment is, generally, higher in rural areas but so it in-work poverty. The landscape of rural areas is seen as idyllic with wide open spaces and fewer people yet with poor transport infrastructure and electronic connectivity, mental health issues due to loneliness are more frequently seen. The population is ageing more rapidly as more young people leave to pursue their life ambitions and more elderly people come into the area to live the rural dream in their early retirement only for this dream to fade as increasing frailty and isolation become the norm. this increase in a relatively affluent ageing population is making affordable housing more problematic for the young which further drives them out of the area. Rural populations have to travel further to access services of all types. All these, and many other, issues were highlighted in a joint publication between the Local Government Association and Public Health England[4]. However, the generalisations made about rural England can just as easily be applied to Powys.

Service design and delivery is affected by rurality and remoteness. The Scottish government also defines limited medical accessibility as any community more than 30 minutes by car from a facility that takes acute medical admissions. By this definition, the greater part of Powys could be considered "remote" from acute medical care of any type. However, only 10% of the entire Scottish population are considered to live in a remote area thanks to the provision of Rural General Hospitals in areas of the country with a low population base. These provide services not only to the Scottish Islands of Shetland, Orkney and Stornoway but also to remote towns such as Wick, Fort William and Oban. However, there is also the concept of "unavoidable smallness" which is defined as an organisation that serves at catchment area of under 200,000 people. This impacts on the quality and efficiency of medical treatment facilities which need a certain level of through put to maintain a safe service through maintaining clinical skills[5]. Evidence supporting the issue of unavoidable smallness, six of the seven NHS trusts in England that meet the definition (Isle of Wight, North Cumbria, Morecambe Bay, United Lincolnshire, Wye Valley and Scarborough) all ended 2017/2018 in significant debt and some were facing considerable issues concerning clinical delivery and patient safety and higher numbers of delayed transfers of care.

[3] OECD 2011 Rural Development OECD.org.

[4] LGA/PHE. Health and wellbeing in rural areas. Crown copyright 2017 at https://www.local.gov.uk/sites/default/files/documents/1.39_Health%20in%20rural%20areas_WEB.pdf accessed 22 Jan 2020.

[5] "Rural Health Care; A Rapid Review of the Impact of Rurality on the Costs of Delivering Healthcare. Nuffield Trust 2019

The literature concerning the primary care experience in the United Kingdom is growing but is not yet as rich as other Anglophone, developed countries such as Australia, the United States, Canada and New Zealand. The evidence base concerning evolving the model of care to meet the challenges of rurality is rich and ever growing and this this literature search provides a flavour of that richness.

The literature search for this evidence review has been conducted on PUBMED, the NCIH search engine of the MEDLINE database. Key words used were primary care, rural, physicians assistants, nurse practitioner, pharmacist, social determinants of health, environment and health. In addition, other peer reviewed papers were accessed directly from the world-wide-web using the google search function. Government documents and media examples further add to the picture that the evidence paints concerning the determinants of health and how services can be re-designed to deliver safe, sustainable care in the rural setting.

From the results of the initial search a scan of the title led to a judgement whether to review the abstract. Systematic reviews, free to view articles were then read and related articles scanned for their relevance. To that end, there is an acknowledged filter bias which should be considered with the inbuilt publication bias which favours papers with a positive message. Where papers were published that had a negative message, these have been included to provide some element of balance. An additional criticism is that even papers published within the last 5 years discuss data that is frequently 5 years older. However, accepting that data being used in today's debate is nearly a decade old, there is no doubt of the trends that are being seen. To that end, the debates remain valid in the context of modern data and observations.

The Wider Determinants of Health: The wider determinants of health are generally accepted as being education, relative poverty and, the living and working environment. The Health Profile For England published by the UK Government provides an excellent description of how these determinants effect health[6] and there is a wealth of accepted wisdom concerning how these determinants actually affect health and influence ill health and associated behaviours.

Education: There have been many systematic reviews of how the education system can influence the health of children. There appears to be

[6] https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-6-wider-determinants-of-health accessed 27 Jan 2020.

strong evidence that interventions delivered in schools can have a positive effect on mental health, substance misuse, smoking alcohol, teenage pregnancy and violence[7], [8], [9], [10], [11]. However, positive as the message concerning education and health improvement appears to be, some interpretations of the literature observe that further research is required[12], [13].

The Living Environment: There is a conventional wisdom that associates the living environment with health. Several reviews have been undertaken in high income countries looking at a range of health outcomes. Evidence reviewed in the recent Parliamentary Office of Science and Technology[14] briefing showed that "children who live in persistent bad housing conditions are more likely to have poor physical and mental health outcomes". This is further backed up in the peer reviewed literature[15], [16]. There is strong evidence that adequate affordable heating has an impact on health[17], [18], [19].

[7] Nichola Shackleton, Farah Jamal, Russell M Viner, Kelly Dickson , George Patton, et al School-Based Interventions Going Beyond Health Education to Promote Adolescent Health: Systematic Review of Reviews Adolesc Health 58 (4), 382-396 Apr 2016 PMID: 27013271 DOI: 10.1016/j.jadohealth.2015.12.017

[8] Sarah Denford, Charles Abraham, Rona Campbell , Heide Busse. A Comprehensive Review of Reviews of School-Based Interventions to Improve Sexual-Health. Health Psychol Rev 11 (1), 33-52 Mar 2017. PMID: 27677440 DOI: 10.1080/17437199.2016.1240625

[9] Ankur Singh, Shalini Bassi, Gaurang P Nazar, Kiran Saluja, MinHae Park, et al. Impact of School Policies on Non-Communicable Disease Risk Factors - A Systematic Review BMC Public Health 17 (1), 292 2017 Apr 4 PMID: 28376833 PMCID: PMC5379668 DOI: 10.1186/s12889-017-4201-3

[10] Nichola Shackleton, Farah Jamal, Russell M Viner, Kelly Dickson, George Patton et al. School-Based Interventions Going Beyond Health Education to Promote Adolescent Health: Systematic Review of Reviews. J Adolesc Health 58 (4), 382-396 Apr 2016 PMID: 27013271 DOI: 10.1016/j.jadohealth.2015.12.017

[11] Maureen Dobbins, Heather Husson, Kara DeCorby, Rebecca L LaRocca. School-based Physical Activity Programs for Promoting Physical Activity and Fitness in Children and
Adolescents Aged 6 to 18 Cochrane Database Syst Rev (2), CD007651 2013 Feb 28 PMID: 23450577 DOI: 10.1002/14651858.CD007651.pub2

[12] Michelle O'Reilly, Nadzeya Svirydzenka, Sarah Adams, Nisha Dogra. Review of Mental Health Promotion Interventions in Schools. Soc Psychiatry Psychiatr Epidemiol 53 (7), 647-662 Jul 2018. PMID: 29752493 PMCID: PMC6003977 DOI: 10.1007/s00127-018-1530-1

[13] C Bonell, H Wells, A Harden, F Jamal, A Fletcher, et al. The Effects on Student Health of Interventions Modifying the School Environment: Systematic Review. J Epidemiol Community Health 67 (8), 677-81 Aug 2013 PMID: 23682106. DOI: 10.1136/jech-2012-202247

[14] POST, 2018 Parliamentary Office of Science and Technology (2018*). Health in Private-Rented Housing.* Available at: http://researchbriefings.files.parliament.uk/documents/POST-PN-0573/POST-PN-0573.pdf

[15] Alderton A, Villanueva K, O'Connor M, Boulangé C, Badland H. Reducing Inequities in Early Childhood Mental Health: How Might the Neighborhood Built Environment Help Close the Gap? A Systematic Search and Critical Review. Int J Environ Res Public Health. 2019 Apr 29;16(9). pii: E1516. doi: 10.3390/ijerph16091516.

[16] Singh A, Daniel L, Baker E, Bentley R. Housing Disadvantage and Poor Mental Health: A Systematic Review. Am J Prev Med. 2019 Aug;57(2):262-272. doi: 10.1016/j.amepre.2019.03.018.

[17] Ige J, Pilkington P, Orme J, Williams B, Prestwood E, et al. The relationship between buildings and health: a systematic review. J Public Health (Oxf). 2019 Jun 1;41(2):e121-e132. doi: 10.1093/pubmed/fdy138.

[18] Thomson H, Thomas S, Sellstrom E, Petticrew M. Housing improvements for health and associated socio-economic outcomes. Cochrane Database Syst Rev. 2013 Feb 28;(2):CD008657. doi: 10.1002/14651858.CD008657.pub2.

[19] Chapman R, Preval N, Howden-Chapman P. How Economic Analysis Can Contribute to Understanding the Links between Housing and Health. Int J Environ Res Public Health. 2017 Aug 31;14(9). pii: E996. doi: 10.3390/ijerph14090996.

Equally, housing of poor quality is increasingly linked to poor physical and mental health[20] and wellbeing across all ages, and has been linked as a cause or contributor to a number of preventable respiratory and cardiovascular diseases and injuries.

Wales has the oldest and, proportionately, the highest treatment costs associated with poor housing in the UK[21]. Findings from the latest Welsh Housing Conditions survey[22] estimate that 18% of the housing stock contains a deficiency posing a health and safety risk to the occupant (Welsh Government, 2018). Housing which is not energy efficient can lead to excess cold and related health conditions, as well as financial hardship for the occupiers. Using the latest profiles of housing conditions and updating the methodology in line with the more recent Full Cost of Poor Housing[23] report to reflect improved understanding of poor housing impacts, it is estimated that poor quality housing in Wales costs the NHS more than £95m per year[24]. Looking more widely at the costs to society as a whole, which takes into account the wider impacts of housing related illness and injuries, such as distress, reduced economic potential, life-long care and increased burden on welfare finances, the full cost of poor housing in Wales is over £1bn.

The National Institute for Health and Care Excellence Quality Standard QS117[25] covers the prevention of excess winter deaths and health problems associated with cold homes. Cold weather has a variety of effects on people's health including direct effects on the incidence of heart attack, stroke, respiratory disease, influenza, falls and injuries and hypothermia. Furthermore, there are indirect effects of cold and damp weather, for example mental health problems including depression.

Strong as some evidence appears to be concerning living environment and health, some systematic reviews have published the caveat that the data, at

[20] Reeves A, Clair A, McKee M, Stuckler D. Reductions in the United Kingdom's Government Housing Benefit and Symptoms of Depression in Low-Income Households. Am J Epidemiol. 2016 Sep 15;184(6):421-9. doi: 10.1093/aje/kww055. Epub 2016 Sep 8.

[21] Nicol S, Roys M, Ormandy D and Ezratty V (2017). *The cost of poor housing in the European Union*. BRE. Watford

[22] Welsh Government (2018). *Welsh Housing Conditions Survey 2017-18: Headline Report.* Available at: https://gweddill.gov.wales/docs/statistics/2018/181206-welsh-housing-conditions-survey-headline-report-2017-18-en.pdf

[23] Roys M, Nicol S, Garrett H, and Margoles S (2016). *The full cost of poor housing.* Watford: HIS BRE Press.

[24] Nicol S and Garret H (2019). *The cost of poor housing in Wales, 2017.* BRE. Watford

[25] NICE (2016). *Preventing excess winter deaths and illness associated with cold homes.* Available at: https://www.nice.org.uk/guidance/qs117/chapter/introduction.

present, are not tremendously robust and that more research is required[26], [27], [28].

Relative Poverty and Health. From NICE[29], through the Royal College of Paediatrics and Child Health[30] and onto the Health Foundation[31] and the Jason Rowntree Trust, there is a rich evidence base that looks at the impact of poverty on heath; particularly mental health. If further evidence is needed, then the UK Millennium Cohort Study has published many papers tracking the effect of poverty on child and maternal health. This study has also enabled much more timely tracking of the health consequences and emerging trends in responses to such global economic issues such as the "Great Recession"[32] while other groups have tracked the austerity that followed[33]. There is no escaping the observation that poverty and ill health are closely linked.

The association between work and health and the effect that work has on health is well documented. Indeed, there is an international, peer reviewed journal[34] that looks specifically at occupational and environmental medicine and offers research and policy insights across a range of areas from analysis of exposures and their effect on health through to mental health related to work and the linkages between social value and in-work poverty to ill health. The Government takes industrial health seriously as evidenced by the presence of the health and safety executive[35] that investigates lapses in work safety and the more recent enacting of measures that have made industrial incidents the subjects of possible criminal investigation. The economic cost of

[26] Bird EL Ige JO, Pilkington P, Pinto A, Petrokofsky C et al. Built and natural environment planning principles for promoting health: an umbrella review. BMC Public Health. 2018 Jul 28;18(1):930. doi: 10.1186/s12889-018-5870-2.

[27] Hunter RF, Cleland C, Cleary A, Droomers M, Wheeler BW, et al. Environmental, health, wellbeing, social and equity effects of urban green space interventions: A meta-narrative evidence synthesis. Environ Int. 2019 Sep;130:104923. doi: 10.1016/j.envint.2019.104923. Epub 2019 Jun 19.

[28] T H M Moore, J M Kesten, J A López-López, S Ijaz A McAleenan et al. The Effects of Changes to the Built Environment on the Mental Health and Well-Being of Adults: Systematic Review. Health Place;53: 237-257. Sep 18. PMID: 30196042 DOI: 10.1016/j.healthplace. 2018.07.012

[29] https://www.evidence.nhs.uk/search?q=poverty+and+health accessed on 20 Jan 2020.

[30] https://www.rcpch.ac.uk/sites/default/files/2018-04/poverty20and20child20health20survey20-20views20from20the20frontline20-20final2008.05.20171.pdf accessed 20 Jan 2020.

[31] https://www.health.org.uk/infographic/poverty-and-health accessed on 28 Jan 2020.

[32] Caoimhe McKenna, Catherine Law, Anna Pearce. Increased household financial strain, the Great Recession and child health—findings from the UK Millennium Cohort Study. BMJ Open. 2017; 7(3): e015559. Published online 2017 Mar 9. doi: 10.1136/bmjopen-2016-015559 PMCID: PMC5353316 PMID: 28280000

[33] Luis Rajmil David Taylor-Robinson Geir Gunnlaugsson Anders Hjern Nick Spencer. Trends in social determinants of child health and perinatal outcomes in European countries 2005–2015 by level of austerity imposed by governments: a repeat cross-sectional analysis of routinely available data. BMJ Open. 2018; 8(10): e022932. Published online 2018 Oct 12. doi: 10.1136/bmjopen-2018-022932 PMCID: PMC6194462 PMID: 30317184

[34] https://oem.bmj.com/content/early/recent accessed on 28 Jan 2020.

[35] https://www.hse.gov.uk/ accessed 28 Jan 2020.

days lost through sickness and injury great. In 2016, the ONS reported that 136 million days were lost from work[36]. This was estimated to have cost to the economy of over £100 billion[37].

Investment in Social Care Services. There has been a historic link between the services offered by the social and health care sectors[38] with health benefits being linked to the degree of positive investment[39], [40]. Recently, the cycle has gone full circle with health and social services coming back into on[41]e department of state. The evidence does demonstrate how specialist social workers and services can improve health[42] and lower the cost of services[43], [44]. That being said, there are issues associated with how the value of the social investment can be quantified[45], [46]. There is good evidence, however, from a variety of Social Return on Investment Studies from high income countries that have demonstrated positive cost effectiveness in health promotion, mental health, sexual and reproductive health, child health, nutrition, healthcare management, health education and environmental health[47], [48]. In addition to the selected references already cited, there is a rich literature and long history of peer reviewed publication covering social determinants, social work and social care services which

[36] https://www.ons.gov.uk/news/news/totalof137millionworkingdayslosttosicknessandinjuryin 2016 accessed 25 Jan 2020.

[37] https://www.gov.uk/government/news/a-million-workers-off-sick-for-more-than-a-month accessed 25 Jan 2020.

[38] Houlihan J, Leffler S. Assessing and Addressing Social Determinants of Health: A Key Competency for Succeeding in Value-Based Care. Prim Care. 2019 Dec;46(4):561-574. doi: 10.1016/j.pop.2019.07.013. Epub 2019 Jul 31.

[39] Thorpe KE, Joski P. Association of Social Service Spending, Environmental Quality, and Health Behaviors on Health Outcomes. Popul Health Manag. 2018 Aug;21(4):291-295. doi: 10.1089/pop.2017.0136. Epub 2017 Nov 15.

[40] Lauren A. Taylor, Annabel Xulin Tan, Caitlin E. Coyle, Chima Ndumele, Erika Rogan, et al. Leveraging the Social Determinants of Health: What Works? PLoS One. 2016; 11(8): e0160217. Published online 2016 Aug 17. oi: 10.1371/journal.pone.0160217 PMCID: PMC4988629 PMID: 27532336

[41] Nichols LM, Taylor LA. Social Determinants As Public Goods: A New Approach To Financing Key Investments In Healthy Communities. Health Aff (Millwood). 2018 Aug;37(8):1223-1230. doi: 10.1377/hlthaff.2018.0039.

[42] McCullough JM, Singh SR, Leider JP. The Importance of Governmental and Nongovernmental Investments in Public Health and Social Services for Improving Community Health Outcomes. J Public Health Manag Pract. 2019 Jul/Aug;25(4):348-356. doi: 10.1097/PHH.0000000000000856.

[43] Steketee G, Ross AM, Wachman MK. Health Outcomes and Costs of Social Work Services: A Systematic Review. Am J Public Health. 2017 Dec;107(S3):S256-S266. doi: 10.2105/AJPH.2017.304004.

[44] McCullough JM, Curwick K. Local Health and Social Services Spending to Reduce Preventable Hospitalizations. Popul Health Manag. 2020 Jan 13. doi: 10.1089/pop.2019.0195. [Epub ahead of print]

[45] McCullough JM. Local health and social services expenditures: An empirical typology of local government spending. Prev Med. 2017 Dec;105:66-72. doi: 10.1016/j.ypmed.2017.08.018. Epub 2017 Sep 4.

[46] Leck C, Upton D, Evans N. Social Return on Investment: Valuing health outcomes or promoting economic values? J Health Psychol. 2016 Jul;21(7):1481-90. doi: 10.1177/1359105314557502. Epub 2014 Nov 28.

[47] Banke-Thomas AO, Madaj B, Charles A, van den Broek N. Social Return on Investment (SROI) methodology to account for value for money of public health interventions: a systematic review. BMC Public Health. 2015 Jun 24;15:582. doi: 10.1186/s12889-015-1935-7.

[48] Chapman R, Preval N, Howden-Chapman P. How Economic Analysis Can Contribute to Understanding the Links between Housing and Health. Int J Environ Res Public Health. 2017 Aug 31;14(9). pii: E996. doi: 10.3390/ijerph14090996.

frequently brings into the wider domain areas for discussion in terms of social issues relating to health[49], [50], [51].

Models of Care. When circumstances conspire to make individuals unhealthy, those in rural environments will have more barriers to accessing their care. Factors include distance to treatment facilities and transport availability. However, once the individual has got to the clinic there are other barriers to accessing care such as level of service provided, who provides it and whether the right people can be recruited and retained. Addressing these issues requires considerable thought at all levels from Government down to the clinical coal face. However, one thing is certain: "Successful models of population health must not myopically focus on care delivery but must also engage partners across their communities to address community culture as well as the broader social determinants of health. Use of team-based care, targeted population interventions, and creativity in redesigned incentives are core competencies necessary to effectively change the way health care is delivered across populations."[52]

Service Delivery Transformation Options. There a many solutions that have been offered when considering how to transform service delivery to keep up with changing need. However, within all of the numerous solutions there are two fundamental tracks that are discussed; increasing use of technology and the people proposition including recruiting and retention and changing the composition of the Multi-Disciplinary Team (MDT).

Use of Technology. When distance to healthcare facilities becomes problematic alternative means of meeting expressed needs must be explored. The Royal Australian Flying Doctor Service has a long history of providing radio enabled consultations. Rural Canadian populations have also seen the introduction of telemedical consultations. While face to face consultation is seen as the gold standard in patient centered service delivery, there is good evidence that suggests internet enabled consultations are

[49] International social work. https://journals.sagepub.com/toc/iswb/current accessed on 02 Feb 2020.

[50] Journal of Social Work. https://journals.sagepub.com/toc/jswa/current accessed 02 Feb 2020.

[51] Qualitative Social Work https://journals.sagepub.com/toc/qswa/current accessed 02 Feb 2020.

[52] "Lisa P Shock. Models of Population Health. Prim Care 46 (4), 595-602 Dec 2019 DOI: 10.1016/j.pop.2019.07.011 PMID: 31655755.

acceptable for patients, effective and safe[53], [54], [55], [56]. However, while use of technology is gaining acceptance around the world, the UK is still not exploiting the opportunities that technology offers[57], [58], [59].

Recruiting and Retention. For some years there have been discussions about the recruitment and development of staff in rural health care. The research in the field can was summarized by the University of Birmingham[60] in a report that suggested that rural areas are characterised by the disproportionate out-migration of young adults and in-migration of families and older adults. This is compounded by the organisational reality of the NHS that the conventional health service delivery model is one of a pyramid of services with fully-staffed specialist services in central (generally urban) locations – which are particularly attractive to workers who wish to specialise and advance their careers.

For those who choose rural practice a critical factor is familiarity with rural life. The next ost important factor appears to be to give individuals from an urban background significant exposure to rural working through placements or secondments. Evidence exists that suggests that exposing students and training grade healthcare providers to the opportunities of rural practice has a positive effect on whether these groups will choose rural care as a career

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option[61], [62], [63], [64], [65]. This seems to be congruent with the observations of those students who have been attached to practices in Powys.

Evidence from Australia also suggested that while reasons for moving out of, or not entering, rural practice were the deciding factors in a healthcare workers employment decision, there were, in fact more positive reasons to stay than negative. The conclusion was obvious, although difficult to implement in that strategies must be developed that advertise more strongly the positive reasons for making rural practice the chosen career move[66],[67],[68].

An obvious approach to recruitment would be to recruit as many staff as possible from the local area. Whilst many organisations acknowledge this the evidence base for successful "Grow your own" initiatives is quite sparse. One clear example would be the Lincolnshire Talent Academy, established in April 2016 to deliver proactive services to aid recruitment and skills development of the workforce[69]. The experiences of the Lincolnshire Talent Academy would certainly warrant more detailed engagement in order to inform the possible development of a Powys Teaching Academy.

A model may exist where clinicians who are retired or considering retirement might be attracted to work perhaps part time in Powys. This approach has been explored in rural France in areas of the country that have been described as "medical deserts"[70]. For example in Laval, a rural town of

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[66] N Campbell, L McAllister, D Eley. The Influence of Motivation in Recruitment and Retention of Rural and Remote Allied Health Professionals: A Literature Review. Rural Remote Health 12, 1900 2012 PMID: 22845190

[67] Rosalie D Thackrah, Sandra C Thompson. Learning From Follow-Up of Student Placements in a Remote Community: A Small Qualitative Study Highlights Personal and Workforce Benefits and Opportunities. BMC Med Educ; 19 (1), 331. 2019 Sep 4. PMID: 31484513 PMCID: PMC6727324 . DOI: 10.1186/s12909-019-1751-3

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50,000 residents in Western France healthcare is now provided by 12 veteran doctors, aged between 67 and 70, working out of the ground floor of an apartment bloc[71]. Indeed, this option was discussed at the 2019 RCGP Annual Conference when several GPs approaching retirement spoke of a desire to continue to practice on a long term, peripatetic, locum basis in Wales.

Expanding the Multidisciplinary Team. In recent years there has been increased interest in the UK in bringing non-physician providers into clinical practice and encouraging these new providers to practice to the 'top of their license' such providers include Nurse Practitioners (NP), Physicians Assistants (PA), Pharmacists, Opticians and, most recently, medical technicians and paramedics. For the purpose of this review, data concerning NPs, PAs and Pharmacists. PAs and NPs have an enlarging portfolio of published evidence to show their effectiveness, efficacy and acceptance into the evolving multidisciplinary team[72], [73]. By being able to provide appropriate care, in most cases more quickly, to patients, they have freed up GPs to treat only the most complex cases that will benefit most from their training, education and experience[74].

PAs. Physician Assistant began to be developed in America during the 1960s[75] and considerable evidence now exists to support their safety and effectiveness[76], [77]. Physicians Assistants (PAs) have a long history of being used in the primary care setting in many countries,. However the role of the PA in UK practice is still evolving[78], [79] although to date, the evidence suggests that this new provider group offers an exciting opportunity to

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[74]Pauline A Nelson, Fay Bradley Anne-Marie Martindale, Anne McBride, Damian Hodgson Skill-mix change in general practice: a qualitative comparison of three 'new' non-medical roles in English primary care. Br J Gen Pract. 2019 Jul; 69(684): e489–e498. Published online 2019 Jun 4. doi: 10.3399/bjgp19X704117. PMCID: PMC6592332 PMID: 31160367.

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develop the primary care MDT[80], [81], [82]. Successful as the introduction of PAs (and indeed other new providers) into the primary care multidisciplinary team, there are barriers which need to be overcome particularly relating to scope of practice, training, education, governance and attitudes of other providers and patients[83], [84], [85]. That being said, there is an established evidence base from countries where the use of PAs is more established (which also mirrors the experience in Powys (yet to be published) suggests that with positive mentoring and a supportive practice, PAs can be successfully integrated into the MDT[86], [87], [88]. Indeed, there is an emerging opinion that PAs represent, perhaps, the best option in developing the primary care MDT[89].

NPs. With the acknowledgement in the literature globally, of the problems associated with sustainability of a doctor led healthcare service, attention has fallen on which other professional healthcare providers might be brought in the healthcare team. Within this milieu, the nurse practitioner has been seen as a major contributor to the primary care team for many years. Indeed, the first Cochrane review of the nurse practitioner was undertaken in 2005 and was updated in 2018. The 2018 review concluded that nurse practitioners, practice nurses, and registered nurses, probably provide equal or possibly even better quality of care compared to primary care doctors, and probably achieve equal or better health outcomes for patient, particularly in areas of

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patient satisfaction, compared to primary care doctors[90]. That being said, while the Cochrane review was entitled "Nurses and substitutes for doctors in Primary Care", there is no apparent trend to see nurse practitioners become independent clinicians[91], [92]. A second Cochrane study looking at the evidence concerning the role of the Nurse Practitioner also identified their value in primary care but further detailed the need to appropriate role description, training, and supervision[93].

Pharmacists. Further developing the theme of which providers might join the modern primary care MDT, much attention has also been paid to the role of the pharmacist in General Practice. This has fallen, broadly, into town areas; specialist pharmacist support to GP practices in the area of medicines management, prescription reviews and repeat prescribing and; the role of the pharmacist in a patient facing role[94], [95], [96], [97] with an additional theme, common to the discussions concerning freeing up GPs to be able to focus on the more complex cases[98], [99].

Within the practice environment, there is considerable evidence that pharmacist presence in the primary care MDT is valued from the perspectives

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of the MDT[100], [101], [102] as well as the public[103] although there some attitudinal barriers to using pharmacists to provide first line consultations with some groups still favouring seeing more traditional providers of first line services, particularly doctors[104].

As with the other new actors on the MDT stage, considerable thought is being put into the barreirs to bringing pharmacists into the team. As with the other players, these include attitudes of established members of the team, scope of practice, training, education[105], [106] governance, regulation, mentoring and cost[107], [108].

Conclusion. The is considerable evidence to support the introduction and development of new providers in the primary care MDT. In terms of; creating additional capacity and capability and releasing established members of the team to maximise their training, experience, expertise and experience by focussing on the most complex cases; enabling patients to access the healthcare pathway more quickly and be seen by the right person with the right training and skills at the right time. Key to this evolution of the MDT is describing the roles and responsibilities of the new actors on the stage and ensuring mentoring, training, education, communication and collaborative working are built into the new roles from the start. Something that is already being done in parts of Powys but not in all.

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Healthcare is expensive, costs are ever rising and the popular media frequently report issues associated with quality of care and funding[109], [110]. In parallel with reports concerning healthcare cost and consumption are publications that advocate investment in social determinants of health and how they might impact on the need for healthcare in the future[111].

Until relatively recently, there was little learned analysis of the effect of social investment on health[112]. That is changing in the Anglophone, high income countries[113], [114], [115] where there is an increasing body of published evidence that suggests general improvement in health outcomes can be generated by investment in health promotion and disease prevention, the social determinants of health and in front line social services[116], [117], [118], [119]. There is more detailed evidence showing improvement in such metrics as teenage pregnancy[120] and homicide rates[121] as well as adult obesity; asthma; mentally unhealthy days; days with activity limitations; and mortality rates for lung cancer, acute myocardial infarction, and type 2 diabetes[122]. There is even specific evidence how park use has a positive effect on health[123].

[109] https://www.independent.co.uk/news/uk/politics/nhs-funding-waiting-times-spending-health-boris-johnson-latest-a9316411.html accessed 06 Feb 2020.

[110] https://www.theguardian.com/society/2020/feb/05/parts-of-nhs-seriously-financially-unstable-auditors-find accessed 06 Feb 2020.

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This level of research and insight is yet to be established in the UK; perhaps it is about time it was as we continue to invest more in managing ill health while there is growing evidence that investing in wellbeing shows a cost effective social return of investment.

Cyngor Sir Powys County Council
Impact Assessment (IA)
The integrated approach to support effective decision making

Please read the accompanying guidance before completing the form.

This **Impact Assessment (IA)** toolkit, incorporates a range of legislative requirements that support effective decision making and ensure compliance with all relevant legislation.
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 may be provided to regulators if appropriate. In line with Council policy IAs should be retained for 7 years.

Service Area	Health and Social Care	**Head of Service**	Dylan Owen Michael Gray Jan Coles	**Director**	Alison Bulman Hayley Thomas	**Portfolio Holder**	Cllr Myfanwy Alexander Cllr Rachel Powell
Proposal	New integrated pan-Powys Model of Care to be piloted in north Powys						

Outline Summary / Description of Proposal

This Impact Assessment has been used as a joint Impact Assessment between PCC and PTHB and will be used to report to both sovereign bodies.

This model of care for Powys is part of a Wales-wide response to the increasing demands and new challenges facing the NHS and social care. These include an ageing population, lifestyle changes, public expectations and new and emerging medical and digital technologies.

In June 2018, the Welsh Government published *'A Healthier Wales: Our Plan for Health and Social Care'.* The ambition of *A Healthier Wales* is for the health and social care systems to work together, to help people live well in their communities, meet their health and care needs effectively and provide more services closer to or at home, so that people only need to use a hospital for treatment that cannot be provided safely anywhere else.
The new model of care sits under the overarching *Health and Care Strategy for Powys: A Healthier, Caring Powys*. We asked the local community and people who provide services, both in and out of the county, to tell us 'what works well' and 'what could be improved in the future'.

To help focus our conversations we looked at how we deliver services in three distinct ways:

- At home and in the community
- At a district or regional level
- At a county or out of county level.

We have initially focused conversations in north Powys and have discovered people are enthusiastic about transforming health and care services in north Powys, in part by delivering more services in-county, closer to where people live.

In developing the model of care we took care to keep a balance between ambition and reality. This will help us deliver meaningful change, within the boundaries of what we can realistically achieve. As we develop more detailed plans, we will continue to share information, ask for feedback and explain the reasons behind our decisions.

Cyngor Sir Powys County Council
Impact Assessment (IA)
The integrated approach to support effective decision making

1. Version Control (services should consider the impact assessment early in the development process and continually evaluate)

Version	Author	Job Title	Date
0.1	Sali Campbell-Tate	Project Manager	17 February 2020

2. Profile of savings delivery (if applicable)

2018-19	2019-20	2020-21	2021-22	2022-23	TOTAL
£	£	£	£	£	£

3. Consultation requirements

Consultation Requirement	Consultation deadline/or justification for no consultation
No consultation required (please provide justification)	There is no consultation required at this stage. However, there may be a requirement for formal consultation during the next stage of work where we will be undertaking more detailed design work that will look at new service models, pathways and service specifications that are needed to deliver the model.

4. Impact on Other Service Areas

Does the proposal have potential to impact on another service area? (Have you considered the implications on Health & Safety, Corporate Parenting and Data Protection?) PLEASE ENSURE YOU INFORM / ENGAGE ANY AFFECTED SERVICE AREAS AT THE EARLIEST OPPORTUNITY
Until further detailed design is undertaken on the model of care, the impact on other services is unknown however is anticipated to be positive. A stakeholder management plan is in place alongside a Communications and Engagement Plan, which ensures stakeholders and key personnel are engaged throughout the process.

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**	People in north Powys benefiting from a strong economy is one of the indicative outcomes that the programme seeks to achieve. The model of care seeks to enhance economic stability in Powys through developing the local health and social care service offer which will enhance leadership, training and employment opportunities, increase volunteering in the community and support continued professional development. Returning services closer to home will increase footfall across north Powys and therefore contribute to economic growth across the region. It will also increase the opportunities for skilled employment within north Powys.	Good	To be developed during more detailed design of the model of care.	Choose an item.

Health and Care **We will lead the way in effective, integrated rural health and care**	The model of care is leading the way locally in Powys around how we will deliver an effective integrated rural health and care system in the future. The model is based on a partnership approach across multi-agency and multi-disciplinary teams with individuals, families and communities. Specifically, the new model of care will: • Adopt a more co-ordinated strengths-based approach across multi-agencies with integrated working to support people through a seamless health and care service with "what matters" at the heart of the conversation. • Offer a multi-agency integrated approach to primary prevention and early intervention across multi-agencies supporting universal and targeted services, e.g. childhood obesity through more joined up working and integrated community hubs with one stop services, combining education, welfare, housing, leisure, health, social care and third sector. • Support more integrated working in primary and community care with secondary care providers to enable more enhanced services to be delivered in Powys. • Enhance focus on wellbeing, early help and support. Residents are encouraged to maximise the use of their natural surroundings and green space to develop and maintain good health and wellbeing for themselves and their families. They will be able to access early help and support services in a timely and effective way.	Very Good	To be developed during more detailed design of the model of care.	Choose an item.

	There are strong areas of focus throughout the model in relation to technology and digital applications, and how these can be maximised to keep people safe and well, living independently at home for as long as possible where safe and appropriate to do so. The use of technology and digital applications assists in eradicating inequity of provision and increases accessibility to services. There is recognition of the importance of the first 1000 days of a child's life, and the model of care aims to incorporate activities that help children to develop resilience as they move towards adulthood. Development of more local accommodation provision will ensure fewer children looked after are placed out of county, away from their home communities and support networks and access to appropriate accommodation for people with complex needs. A focal point of the model of care is integration and multi-agency working, aiming to provide seamless care to people to ensure they receive the right support at the right time, giving young people, adults and families a fully integrated experience of health and care. Integrated teams will be accessible via a one-stop call centre. Provision of one-stop, universal and targeted early and primary prevention services at integrated community hubs that bring together education, welfare, housing, leisure, health, social care and the third sector. One of the priorities identified in the Health and Care Strategy was tackling the 'Big 4' diseases (mental health, cancer, circulatory, respiratory). The model of care seeks to achieve that by encouraging people to reduce behaviours that contribute to incidences of the			

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
	Big 4 (e.g. smoking, poor diet, physical inactivity), as well as improving education to increase people's awareness of the contributing factors to the Big 4.			
Learning and skills **We will strengthen learning and skills**	Develop a sustainable, skilled and engaged workforce fit to meet the needs of the population of Powys and to support new models of care: • Development of north Powys as a training academy (Centre of Excellence), working in partnership with schools, colleges and universities • Providing opportunities for training and skills and development of new roles to support rural health and care service delivery.	Good	To be developed during more detailed design of the model of care.	Choose an item.
Residents and Communities **We will support our residents and communities**	A citizen pledge has been developed within the model of care to encourage residents to take responsibility for their actions in respect of their health and wellbeing. Co-production is at the heart of the new model. The development of the model has involved residents and communities to ensure they have had opportunity to play an active role in the design and delivery of future services.	Good	To be developed during more detailed design of the model of care.	Choose an item.

Source of Outline Evidence to support judgements
• Intended outcomes and selected indicators of success • Engagement report stage 1 • Engagement report stage 2 • Case for Change • Programme Mandate

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.	Develop a sustainable, skilled and engaged workforce fit to meet the needs of the population of Powys and to support new models of care: • Development of north Powys as a training academy (Centre of Excellence), working in partnership with schools, colleges and universities • Providing opportunities for training and skills and development of new roles to support rural health and care service delivery. The model of care seeks to enhance economic stability in Powys through developing the local health and social care service offer which will enhance leadership, training and employment opportunities, increase volunteering in the community and support continued professional development.	Good	To be developed during more detailed design of the model of care.	Choose an item.

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 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).	The North Powys Wellbeing Programme links with wider regeneration of the town and reducing mileage for people travelling which includes the financial impact for individuals as well as carbon emissions. The model of care commits to providing children and young people with more and better access to wellbeing activities and green spaces.	Good	To be developed during more detailed design of the model of care.	Choose an item.

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 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. **Public Health (Wales) Act, 2017:** Part 6 of the Act requires for public bodies to undertake a health impact assessment to assess the likely effect of a proposed action or decision on the physical or mental health of the people of Wales.	The integrated model of care pledges to: • Support communities in developing hubs and activities which encourage cultural wellbeing, physical activity and social interaction. • Improve access to services • Encourage people to self-refer and self-manage where appropriate • Provide better screening and early diagnosis. Health inequalities will be addressed through influencing housing, ensuring good quality affordable accommodation which enables healthy living and supports self-care and independence. Access to information about wellbeing services will be improved, enabling people to maximise their wellbeing and welfare. Embedding the new integrated model of care hopes to achieve de-stigmatisation of the term 'mental health', creating more inclusive communities valuing those living with impaired mental health.	Very Good	To be developed during more detailed design of the model of care.	Choose an item.

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 Wales of cohesive communities: Attractive, viable, safe and well-connected Communities.	A co-production approach has been undertaken for the development of the model of care, ensuring residents and communities have had opportunity to play an active role in the design and delivery of future services. This approach will continue for the duration of the detailed design phase which will further develop and refine the model of care. A Case for Change has been developed to underpin the rationale behind the development of the model of care, ensuring residents and communities are aware of the data and analysis that have supported decision making. The model of care will be the delivery mechanism for PSB wellbeing steps 11 and 12: • Implement more effective structures and processes that enable multiagency community focused response to wellbeing, early help and support. • Develop our organisations' capacity to improve emotional health and wellbeing within all our communities.	Very Good	To be developed during more detailed design of the model of care.	Choose an item.

Cyngor Sir Powys County Council
Impact Assessment (IA)
The integrated approach to support effective decision making

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 globally responsible Wales: A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being. **Human Rights - is about being proactive (see guidance)** **UN Convention on the Rights of the Child:** The Convention gives rights to everyone under the age of 18, which include the right to be treated fairly and to be protected from discrimination; that organisations act for the best interest of the child; the right to life, survival and development; and the right to be heard.	A key activity shift in the model of care is around doing more in county, including: • More children receive paediatric diagnostics, outpatient and day case treatments in-county • Most adults receive diagnostics, outpatient and day case treatments in-county • More people receive specialist care in-county, when it is safe and effective to do so • People receive less complex cancer diagnostics and treatments at the Rural Regional Centre or, where possible, in their home • People can access urgent care when they need it at the Rural Regional Centre or in their home This shift in activity will contribute to reducing the carbon footprint for north Powys. The indicative outcomes identified for the programme are at a whole population level and therefore will not disproportionately impact vulnerable, disadvantage or seldom heard communities. The model of care recognises the impact of work and lived environments on people's wellbeing and seeks to improve these, ultimately leading to reduced incidences of 'The Big 4'.	Good	To be developed during more detailed design of the model of care.	Choose an item.
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.				

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
Opportunities for persons to use the Welsh language, and treating the Welsh language no less favourable than the English language	By bringing care closer to home, the opportunity for people in north Powys to access services through the medium of Welsh increases. Keeping services within Powys will mean residents spending more time in their local communities and therefore maximising their ability to communicate in the medium of Welsh should they choose to do so.	Good		Choose an item.
Opportunities to promote the Welsh language	No direct significant impact identified at this stage.	Neutral		Choose an item.
Welsh Language impact on staff	No direct significant impact identified at this stage.	Neutral		Choose an item.
People are encouraged to do sport, art and recreation.	The model will upscale green and social prescribing to offer a greater range of community-based options for people to improve their health and wellbeing and participate in physical and social activities.	Good		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	The integrated Model of Care focuses on health and care mechanisms across the life span, linked to the agendas of Start Well, Live Well and Age Well. There is a focus on further developing intergenerational opportunities, with an aim to learn from existing work between school children and older people in a particular setting (e.g. residential care or day centre).	Neutral		Choose an item.
Disability	No significant direct impact identified at this stage.	Neutral		Choose an item.
Gender reassignment	No significant direct impact identified at this stage.	Neutral		Choose an item.

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
Marriage or civil partnership	No significant direct impact identified at this stage.	Neutral		Choose an item.
Race	No significant direct impact identified at this stage.	Neutral		Choose an item.
Religion or belief	No significant direct impact identified at this stage.	Neutral		Choose an item.
Sex	No significant direct impact identified at this stage.	Neutral		Choose an item.
Sexual Orientation	No significant direct impact identified at this stage.	Neutral		Choose an item.
Pregnancy and Maternity	No significant direct impact identified at this stage.	Neutral		Choose an item.

Source of Outline Evidence to support judgements
• Intended outcomes and selected indicators of success • Engagement report stage 1 • Engagement report stage 2 • Case for Change • Programme Mandate

7. 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 North Powys Wellbeing Programme has been set in the context of Powys Regional Partnership Board's Health and Social Care ten-year strategy and Powys Public Service Board's Well-Being Plan which has a 22-year time horizon. The programme demonstrates links with the Council's Vision 2025 Corporate Improvement Plan wellbeing objective - "*We will lead the way in providing effective, integrated health and care in a rural environment*" and across all the wellbeing objectives in the Health Board's Integrated Medium Term Plan. The North Powys Wellbeing Programme has drawn on relevant data to inform future demand and the intention is to use this to gauge the impact of different approaches to emerging Models of Care.	Good		Choose an item.

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
Collaboration: *Working with others in a collaborative way to find shared sustainable solutions.*	The North Powys Wellbeing Programme has enabled the development of a proactive and mature relationship between health and social care. There has been early collaboration with acute providers and their change programmes helped inform the early development of the North Powys Wellbeing Programme. The Mid Wales Health and Social Care Committee Clinical Advisory Group has been utilised as part of the programme enabling clinical discussions and partnership working focused on north Powys across mid Wales. Under these arrangements workshops have taken place with GPs and Consultants based at Shrewsbury and Telford Hospital NHS Trust (SaTH), Bronglais Hospital, Aberystwyth and Powys to look at opportunities to in-reach into Powys and to work more collaboratively. The North Powys Wellbeing programme is currently working to develop a range of organisations to provide a “one-stop” service.	Very Good		Choose an item.

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.*	The North Powys Wellbeing Programme recognises that managing the transition from current to new models of care are important and has committed to investing in two Change Managers to ensure effective transition to the new model of care. The North Powys Wellbeing programme has a communication and engagement plan around its model of care, which maps the stages that they are going to engage and some key stakeholders. Working with Powys Association of Voluntary Organisations, the North Powys Wellbeing Programme has co-produced the citizen engagement process to support engagement with young people to inform the development of the model of care. There has been engagement to support co-production through the Mid Wales Health and Social Care Committee Clinical Advisory Group. Workshops with Consultants and GPs are supporting cross border working and discussions around the model of care.	Very Good		Choose an item.

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
Prevention: *Understanding the root causes of issues to prevent them from occurring.*	The focus on prevention is a fundamental cornerstone of the ambitions for the North Powys Wellbeing Programme and more specifically the model of care. The preventative vision was initially embedded in the Health and Care Strategy through a focus on 'Start Well', 'Live Well' and 'Age Well'. The model of care asks people in Powys to be proactive in supporting their own health and wellbeing, and be experts in managing their own care. They will be empowered to do so through improved accessibility utilising digital technology to maximise this. The location of the Rural Regional Centre has been carefully considered to ensure future service provision provides greatest preventative impact to the community. Newtown was identified as a geographical hotspot in both the Population Wellbeing Assessment for north Powys and the burden of disease analysis undertaken by Public Health. The use of robust joined up data has helped to understand need and to ensure services are focused on prevention. The North Powys Wellbeing Programme has identified the Third Sector as a key partner in its preventative approach.	Very Good		Very Good

Integration: *Taking an integrated approach so that public bodies look at all the well-being goals in deciding on their well-being objectives.*	The model of care is an integrated model between Powys County Council and Powys Teaching Health Board, bringing together a number of statutory services on one site. There is a joint commitment from both sovereign bodies to implement this model of care in an integrated way, to provide seamless health and care to our residents. The genesis for the North Powys Wellbeing Programme is the Powys Regional Partnership Board's Joint Health and Care Strategy which also supports step 11 and 12 in the Public Service Board's well-being plan, the Council's Vision 2025 Corporate Improvement Plan and the Health Board's Integrated Medium Term Plan. The North Powys Wellbeing Programme has considered the wider health benefits of the programme by aiming to secure economies of scale in a rural context by bringing together a number of services. The North Powys Wellbeing Programme have held initial discussions as to the broader benefits across the national goals and will continue to work with stakeholders as part of the business case development. Areas covered include how the programme links with wider regeneration of the town and reducing mileage for people travelling which includes the financial impact for individuals as well as carbon emissions.	Good		Choose an item.
Preventing Poverty: Prevention, including helping people into work and mitigating the impact of poverty.	The recognition of the wider determinants of health is poignant throughout the model of care, all of which can potentially influence poverty.	Good		Choose an item.

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
	The model of care pledges to influence housing, education, leisure and in-work poverty to reduce health inequalities. Provide one-stop, universal and targeted early and primary prevention services at integrated community hubs that bring together education, welfare, housing, leisure, health, social care and the third sector.			
Unpaid Carers: Ensuring that unpaid carers views are sought and taken into account	No direct impact identified at this stage.	Neutral	During the next stage of detailed design of the model of care, give consideration to the role of unpaid carers and recognise the importance and value of those people, whilst continually engaging to obtain their views.	Good
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.	The model of care has further emphasis on early help and support for children and families, giving focus to the importance of the first 1000 days of a child's life and early intervention to protect them from harm. The model also includes the development of a multi-agency safeguarding hub (MASH). The multi-agency nature of the model of care will provide joined up working between key statutory partners on a co-located site, breaking down barriers that currently exist in respect of information sharing. This will allow knowledge of vulnerable children, families and adults to be shared across relevant disciplines and timely intervention to take place.	Good		Choose an item.

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
Impact on Powys County Council Workforce	The model of care is currently pitched at a strategic, high level and therefore the specific impacts on workforce are unknown at this stage. The workforce requirements are anticipated to develop in line with the more detailed design of the model, however the assumed impact on staff can only be positive at this stage. The model of care is ambitious and therefore upskilling and further development of staff is essential to its success, with the ethos of "grow your own" at the heart of our workforce requirements. A workforce plan will be developed as part of the more detailed design process.	Good		Choose an item.

Source of Outline Evidence to support judgements

- North Powys Population Wellbeing Assessment
- Case for Change
- Staff, public, GP and wider stakeholder engagement
- North Powys service mapping
- Model of Care work stream outputs
- National policy and legislation drivers
- Evidence base

8. What is the impact of this proposal on our communities?

Severity of Impact on Communities	Scale of impact	Overall Impact
Low	Medium	Low

Mitigation

9. How likely are you to successfully implement the proposed change?

Impact on Service / Council	Risk to delivery of the proposal	Inherent Risk
Low	Very High	Medium
Mitigation		

Risk Identified	Inherent Risk Rating	Mitigation	Residual Risk Rating
Not having sufficient operational (existing) resource available to support delivery of the programme, caused by competing work priorities and operational pressures, impacting on the ability to deliver the programme objectives and outcomes within the agreed timescales.	High	**Mitigating actions taken:** • Terms of reference agreed and implemented. • Resource plan agreed and majority has been implemented (full resource to be in place April 2020). • Funding agreed for programme resource and backfill/amended plan to reflect resource gap. • GBP in place managing capacity gap around business case development and discussions commence around supporting demand, capacity and financial modelling. **Mitigating actions yet to be undertaken:** • Strengthen links with Workforce Futures group to agree resource allocation/support for 20/21. • Align operational capacity to programme via annual plans. • Review resource by end of phase 1 of the programme beyond June 2020 to be clear of operational capacity. • Appoint independent evaluator.	High

Ability to upscale acceleration for change projects: • Cross border teams • Virtual clinics • Repatriation pre-operative assessments This is caused by limited operational capacity and issues with data, resulting in some business cases not being developed or agreed / outcomes and measures not quantified.	High	**Mitigating actions taken:** • Agreed finance representatives to support scheme. • Detailed costings applied to the estimated financial plan. • Expenditure approved in line with procurement and financial management guidelines. • Monthly financial reporting developed. • Budget reprofiles and allocated to areas of accelerated change under Transformation Funding. **Mitigating actions yet to be undertaken:** • Outstanding business cases developed and agreed for acceleration for change • Quality outcomes and measures via development of outcomes framework. Linked to appointment of independent evaluator. • Confirm operational resource in place to deliver projects. Link to resource plan. • Agree change management approach.	High

Deliverability of the model of care: • May not be affordable • Workforce may not be sustainable and may be issues with recruitment • Long term prevention – ability to invest / disinvest This is caused be a level of uncertainty linked to the current progress / stage in	High	**Mitigating actions taken:** • Initial discussions with secondary care to look at development of enhanced services. • Workforce baseline information gathered. **Mitigating actions yet to be undertaken:** • Demand, capacity and financial modelling • As part of the Programme Business Case and Strategic Outline Case development, revenue implications need to be understood in relation to affordability. • Develop workforce plan to support model of care (identify gaps / explore options to increase attractiveness e.g. Rural Health and Care Academy) and implement for Phase 1 • Consideration of dual roles and governance implications, as well as being reliant on risk appetite.	High

Overall judgement (to be included in project risk register)			
Very High Risk	**High Risk**	**Medium Risk**	**Low Risk**
		×	

10. Overall Summary and Judgement of this Impact Assessment?

Outline Assessment (to be inserted in cabinet report)	**Cabinet Report Reference:**	

The North Powys Wellbeing Programme represents a once in a generation opportunity to shape the health and wellbeing of the population over the long term while transforming social and healthcare service delivery in the short to medium term. The programme is fully aligned with the *Wellbeing of Future Generations (Wales) Act 2015* and has at its core *A Healthier Wales – Our Plan for Health and Social Care*. Furthermore, the underlying narrative and principles used to formulate that plan come directly from the *Health and Care Strategy for Powys* – the joint strategy formulated by Powys County Council and Powys Teaching Health Board after considerable engagement with a wide range of stakeholders.

Key to delivering a healthier population will be addressing the social determinants of health; education, relative poverty and, the living and working environment. Sustained investment in these areas will result in considerable health benefits which will reduce demand for social and health care services in the future. This will not only save financial resource but will also enable further reorganisation of services so that they can be more tailored to the needs of those that become unwell but are also more convenient to access which will reduce the carbon footprint of service delivery. It must be remembered, however, that the investment in these areas must be sustained and will not result in quick wins. In addition, within the context of health, education must be seen as the area where the greatest return might be expected. Investing in our children now will affect three generations; the parents of those children who, evidence suggests, can be influenced by their children, the children themselves and their children in the next generation. Relative poverty and the living and working environment are also known to impact on health and consumption of social and health care services.

In the short to medium term, there is also a considerable amount of change that will enhance the quantity and range of social and health care services. Evidence here also suggests that the Social Return on Investment in social care and services will generate downstream savings in health care service delivery so we must transform our thinking and attitudes away from a health care centric focus onto a community and council centric focus. Key to delivering more capability and capacity in the community will be the use of technology and the harnessing of community effort through, principally, the third sector and particularly the voluntary sector. Initial public engagement suggests that, for our more rural communities, there is a willingness and ambition to be self-sufficient, but the enabling infrastructure is not available. Maximising the utility of this real estate closer to communities will enable services to pushed further out into the communities which will enable more convenient access to service users and may enhance accessibility to those with disability.

Where community capability and capacity cannot be generated, there will be a requirement for regulated services to be put in place as close to the home as possible. While this represents considerable challenge, there is much already in place that could be transformed to support a “closer to home model” of service delivery. There is a wide range of real estate currently available. Some can be re-worked to make it fit for modern purposes; some might not be but the location would make it ideal for redevelopment. Some real estate could neither be repurposed nor redeveloped and should be part of a real estate rationalisation that could bring back into the area additional resource through sale of the assets.

There is already a cohort of committed, regulated, service providers in both the social and health care arenas. There is already the ambition to bring these providers closer together in order to enable the development of “one stop shops” enabling service users to maximise the expertise that is available to manage their problems. However, there is still more to be done as we seek also to bring the third sector into these care hubs. However, there is also a recognition that the people proposition needs to change along with an attitudinal shift that will see new providers brought into the multidisciplinary team that will enable, through effective triage, the service user to be directed at the first opportunity to the right person with the right skills to manage the problem rather than waiting, under the current model, to see the most highly trained, experienced and skilled provider whose full range of ability might not be necessary for the client at the time of presentation.

This change in the people proposition will enable Powys to progress towards achieving its ambition of building a training academy that will enable local people to access training and education locally. This will, in some way, address the current reality that sees younger people having to leave Powys to achieve their ambitions. Enabling people to live and train closer to their social roots will encourage them to stay. Within this context there is also the opportunity to link this academic centre to the Welsh language agenda by providing a significant proportion of training in the Welsh medium.

Even after we have exploited all the opportunities to maximise health and wellbeing, build individual and community capacity, capability and resilience and re-invested in social services delivery, people will still continue to require health care services to be available to deliver the widest range of services. While the greater part of GP service delivery will be mandated through the General Medical Services Contract there is still a great deal of change that can be effected through development of locally enhanced services, enabling the development of health board infrastructure to deliver a wider range of services, exploiting digital opportunities and re-patriating services that are currently delivered out of county.

The changes to service delivery will enable a wider range of services to accessible closer to home which will have a positive impact on user satisfaction as well as reducing the carbon footprint of service delivery and enhancement of local economies.

11. Is there additional evidence to support the Impact Assessment (IA)?

What additional evidence and data has informed the development of your proposal?

- North Powys Population Wellbeing Assessment
- Case for Change
- Staff, public, GP and wider stakeholder engagement
- North Powys service mapping
- Model of Care work stream outputs
- National policy and legislation drivers
- Evidence base
- Horizon scanning for changes to emerging technology particularly miniaturisation, ruggedisation and machine learning/AI to deliver a wider range of diagnostics closer to home with more rapid and accurate reporting.

12. On-going monitoring arrangements?

What arrangements will be put in place to monitor the impact over time?
Please state when this Impact Assessment will be reviewed.

13. Sign Off

Position	Name	Signature	Date
Impact Assessment Lead:	Marcia Smith Jeremy Tuck		17 February 2020

Head of Service:			
Director:	Alison Bulman		
Portfolio Holder:	Cllr Myfanwy Alexander		

14. Governance

Decision to be made by	Cabinet	**Date required**	24 March 2020

FORM ENDS

Adults Performance Report

December 2019

Executive Summary

What's working well?

- Budget Management – Adult Services remain on target to achieve efficiency savings. The overspend has reduced by £314k between Periods 7 and 8 (current overspend is £212k)
- Delayed Transfers of Care – positive feedback received from NHS England. Positive impact being seen from having a hospital based social work team. Following considerable work within the Service, delayed transfers of care for social care reasons was 2 as at 14/01/19; the overall total is 19
- Safeguarding – the number of enquiries completed within timescales continues to remain high
- The new assessment, care and support plan and review forms went "live" in WCCIS in early January 2020
- New care home in Newtown opened in January 2020 which has eased some of the pressures in relation to bed capacity
- Compliance in respect of quality audits has improved
- ASSIST – the average call wait times and percentage of calls answered continue to improve; 2-year comparison attached for information
- Ask Sara – following work undertaken in collaboration with the Disability Living Foundation, the link on the internal council website has gone "live" - https://asksara.dlf.org.uk/?auth=powys
- Service provisions for residential and nursing care are now "live" on WCCIS
- The criteria for the in-house Bridging Team has been reviewed, updated and circulated to teams for implementation to support reduction in waiting times
- Training has been provided to Community Connectors to enable the prescription of low-level equipment in the community which supports our early intervention/prevention agenda
- Adult Services are supporting a project which the Wales Co-Operative Centre are leading on with the aim of enabling a group of Personal Assistants to establish a co-operative which would provide domiciliary care locally. This project is at an early stage.
- Framework for Accommodation and Support for Living a Good Life – the first phase contracts were awarded in December with positive feedback received from Providers in relation to information handover and how the contract award was undertaken
- Following development of a new tenancy in the South of the county, the first resident has moved in and the feedback has been extremely positive in relation to the resident transitioning to their new home
- Two positive Moving with Dignity Stakeholder events (singled handed care) have been held with high attendance by domiciliary care providers - external and in-house, social workers, Reablement team and health colleagues. The events included a demonstration of equipment with question and answer sessions
- Reduction in number of complaints received (2), 1 of which was withdrawn
- Technology enabled care continues to develop with the number of unique individuals supported in the year totally 510

Executive Summary

What are we worried about?

- The knock-on impact of Winter pressures funding only being available until the end of March 2020 continues to remain a concern
- The impact of domiciliary care provider not being in a position to take on new packages of care from 9th December 2019 until the New Year due to pre-planned rotas and impact of Christmas leave. Adult Services saw an increase in delayed transfers of care for adult social care reasons over the Christmas period
- Number of individuals continuing to be placed in interim beds due to lack of domiciliary care provision, rehabilitation and therapy support which in turn impacts on the availability of permanent beds within care homes
- Ongoing concerns remain about the continued volatility and sustainability in the external domiciliary care market
- Ongoing concerns remain in relation to the impact of care homes within the community increasing fee rates over and above Powys' agreed fee rates which may impact on our ability to transfer individuals to care home placements from hospital
- The impact of one out of the three agency workers recruited into the dedicated hospital team leaving the local authority with little notice and leaving work incomplete. This meant that the team's ability to assess in a timely manner was impaired and had a knock-on impact on community based teams with them having to pick up additional caseload
- Delays in Direct payments being set-up in a timely manner
- The Reablement Team continue to remain hampered with the flow to the Bridging Team and on to the external domiciliary care providers due to market availability
- Reduction in percentage of case supervisions undertaken
- Observations of practice being fully embedded and rolled out across all teams remains an outstanding action
- ASSIST – reporting in relation to call coding has been an issue due to this only being captured via one telephone line but of those calls coded ASSIST received a high level of inappropriate calls
- TRIBE – delays in progressing which platform TRIBE will be hosted on; consideration has been given to this and discussions will be undertaken in January 2020 to finalise the hosting platform which is likely to be DEWIS
- Waiting lists continue to remain high in occupational therapy and sensory loss teams
- A number of experienced reviewing CSOs are due to go on placement and if the Service are not able to recruit in a timely manner this could have significant impact on the ability to reduce the number of reviews outstanding in a timely manner. The Service are also having to respond to Winter pressures and other priority workload which has an impact on day to day work

What do we need to do?

- Undertake in collaboration with Business Intelligence, definition of measure workshops with Senior and Operational Managers. In addition, the workshops will confirm where we gather our data from. Following the workshops, Business Intelligence will undertake new builds were required. It is anticipated that going forward we will be able to map an individual's journey as opposed to numbers in a calendar month to improve our understanding of the service user's journey
- Winter Pressures funding – put in place exit strategies for all projects which have been allocated funding
- Winter pressures - continue to work in partnership with health colleagues and providers to reduce the impact as much as possible
- Dynamic Purchasing System (DPS) – finalise tender paperwork to enable tender to "go live" in January 2020
- Continue to undertake reviews in a timely manner
- Continue to embed requirements in relation to case supervision in practice
- Continue to implement the action plan to close all documents on WCCIS
- Understand in more detail, demand vs capacity with the Service through use of the workforce planning tool
- Safeguarding – deliver on the actions identified within the QA action plan within timescales and work with Commissioning to proportionately dovetail agendas
- Continue to develop the Adult Services Induction Programme to ensure that strengths-based practice is embedded from start of employment for both permanent and agency staff
- Panel" – evaluate the pilot being undertaken in the North of the county in respect of being able to undertake reviews with residents remotely
- Continue to work to reduce the waiting lists within sensory impairment and occupational therapy
- Framework for Accommodation and Support for Living a Good Life – second phase of tenders to "go live" in January 2020
- Cae Glas – plan and finalise engagement events; this is an exciting opportunity for new residents to get a feel for their new homes

Top 5 indicators

What's working well?

1a – In addition 803 contacts were made to the social services line which contributes to the overall total of 1509

2 – Feedback from the NHS England UEC Operations Manager (31/12/19) is as follows – "Thank you for supplying your Powys delays data each week. These delays are showing an overall decline in Shropshire, however they remain at a stable level in Herefordshire"

2 – Delayed transfers of care for adult social care reasons in December were 8 at point of return date. However, this increased over the Christmas period, stats awaited

2 – The new care home in Newtown opens in Quarter 4 which will reduce some of the pressures in relation to bed capacity

2 – Winter pressures funding – hospital based social work team – 70 appropriate referrals were received and 23 inappropriate referrals. The average time taken to first visit was 3 days; reasons for delays include weekend/bank holiday, family wishing to be present, awaiting medical/therapy results, client remained unwell. The majority of cases were allocated within 24 hours (25 in less than a day, 31 within 24 hours, 4 within 48 hours, 5 within 72 hours and 5 in excess of 72 hours). Verbal feedback on this project remains positive, ie response time has reduced and patients are being allocated and seen much sooner

3 - Only 2 out of 61 enquiries were not completed within timescales. Safeguarding are compliant with statutory legislation

5 – 40 out of a possible 49 audits were completed which equates to 82% compliance showing an improvement of 10% in comparison to November when compliance was 72%

What are we worried about?

2 – Winter pressures - one out of the three agency workers recruited to work in the dedicated hospital team left the authority with little notice and left work incomplete; this has impacted on the ability to assess in a timely manner in Hereford and Llandrindod Wells. This has had a knock-on impact on the community-based teams in them having to pick up additional caseload

2 – Increase in Delayed transfers of care for adult social care reasons over Christmas period. This, in part, was due to domiciliary care providers not taking on new packages of care over the Christmas period due to pre-planned rotas and impact of annual leave

2 – Ongoing ability to maintain delayed transfers of care at a lower level with the continued impact of Winter pressures

2 – Number of individuals continuing to be placed in interim beds due to lack of domiciliary care provision, rehabilitation and therapy support; this in turn impacts on the availability of beds within care homes

2 – Impact on budget remains due to having to place residents out of county

4 – Percentage of case supervisions undertaken.

In response to the query at the last Board on what does 10% equate to in this measure: 142 practitioners required supervision monthly (this varies monthly). Therefore, 10% of supervisions not undertaken equates to 14 individuals.

5 – Observation of practice has not been fully embedded and rolled out across all teams

What do we need to do?

1a – Redeployee to commence trial as ASSIST Team Co-Ordinator role in January 2020

1a – Continue to work jointly with Customer Services (lead department) to improve our citizen's experience of contact with the Council (work being undertaken to map journey of the customer at point of contact in order to provide a professional corporate customer experience): this should address the issues with the 2 phone lines still being in place and will also consider sensory impairment requirements

1a – Identify how many on-line forms are being completed to enable us to capture the on-line demand – Channel Access Officers to review how they can provide information

1a – Webchat – no calls received during December (calls previously reported as low). This means that we will not be able to evaluate as effectively as previously planned; the trial will continue in Quarter 4

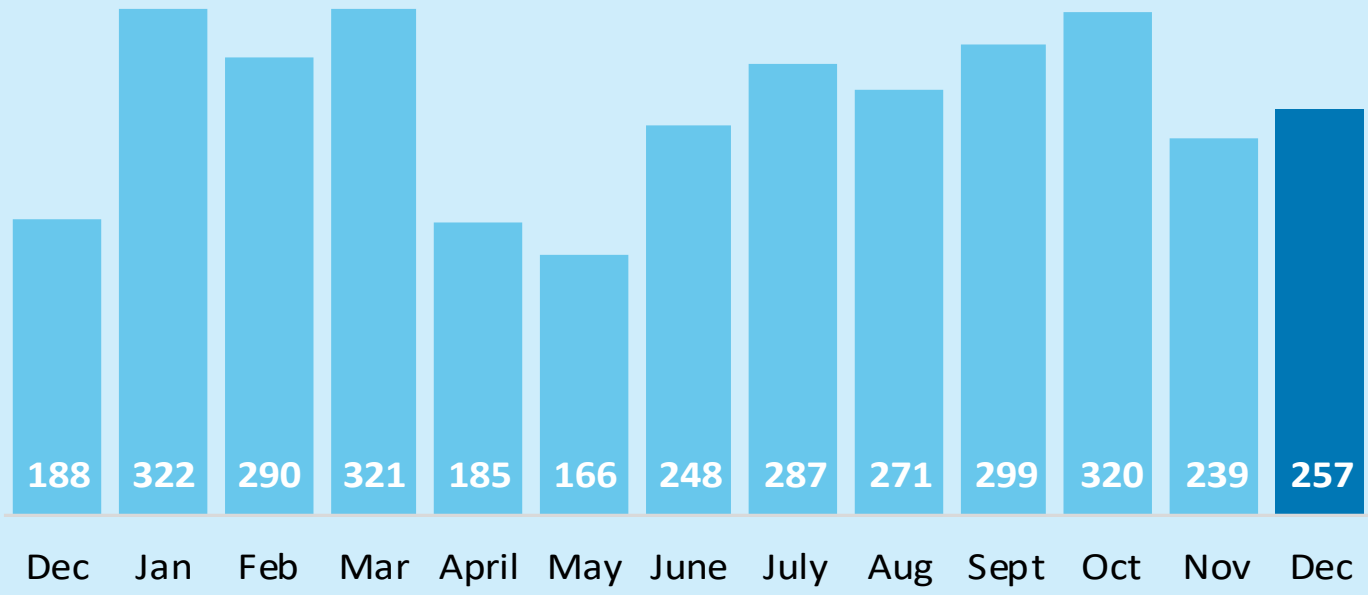
2 – Continue to work with Powys Teaching Health Board, Herefordshire and Shropshire Health Authorities to support Winter pressure arrangements and planning

2 – Winter pressures – hospital based social work team – professional and client surveys to be circulated in quarter 4

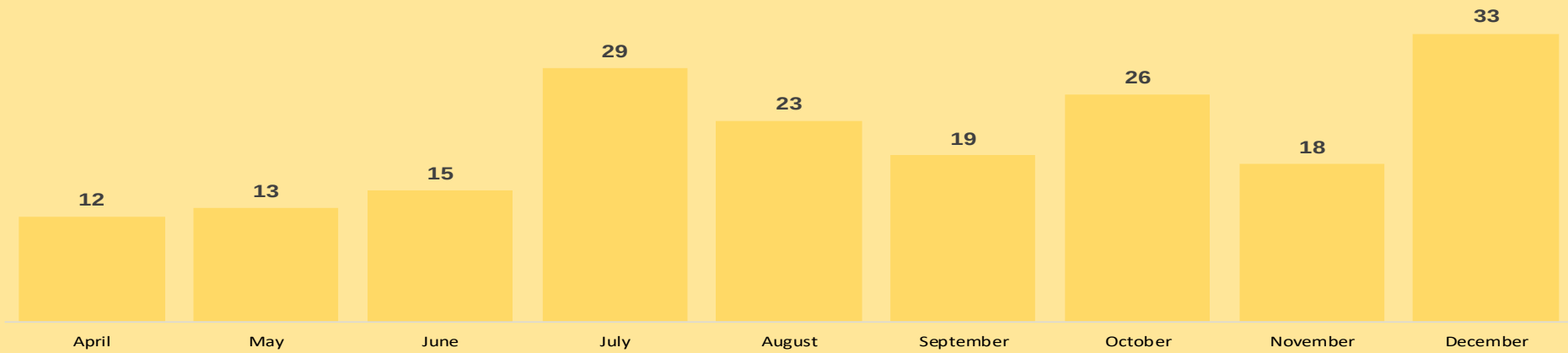
4 – The Head of Adult Services continues to address areas of non-compliance in relation to case supervision

5 – Fully embed and rollout direct observation of practice on a countywide basis across all teams. Senior Practitioner posts will support the embedding of observation in practice in the South of the county. In the North, the Consultant Social Worker does undertake some observations of practice across disciplines

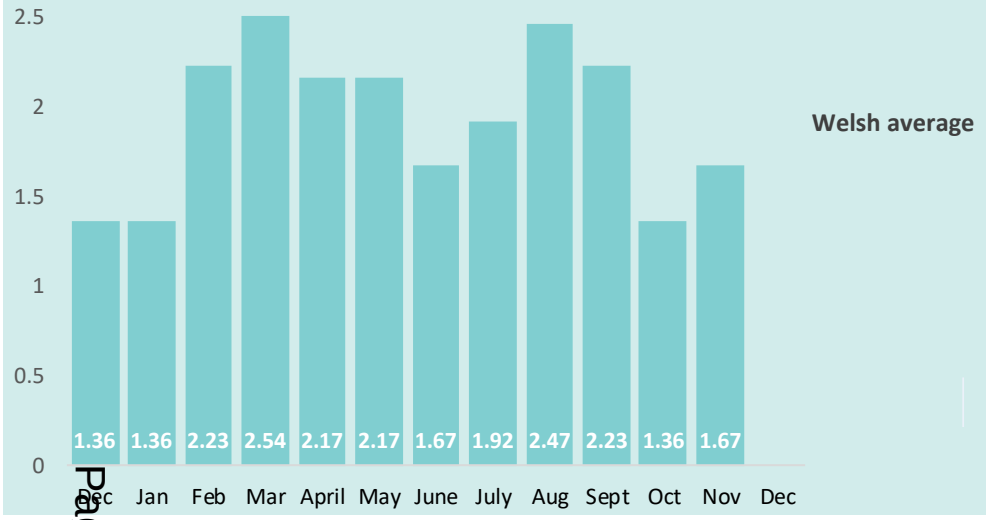
1a. Number of Contacts to ASSIST



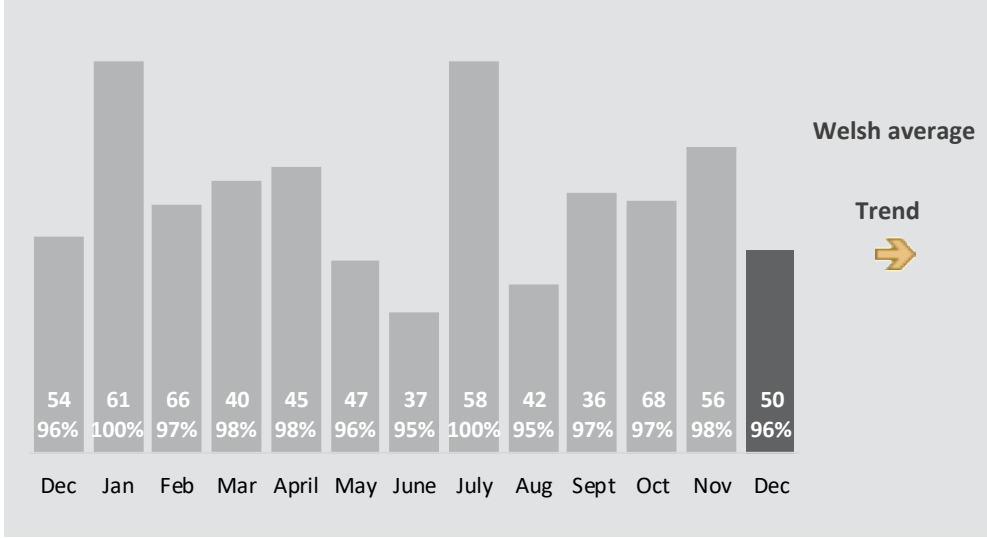
1a. Number of Contacts from ASSIST to Community Connectors



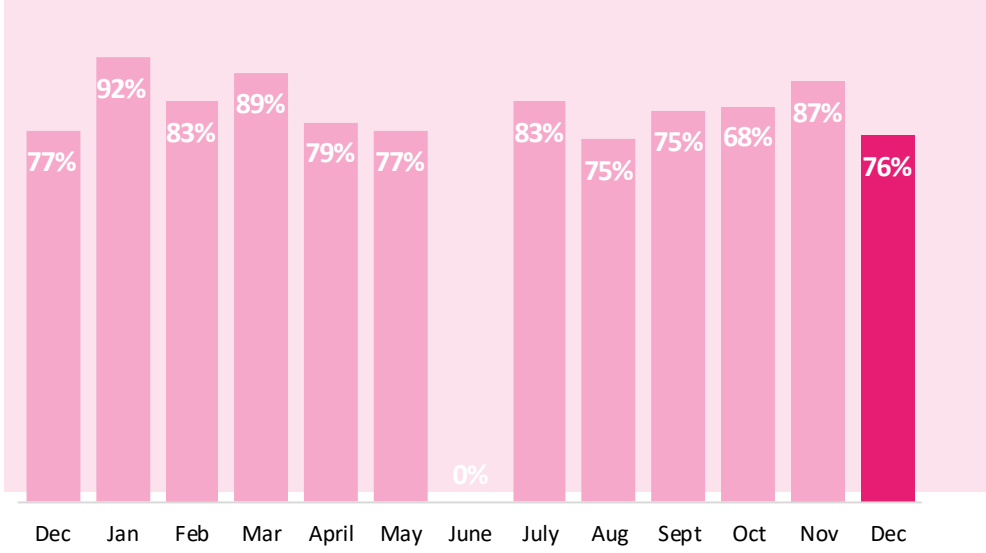
2. No. of persons (per 1000 population) aged 75 and over who experience a delay in returning to their own home or social care setting following hospital treatment



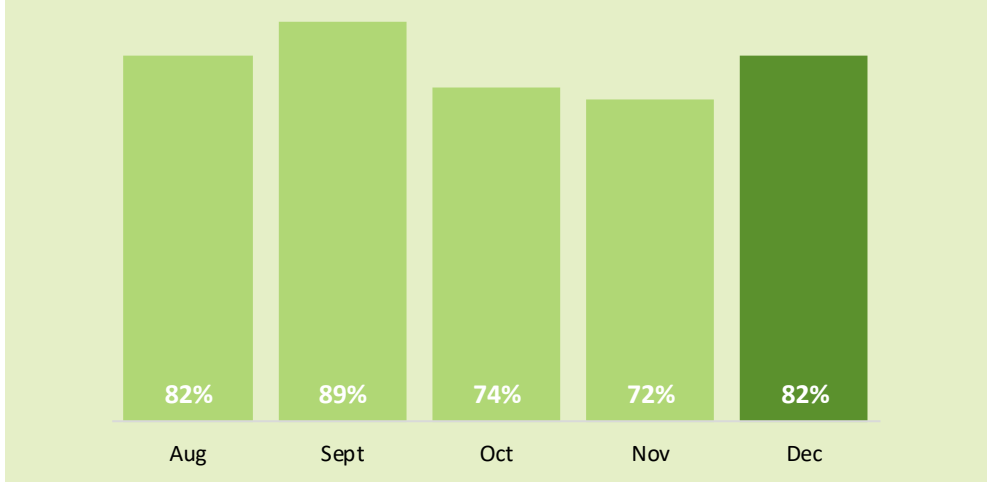
3. Measure 18 – The Percentage of adult safeguarding enquiries completed within statutory timescales



4. % of case supervisions held



5. Compliance against QA Policy



Front Door

What's working well?

6a On average it took 45 seconds in December to take a call which is on a par with November

6 – The attached document shows improvement in the average call wait times and percentage of calls answered over a 2-year period

ASSIST – there continues to be good uptake in relation to the prescription of low level technology enabled care with positive feedback still being received

ASSIST – call coding requirements have been updated to make more meaningful

Ask Sara - following work undertaken with the Disability Living Foundation, the link on the internal council website has gone "live"

What are we worried about?

ASSIST – call coding – reporting is only pulling through from one phone line but the data available is indicating a high level of inappropriate calls being received by ASSIST

ASSIST – whilst funding has been identified to support a Contact Officer to undertake Welsh language training to ensure the Active Offer is available, we do not currently have anyone to answer the Welsh Language line when the member of staff in Children's Services who provide support is not in work; it should be noted that the number of calls received via the Welsh language line are minimal

ASSIST – cover arrangements continue to remain inconsistent to enable the team to have team meetings or reflective practice sessions

TRIBE – delays in progressing which platform this will be hosted on; consideration has been given to this and it is likely that this will now be hosted on the DEWIS platform

What do we need to do?

ASSIST – low level prescription of technology enabled care – review with TEC Team how this is working

ASSIST Team Manager to be a member of the Active Offer Steering Group from January 2020

ASSIST – call coding – job logged with ICT

ASSIST – Welsh language – identify if there are other options which can be used as an interim measure to support individuals who wish to have a service through the medium of Welsh

ASSIST – fully implement, in Quarter 4, training to enable delivery of Part 10 of the Social Services and Wellbeing Act

ASSIST – work jointly with Customer Services (lead department) to improve our citizen's experience of contact with the Council (work being undertaken to map journey of the customer at point of contact in order to provide a professional corporate customer experience)

ASSIST – Quality Audit Tool developed to assess quality of the experience for individuals who have contacted the Service to be implemented in Quarter 4

ASSIST – review current processes to ensure they remain fit for purpose in Quarter 4; this work will also cover information requirements

Choice Policy for residential/nursing/domiciliary care with exception of flow chart which is to be developed to go through relevant groups for sign off

Implement final version of Choice Policy in Quarter 4

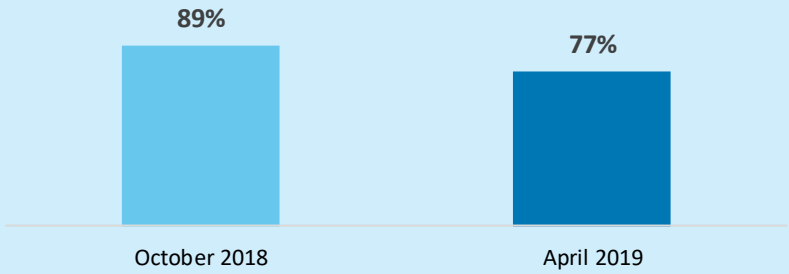
Virtual wallet – complete evaluation of proposals received from 3 companies with a view to contract award in late January 2020

Virtual wallet – provide information and advice along with training to frontline operational teams to support their understanding of direct payments and where a managed account may be appropriate

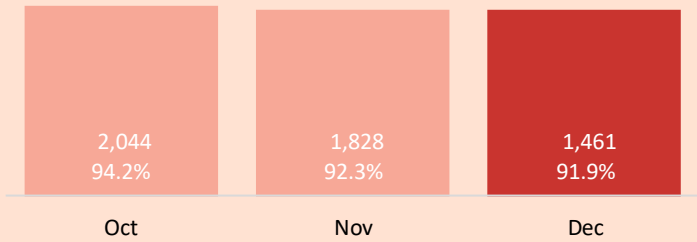
TRIBE – meetings to be held in January 2020 to finalise the hosting platform and launch the final product in Quarter 1 2020-21

Ask Sara - the external link will go "live" in January 2020

6. Measure 23: % of adults who have received support from the IAA service and have not contacted the service again for 6 months (Reported biannually)



6.a. Percentage of calls answered



Assessments

What's working well?

7/8 No backlogs of assessments/carers assessments for allocation in the Older People's Teams or Disability Team

7/8 - Caseloads in the South Older People's Team have improved with very few workers having over 30 on their caseload

7/8 - Request has been submitted to enable workers to use their dashboards differently, which will enable them to view eg active cases vs those who are awaiting a package of care

7/8 - Plans are in place to have a duty line for the teams in Older People which is the number which will be provided to individuals in the community or professionals to enable contact to be made more effectively with the teams. The line will be for use by new and existing service users. This should also have an impact on volume of inappropriate calls going through ASSIST

The ROVI Officers in Adult Sensory Loss are no longer required to undertake work on behalf of Children's Services which will free up capacity to reduce backlogs within Adult Services

13a – Individuals leaving the Reablement Service – 155 did not require ongoing support with 53 requiring an ongoing service (10 unknown). 118 had a reduction in care package, 87 did not have a reduction in care package (13 unknown)

14 – Number of outcomes achieved for those receiving reablement will continue to be variable month on month. Goals were achieved for 103 individuals, partially achieved for 57 and not achieved for 32 (unknown 12)

What are we worried about?

7/8 Volume of demand for new community-based assessments within Older People's Services has been high and we are seeing increased complexity; this has been high in December compared to previous years

7 Disability Service have received a number of referrals which are not appropriate, this is reviewed on a case by case basis

Sensory Impairment Waiting Lists – the waiting list for visual impairment has increased to 111 (from 108) but there has been a decrease in hearing impairment to 27 (from 33)

Waiting lists within Occupational Therapy – whilst continuing to remain high, the OT team members in both the North and South of the county are working additional hours for 12 weeks to try and address the issue; the funding for this is from slippage monies. In the North there are 51 individuals on the waiting list with the longest wait being 9.3 weeks; the team received 45 referrals in December which is a decrease from the 102 received in November; 12 referrals were closed before allocation with the majority being signposted or already having been seen by Powys Teaching Health Board Community Therapy team. In the South, there are 109 individuals on the waiting list with the longest wait being 14 weeks; the team received 45 referrals which is the same number received in November; 9 referrals were closed before allocation, 2 of these were inappropriate and others were signposted to the Powys Teaching Health Board OT

Volume of documents outstanding which still need to be closed remains a concern with work remaining ongoing

The ability to accurately reflect and capture demand through the system

What do we need to do?

7- Continue to pilot more efficient ways of managing the demand in the South of the County, areas covered will be allocation, peer supervision and funding panel. Support will be provided via an external researcher who is working within the Service on strengths-based practice (meeting due in January 2020)

Teams to continue to work on reducing waiting lists within Sensory loss and OT

Continue to engage with IT to obtain a contact skype number for the duty line; this will commence in the South for Older People

Work to continue within teams to close open documents – reports regularly run to support teams in achieving this

Work to be undertaken to understand demand vs capacity

Agreement to be reached on what form should be used by the OT Service

Sensory Loss – recruit to temporary CSO post which is currently out as an expression of interest (closing mid-January)

Reablement/Bridging Team – Brokerage to continue to prioritise domiciliary care within given resources available internally and externally

Assessments

What's working well?

Reablement has seen an increase in the number of primary referrals in December (116) with 18 involvements. Primary referrals accepted by Powys Teaching Health Board equated to 43%/58 referrals and by Powys County Council 57%/74 referrals. The Health Board allocate to adult social care if ongoing care and support is required as health staff do not complete the integrated assessment, care and support plan or documentation for Panel or Brokerage. It is noted that there are 10 fte Health Board therapists and 8 Council reablement support offices in the Section 33 Reablement agreement

The Reablement Service has had some short-term sickness within the team but managed to maintain a flow in service delivery.

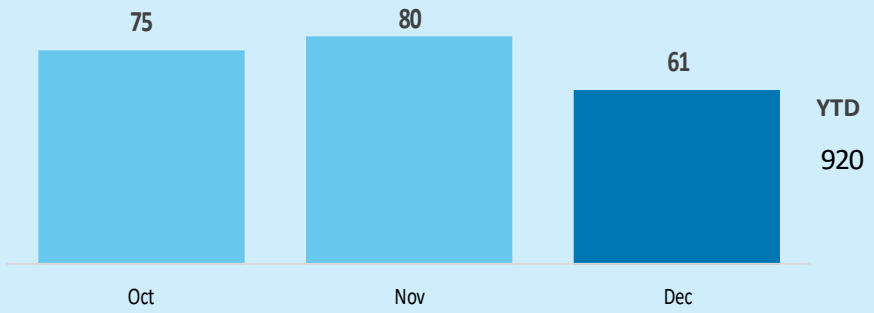
The Reablement Service has seconded 3 x 25-hour frontline workers to work alongside the new Home First Team in North Powys to promote people going home earlier and prior to reablement intervention

What are we worried about?

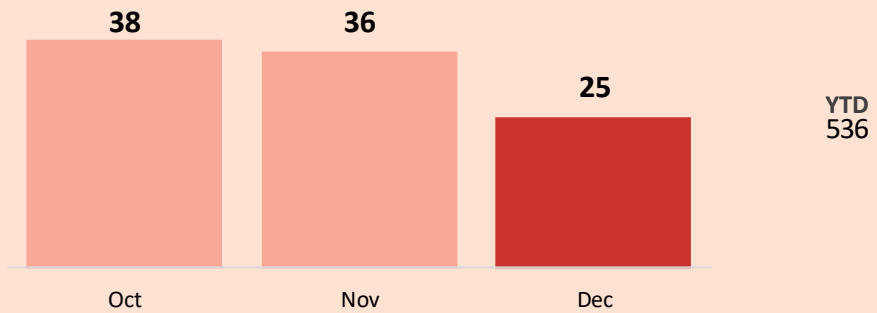
The Reablement Team continue to remain hampered with the flow to the Bridging Team and on to the external domiciliary care providers due to market availability challenge

What do we need to do?

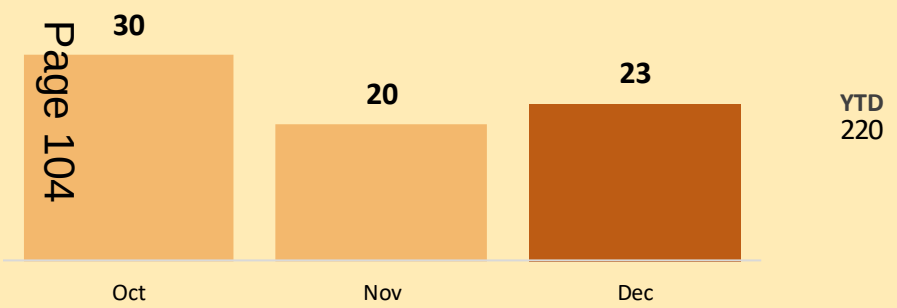
7. No. of assessments of need for care and support undertaken



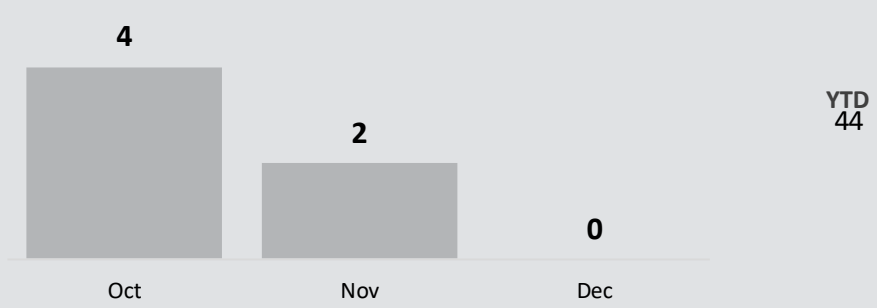
7a. Of these, no. of assessments that led to a care and support plan



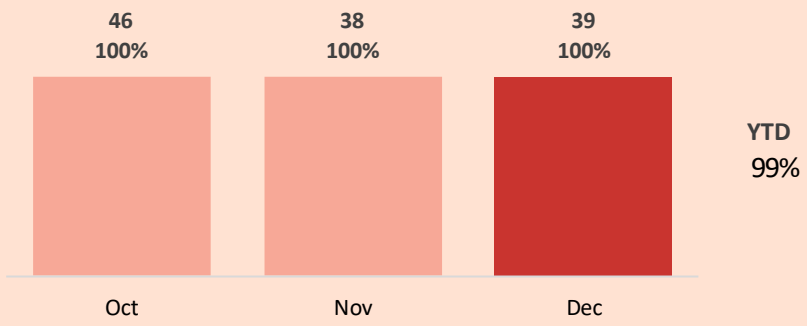
8. No. of assessments of need for carers undertaken



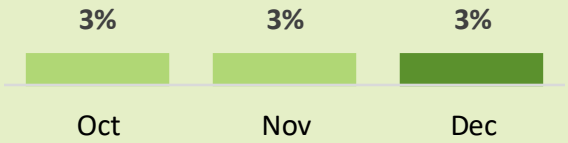
8a. Of these, no. of assessments which led to a care and support plan



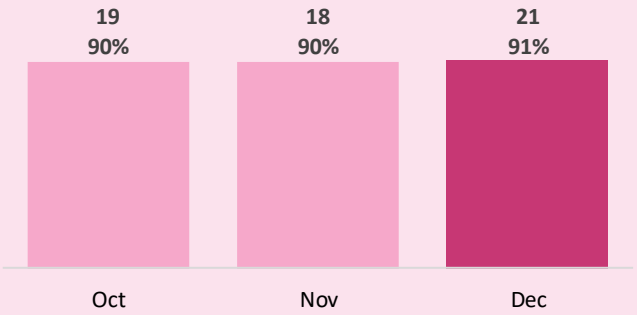
11. % of carers identified offered an assessment



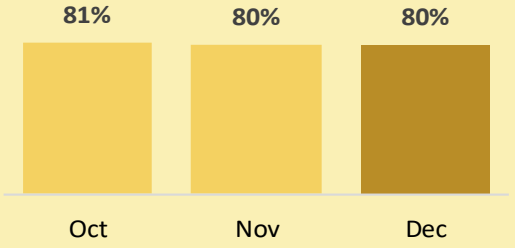
13. Measure 20a: % of adults who completed a period of Reablement and have a reduced package of care and support 6 months later



14. % of Reablement clients achieving outcome



13a. Measure 20b: % of adults who completed a period of Reablement and have no package of care and support 6 months later



Care planning

What's working well?

Good progress has been made in reducing the volume of reviews outstanding and work will continue on this in line with the team action plans in place

What are we worried about?

15 – The potential impact Winter pressures will have on the ability to continue to reduce the number of outstanding reviews at pace and the ability to prioritise these. There is the additional impact of experienced reviewing staff who are due to go on placement at the end of January and the ability to fill these posts in a timely manner

As at 7th January 2020, the backlog of reviews outstanding are as follows giving a total of 383 which is a reduction on last month's report of 88:

Older People Brecon – 52
Older People Ystradgynlais – 27
Older People Llandrindod Wells – 57
Older People North – 82
Older People Reviewing Team North – 56
Sensory Impairment – 8
Disabilities – 48
Mental Health – 33
Occupational Therapy – 20

The Older People's teams continue to experience the knock-on effects of reduced availability of domiciliary care, eg staff are still having to undertake well-being calls to ensure safety of individuals within the community whilst awaiting a package of care

Whilst the Disability's Team have reduced the volume of reviews outstanding in December, the ability to continue to reduce these at pace has been impacted by a priority piece of work to review service users who are supported in employment or actively looking for work and have received information and advice; this has removed one full-time worker from the team for approximately 4-6 weeks

What do we need to do?

15 – Work remains ongoing to reduce the backlog of reviews. Review will be scheduled, undertaken, and closed in a timely manner whilst prioritising other urgent/priority workload

15 – Data Quality Clerks to continue reviewing documents workers which have a blank review date; of note there is currently a Data Quality Clerk vacancy in the North of the county

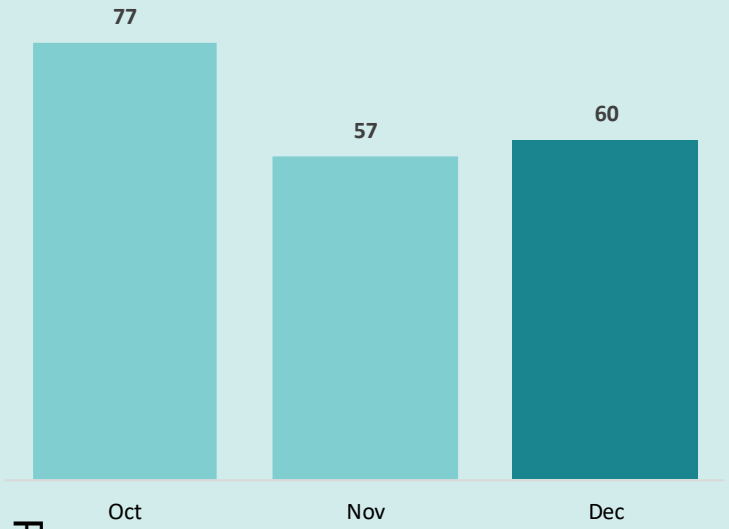
15 – Where experienced reviewing staff are due to go on placement at the end of January, recruitment to these temporarily vacant positions. Expressions of interest are out for staff

Ensure safeguarding plans are incorporated into care and support at appropriate juncture – advice has been provided to operational teams

Commence pilot of "Ethel" in 2 care homes in the North of the County (The Rhallt and Llys Hafren). The intention is that this will enable social care workers to pilot the undertaking of reviews with residents remotely rather than visiting the care home in person

Documentation for assessments, care planning and reviews have been tested within WCCIS and will go live in January 2020; these improved documents will support teams in their work with individuals to identify what matters to them and any outcomes identified along with any associated risks

15. Review dates that are blank and referral open over 6 weeks



Adult protection/ Safeguarding

What's working well?

18 – Only 2 out of 61 enquiries were not completed within timescales

Safeguarding are compliant with statutory legislation

Communicated to staff the training available via Social Care Wales (e-learning, APP, face to face) on new safeguarding policy and procedures

What are we worried about?

Reduction in capacity within the safeguarding team remains a concern; this impacts on the recording of management oversight and the ability to manage demand in relation to incoming safeguarding enquiries

QA Safeguarding Action Plan – the capacity to deliver on the actions in a timely manner due to reduction in workforce resource within the team

Training on Threshold document remains an outstanding Regional action in respect of re-commissioning it

Breakdown in respect of category of abuse/neglect is as follows:

Physical – 13
Sexual – 5
Emotional/Psychological - 14
Financial – 12
Neglect –17

The breakdown of where the alleged abuse/neglect occurred is as follows:

Own home – 39
Care Home Setting – 8
Health Setting – 2
Other - 12

What do we need to do?

QA Safeguarding Action Plan – meet the timescales for delivery of actions

Recruit to vacant Safeguarding Specialist Social Worker post – interviews 21/01/20

QA Safeguarding Audits – any issues identified will continue to be addressed appropriately. Group audits will also be undertaken to support learning

Continue to support the DLMs to consistently apply the principles of the Mental Capacity Act when managing safeguarding enquiries. Safeguarding DLMs to undertake refresher training in Quarter 4. MCA is a standing agenda item for team meetings. Team Manager provides ongoing support and advice

Safeguarding to consistently capture "what matters" outcomes for individuals at the point of contact and undertake follow-up contact calls at the point of closure

Ensure safeguarding plans are incorporated into care and support plans at appropriate juncture – advice has been provided to operational teams

Risk assessments – review effectiveness of current risk assessment process. Link any developments within the Region on any risk assessment framework

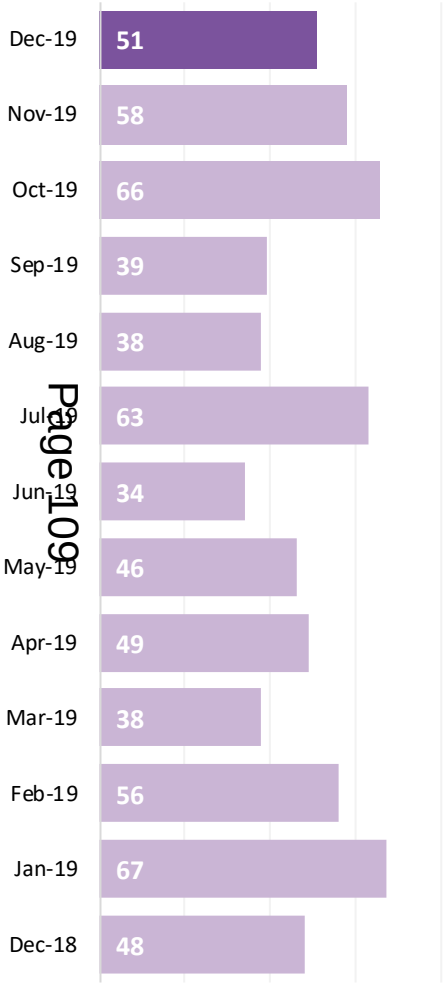
Continue to work with commissioning to ensure that commissioning and safeguarding agendas dovetail proportionately; attendance at quarterly QA sessions continue

Training on Threshold document – staff/providers to attend training when available following recommissioning by the Region

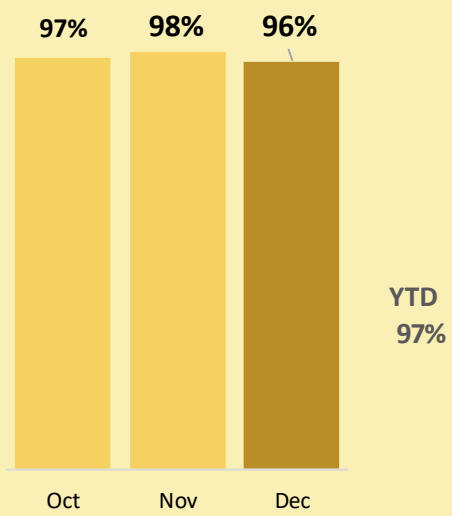
LPS – Safeguarding and Contact Senior Manager and LPS Lead Officer to attend operational team meetings to explain new process (Quarter 4). Short survey under development for operational staff about their competence and confidence in application of MCA

Continue to work with Business Intelligence to ensure reporting is correct in relation to where information is "pulled from"

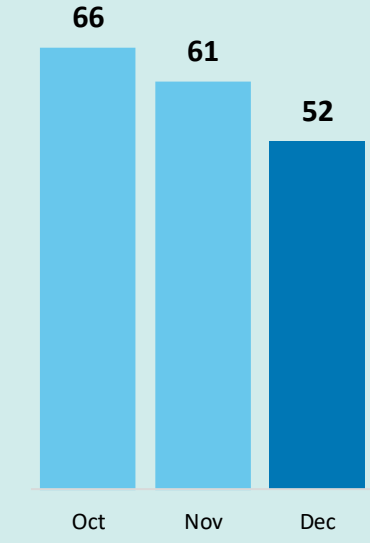
17. No. of clients referred to the adults safeguarding team 18/19



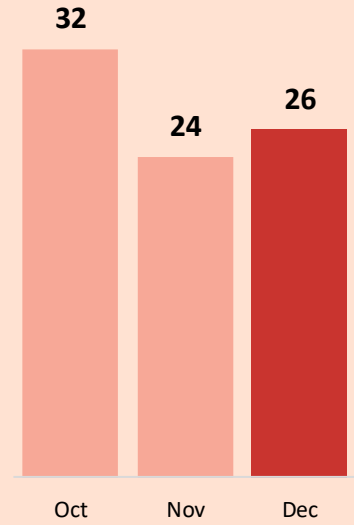
18. Measure 18 - % of adult safeguarding enquiries completed within statutory timescales



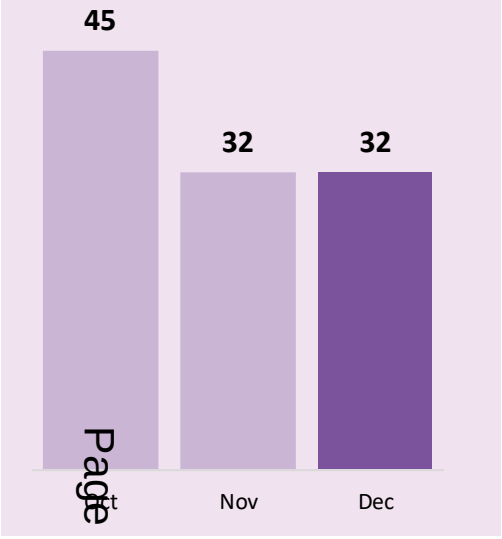
19. No. of referrals made to adult safeguarding during the year



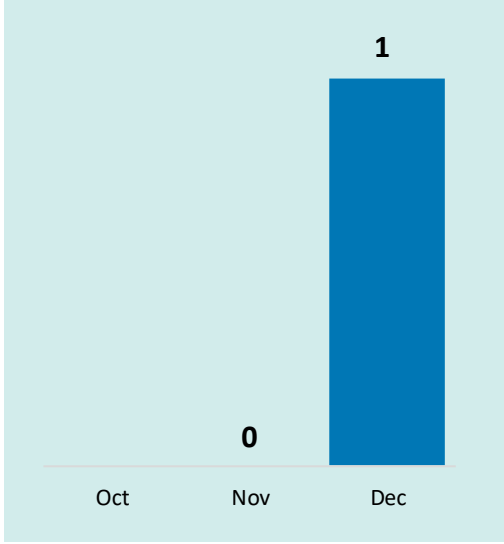
19a. Of these, how many led to an enquiry



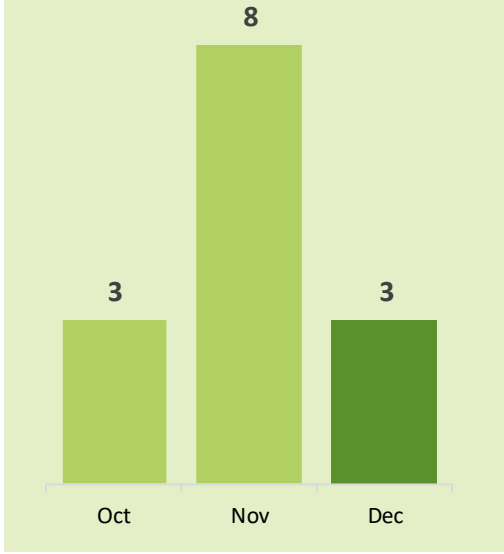
20. No. of enquiries which concluded that action was required



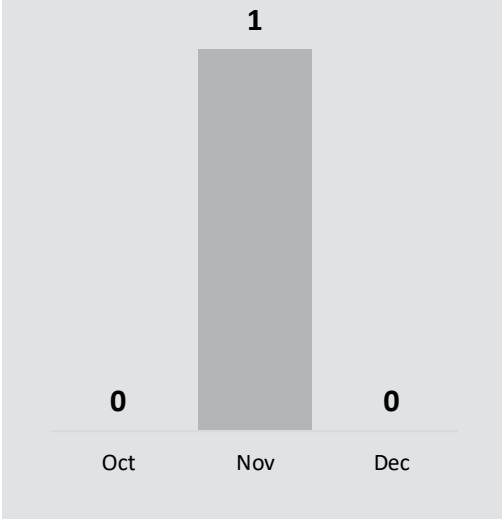
21. No. of non-criminal investigations concluded during the year



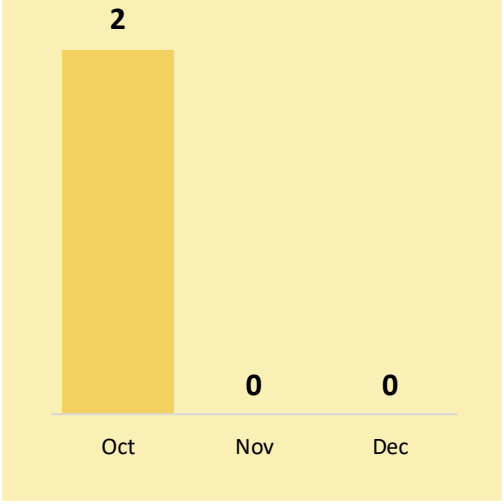
22. No. of strategy meeting which have taken place



23. No. of case conferences completed



24. No. of Adult safeguarding plans complete



Commissioned Services

What's working well?

27 – TEC – the number of unique individuals supported in December was 57 bringing the total in the year to 510; it is projected that this will deliver cost avoidance savings within the financial year of £420,188 The 510 individuals received 680 prescriptions (deliveries) equating to 1117 items of technology enabled care

27 – The Service continue to remain ahead of target for prescribing technology enabled care to 600 individuals

27 – Training has been provided to community connectors to enable the prescription of low level equipment in the community

27 – TEC - Additional financial resource has been identified which will ease requirements up to the end of financial year

Residential/Nursing Care – all adult clients in receipt of residential or nursing care now have their service provisions on WCCIS. All information is up-to-date includes start date in placement, contract type, provider and cost along with recording whether the placement is in or out of county. This sees a move away from spreadsheets for reporting

29 – Domiciliary Care – the criteria for the in-house Bridging Service has been reviewed and updated and circulated to teams for implementation to support reduction in waiting times

Direct Payment Policy – review of the policy has commenced, which includes looking at best practice from other local authorities. The timescale for completion is end of the financial year

What are we worried about?

Concerns remain about the continued volatility and sustainability in the external domiciliary care market which impacts on the available capacity for care packages along with the ongoing financial stability of Providers

The "knock on" impact of Winter pressures funding only being available until the end of March 2020

The impact of Providers not being able to take on new packages of domiciliary care from 9th/16th December 2019 due to pre-planned rotas and impact of Christmas leave

Accommodation – concerns remain about the impact of care homes within the community increasing fee rates over and above Powys' agreed fee rates; this may impact on our ability to transfer individuals to care home placements from hospital

Accommodation – concern remains about step-up/step---down beds and the availability of therapy based support in a timely manner

29 – Brokerage continue to have difficulties in placing domiciliary packages of care

29 - Brokerage – care home placements rollout in the South of the county project has not yet commenced. Rollout has been delayed until January 2020

29 – The unmet need for the number of individuals has decreased to 97 (from 103) along with the unmet need in hours which equates to 1265 (from 1332). Of these instances, 35 individuals (equating to 443 hours of care) are awaiting care with no current support provision.

29 – The number of individuals who are having their needs met by the Bridging Team have reduce to 79 (from 91) but the number of hours has increased to 1008 (from 983)

What do we need to do?

27 – Evaluate the pilot of "Ethel" within care home environment for undertaking of reviews remotely

27 – Target awareness raising and training within Children's Services

27 – Provide additional training to ASSIST Contact Officers who were not able to attend first tranche of training

29 – Brokerage to continue to prioritise domiciliary care within the given capacity available, internally and externally

29 – Review Brokerage to support removal of the spreadsheets which the Brokerage function are heavily reliant on. This work links to the future removal of the X drive and review of Panel. Brokerage have commenced design of the Sharepoint structure and will fully transition to this in Quarter 4

29 – Brokerage – following review of the process for care home placements in the North of the county, full rollout to the South of the county (Older People's Team) will commence and be completed in January 2020

Winter pressures funding is only available to the end of March 2020; exit strategies required for all projects allocated funding; projects are ongoing

Dynamic Purchasing System (DPS) - tender paperwork is being prepared to enable tender to "go live" in January 2020. Evaluations will be undertaken on a phased approach between January and March 2020 to enable providers to join the DPS North and South. DPS will be used to Broker compliant packages of care from 1st April 2020

Commissioned Services

What's working well?

Personal Assistants - the Wales Co-operative Centre are currently leading on a project in Brecon, which the Local Authority is supporting. The aim is for a group of Personal Assistants to establish a co-operative which would provide domiciliary care locally. This service could support people who have been assessed by the local authority either via directly commissioned services or a direct payment, provide respite care to support unpaid carers, and could also be accessed by self-funders. This project is at an early stage with communication and support ongoing

Winter pressures monies – Bridging Team - resource for additional capacity within domiciliary care has been identified and allocated

Page 12

Winter pressures monies – 3 providers have been identified who are able to provide additional step-up/step-down beds to support individuals within the community and hospital; we continue to anticipate that this will avoid unnecessary admissions and delayed transfers of care

Framework for Accommodation and Support for Living a Good Life – first phase contracts were awarded in December. Verbal feedback from the Providers was positive who reported being impressed with information handover and how contract award was undertaken

Accommodation for individuals with a disability – all new developments and renovations remain on track

Following development of a new tenancy in the South of the county, the first resident has moved in and the feedback has been extremely positive in relation to transitioning to new home

What are we worried about?

What do we need to do?

Domiciliary Care – Plan on a Page – deliver requirements within the plan

Update Domiciliary Care position statement by end of financial year

Direct Payments Policy – complete the review by end of March 2020

Awaiting stock photographs, clarification on DBS and final amendments to the Direct Payments leaflet which has been developed for service users. The leaflet will "go live" in Quarter 4

Direct Payments – arrange partnership event in Summer 2020

Microenterprise approach – Community Catalyst project worker to hold initial meetings with local stakeholders in early January 2020. Community Catalyst to complete detailed induction plan (commenced in post early December 2019)

Microenterprise approach – communication plan to be finalised to ensure we reach communities, partners and staff to provide information on our new approach (January/February 2020)

Supported Living – the review of all relevant day and night-time packages continues; this work will ensure that packages are right size and outcome focussed Completion is by end of Quarter 4 which will inform the re-tendering process

Framework for Accommodation and Support for Living a Good Life – second phase of tenders to "go live" in January 2020. Phase 3 (final phase) is due to be completed in Quarter 2 2020-21

Commissioned Services

What's working well?

What are we worried about?

What do we need to do?

28 -Accommodation Request Form – following testing of the new form, consideration to be given to reporting element before going "live" with the form operationally. The form will now go "live" in Quarter 4

28 – Accommodation/Provisions Tracker – the database being developed for tracking flow of individuals within and out of county will be "live" by end of Quarter 1 2020-21

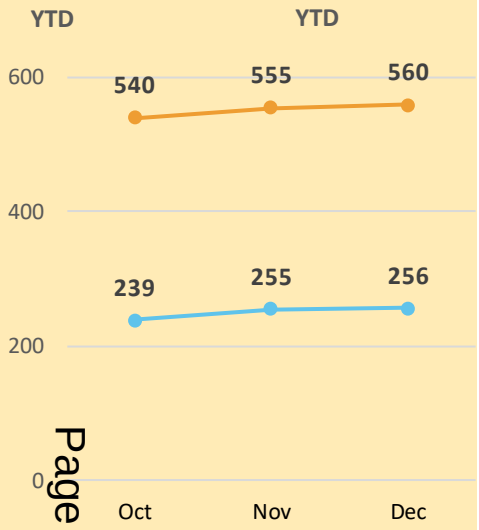
28 – Continue to meet with developers for Disability Accommodation and social work teams as required

28 – Service User engagement events are planned for development in the North of the County in early Quarter 4. As previously noted, the events will be an exciting opportunity for new residents to get a feel for their new homes

28 – Accommodation – short stay respite – the current contract has been extended to a 12-month period whilst work is undertaken to review the future service model and delivery

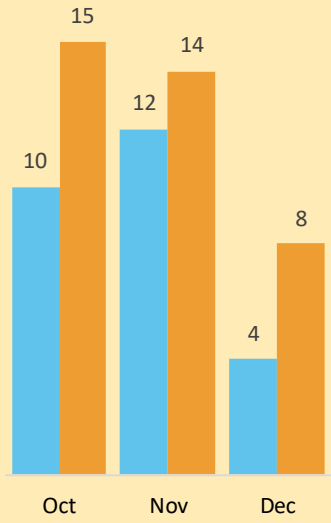
Service provision volumes

25. Nursing Homes 26. Residential care

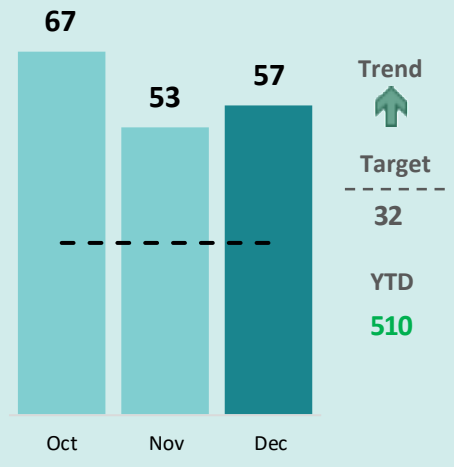


New Service provision volumes

25a. Nursing Homes 26a. Residential care

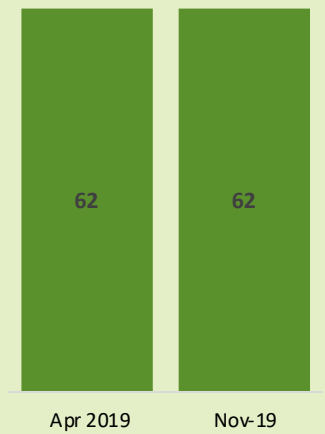


27. Local measure: No. of adult clients supported in their own home through assistive technology will increase

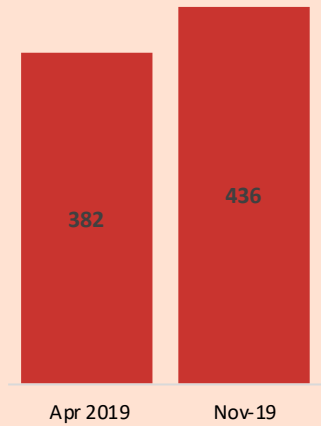


28a. Number of individuals with a learning disability in a residential care setting “in county”

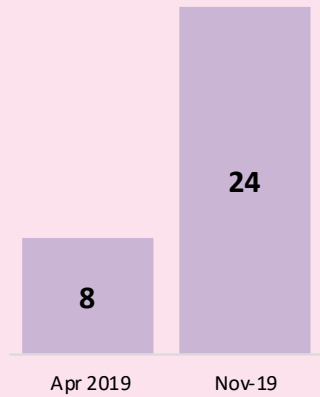
28b. Number of individuals with a learning disability in a residential care setting “out of county”



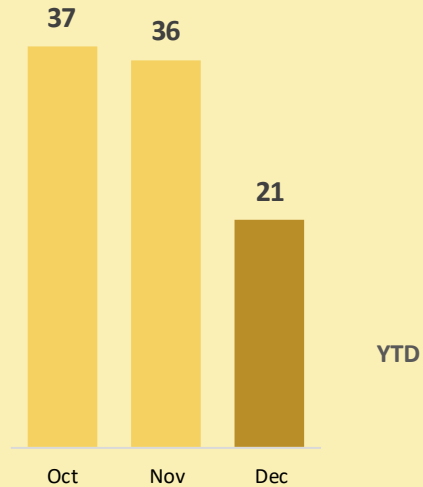
28c. Number of individuals with a learning disability in a non-residential care setting “in county"



28d. Number of individuals with a learning disability in a non-residential care setting “out of county”

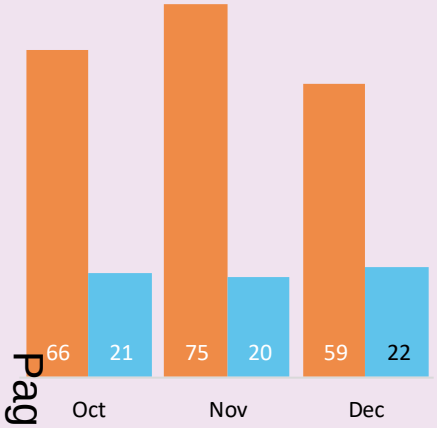


29. The average length of time taken (in days) to procure service provision for domiciliary care

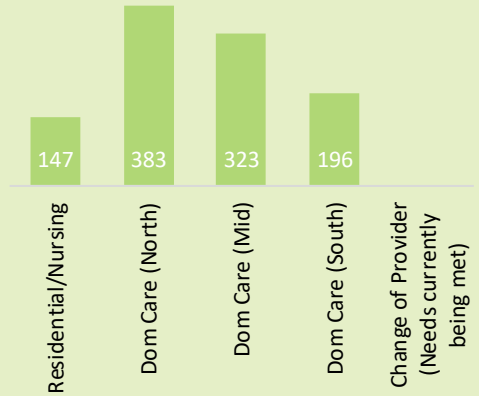


30. Number of individuals receiving a service

Domiciliary Care Nursing/Residential (North)

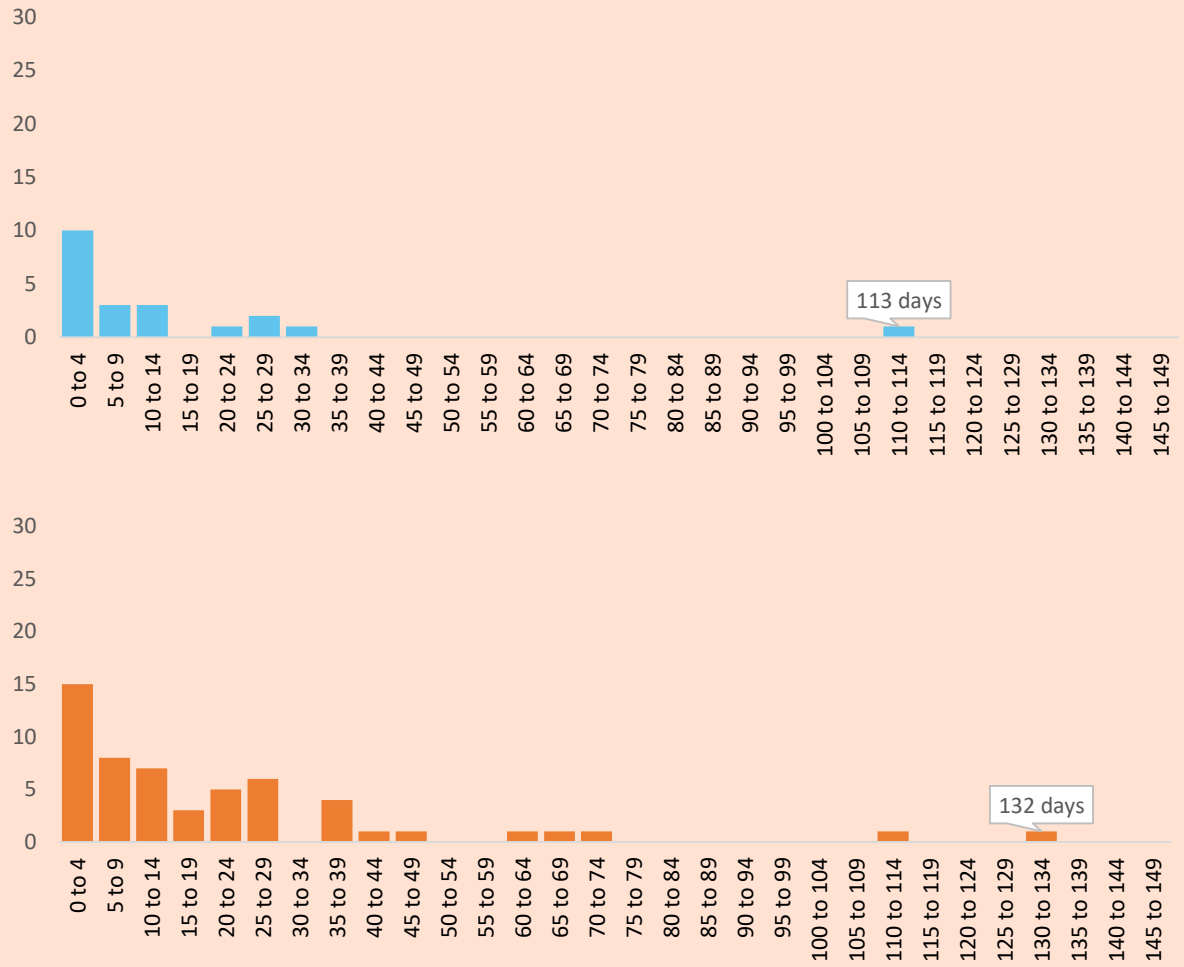


30a. Longest current wait for service (days)



31/32. Shortest/Longest length of time to broker a service by service type (days)

Domiciliary Care Nursing/Residential (North)



Finance

What's working well?

Adult Social Care continue to remain on target to meet their efficiency savings

Managing demography within current budget via early intervention/prevention

What are we worried about?

In period 9 there was an overspend in Adult Services of £212k which is a reduction of £314k compared to Period 8

Concerns continue to remain regarding financial viability and sustainability of Providers

Concerns continue to remain in respect of compatibility of new finance system with the WCCIS finance module

What do we need to do?

Budgets are ready to be devolved to operational level – Corporate Finance will engage with Systems to enable this – delayed until Quarter 1 due to staff availability

Provide continuing support and advice to budget holders following devolvement of budgets

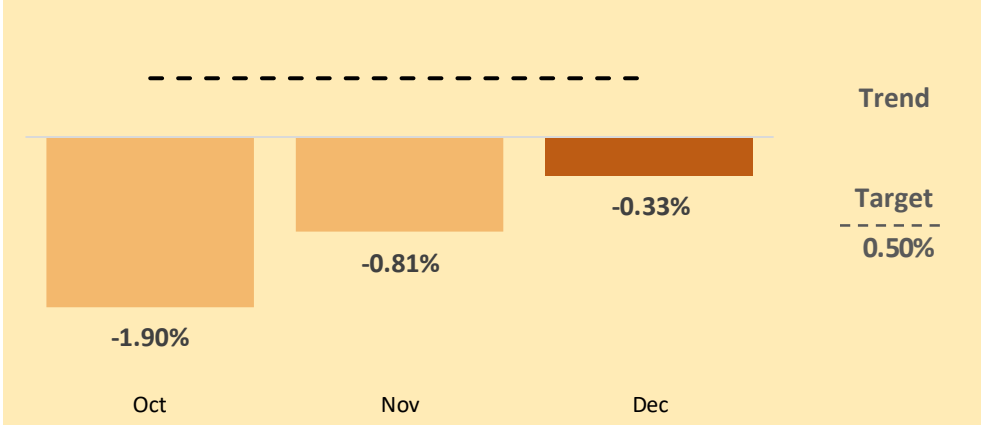
Assessment and review forms are to be implemented in WCCIS (January 2020); review to ensure we are able to accurately capture efficiencies/cost avoidance

Continue to work towards achievement of efficiencies identified within the efficiency tracker and recording of cost avoidance

Continue to work with Commissioning and Providers on financial viability and sustainability

Continue to work with the WCCIS Team on any developments in relation to finance team

33. Service delivered with 0.5% variation revenue



Workforce

What's working well?

34- November 2019- 1.03 Cumulative Average days lost per FTE

35- The increase in ageny workers relates to the 3 agency social workers who have been recruited via Winter pressures monies

35 – An agency senior practitioner in mental health became a permanent employee with the council as from 1st December 2019

36- 2 but no leavers from frontline Social Worker Teams

1fte Occupational Therapist has commenced in post following Dragons Den bid (17/12/19) in the North of the county. The candidate for the South of the county is going through pre-employment checks

Positive Moving with Dignity (single handed care) Stakeholder events – 2 events held in December. High attendance by domiciliary care providers, external and in-house, social workers, reablement team and health colleagues. The event included a demonstration of equipment and a good question and answer session. Next steps will be to train the trainer (for providers) in single handed care – moving with dignity

What are we worried about?

Ability to find cover for experienced Community Support Officers due to go on placements which will have an impact on workload including reviews

Caseloads in Disability Service are currently at a high level especially when the increased level of complexity and risk is taken into consideration; the team have also been impacted by 2 members of staff on long-term sick

Availability of qualified social workers in particular those with AMHP qualifications

What do we need to do?

Recruit to Vacancies:

Data Quality Clerk – North (interviews January 2020)

Disabilities 1 fte Transition Social Worker (North) on-hold

Older People

26 hours Social Worker (North) (interviews January 2020)

1 fte Senior Practitioner (North)

1 fte Senior Practitioner (South)

1 fte Social Worker (South)

Mental Health

30 hour Senior Practitioner – Welshpool (being covered by Agency)
1 fte Social Worker – Newtown
30 hour Social Worker – Brecon/Llandrindod Wells (in recruitment process)

Train the trainer events (for providers) in single handed care – moving with dignity – before end of financial year

Following the 2 positive recruitment events held in Knighton and Llanfair Caereinion, 2 further events are planned for Brecon and Llandrindod Wells/Rhayader. These events are being delivered alongside Social Care Wales' "We Care" Wales campaign and are targeted at people who would like to work in the social care sector. Attendees include private and third sector domiciliary care providers, the council's direct payment support provider and a community catalyst representative

Workforce

What's working well?

What are we worried about?

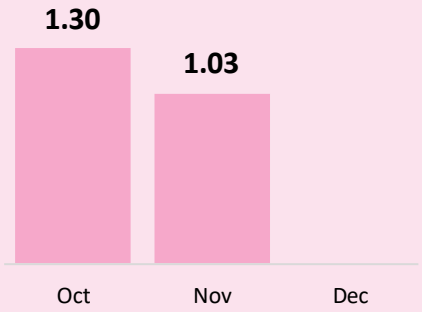
What do we need to do?

Where experienced reviewing staff are due to go on placement at the end of January, recruitment to these temporarily vacant positions in a timely manner. Expressions of interest are out for staff

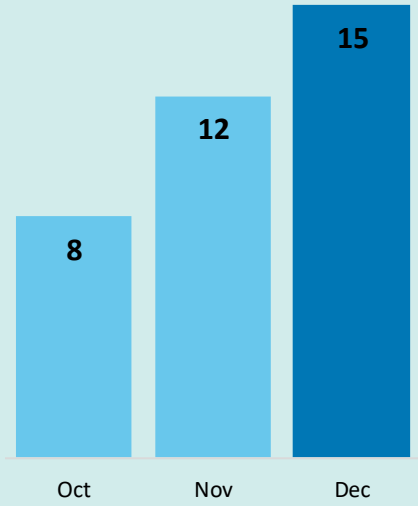
Continue to work with HR to review terms and conditions in respect of availability of AMHPs

Develop the Adult Services Induction Programme to ensure that strengths- based practice is embedded from start of employment for both permanent and agency staff

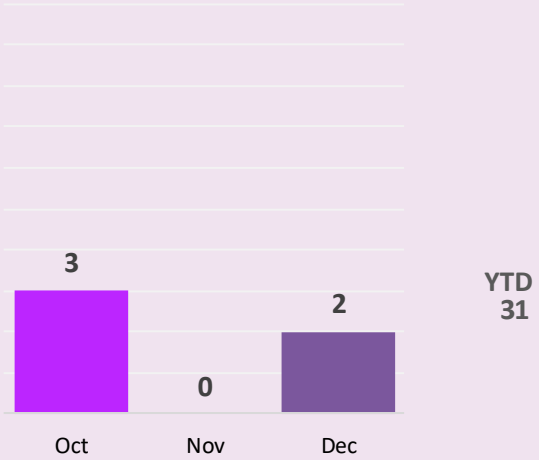
34. Average days sickness absence per FTE



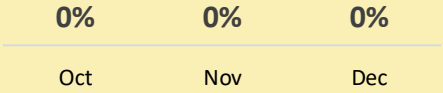
35. No. of agency social workers in post



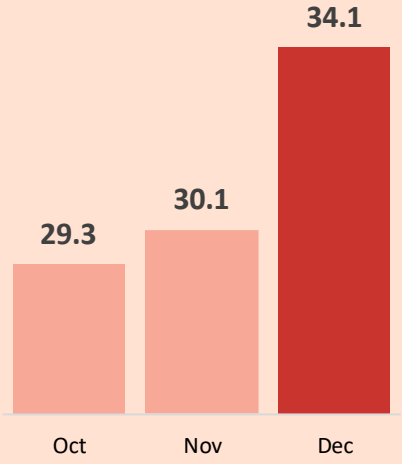
36. No. of leavers



38. The percentage of leavers who receive an exit interview



40. Number of FTE staff providing Integrated Social Care & Health services



Quality

What's working well?

41 – 40 out of a possible 49 audits were completed which equates to 82% compliance showing an improvement of 10% in comparison to November when compliance was 72%

41- 14 out of possible 15 audit questions reached over 80% good to excellent standard

41 - Peer auditing continues in Disabilities, and MH teams. Feedback from staff remains positive in respect of shared learning

41 – 100% (24) of cases demonstrated a good to excellent practice in applying the principles of the MCA. This represents a significant increase of 23% on November's performance of 77%

41 – 95% (20) of cases reached a good to excellent standard of practice in regards to proportionate assessments that clearly demonstrated the person's eligibility for the level of statutory services provided. This is a slight decline of 3% on November's performance of 100%

41 - 100% (20) of cases reached a good to excellent level of liaison with providers. This is a positive increase in performance of 9% in comparison to November where 91% achieved this standard

42 – Reduction in the number of complaints received. It is noted that out of the 2:

1 – Stage 2
1 - Withdrawn

What are we worried about?

41 - 70% (12) of cases were found to show good to excellent standard of monitoring and reviewing. This is a significant decline in performance of 15% in comparison to November where 85% reached this standard

What do we need to do?

41 – Sustain compliance with completion of audits

41 - Protected time for Mentors to support staff in embedding and sustaining a strengths-based and outcome focused approach

41 - Team Managers, Assistant Team Managers, Senior and Lead Practitioners to return assessments and care and support/treatment plans that do not represent a strengths-based outcome focused approach or meet the required standard in other areas

41 - Continue to embed reflective practice discussions across all teams

41 - Deep dive audits undertaken on Care Planning in Q3; a report will be produced along with any required actions in Q4

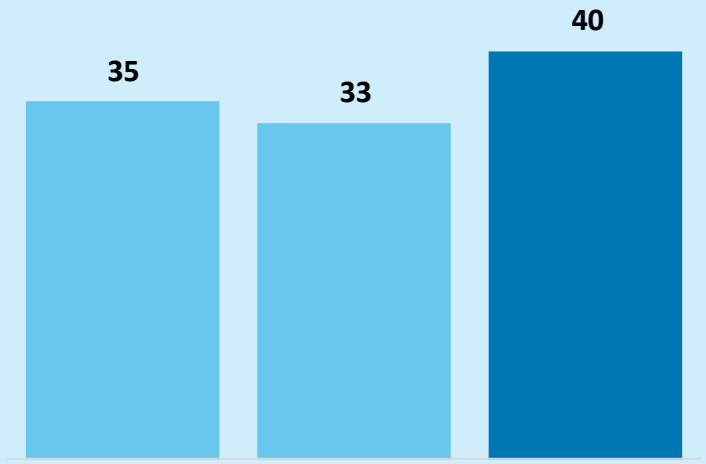
41 - Managers to support the embedding of all mandatory training, e.g. case recording, collaborative communication and Mental Capacity Act into practice

41 - Team Managers, Assistant Team Managers, Senior and Lead Practitioners to support a robust approach to reviews and ensure that all outcomes are reviewed

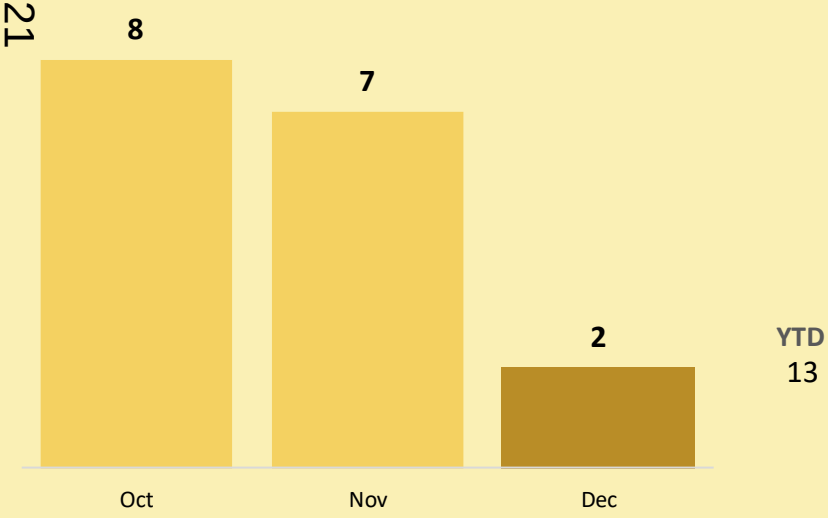
41 - Monitored action (QA panel) in place to address key audit concerns where areas of practice that do not achieve over 80% good to excellent. Each service area is required to provide monthly updates on open actions to make the required improvement

41 – Senior Management Team to complete strengths-based training in Quarter 4

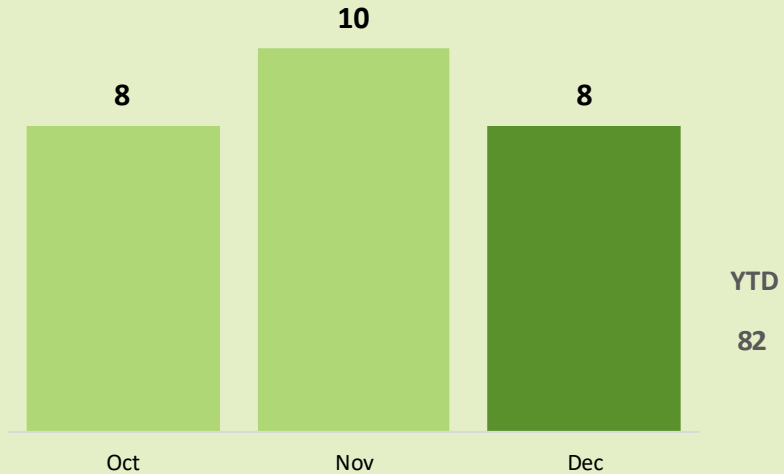
41. No. of case review quality audits undertaken



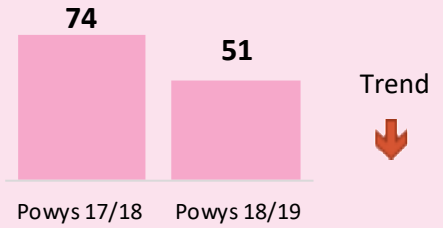
42. Volume of complaints received



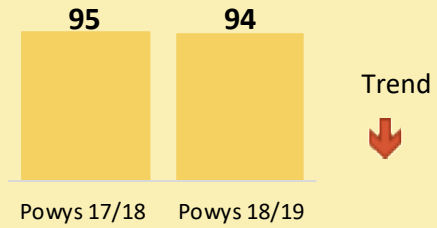
43. Volume of compliments received



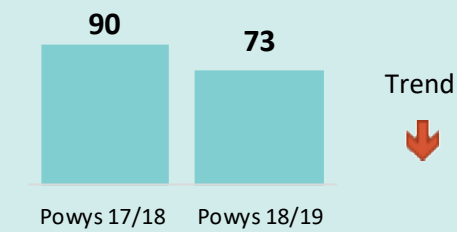
44. SSWB measure 7: People reporting they have received the right information or advice when they needed it



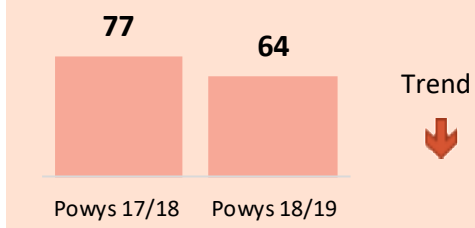
45. SSWB measure 8: People reporting they have received care and support through their language of choice



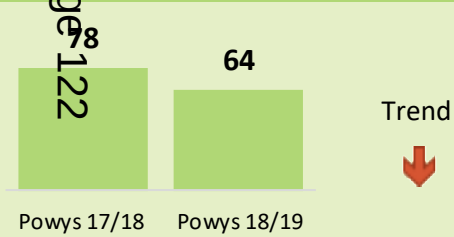
46. SSWB measure 9: People reporting they were treated with dignity and respect



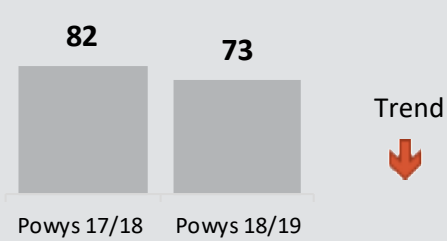
47. SSWB measure 11: People with a care and support plan reporting that they have been given written information of their named worker in social services



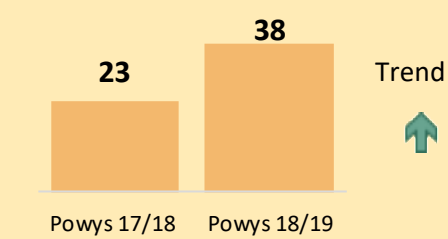
48. SSWB measure 12: People reporting they felt involved in any decisions made about their care and support



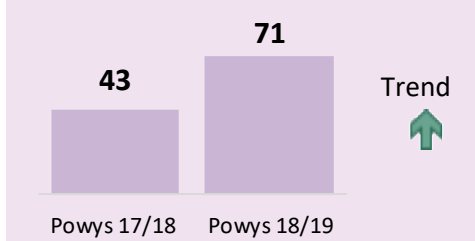
49. SSWB measure 13: People who are satisfied with care and support that they received



50. SSWB measure 15: Carers reporting they feel supported to continue in their caring role



51. SSWB measure 16: Carers reporting they felt involved in designing the care and support plan for the person that they care for



Trend arrows on this page show performance from year to year

Strategic Focus

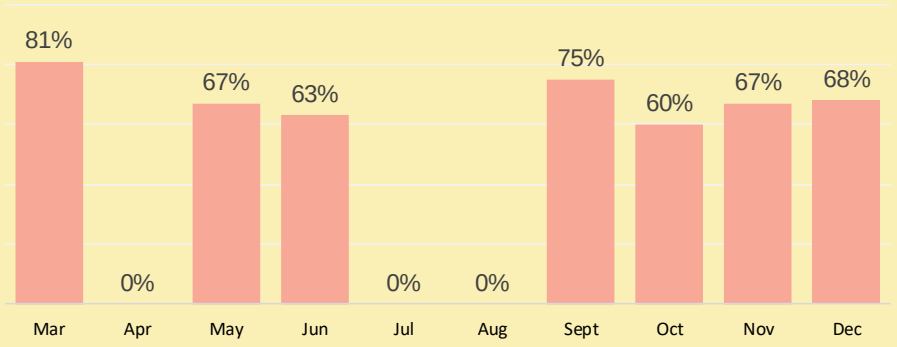
What's working well?

What are we worried about?

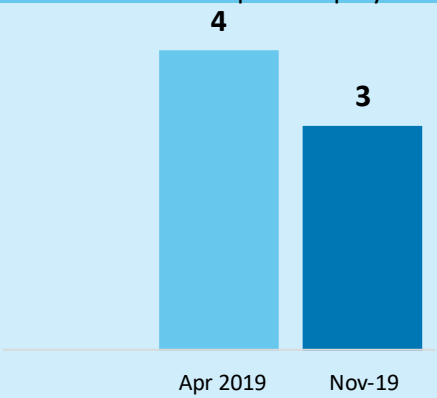
What do we need to do?

Continue to work with individuals who currently receive support to identify their on-going employment support needs – timescales by end of January 2020

52. Scrutiny – Attendance at Health, Care and Housing Scrutiny Committee



53. Equalities - Increase the number of LD users in paid employment above 16 hours



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Children's Performance Report

Powys

Contents

Top 5 Indicators

Highlight Indicators

Front door

Early help

Integrated Disability Service

Assessments

Care and Support and Child Protection

Children Looked After

Workforce

How to use this report

Please select the Year and Month from the menu to the right for the data you wish to view.

For the Year selected - each month in the year (so far) will appear on most of the visuals in the report.

The Month selection is to highlight trends (top 5 indicators only) when compared to the previous month and specific month data on the Highlight Indicators and Front Door pages. Where the data is specific for your chosen Month, the Month name will be displayed.

How to publish report as PDF

Publish as PDF using Power BI desktop and/or Power BI Service (via browser)

Click File > Export to PDF > PDF file will automatically open in browser

Report date Charts

- January 2020
- (●) December 2019
- November 2019
- October 2019
- September 2019

Report date single value

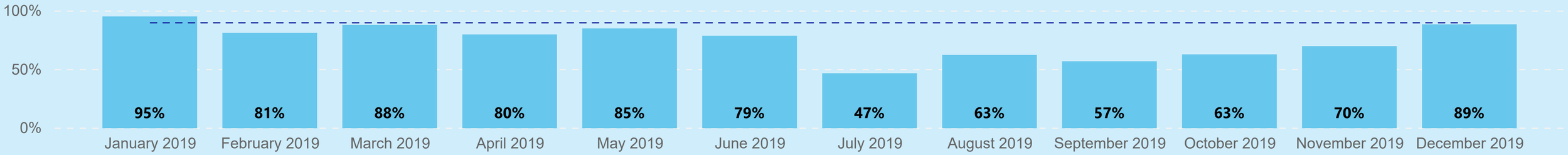
- January 2020
- (●) December 2019
- November 2019
- October 2019
- September 2019

This visual does not support exporting.

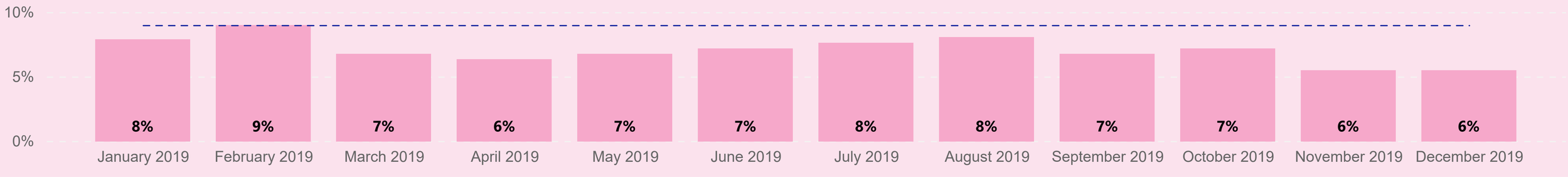
Top 5 indicators

Contents page

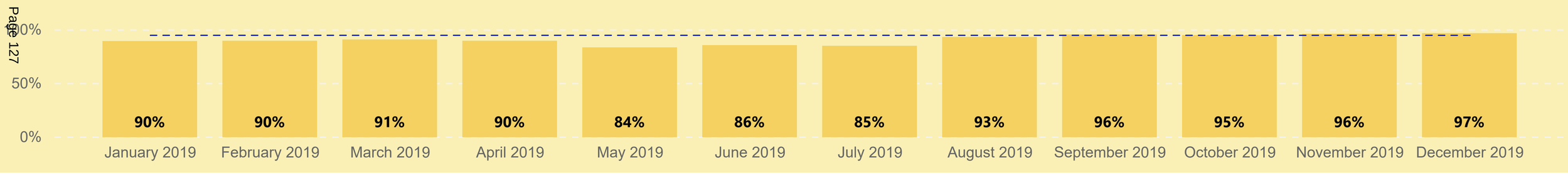
% of new assessments completed for children within statutory timescales



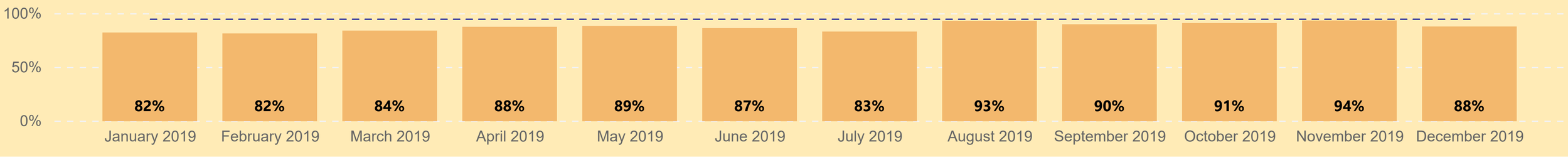
% of children looked after who have had three or more placements during the year



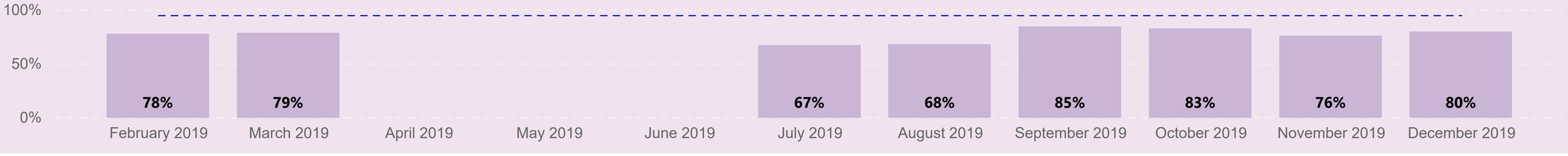
% of Statutory Visits for children looked after carried out on time



% of Child Protection Statutory Visits carried out on time



% of operational staff who have had Case Supervision on a monthly basis



Highlight indicators

Contents page

Single Value report date

December 2019

Number of cases open to Children's Services

1,070

Indicator 1

Number of Children Looked After

239

Indicator 1a

Number of Children on Child Protection Register

115

Indicator 1b

Number of Children with a Care Support Plan

733

Indicator 1c

Number of CLA and CP Children without a Care Plan

24

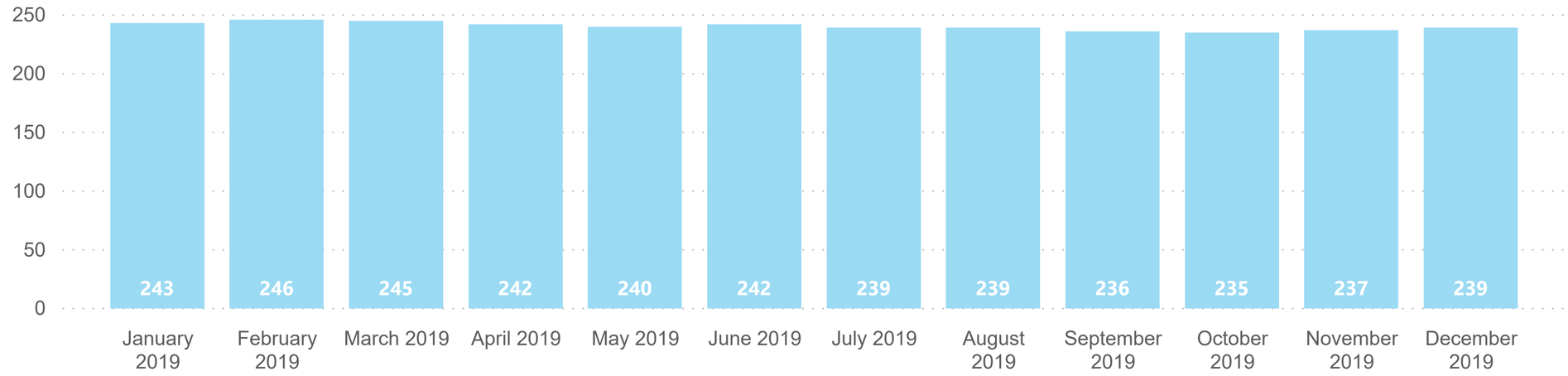
Indicator 1d

Number of Children currently undergoing an Assessment

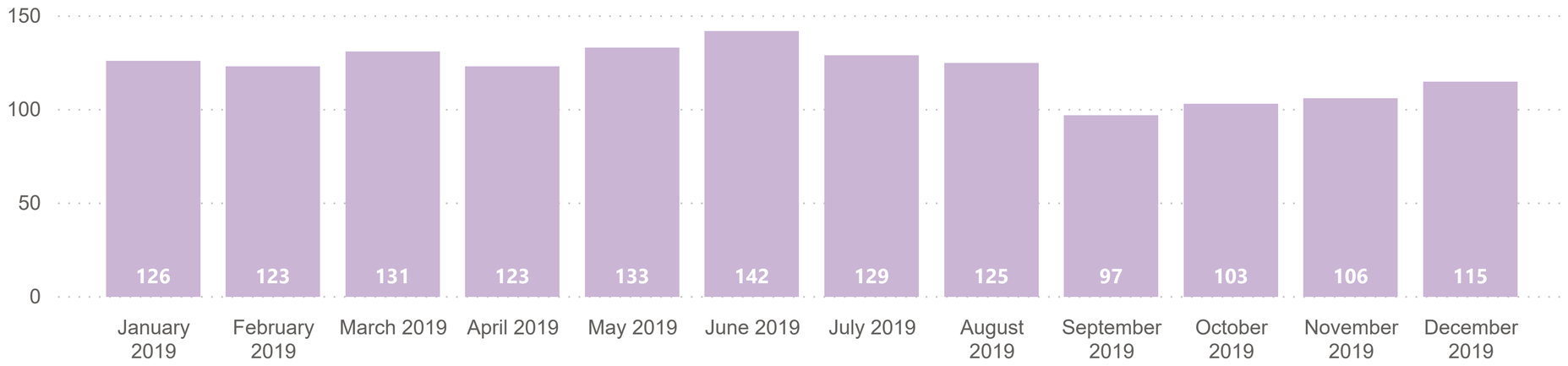
90

Indicator 1e

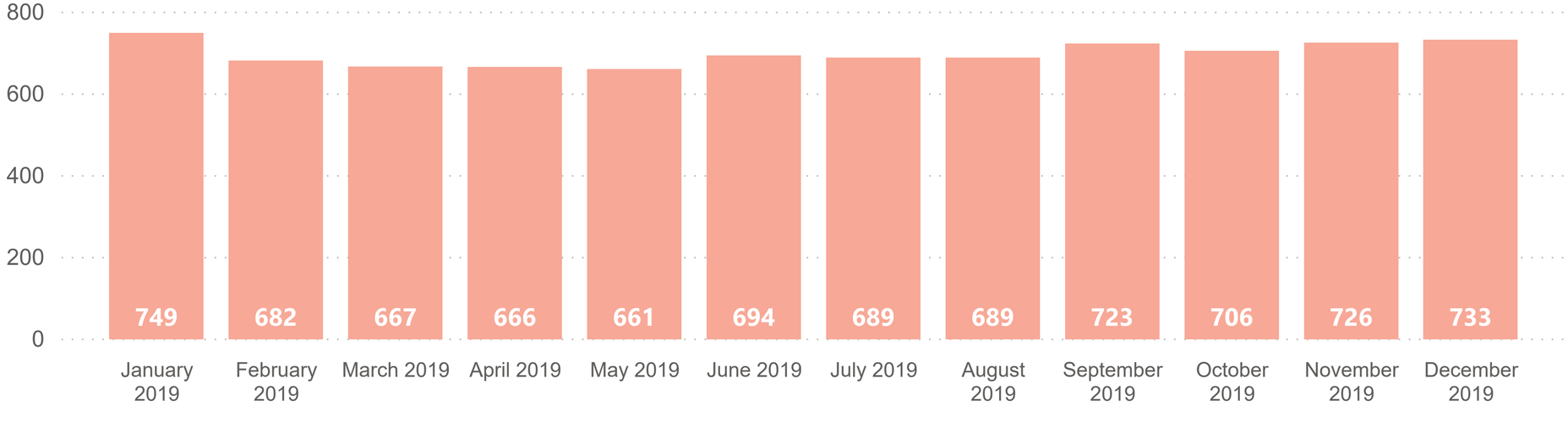
Number of Children Looked After



Number of Children on Child Protection Register



Number of Children with a Care & Support Plan



Front door

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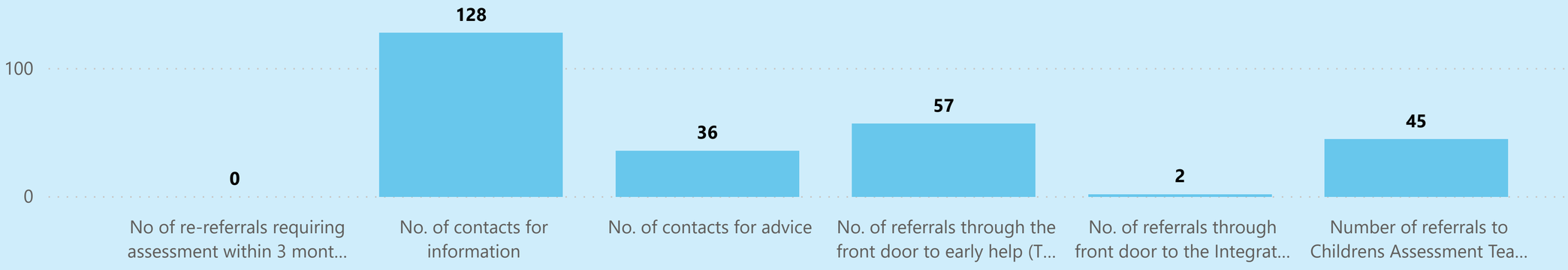
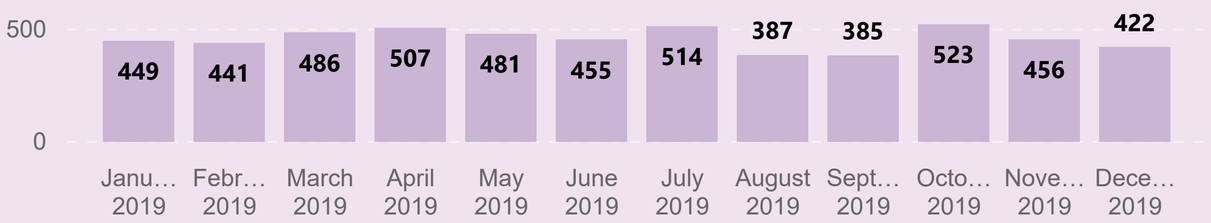
December 2019



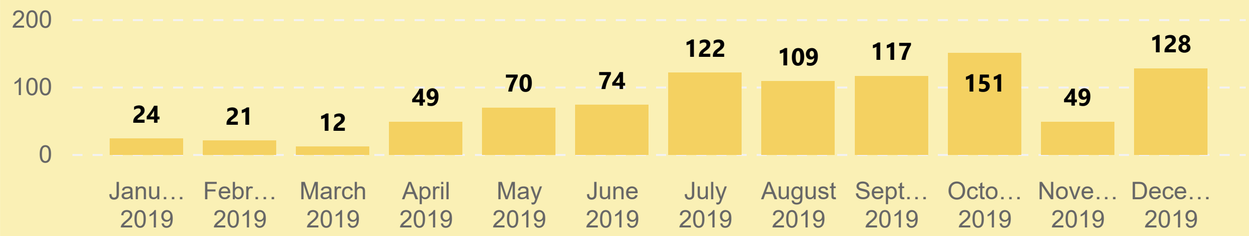
154

Number of contacts with no further action

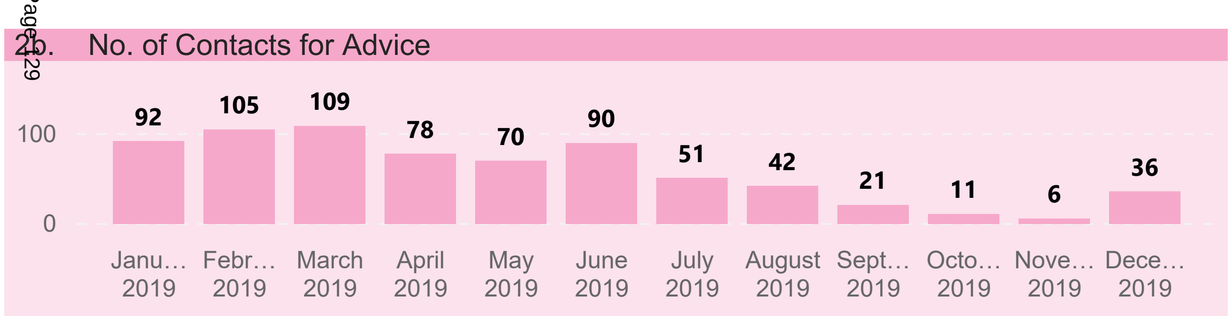
2. Total No. of Contacts to Children's Services



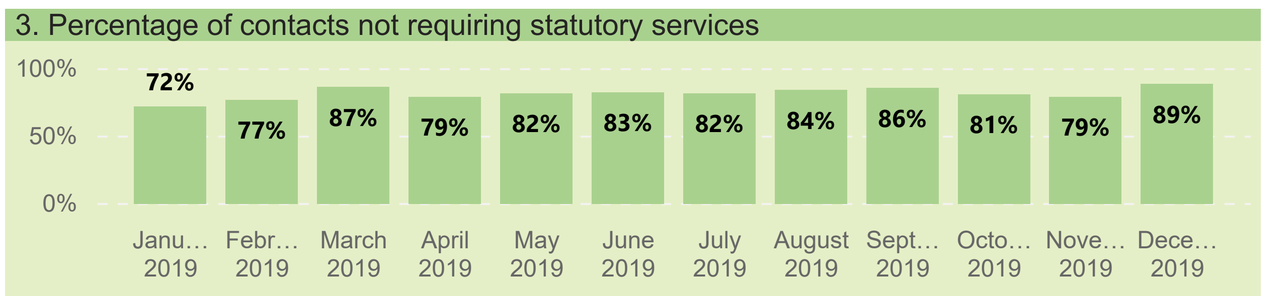
2a. No. of Contacts for Information



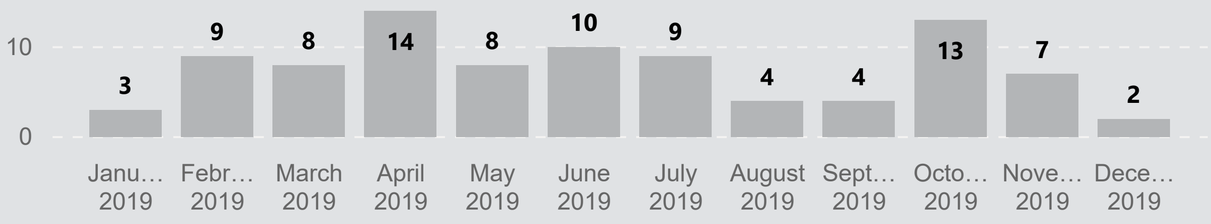
2b. No. of Contacts for Advice



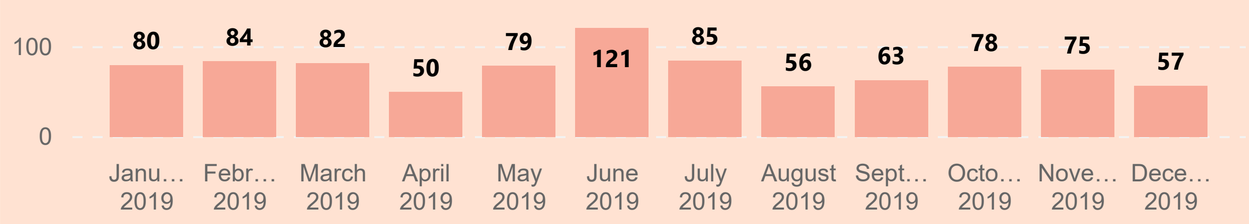
3. Percentage of contacts not requiring statutory services



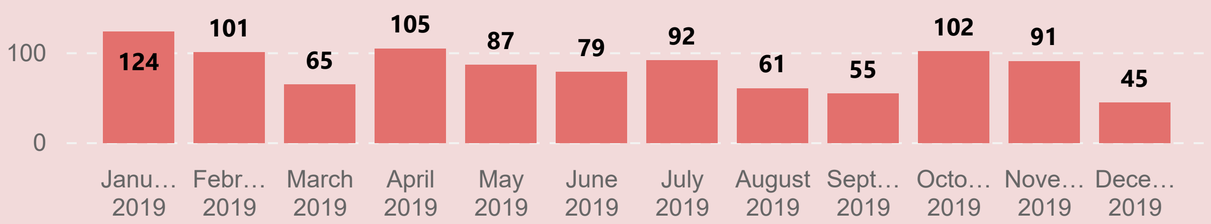
4. No. of referrals through front door to IDS



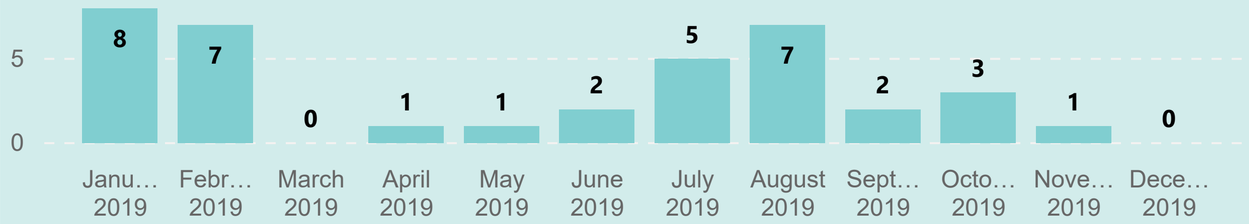
5. No of referrals referred to Early Help



6. Number of referrals to Children's Assessment Teams



7. No. of Re-referrals requiring assessment within 3 months of original referral



Early help

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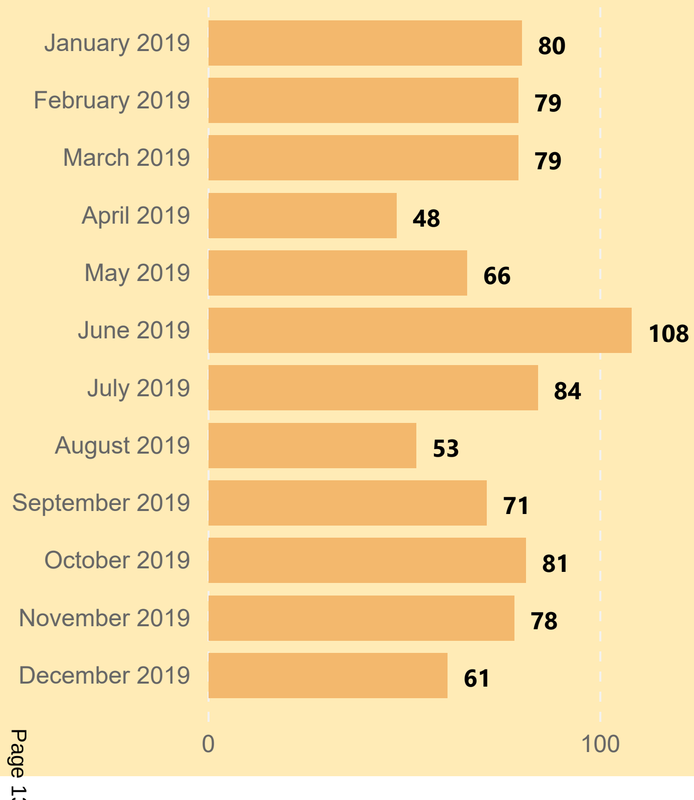
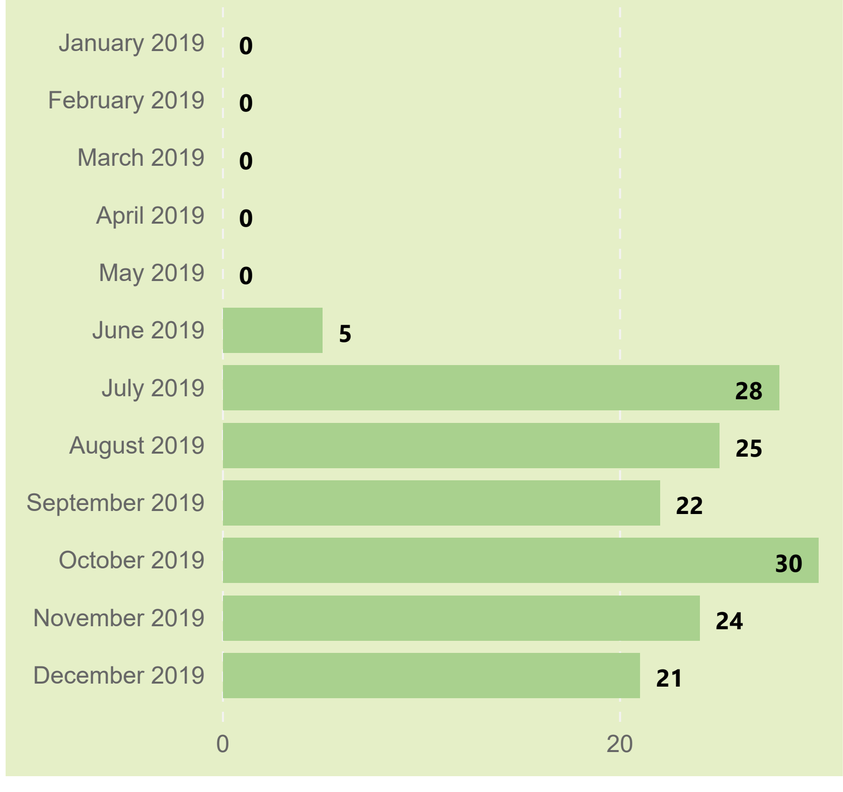
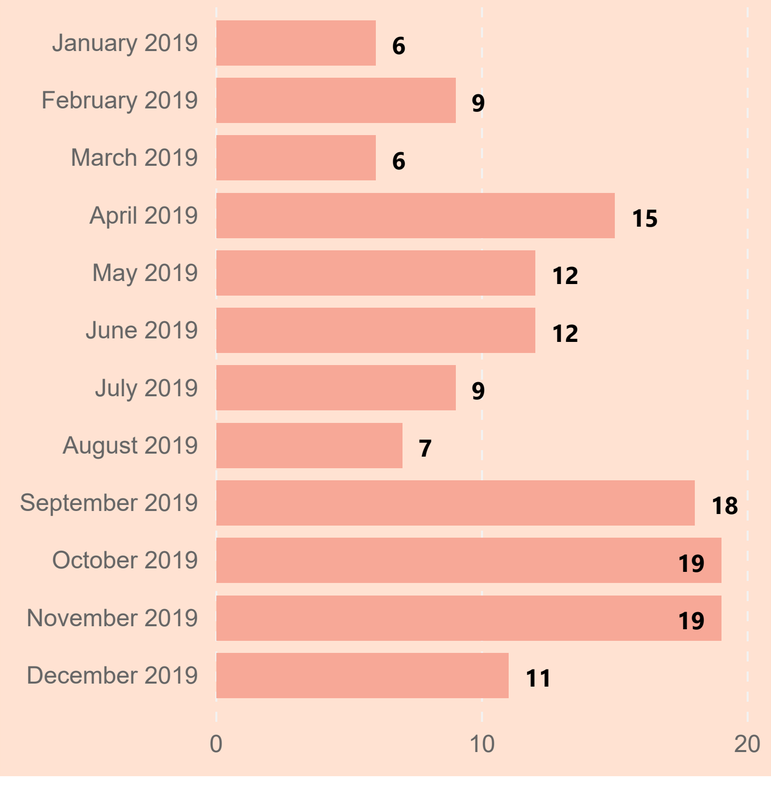
9. Number of Referrals Opened in Period



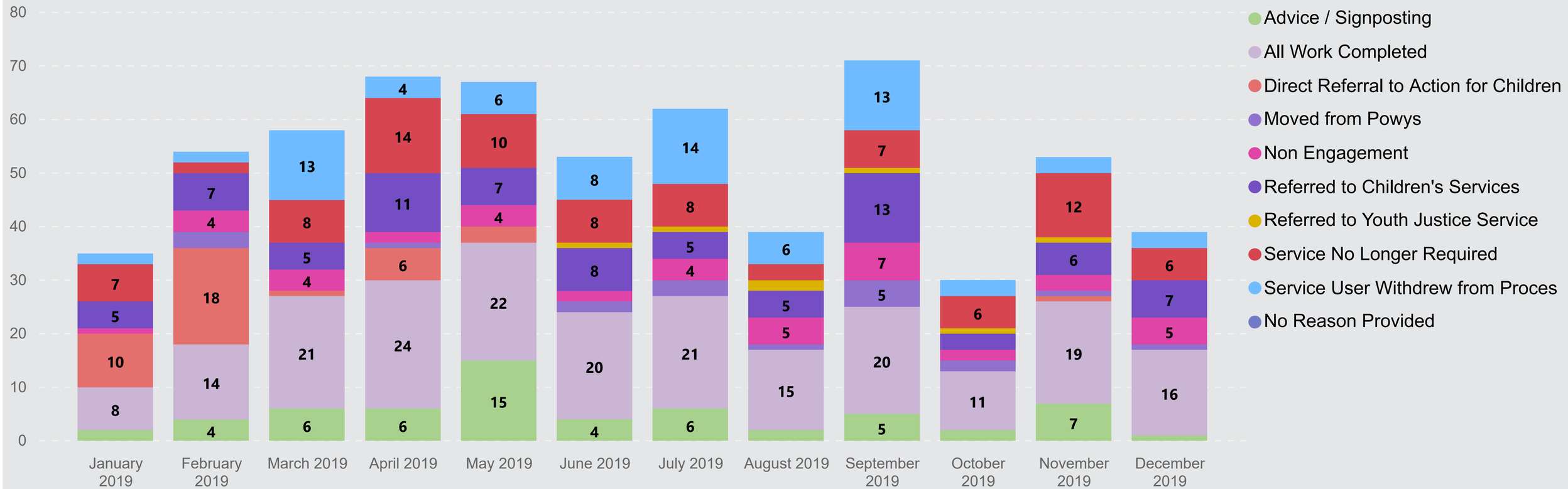
10. Number of Referrals from Front Door



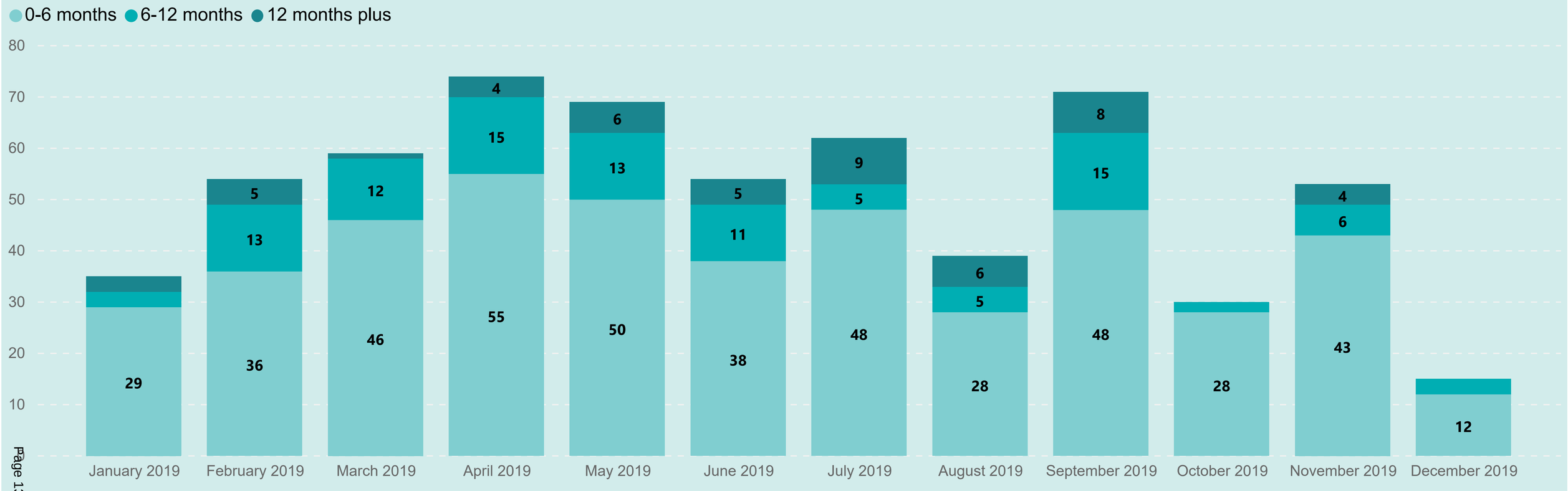
11. Number of Cases Stepped Up



12. Referrals Closed By Reason



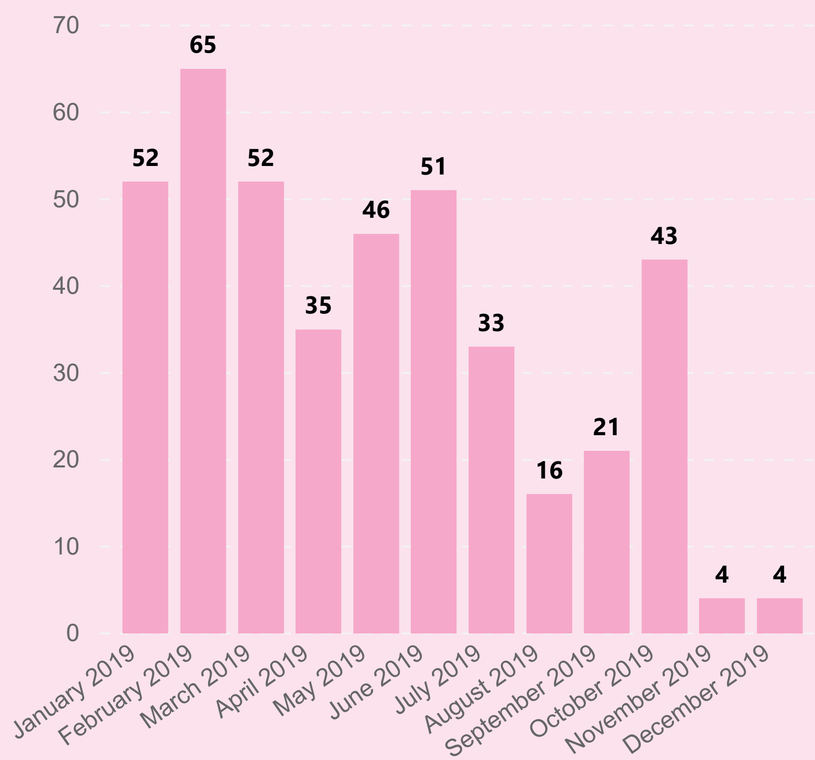
12a. Of Referrals closed, how long were they open for?



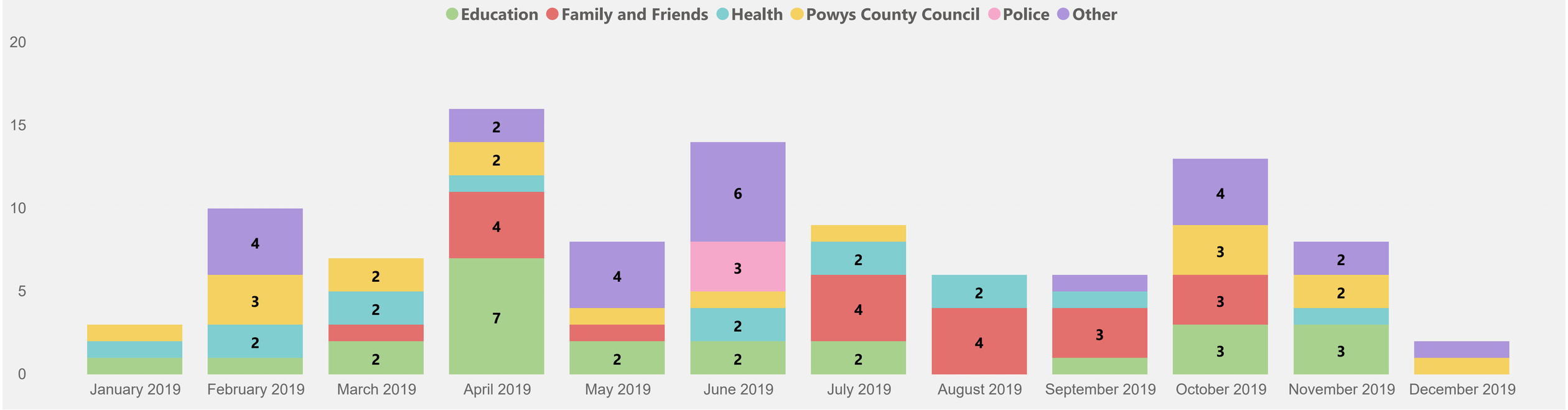
13. Distance Travelled Tool

Measure defined and developed, but
Service working on data capture/business process

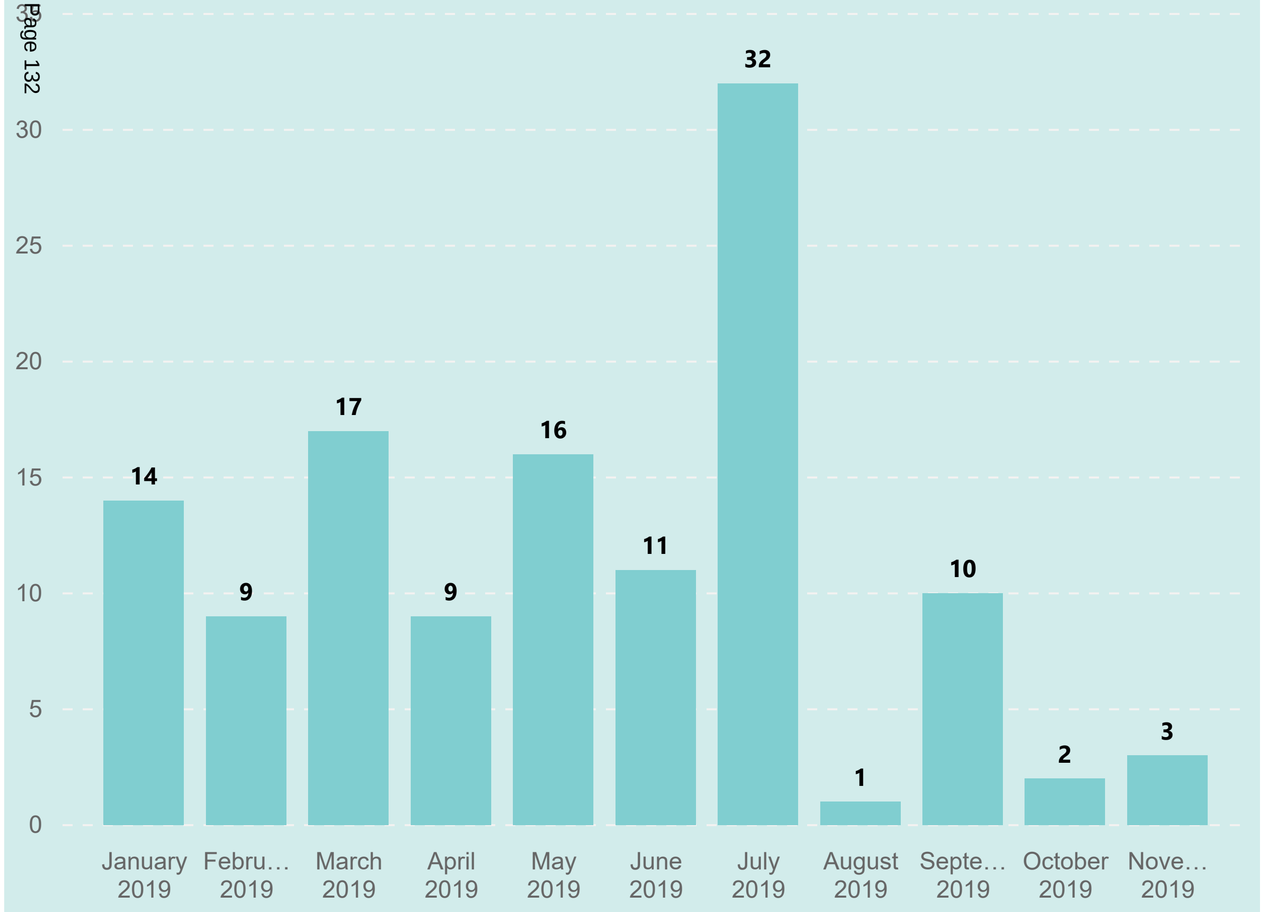
13a. Number of CAF Assessments Opened



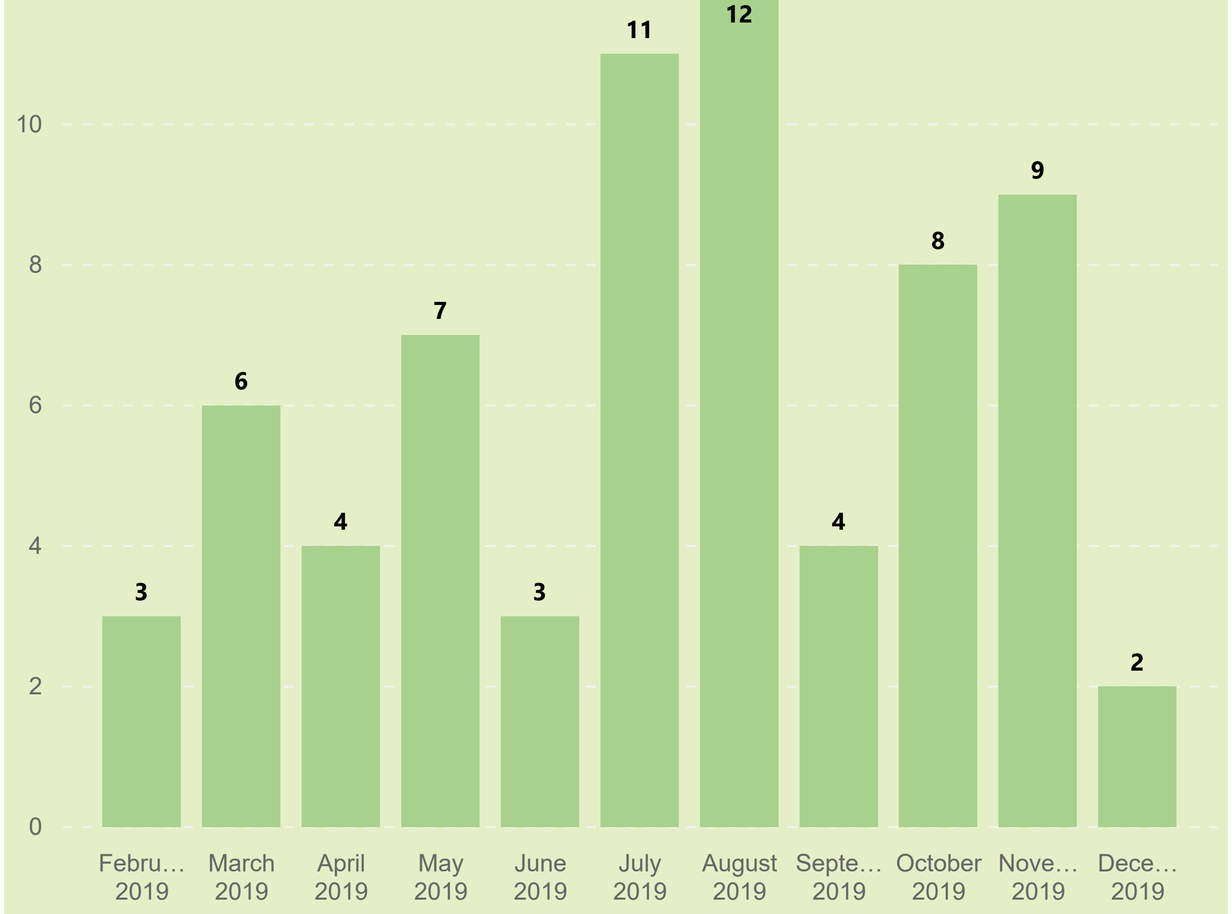
14. Number of IDS Referrals By Source



16. Number of IDS Initial and Review Meetings (due to timeline for population there will be a delay in figures populating)



17. IDS Referrals Closed



Assessments

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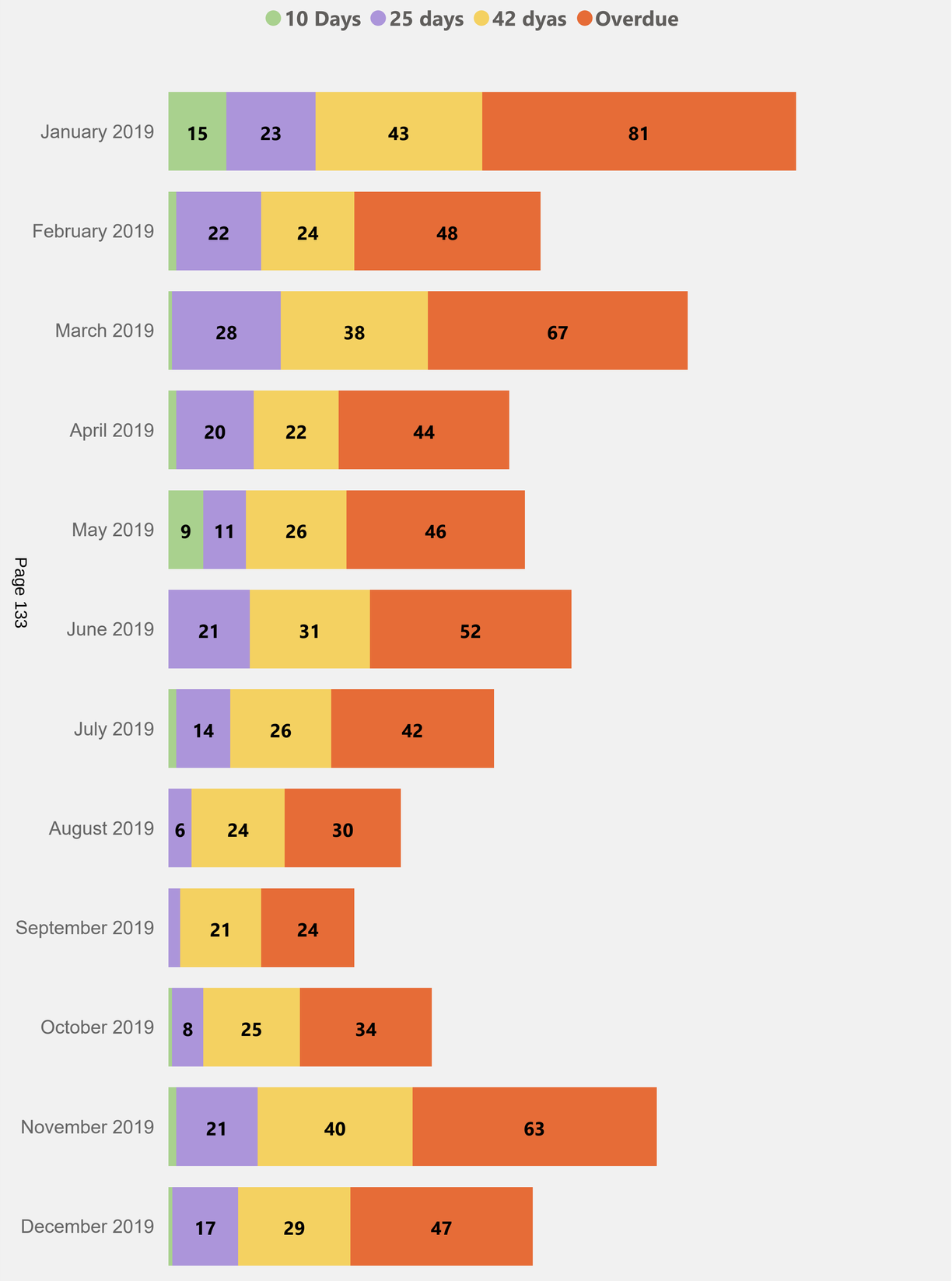
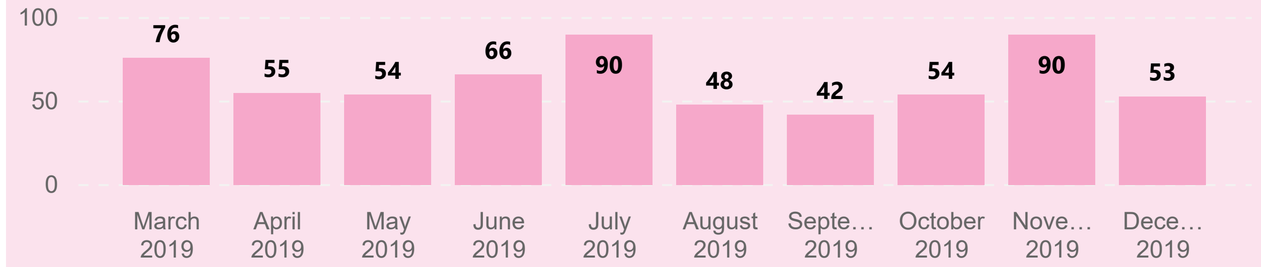
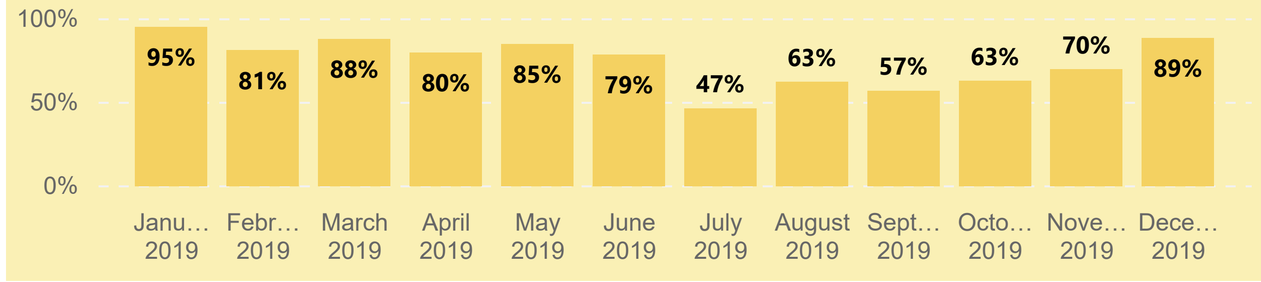
Number of assessments in/put of timescale



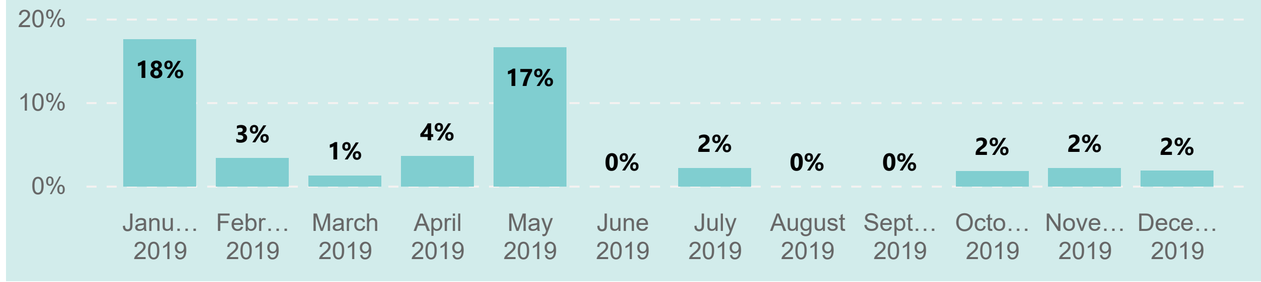
18. No. of Wellbeing Assessments completed



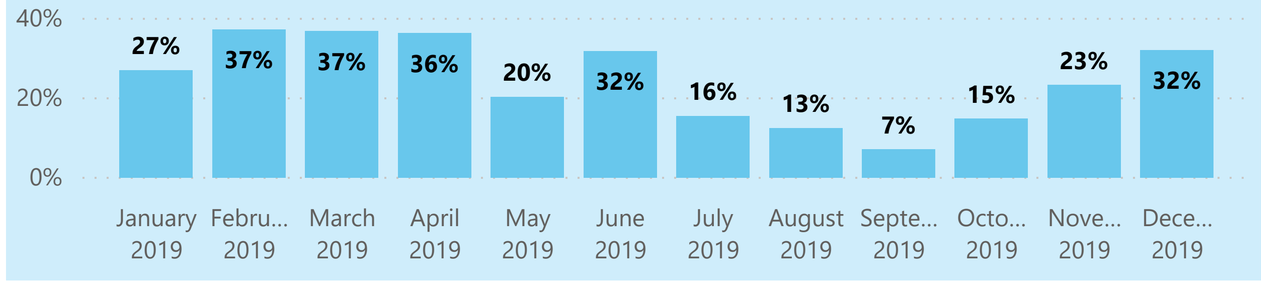
18a. Percentage of Wellbeing Assessments completed within 42 days



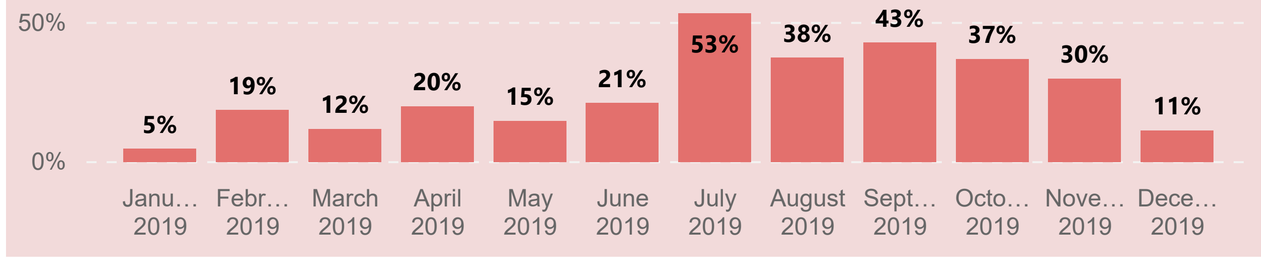
18b. Of which, Percentage completed within 10 days



18c. Of which, Percentage completed within 25 days



18d. Percentage of Wellbeing Assessments completed out of timescale



Assessments

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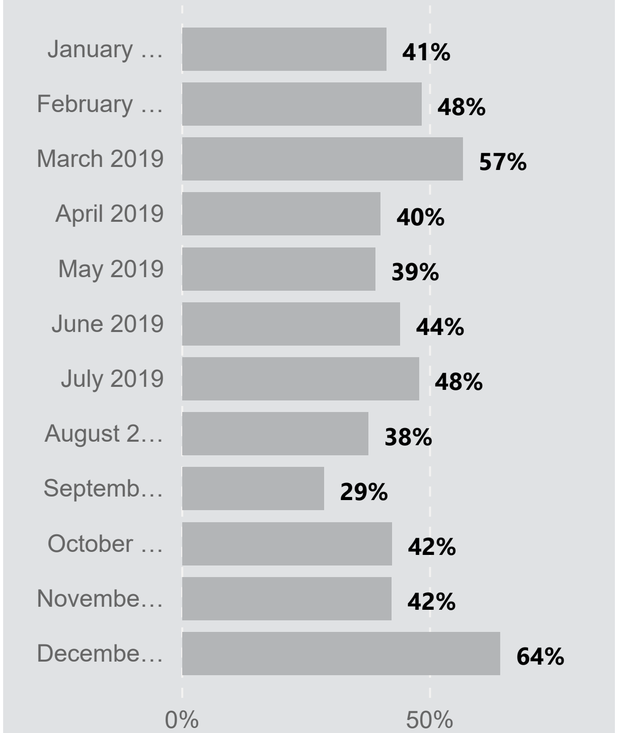
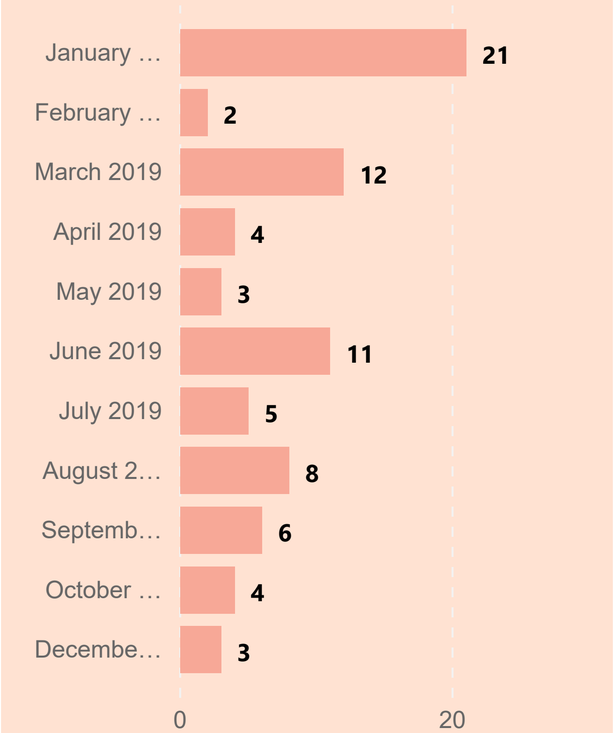
18e. No. of Assessments that lead to a Care and Support Plan (Assistance)

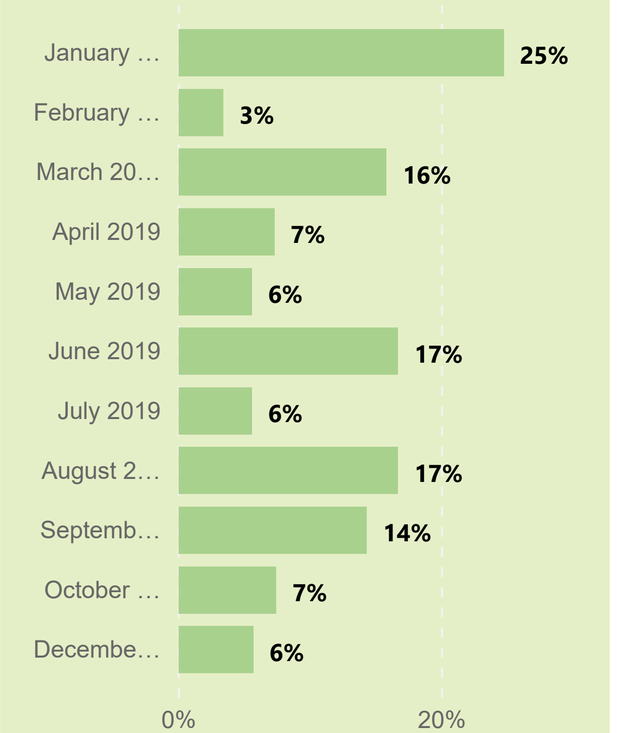
18f. Percentage of Assessments that lead to a Care and Support Plan



18g. Number of assessments that are stepped down to Early Help



18h. Percentage of assessments that are stepped down to Early Help

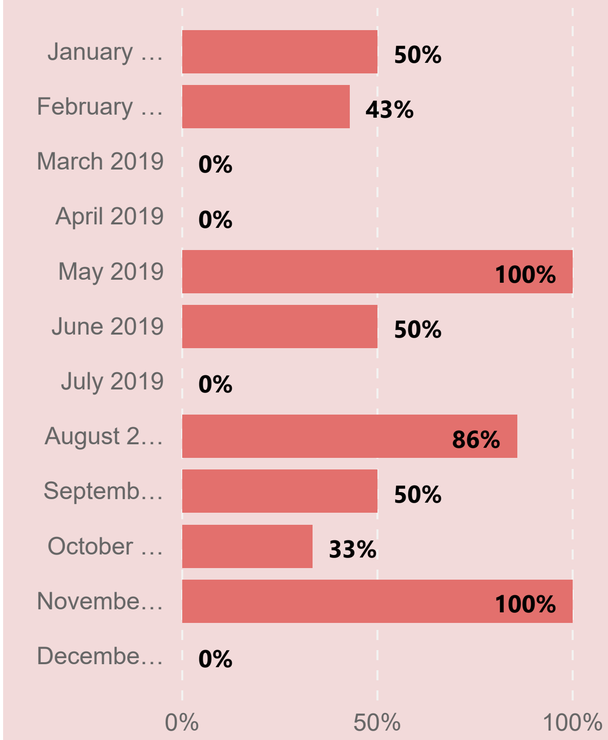


19. Number of assessments closed NFA that were referred to assessment within 3 months

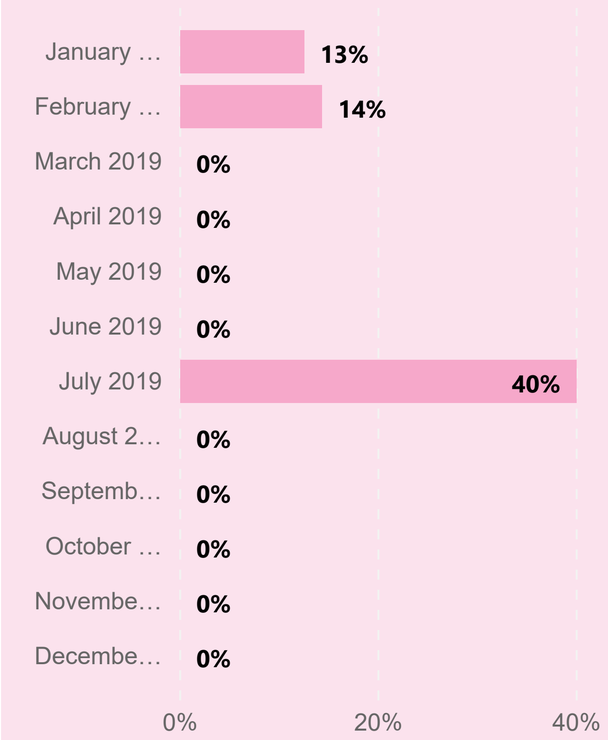
Measure still in development.

Awaiting report build.

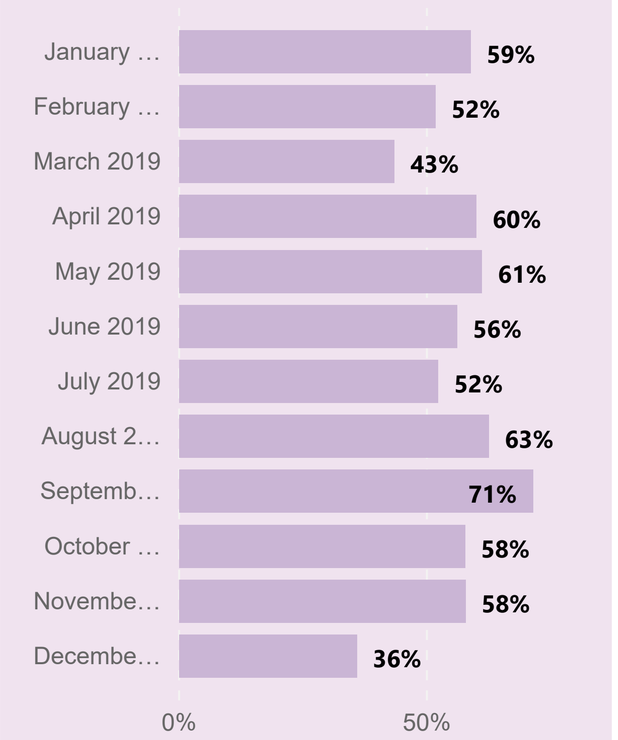
19a. Of these, Percentage that lead to a Care and Support Plan



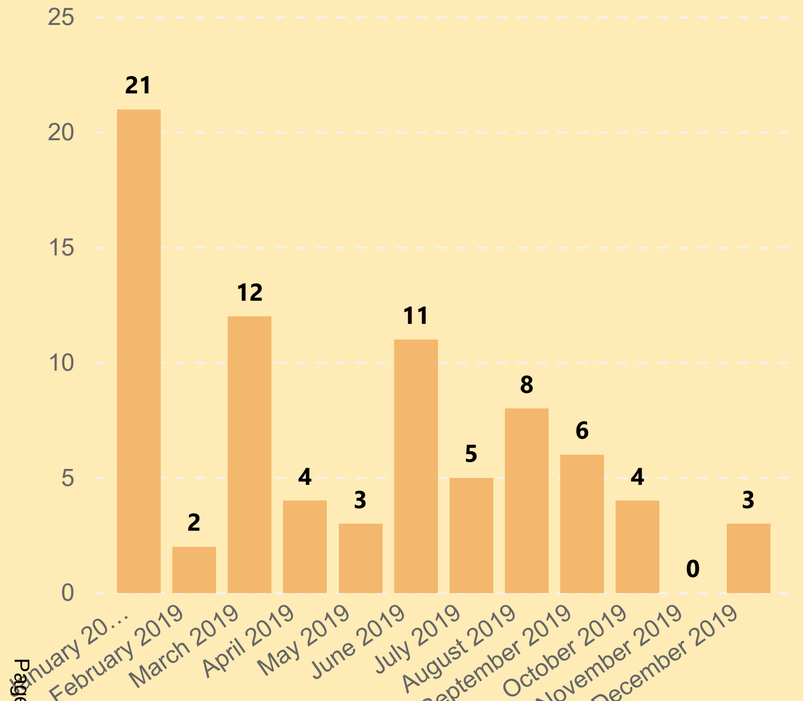
19b. Of these, Percentage that were stepped down to Early Help



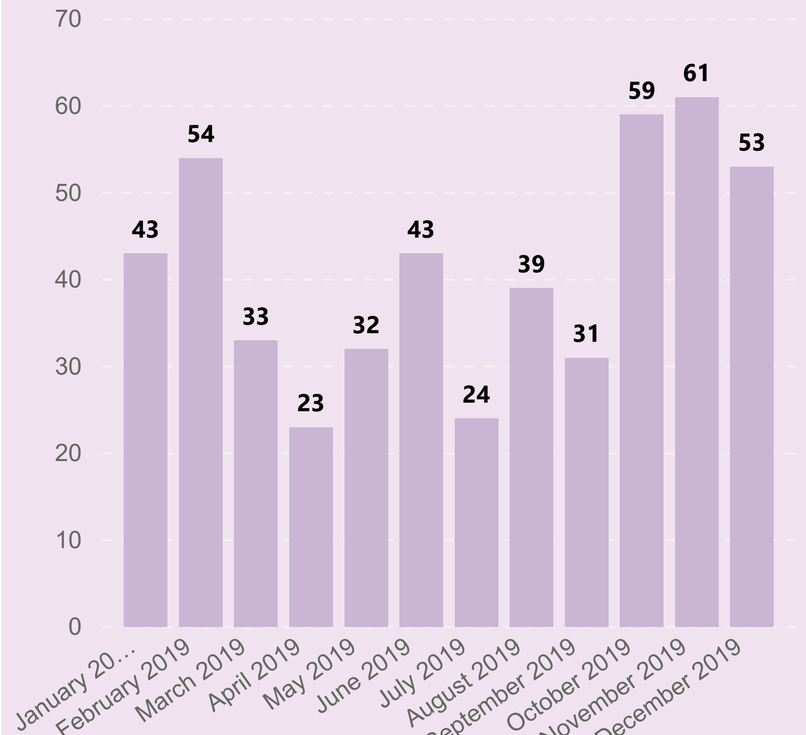
20. Percentage of Referrals to Children's Teams closed following Assessment



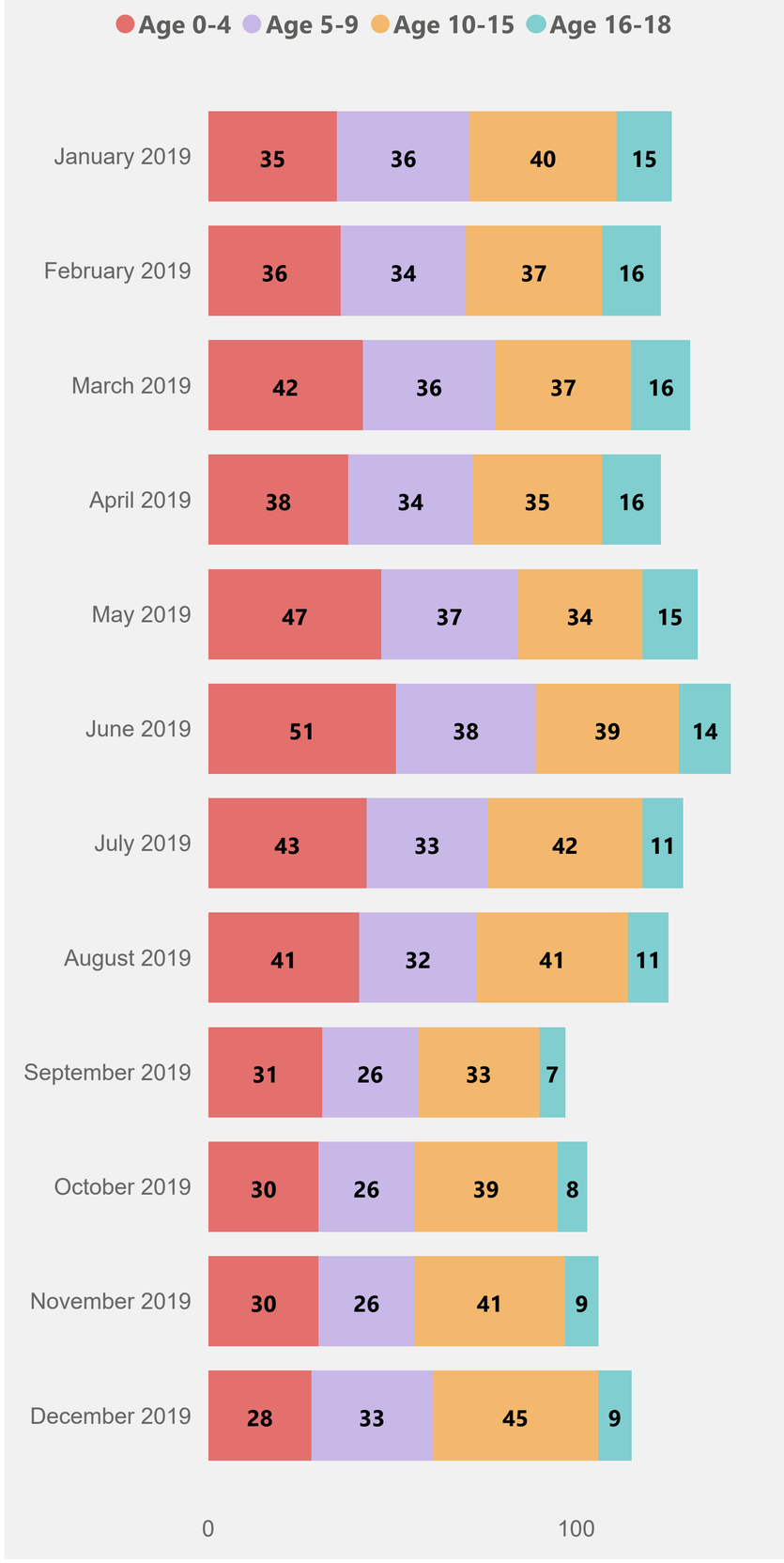
21. Number of Children Stepped down from Care and Support to Early Help



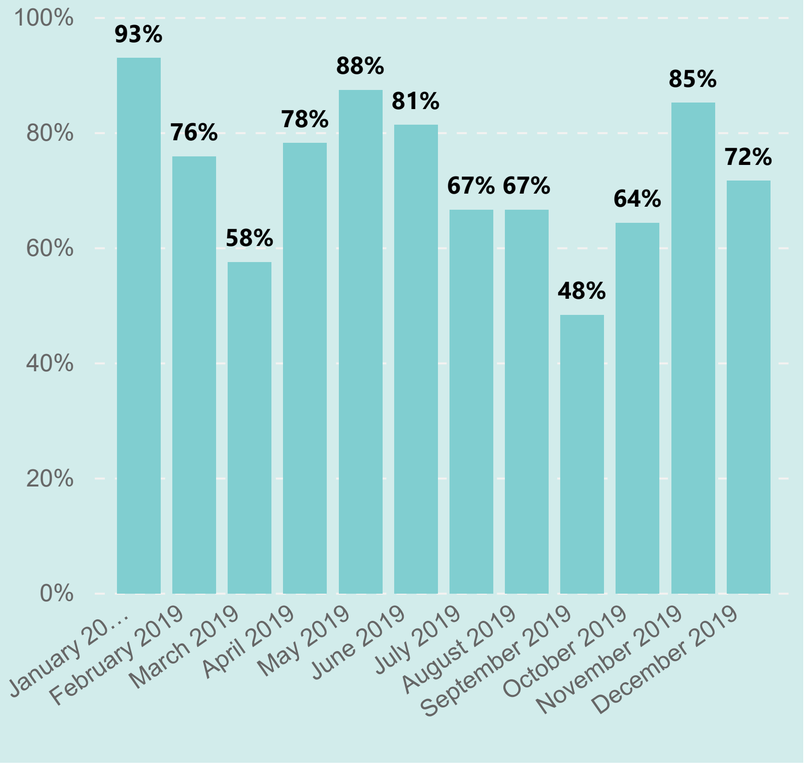
23. No. of Section 47 Assessments Completed



24. No. of Children on the Child Protection Register (CPR)



23a. Percentage Section 47 Assessments Completed in Timescale

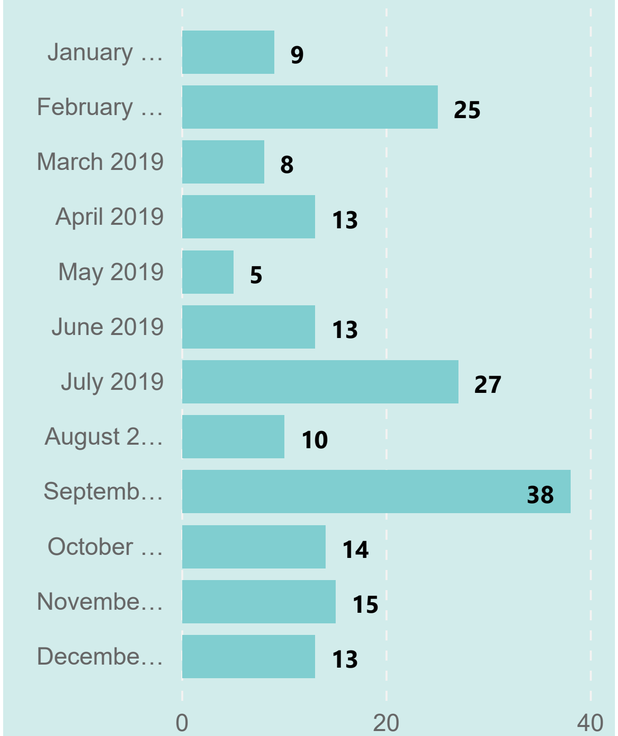


23b. Outcome of the Section 47 completed

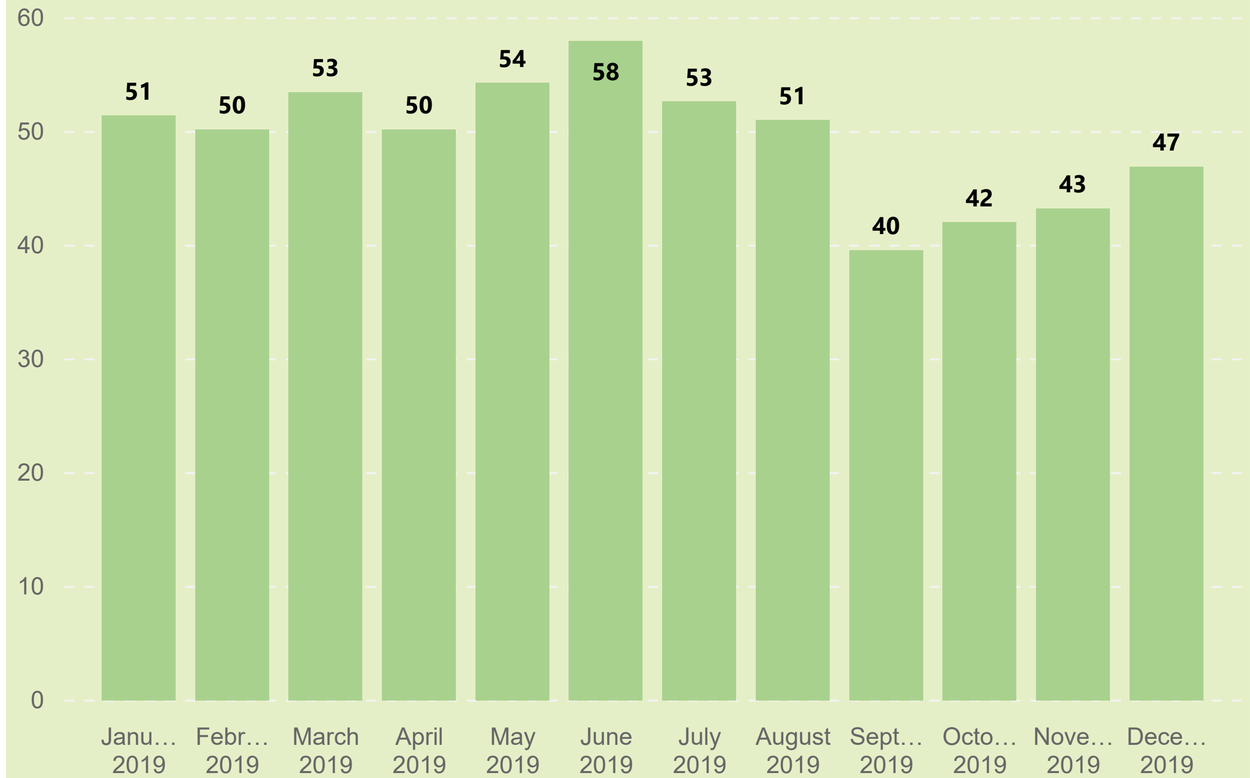
Measure defined and developed, but Service working on data capture/business process

25. No. of new CP registrations

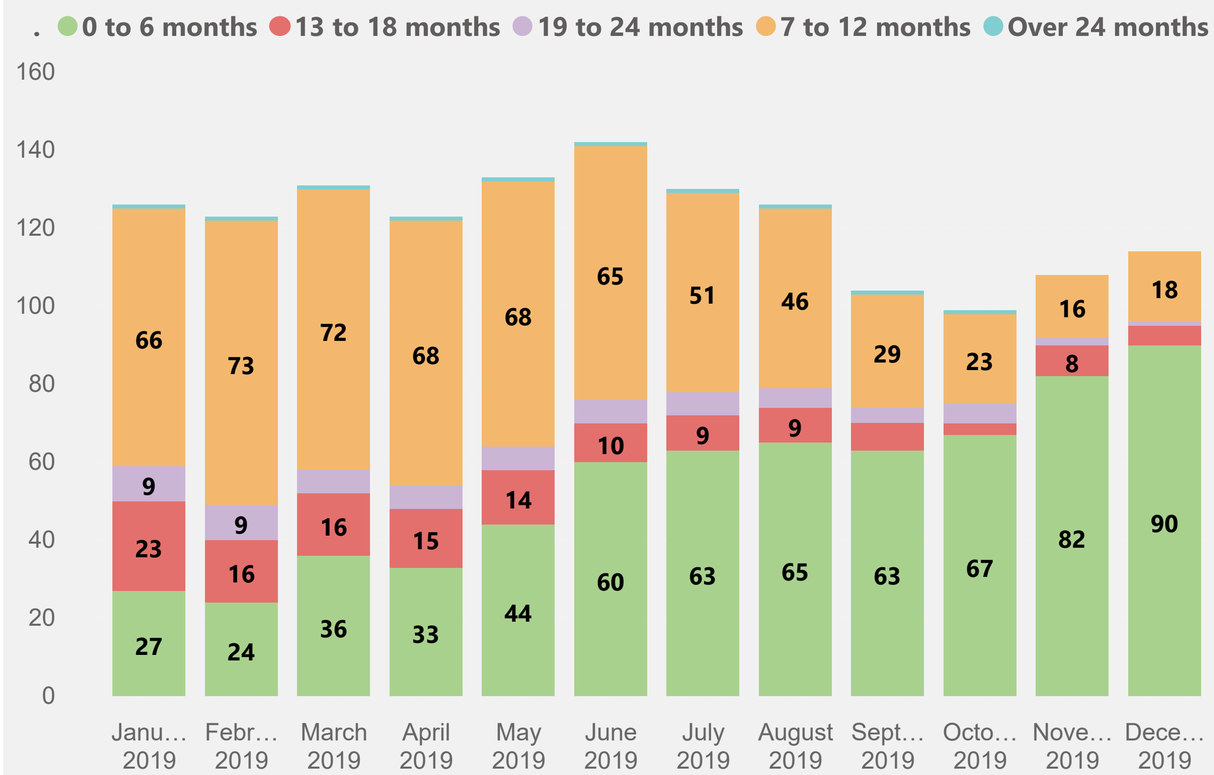
26. Number of Children Removed from the CPR



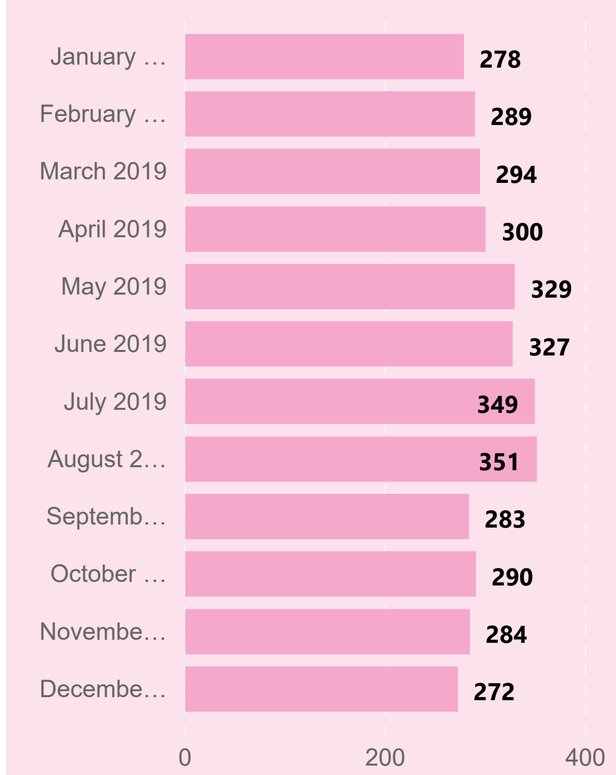
26a. CPR Rate per 10,000 Population



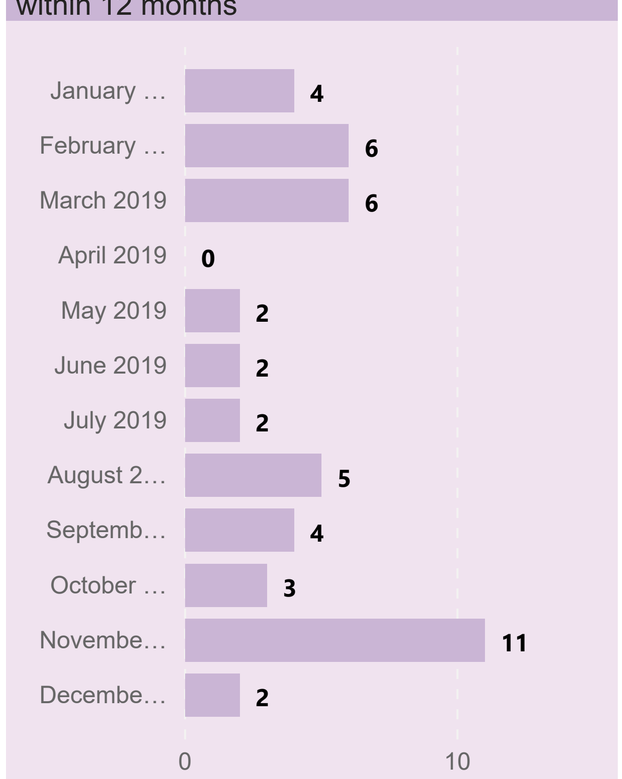
26b. Length of time spent on the Child Protection Register



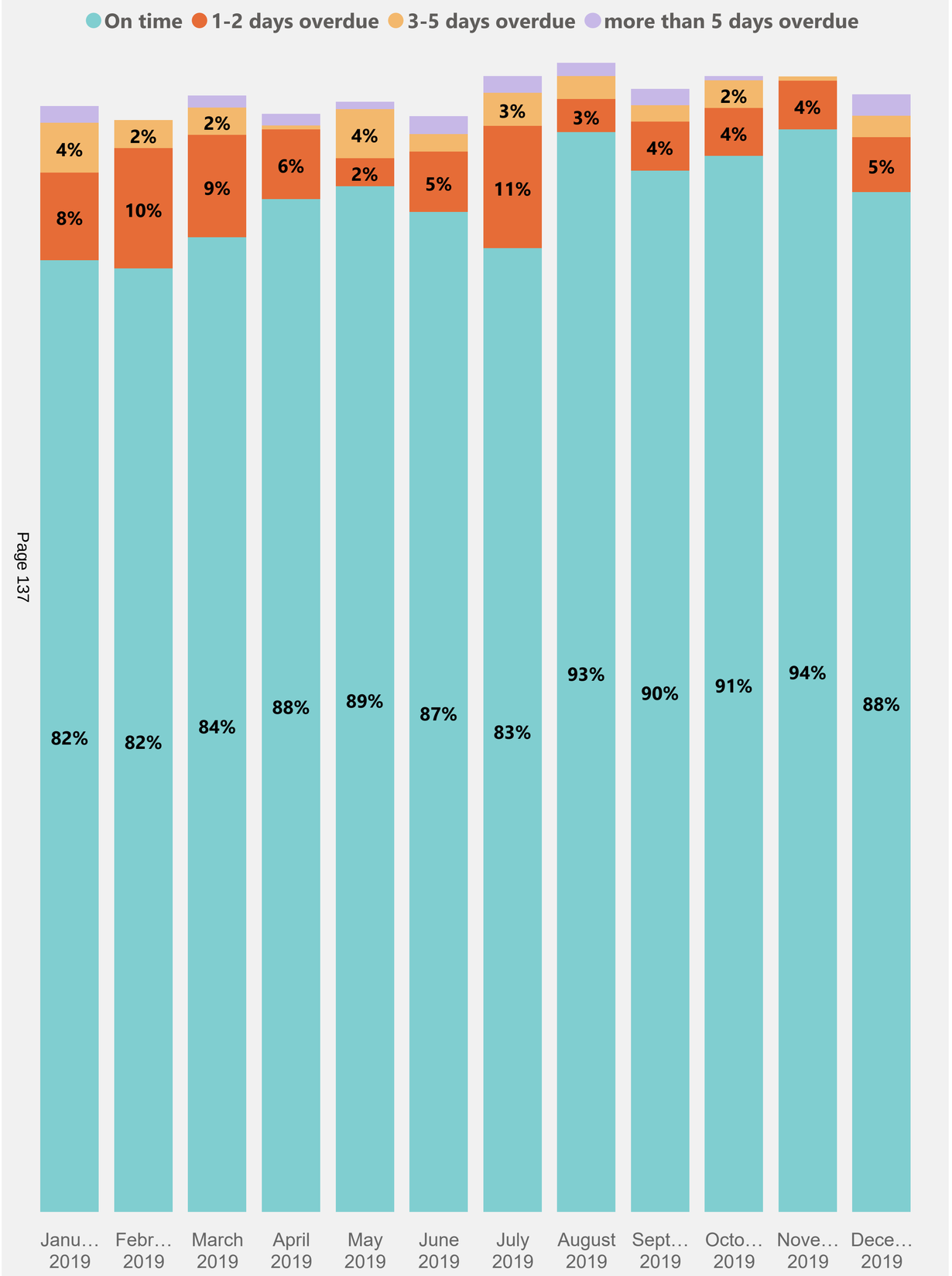
27. No. of Child Protection Visits taken place



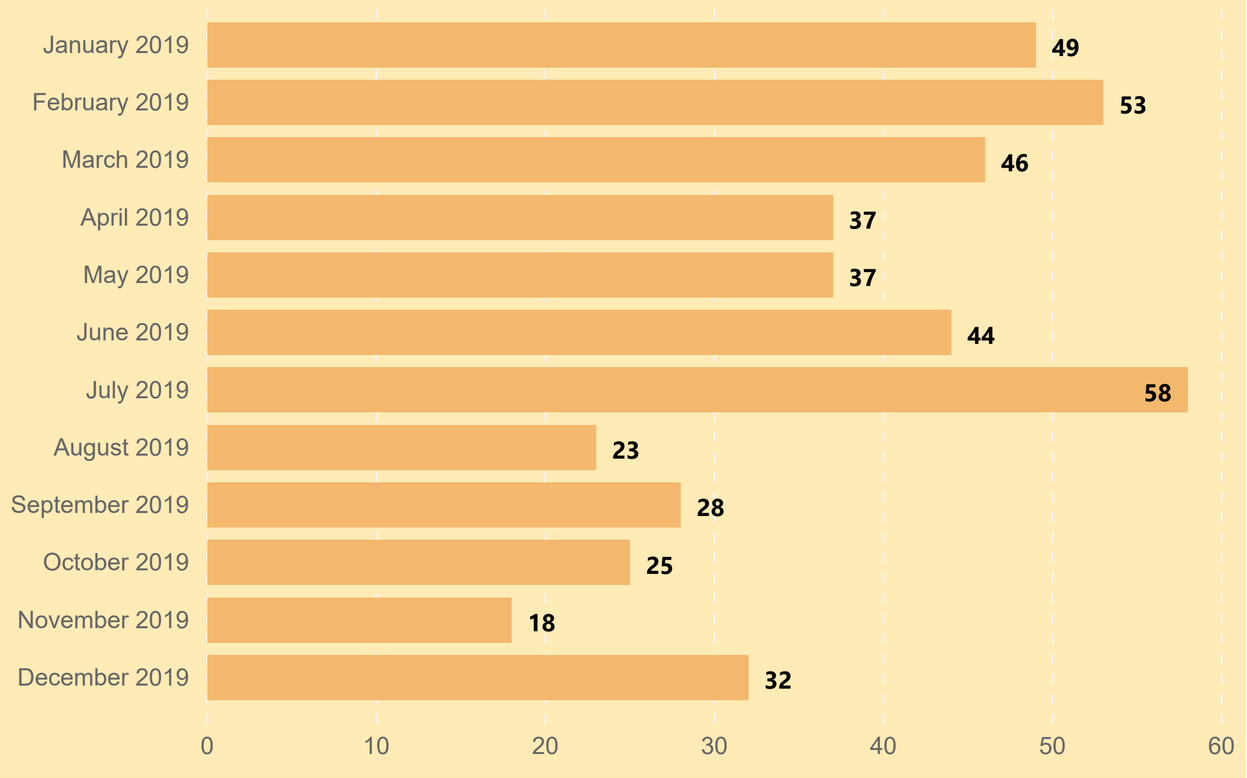
27a. No. of Re-Registrations on the CPR within 12 months



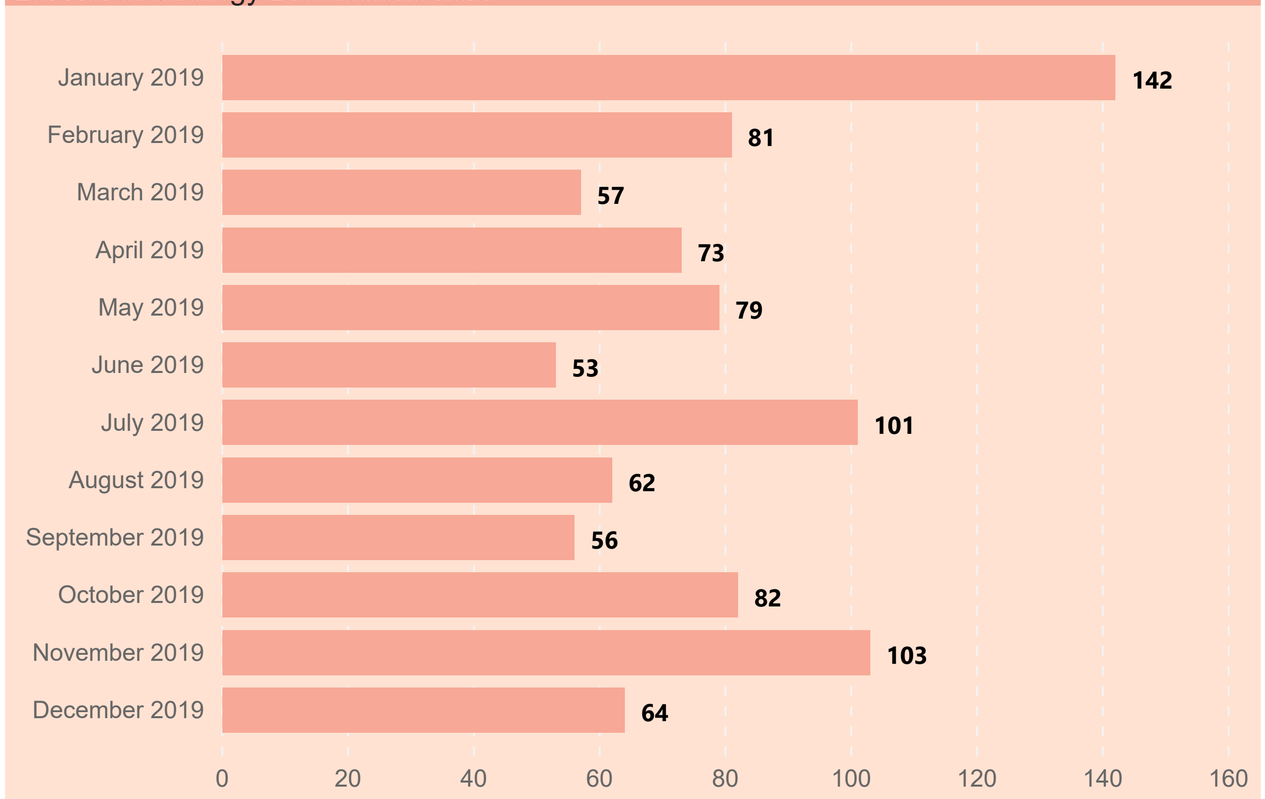
28a. Percentage of CP Statutory Visits on time



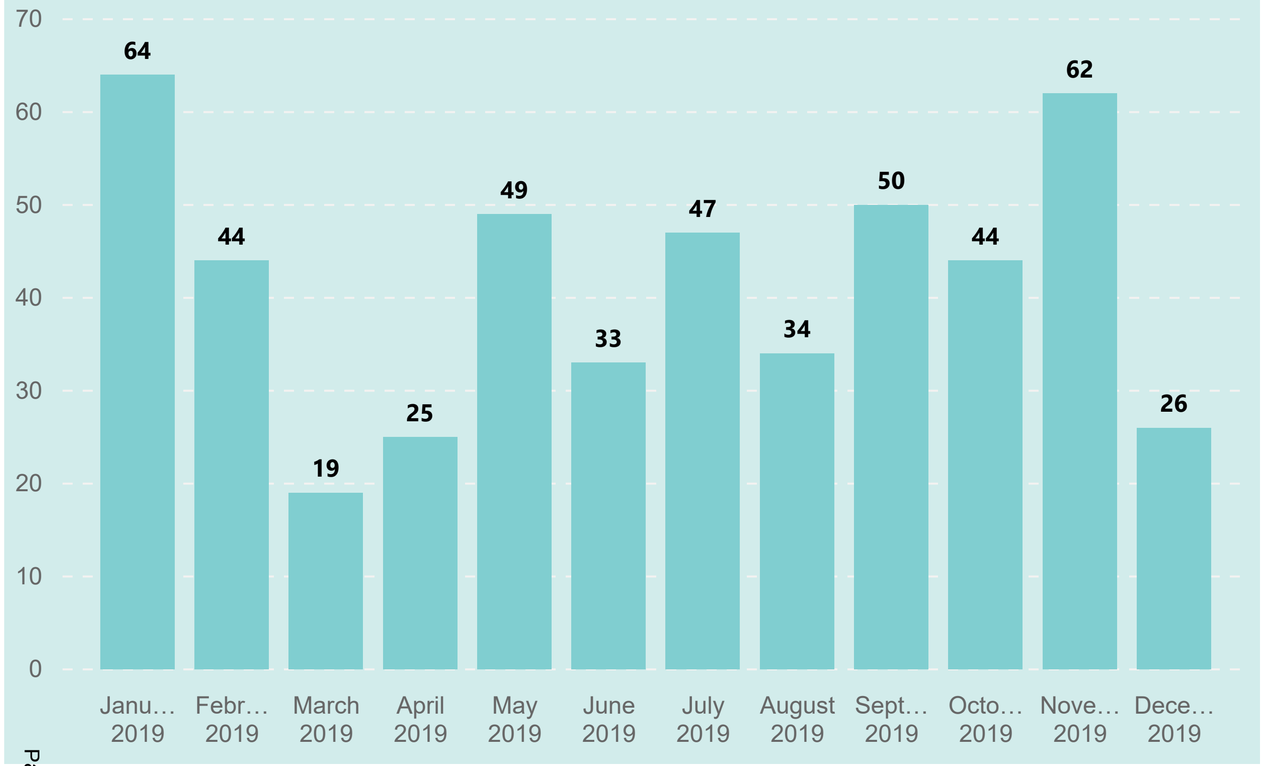
28b. No. of CP stat visits out of time



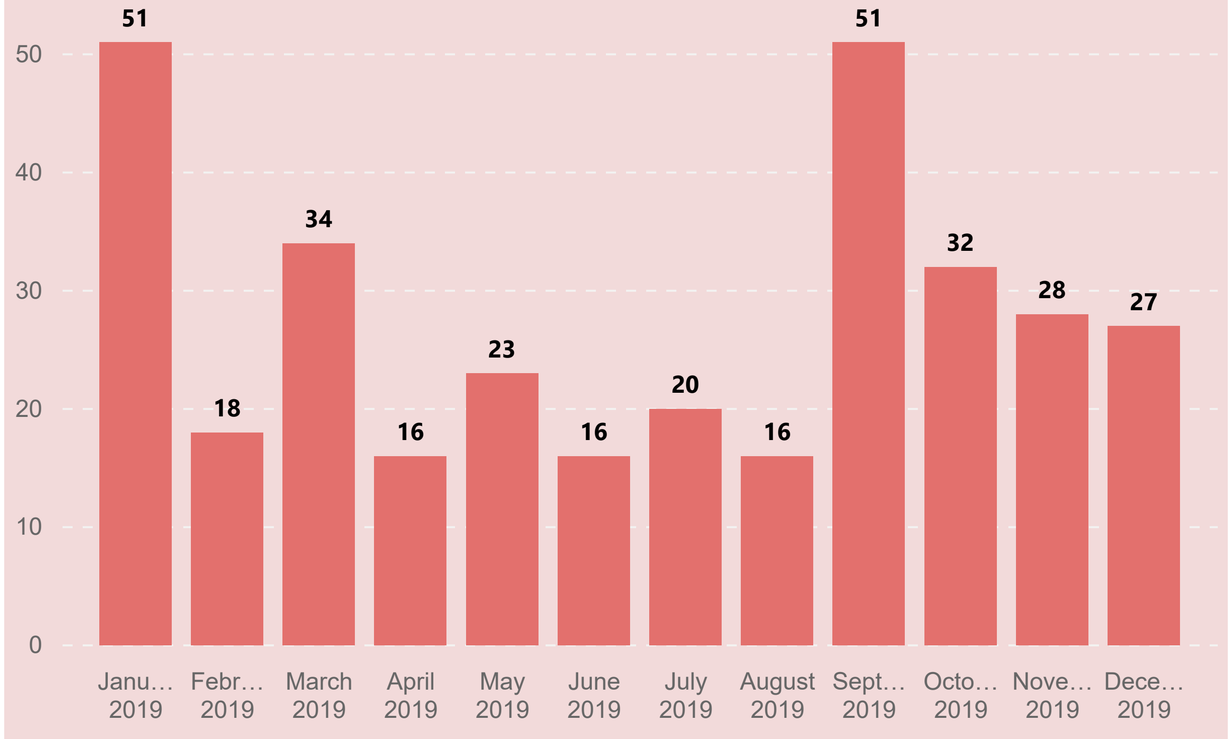
29. No. of Strategy Discussions held



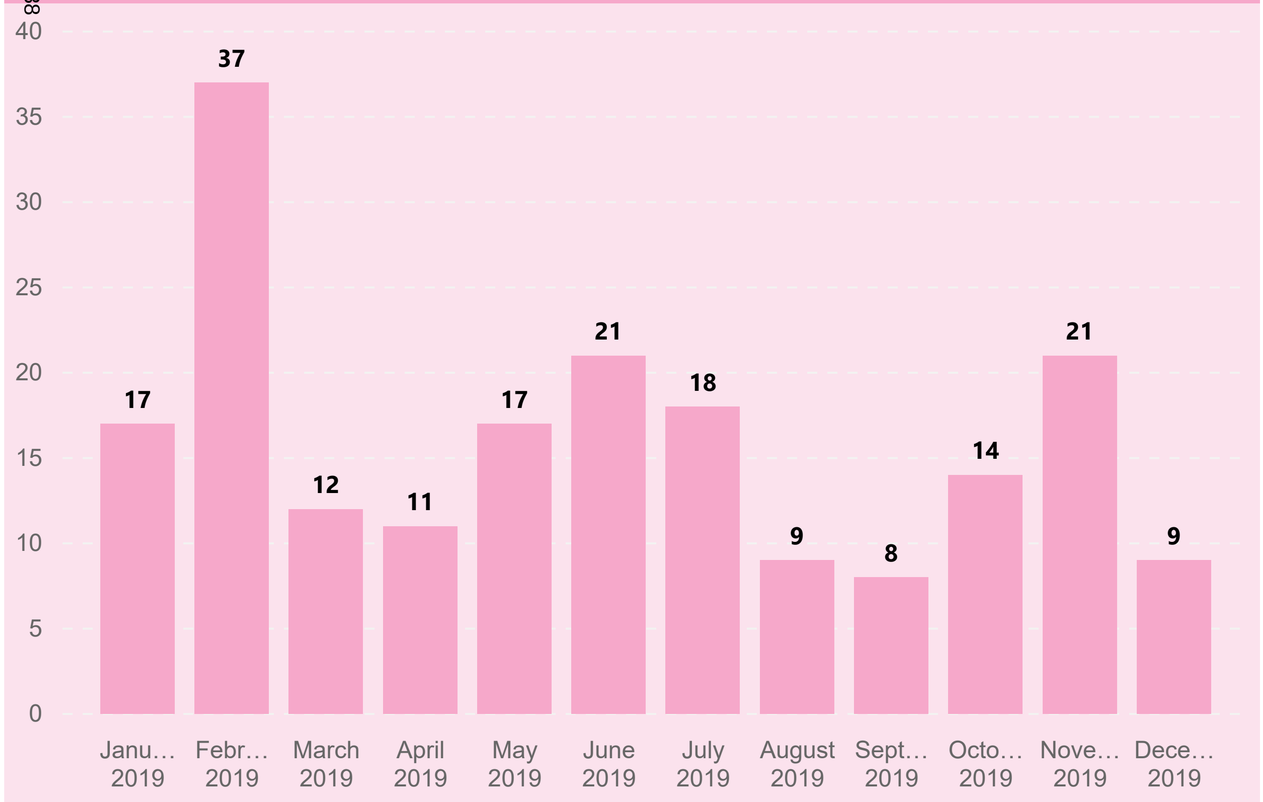
31a. No. of Section 47 Assessments Commenced



31b. No. of Strategy Meetings Held



31c. No. of Initial Case Conferences



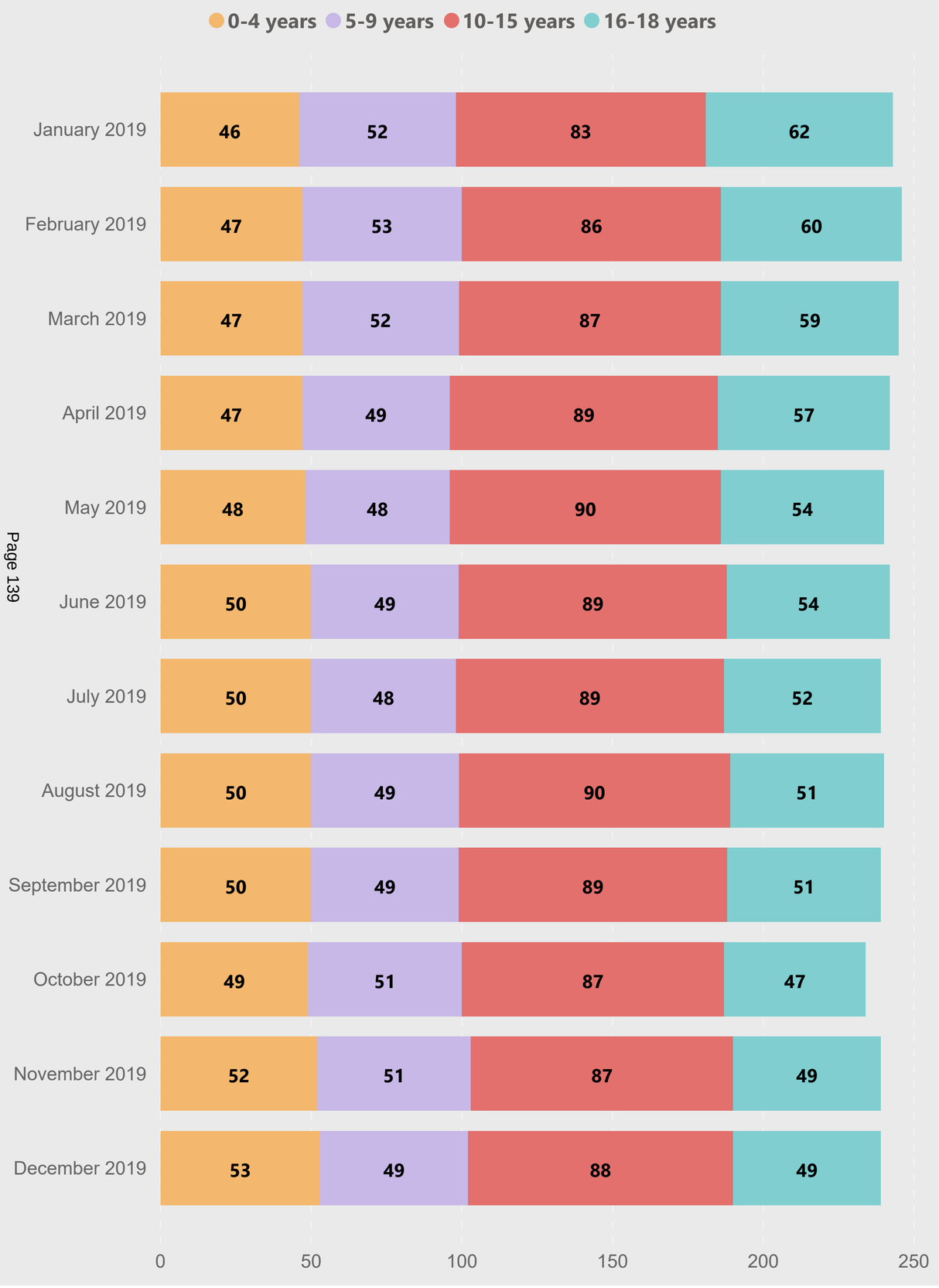
31d Percentage Reviews in timescale

Measure to be developed

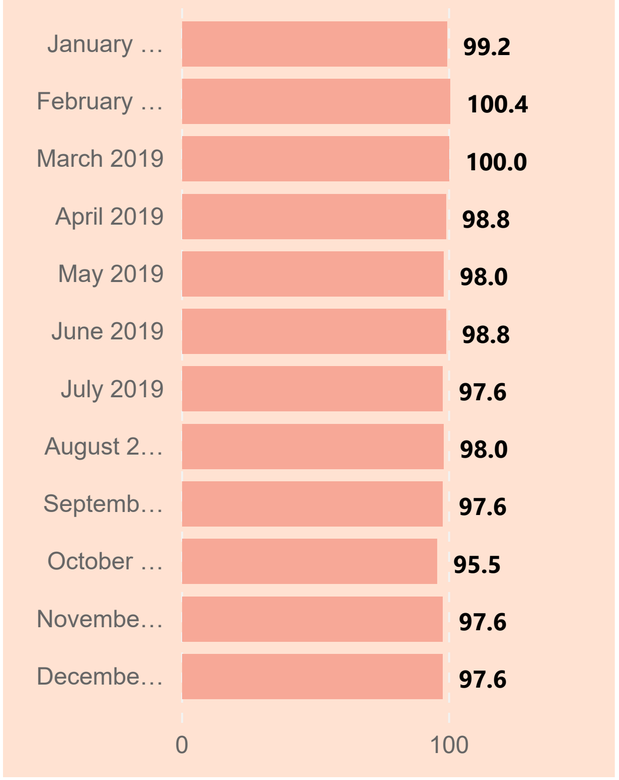
Children Looked After

Contents page

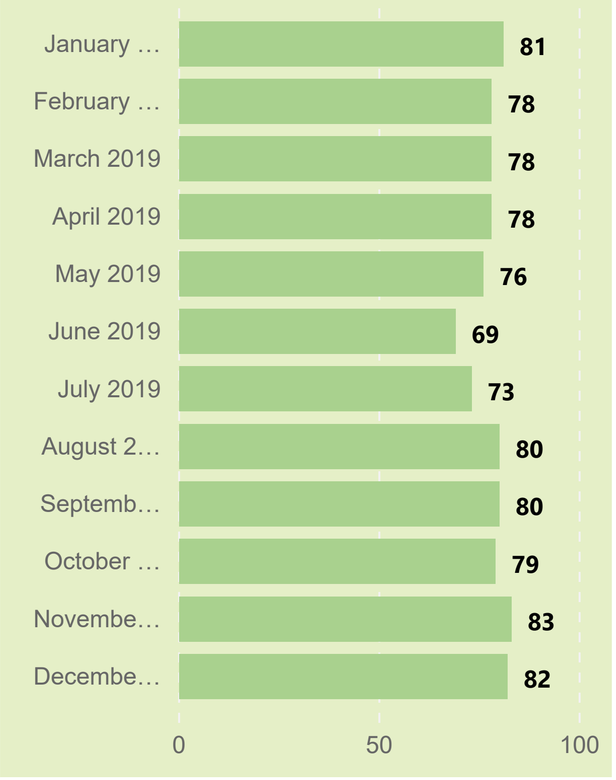
32. No. of Children looked after by Age



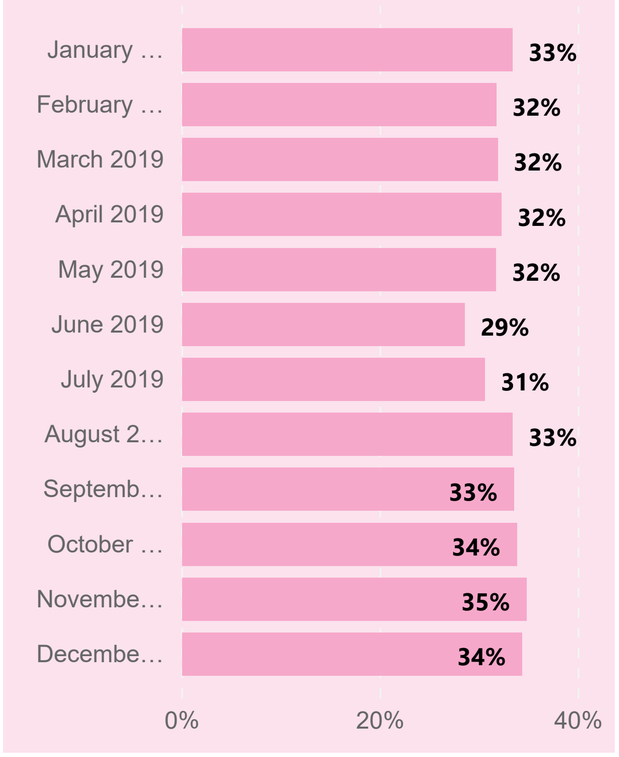
32a. CLA Rate per 10,000 Population



32b.. No. of children placed out of county



32c. Percentage of Children placed out of county



32d. No. children returned closer to home

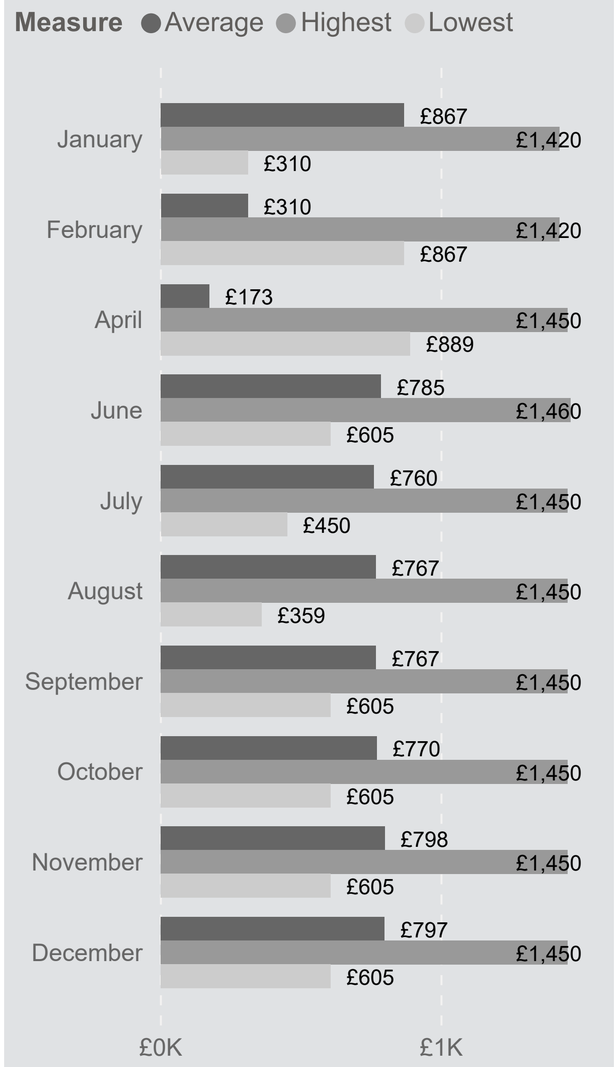
Measure to be developed

Children Looked After

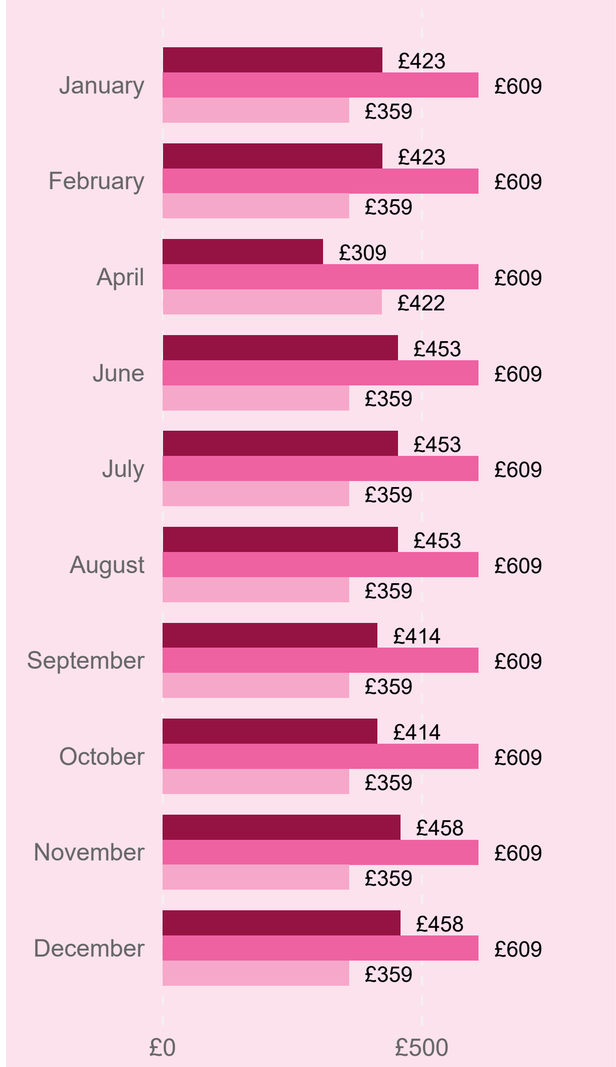
Contents page

34a. Residential Placement costs (per week)

34b. IFA Placement costs (per week)

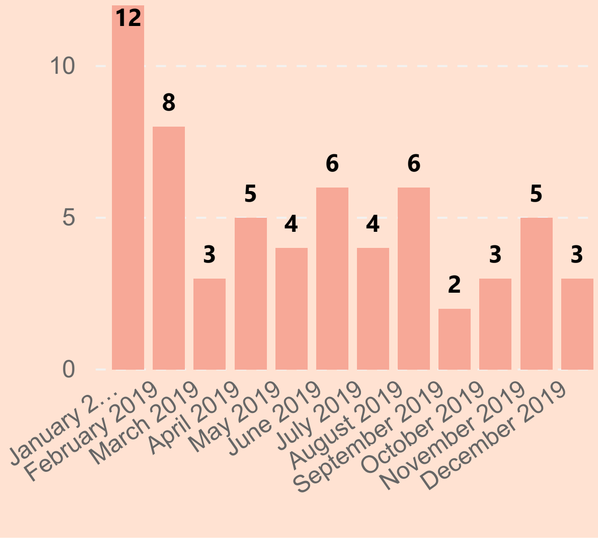


34c. In-house Placement costs (per week)

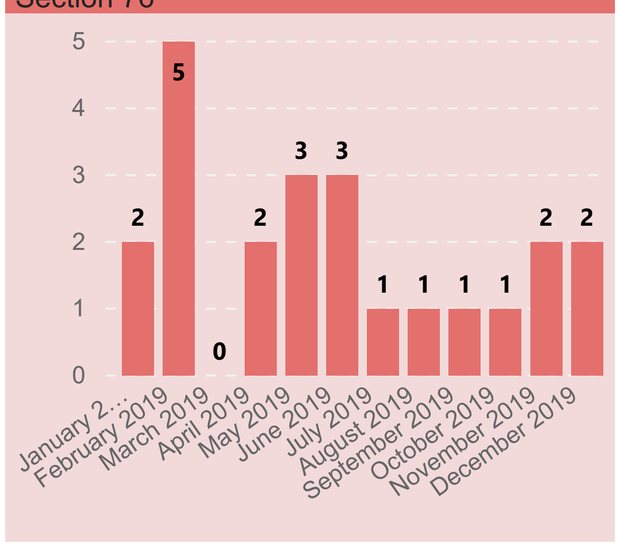


34d. Total cost of placements

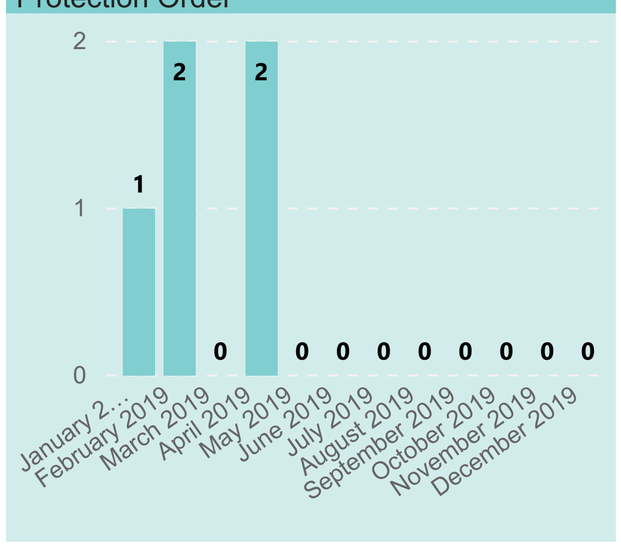
35.No. of Children becoming Looked After



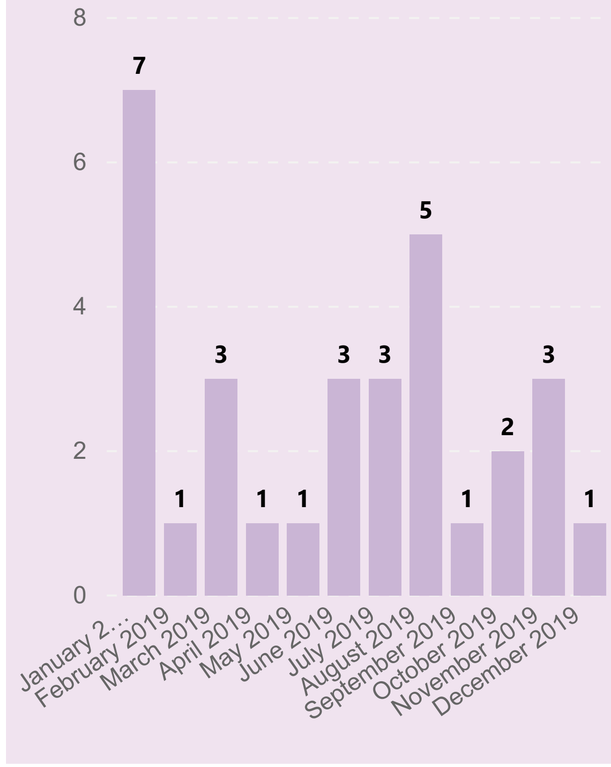
35a. Single Period of Accommodation under Section 76



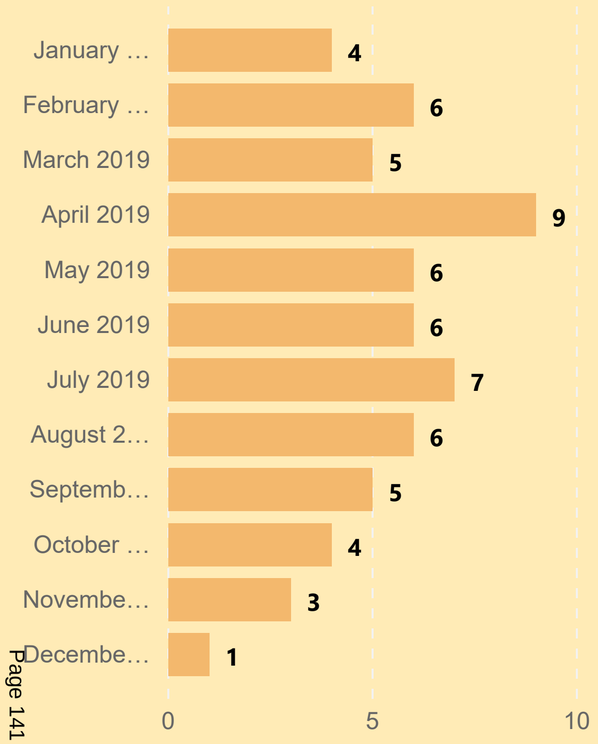
35b. Police Protection Order / Emergency Protection Order



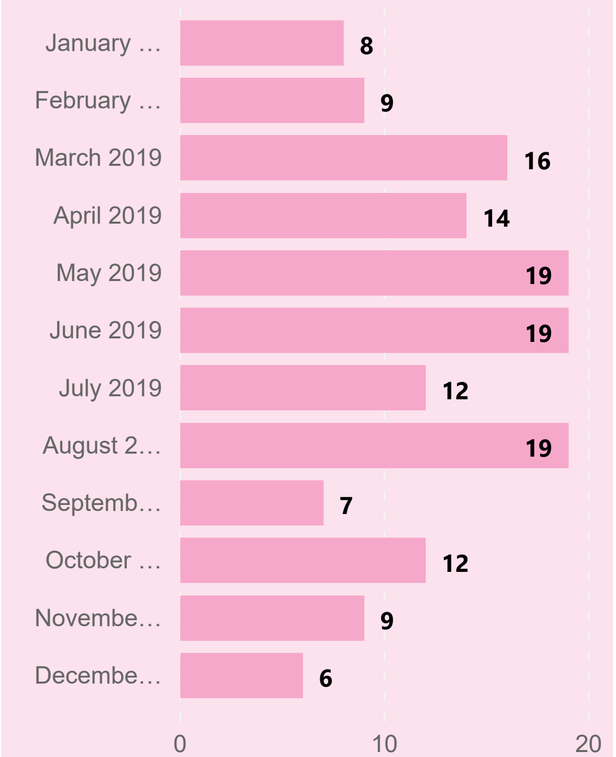
35c. Interim Care Order



36. No. of Children Ceasing to be Looked After



37. Number of Placement Moves



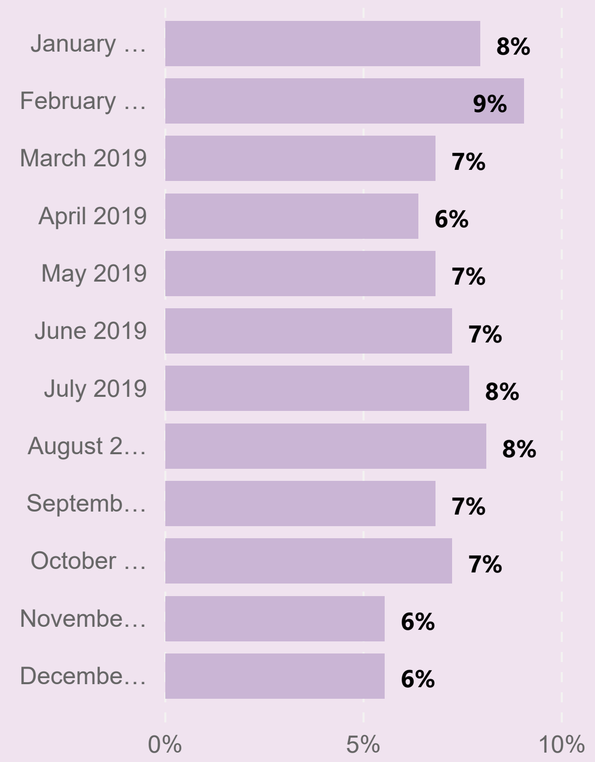
37a. Of these, how many were moves to permanence

Awaiting WCCIS to be updated with amendments to record

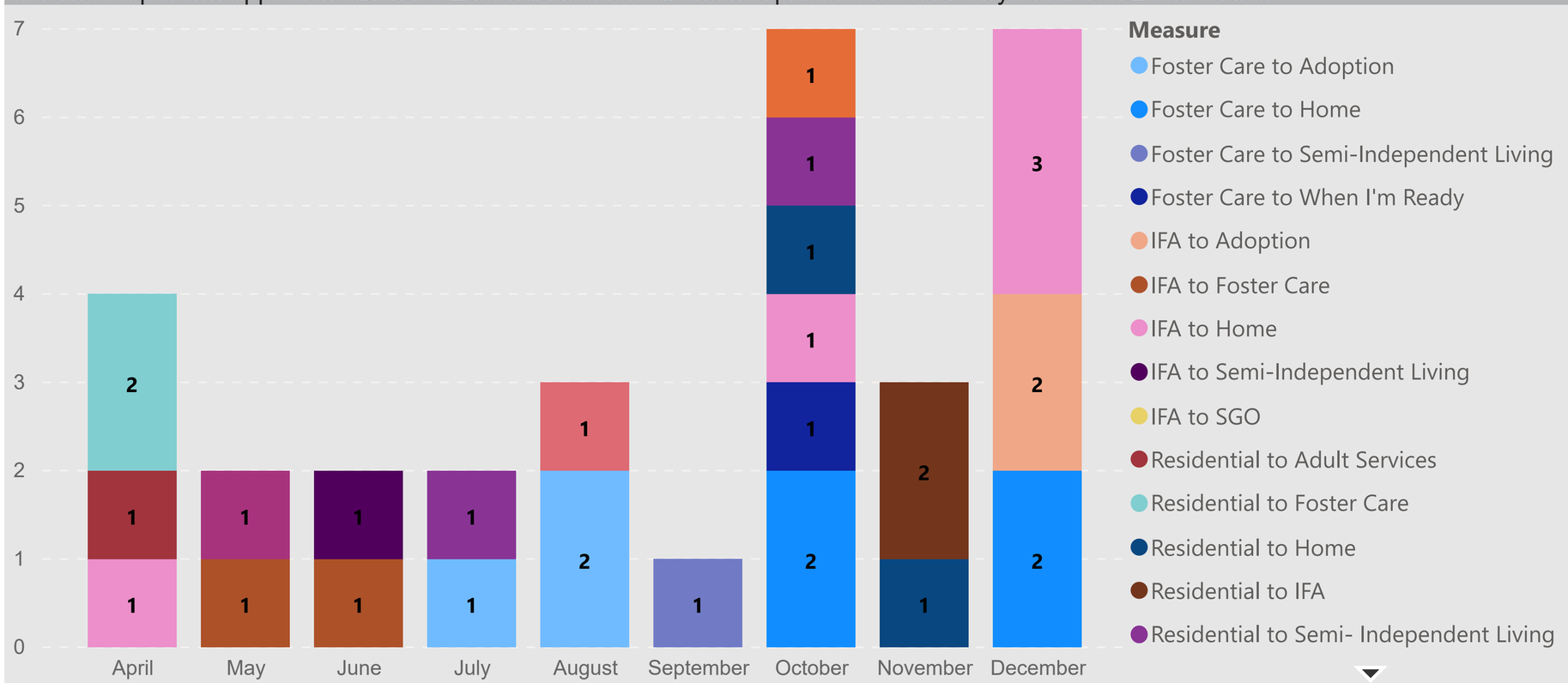
37b. Number of children that moved back home

Awaiting WCCIS to be updated with amendments to record

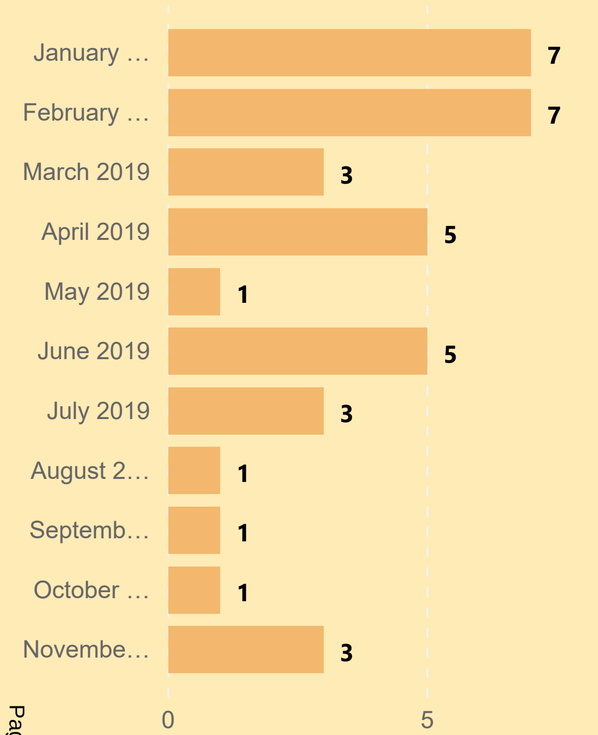
38. Percentage of CLA 3+ Placement Moves



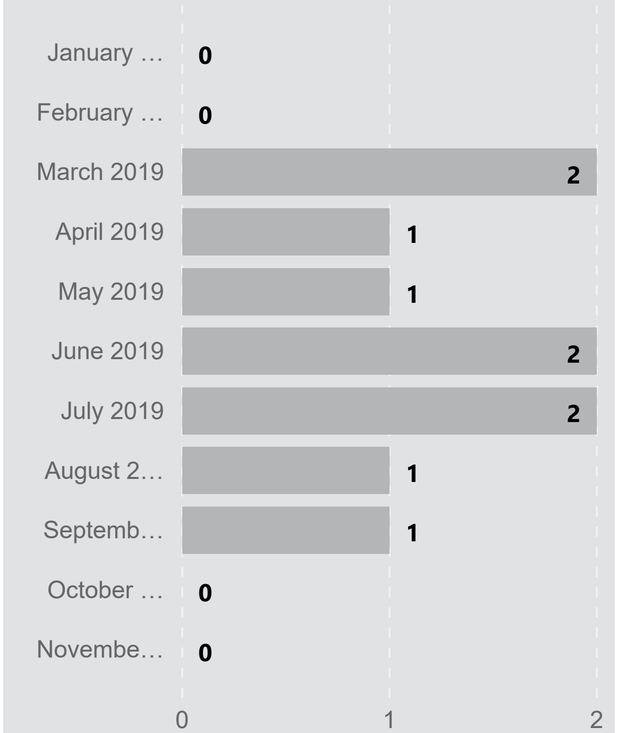
39. The step-down approach taken for External Residential and IFA placements for Powys Children Looked After



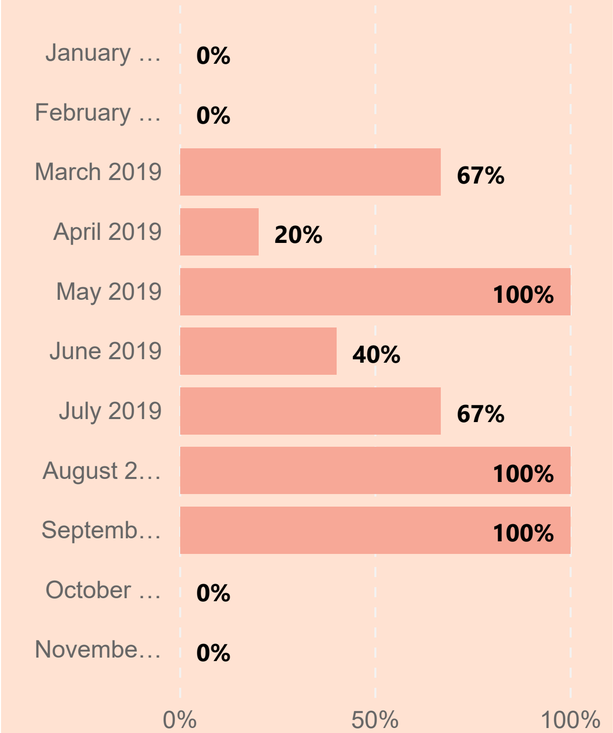
40. No. of Children who should have had a care plan within 10 days of placement



40a. No. of Children who had a care plan within 10 days of placement

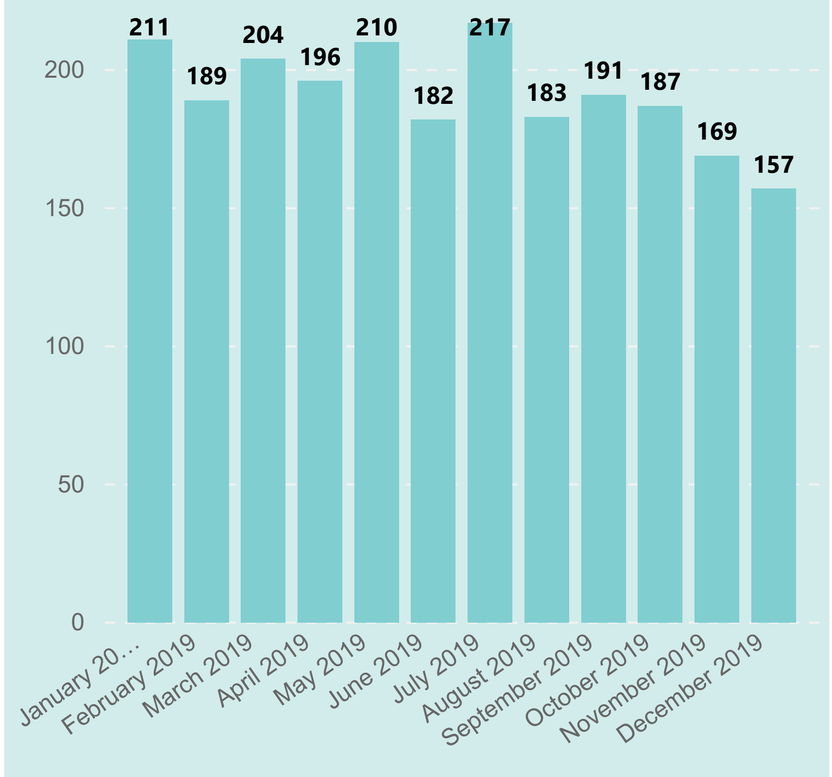


40b. Percentage of children who had a care plan within 10 days of placement

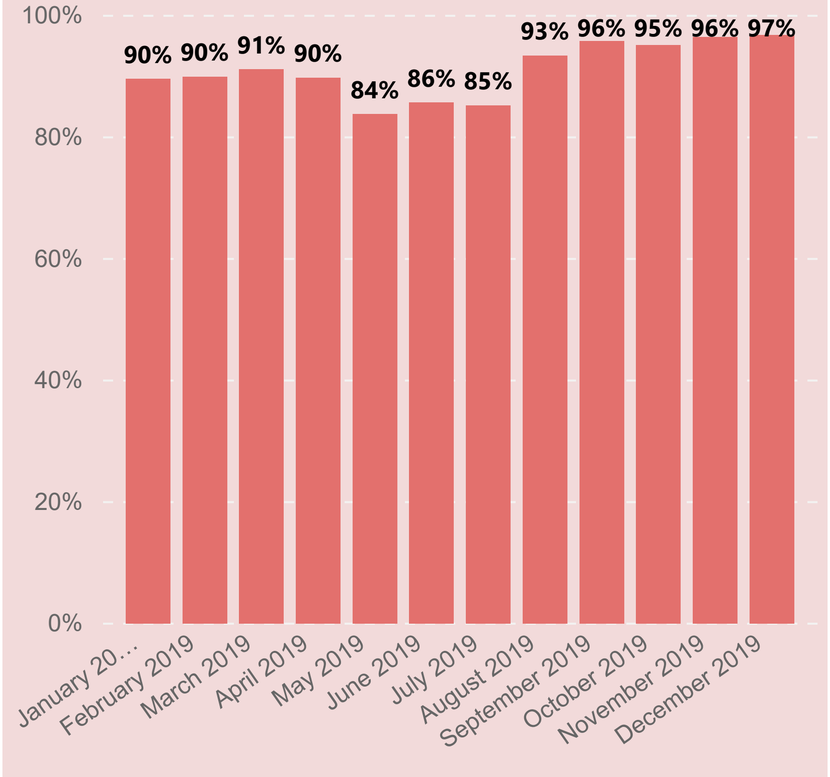


41. No. of CLA Reviews Completed

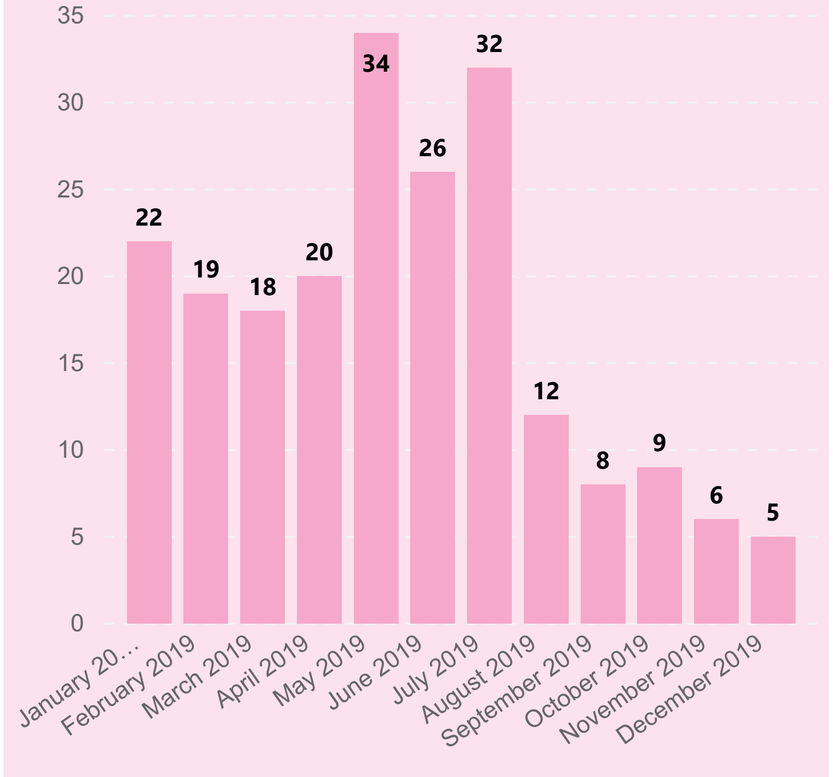
42. No of CLA Stat Visits Taken Place



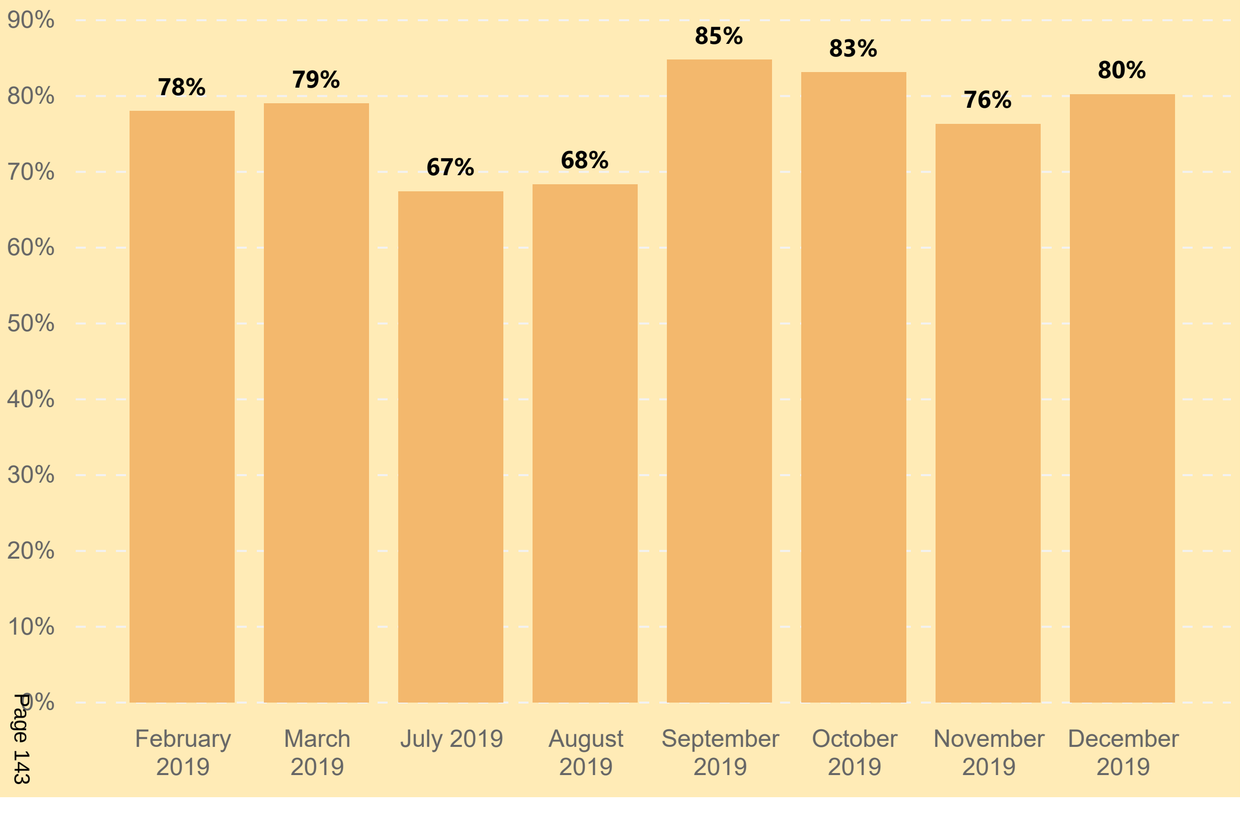
42a. Percentage of CLA statutory visits on time



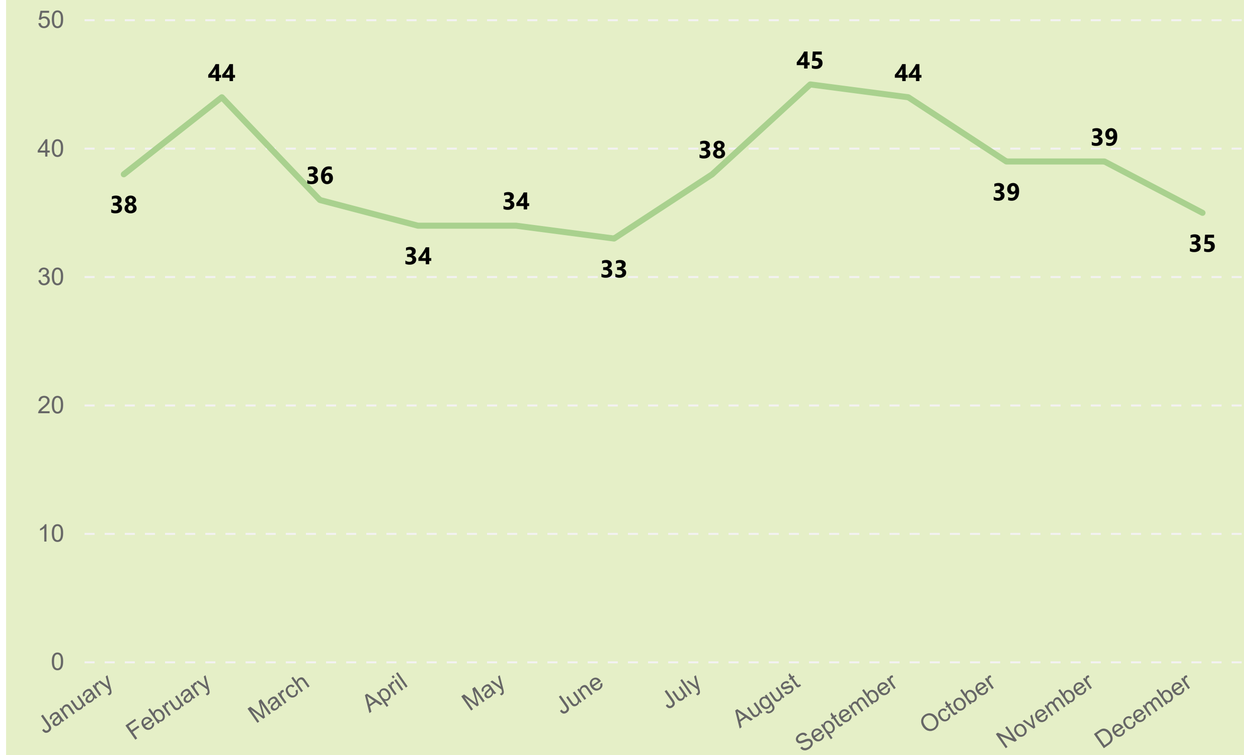
42b. No. of CLA stat visits out of time



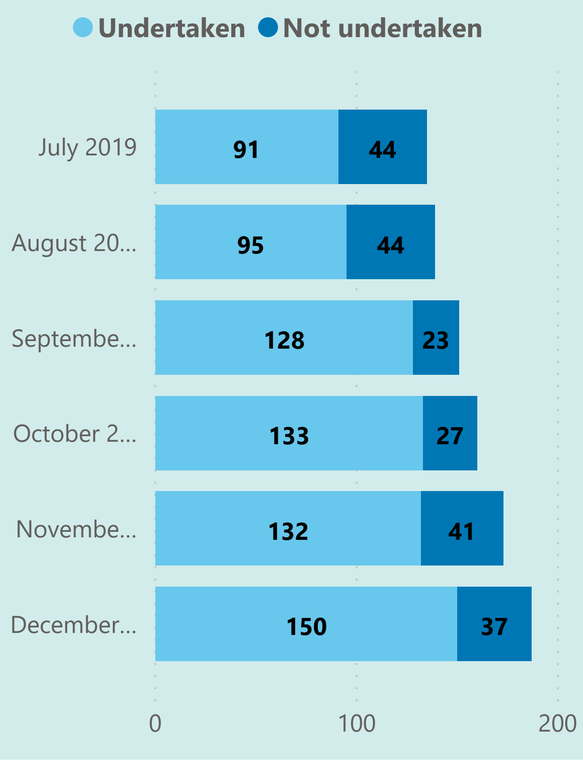
43. Percentage of staff supervisions undertaken per Month



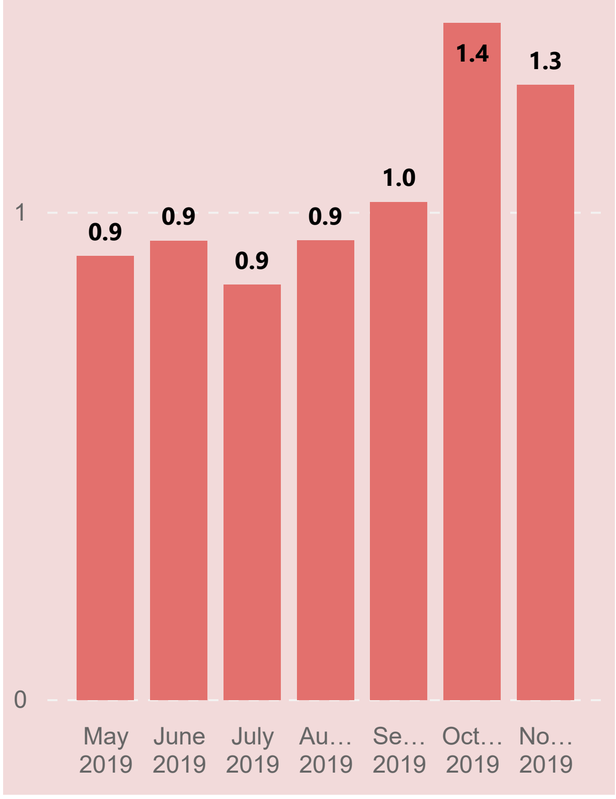
44. The Number of Agency Workers in Childrens Services per Month



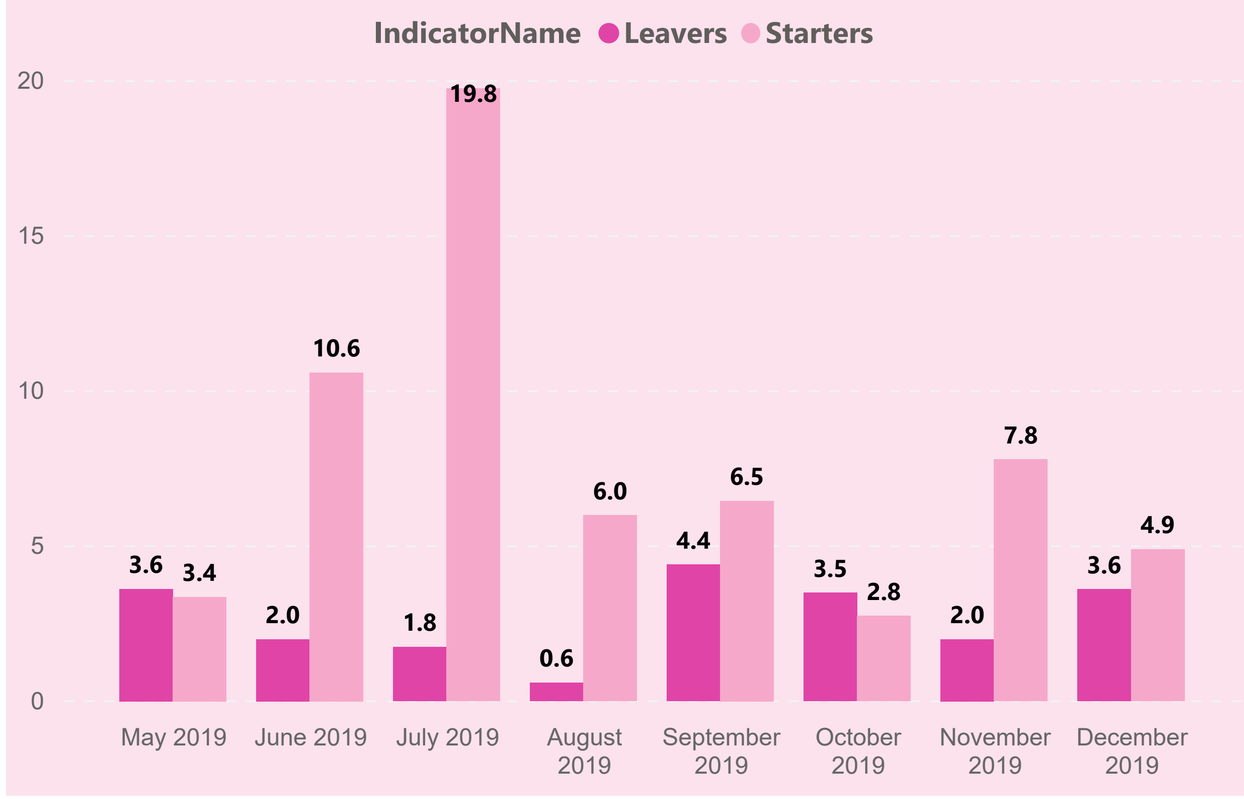
43a. Total supervisions by all Teams per month



45. Average days sickness absence per FTE



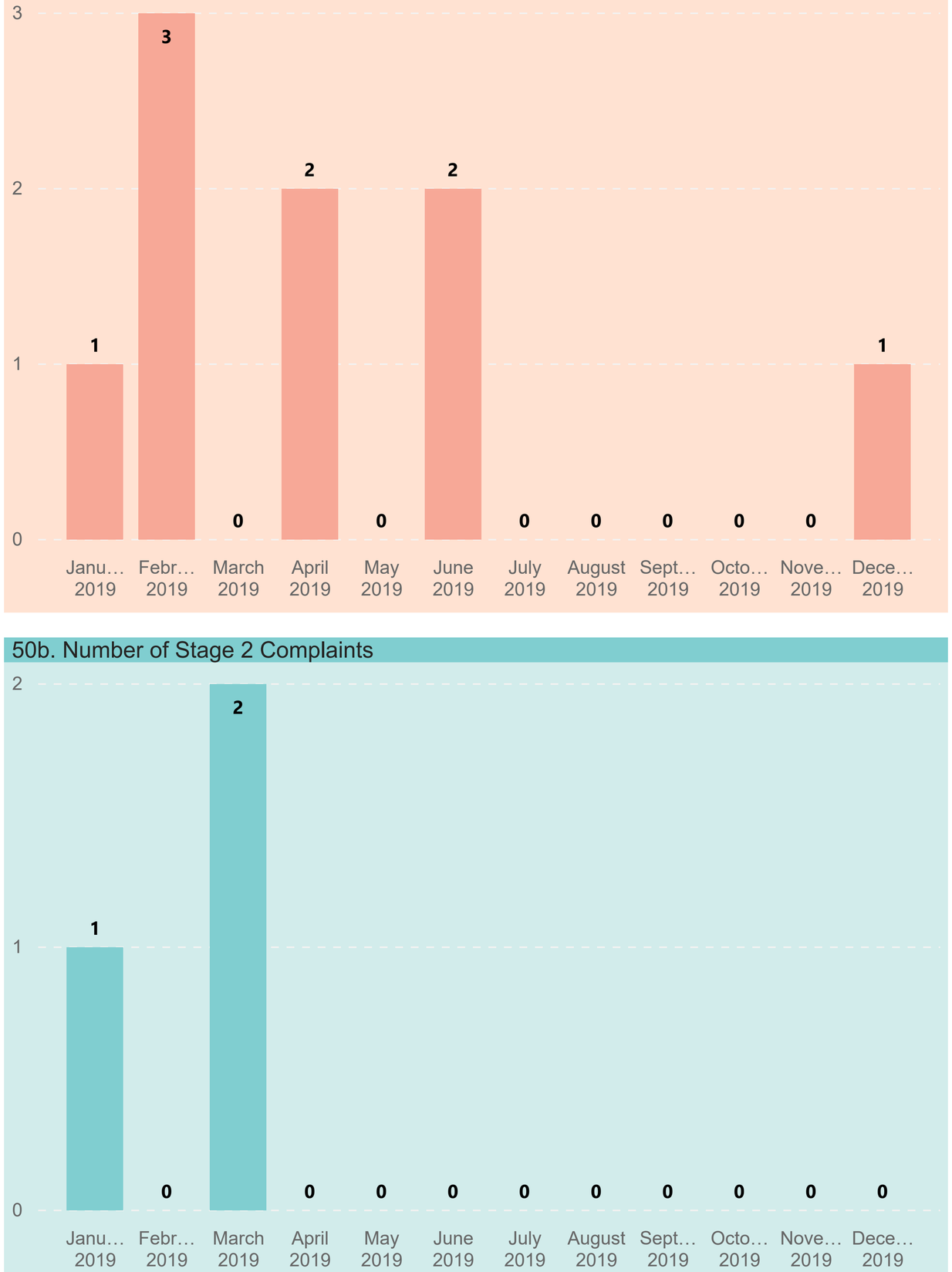
46. Starters and Leavers



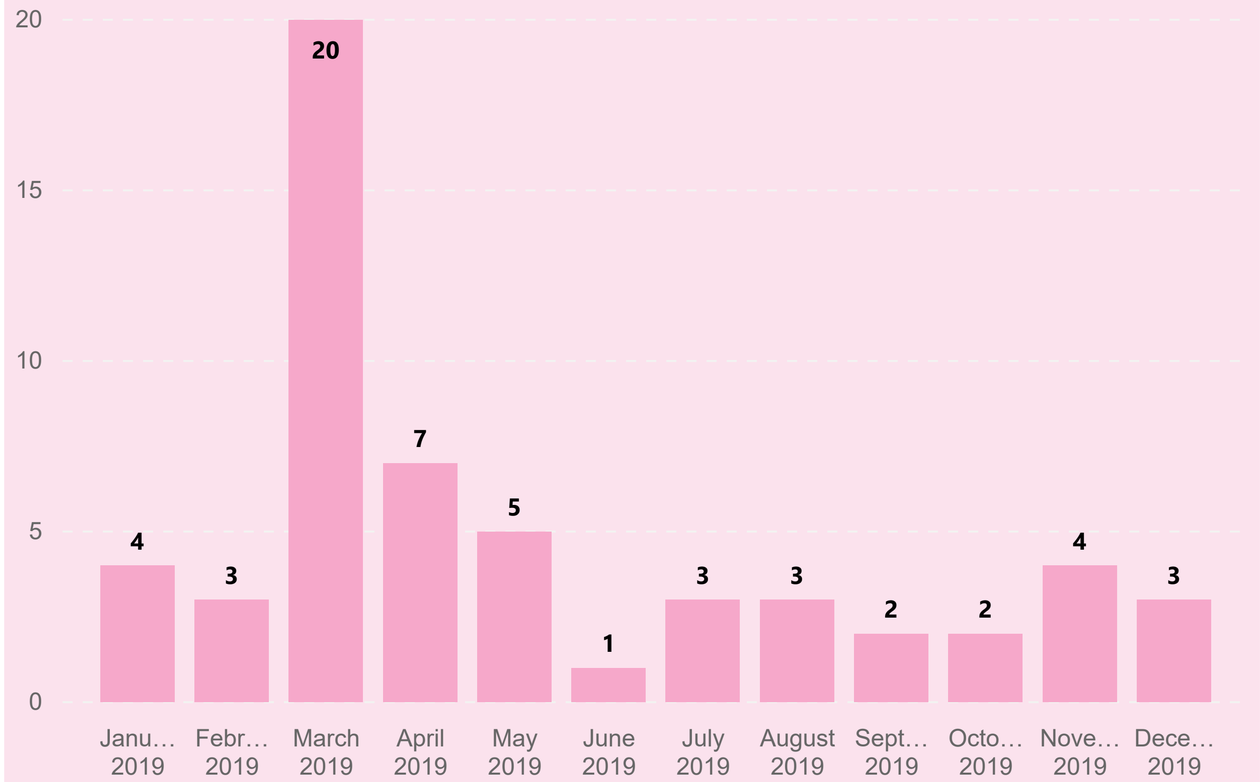
48. Case quality audits overview

New reporting excel sharepoint link under construction for these measures

49. Number of Compliments



50a. Number of Stage 1 Complaints



50b. Number of Stage 2 Complaints

CYNGOR SIR *POWYS* COUNTY COUNCIL.

CABINET EXECUTIVE
11th February 2020

REPORT AUTHOR:	**County Councillor Rachel Powell** **Portfolio Holder for Young People and Culture**
SUBJECT:	Integrated Emotional Health and Wellbeing and Youth Support Workstream Update
REPORT FOR:	**Information**

1. Purpose

To update Cabinet regarding the Integrated Emotional Health and Wellbeing and Youth Support Workstream, that sits under the Start Well Board. This workstream contributes towards supporting good emotional health and wellbeing for Children and Young people across Powys.

2. Background

The Start Well Programme has strategic responsibility in relation to the promotion of positive emotional health, physical health and wellbeing for children and young people, with a particular focus on those who are disadvantaged.

This programme is driven by the collective priorities identified under Health, Education and Social Care planning for children and young people aged 0 – 25 years.

The 'Start Well: Children, Young People and Families Programme' will work across a range of partners to ensure that we are.
'Working together to ensure Powys children and young people (aged 0 – 25 years) are safe, healthy, resilient, learning, fulfilled and have their voices heard, valued and acted on.
'

The objective of the Integrated Emotional Health and Wellbeing and Youth Support Services is:
To commission an integrated response to support good emotional/mental health and well-being including a CAMHS review and the implementation of the Together for Children and young people strategy (T4YP) (framework for action – improvement programme)

The integrated Emotional Health and Wellbeing and youth support workstream actions aims to support the following:

- Children and Young People are emotionally resilient and able to experience better wellbeing, sustain positive relationships and learn
- Young people will have their additional needs identified, assessed and met earlier, before they can escalate

- Young people are resilient and able to develop positive relationships and engage effectively with learning and development opportunities.
- Professionals will be more able to identify, assess and meet the needs of young people at an earlier stage.

The Head of CAMHS and the Senior Manager for Intervention and Prevention in Children's Services co-chair the workstream. The Workstream is well attended with representation from Health, Social Care and third sector and voluntary organisations.
The workstream has six main actions:

1. To ensure EH&YS is a part of the commissioning of a simplified Access to Services
2. To further develop and deliver joint approach to Evidence based interventions and training
3. To establish regular and Annual networking events for staff to improve knowledge re skills and multi-agency working.
4. To discuss and identify gaps in Service, including attachment
5. To improve and implement the Child's voice
6. To hold the governance for the Play Sufficiency Assessment and the Play action Plan.

The main actions are underpinned by a number of task and finish groups and further actions, in order to deliver upon improving an integrated response to good Emotional Health and Wellbeing for Children and Young people across Powys.

There has also been an additional £200K of Regional Partnership Board (RPB) funding to provide an improved Emotional Health and Wellbeing Service for Children and Young People, who do not meet a Mental Health criteria but still have identified need (the missing middle). This project will be funded for 2 years and will include additional CAMHS workers who will provide advice and assessment to those not meeting a CAMHS criteria. Additional Youth Intervention Workers (YIS) who will be able to work directly with young people to provide interventions and support. Xenzone (Counselling Provider) who will provide Emotional Health group work across all secondary schools in Powys, delivering Resilience and Emotional Regulation skills. The Youth Service and the Sports Development Team who will deliver activities and informal social support for Young people.

3. Advice

For Information Only.

4. Resource Implications

The Integrated Emotional Health and Wellbeing and Youth Support Workstream does not require funding, as this is business as usual, incorporating partnership working. However, the workstream has recently received Regional Partnership Board funding to develop an Emotional Health and Wellbeing project to work with the 'missing middle' those young people requiring support but not needing a mental health service from CAMHS (Children and Adolescent Mental Health Service). This project has received £200K per annum until March 2022, this is

received through The Health Board and plans for the project going forward will be agreed by Start Well.

There are no implications for Workforce and Organisation Development, Digital Services or Property arising from this programme.

5. Legal Implications

The Social Care Legal team acknowledge the content of this report and shall provide advice and support on any issues if/when they arise.

The Head of Legal and Democratic Services (Monitoring Officer) has noted the report and has nothing further to add.

6. Data Protection

The processing of personal and special category data must be compliant with data protection legislation, with the necessary notices or information provided to those individuals involved. The development of relevant documentation and agreements would support and evidence the sharing of personal data between Controllers, and improve the transparency of processing.

7. Comment from Local Members

Scrutiny: Scheduled to be considered by H&SC scrutiny committee Feb 2020

8. Integrated Impact Assessment

EH%20and%20Children%20First%20Imp

6. Recommendation

To ensure Cabinet are fully sighted on work to date.

Contact Officer:	Jo Hughes
Tel:	01596 826530
Email:	Jolene.hughes@powys.gov.uk
Head of Service:	Jan Coles

Corporate Director: Alison Bulman

CABINET REPORT NEW TEMPLATE VERSION 2

CYNGOR SIR *POWYS* COUNTY COUNCIL.

CABINET EXECUTIVE
11th February 2020

REPORT AUTHOR: **County Councillor Rachel Powell**
Portfolio Holder for Young People and Culture

REPORT TITLE: Children First Project in Newtown (Newtown Together)

REPORT FOR: **Information**

1. Purpose

To update Cabinet regarding the Children First Project in Newtown, called Newtown Together, funded through the Integrated Care Fund (ICF).

2. Background

'Newtown Together', is the Children First Project in Newtown and is based on a Welsh Government initiative to improve opportunities and reduce disadvantage for Children, Young people and families, through working with communities in identified localities. The identified locality is the Flying Start footprint in Newtown, this area was identified due to the high levels of Poverty Index and the number of complex needs in this particular area. This model of work is community based and is focused upon 'working with' communities rather than 'doing to' to empower and to involve children, young people and families in the decisions that are made about them. The Project is funded through the Integrated Care Fund (ICF)

The project began in January 2018, where consultation and research was undertaken with children, young people and families through a number of events and activities taking place across Newtown. The research identified that the 5 top areas of concern for children, young people and families in Newtown were:

- Litter,
- Anti-Social Behaviour,
- Dog Fouling,
- Smell of drugs/drug use and
- Not enough for young people to do.
- 48% of Residents reported feeling either satisfied or totally satisfied with where they lived, identifying friendly people, green spaces and location as the reason for what they valued most about where they lived.
- We then established a stakeholder group, made up of different organisations and services in Newtown. We also have a small community group, who have met on 2 occasions but are generally contacted by e-mail for input into decisions around projects and events held.

The Newtown Together currently has the following projects:

Raising Aspirations: A project working with three primary schools in Newtown, in response to community feedback regarding futures for young people in Newtown. Monthly session take place where inspirational local people present their experience of their work to Yr. six pupils.

Little Voices Working with Bangor University and two primary schools in Newtown to understand more about their community and undertake a piece of research. The young people identified 'lack of jobs' as a concern that they researched and then presented findings to the local mayor, local services and members of the town council

Kindness Project: The kindness project involves different events where kind actions and activities are promoted. This started at The Police Open Day this year, with kind cards being created by children who were then encouraged to give these out. Since this time the Youth Group have developed a 'kind culture' and other events are taking place to promote kindness in Newtown.
Kindness and relationships are the most powerful forms of human therapy and can have a healing effect upon people, especially those who have experienced Adverse Childhood Experiences (ACE's) This is about encouraging the community to be kind to one another, creating a culture of kindness which is positive for everyone.

Reach Out – A Social Isolation Project called 'Hidden Young Lives' working with young people and Young carers in Newtown to produce Artwork that will be exhibited in the Oriel Gallery and will represent young people's lives as they see them.

Street Games: Working with Young people in Newtown through partnership to provide a joined-up programme of activities/sports and engagement to prevent young people from entering the criminal justice system.

Events: We hold events in school holidays to engage with children and families to provide opportunities for social interaction as well as arts, crafts and a range of activities, in partnership with other organisations in Newtown. The events are well attended, and we consult with those attending in order to improve and provide sessions.

Trehafren Project: This project is working with young people and families on the Trehafren Estate in Newtown. We held a community session following feedback from the community for additional support and opportunities to be provided on the estate. We are working with the local community and the Town council to develop a work plan. We will be applying for some additional funding to provide a post to engage with the community.

Additional funding has been secured from the North Powys Wellbeing Programme to develop a Children First project in Welshpool. This post has now been advertised and the post should start in March 2020 and will be for a 1-year period.

UNCRC Rights/Voice of the Child is a key theme of the project and are promoted with all children and young people as part of this work.

3. Advice

This report is for information only.

4. Resource Implications

This project is fully funded through the Regional Partnership Board (RPB) Integrated Care Fund (ICF) until end of March 2021. The Project receives £52K per year to cover staffing and project costs, there are currently no baseline revenue implications. Alternative funding will be sought to mainstream the project, e.g. RPB Transformational Funding. If alternative funding is not found, the projects will be incorporated into existing services and organisations, within existing revenue financial envelope or will cease.

There are no implications for Workforce Organisation Development, Digital services or Property arising from this programme.

5. Legal Implications

Legal Services acknowledge this information report and the direction of travel of the Childrens First Project.

The Head of Legal and Democratic Services (Monitoring Officer) has noted the report and has nothing further to add to the report.

6. Data Protection

Where personal data of those involved in, or providing feedback on the projects or consultations, is being processed then data protection legislation must be complied with, including necessary notices or information being supplied to those individuals.

7. Comment from local member(s)

Scrutiny: To be considered by H&SC scrutiny 24th Feb 2020

8. Integrated Impact Assessment

EH%20and%20Children%20First%20Im

9. Recommendation

For information only.

To ensure Cabinet are fully sighted on work to date.

Contact Officer:	Jo Hughes
Tel:	01597 826530
Email:	Jolene.hughes@powys.gov.uk
Head of Service:	Jan Coles
Corporate Director:	Alison Bulman

CABINET REPORT NEW TEMPLATE VERSION 2

Health and Care Scrutiny Committee

24 February 2020

Adult Services Working Group

Purpose of Report: Summary

The Group has met twice in the period since the last Committee.

At the first meeting, Members received an update on the transformation of the service. This will be based on a strengths-based approach. Service objectives are to be aligned with performance measures to ensure the delivery of transformation can be measured.

Throughout 2020 the Group will be focussing on all aspects involved with care and support in the community.

The last meeting of the Group considered Section 33 Agreements, cost avoidance due to the use of technology enabled care (TEC) and quality assurance. A similar presentation on quality assurance will be made to the Health and Care Committee.

TEC is a preventative service which makes it challenging to evidence cost avoidance. However, a methodology has been developed which takes a cautious approach. Even so, there is evidence that the demand for domiciliary care has not increased despite predictions to the contrary.

A number of Section 33 Agreements are in place including Care Homes, Community Equipment Fund and Substance Misuse. These agreements allow for the monitoring of pooled funding with the Health Board. The Group will be scrutinizing the new S33 agreement in respect of Care Homes before it is finalised.

The Group want to be more proactive in setting the work programme for the Group and this may include partnership working, the Regional Partnership Board and the ability of the Authority to use technology to deliver service.

Report contact: Lisa Richards, Legal, Scrutiny and Democratic Services

Contact details: lisa.richards@powys.gov.uk, 01597 826371

Background papers: Notes of meeting held on 13 December 2019 and 31 January 2020

Group Members: County Councillors J Charlton (Lead Member), S Hayes, E Jones, G Morgan, K Roberts-Jones, A Williams and G Williams

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Health and Care Scrutiny Committee

24 February 2019

Children's Services Working Group

Purpose of Report: Summary

The Group's meetings are split between a Member Development session and Scrutiny of the Children's Services Improvement Plan.

In December the Group received a presentation on Early Help and Eligibility Criteria and undertook scrutiny of the relevant section of the Children's Services Improvement Plan. The Early Help service was launched in July 2019 and aims to address issues at the earliest opportunity to prevent escalation into statutory care. There were still some vacancies to be filled and the Group have asked for a progress report in nine months to see how the service is progressing and to receive a cost benefit analysis.

The Lead Member is to liaise with the service to ensure that publicity and information is circulated to all Members for inclusion in their local newsletters.

January's development session covered children in need of care a support and scrutiny was undertaken of the implementation of signs of safety.

Report contact: Lisa Richards, Legal, Scrutiny and Democratic Services

Contact details: lisa.richards@powys.gov.uk, 01597 826371

Background papers: Notes of meetings held on 18 December and 9 January 2020

Group Membership: County Councillors A Jenner (Lead Member), S McNicholas, D Rowlands, E Vaughan, G Williams, J M Williams and R Williams

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Health and Care Committee				
13/01/20	Corporate Safeguarding Group			
	Glan Irfon update			
Children's Services Placements and Accommodation (Springboard Project and Powys Residential Homes				
	Child Exploitation Paper and Programme of Work	withdrawn		
	Early Help Hubs			
27/01/20	Budget propsals			
	FRM	deferred from November		
24/02/20	Finance/Performance			
	Children's Services Workforce Development - Grow our own social workers	deferred to April		
	Child Exploitation			
	North Powys Project - Model of Care		10/03/20	24/03/20
	Quality Assurance - presentation			
02/04/20	DETOC quarterly report			
	Glan Irfon update			
	Tranformation of Older People's Accommodation			
	Children's Services Journey of Transformation			
	Children Services Early Help Strategy			
	Fostering and SGOs		31/03/20	21/04/20
	Children's Services Workforce Development - Grow our own social workers			21/04/20
	Transitions Project Update			
18/05/20	Finance/Performance			
	Transitions			
	Children's Services Intervention and Prevention Update			
	Returning Children Closer to Home			
	Children's Services Short Breaks			
	Supported Accommodation 16+			
	Participation with children and young people			
	Relaunch of Children's Front Door			
	Support for Care Leavers			
29/06/20	Director of Social Services Annual Report 2019/20			
	Corporate Safeguarding report			
	DETOC quarterly report			
	Glan Irfon update			
	Child Exploitation Strategy			

Health and Care Committee				
	Children's Services Participation and MOMO			
	Children's Services Practice Standards			
	North Powys Project - Proposed Business Case			
13/08/20				
28/09/20	North Powys Project - Strategic Outline Case			
	DETOC			
	Glan Irfon Update			
	Carers			
	Adoption			
	EDT- Out of Hours Service			
02/11/20	Finance/Performance			
	FRM			
14/12/20	DETOC			
	Glan Irfon update			