# Leader

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## NOTICE OF INTENDED PORTFOLIO HOLDER DELEGATED DECISION

The Portfolio Holder has received the following report for a decision to be taken under delegated authority. The decision will be taken on **27 March 2020** (i.e. 3 clear days after the date of this note). The decision will be published on the Council's website but will not be implemented until 5 clear days after the date of publication of the decision) to comply with the call-in process set out in Rule 7.36 of the Constitution.

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| **1.** | **NORTH POWYS PROJECT: MODEL OF CARE** |

To consider a report by County Councillor Myfanwy Alexander, Portfolio Holder for Adult Social Care and Welsh Language.
(Pages 3 - 86)

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| **2.** | **SCHOOLS MAJOR IMPROVEMENT PROGRAMME** |

(Pages 87 - 90)

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| **3.** | **FINANCIAL OVERVIEW AND FORECAST AS AT 29TH FEBRUARY 2020** |

To consider a report by County Councillor Aled Davies, Portfolio Holder for Finance, Countryside and Transport.
(Pages 91 - 102)

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| **4.** | **CAPITAL PROGRAMME UPDATE AS AT 29TH FEBRUARY 2020** |

To consider a report by County Councillor Aled Davies, Portfolio Holder for Finance, Countryside and Transport.
(Pages 103 - 110)

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| **5.** | **EXEMPT ITEMS** |

The Monitoring Officer has determined that category 1 of the Access to Information Procedure Rules applies to the following item. His view on the public interest test

(having taken account of the provisions of Rule 14.8 of the Council's Access to Information Rules) was that to make this information public would disclose personal data relating to an individual in contravention of the principles of the Data Protection Act. Because of this and since there did not appear to be an overwhelming public interest requiring the disclosure of personal data he felt that the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Members are asked to consider these factors when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.

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| **6.** | **EXTENDING THE INTERIM LEADERSHIP ARRANGEMENTS FOR THE EDUCATION SERVICE** |

To consider a report by the Chief Executive.
(Pages 111 - 114)

**CYNGOR SIR *POWYS* COUNTY COUNCIL.**

**CABINET EXECUTIVE**
**24 March 2020**

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| **REPORT AUTHOR:** | **County Councillor Myfanwy Alexander**<br>**Portfolio Holder for Adult Social Care and Welsh Language** |
| **REPORT TITLE:** | **North Powys Wellbeing Programme: Model of Care** |
| **REPORT FOR:** | **Decision** |

## 1. Purpose

1.1 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.

1.2 To formally approve the model of care as a high level technical document (see appendix one) to move forward into more detailed design.

## 2. Background

2.1 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.

2.2 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.

2.3 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

2.4 The feedback received from the engagement sessions supported and shaped the development of the 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.

2.5 The 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
- In-depth analytical population assessment to understand communities and population across north Powys
- Service mapping in north Powys

2.6 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

2.7 The first iteration of the 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.

2.8 The model of care was shared for the second stage of engagement as a technical document with public, staff and broader stakeholders.

2.9 The purpose of this stage of engagement was to test whether those who had an input felt their insights had been reflected within the model.

2.10 The 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 model of care can be found.

2.11 The majority of feedback received around the 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.

2.12 **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.

2.13 **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.

2.14 **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. As a whole system, the focus on prevention and upstream working as part of the model of care has the potential long term to significantly change the demand presented to Adult Social Care.

2.15 **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.

2.16 The model of care was updated to a final iteration to reflect any comments/feedback received through stage 2 engagement.

2.17 As a whole system, the focus on prevention and upstream working as part of the model of care has the potential long term to significantly change the demand presented to Adult Social Care.

2.18 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.

2.19 Alongside this work, there have been ongoing efforts to develop the supporting evidence base (see appendix two).

2.20 The model of care document is being developed into a suite of documents which will help with communication to the public, staff and other key stakeholders. This will support with the next phase of the North Powys Wellbeing Programme but also help operational teams to share and develop services in line with the new model of care.

2.21 The next stage of work will test the affordability and deliverability of the model through strategic modelling, more detailed design work i.e. service models, specifications and pathways and business case development to support funding of both capital and revenue.

2.22 A transition plan will also be developed to confirm how we can start to implement the model across north Powys. This will include the implementation and evaluation of the agreed areas of acceleration for change which are being supported via the transformation funding. It will also need to consider how aspects of the model can be operationalised during the design period and capital development process.

## 3. Advice

3.1 The model of care has been considered by the Health and Care Scrutiny Committee and have provided the following recommendation:

- The Health and Care Scrutiny Committee retain concerns regarding the medicalised model and primacy given to medical services included. The Committee would like to see a more positive attitude to in-reach communities in the region. The Scrutiny Committee approves the model of care for more detailed design to focus on prevention, education and future support across Powys.
- The reason for this recommendation is to allow further discussion to take place between principal partners and encourage a change in culture in order to deliver the programme.

## 4. Resource Implications

4.1 There are anticipated resource implications across finance, workforce, digital and property however these will be worked up in more detail as the design of the model progresses throughout 2020/21.

4.2 The pace and scale of implementation of the model of care will be subject to affordability and availability of workforce.

4.3 The Head of Finance (section 151 Officer) confirms that the resource implications will need to be fully explored and considered as the detailed design of the model is progressed.

## 5. Legal implications

## 6. Comment from local member(s)

6.1 Local members have been engaged continually throughout the development of the model of care, and are fully supportive of the direction of travel. There are no further comments to add.

## 7. Integrated Impact Assessment

7.1 See attached Impact Assessment.

## 8. Recommendation

**Cabinet are asked to approve the model of care to enable the programme team to undertake further detailed design.**


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# North Powys Wellbeing Programme



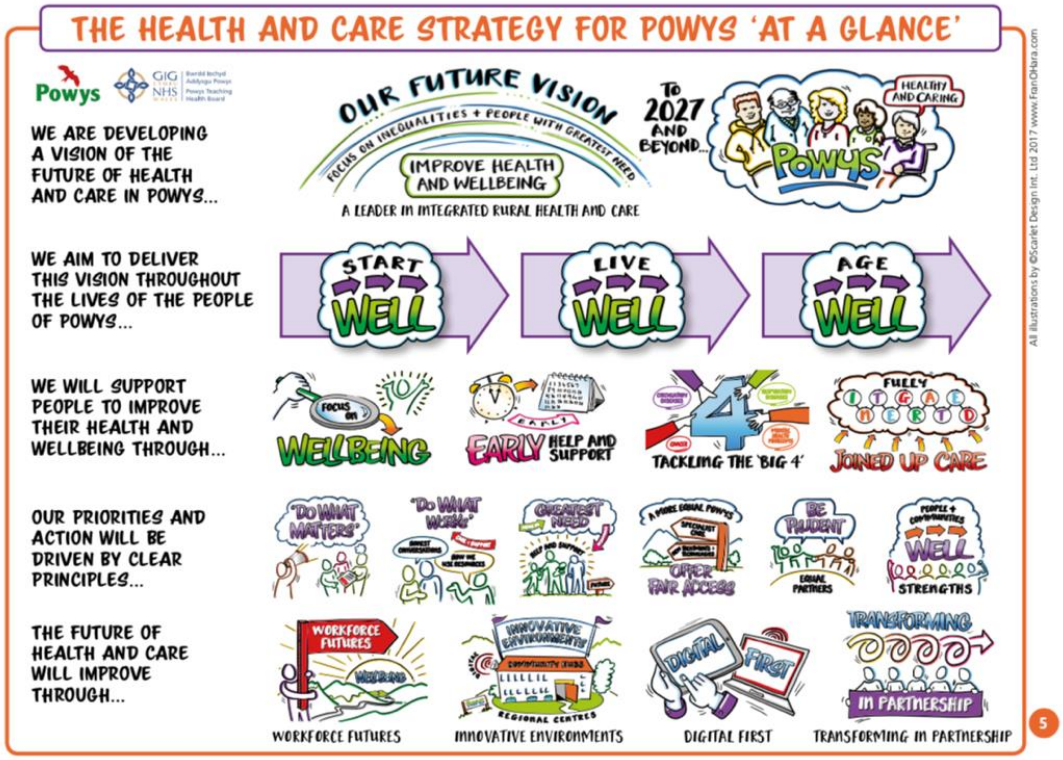
# Model of Care

*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.

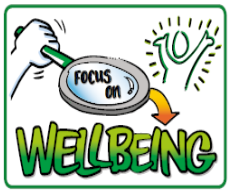


- Services around the county's borders are changing. The Shrewsbury and Telford Hospital NHS Trust, the main acute hospital provider for many north Powys communities, are changing their services which means some services will move to Telford. Every year approximately 5,000 people travel out of county 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.

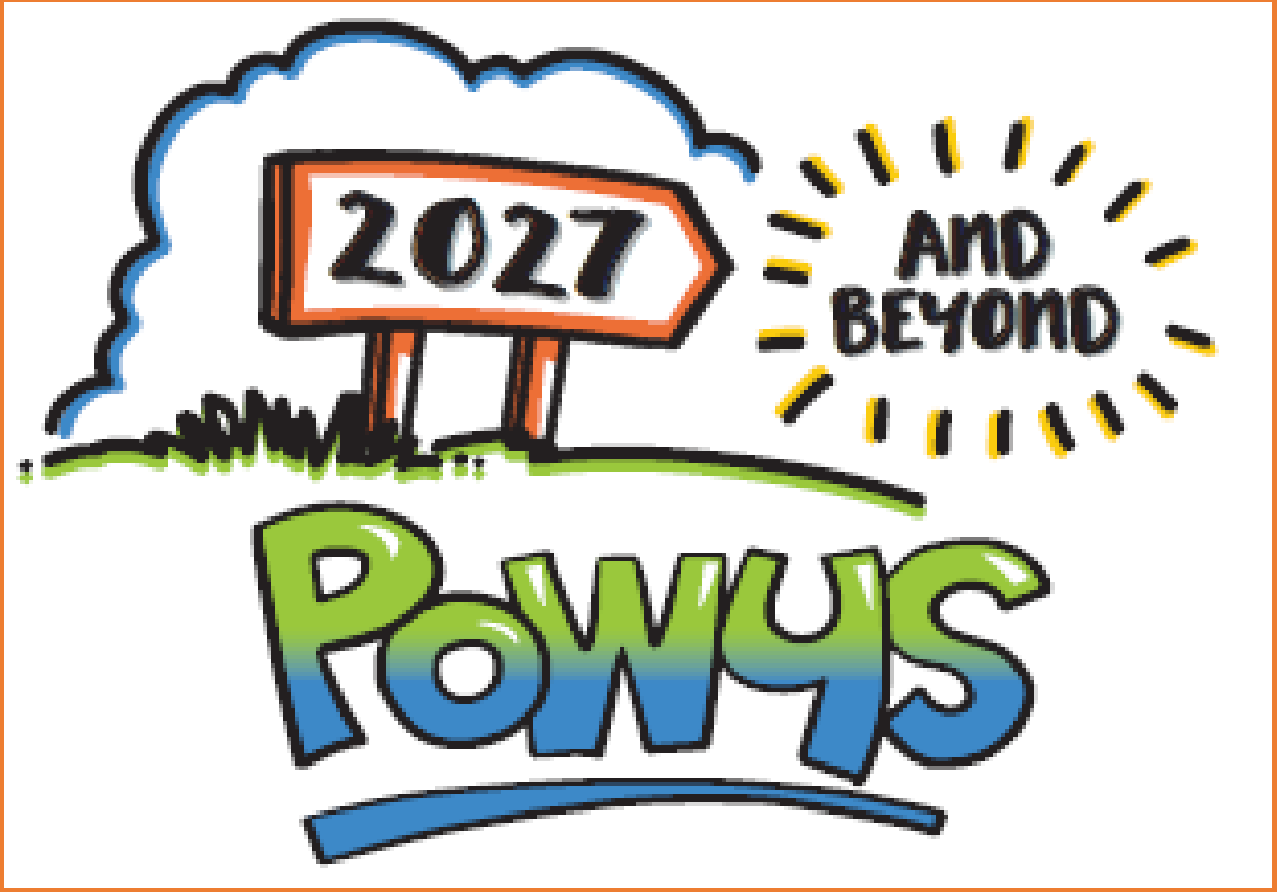
**Those who provide health and care services in Powys will:**

- 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.

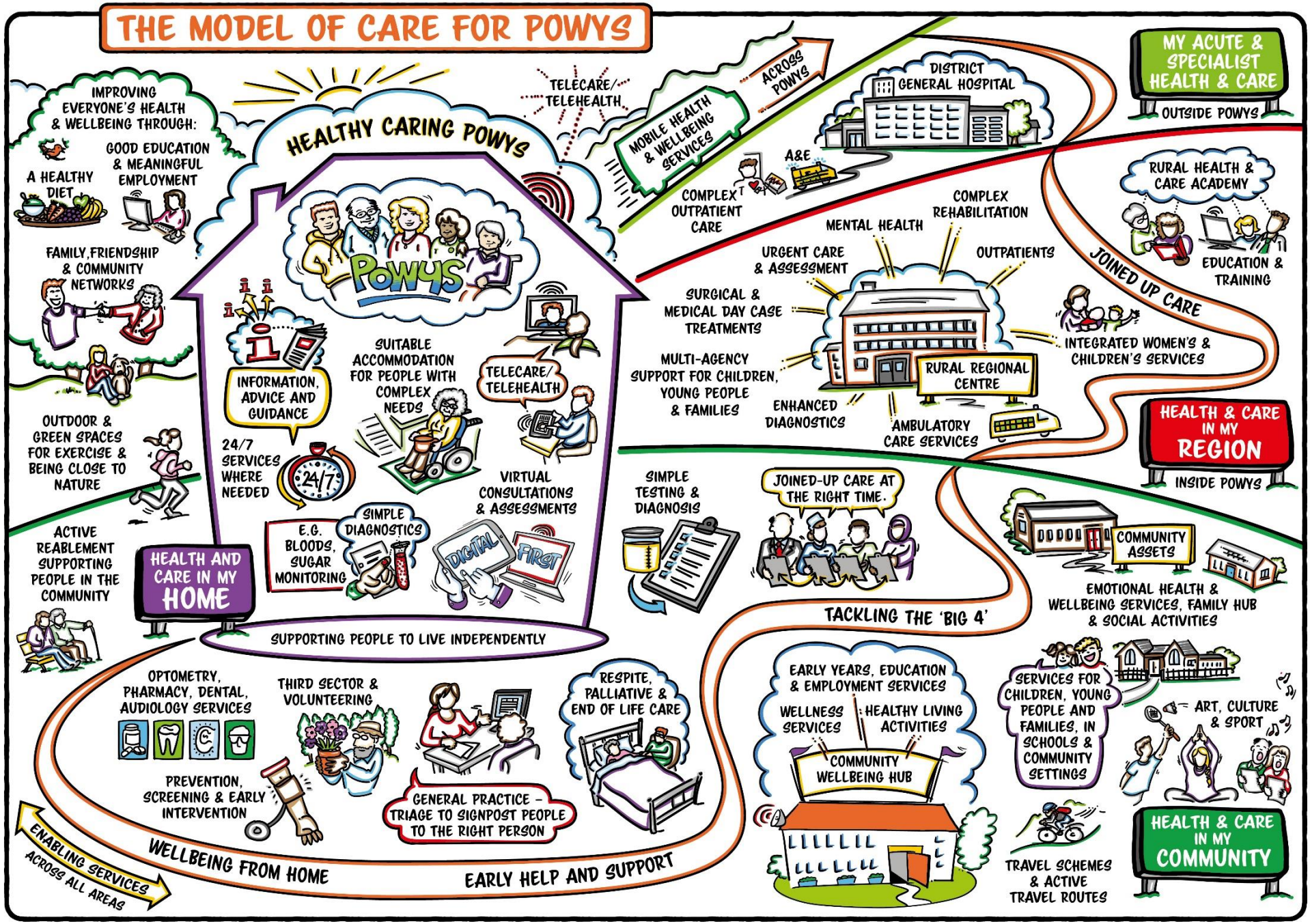
**Evidence tells us that…**

- 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.

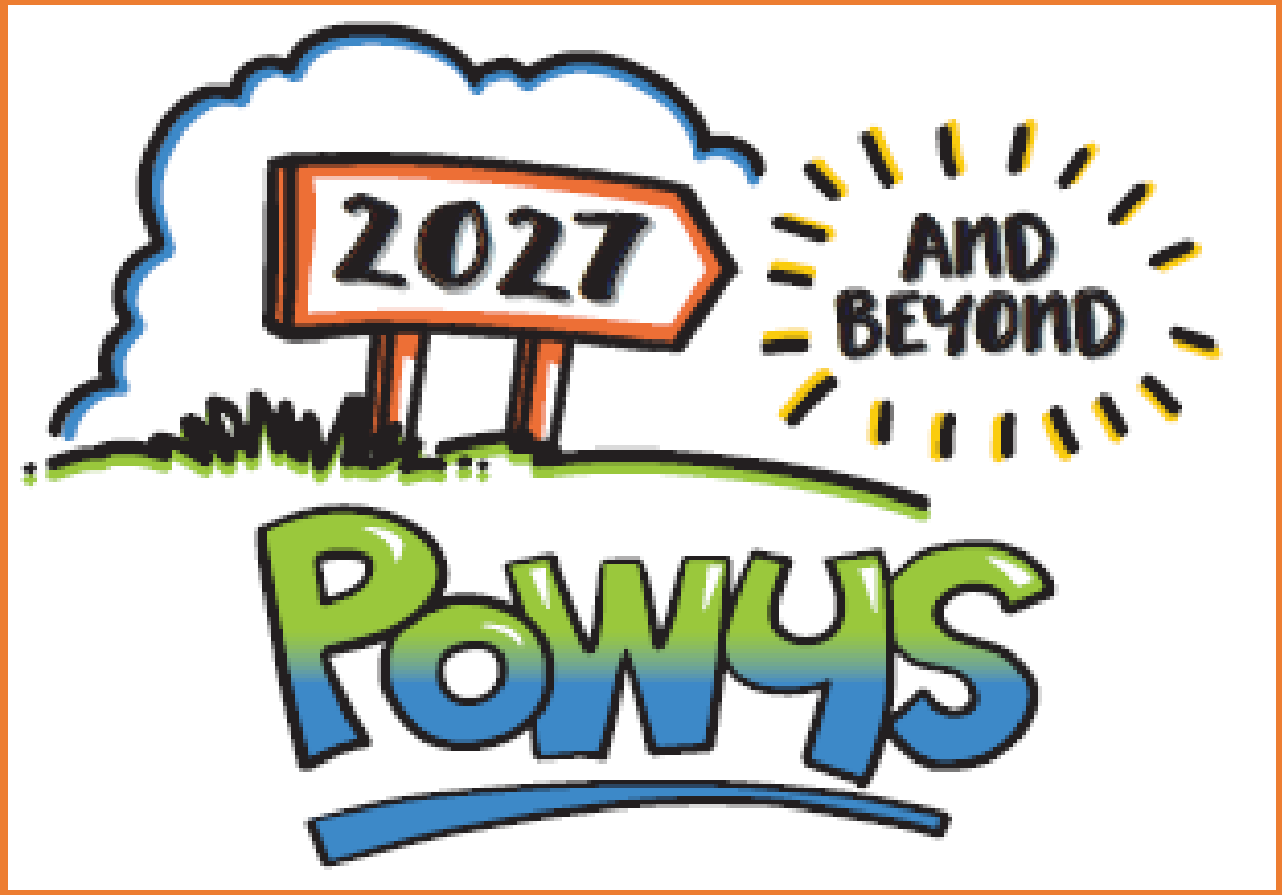
**Key focus of the model*:**

- 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


THE MODEL OF CARE FOR POWYS
IMPROVING EVERYONE'S HEALTH & WELLBEING THROUGH:
A HEALTHY DIET
GOOD EDUCATION & MEANINGFUL EMPLOYMENT
FAMILY, FRIENDSHIP & COMMUNITY NETWORKS
OUTDOOR & GREEN SPACES FOR EXERCISE & BEING CLOSE TO NATURE
ACTIVE REABLEMENT SUPPORTING PEOPLE IN THE COMMUNITY
HEALTHY CARING POWYS
POWYS
TELECARE/ TELEHEALTH
MOBILE HEALTH & WELLBEING SERVICES
ACROSS POWYS
DISTRICT GENERAL HOSPITAL
A&E
COMPLEX OUTPATIENT CARE
MY ACUTE & SPECIALIST HEALTH & CARE
OUTSIDE POWYS
RURAL HEALTH & CARE ACADEMY
EDUCATION & TRAINING
JOINED UP CARE
COMPLEX REHABILITATION
MENTAL HEALTH
URGENT CARE & ASSESSMENT
OUTPATIENTS
SURGICAL & MEDICAL DAY CASE TREATMENTS
MULTI-AGENCY SUPPORT FOR CHILDREN, YOUNG PEOPLE & FAMILIES
RURAL REGIONAL CENTRE
INTEGRATED WOMEN'S & CHILDREN'S SERVICES
ENHANCED DIAGNOSTICS
AMBULATORY CARE SERVICES
HEALTH & CARE IN MY REGION
INSIDE POWYS
INFORMATION, ADVICE AND GUIDANCE
SUITABLE ACCOMMODATION FOR PEOPLE WITH COMPLEX NEEDS
TELECARE/ TELEHEALTH
24/7 SERVICES WHERE NEEDED
24/7
E.G. BLOODS, SUGAR MONITORING
SIMPLE DIAGNOSTICS
VIRTUAL CONSULTATIONS & ASSESSMENTS
DIGITAL FIRST
HEALTH AND CARE IN MY HOME
SUPPORTING PEOPLE TO LIVE INDEPENDENTLY
SIMPLE TESTING & DIAGNOSIS
JOINED-UP CARE AT THE RIGHT TIME.
TACKLING THE 'BIG 4'
COMMUNITY ASSETS
EMOTIONAL HEALTH & WELLBEING SERVICES, FAMILY HUB & SOCIAL ACTIVITIES
OPTOMETRY, PHARMACY, DENTAL, AUDIOLOGY SERVICES
THIRD SECTOR & VOLUNTEERING
PREVENTION, SCREENING & EARLY INTERVENTION
GENERAL PRACTICE – TRIAGE TO SIGNPOST PEOPLE TO THE RIGHT PERSON
RESPITE, PALLIATIVE & END OF LIFE CARE
EARLY YEARS, EDUCATION & EMPLOYMENT SERVICES
WELLNESS SERVICES
HEALTHY LIVING ACTIVITIES
COMMUNITY WELLBEING HUB
SERVICES FOR CHILDREN, YOUNG PEOPLE AND FAMILIES, IN SCHOOLS & COMMUNITY SETTINGS
ART, CULTURE & SPORT
TRAVEL SCHEMES & ACTIVE TRAVEL ROUTES
HEALTH & CARE IN MY COMMUNITY
ENABLING SERVICES ACROSS ALL AREAS
WELLBEING FROM HOME
EARLY HELP AND SUPPORT

# 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 – Andrew: Today

**Andrew is 13 and lives in Newtown with his mum and dad. He has an older brother who has recently left home to go to university. Both his parents work. The family has two cars.**

Andrew has suffered with enlarged adenoids since he was ten. They cause him discomfort and interfere with his breathing which affects his daily life. In particular they can stop him taking part in physical activity, which is something he really enjoys. They 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 (Ear, Nose and Throat) consultant at the Royal Shrewsbury Hospital. Before his appointment, the consultant asked Andrew to complete a sleep study which meant his mum had to drive to Shrewsbury to collect the study equipment to use at home overnight, and return it to Shrewsbury the following day.

After the appointment Andrew was told he would need to have an adenoidectomy (to remove his adenoids). He had a pre-operative assessment in Telford which found he was fit for the surgery. However, it has been postponed several times and now more than six months have passed which means his pre-operative assessment has expired and he'll have to travel back to Telford for another one.

These delays have upset Andrew as he has not been able to take part in the outdoor physical 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 – Andrew: in 2027

Andrew walks to school where he studies an extended curriculum that teaches him how to look after his health and wellbeing. He enjoys a healthy lifestyle playing sport and taking part in outdoor activities in the green spaces near to his home. Andrew's older brother is studying adult nursing at the Rural Health and Care Academy in Newtown.

Andrew's parents both have meaningful employment in the local area and the family enjoys a stable income. Andrew's mum cycles to work on dedicated cycle paths and his dad walks.

They both also benefit from flexible working arrangements. This means that when Andrew has to take time off school because of his ear infections one of them can easily be at home to care for him without having to take unpaid leave.

Andrew's GP referred him to a specialist ENT consultant at the Royal Shrewsbury Hospital. However, Andrew's first appointment with her was held at the Rural Regional Centre in Newtown. And all his appointments since then have been held from Andrew's home using video conferencing technology which his parents have on their laptop computer.

The sleep study equipment was available from the Rural Regional Centre in Newtown. Andrew also went there for his pre-operative assessment. The nurse who carried out the assessment recorded the results on his electronic patient record. Everyone involved in Andrew's care has access to this record.

Andrew's surgery is due to take place in six weeks' time at the Royal Shrewsbury Hospital.

# Start Well Persona – Tom, Charlie and Thea: Today

**Carol lives in Caersws with her three children: Tom who's 17 and goes to sixth-form college in Shrewsbury, Charlie who's 12 and goes to school in Llanidloes, and Thea who's four and goes to pre-school in Caersws. Thea has mild learning difficulties which Carol believes were caused by a convulsion she had when she was two. Although Carol called 999 there were no ambulances available and it was some time before Thea was admitted to hospital.**

Carol feels guilty she couldn't get Thea to the hospital herself and is angry at the system. She sometimes loses her temper on the rare occasions she sees Thea's primary care team.

Carol works as a domiciliary care worker on a zero hours contract with a local care company. She took the job so she could work flexibly and balance her need to earn money while caring for her family. However, she's often asked to work when it isn't convenient but feels she has to say yes so she keeps her job and her tax credit payments don't change.

Charlie is a talented footballer and has been asked to play for the Llanidloes under 13s team. However, training is the evening and although another parent has offered to share lifts Carol still struggles to get him there regularly.

Tom recently received a formal warning from both his college and the police after he was caught in possession of marijuana on the college grounds. It isn't easy for Tom to get support with his drug misuse as the nearest centre is in Welshpool and he would have to go on the bus or train which is expensive and unreliable.

Carol is also worried about the effect spending time in a large town is having on Tom and would be happier if he could attend college closer to home. Getting to Shrewsbury is expensive and Carol can only claim back some of Tom's daily train fare.

# Start Well Persona – Tom, Charlie and Thea: in 2027

The local multi-agency team for children and young people understand the importance of the first 1,000 days of a child's life. Everyone involved in Thea's care is actively helping her to develop and build resilience. Carol feels confident that although Thea has special needs she's ready to start mainstream school.

Carol's employer values its team and provides excellent opportunities for career progression. As a result Carol has recently been promoted into a management role. This has increased her sense of wellbeing and given her family extra stability and financial security.

Carol attends lots of community groups in Caersws so has robust social connections and feels her whole family is well supported.

Tom was recently caught in possession of marijuana on his sixth-form college grounds and was given a formal warning from both his college and the police. However, Carol is grateful that Tom attends sixth form close to home and feels sure that her robust connections in the community will help her look out for him and keep an eye on what he's up to.

Tom told his GP that he got involved in drugs because he was feeling depressed. As a result his GP referred him to a nature-based intervention as an alternative to medication so Tom could benefit from being outside in the green spaces close to his home.

# Live Well Persona – David: Today

**David is a 26-year-old farmer. He lives alone in a remote location in Llanwddyn, one of the most sparsely populated areas in Powys. His family live on another farm about twenty miles away. They bought David's farm five years ago for the extra grazing land and so that he would have a home and business of his own.**

Since moving to Llanwddyn, David has been feeling isolated and cut off from his family and friends. Because the farm is in a valley he has no mobile reception in the house and his broadband connection is via satellite which is expensive and unreliable.

Before moving to the farm, David 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. He also used to enjoy going to the Young Farmers' Club. However, because of the demands of the farm he is finding it difficult to go back.

Often David's only social interaction is with his family, and this usually ends up as just a chat about work and money. He is concerned about cash flow 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 as band F, his council tax is high.

David tends to work late in the evening because he doesn't like 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 a while which he has yet to find time to visit his GP about.

# Live Well Persona – David: in 2027

Although David lives alone in a rural area, he feels well connected to his family and friends via his reliable mobile phone signal and high-speed unlimited broadband.

Since moving to Llanwddyn, despite the demands of farming on his personal time, David has been able to enjoy an active social life and strong support networks. He attends a variety of local groups which he found out about after a quick search on his iPad.

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, David appreciates the acres of open countryside that surround him and uses the landscape to stay fit and healthy, both physically and mentally.

David's close friends understand the demands of farming life 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.

# Live Well Persona – Catherine: Today

**Catherine is 35 and lives with her husband on their farm near 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's oncologist referred her to the Princess Royal Hospital in Telford for a lumpectomy. After the procedure she had to stay overnight in hospital. When she'd recovered she then had to go to the Royal Shrewsbury Hospital every three weeks for a course of chemotherapy. This made her feel very poorly. She also felt exhausted from all the travel to and from appointments. On several occasions her 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 15 minutes, Catherine had to travel 40 miles each way to receive the treatment. This added to her exhaustion and, she feels, 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.

Catherine's husband found it very hard to balance the demands of running the farm with supporting her at all her different appointments. He couldn't always manage to be away from the farm, even for just a few hours. This meant Catherine sometimes had to travel alone or ask her friends and family to help out – something she found hard to do when she was feeling unwell from all her treatment.

# Live Well Persona – Catherine: in 2027

Before she had her lumpectomy, Catherine had to have a pre-operative assessment. This was carried out at the Rural Regional Centre in Newtown. The nurse who completed the assessment recorded the results on Catherine's electronic patient record which can be accessed by everyone involved in her care.

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 network of care.

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.

Catherine and her husband are part of a thriving rural community. This means they have have a strong network of support locally and found it easy to get help to run the farm so Catherine's husband could support her at all her appointments.

# Age Well Persona – Marie: Today

**Marie is 65 and lives in Machynlleth. She is an unpaid carer for her 87-year-old mum who has COPD. Marie's mum lives in a second-floor flat in a sheltered housing complex near to the town centre. As well as caring for her mum, Marie also has a part-time job at the local supermarket. She walks to work and does not have a car.**

Marie's mum 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 as well as some of her personal care. Her illness is also affecting her mental health and her mood is changing for the worse.

Recently, as she was leaving her mum's flat, Marie 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 hospital transport isn't always available. There is a bus she could take but it runs at irregular times, is expensive and Marie finds it very uncomfortable to get on and off the bus with her sore hip.

While Marie is unwell an elderly neighbour is doing some shopping for her mum. However, there is no one to help with her care needs or housework and Marie is getting increasingly concerned about her. This is on top of Marie's other worries about the amount of time she is having to take off work. She is struggling to manage her money and is worried she could lose her job.

# Age Well Persona – Marie: in 2027

Marie was relieved when her mum was able to move into an extra care scheme that is TEC enabled, where she can receive the care she needs to keep her safe.

Marie visits her mum regularly and they both enjoy spending time in the grounds around the extra care accommodation. The trees and green spaces have a positive effect on both her mum's respiratory difficulties and her mood.

Marie recently fell and fractured her hip. She had to spend a short time in Bronglais Hospital but was discharged as soon as it was safe for her to return home. She has to go to the fracture clinic every week and is given a lift there by the local community transport scheme.

While Marie was in hospital and recovering at home she found it difficult to visit her mum, but they've kept in touch through video calls. This has given Marie peace of mind that her mum 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, asking if there is anything they can do to help in her recovery.

# Age Well Persona – Frank and Sarah: Today

**Frank, 80, and his wife Sarah, 78, have been married for 55 years. They live in a large house in Welshpool which they own outright. However the house is in need of some modernisation and as a result is becoming cold and damp. As well as struggling to maintain their home, Frank and Sarah also find it hard to keep on top of their everyday cleaning and to look after their garden.**

Frank worked as a spray painter for a local factory but had to take early retirement because he developed occupational asthma, brought on by his exposure to the spray paint. His breathing is gradually getting worse and he is finding it increasingly difficult to walk to the local shops.

Frank has also recently been diagnosed with lung cancer after he began to cough up blood. His doctors are confident they can treat his cancer so he has been offered therapeutic treatment rather than palliative care. However, this means he will have to be admitted to the Royal Shrewsbury Hospital which is 40 miles away.

Sarah has dementia and Frank cares for her so he is worried about what will happen to her if he goes into hospital or his health deteriorates quickly. Her symptoms include confusion and night-time wandering. She recently tripped and fell while wandering and was admitted to hospital with a fractured femur.

The couple's only son died 15 years ago so they have no family nearby who can help them out. Although they are well-liked by their neighbours, because they rarely leave the house, Frank and Sarah also do not have a network of support in their local community they can call on.

# Age Well Persona – Frank and Sarah: in 2027

The local authority has clear evidence that well-maintained houses contribute to people's overall health and wellbeing. As a result, in partnership with local third sector providers, they have funded and carried out work to modernise Frank and Sarah's home.

The council also provide additional support to help Frank and Sarah with day-to-day cleaning and tidying. And a local voluntary group helps look after their garden. This means the couple can continue to live independently in their own home and community.

As a result Frank and Sarah are meeting more people and are also happy to invite visitors into their home. This has strengthened their sense of community belonging and helped them build up a strong local network of friendship and support.

Frank has been able to receive most of his cancer therapy in the Rural Regional Centre and has not had to travel out of county. He also receives support from the county's Breathe Well Programme which is helping him manage the symptoms of his occupational asthma.

Frank has a shared care agreement in place with his primary care team. This means they are able to monitor his health using digital consultations and applications and have been able to adjust his treatment before any change in his symptoms becomes problematic.

**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

[53] Khan I, Ndubuka N, Stewart K, McKinney V, Mendez IThe use of technology to improve health care to Saskatchewan's First Nations communities. Can Commun Dis Rep. 2017 Jun 1;43(6):120-124. eCollection 2017 Jun 1.

[54] Seto E, Smith D, Jacques M Morita PP. Opportunities and Challenges of Telehealth in Remote Communities: Case Study of the Yukon Telehealth System. JMIR Med Inform. 2019 Nov 1;7(4):e11353. doi: 10.2196/11353.

[55] Goodridge D, Marciniuk D. Rural and remote care: Overcoming the challenges of distance. Chron Respir Dis. 2016 May;13(2):192-203. doi: 10.1177/1479972316633414. Epub 2016 Feb 21.

[56] Natalie K Bradford, Liam J Caffery, Anthony C Smith.Telehealth Services in Rural and Remote Australia: A Systematic Review of Models of Care and Factors Influencing Success and Sustainability. Rural Remote Health. 16 (4), 3808. Oct-Dec 2016

[57] Pappas Y, Vseteckova J, Mastellos N, Greenfield G, Randhawa G..Diagnosis and Decision-Making in Telemedicine. J Patient Exp. 2019 Dec;6(4):296-304. doi: 10.1177/2374373518803617. Epub 2018 Oct 8.

[58] Edwards HB, Marques E, Hollingworth W, Horwood J, Farr M, et al. Use of a primary care online consultation system, by whom, when and why: evaluation of a pilot observational study in 36 general practices in South West England. BMJ Open. 2017 Nov 22;7(11):e016901. doi: 10.1136/bmjopen-2017-016901.

[59] Kayyali R, Hesso I, Mahdi A, Hamzat O, Adu A et al. Telehealth: misconceptions and experiences of healthcare professionals in England. Int J Pharm Pract. 2017 Jun;25(3):203-209. doi: 10.1111/ijpp.12340. Epub 2017 Mar 6.

[60] Green, A., Bramley, G., Annibal, I. and Sellick, J. 2018. Rural Workforce Issues in Health and Care. University of Birmingham Archive

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

[61] Thackrah RD, Hall M, Fitzgerald K, Thompson SC. Up close and real: living and learning in a remote community builds students' cultural capabilities and understanding of health disparities. Int J Equity Health. 2017 Jul 6;16(1):119. doi: 10.1186/s12939-017-0615-x.

[62] Lee YH, Barnard A, Owen C Initial evaluation of rural programs at the Australian National University: understanding the effects of rural programs on intentions for rural and remote medical practice. Rural Remote Health. 2011;11(2):1602. Epub 2011 May 13.

[63] Evans J, Lambert T, Goldacre M GP recruitment and retention: a qualitative analysis of doctors' comments about training for and working in general practice. Occas Pap R Coll Gen Pract. 2002 Feb;(83):iii-vi, 1-33.

[64] Jennene A Greenhill, Judi Walker, Denese Playford. Outcomes of Australian Rural Clinical Schools: A Decade of Success Building the Rural Medical Workforce Through the Education and Training Continuum. Rural Remote Health. 15 (3), 2991. Jul-Sep 2015. PMID: 26377746

[65] M C Spiers, M Harris. Challenges to Student Transition in Allied Health Undergraduate Education in the Australian Rural and Remote Context: A Synthesis of Barriers and Enablers. Rural Remote Health 15 (2), 3069. Apr-Jun 2015 PMID: 25916254

[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

[68] Tony Smith Keith Sutton, Sabrina Pit, Kuda Muyambi, Daniel Terry et al. Health Professional Students' Rural Placement Satisfaction and Rural Practice Intentions: A National Cross-Sectional Survey. Aust J Rural Health 26 (1), 26-32 Feb 2018. PMID: 28815895 . DOI: 10.1111/ajr.12375

[69] https://www.lincstalentacademy.org.uk/ accessed on 27 Jan 2020.

[70] Pierron, JR. 2017: France: new government, new focus on medical deserts? https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30138-X/fulltext

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

[71] Onishi N. 2019. *In France, Dying at Home Can Mean a Long Wait for a Doctor* https://www.nytimes.com/2019/12/16/world/europe/france-death-certificate.html

[72] Mieke van der Biezen, Emmy Derckx, Michel Wensing, Miranda Laurant. Factors influencing decision of general practitioners and managers to train and employ a nurse practitioner or physician assistant in primary care: a qualitative study. BMC Fam Pract. 2017; 18: 16 Published online 2017 Feb 7. doi: 10.1186/s12875-017-0587-3 PMCID: PMC5297134 PMID: 28173766

[73] 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.

[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.

[75] Cawley JF, Dehn R. Physician Assistant Educational Research: 50 Years On. J Physician Assist Educ. 2017 Oct;28 Suppl 1:S56-S61. doi: 10.1097/JPA.0000000000000148.

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[78] Alexandra Curran, Jim Parle, Physician associates in general practice: what is their role? Br J Gen Pract. 2018 Jul; 68(672): 310–311. doi: 10.3399/bjgp18X697565 PMCID: PMC6014417 PMID: 29954789.

[79] de Lusignan S, McGovern AP, Tahir MA, Hassan S, Jones S et al. Physician Associate and General Practitioner Consultations: A Comparative Observational Video Study. PLoS One. 2016 Aug 25;11(8):e0160902. doi: 10.1371/journal.pone.0160902. eCollection 2016.

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

[80] Howie N. Continuing professional development for Physician Associates in primary care. Educ Prim Care. 2017 Jul;28(4):197-200. doi: 10.1080/14739879.2017.1305872. Epub 2017 Apr 3.

[81] Simon de Lusignan* Andrew P. McGovern, Mohammad Aumran Tahir, Simon Hassan, Simon Jones, et al. Physician Associate and General Practitioner Consultations: A Comparative Observational Video Study. PLoS One. 2016; 11(8): e0160902. Published online 2016 Aug 25. doi: 10.1371/journal.pone.0160902 . PMCID: PMC4999215 PMID: 27560179

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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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[96] Nabhani-Gebara S, Fletcher S, Shamim A, May L, Butt N, et al. General practice pharmacists in England: Integration, mediation and professional dynamics. Res Social Adm Pharm. 2020 Jan;16(1):17-24. doi: 10.1016/j.sapharm.2019.01.014. Epub 2019 Feb 1.

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[98] Butterworth J, Sansom A, Sims L, Healey M, Kingsland E, et al Pharmacists' perceptions of their emerging general practice roles in UK primary care: a qualitative interview study. Br J Gen Pract. 2017 Sep;67(662):e650-e658. doi: 10.3399/bjgp17X691733. Epub 2017 Jul 3.

[99] Maskrey M, Johnson CF, Cormack J, Ryan M, Macdonald H. Releasing GP capacity with pharmacy prescribing support and New Ways of Working: a prospective observational cohort study. Br J Gen Pract. 2018 Oct;68(675):e735-e742. doi: 10.3399/bjgp18X699137.

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.

[100] Hampson N, Ruane S. The value of pharmacists in general practice: perspectives of general practitioners-an exploratory interview study. Int J Clin Pharm. 2019 Apr;41(2):496-503. doi: 10.1007/s11096-019-00795-6. Epub 2019 Mar 12.

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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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[123] Mueller JT, Park SY, Mowen AJ. The relationship between parks and recreation per capita spending and mortality from 1980 to 2010: A fixed effects model. Prev Med Rep. 2019 Feb 8;14:100827. doi: 10.1016/j.pmedr.2019.100827. eCollection 2019 Jun.

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<br>Michael Gray<br>Jan Coles | **Director** | Alison Bulman<br>Hayley Thomas | **Portfolio Holder** | Cllr Myfanwy Alexander<br>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**<br>**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.<br><br>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.<br><br>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**<br>**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.<br><br>Specifically, the new model of care will:<br><br>• 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.<br>• 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.<br>• Support more integrated working in primary and community care with secondary care providers to enable more enhanced services to be delivered in Powys.<br>• 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.<br><br>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.<br><br>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.<br><br>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.<br><br>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**<br>**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:<br>• Development of north Powys as a training academy (Centre of Excellence), working in partnership with schools, colleges and universities<br>• 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**<br>**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.<br><br>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<br>• Engagement report stage 1<br>• Engagement report stage 2<br>• Case for Change<br>• 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:**<br>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:<br>• Development of north Powys as a training academy (Centre of Excellence), working in partnership with schools, colleges and universities<br>• Providing opportunities for training and skills and development of new roles to support rural health and care service delivery.<br><br>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:**<br>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.<br><br>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:**<br>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.<br>**Public Health (Wales) Act, 2017:**<br>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:<br>• Support communities in developing hubs and activities which encourage cultural wellbeing, physical activity and social interaction.<br>• Improve access to services<br>• Encourage people to self-refer and self-manage where appropriate<br>• Provide better screening and early diagnosis.<br><br>Health inequalities will be addressed through influencing housing, ensuring good quality affordable accommodation which enables healthy living and supports self-care and independence.<br><br>Access to information about wellbeing services will be improved, enabling people to maximise their wellbeing and welfare.<br><br>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.<br><br>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.<br><br>The model of care will be the delivery mechanism for PSB wellbeing steps 11 and 12:<br>• Implement more effective structures and processes that enable multiagency community focused response to wellbeing, early help and support.<br>• 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. |

| 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.<br>**Human Rights - is about being proactive (see guidance)**<br>**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:<br>• More children receive paediatric diagnostics, outpatient and day case treatments in-county<br>• Most adults receive diagnostics, outpatient and day case treatments in-county<br>• More people receive specialist care in-county, when it is safe and effective to do so<br>• People receive less complex cancer diagnostics and treatments at the Rural Regional Centre or, where possible, in their home<br>• People can access urgent care when they need it at the Rural Regional Centre or in their home<br><br>This shift in activity will contribute to reducing the carbon footprint for north Powys.<br><br>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.<br><br>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.<br><br>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<br>• Engagement report stage 1<br>• Engagement report stage 2<br>• Case for Change<br>• 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.<br><br>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.<br><br>There has been early collaboration with acute providers and their change programmes helped inform the early development of the North Powys Wellbeing Programme.<br><br>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.<br><br>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.<br><br>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.<br><br>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.<br><br>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.<br><br>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.<br><br>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.<br><br>The use of robust joined up data has helped to understand need and to ensure services are focused on prevention.<br><br>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.<br><br>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.<br><br>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.<br><br>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:**<br>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.<br><br>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:**<br>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:**<br>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).<br><br>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.<br><br>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:**<br>• Terms of reference agreed and implemented.<br>• Resource plan agreed and majority has been implemented (full resource to be in place April 2020).<br>• Funding agreed for programme resource and backfill/amended plan to reflect resource gap.<br>• GBP in place managing capacity gap around business case development and discussions commence around supporting demand, capacity and financial modelling.<br><br>**Mitigating actions yet to be undertaken:**<br>• Strengthen links with Workforce Futures group to agree resource allocation/support for 20/21.<br>• Align operational capacity to programme via annual plans.<br>• Review resource by end of phase 1 of the programme beyond June 2020 to be clear of operational capacity.<br>• Appoint independent evaluator. | High |

| | | | |
|---|---|---|---|
| Ability to upscale acceleration for change projects:<br>• Cross border teams<br>• Virtual clinics<br>• Repatriation pre-operative assessments<br><br>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:**<br>• Agreed finance representatives to support scheme.<br>• Detailed costings applied to the estimated financial plan.<br>• Expenditure approved in line with procurement and financial management guidelines.<br>• Monthly financial reporting developed.<br>• Budget reprofiles and allocated to areas of accelerated change under Transformation Funding.<br><br>**Mitigating actions yet to be undertaken:**<br>• Outstanding business cases developed and agreed for acceleration for change<br>• Quality outcomes and measures via development of outcomes framework. Linked to appointment of independent evaluator.<br>• Confirm operational resource in place to deliver projects. Link to resource plan.<br>• Agree change management approach. | High |

| | | | |
|---|---|---|---|
| Deliverability of the model of care:<br>• May not be affordable<br>• Workforce may not be sustainable and may be issues with recruitment<br>• Long term prevention – ability to invest / disinvest<br><br>This is caused be a level of uncertainty linked to the current progress / stage in | High | **Mitigating actions taken:**<br>• Initial discussions with secondary care to look at development of enhanced services.<br>• Workforce baseline information gathered.<br><br>**Mitigating actions yet to be undertaken:**<br>• Demand, capacity and financial modelling<br>• As part of the Programme Business Case and Strategic Outline Case development, revenue implications need to be understood in relation to affordability.<br>• 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<br>• 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<br>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

**Health and Care Scrutiny Committee**

**Scrutiny Observations to Cabinet – North Powys Project – Model of Care**

The Health and Care Scrutiny Committee met on 24 February 2020 and considered the Model of Care for the North Powys Project.

The Committee support the project but make the following observations:

- The medicalisation of the Model was a cause for concern. A high-level strategic document should not refer to people as 'patients' – the emphasis must be on wellbeing for all and not allow the project to be perceived as merely provision of new medical facilities in Newtown.
- Further engagement is needed to ensure that all residents of North Powys are aware that the project is to support the whole area and not just Newtown
- Greater emphasis needs to be given to other partners so that the project is not perceived as a joint project between the Authority and PtHB
- The Committee acknowledge the risk of recruiting a workforce to the project. Austerity remains an issue with some services being reliant on voluntary support and goodwill and the Project will need to be appropriately staffed to ensure its success.

The Committee make the following recommendations:

- **The Health and Care Scrutiny Committee retain concerns regarding the medicalised model and primacy given to medical services included. The Committee would like to see a more positive attitude to in-reach communities in the region. The Scrutiny Committee approves the model of care for more detailed design to focus on prevention, education and future support across Powys.**
- **The reason for this recommendation is to allow further discussion to take place between principal partners and encourage a change in culture in order to deliver the project**

Members of the Health Care and Housing Scrutiny Committee present on 24 February 2020: County Councillors G Williams (Chair), J Charlton, D Davies, S Hayes, G Morgan, K Roberts-Jones, D Rowlands, L Rijenberg, A Williams and J M Williams

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**CYNGOR SIR *POWYS* COUNTY COUNCIL.**

**CABINET EXECUTIVE**
**24th March 2020**

| | |
|---|---|
| **REPORT AUTHOR:** | **County Councillor Phyl Davies**<br>**Portfolio Holder for Education** |
| **REPORT TITLE:** | **Schools Service Major Improvements budget 2020-21** |
| **REPORT FOR:** | **Decision** |

## 1. Purpose

1.1 The purpose of the report is to seek Cabinet approval for the overall Schools Major Improvement budget for financial year 2020/21.

1.2 Full Council, on the 28th February 2020, approved the Council's Capital Strategy for 2020 – 2030, which included an allocation for the Schools Major Improvement Programme. The purpose of this Programme is to carry out a range of improvements to schools and pre-school settings to ensure that facilities are fit-for-purpose. The allocated budget for 2020/21 is £3,008,452 including project savings carried forward from 2019/2020 as detailed in Table 1 below.

1.3 The Programme is flexible and can be amended if there are implications that arise from either school reorganisation proposals or plans for significant capital investment that may be funded from 21st C Schools Programme (or other grants) that emerge over the period of the Programme.

## 2. Background

2.1 The Major Improvement Programme focuses on improving the condition of school buildings, safeguarding, energy improvements, essential health and safety works and improving external areas to maintain education and curriculum delivery.

2.2 The Programme for 2020/21 will be based on a clear prioritisation methodology and ranking of projects – the criteria is outlined in the Schools Asset Management Plan 2018 and set out in Cabinet report C48-2015. The methodology considers the following key categories and factors:

- Condition
- Sufficiency
- Suitability
- Sustainability
- Health & Safety issues including:
  - Legislative compliance

- Environmental Health issues (kitchen environmental health reports)
- DDA compliance
- Property safeguarding issues

- Consideration is also given to whether a school is part of a current or future strategic school reorganisation development.

2.3 The Major Improvement Programme will be delivered alongside the energy saving projects funded by the Welsh Government SALIX capital invest to save scheme as referenced in C239-2015. This programme has been developed in collaboration with the Corporate Energy Management Officer.

2.4 All viable school energy efficiency scheme projects funded through the Welsh Government SALIX capital invest to save scheme, will require a justifiable business case and affordable payback period. The Schools Service, the Energy Management Officer, Schools Finance team and individual schools will agree the projects subject to overall approval in principle by the Portfolio Holder or cabinet.

2.5 An application has been made by the Energy Management Officer for the funding of energy efficiency project works through the Welsh Government (SALIX) programme. These energy efficiency works are very likely to result in the need for consequential works, which will need to be funded from the Major Improvements programme budget. The value of consequential works will be assessed for each project and, projects will only proceed within the available budget approved in 2020/21.

## 3 Advice

3.1 The advice of officers is that Cabinet approves the overall budget of £3,008,452 for financial year 2020/21 for the Schools Major Improvement Programme, to ensure its schools' estate is safe and fit for purpose.

3.2 Officers will allocate funding to projects as defined by the criteria outlined in the Schools Asset Management Plan 2018 and set out in Cabinet report C48-2015. It is noted that no financial limit is set for an individual project as prioritisation will dictate how the funding is allocated. However, the overall budget will not be exceeded.

## 4. Resource Implications

4.1 The total budget for the Schools Major Improvement Programme for 2020/21 is set out in Table 1 below. £100k has been rolled over from 2019/20. There is no financial limit set for an individual project within the Programme, but the overall total must not exceed the approved budget of £3,008,452.

Table 1

| **Approved Budget** | **2020/21 £** |
|---|---|
| Major Improvements programme | £2,908,452* |
| Project savings carried forward from 2019/20 to 2020/21 | £100,000 |
| **Total £** | **£3,008,452** |
| | |

*Note 1 – funding approved by full Council 28th February 2020

4.2 The Head of Finance (S151 Officer) supports the recommendations.

## 5. Legal implications

5.1 Legal: The recommendation can be supported from a legal point of view.

5.2 The Head of Legal and Democratic Services (Monitoring Officer) has commented as follows: "I note the legal comment and have nothing to add to the report".

## 6. Comment from local member(s)

6.1 Not applicable.

## 7. Integrated Impact Assessment

7.1 An impact assessment is not required.

## 8. Recommendation

It is recommended that:

**1.** Cabinet approves the overall budget of £3,008,452 for financial years 2020/21 for the Schools Major Improvement Programme, to ensure that the schools estate is safe and fit-for-purpose.

**2.** the Schools Service will allocate funding to projects as defined by the criteria outlined in the Schools Asset Management Plan 2018 and set out in Cabinet report C48-2015. It is noted that no financial limit is set for an individual project, as prioritisation will dictate how the funding is allocated. However, the overall budget will not be exceeded.

Contact Officer: David Thompson, Schools Estates Manager
Tel: 01597 826543

Email: david.thompson1@powys.gov.uk

Head of Service: Lynette Lovell

Corporate Director: Dr Caroline Turner

**Background Papers used to prepare Report:**

9th October 2018 – Schools Asset Management Plan

C48-2015: Schools Service Major Improvements Programme scoring and prioritisation criteria

C239-2015 RE: FIT programme

**CYNGOR SIR *POWYS* COUNTY COUNCIL.**

**CABINET EXECUTIVE**
**24th March 2020**

| | |
|---|---|
| **REPORT AUTHOR:** | **County Councillor Aled Davies**<br>**Portfolio Holder for Finance** |
| **REPORT TITLE:** | **Financial Overview and Forecast as at 29th February 2020** |
| **REPORT FOR:** | **Decision** |

## 1. Purpose

1.1 To provide Cabinet with an updated forecast outturn position for the 2019-20 revenue budget as at 29th February 2020.

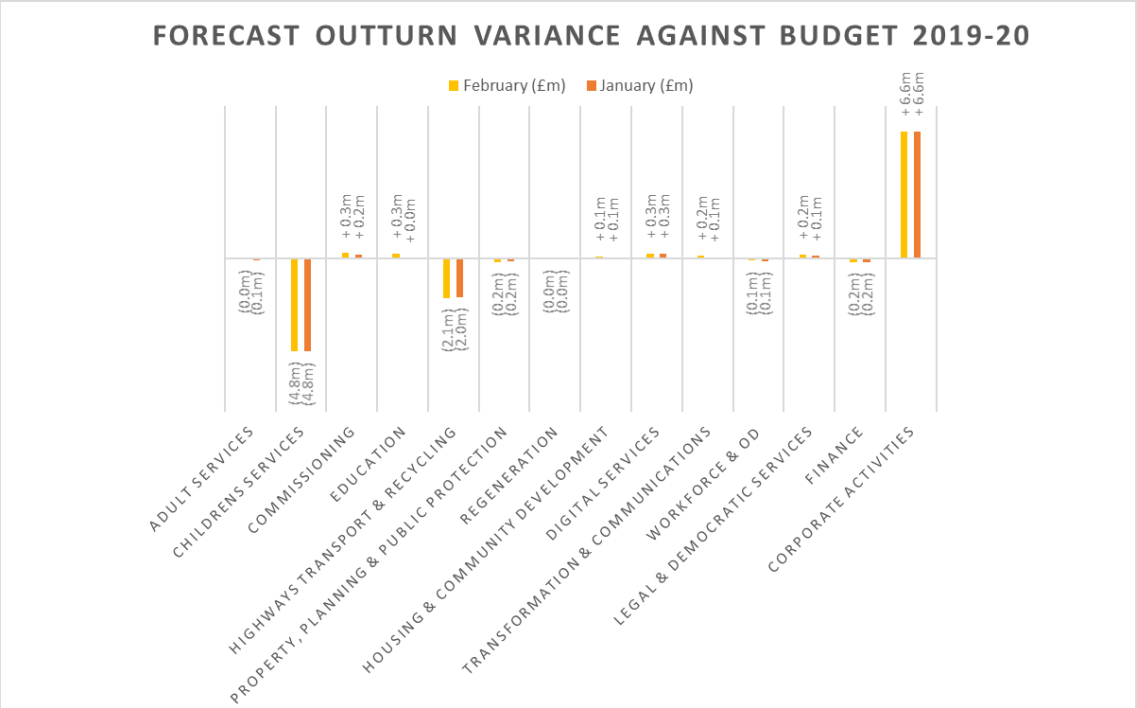
1.2 It also proposes a virement to adjust the revenue budget within the IT budget.

## 2. Overview

2.1 The forecast as at 29th February 2020 shows an underspend at year end of £583,000 compared to a forecast underspend of £6,000 at the end of January 2019. This improvement is as a result of the delivery of additional cost reductions.

2.2 Subject to the delivery of further expected cost reductions in March, the outturn is projected to improve further by £900,000, however, several significant events will now impact on this forecast. The additional costs incurred in managing the consequences of the February Storms is not yet confirmed. There will be support provided by Welsh Government through the Emergency Financial Assistance Scheme (EFAS) but the level of grant awarded will not be confirmed for some time. In addition the emerging situation with the COVID 19 virus will also have a impact on the Council. These will inevitably change the projected financial position and will potentially impact negatively on the Council Reserves.

## 3. Revenue Position




3.1 The chart above shows the variance against budget for each service, and how this position has changed since that reported in January. Due to changes in reporting structures the Regeneration section is being reported separately and Outdoor Recreation and Catering and Cleaning have moved from Housing and Community Development to Highways, Transport and Recycling and Property, Planning and Public Protection respectively. The January figures above have been restated to reflect this change.

3.2 The revenue budget that supports the borrowing requirements of the Council's capital programme is under constant review and due to changes and slippage in the capital programme the need to borrow and make provision for future debt has reduced, this budget is therefore reported with a significant level of underspend which is offsetting overspends in other services and the cost of planned but undelivered on a non-recurrent basis.

3.3 Estimates suggest that £1.5 million of costs have been incurred in dealing with the immediate response to the February Storms. In addition, further substantial costs for the repair of structural damage could double this figure. We have registered the impact of the event with Welsh Government under the Emergency Financial Assistance Scheme (EFAS), and have to provide details on the costs later this month. The council will be expected to meet an initial threshold of £517,909 before any support is granted. Above the threshold, grant would normally be paid at a rate of 85% of eligible expenditure. Managers are currently working through the eligibility criteria in order to submit our claim.

3.4 Further details on the projected position for each Service is provided in Appendix A of this report.

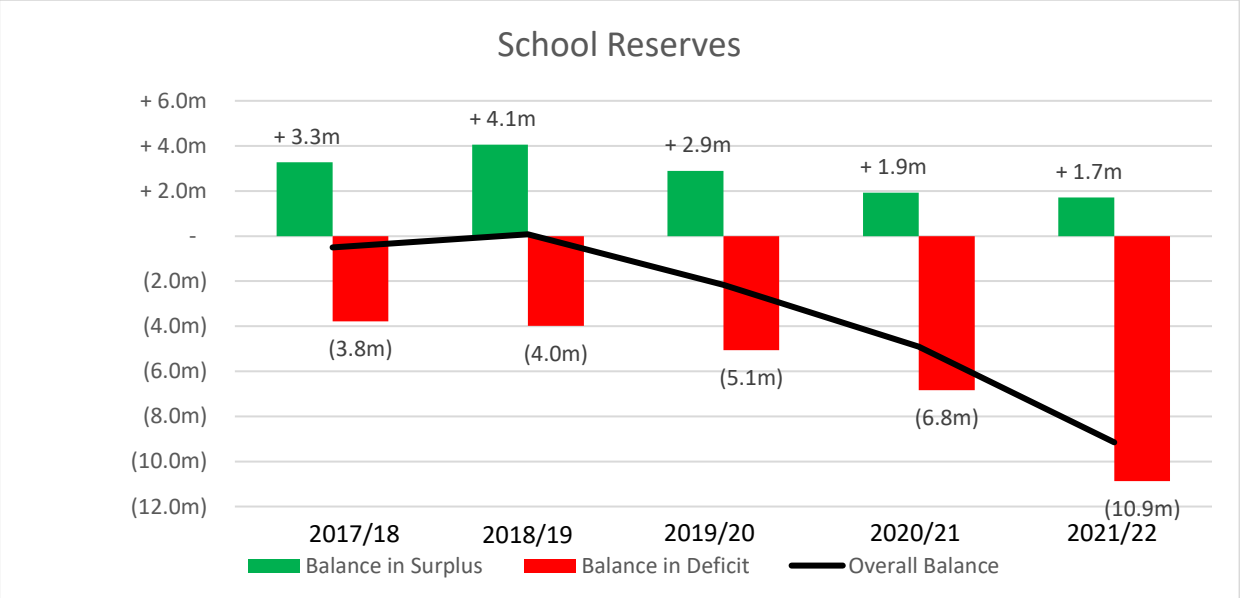
## 4. Reserves

4.1 The revenue reserves held at the beginning of the year totalled £27.90 million, with £9.1 million held in the General Fund Reserve and £18.8 million in Earmarked (Specific and Ring-fenced) Reserves. The planned use of Earmarked reserves during 2019-20 (excluding Schools and HRA) is £1.29 million. The reserves were originally set aside to fund specific projects, and to support the vehicle and equipment capital replacement programme.

4.2 Cost reductions are not reflected in the outturn position until they are achieved. The improved forecast as at 29 February 2020 reduces the impact on our General Fund reserve. A planned contribution from the reserve will result in a projected balance of £9.6 million (5.6% of the total net revenue budget (excluding Schools and HRA)). This revised position remains in line with the policy set.

| Summary | Opening Balance Surplus / (Deficit) £'000 | Forecast Addition / (Use) of Reserves £'000 | Forecast (Over) / Under Spend £'000 | Projected Balance Surplus/ (Deficit) £'000 |
|---|---|---|---|---|
| General Fund | 9,065 | (87) | 620 | 9,598 |
| Budget Management Reserve | 3,584 | 0 | 0 | 3,584 |
| Specific Reserves | 7,909 | (832) | (37) | 7,040 |
| Transport & Equipment Funding Reserve | 6,493 | (330) | 0 | 6,163 |
| **Sub-Total** | **27,051** | **(1,249)** | **583** | **26,385** |
| Schools Delegated Reserves | 78 | (2,621) | 89 | (2,454) |
| School Loans & Other Items | (371) | 7 | 0 | (364) |
| Housing Revenue Account | 1,111 | 2,168 | 116 | 3,395 |
| **Total** | **27,869** | **(1,695)** | **788** | **26,962** |

4.3 School Budgets and the level of deficits continue to be a significant risk that must be addressed. The opening position on Schools' Delegated Reserves was a balance of £78,000. Budgets for 2019-20 projected a further draw on reserves of £2.62 million. During the year schools have revised their budget plans reducing the projected balance at the end of the financial year to a deficit balance of £2.45 million.



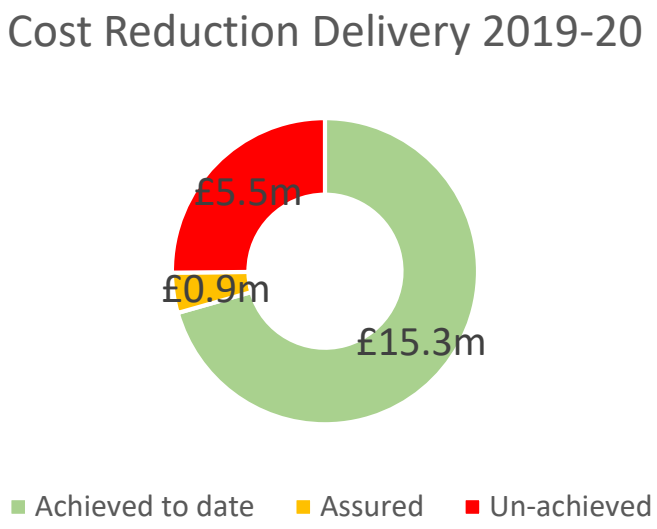
4.4 This chart shows the overall School Reserve balances and the total value of Schools which are in Surplus (Green) and Deficit (Red) and the forecast for this financial year and the following two financial years based on budget plans submitted by the schools in 2019-20. All schools will need to revise their budget plans following the issue of the funding formula allocations for 2020-21 and Governing Bodies are required to submit their budget plans to the Council by 1st May 2020.

4.5 The 2020-21 budget approved by Council on 28th February includes funding to help meet the pressures faced by schools, including pay and price pressures and this will assist in stabilising school budgets. This will not remove the need for Governing bodies to take action to reduce deficits and further compliance work is crucial to ensure that these are managed effectively. Follow up work is continuing with those schools under Notices of Concern and Warning Notice and further intervention will be taken if necessary.

## 5. Cost reductions

5.1 In February 2019 the Council approved cost reduction proposals of £12.99 million. In addition, Council was advised that Social Services (Children's and Adults Services) would offset or absorb £8.70 million of service pressures within the 2019-20 budget allocations. Together these total £21.69 million and as at 29th February, £15.32 million had been delivered, comprising £9.42 million of cost reductions and £5.90 million of pressures managed by Social Care.

5.2 Assurance has been provided that further cost reductions / pressures of £0.92 million can be delivered or managed this year although as there is only one month of the financial year remaining so the full year effect may not materialise. These have been allocated an Amber RAG status. The remaining £5.45 million is unachievable in the current financial year and is therefore recorded as Red. These comprise of £3.06 million of cost reductions and £2.39 million of pressures within Social Care.




5.3 Some mitigating action has been taken by services, and alternative means of covering the shortfall in 2019-20 has been put in place. While this has helped to resolve the gap for the current financial year it will not address the recurrent gap in 2020-21 and beyond. The remaining shortfall in cost reductions and unmitigable pressures is being offset by the £2 million risk management budget which is held in the Corporate Services budget.

5.4 Services have confirmed that £1 million of the outstanding cost reductions will delivered recurrently in 2020-21 and the budget for 2020-21 addresses the remaining cost reductions shortfall.

## 6. Transformation

| Transformation Costs 19-20 | Forecast Outturn | Budget | Variance |
|---|---|---|---|
| | **£,000** | **£,000** | **£,000** |
| Transformation Projects to be Capitalised | 1,820 | 2,000 | 180 |
| Council Redundancies plus Pension Strain | 1,080 | 990 | (90) |
| School Redundancies plus Pension Strain | 540 | 650 | 110 |
| | **3,440** | **3,640** | **200** |

6.1 Transformation of council services is critical to reducing the cost of delivering essential services to our residents. Maximising the use of the Welsh Government Directive to support the cost of this transformation is a key element of our financial strategy through to 2021-22. The table above shows the level of support built into the budget for the current financial year and the position to date. The funding for this can be provided through the ability to utilise capital receipts through a capitalisation direction or supported by revenue underspends. The level of Capital receipts is expected to increase during the year, the level held will be in excess of that needed to cover the costs incurred in the current financial year.

## 7 Virements and other Updates

### 7.1 Virement for Approval

The WCCIS project is a joint project with the health board funded on a 50:50 basis. The Council's funding is provided by the services revenue base budget together with an annual contribution from a specific reserve which has been set aside to fund the project. The project is being implemented over 3 years and costs are higher in the current financial year than originally profiled. A virement is requested to increase the requirement from the Welsh Community Care Information System (WCCIS) specific reserve to £583,000 for the current financial year.

## 8. Resource Implications

**The Head of Finance (Section 151 Officer) has provided the following comment:**

8.1 This month reports a continued improvement in the Outturn projected, once again supported by an increase in the level of cost reductions delivered. However the delivery of a balanced budget for the financial year ending 31st March 2020 is now under considerable pressure due to the impact of the February Storms and the COVID 19 response.

8.2 The costs incurred in dealing with the impact of the storms, and the level of support granted by Welsh Government will be confirmed over the next few weeks. We will then better understand how this will impact on the outturn position and the impact this will have on the Councils reserves.

8.3 The impact of COVID 19 cannot yet be quantified but undoubtedly this will impact on the Council, the financial impact is however now more likely to effect next financial year.

8.4 Assurance continues that further cost reductions can be achieved in the final month of the year. This supported by the removal of undeliverable cost reductions as agreed in the Council's budget will strengthen and stabilise the councils base budget as we move into the new financial year.

8.5 Some risk remains that pressures in Adult Social Care could still rise but as the winter months pass this risk reduces.

8.6 Any further slippage in the Capital Programme or the receipt of additional grant funding will also impact on the revenue budget.

8.7 School budgets continue to be a significant risk that needs to be addressed, compliance work and action is crucial to ensure that this is managed effectively. Discussions continue with the schools issued with formal Warning Notices. Further action will be taken where recovery plans are not being developed and implemented.

**9 Legal implications**

The Monitoring Officer has no specific concerns with this report.

**10. Comment from local member(s)**

This report relates to all service areas across the whole County.

**11. Integrated Impact Assessment**

No impact assessment required

**12. Recommendation**

12.1 That Cabinet note the budget position.

12.2 The Virement in Section 7.1 above is approved.


| | |
|---|---|
| Contact Officer: | Jane Thomas, Head of Financial Services |
| Tel: | 01597 8227789 |
| Email: | jane.thomas@powys.gov.uk |
| Corporate Director: | Ness Young |

## Appendix A:

# Revenue Forecast

| Service Area | Working Budget | Forecast Spend | Variance (Over) / Under Spend | Variance (Over) / Under Spend % | Variance BRAG Status |
|---|---|---|---|---|---|
| Adult Services | 64,992 | 65,000 | (8) | (0.0) | G |
| Childrens Services | 20,571 | 25,403 | (4,832) | (23.5) | R |
| Commissioning | 3,191 | 2,899 | 292 | 9.2 | P |
| Education | 21,910 | 21,640 | 270 | 1.2 | A |
| Highways Transport & Recycling | 29,990 | 32,042 | (2,052) | (6.8) | R |
| Property, Planning & Public Protection | 6,708 | 6,871 | (163) | (2.4) | R |
| Regeneration | 1,124 | 1,155 | (31) | (2.8) | R |
| Housing & Community Development | 5,890 | 5,788 | 102 | 1.7 | A |
| Digital Services | 4,963 | 4,689 | 274 | 5.5 | P |
| Transformation & Communications | 1,766 | 1,613 | 153 | 8.7 | P |
| Workforce & OD | 1,366 | 1,453 | (87) | (6.4) | R |
| Legal & Democratic Services | 3,163 | 2,967 | 196 | 6.2 | P |
| Finance | 4,945 | 5,119 | (174) | (3.5) | R |
| Corporate Activities | 14,768 | 8,125 | 6,643 | 45.0 | P |
| **Total** | **185,347** | **184,764** | **583** | **0.3** | |
| Housing Revenue Account (HRA) | 0 | (116) | 116 | | G |
| Schools Delegated | 69,840 | 69,751 | 89 | 0.1 | R |

*The variance status criteria is as follows*

- *Overspend greater than 2% - Red*
- *Over/Underspend between 1 & 2% - Amber*
- *Over/Underspend less than 1% - Green*
- *Underspend greater than 2% - Purple*
- *Schools Delegated status is shown as Red. Expenditure is reported broadly in line with budgets demonstrated by a small variance; however, some schools are in an unlicensed budget position with deficit reserve balances and this position is highlighted through the revised Red status.*

# Head of Service Commentary

| Service Area | Net Budget | Forecast Spend | Variance (Over) / Under spend | Variance (Over) / Under spend as a % of Net Budget | Variance BRAG status |
|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | % | |
| **Adult Services** | **64,992** | **65,000** | **(8)** | **(0.0)** | **G** |

**HOS Comment**

From a position of commencing the year with £9.5m pressure, this is an excellent budget position at this point in the financial year. There are continuing risks with regards to winter pressures moneys and the full year impact of this short term Welsh Government investment. The service is also aware of pressures that may arise from coronavirus contingency planning.

It is anticipated that the service will finish the financial year with a balanced budget.

| Service Area | Net Budget | Forecast Spend | Variance (Over) / Under spend | Variance (Over) / Under spend as a % of Net Budget | Variance BRAG status |
|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | % | |
| **Childrens Services** | **20,571** | **25,403** | **(4,832)** | **(23.5)** | **R** |

**HOS Comment**

Children's Services began the year having identified potential pressures of £6.25m that were not funded. Through reducing the number of children who are looked after by the local authority, stabilising the workforce, reducing the number of agency social workers and increasing the permanent workforce as well as making effective use of available grants, the gap has reduced by more than £1.4m.

| Service Area | Net Budget | Forecast Spend | Variance (Over) / Under spend | Variance (Over) / Under spend as a % of Net Budget | Variance BRAG status |
|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | % | |
| **Commissioning** | **3,191** | **2,899** | **292** | **9.2** | **P** |

**HOS Comment**

The restructure and managing of vacancies have enabled this positive variance. These posts will be filled during the coming months into 2020/21.

| Service Area | Net Budget | Forecast Spend | Variance (Over) / Under spend | Variance (Over) / Under spend as a % of Net Budget | Variance BRAG status |
|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | % | |

| | | | | | |
|---|---|---|---|---|---|
| **Education** | **21,910** | **21,640** | **270** | **1.2** | **A** |
| **Schools Delegated** | **69,840** | **69,751** | **89** | **0.1** | **R** |

**HOS Comment**

The Schools Service (excluding Schools Delegated Budgets) has a projected year end underspend of £270k.

The main reasons for this overspend and changes are:

- Schools Central is forecast to underspend by £118k due to a £78k general underspend on Various heading that no longer need to be committed and a £63k under on the Early Retirement costs. These are then offset by £33k overspend on Suspended Teachers cover costs.

- School Improvement is showing a £41k underspend mainly due to staff reductions in the Athrawon Bro Area.

- Schools Operational is forecasting a £461k overspend. This is mainly due to Property Plus projecting to be £200k overspend due to emergency commitments. This has gotten dramatically worse this month due to the flooding damage that was caused by recent storms. Freedom Leisure contract inflation amounting to £122k (19-20 £70k plus £50k 18-19) with no change here since last month. £66k shortfall on School Central Support Services team –The main items contributing to this are budget reductions to be found of £43k that will not be found in this year. There is also £27k in relation to Exam fees that are not covered by budget. This area has improved by £3k since last month. There is Shortfall on rates funding and a HOWPS maintenance overspend amounting to £53k on Asset Management.

- Pupil Inclusion is showing a forecast underspend of £548k. This is due to Savings made on out of county placements and increased income on inter Authority recoupment.

- Youth Services are forecast to be £25k underspent due to utilising gran funding to offset existing costs in the service.

Schools delegated

The projected outturn on this area is £89k underspend. The reasons for the overspend in this area are due to:

- Schools Delegated Other is forecast to be £277k overspent by year end. This is due to £120k Efficiency Target brought forward from 18-19 in relation to school closure that has not been found to date. There is also a non-achievement of income from schools in relation to Insurance recharges amounting to £110k.

- Schools Delegated Budgets are now forecasting to be £365k underspent at year end however this is offset by the budgeted use of reserves amounting to a draw on them of £2.6M. This forecasts that school balances on reserves will be a deficit of £2.2M at year end. This has improved from the original Cabinet position by £1M throughout the year.

| | |
|---|---|
| | |

| Service Area | Net Budget | Forecast Spend | Variance (Over) / Under spend | Variance (Over) / Under spend as a % of Net Budget | Variance BRAG status |
|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | % | |
| **Highways Transport & Recycling** | **29,990** | **32,042** | **(2,052)** | **(6.8)** | **R** |

**HOS Comment**

The forecast overspend is largely made up of £1.3M unachieved savings to date, This will reduce by year end, leaving an actual budget overspend of c£700k. Improvements in Waste & Recycling Operations continue to significantly reduce the level of overspend from last year, whilst an insufficient Welsh Government Grant support for current Public Transport services means a budget overspend in for this financial year.

| Service Area | Net Budget | Forecast Spend | Variance (Over) / Under spend | Variance (Over) / Under spend as a % of Net Budget | Variance BRAG status |
|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | % | |
| **Property, Planning & Public Protection** | **6,708** | **6,871** | **(163)** | **(2.4)** | **R** |

**HOS Comment**

Unachieved savings and income targets relating to property related projects remain a concern for the service area. Measures such as not filling vacant posts and undertaking work for other authorities has helped to mitigate the impact. This area now includes the Catering Service which is forecasting an overspend and will not achieve its savings target for this financial year. There was a reduction in the uptake of school meals following the price increase in April 2019. The Service has worked hard to reduce the overspend as far as possible, by monitoring staffing hours and promoting school meals. As a result there has been some increase in uptake since the summer, compared to last year

| Service Area | Net Budget | Forecast Spend | Variance (Over) / Under spend | Variance (Over) / Under spend as a % of Net Budget | Variance BRAG status |
|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | % | |
| **Regeneration** | **1,124** | **1,155** | **(31)** | **(2.8)** | **R** |

**HOS Comment**

The un-achieved savings target of £150k in this area has largely been mitigated by increased income from the EU transition fund and an underspend in the Regeneration strategy budget.

| Service Area | Net Budget | Forecast Spend | Variance (Over) / Under spend | Variance (Over) / Under spend as a % of Net Budget | Variance BRAG status |
|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | % | |
| Housing & Community Development | 5,890 | 5,788 | 102 | 1.7 | A |
| Housing Revenue Account | 0 | (116) | 116 | | G |

**HOS Comment**

**Housing & Community Development:** Savings have been made in this area but are offset by an anticipated overspend on Y Gaer of £69k mainly as a result of un-achieved savings of £50k.

**Housing Revenue Account:** Any underspend in this area will be transferred to the HRA Reserve at year-end.

| Service Area | Net Budget | Forecast Spend | Variance (Over) / Under spend | Variance (Over) / Under spend as a % of Net Budget | Variance BRAG status |
|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | % | |
| Digital Services | 4,963 | 4,689 | 274 | 5.5 | P |

**HOS Comment**

The forecast under spend of £274,000 comprises an underspend of £157,000 on the Digital Services budget and an underspend of £117,000 on the Pooled Fund managed under a Section 33 Agreement with Powys Teaching Health Board. The underspend has arisen due to staff vacancies, including posts held vacant to deliver planned 2020-21 cost reductions as well as some in year savings against contracts. Any recurrent impact of the underspend has been taken into account in the 2020-21 budget.

| Service Area | Net Budget | Forecast Spend | Variance (Over) / Under spend | Variance (Over) / Under spend as a % of Net Budget | Variance BRAG status |
|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | % | |
| Transformation & Communications | 1,766 | 1,613 | 153 | 8.7 | P |

**HOS Comment**

The service remains vigilant with its spending, has overachieved on income and has retained a post in readiness for cost reduction in 2020/21. There are also a few vacancies that are in the recruitment process.

| Service Area | Net Budget | Forecast Spend | Variance (Over) / Under spend | Variance (Over) / Under spend as a % of Net Budget | Variance BRAG status |
|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | % | |
| Workforce & OD | 1,366 | 1,453 | (87) | (6.4) | R |

**HOS Comment**

Out of the revenue savings required for the WOD service in 2019/20, a balance of £226k remains. A further £26k of base budget savings will be achieved during the current year, leaving a base budget pressure of £200k. Further in-year one off savings will reduce this pressure to c£87k by the year end.

It should be noted however, that whilst in-year savings will help to part mitigate the pressures in this way, they will not improve the recurring base budget pressure, which is forecasted to be c£200k

| Service Area | Net Budget | Forecast Spend | Variance (Over) / Under spend | Variance (Over) / Under spend as a % of Net Budget | Variance BRAG status |
|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | % | |
| **Legal & Democratic Services** | **3,163** | **2,967** | **196** | **6.2** | **P** |

| Service Area | Net Budget | Forecast Spend | Variance (Over) / Under spend | Variance (Over) / Under spend as a % of Net Budget | Variance BRAG status |
|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | % | |
| **Finance** | **4,495** | **5,119** | **(174)** | **(3.5)** | **R** |
| **Corporate Activities** | **14,768** | **8,125** | **6,643** | **45.0** | **P** |

**HOS Comment**

The Finance Service budget is now projecting an overspend due to insurance excesses exceeding the budget allocated. The shortfall will be funded from the insurance reserve. The other areas of the service continue to project a balanced position despite £0.12 million savings not achieved.

The Corporate Activities budget continues to report a significant underspend of £6.643 million. £3.60 million forecast underspend on the capital charges' budget - Last year's capital outturn position, the receipt of additional grant and slippage in this years projects have all reduced the need to borrow and lessoned the increase in the Minimum Revenue Provision. The position will be continually reviewed and updated as we move towards year end. The forecast outturn also takes into account the £2.00 million set aside to manage the risk inherent in the budget, together with a surplus of £1m projected on Council Tax collection.

**CYNGOR SIR *POWYS* COUNTY COUNCIL**

**CABINET EXECUTIVE**
**24th March 2020**

| | |
|---|---|
| **REPORT AUTHOR:** | County Councillor Aled Davies, Portfolio Holder for Finance |
| **REPORT TITLE:** | Capital Forecast as at 29th February 2020 |
| **REPORT FOR:** | **Decision** |

*Turf Cutting at Heol Y Ffynnon, Brecon*

## 1. Purpose

1.1 The revised working budget for the 2019/20 Capital Programme, after accounting for approved virements, is £71.43 million. The original budget was £92.34 million. The decrease is due to the reprofiling of budgets resulting in the roll forward into future years, in particular 2020/21.

1.2 Actual spend and committed expenditure amounts to £62.52 million representing 87% of the total budget. The actual spend to date is £49.46 million, with £13.06 million the committed figure. The actual spend equates to only 69% of the annual budget, and although there are commitments in the system, it is likely that there will be further slippage on delivery of some schemes, with spend needing to be reprofiled into future years. A further consequence will be the reduction in our borrowing requirement, maintaining the significant revenue budget underspend on borrowing.

1.3 Currently it is estimated that 3.4% of our net revenue budget of £255 million is supporting the past and present capital spend. It is essential that the investment in our capital programme is affordable over the short, medium and longer term and can demonstrate tangible benefits linked to the council's priorities.

1.4 Table 1 below summarises the financial position for each portfolio and service. Countryside Services are now reported under Highways, Transport and Recycling rather than Housing and Community Development due to structure changes.

Table 1 Capital Table as at 29th February 2020

| Service | Original Budget | Virements Approved | Revised Budget (after virements approved and required) | Actuals & Commitments | Remaining Budget | |
|---|---|---|---|---|---|---|
| | £,000 | £,000 | £,000 | £,000 | £,000 | % |
| Adult Services | 290 | 411 | 701 | 685 | 16 | 2.3% |
| Childrens Services | 0 | 119 | 119 | 139 | -20 | -16.8% |
| Education | 44,818 | (30,279) | 16,643 | 13,500 | 1,040 | 18.6% |
| Highways Transport and Recycling | 15,542 | 3,362 | 14,540 | 16,359 | 2,545 | 14.4% |
| Property, Planning and Public Protection | 2,046 | 3,590 | 5,636 | 4,158 | 1,478 | 35.6% |
| Housing and Community Development | 8,363 | (2,825) | 5,538 | 3,989 | 1,549 | 22.6% |
| Digital and Communication Services | 973 | 128 | 1,101 | 695 | 406 | 56.0% |
| Legal and Democratic Services | 0 | 22 | 22 | 22 | 0 | 0.0% |
| Finance | 3,650 | 340 | 3,990 | 2,628 | 1,362 | 37.0% |
| **Total Capital** | **75,681** | **(25,131)** | **50,551** | **42,175** | **8,376** | **22.1%** |
| Housing Revenue Account | 16,662 | 4,214 | 20,876 | 20,344 | 532 | 2.5% |
| **TOTAL** | **92,343** | **(20,917)** | **71,427** | **62,519** | **8,908** | **12.5%** |

1.6 Table 2 below sets out how the 2019/20 capital programme is funded, 54% is funded through borrowing, the interest cost for this is charged to the revenue account.

Table 2 Funding of the Capital Budget as at 29th February 2020,

| Service | Supported Borrowing | Prudential Borrowing | Grants | Revenue Cont's To Capital | Capital Receipts | Total |
|---|---|---|---|---|---|---|
| | £,000 | £,000 | £,000 | £,000 | £,000 | £,000 |
| Capital | 7,649 | 15,242 | 19,836 | 3,567 | 4,318 | **50,612** |
| HRA | 0 | 12,633 | 4,387 | 3,795 | 0 | **20,815** |
| **Total** | **7,649** | **27,875** | **24,223** | **7,362** | **4,318** | **71,427** |

## 2. Head of Service Comments

2.1 Appendix A provides commentary on the services' capital projects.

## 3. Virements

3.1 It is recommended that Cabinet note the contents of this report and recommend all virements over £0.5 million to the Council for approval and approve all of the other virements listed below:

3.2 The Band A 21st Century Schools Brecon High School building opened to pupils in December 2019 and the Carno and Glantwymyn project completed in March 2019.

This report seeks approval to transfer £0.18 million from the Carno and Glantwymyn approved funding envelope to the Brecon High School funding envelope.

There is an underspend of £0.72 million in the Carno and Glantwymyn project, due to the percentage of risk contingency allocated to the project. This transfer is required to fund the overspend in Brecon High School project.

Brecon High School approved envelope is £21.00 million and the final accounts shows a total spend of £21.18 million. This is because the Full Business Case (FBC) was submitted and approved to Welsh Government based on cost estimates and not actual costs. No future 21st Century Schools projects will be submitted to WG based on tender costs rather than estimates.

## 4. Reprofiling Budgets Across Financial Years

4.1 The following services have requested the reprofiling of their capital programme budgets into 2020/21, as the expected spend on projects will be significantly less than planned. We encourage services to reprofile budgets as soon as they become aware of forecast changes, rather than waiting until the end of the year.

4.2 Education

Some projects have been delayed pending the review of schools and the spend profile of other projects needs to be amended due to a change in the estimated cost. Table 3 shows the original budget, the adjustment required and the revised budget.

Table 3 Education Budget Adjustments

| Project | Original Budget | Adjustment | Revised Budget |
|---|---|---|---|
| | £000 | £000 | £000 |
| **21st Century Schools** | | | |
| Welshpool Cinw Access Works | 0 | 8 | 8 |
| Ysgol Gymraeg Y Trallwng | 204 | -100 | 104 |
| Ysgol Gymraeg Y Trallwng Equipment | 237 | -215 | 22 |
| New Primary School | 250 | -250 | 0 |
| Ysgol Bro Hyddgen | 250 | -239 | 11 |
| Brynllywarch New School | 200 | -200 | 0 |
| Ysgol Cedewain New School | 100 | 80 | 180 |
| Ysgol Glantwymyn | 828 | -550 | 278 |
| Carno Cp Extension | 255 | -130 | 125 |
| Ysgol Calon Cymru | 151 | 50 | 201 |
| Gwernyfed Hs Refurbishment | 270 | -235 | 35 |
| Total | 2,745 | -1,781 | 964 |
| **Major Improvements** | | | |
| 2019 Small Grant Scheme | 193 | -72 | 121 |

4.3 Adult Services

The project to upgrade Lant Avenue, Llandrindod has been delayed but the contractor in now on site. However, it has been necessary to roll forward £0.15 million of the budget to 2020/21.

The Telecare project is now going to be completed in 2020/21. £0.07 million has been rolled forward to 2020/21.

4.4 Property, Planning and Public Protection

The Ladywell House project has been extended due to ground floor refurbishment works being added to the scope of the works. This was necessary to ensure that the building complies with fire regulations. £0.81 million budget will be reprofiled into 2020/21 as a result.

4.5 Highways, Transport and Recycling

Projects at Newtown HWRC and Salt Storage at Llangammarch Wells are mostly complete but require budget for minor improvements in 2020/21.

For Brecon HWRC and Recycling Bulking Facility projects, spend in 2019/20 will not be as high as first anticipated and a re-profile is required. Table 4 shows the total reprofiles for the Highways, Transport and Recycling Service.

Table 4 Highways, Transport and Recycling Budget Adjustments

| Project | Original Budget | Adjustment | Revised Budget |
|---|---|---|---|
| | £'000 | £'000 | £'000 |
| Recycling Bulking Facility | 1,858 | -258 | 1,600 |
| Newtown HWRC | 226 | -50 | 176 |
| Salt Storage | 834 | -84 | 750 |
| Brecon HWRC | 20 | -11 | 9 |
| **Total** | **2,938** | **-403** | **2,535** |

4.6 Digital and Communication Services

Due to a change in priorities with projects such as the Welsh Government Schools Hwb Programme being implemented, other projects have been delayed. A total budget of £0.16 million has been reprofiled into 2020/21. £0.03 million has been brough forward in the refresh programme due to more devices being replaced than originally planned. Table 5 shows the adjustments for the service.

Table 5 Digital and Communication Services Budget Adjustments

| Project | Original Budget | Adjustment | Revised Budget |
|---|---|---|---|
| | £'000 | £'000 | £'000 |
| Enterprise Monitoring | 100 | -100 | 0 |
| System Rationalisation | 160 | -50 | 110 |
| Cyber Security | 90 | -7 | 83 |
| Refresh Programme | 240 | 28 | 268 |
| **Total** | **590** | **-129** | **461** |

## 5 Grants Received

5.1 The following grants have been received since the last report and are included for information.

5.2 Highways, Transport & Recycling

Welsh Government Circular Economy Funding of £0.05 million for the purchase of an additional baler at Brecon Transfer Station.

5.3 Housing and Community Development

Welsh Government TRI Programme £1.59 million in total. The grant is profiled £0.35 million in 2019/20 and £1.24 million in 2020/21. The project also requires £1.0 million match funding. This is profiled £0.35 million in 2019/20 and £0.65 million in 2020/21.

5.4 Property, Planning and Public Protection

Salix loan funding for LED lighting in three depots of £54,458. The loan will be repaid after 6.19 years.

5.5 Education

Confirmation of the award of the 21st Century Band B grant for Welshpool High School Refurbishment for £1.13 million. This is profiled £1.05 million in 2019/20 and a further £0.08 million in 2020/21. The authority is contributing 35% match funding of £0.67 million making a total project cost of £1.80 million. This grant was included in the capital programme and the eligible spend now be claimed in March 2020.

## 6 Capital Receipts

6.1 Capital receipts received during February are £3.75 million. The total receipts for the year are now £5.35 million. This comprises £0.05 million vehicle receipts, £2.55 million property receipts, £0.09 million Housing Revenue Account and £2.66 million county farms. The year-end forecast is £5.9 million.

6.2 The year-end forecast is dependent on the completion of other agreed sales currently under negotiation.

## 7 Resource Implications

7.1 The Head of Finance (Section 151 Officer) has provided the following comments:

7.2 Expenditure on the Capital Programme has slipped considerably in previous financial years, the effective monitoring and re-profiling of schemes is essential to enable us to more accurately project expenditure, the consequential need to borrow and the

impact on the revenue budget. Project Managers and Service leads will be supported to improve financial monitoring and forecasting of expenditure.

## 8. Legal implications

8.1 The Monitoring Officer has no specific concerns with this report.

## 9. Comment from local member(s)

9.1 This report relates to service areas across the whole county.

## 10. Integrated Impact Assessment

10.1 No impact assessment is required

## 11. Recommendation

- That the contents of this report are noted.
- That Cabinet approves the virements proposed in this report
- That all virements over £0.50 million are recommended to Council for approval.

11.1 Reason for Recommendation

- To report on the Capital Outturn position for the 2019/20 financial year.
- To ensure appropriate virements, are carried out to align budgets and financing requirements.


| | |
|---|---|
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## Appendix A – Updates on Capital projects by Service

| Service | Original Budget | Virements Approved | Revised Working Budget (after virements approved and required) | Actuals & Commitments | Remaining Budget | |
|---|---|---|---|---|---|---|
| | £,000 | £,000 | £,000 | £,000 | £,000 | % |
| Adult Services | 290 | 411 | 701 | 685 | 16 | 2.3% |

**HOS Comment**

Castell Y Dail allocation is in part being allocated to other bases in the North due to unsecure lease with NPTC. Community equipment actuals and commitments are greater than the ICF capital allocation of £100K. Day centre relocation activity is being delayed due to HOWP capacity.

Capital allocation for Powys owned care homes has been rolled forward

Work to redevelop the Old Bank in Welshpool through Substance misuse capital funding has been delayed due to planning and listed building consent. There will be a reported overspend due to discovery of a basement by a sub-contractor.

Extra care scheme developments continue to be programme managed and virements and roll forwards have been actioned.

| | £,000 | £,000 | £,000 | £,000 | £,000 | % |
|---|---|---|---|---|---|---|
| Childrens Services | 0 | 119 | 119 | 139 | -20 | -16.8% |

**HOS Comment**

| | £,000 | £,000 | £,000 | £,000 | £,000 | % |
|---|---|---|---|---|---|---|
| Highways Transport & Recycling | 15,542 | 3,362 | 18,904 | 16,359 | 2,545 | 13.5% |
| | | | | | | |

**HOS Comment**

| | £,000 | £,000 | £,000 | £,000 | £,000 | % |
|---|---|---|---|---|---|---|
| Education | 44,818 | -30,278 | 15,540 | 13,500 | 1,040 | 7.2% |

**HOS Comment**

| | £,000 | £,000 | £,000 | £,000 | £,000 | % |
|---|---|---|---|---|---|---|
| Housing & Community Development | 8,363 | -2,825 | 5,538 | 3,989 | 1,549 | 28.0% |

**HOS Comment**

Leisure - Budget for roofing works at Bro Ddyfi Leisure Centre, Machynlleth and Llanfair Caereinion Sports Centre have been reprofiled, the remainder of the programme is fully committed and will be delivered.

| | Original Budget | Virements Approved | Revised Working Budget (after virements approved and required) | Actuals & Commitments | Remaining Budget | |
|---|---|---|---|---|---|---|
| | £,000 | £,000 | £,000 | £,000 | £,000 | % |
| Housing Revenue Account | 16,662 | 4,214 | 20,876 | 20,344 | 532 | 2.5% |

**HOS Comment**

Investment proceeds to plan with a small carry-forward expected to run from 2019-2020 to 2020-2021 to cover programmes underway and heading for completion.

| | £,000 | £,000 | £,000 | £,000 | £,000 | % |
|---|---|---|---|---|---|---|
| Property, Planning & Public Protection | 2,046 | 3,590 | 5,636 | 4,158 | 1,478 | 26.2% |

**HOS Comment**

| | £,000 | £,000 | £,000 | £,000 | £,000 | % |
|---|---|---|---|---|---|---|
| Digital & Communication Services | 973 | 128 | 1,101 | 695 | 406 | 36.9% |

**HOS Comment**

All orders for purchases have been placed and final receipts are due in before year end. Any delayed projects have been reported for adjustment at year end.

| | £,000 | £,000 | £,000 | £,000 | £,000 | % |
|---|---|---|---|---|---|---|
| Legal & Democratic Services | 0 | 22 | 22 | 22 | 0 | 0.0% |

**HOS Comment**

| | £,000 | £,000 | £,000 | £,000 | £,000 | % |
|---|---|---|---|---|---|---|
| Finance | 3,650 | 340 | 3,990 | 2,628 | 1,362 | 34.1% |

**HOS Comment**

The forecast for the Capitalisation budget is expected to be underspent by £200k. Any revision to the budget profile will be actioned in March and reported in the next cabinet report.

The unallocated budget of £350k may be required to finance any overspends in the capital programme at year end.

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