

## Health and Care Scrutiny Committee

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Meeting Venue  
**Teams Live**

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Meeting Date  
**Monday, 19 October 2020**

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Meeting Time  
**2.00 pm**

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For further information please contact  
**Lisa Richards**

[lisa.richards@powys.gov.uk](mailto:lisa.richards@powys.gov.uk)



County Hall  
Llandrindod Wells  
Powys  
LD1 5LG

7 October 2020

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

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### AGENDA

<b>1.</b>	<b>APOLOGIES</b>
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To receive apologies for absence.

<b>2.</b>	<b>DECLARATIONS OF INTEREST</b>
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To receive declarations of interest from Members.

<b>3.</b>	<b>DISCLOSURE OF PARTY WHIPS</b>
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To receive disclosures of prohibited party whips which a Member has been given in relation to the meeting in accordance with Section 78(3) of the Local Government Measure 2011.

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

<b>4.</b>	<b>MINUTES</b>
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To authorise the Chair to sign the minutes of the last meeting as a correct record.  
(Pages 3 - 6)

<b>5.</b>	<b>NORTH POWYS WELLBEING PROJECT - BUSINESS CASE</b>
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To consider the report of the Portfolio Holder for Adult Services and the Programme Business Case.  
(Pages 7 - 140)

<b>6.</b>	<b>IMPROVING THE CANCER JOURNEY PROGRAMME IN POWYS</b>
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To consider the report of the ICJ Programme Manager.  
(Pages 141 - 208)

<b>7.</b>	<b>TRANSFER OF NEUADD MALDWYN FOR EXTRA CARE HOUSING</b>
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To consider the report of the Portfolio Holders for Adult Social Care and Corporate Governance, Housing and Public Protection.  
(Pages 209 - 240)

<b>8.</b>	<b>WORK PROGRAMME</b>
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To note the dates for future meetings and the proposed work programme:

- 2 November 2020, 10 am
  - Safe Accommodation for Children with Complex Needs
  - Child Exploitation Strategy
- 10 December 2020, 2pm
  - Early Help Strategy
  - 16+ Accommodation
- 20 January 2021
- 28 January 2021
  - Budget

## MINUTES OF A MEETING OF THE HEALTH AND CARE SCRUTINY COMMITTEE HELD AT TEAMS LIVE ON FRIDAY, 11 SEPTEMBER 2020

### PRESENT

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

Cabinet Portfolio Holders In Attendance: County Councillors R Powell and MC Alexander

Officers: Alison Bulman, Corporate Director, Childrens and Adults and Sally Beech, Strategic Commissioning Manager

<b>1.</b>	<b>APOLOGIES</b>
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Apologies for absence were received from County Councillors D E Davies and R Williams

<b>2.</b>	<b>DECLARATIONS OF INTEREST</b>
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There were no declarations of interest.

<b>3.</b>	<b>DISCLOSURE OF PARTY WHIPS</b>
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There were no disclosures of party whips.

<b>4.</b>	<b>MINUTES</b>
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#### Documents:

- Minutes of the last meeting held on 22 July 2020

#### Discussion:

- The review of the CMHT had been held in confidential session but was now available to the public
- The Committee had been advised that there were no improvement notices. However, the Corporate Director had corrected this as there was an immediate improvement notice relating to WCCIS.
- The Committee had been advised that the cost reduction tracking system was being updated – Members asked for the information to be provided. The Corporate Director confirmed that of £4.07M target, £3.8M was projected to be delivered. However, budget pressures remain and work is ongoing. Transformation projects have been affected by the pandemic but the plans in place were robust.
- The Choice Policy had been discussed and Members had raised queries regarding the sustainability of the market. Whilst these topics were unrelated, the Portfolio Holder confirmed that conversations were ongoing.

Business plans and projections had been disrupted due to the pandemic, but the service was assisting providers wherever possible.

**Outcomes:**

- **The amendment to the Minutes was noted**
- **Cost reductions information would be provided to the Working Groups**

<b>5. DIRECTOR OF SOCIAL SERVICES ANNUAL REPORT</b>
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**Documents:**

- Director of Social Services Annual Report 2019/20

**Discussion:**

- Production of the report had been a challenge whilst maintaining vital services during the pandemic
- Some formatting and editing was still required
- The report was later than usual but there had been a relaxation of requirements
- The report shows the commitment to developing a sustainable, quality social services offer for current times and for the future
- The report highlights the challenges that the service faces
- The last year has seen the service continue to deliver and build upon improvements
- A permanent management team is now in place and all are committed to driving the service forward
- The Corporate Director has welcomed the constructive challenge and support from Cabinet, Members and the Improvement Board
- Covid 19 has caused significant disruption with the service invoking Business Continuity on 16 March 2020 – the Corporate Director paid tribute to managers and staff for their support over the period
- The Chair noted that the Improvement and Assurance Board was coming to an end and a new structure was being put in place. A number of Corporate Improvement Boards had been set up – the Social Services Improvement Board has already met and includes an independent member who had previously sat on the Improvement and Assurance Board.
- The Portfolio Holder for Children’s Services informed the Committee that a report had been prepared. The pandemic had provided an opportunity to work creatively but a qualitative perspective was also in place.
- The Corporate Director acknowledged that the performance data was now 6 months old, but the service continued to improve, maintain and sustain during the period
- It was noted that the number of agency workers had reduced to 29 from 43 in Children’s Services. Adult Services had less than 10 agency workers which was typical of business as usual. A recruitment drive had been undertaken and some agency staff had been recruited to permanent posts. New social workers speak positively of their experience within the service.

- It was suggested that the report should inform the scrutiny work programme for the coming year
- Both the Portfolio Holder and Corporate Director recognised the need for scrutiny to hold them to account and to ensure constructive challenge continued once the Improvement and Assurance Board ceases to ensure that improvement continues
- A query regarding the cost of rebranding was raised – this was important for ownership. Whilst there had been a cost there had been benefits which outstripped those costs.
- A significant number of organisations work with the service. They have differing roles and duties but are coming together to align services. Honest discussions continue in finding ways to move forward and partnerships are improving continually.
- The Committee were aware that a Performance and Evaluation Inspection across Children's and Adults' Services was imminent. The Corporate Director was looking forward to showcasing the work of the service. An Improvement Conference was to be held on 9 October and a self-assessment had been completed
- An outcome letter would be provided in due course which would be shared with Committee. During the process, the Corporate Director would meet with the Inspectors at the end of every day for immediate feedback

**Outcome:**

- **The Director of Social Services Annual Report for 2019/20 was noted**

<b>6. CARERS RESPITE POLICY</b>
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**Documents:**

- Report of the Portfolio Holder for Adult Services

**Discussion:**

- Carers have been consulted alongside Credu during to compilation of the report
- The emphasis will be on what individuals want – individual families will be at the heart of any discussions
- This is the right philosophy and the way forward and may also have a positive impact on budgets
- It was suggested that the document was not really a policy although its contents were welcome. There was scope for greater innovation in developing a policy in due course.
- The document was clearly aimed at those taking up the service and it was suggested that the format could be improved to resemble those included in the Health and Care Strategy and be more visual and user friendly
- The Corporate Director acknowledged that the document identifies current provision but did not reflect future aspirations
- The service is committed to delivering personalised care
- This policy is distinct from carer's respite breaks
- Young carers had also been represented in discussions. Schools have been included to ensure no-one slips through the net. Carers of all ages are entitled to an assessment.

- It was noted that the service would be relying heavily on Credu to implement the policy
- A future item for scrutiny could be how the service consults with people
- Credu provides commissioned services and regular contract management meetings are held. More creative solutions may not be subject to formal contract management but would have formal reviews and feedback etc.
- Two projects have arisen from carer forums – respite and raising awareness. ICF funding had supported these two projects which would be subject to evaluation by Business Intelligence. Quarterly meetings are held with other local authorities to share learning and good practice.
- Although day centres have been closed due to the pandemic, regular contact is being maintained to ensure clients, wellbeing. Alternative provision is in place and clients are currently being reassessed.
- There has been an increase of 62 Direct Payments

**Outcomes:**

- **The policy was noted**

<b>7.</b>	<b>ACCESS TO INFORMATION</b>
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**RESOLVED to exclude the public for the following item of business on the grounds that there would be disclosure to them of exempt information under category 3 of The Local Authorities (Access to Information) (Variation) (Wales) Order 2007).**

<b>8.</b>	<b>VALUING CARE (RESIDENTIAL)</b>
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**Documents:**

- Report of the Portfolio Holder for Adult Services

**Discussion:**

- Approval to review fees was sought
- A fair cost exercise had been undertaken in 2017/18 and Cabinet had agreed in March 2018 that the exercise to review the model and fee rate should be undertaken every three years
- The outcome of the review will be reported to scrutiny and Cabinet

**Outcomes:**

- **It is recommended that the review be undertaken**

**County Councillor G I S Williams (Chair)**

**CYNGOR SIR POWYS COUNTY COUNCIL.****CABINET EXECUTIVE  
20<sup>th</sup> October 2020**

**REPORT AUTHOR:** County Councillor Myfanwy Alexander  
Portfolio Holder for Adult Social Care

**REPORT TITLE:** North Powys Wellbeing Programme – Programme Business Case

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**REPORT FOR:** Decision

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**1. Purpose**

- 1.1 To provide the Cabinet with an update on the North Powys Wellbeing Programme.
- 1.2 To gain Cabinet approval on the Programme Business Case (Appendix A) ready for submission to Welsh Government at the end of October 2020.

**2. Background**

2.1 The North Powys Programme was formally launched in May 2019 to test and deliver a new integrated model under the remit of the Health and Care Strategy. The programme has received £2.5m of Welsh Government Transformation Funding to support the delivery of:

- long-term change of a new integrated model which is being tested in north Powys initially; this includes a new development of a new multi-agency wellbeing campus

- short term areas of acceleration of change in relation to new ways of working that can be implemented now to deliver a new integrated model

The Transformation Funding was awarded over a 2-year period until April 2021. In August 2020 Welsh Government announced an extension to their Transformation Funding to April 2021/22. Powys Regional Partnership Board have been awarded £1.8, with a further £10m available to bid for across Wales.

2.2 Since the programme commenced, there has been significant engagement with local communities, staff and key stakeholders to co-design a new integrated model, based on a robust population needs assessment and case for change. The new integrated model was approved by Cabinet Member decision and PTHB Board during quarter 1 of 2020.

2.3 During Covid-19 the North Powys Wellbeing Programme was suspended and the team were redeployed to directly support the pandemic. During this time the technical elements of the Programme Business Case (PBC) were progressed on the basis of key pieces of work that had previously been undertaken (i.e. the approved integrated model, case for change etc). Since

recommencement of the programme in July 2020, there has been some engagement activities to test the approach predominately around the benefits of the campus, strategic case and how services could potentially fit on the preferred site. Various partners have been engaged in these discussions including the Regional Partnership Board and Joint Partnership Board members. The temporary suspension of the programme has had little impact on the financial resource, with some money re-diverted to support the Covid-19 response and new ways of working (e.g. rollout of digital applications).

2.4 Since July 2020, the programme team have been focused on finalising both the Programme Business Case for submission to Welsh Government and the Outcomes Framework to support the Regional Partnership Board. Both areas of work have been finalised and the Programme Business Case has been prepared ready for formal submission to Cabinet and PTHB Board. Following approval of the Programme Business Case it will be submitted to Welsh Government on the 23rd October 2020.

2.5 The Programme Business Case is an essential step in supporting the long-term change of the new integrated model. It seeks endorsement for the Regional Partnership Board (RPB) to further develop plans to create a collaborative, multi-agency wellbeing campus (the “Campus”) for the population of north Powys, delivered by the North Powys Wellbeing Programme (NPWP). The Programme is a once in a generation opportunity to bring together partner organisations to enhance and transform the way services are delivered to the local community.

2.6 The Programme Business Case demonstrates the ambition across partner organisations and the broader PSB to develop a new integrated model for the area, bringing partners together across education, health and social care, housing, community and third sector, with opportunities for further linkages to leisure, police and ambulance services. The integrated model seeks to tackle the determinants of ill health via the magnification of wellbeing services and bringing partners together to work collaboratively. There is also an opportunity through collaborative working to support, consolidate and coordinate the existing multi-agency homelessness provision; a pre-existing issue exacerbated particularly in the Newtown area due to Covid-19.

2.7 The location and proposed configuration of the site will also maximise mental and physical wellbeing and leisure prospects via essential links with vast outdoor green spaces through Open Newtown, providing play and outdoor activities to help support wellbeing and leisure opportunities for children, adults and families, which will in turn assist in tackling obesity across the life span. The location of the site also lends itself to further opportunities to enhance wellbeing, increasing collaborative working with partners such as Oriel Gallery, Third Sector and local businesses. Furthermore, there are opportunities for strengthening community resilience by utilising partners’ assets on the site to host community groups outside of school hours, further expanding the wellbeing offer that the campus brings as well as providing value for money.

2.8 The indicated preference for a new build English-medium primary school on the campus forms part of a wider 21st Century Schools programme focusing on the educational requirements of the Newtown population. Welsh-medium primary school provision is already in Newtown at Ysgol Dafydd Llwyd, which opened in a new building in 2016. There is currently no identified need for additional Welsh-medium provision in Newtown.

2.9 The Third Sector has a strong presence in north Powys and there are many examples of wellbeing services that are in operation and could be enhanced and offered from the Campus. By providing spaces in a wellbeing hub, that are accessible and multi-purpose; groups and wider will offer services in a more joined up way. Sharing resources, together offering and meeting the needs of individuals and groups. Building and developing their skills and transferring knowledge. When groups and teams work from the same spaces it provides opportunities to try new ways of working, to test innovative approaches.

2.10 The location and proposed configuration of the site will help to support economic growth and regeneration of the area, in line with the National Development Framework, which identified Newtown as an important regional centre. The scheme will also have strong links with the town centre supporting Welsh Government's initiative "Town Centres First". Though the programme is largely health and care focused, the benefits of delivering the programme span much wider than health and care; regeneration and economic growth is recognised as one of the key benefits that the scheme will deliver. The social and economic benefits are, as yet, unquantified, however are thought to include job creation from both construction and general increased activity post build phase, increased footfall on the high street and retail activity, from both new facilities and the potential developments on the disposal sites, as well as opportunities for additional Local Authority revenues such as rates and council tax resulting from the above.

2.11 A core aim of the programme is to provide significantly improved and enhanced local services, delivered from a single location within sustainable and fit-for-purpose accommodation. The PBC demonstrates how the campus will maximise efficiency, integration and innovation across multiple sectors which will represent significant benefits for the local community, including a wider range of services being delivered in county.

2.12 The Programme Business Case is an overarching "live" document detailing the RPB's strategic direction. It will be supported with more detailed service design work around how the partners can work together on the site to deliver the integrated model and RPB outcomes. The output of this work will then be taken forward through a series of individual sector specific Business Cases and the Programme Business Case will be updated accordingly.

2.13 The Programme Business Case (PBC) has been prepared using the agreed standard and format for business cases using the Five Case Model, which comprises the following key components:

- **The Strategic Case:** this sets out the strategic context and the case for change, together with the supporting investment objectives for the programme.
- **The Economic Case:** this dimension of the five cases focuses on options appraisal and demonstrates that the proposals will maximise social value to society through the selection of the optimal combination of projects and related activities.
- **The Commercial Case:** this describes the development and procurement of the potential deal, ensuring it is commercially viable and attractive to the supply side.
- **The Financial Case:** this focuses on the whole life costs of the proposed deal, confirming the programme is affordable and is fundable over time.
- **The Management Case:** this demonstrates that the scheme is achievable and can be delivered successfully to cost, time and quality and focuses on the implementation arrangements for the proposal.

2.14 The main focus of the Programme Business Case is to:

- Demonstrate the scheme is aligned to national and local policy.
- Outline the benefits of a multi-agency wellbeing campus in Newtown.
- Confirm the preferred site for the development as ‘the Park site’.
- Demonstrate the desired service scope will fit on the preferred site.
- Outline the economic and financial elements of the scheme and commercial intentions.
- Outline the management arrangements and indicative timescales for delivery.

2.15 The Programme Business Case (Appendix A) builds on the initial feasibility work undertaken in 2018, this work appraised all the available sites in the Newtown area, identifying a preferred site of which further work was undertaken to test the level of ambition would fit on this site. The feasibility report was approved by Cabinet in February 2019 and there was a decision ‘in principle’ by Cabinet to utilise ‘the Park site’ for the Multi-agency Wellbeing Campus. Further work throughout the Programme Business Case has strengthened the initial feasibility work by further testing of the level of ambition and fit on the site alongside the development of the commercial case.

2.16 Following approval of the Programme Business Case, further work is due to commence collaboratively with partners during Quarter Three to undertake more detailed service design work on how the multi-agency campus responds to delivery of the integrated model and RPB Outcomes Framework. Following this, more detailed service requirements across the individual sector partners for each of the Strategic Outline Case will be undertaken before each aspect of the scheme move into the more detailed planning contained within the Outline Business Case and Full Business Case. For the health and care aspects of the scheme, this will also include more detailed service planning work looking at innovative practice and pathway changes, demand, capacity

and financial modelling and revenue business case development for major service developments.

2.17 Alongside the PBC, work continues to accelerate short term changes to support delivery of the integrated model. During the pandemic there has been significant pace around digital opportunities and third sector voluntary support, however there are some areas of change which have not been able to progress as planned due to resources being re-directed to COVID-19. Recently Welsh Government have announced the extension of the funding period by 12 months (until April 22) with additional funding for each of the Regional Partnership Boards. This will enable the Programme to continue to deliver both on the long term and short-term change associated with delivery of the new integrated model.

2.18 There are a number of ongoing risks attached to delivery of the programme:

- Ability to upscale acceleration for change projects.
- Not having sufficient operational resource available to support the delivery of the programme.
- Failure to achieve the level of Stakeholder support necessary to deliver the new integrated model.
- Partnership agreements may not be in place in a timely manner.
- Funding may not be secured to support scheme.

2.19 These risks will continue to be mitigated as part of the next stage of the programme. Stage 2 of the Programme will focus on three areas:

1. Detailed service planning; looking at innovative practice and pathway changes, demand, capacity and financial modelling and revenue business case development for major service developments.
2. Development of the business cases (SOC, OBC, FBC) for each of the respective parts of the campus.
3. Delivery of the integrated model via the areas of acceleration for change and existing Regional Partnership arrangements, business as usual arrangements.

2.20 Following approval of the Programme Business Case, further work is due to commence collaboratively with partners during Quarter Three to undertake more detailed service design work on how the multi-agency campus responds to delivery of the integrated model and RPB Outcomes Framework.

2.21 Following this, more detailed service requirements across the individual sector partners for each of the Strategic Outline Cases will be undertaken before each aspect of the scheme move into the more detailed planning contained within the Outline Business Case and Full Business Case. The Health and Care Academy will also be further explored, and the opportunities that will bring in terms of training, education and employment for the local population will be brought to the surface and further defined. For the health and care aspects of the scheme, this will also include more detailed service planning work looking at innovative practice and pathway changes, demand, capacity and financial modelling and revenue business case development for

major service developments. As part of the detailed design work, we will also be looking to strengthen how the scheme supports other national policy drivers. such as:

- Welsh Government's Tackling Poverty Plan
- Welsh Language Measure (Wales) 2011
- The Housing (Wales) Act 2014
- Wellbeing of Future Generations (Wales) Act 2015

2.22 Whilst the Programme Business Case provides high-level options at this stage to outline the initial economic and financial benefits, a more defined and detailed options appraisal will be undertaken as part of the Strategic Outline Case, this will consider in more detail the appraisal of the options in relation to the economic benefits and intended outcomes.

### **3. Advice**

3.1 PCC Property Manager advises there are minimal financial implications of committing to using this site. The design and construction of the new primary school can be accommodated within existing PCC land ownership. The financial implications for PCC will become known as the scheme moves to the next phase of development and design.

### **4. Resource Implications**

4.1 The second phase of the programme will focus on the detailed design of the integrated model of care, this will include demand and capacity financial modelling in order to cost the model in respect of service delivery and workforce requirements. This detail will feed into the Strategic Outline Case and will be presented to Cabinet for approval.

4.2 At this stage there is a requirement for the Cabinet to commit to the use of the central Newtown site to facilitate the multi-agency campus. PCC Property Manager advises there are minimal financial implications of committing to using this site. The design and construction of the new primary school can be accommodated within existing PCC land ownership. The financial implications for PCC will become known as the scheme moves to the next phase of development and design.

### **5. Legal implications**

5.1 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. Data Protection**

6.1 No processing of personal data.

### **7. Comment from local member(s)**

7.1 No comments to add.

**8. Integrated Impact Assessment**

8.1 No Impact Assessment, to be completed during FBC.

**9. Recommendation**

1. To note the current position and progress made in relation to the programme.
2. To approve the preferred site known as 'the Park site' for inclusion in the Programme Business Case.
3. To approve the draft Programme Business Case in Appendix A for submission to Welsh Government at the end of October 2020.

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Head of Service: Dylan Owen

Corporate Director: Alison Bulman

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## Programme Business Case

### North Powys Wellbeing Programme



30 September 2020

Final Draft for Comment



Date	Version	Issued to:
03.04.20	Draft 1	PTHB
09.04.20	Draft 2	PTHB
17.04.20	Draft 3	PTHB for onward transmission to team
22.04.20	Version 1	PTHB for onward transmission to team
30.04.20	Version 2	PTHB for onward transmission to team
07.05.20	Version 3	PTHB; costs included in exec summary, economic/financial cases
28.09.20	Final Draft	PTHB for Strategy & Planning Committee



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## 1 Document Structure

This Programme Business Case (PBC) has been prepared using the agreed standard and format for business cases using the Five Case Model, which comprises the following key components:

- **The Strategic Case:** this sets out the strategic context and the case for change, together with the supporting investment objectives for the programme
- **The Economic Case:** this dimension of the five cases focuses on options appraisal and demonstrates that the proposals will maximise social value to society through the selection of the optimal combination of projects and related activities
- **The Commercial Case:** this describes the development and procurement of the potential deal, ensuring it is commercially viable and attractive to the supply side
- **The Financial Case:** this focuses on the whole life costs of the proposed deal, confirming the programme is affordable and is fundable over time
- **The Management Case:** this demonstrates that the scheme is achievable and can be delivered successfully to cost, time and quality and focuses on the implementation arrangements for the proposal

## 1 Executive Summary

This Programme Business Case (PBC) seeks endorsement for the Regional Partnership Board (RPB), led by Powys Teaching Health Board (PTHB) and Powys County Council (PCC) (“the Partnership”) to further develop plans to create a collaborative, multi-agency wellbeing campus (the “Campus”) for the population of north Powys, delivered by the North Powys Wellbeing Programme (NPWP). The Programme, established in 2019, is a once in a generation opportunity to bring together partner organisations to enhance and transform the way services are delivered to the local community.

The PBC will demonstrate the ambition across partner organisations to develop a new integrated model for the area, bringing partners together across education, health and social care, housing, community and third sector, with opportunities for further linkages to leisure, police and ambulance services. It will also maximise wellbeing and leisure opportunities via essential links with green spaces through Open Newtown and collaborative working with partners in the Third Sector and local business.

It will support economic growth and regeneration of the area, in line with the National Development Framework, which identified Newtown as an important regional centre. It will also have strong links with the town centre supporting Welsh Government’s initiative “Town Centres First”. The emerging model for the campus is illustrated below:

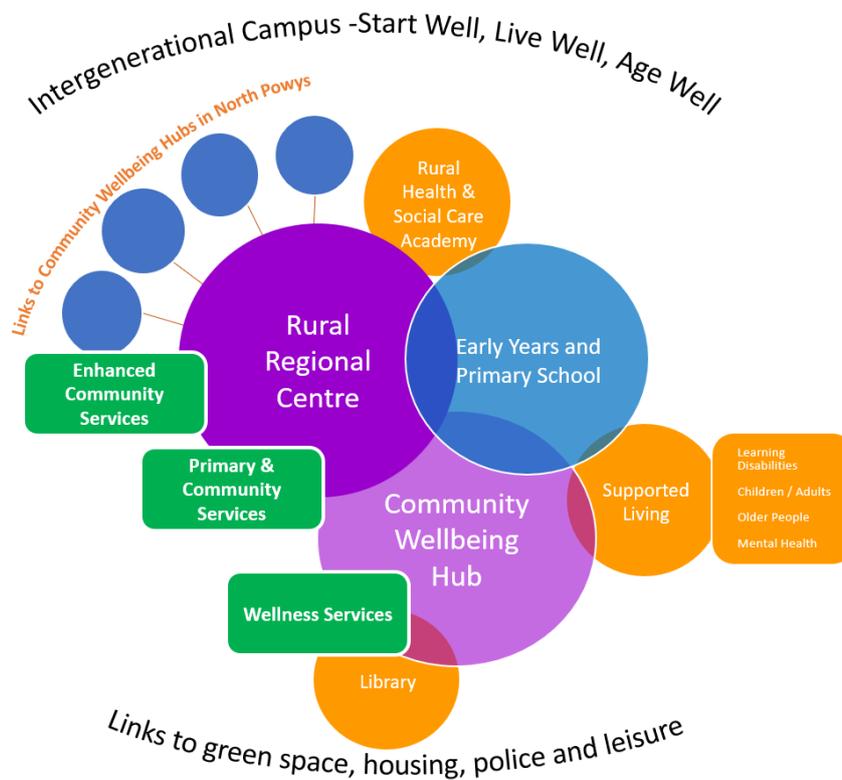


Figure 1: Multi-Agency Wellbeing Campus Emerging Model



A core aim of the programme is to provide significantly improved and enhanced local services, delivered from a single location within sustainable and fit-for-purpose accommodation. This approach will maximise efficiency, integration and innovation across multiple sectors which will represent significant benefits for the local community, including a wider range of services being delivered in county. The PBC is an overarching “live” document detailing the RPB’s strategic direction and will be supported by a series of sector specific Business Cases as detailed below:

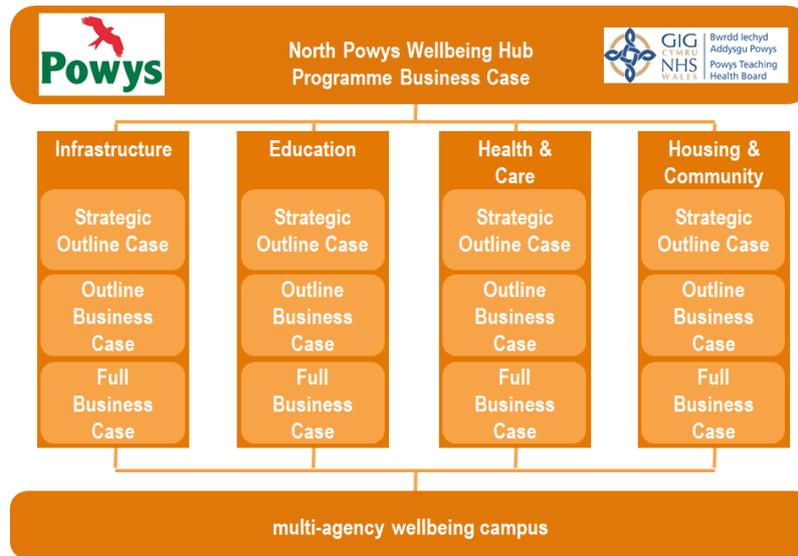


Figure 2: Business Case Plan

These supporting Business Cases will further develop the principles outlined in this PBC, which itself will also be updated as individual projects progress. The proposed sequencing for the programme is outlined below:

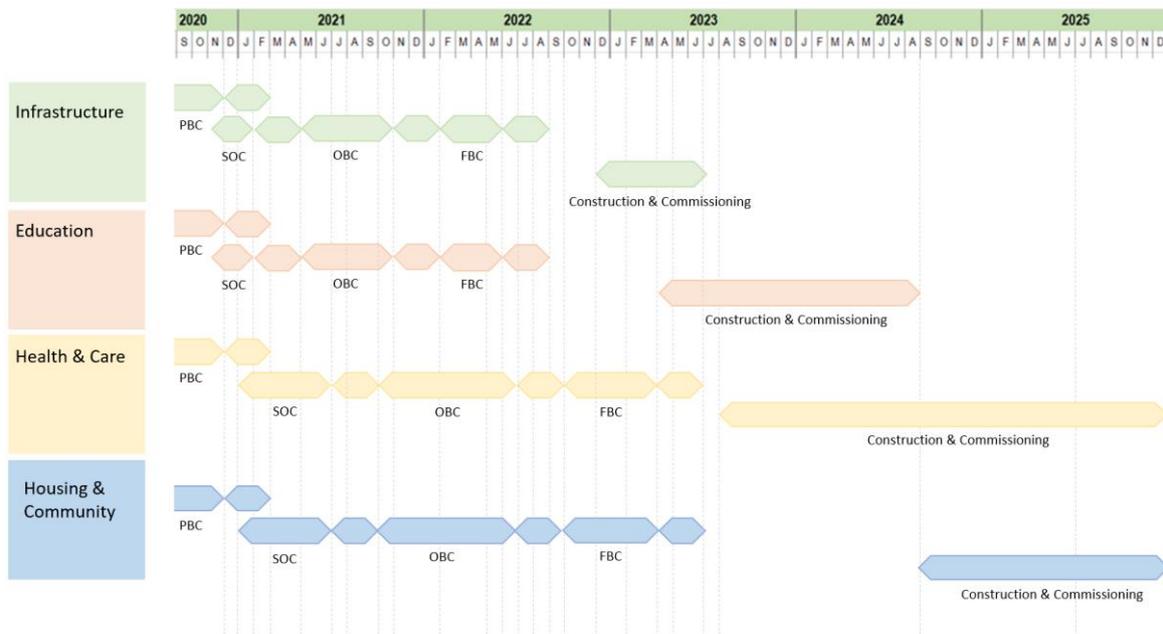


Figure 3: Proposed Programme Timeline



The **Strategic Case** describes how the North Powys Wellbeing Programme fits within the existing business strategies of PTHB, PCC and third sector organisations, outlining a compelling case for change in terms of existing and future needs.

The **Strategic Context** provides an overview of PTHB/PCC and the current services being delivered in north Powys. This section confirms that there is a strategic fit between the proposed programme and national/local policy and objectives and that the programme supports the proposed vision for service delivery and changes in activity.

Nationally, this will focus on how the programme supports The Well-being of Future Generations (Wales) Act 2015 and The Environment (Wales) Act 2016, with particular reference to the National Climate Change Emergency and how the proposed works will contribute to carbon reduction. The programme will consider all viable low carbon construction options such as Passivhaus and set ambitious targets against standards such as BREEAM and Building Regulations. Low carbon engineering options such as ground or water source heat pumps, solar panels and hybrid heating systems will be considered and evaluated including their impacts on the environment and society both upstream and downstream whilst also considering carbon offsetting and biodiversity impacts. Other primary national guidance includes: A Healthier Wales: our Plan for Health and Social Care, Prosperity for All: The National Strategy (Wales) and 21st Century Schools and Colleges Programme.

Locally, this programme supports the vision, objectives and outcomes of the RPB's **Health and Care Strategy: 'A Healthy Caring Powys'**, including the development of health services to form Rural Regional Centres and Community Wellbeing Hubs and is fully aligned with **PCC's Vision 2025** and **PTHB's Integrated Medium Term Plan 2019/20-2021/22** (IMTP).

The development of the school element of the campus is also aligned with the **Strategy for Transforming Education in Powys 2020-2030** which sets out the following vision statement for education in Powys:

*"All children and young people in Powys will experience a high-quality, inspiring education to help develop the knowledge, skills and attributes that will enable them to become healthy, personally fulfilled, economically productive, socially responsible and globally engaged citizens of 21st century Wales".*

The proposals also support a move to a "Carbon Positive Powys" as set out in the **Public Service Board's Wellbeing Plan** and the emerging **Regional Energy Plan**.

The Strategic Context will also demonstrate that the projects and activities detailed in this programme align with other programmes and projects within the Partnership's strategic portfolio.

The **Case for Change** examines the existing arrangements/Business as Usual (BAU) and related business needs for the future of north Powys. This element of the case will focus on improvements/developments required under the main headings of Service delivery and Estates compliance.

In service delivery terms, the programme offers the Partnership the opportunity to redesign the way in which services are delivered across north Powys and implement changes to support the service strategy and integrated model of care.

In order to enable residents in Powys to live longer, healthier and happier lives, there is a need to shift the focus of the model of health and care away from service delivery in acute and specialist hospital settings and offer a more holistic, integrated model with more wellbeing, prevention and early help services delivered closer to people's homes and communities.

The new integrated 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 expectation and new and emerging medical and digital technologies. This enables health, social care and other partner 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.

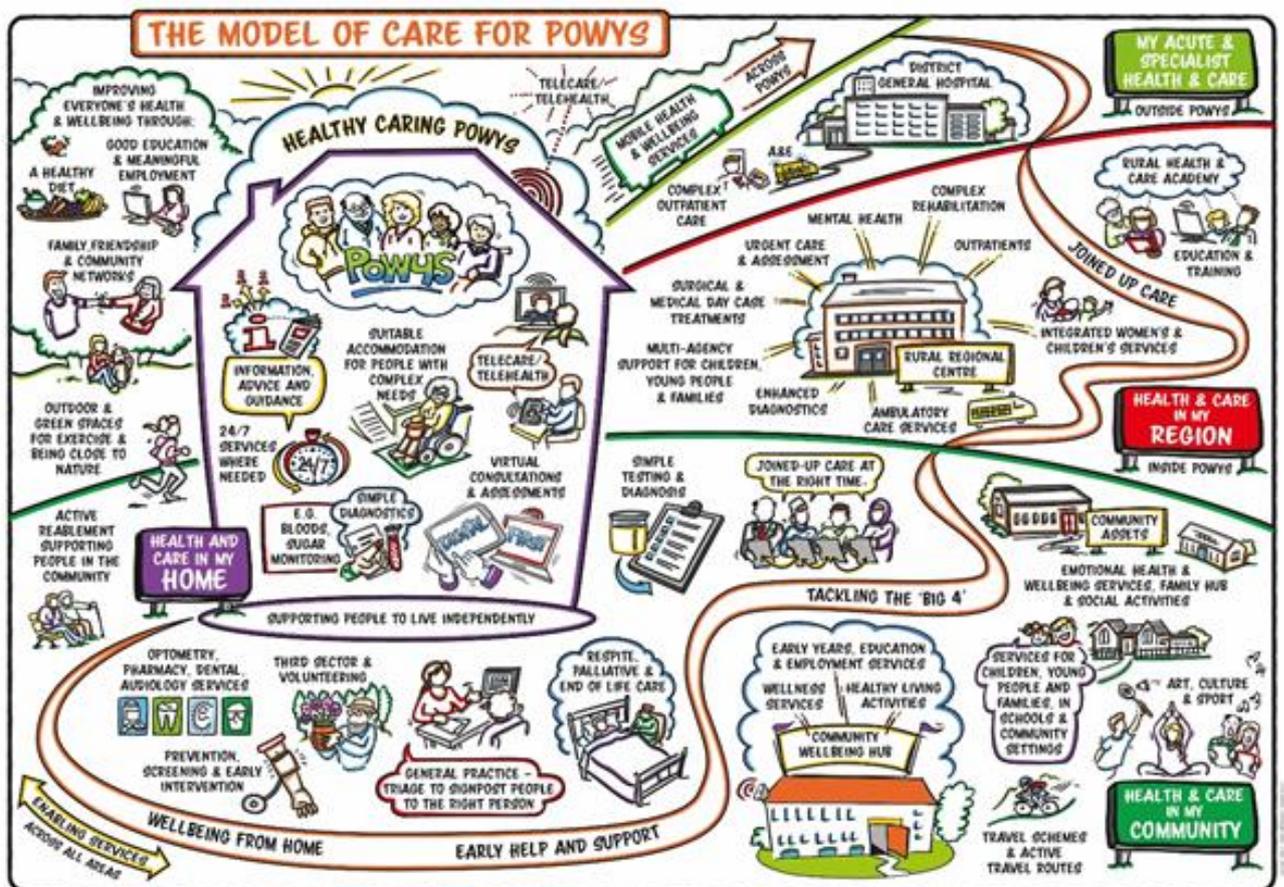


Figure 4: Model of Care for Powys



The Campus will support the current and future population needs and provide more care closer to home in north Powys in order to mitigate against the impact on planned care arising from the Future Fit programme, in addition to addressing compliance issues of an ageing estate.

During 2019, work has been undertaken to assess the local population needs and to develop a robust case for change to underpin a new integrated model. Communities, staff, partners and key stakeholders have been extensively engaged during this time and co-participated in the development of a new integrated model of care which was approved by the RPB and sovereign bodies in March 2020. Further development of the integrated model of care, including demand, activity and capacity planning, is due to be undertaken in 2020/21 as part of the Health and Social Care Strategic Outline Case (SOC) which will further support the development of these services.

For Education, PCC has already received approval in principle of its Strategic Outline Programme (SOP) for Band B of the 21st Century Schools Programme to invest in Newtown (summer 2017). Feasibility work has been concluded, indicating a preference for a new build English-medium primary school within the Campus, replacing the current Ladywell Green Infants School and Hafren Junior School.

Schools in Powys play a central role in their communities, therefore this programme will consider how the development can support more collaborative working to improve wellbeing through early years provision, childcare support, multi-agency services, library services, and include areas for community activity, where appropriate. Not only does this provide an efficient, value-for-money approach that will support the continuation of community services especially in rural areas, it also provides a unique opportunity to deliver an innovative service model.

The Library service is underpinned by a holistic community-centric philosophy and works closely with other public services to provide for the information and learning needs of the whole community. The service promotes wellbeing and aims to counter loneliness. There is therefore an opportunity for this service to draw together the other elements of the PBC and act as the front door to all the other services, reinforcing the philosophy of “no wrong door”.

In compliance terms, PTHB has one of the oldest estates within Wales with over 35% pre-dating the NHS (pre 1948). Similarly, much of PCC’s existing estate is of poor quality, with the two existing schools being identified as condition categories C and D. As such, the Partnership is managing sites with high levels of backlog maintenance, which have significant or high risks of non-compliance or failure. By working collaboratively and combining services into a Campus-style approach, the programme aims to significantly reduce the backlog maintenance across a number of sites whilst benefiting from more efficient space utilisation. In addition, this would release surplus building stock, delivering either cash releasing benefits or potential development opportunities.

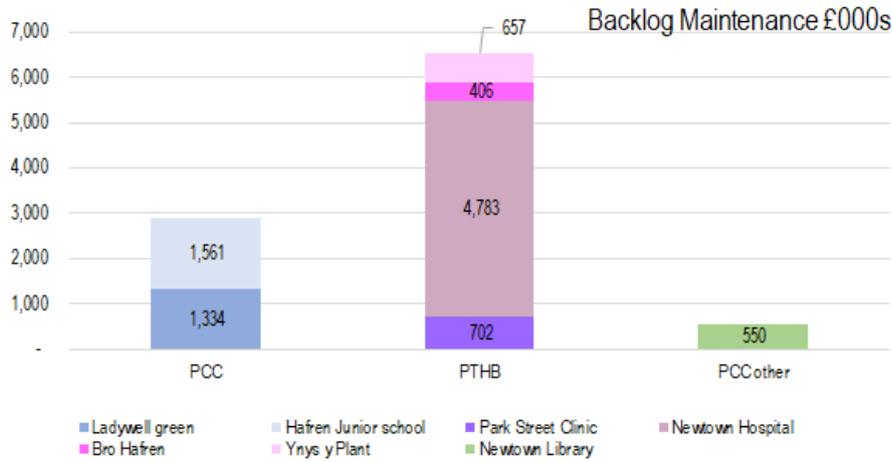


Figure 5: Current Backlog Maintenance in Newtown

As demonstrated in the diagram above the current backlog maintenance across the built estate is **£10 million**. Properties that are no longer suitable for service delivery will be identified when progressing with the Campus, resulting in an estate of better performing buildings leading to a reduction in the running costs and a more sustainable, innovative “fit for purpose” property portfolio, with no residual high or significant compliance risks across the Partnership.

The **Key Benefits** associated with this programme are further detailed in Section 2.2.10 and are summarised below:

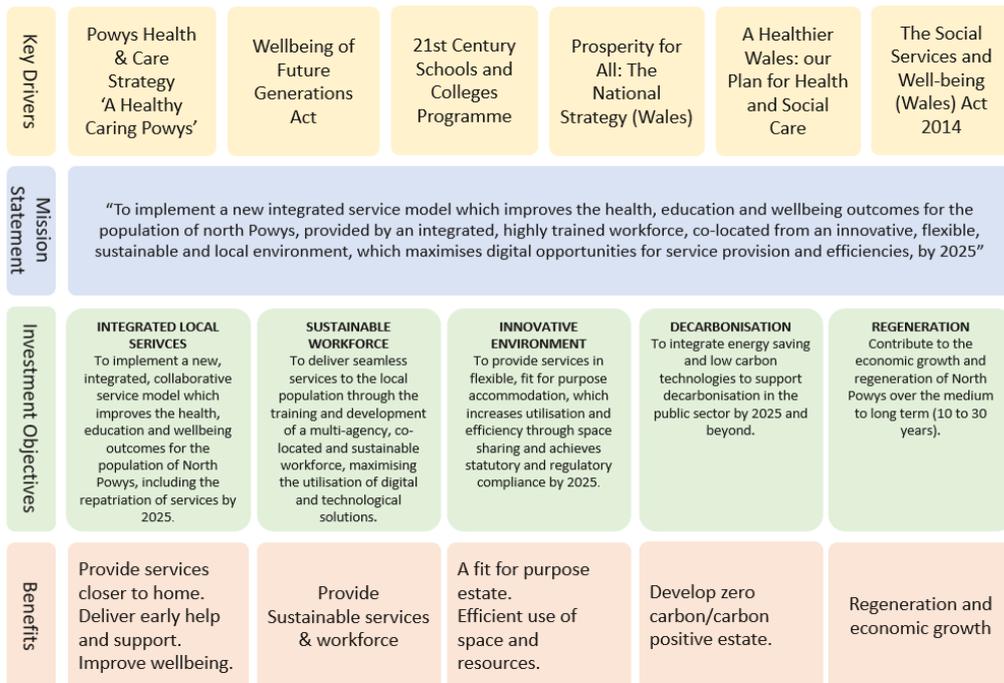


Figure 6: Benefits Framework

It is acknowledged that some benefits will be sector specific, however, a primary focus of this programme is to identify the benefits associated with the integration and co-location of services. The key themes are outlined in the diagram below:

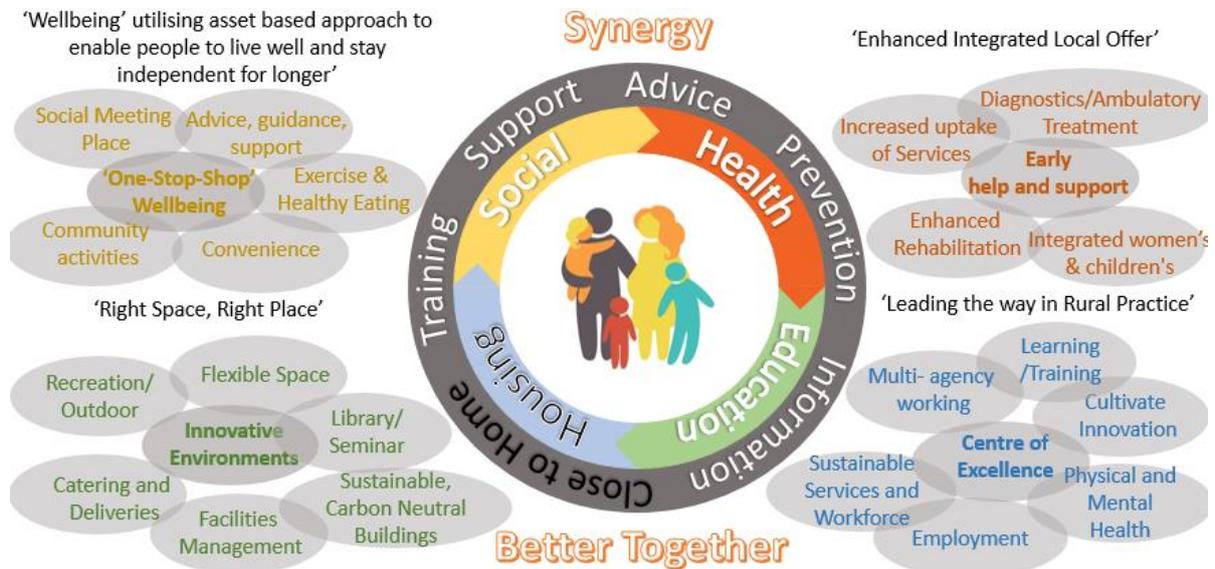


Figure 7: Integration Opportunities

The Campus approach has allowed the programme team to explore the opportunities for shared spaces which can offer a number of benefits including maximised space utilisation, more efficient use of building footprint, economic benefits and greater opportunities for integration, collaboration and innovation across disciplines. The key opportunities to be further investigated are detailed below:

- Offices/Seminar Rooms/Training Suite/IT Suite
- Catering and Dining
- Car Parking
- Hydrotherapy Pool
- Outdoor Spaces
- Carbon Reducing Technologies
- Hard and soft FM services including deliveries, receipt and distribution, domestic services

Details of the potential scope of the programme are detailed in Section 2.2.8, however the main services and key integration links are as follows:

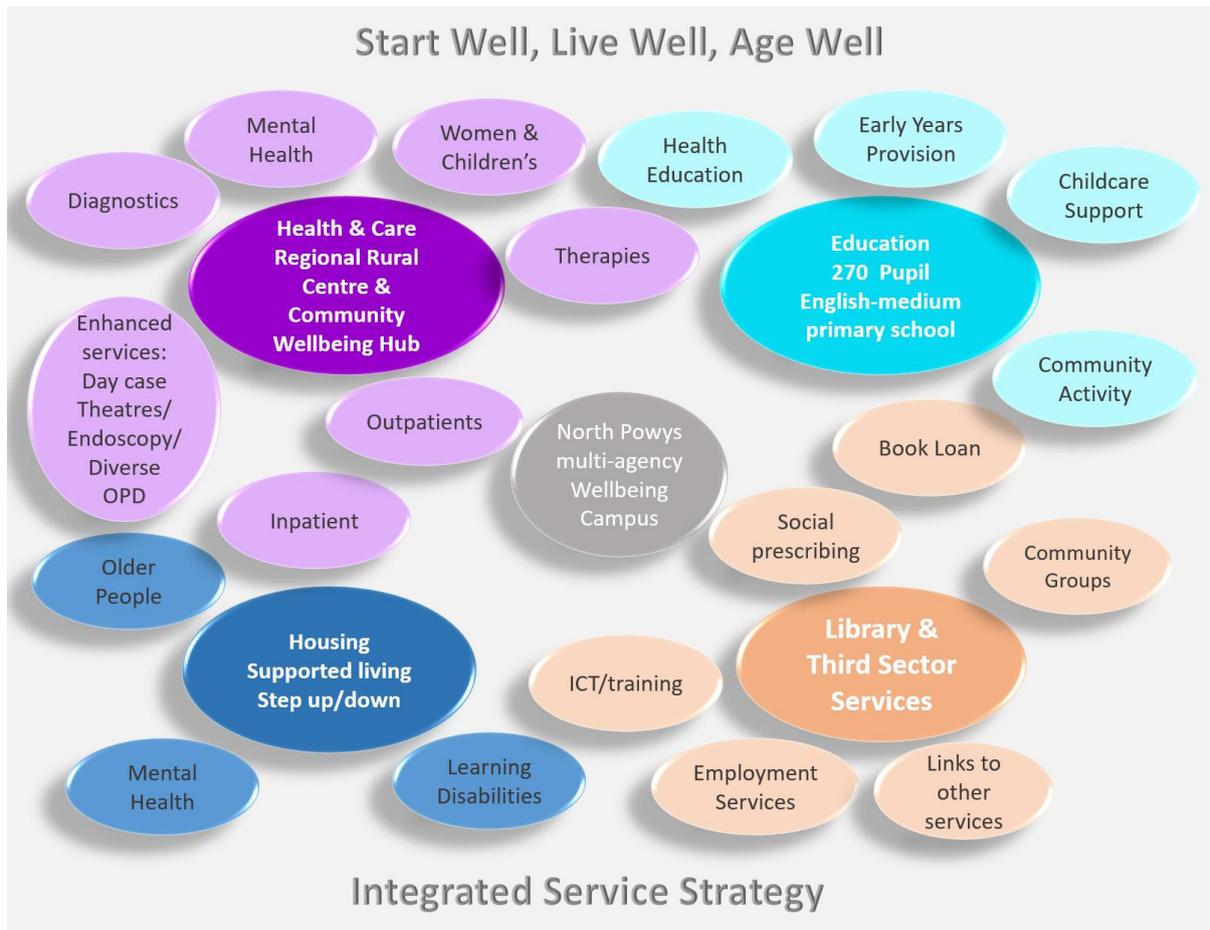


Figure 8: Service Strategy

The purpose of the **Economic Case** is to identify and appraise the options for the delivery of the programme objectives and benefits and to recommend the option that is most likely to offer best Value for Money (VfM) or social value to society, including wider social and environmental effects as well as economic value.

As part of initial feasibility work, a full site options appraisal has been undertaken, details of which can be found in **Appendix XXX**. The preferred site is illustrated in the image below:



Figure 9: Preferred Site Plan

The preferred site measures 4.6 hectares (45,904sqm). The table below details what the preferred site currently comprises of and what buildings are in close proximity to the site:

Current Site	Close Proximity
Ladywell Green Infant and Nursery School	Afon House (Job Centre)
Hafren Junior School	Park Office (Council Offices)
Newtown Library	Ladywell House (Council Offices)
Integrated Family Centre	Newtown Police Station
Park Day Centre	Robert Owen House (formerly mental health team office and now a housing development opportunity)
Park Clinic	

Table 1: Buildings on and in close proximity to the Preferred Site

The consensus of the site appraisal was that the preferred site offers:

- ✓ A good location, accessible to centre of the town, to the Open Newtown programme, recent housing initiatives and to other transport and amenities
- ✓ Links to the school's investment in the area
- ✓ Appropriate size to facilitate the potential scope of the programme
- ✓ No policy designations
- ✓ Owned and know site near existing public amenities and assets
- ✓ Flat, serviced site with potential expansion scope
- ✓ A therapeutic site, ideal for promoting well-being; open green spaces, views, on the banks of the Severn



Having identified a preferred site, the options appraisal focuses on developing the proposed scope of the programme. A long list of options has been developed and categorised under the headings of Technical Scope, Service Solution, Service Delivery, Implementation and Funding (see Section 3.3). By appraising a wide range of realistic and possible options, the following short list of options for economic appraisal has been identified, which will be developed further in subsequent Business Cases.

	Option 1	Option 2	Option 3	Option 4
<b>Scope/Technical</b>	Intermediate 1	Intermediate 1	Intermediate 2	Intermediate 2
<b>Service Solution</b>	Core & Desirable	Core & Desirable plus	Core & Desirable	Core & Desirable plus
<b>Delivery</b>	In-House	In-House	In-House	In-House
<b>Implementation</b>	Phased	Phased	Phased	Phased
<b>Funding</b>	Public	Public	Public	Public

Table 2: Preferred Way Forward

The technical and service scope of these options is summarised below:

Options	Description
1	<p>New build – combined English medium primary school (270 pupils) alongside new Health and Wellbeing facilities</p> <p>Health and Care: consolidation of new integrated model of care into a single location. “Do minimum” in terms of opportunities for repatriation, diagnostics, primary care, inpatient beds, therapy services, family services, mental health services and urgent care</p> <p>Education services amalgamated to provide a 270-pupil primary school with further links to Health and Social Care</p> <p>Library and Third Sector services enhanced to provide greater links to Health, Social, Housing &amp; employment services</p>
2	<p>New build – combined English medium primary school (270 pupils) alongside new Health and Wellbeing facilities</p> <p>Health and Care: consolidation of new integrated model of care into a single location. “Do maximum” in terms of opportunities for repatriation, diagnostics (to include MRI), primary care, inpatient beds (to include level 2 rehab centre), therapy services, family services, mental health services and urgent care</p> <p>Education services amalgamated to provide a 270-pupil primary school with further links to Health and Social Care</p> <p>Library and Third Sector services as above with the addition of Health promotion and community resource centre</p> <p>Develop site as a joint training academy</p>
3	<p>New build – combined English medium primary school (360 pupils) alongside new Health and Wellbeing facilities to include library services and additional supported living accommodation</p>



Options	Description
	<p>Health and Care: consolidation of new integrated model of care into a single location. “Do minimum” in terms of opportunities for repatriation, diagnostics, primary care, inpatient beds, therapy services, family services, mental health services and urgent care</p> <p>Education services amalgamated to provide a 360-pupil primary school with further links to Health and Social Care</p> <p>Library and Third Sector services enhanced to provide greater links to Health, Social, Housing &amp; employment services</p>
4	<p>New build – combined English medium primary school (360 pupils) alongside new Health and Wellbeing facilities to include library services and additional supported living accommodation</p> <p>Health and Care: consolidation of new integrated model of care into a single location. “Do maximum” in terms of opportunities for repatriation, diagnostics (to include MRI), primary care, inpatient beds (to include level 2 rehab centre), therapy services, family services, mental health services and urgent care</p> <p>Education services amalgamated to provide a 360-pupil primary school with further links to Health and Social Care</p> <p>Library and Third Sector services as above with the addition of Health promotion and community resource centre</p> <p>Develop site as a joint training academy</p>

Table 3: Options Summary

The shortlisted options indicate that the spatial requirements for the identified site would range from 23,350sqm to 30,595sqm:

Campus Elements	Minimum (sqm)	Maximum (sqm)
School/Field	15,000 [inc. 2,215 building]	18,000 [inc. 2,620 building]
Health & Care	7,500	10,500
Library	850	850
Specialist Housing	-	1,245
<b>Sub Total</b>	<b>23,350</b>	<b>30,595</b>
External Space tbc	22,554	15,309
<b>TOTAL</b>	<b>45,904</b>	<b>45,904</b>

Table 4: Spatial Requirements

Using the proposed areas derived from the preferred way forward, the potential configuration of the site can be developed. A core objective of this PBC is to demonstrate that the range of options above will “fit” on the site facilitating the desired campus approach, taking into account the desired location of each service on the site and consideration of issues such as safeguarding. It is appreciated that access, green and shared spaces, infrastructure and car parking are key to “unlocking” the preferred site and phasing requirements. Areas of particular note with this site include:

- Phasing: the school is programmed to be complete by September 2024, with the two schools operating as usual; planning will ensure that the construction does not disrupt live services on the site
- The site has minimal access points (they only exist as entrances to the current buildings on site) so consideration needs to be given to access to the site and construction traffic during the build
- There is a floodplain to the north of the site that cannot be built on
- The level and nature of car parking needs to be determined

Further work on the site masterplan will be undertaken during the development of the SOC's. However, during the PBC development, several site configurations were appraised at a high level with a number of stakeholders, with feedback being incorporated into a potential site configuration (pictured below):

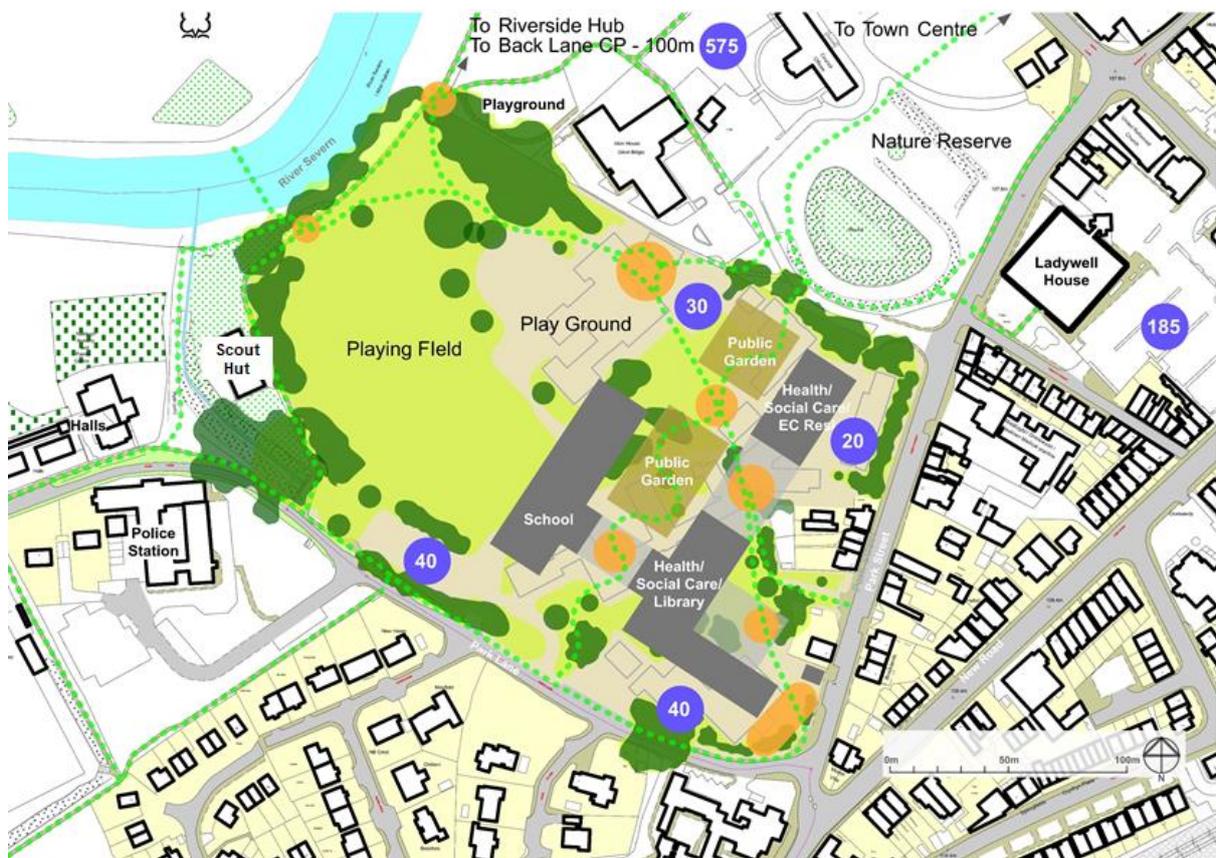


Figure 9: Potential Site Configuration

Having established that the range of options to be taken forward could work on the proposed site, a high-level financial appraisal was undertaken on the preferred way forward:



Economic appraisal summary £000s	BAU	Option 1	Option 2	Option 3	Option 4
Capital Costs (excl VAT)	-	54,736	65,235	58,058	70,038
Backlog Maintenance	9,993	-	-	-	-
Disposal Proceeds					
- Montgomery County Hospital	-	(550)	(550)	(550)	(550)
- Bro Hafren	-	(140)	(140)	(140)	(140)
- Ynys Y Plant	-	(160)	(160)	(160)	(160)
- Park Street Clinic	-	(130)	(130)	(130)	(130)
Socio Economic Benefits	-	NQ	NQ	NQ	NQ
Net Capital Cost (excl VAT)	<b>9,993</b>	<b>53,756</b>	<b>64,255</b>	<b>57,078</b>	<b>69,058</b>

Table 5: High Level Economic Options Appraisal

**Detail to be revised to give 'ranges' rather than set costs**

The preferred option will need to be determined once benefits, risks and revenue costs have been factored into the assessment, which will be included in each of the subsequent project business cases.

The **Commercial Case** outlines the procurement/delivery options available for the programme and will allow for the flexibility to complete specific elements of work as part of a wider project.

The Partnership has a track record of working together to develop services for the people of Powys and have a history of working with communities and other stakeholders and partners to deliver improvements for their population. The Partnership is well placed to jointly contribute to the exciting development of a multi-agency wellbeing Campus for north Powys.

The Partnership is keen to minimise the revenue implications of the overall programme as a key objective. Capital investment and asset ownership is therefore the preferred method of delivery for the programme but would be the subject of detailed review in each of the supporting business cases. The Partnership is flexible in terms of the approach to land ownership having worked collaboratively on land transfers, and is keen to support the more appropriate ownership structure for each element of the programme as required.

To unlock the site, the most appropriate first stage would be to consider the roads, parking and services infrastructure for the Campus to ensure that this key first stage of the development has the appropriate capacity, orientation and resilience to support the scheme as a whole. This also has the advantage of allowing the stakeholders to deliver their specific built environment requirements within their areas of expertise (housing, education, health & care) using their familiar procurement delivery methods as subsequent phases.



Due to the indicative timescales (driven by the need for the school to be completed by September 2024) it is anticipated that the enabling works, infrastructure and school construction will be undertaken by a single contractor who will be appointed via the 21st Century schools programme framework. Procurement options would include utilising a regional framework such as SEWSCAP, South West Wales Regional Contractor Framework (SWWRCF) or North Wales Schools and Public Buildings Contractor Framework or via a separate OJEU Procurement route.

The Health & Care elements of the programme are likely to be procured via the Building for Wales framework. The framework aims to deliver core objectives on behalf of the Welsh Government, including Best Value for Money and Development of Best Practice and Sustainability, amongst others, and is managed by a dedicated team of professionals employed by NWSSP.

It is assumed that the majority of this programme will be funded by public funding (All Wales Capital Funding), with the school being funded by Welsh Government and PCC (50/50 split). However, due to the complexity of the Campus, with wide-ranging services, buildings and policies governing the site, it is recognised that there are multiple funding streams that could contribute to its development. The ability to access a single point of funding would make the development of the Campus simpler.

The **Financial Case** will detail the capital funding requirements for the programme, which is currently estimated at £64m to £83m (including VAT) across the options, after including VAT but before the benefit of any disposal proceeds (estimated to be in the range of £0.9m to £1.1m), as set out below:

Cost Summary £000s	BAU	Option 1	Option 2	Option 3	Option 4
GIFA m <sup>2</sup>	5,703	10,641	14,046	11,641	15,291
Capital costs (excl VAT)	9,993	54,736	65,235	58,058	70,038
Less disposal proceeds	-	(980)	(980)	(980)	(980)
<b>Economic Case</b>	<b>9,993</b>	<b>53,756</b>	<b>64,255</b>	<b>57,078</b>	<b>69,058</b>
Add back disposal proceeds	-	980	980	980	980
Add VAT	-	10,947	13,047	11,612	14,008
<b>Financial Case (funding requirement)</b>	<b>9,993</b>	<b>65,683</b>	<b>78,281</b>	<b>69,670</b>	<b>84,045</b>
Subsequent reduction for disposal process	-	(980)	(980)	(980)	(980)
<b>Net funding requirement</b>	<b>9,993</b>	<b>64,703</b>	<b>77,301</b>	<b>68,690</b>	<b>83,065</b>

Table 6: Reconciliation of Economic to Financial Case costings

Detail to be revised to give 'ranges' rather than set costs



The investment would also eradicate the need to incur approximately £10m of backlog maintenance costs as previously noted. Furthermore, the programme would deliver a number of additional social and economic benefits that are, as yet, unquantified, but include job creation from both construction and general increased activity post build phase, increased footfall on the high street and retail activity, from both new facilities and the potential developments on the disposal sites, as well as opportunities for additional Local Authority revenues such as rates and council tax resulting from the above.

Some initial revenue savings have been identified such as those relating to maintenance and running costs and those associated with travel however, more detailed revenue assessment including the benefits of repatriating services and associated staff costs will be further developed during SOC/OBC development.

The **Management Case** demonstrates that each element of the programme is achievable and can be delivered successfully to cost, time and quality. This section details RPB's programme management arrangements as well as the key appointments required to deliver the programme. The governance arrangements are illustrated below:

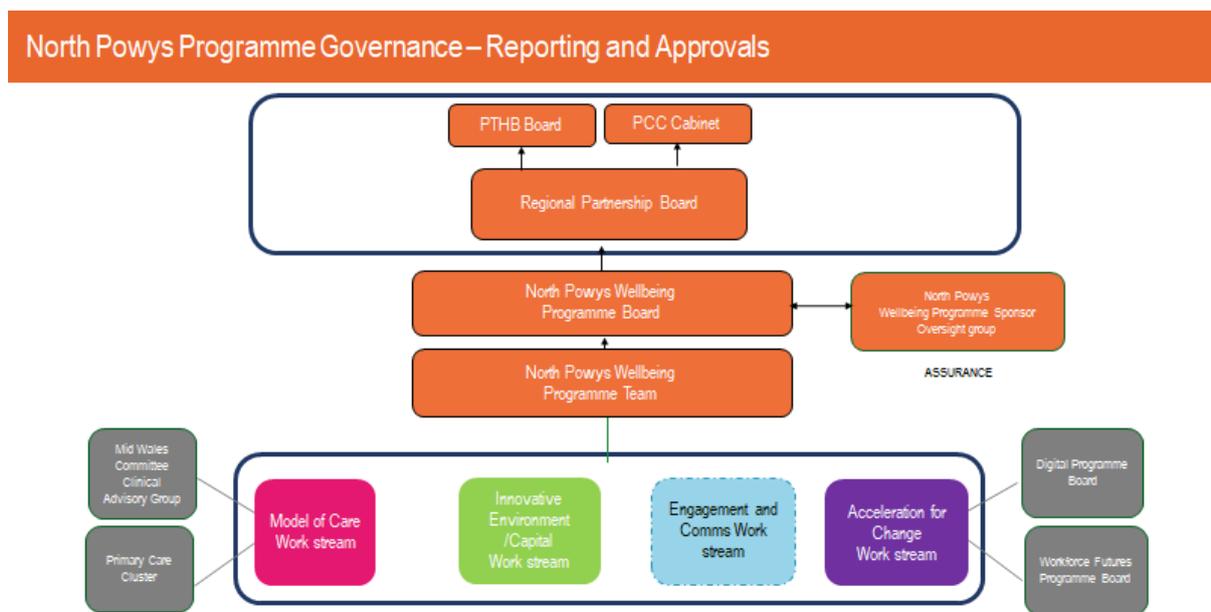


Figure 10: North Powys Programme Governance Structure: Reporting and Approvals

The Programme operates within the agreed Governance arrangements as per the diagram above. A Programme Oversight Group is in place and meets quarterly, this includes Independent Members and Portfolio Holders. The Programme Board meets monthly and is jointly chaired by the CEO's of the Council and the Health Board. The day to day management of the Programme is run through the Programme team and four workstreams with links to other key operational groups to support with delivery.



*The production of this PBC began a few months before the COVID-19 pandemic escalated in the UK in March 2020. Partnership staff were redeployed from “business as usual” to strategic and operational roles surrounding the control of the coronavirus.*

*Once resumed, the PBC was updated to include learning from the COVID-19 pandemic and what impact this may have on current and future services including; virtual consultation, agile working, digital, social distancing and planning for future pandemics. Whilst it is understood that work on the development of these services are ongoing, a formal “lessons learned” process is currently underway and will be further detailed in subsequent SOCs.*

### 1.1 Recommendation

Based on the information contained within this PBC, it is recommended that the programme be endorsed to continue to develop a series of SOCs/OBCs/FBCs, to create a collaborative, multi-agency, well-being Campus for the population of north Powys to support delivery of the RPB outcomes via the integrated model of services.

<b>Signed:</b>		<b>Signed:</b>	
<b>Dated:</b>		<b>Dated:</b>	
Alison Bulman, Powys County Council Senior Responsible Owner, North Powys Wellbeing Programme		Hayley Thomas, Powys Teaching Health Board Senior Responsible Owner, North Powys Wellbeing Programme	

<b>Signed:</b>		<b>Signed:</b>	
<b>Dated:</b>		<b>Dated:</b>	
Dr Caroline Turner, Powys County Council Programme Sponsor, North Powys Wellbeing Programme		Carol Shillabeer, Powys Teaching Health Board Programme Sponsor, North Powys Wellbeing Programme	



## 2 The Strategic Case

This Business Case is seeking approval to proceed with a programme of works in order to develop a multi-agency wellbeing campus in Newtown (the “Campus”). The purpose of this section is to demonstrate how the proposed North Powys Wellbeing Programme of works fit within the existing business strategies of the RPB and outlines a compelling case for change, in terms of existing and future service and estate needs. The strategic case is split into 2 sections:

### Part A: The Strategic Context

The Strategic Context contains an overview of the partnership organisations, confirms that there is a strategic fit between the proposed programme and national/local policy and objectives and that the scheme supports the proposed vision for care delivery and changes in activity.

### Part B: The Case for Change

The Case for Change describes the current challenges faced by the Partnership and the need for increased focus on wellbeing, early help and support, new/improved services and facilities. This section highlights ‘Business as Usual’ (BAU), describing the problems with the existing service model and facilities in Newtown, as well as detailing the investment objectives, benefits and risks associated with the proposed programme.

### 2.1 Part A: Strategic Context

The purpose of this programme of work is to develop a new integrated model of health, care and wellbeing services in north Powys. The North Powys Wellbeing Programme (NPWP) is a once in a generation opportunity to bring together partner organisations to enhance and transform the way we deliver health, care and wellbeing services in north Powys.

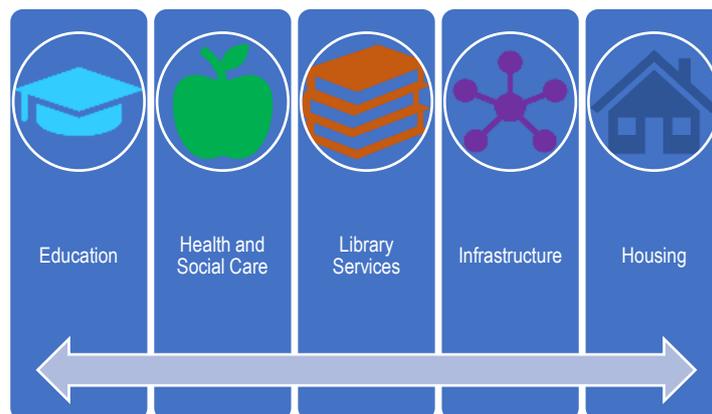
The RPB is fully committed to the delivery of a new integrated model of care for north Powys, which includes a Rural Regional Centre (to enhance the local service offer) and Community Wellbeing Hub (to improve wellbeing and reduce demand on future service provision), both of which were set in Health and Care Strategy: ‘A Healthy Caring Powys’ which was agreed in 2018. “A Health Caring Powys” is fully aligned with PCC’s Vision 2025 and PTHB’s Integrated Medium Term Plan. To support delivery of the programme, Transformation Funding was secured from Welsh Government in mid-2019, enabling the delivery of the long-term change associated with the new integrated model of care which includes the Campus as well as short-term areas of acceleration of change in relation to new ways of working that can be implemented now to deliver the new integrated model of services. The scope of the programme includes:

- The testing and delivery of a new integrated model to a rural population which focuses strongly on evidence based of innovative practice to deliver the highest value and efficient system



- The development of a multi-agency wellbeing campus in Newtown which includes education, housing, health and social care and leisure/wellbeing activities
- Working with local communities to co-design and address the practical implementation of a new integrated model which is based on future needs, addressing “what matters” to people, has ownership by communities, and builds the capacity of individuals and communities to develop and evolve formal and informal community services that enable people to live independent and healthier lives
- Effective learning, evaluation and transfer, acting as a flagship scheme to support the broader roll out of a new integrated model across Powys

The programme aims to bring partners together across education, health and social care, housing and third sector, with opportunities for further linkages to leisure, police and ambulance services. It will also maximise essential links with green spaces through Open Newtown as well as the town centre supporting Welsh Governments initiative “Town Centres First”. The purpose of this section is to explain how the development of the Campus fits within the existing business strategies of the Partnership. As this is a multi-agency programme, the following symbols have inserted into the header where information relates to these sectors only:



## Organisational Overview

### 2.1.1.1 [Introduction](#)

PCC and PTHB are partners in the Regional Partnership Board that oversee the NPWP.

### 2.1.1.2 [Powys County Council](#)

PCC is responsible for delivering a range of services to approximately 132,000 residents across Powys and has a strong vision for the future, with four strategic priorities which focus on the economy, health and care, learning and skills, and residents and communities. It is one of the largest employers in Powys delivering health and social care services, education, highways and leisure. The county of Powys covers a quarter of the land mass of Wales and is one of the most sparsely populated areas in the UK, with many residents living in rural upland areas and historic market towns. Some of the services PCC delivers include:



- Social care (including adult and children's services)
- Schools and Nurseries
- Construction and maintenance of roads, parks and other infrastructure
- Planning and building control services
- Waste collections
- Environmental Health
- Libraries
- Housing (including homelessness)

PCC receives money in three ways:

- Welsh Government
- Income raised through fees and charges
- Council tax

Key challenges for PCC are to continue to manage demand for social care whilst achieving significant financial savings. Key to achieving this will be keeping people safe and independent at home through increased use of digitally enhanced services and more integrated ways of working, as well as increased wellbeing, early help and support services to reduce demands on statutory provision. This programme will support the integration of community wellbeing services, to improve health outcomes and reduce health inequalities for residents in deprived communities in north Powys, thus reducing the need for admission to hospital and care homes in the future.

Since early 2018, PCC has been working with schools in Newtown to develop plans for the development of a schools' infrastructure which will strengthen local communities. A primary aim of this programme is to integrate an "all through" primary school (which is to be developed following the merger of an infant school and junior school in Newtown) into the Campus in line with PCC's Strategy for Transforming Education in Powys 2020-2030, which states that new developments should support community-focussed schools which act as a central point for multi-agency services to support children, young people, families and the community.

#### [2.1.1.3 Powys Teaching Health Board](#)

Like PCC, PTHB is one of the largest employers within Powys and shares many of the same challenges in terms of delivering diverse services across a large and sparsely populated rural region. It is responsible for commissioning secondary health care and hospital services and co-ordinating the delivery of primary care services. It also directly delivers community care services such as district nursing, child health, midwifery, and community services in nine local community hospitals.

As PTHB is primarily a commissioning organisation, the largest proportion of its budget is devoted to commissioning NHS services in the community by primary care contractors and the Third Sector. Additionally,



secondary care services are provided through commissioning arrangements with other Health Boards in Wales and NHS Trusts in England. These multiple complex arrangements mean that, as an organisation, PTHB has a highly developed ability to provide coherence across multiple strategies, providers and pathways. PTHB has three strategic challenges for the future:

- Designing and delivering a clinically and financially sustainable rural service model, providing as much care as close to home as possible through a continued shift from hospital to community-based models of care
- Meeting the changing needs of Powys residents as demographic change and improvements in healthcare continue to make their impact felt on demand for, and cost of, services
- Working with partners and the public to support sustainable rural communities in a period of public sector austerity

A primary aim of this programme is to support the development of a Rural Regional Centre in Newtown, a key priority of the Integrated Medium-Term Plan 2019/20-2021/22 (IMTP). Rural Regional Centres are already under development within existing healthcare buildings in Llandrindod Wells and Brecon, and the development of this model at Newtown will create a central spine through Powys, focussing on enhanced and extended local services to reduce inequity of the current offer, improving care closer to home and maximising the range of services which can sustainably be delivered in county.

#### 2.1.1.4 [Integration](#)

The Partnership serves the same population, largely experiencing the same challenges and opportunities of the sparsely populated, highly rural county. The Partnership have a track record of working together to develop services for the people of Powys and have a history of working with communities and other stakeholders and partners to deliver improvements. Powys is also the first region in Wales to have an approved joint Health and Care strategy.

PCC and PTHB are key partners in the Regional Partnership and Public Service Boards. Integrated working is a key priority with a series of Section 33 arrangements bringing teams together to deliver integrated backroom and frontline services.

The impact of this integration is to shift the balance of services towards an increased emphasis of wellbeing, early help and support and to provide more joined up care when people need to access services. This is being demonstrated across Powys, including at planned developments such as those at Bro Ddyfi Community Hospital in Machynlleth as well as within Newtown where partners are already working together to improve wellbeing. There are many initiatives where the community is being drawn together in Newtown, with linkages to the school, police, PAVO, Open Newtown and many other organisations (detailed in Section 2.2.8.1.6).

## 2.1.2 Why North Powys and Newtown?

The Powys Population Wellbeing Assessment<sup>1</sup> identified that the health and social care need was greater in north Powys compared to mid and south Powys, making it a priority for investment and more innovative and effective health and care delivery, as well as being identified as requiring investment in education services. The key issues are described below; with further details available in **Appendix XXX**.

### 2.1.2.1 Determinants of Health

Social determinants of health are the conditions in which people are born, grow up, live, work and age. These conditions influence a person's opportunity to be healthy, his/her risk of illness and life expectancy. Social inequities in health, the unfair and avoidable differences in health status across groups in society, are those that result from the uneven distribution of social determinants<sup>2</sup>. The conditions which make up the social determinants of health are wide-ranging and include the following:



Figure 11: Conditions that make up the social determinants of health

In addition to each individual factor, these influences interact with each other in a complex way. For example, poor health or lack of education can impact on employment opportunities which in turn constrain income. Health is certainly influenced by behaviours, with smoking, alcohol consumption, unhealthy diet and physical inactivity most prominent among behaviours that are related to ill health in the UK. However, these behaviours are largely themselves influenced by social determinants of health including income, employment and access to healthy environments. Also, where healthcare is important for improving health and combatting illness, the access to and

<sup>1</sup> Powys Public Service Board (2017) Well-Being Assessment

<sup>2</sup> The World Health Organization (WHO) (<https://www.who.int/>)

use made of that healthcare is affected by social determinants of health. This has led some people to call social determinants the causes of the causes of poor health.

The impact of the social determinants of health and especially material deprivation is shown clearly through health inequalities as set out 10 years ago in the Marmot report. People in richer areas live longer than those in poorer areas. Not only that, but there is an even bigger difference in healthy life expectancy, the length of time that people live in good health. People in poorer areas live shorter lives and for more of that time they are in poor health. There are many reasons for these differences, but most at their core come down to social determinants of health<sup>3</sup>.

The NPWP and proposed Campus aims to reduce the inequalities faced by the residents in north Powys and enable residents to “Start Well, Live Well, Age Well”.

### 2.1.2.2 [Demography](#)

The population of north Powys is 63,271<sup>4</sup>, with Newtown being the largest town not just in north Powys, but the whole of Powys (population 11,319). Apart from the 4 largest towns, the rest of the population are widely dispersed in smaller centres, hamlets and across many rural properties.

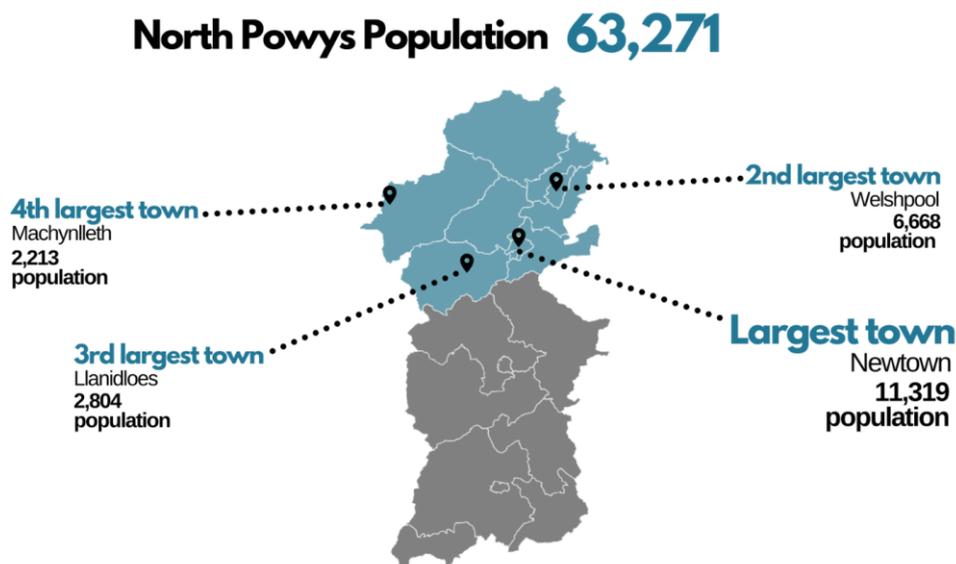


Figure 12: Map of North Powys depicting population of largest towns

Powys has an ageing population and it is projected that 38% of the population will be aged over 65 by 2036, who will require access to services, public transport, and accommodation. While people are living longer, these years are not always healthy. New treatments are also being developed which could help more people live for longer,

<sup>3</sup> Local Government Association (July 2020) Social determinants of health and the role of local government

<sup>4</sup> Powys County Council Business Intelligence Unit February 2020

but they are costly. To meet future demand, the way in which services are delivered must be changed, so that they are both affordable and sustainable.

Powys also has a dispersed rural population with nearly 59% of the population living in villages, hamlets and rural areas, making access to services challenging and, in some areas, limited. The age bandings for North Powys are detailed below:

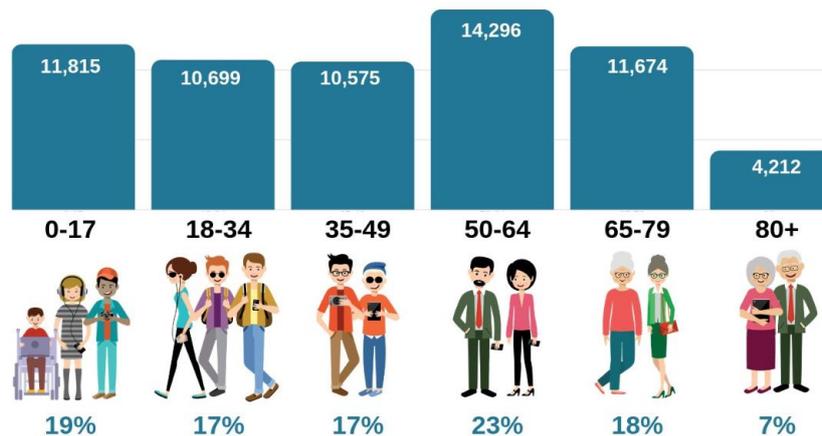


Figure 13: North Powys population age banding percentages

### 2.1.2.3 Accessibility

Powys' rurality affects every element of service development and delivery. The indicators are already clear that the workforce of Powys is shrinking. This is in all areas of the Powys economy, not just the health and social care sector. The population is ageing both because older people see rurality as a retirement dream (only to see it become challenging as frailty begins to manifest itself) and the younger age groups see moving away as the route to achieve their own ambitions<sup>5</sup>.

The Department for Transport estimates that people in rural areas of England and Wales travel approximately 40% further than people in most urban areas and almost all of this extra distance travelled by rural residents is by car. The car-dependent nature of travel in many rural areas means that there is a rising risk of mobility-related exclusion particularly amongst the oldest and those with health needs and Community Hospitals are an integral part of healthcare provision in many rural areas.

People in Powys rely on health services around the county's borders. Each of these systems link into their own wider health economies which mean people can travel further away from Powys for specialist care. Due to the geography and population size of Powys, it is not feasible to develop a District General Hospital in the county, and as a result most specialist care has continued to be provided through the five health systems around its borders.

<sup>5</sup> North Powys Wellbeing Programme (Jan 2020) Case for Change



Closest Hospitals by Rank	Distance <sup>6</sup> (miles)	Min Travel Time (mins) <sup>7</sup>	Max Travel Time (mins) <sup>7</sup>
Royal Shrewsbury Hospital	32	58.1	155.2
Robert Jones & Agnes Hunt	32	57.8	155.8
Bronglais Hospital	44	56.8	154.9
Wrexham Maelor Hospital	44	56.9	156.4
Telford Hospital	48	56.7	155.5

Table 7: District Hospitals serving North Powys residents (with min and max travel time)

North Powys is strategically important in strengthening health and care services for mid Wales and providing an opportunity to reduce the impact of reconfiguration proposals around its borders. There are also opportunities to work in partnership with these health systems and to upskill our local workforce to provide some of these services more locally in north Powys.

A key consideration for service providers is to deliver as much care as possible in Powys, avoiding out of county travel and providing a better experience for the individual. The current hospital model is proving increasingly challenging to sustain, and a key future goal is to redesign this clinical model and, in the process, strengthen the primary care sector to support a sustainable future for health and social care in the community.

In north Powys there is currently no local service provision for day cases; approximately 5,000 people travel out of county each year for relatively straight forward operations that could be undertaken in a day-case facility in north Powys. There are also around 60,000 outpatient appointments which take place each year outside Powys, a large proportion of which could be delivered more locally or via virtual digital clinics if there was access to the right infrastructure, diagnostics, workforce and facilities. Investment in digital technology and new facilities will enable the delivery of local day cases, diagnostics and one stop services in north Powys, this will hugely overcome travel distances and multiple visits to District General Hospitals providing value-based healthcare and improving the experiences for some of the most deprived communities in Wales by reducing unnecessary travel.

Inequalities in service provision are significant in north Powys. People in north Powys rely heavily on health services from within Shropshire's Shrewsbury and Telford Hospital Trust (SaTH). Many of these services are changing under the Future Fit reconfiguration programme and a large proportion of services including planned care are going to be transferred to the Telford Hospital site, resulting in people having to travel much further for routine care that could be provided locally in Powys. Recently the CQC have reported concerning quality issues in relation to the standards of care at the Shrewsbury and Telford Hospital Trust, and discussions are ongoing in

<sup>6</sup> <https://www.rac.co.uk/route-planner/> using the town clock in Newtown SY16 2BB and the fastest route

<sup>7</sup> Powys County Council Business Intelligence Unit February 2020



partnership around more short term measures which could be taken to support a reduction in admissions to SaTH and to improve discharge planning.

#### 2.1.2.4 Deprivation

By growing up in a deprived area, children are more likely to have poorer health and adults are more likely to adopt unhealthy lifestyles which will impact on the rest of their lives. Evidence shows that over a 10-year period, cognitive outcomes for children from a low socio-economic status is significantly lower than for those from a high socio-economic status.

In Powys, just over 1 in 5 children are estimated to be living in poverty after housing costs are taken into consideration. Across Wales, there is a clear correlation between levels of deprivation and rates of overweight or obesity, ranging from 28.4% of children living in the most deprived areas being overweight or obese to 20.9% in the least deprived. This is particular concern in the Newtown and Welshpool areas which both score highly on a number of factors associated with the Welsh Index of Multiple Deprivation (WIMD). With a reducing child population, resources need to be focused on both universal and targeted support to those families with the highest needs or risk<sup>8</sup>.

Unhealthy lifestyles increase demand on health and social care services and reduce people's ability 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.

#### 2.1.2.5 Health and Wellbeing Indicators

The PCC Business Intelligence Unit conducted a detailed analysis of over 40 datasets split into three reports:

1. Focus on Wellbeing
2. The Big Four
3. Joined Up Care

The same methodology was utilised in all three reports: indicators were coloured red, amber or green, depending on how far off the Powys Average (mean average) they were, with green being better than average. The ratings have been converted into percentages, allowing the team to analyse the areas with the greatest proportion of "red". The figure overleaf shows that the north Powys area with the highest level of "below average" measures relating is Newtown South-West:

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<sup>8</sup> North Powys Wellbeing Programme (Jan 2020) Case for Change

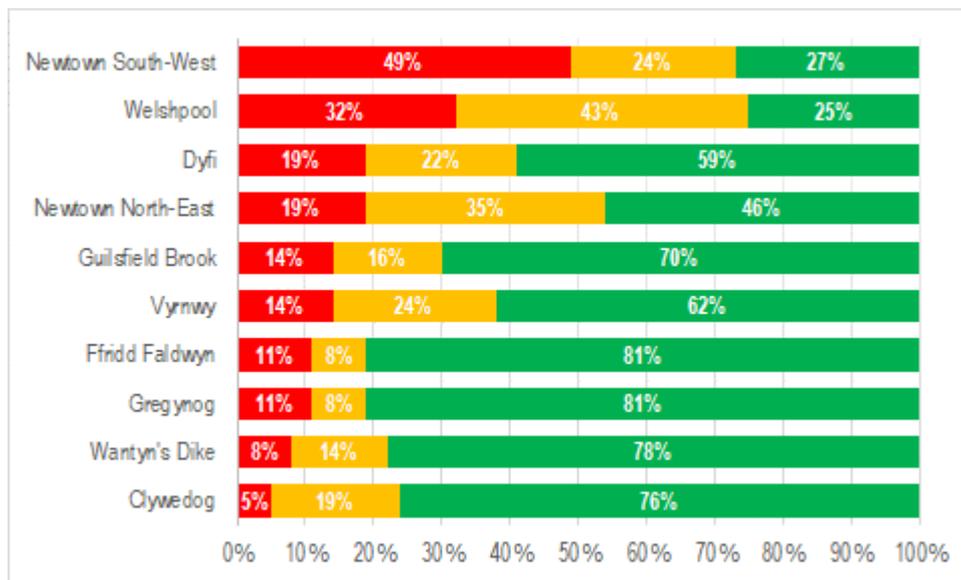


Figure 14: North Powys health indicators (wellbeing, big 4, joined-up care)

The analysis also found:

- Newtown has a higher average of children living in poverty
- The lowest levels of home ownership for north Powys are in Newtown and Welshpool
- People in Newtown South West have a higher average for those struggling to keep up with bills
- Newtown South West has the highest average unemployment and, in general, unemployment is rising steeply in Powys
- The lowest level of satisfaction with the local area is Newtown South West
- Lowest levels of two parent households are in Newtown South West
- Children on the child protection register average rates are high in Newtown and Welshpool
- The number of unpaid carers on average is higher in Welshpool and Newtown South West
- The rate of people receiving domiciliary care is higher in Newtown South West and Dyfi localities

The following visual shows the variation across the ten areas in north Powys. The overall RAG for an area is shown on the top row, and the underlying rows represent The Big Four, Focus on Wellbeing and Joined Up Care. It can be seen that the areas with the lowest RAG ratings are Newtown North East and Newtown South West (full details can be found in [Appendix XXX](#))

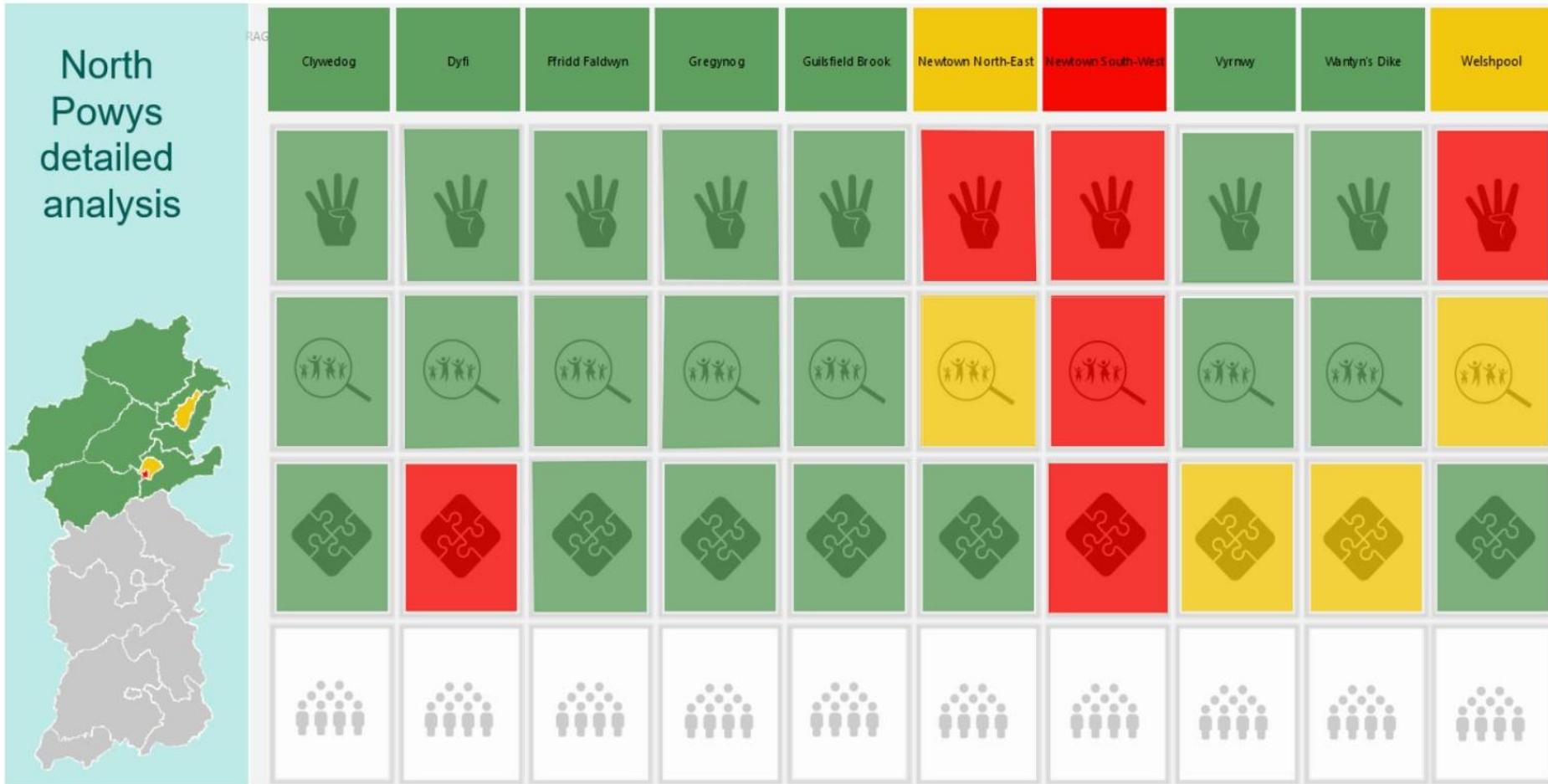


Figure 15: North Powys health indicators (detailed analysis)



#### 2.1.2.6 [Education Indicators](#)

Between 2014 and 2019, Powys' population fell by around 0.71%, or 949 people<sup>9</sup>. This decline is set to continue for the foreseeable future. This population decline will not be evenly distributed across all age groups and it is expected that the number of young people in the county will reduce by 14% over the next 20 years<sup>10</sup>. This will create additional pressures on an already stretched education system, necessitating the removal of the infant/junior split in some areas to create “all-through” primary schools, as in the proposed Campus.

As is the case nationally, there is a significant gap in educational outcomes between pupils from low-income families and those from more affluent backgrounds in Powys. The schools included in the Campus have between 22%-27% of children eligible for free school meals, compared to a national average of 18%. With a focus being placed on tackling inequality across Wales, concentrated effort is required to close the attainment gap between those eligible for free school meals and those who are not.

#### 2.1.2.7 [Housing and Regeneration](#)

The average household size in Powys is projected to decrease from 2.24 persons in 2011 to 2.13 persons in 2026 (based on the 2011-based Local Authority Population Projections produced by the Welsh Government). Smaller households, and changes to the welfare system, will increase the need and demand for 1- and 2-bedroom properties, although these must be designed with adequate amenity space.

### 2.1.3 National Policy Drivers

Nationally, the programme aligns with the key principles of The Well-being of Future Generations (Wales) Act 2015 and The Environment (Wales) Act 2016, with particular reference to the National Climate Change Emergency and how the proposed works will contribute to carbon reduction. The key national drivers for this programme are outlined below:

#### 2.1.3.1 [A Healthier Wales: Our Plan for Health and Social Care \(2019\)](#)

This document sets out a level of ambition to bring health and social care services together, working seamlessly across the whole system, designed and delivered around the needs and preferences of individuals, with much greater emphasis on keeping people healthy and well. It sets out ten national design principles for change and transformation. The NPWP is driven by these design principles as follows:

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<sup>9</sup> Powys Wellbeing Bank: population projection 2014-2019 (all ages)

<sup>10</sup> Powys Wellbeing Bank: population projection for 2039 (ages 0-15)



Principles	Initial Assessment of the NPWP against “A Healthier Wales” Principles
Prevention and Early Intervention	<ul style="list-style-type: none"> <li>• shift the whole system to focus on prevention, early help and support in a rural setting to reduce unnecessary hospital admissions and attendances</li> </ul>
Safety	<ul style="list-style-type: none"> <li>• a sustainable workforce will underpin the new integrated model, this will upskill people and provide effective learning and development through a networked approach</li> <li>• ensure seamless service provision and provide a fit for purpose environment</li> </ul>
Independence	<ul style="list-style-type: none"> <li>• support people to remain independent at home for as long as possible, but feel connected to their communities</li> <li>• support carers and disabled people to live a fulfilled life utilising new technology where possible</li> </ul>
Voice	<ul style="list-style-type: none"> <li>• embed a co-production approach in the programme of work</li> <li>• develop the workforce and systems to be flexible enough to achieve what matters most to the individual and their families</li> </ul>
Personalised	<ul style="list-style-type: none"> <li>• joint care planning will be fundamental</li> <li>• we will support a cultural change which enables people to respond to people’s holistic needs and reach their potential through a coaching approach</li> </ul>
Seamless	<ul style="list-style-type: none"> <li>• service will be designed from the service user perspective</li> <li>• integrate services, through multiple levels of integration i.e.               <ol style="list-style-type: none"> <li>1) health, social care, education, housing, ambulance and leisure</li> <li>2) physical and mental health</li> <li>3) secondary, community and primary care</li> </ol> </li> </ul>
High Value	<ul style="list-style-type: none"> <li>• project evaluation will provide evidence of value</li> <li>• integrated, system-wide planning and resource deployment will be designed to reduce avoidable and duplicated demand, services and cost.</li> <li>• Condition and procedure specific, whole system pathways will be designed to provide right service in the right place at the right time to minimise avoidable demand and provision.</li> </ul>
Evidence Driven	<ul style="list-style-type: none"> <li>• The design of the new integrated model will be based on both national and international best practice.</li> <li>• The benefits realisation and project evaluation will provide evidence on effectiveness of the new integrated model before roll out across Powys.</li> </ul>
Scalable	<ul style="list-style-type: none"> <li>• A programme management approach will allow project outcomes to be defined and measured, along with system wide performance. This will provide evidence of what works well and what doesn’t work well.</li> </ul>
Transformative	<ul style="list-style-type: none"> <li>• A new integrated model to redesign the whole health and care system will transform the way health and care is provided in the future in Powys. The stakeholder involvement in the work will be key to support the broader roll out across Powys.</li> </ul>

Table 8: Initial Assessment of the NPWP against “A Healthier Wales” principles



#### 2.1.3.2 [Prudent Health Care \(2015\)](#)

The principles of prudent health and care informed and influenced the Health and Care Strategy and the local principles for Powys. They will be a core part of the design framework that have underpinned the process for developing a new integrated model for north Powys.

#### 2.1.3.3 [The Social Services and Wellbeing Act \(2014\)](#)

This Act imposes duties on local authorities, health boards and Welsh Ministers to promote the wellbeing of those who need care and support, or carers who need support. It seeks to ensure people have greater control over what support they need with an equal say in the support they receive; partnership and co-operation underpin service delivery and prevention of escalating needs.

This Act has been fundamental to the design of the new integrated model, shifting the focus of the current system to wellbeing and early help. It will prevent people from becoming ill in the longer term, reduce people being admitted to hospital, help people to remain independent at home and to enable people to live a fulfilled life.

For those people who continue to need to access services, these will be joined up through effective care coordination and integrated multi-disciplinary teams which provide seamless care in the community and at home. These teams will be supported via Community Wellbeing Hubs and Rural Regional Centres.

#### 2.1.3.4 [The Well-being of Future Generations \(Wales\) Act 2015](#)

Wales faces several challenges both now and in the future. These include climate change, poverty, health inequalities, jobs and growth. To tackle these issues the National Assembly for Wales passed legislation in 2015 which requires a range of public bodies across Wales to work together to give current and future generations a better quality of life.

The Act places a duty on all public bodies to carry out sustainable development - the process of improving the economic, social, environmental and cultural well-being of Wales. It requires all public bodies to change the way they work in order to improve well-being for the whole population, by acting in accordance with the sustainable development principle, and meeting the 7 Well-being Goals (see figure below):

### Well-being Goals

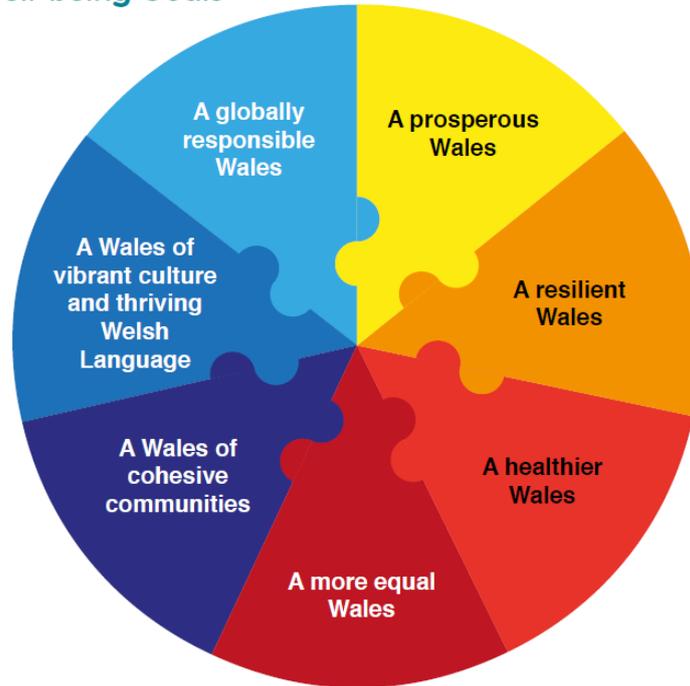


Figure 16: Well-being Goals

By considering the 7-well-being goals, PTHB can better meet the needs of its current population without compromising the ability of future generations to meet their own needs. Sustainable developments connect the environment in which we live, the economy in which we work, the society which we enjoy and the cultures that we share to the people that we serve and their quality of life. The Act places duties on public bodies to consider how key decisions impact on the longer term. It sets out 5 key ways of working. The five ways of working will provide a framework for the programme as follows:

5 Key Ways of Working	North Powys Wellbeing Programme
Long-Term	Developed within the context of the Powys Wellbeing Plan setting out what the Public Service Board wants Powys to look like in 2040
Prevention	Key focus on wellbeing and the provision of early help and support, healthy lifestyles, early years and maintaining independence
Integration	Joined up services to improve people’s experiences, through new models of care, co-location and integration of services
Collaboration	Collaboration between communities, public, partners, universities and other organisations to deliver greater benefits and opportunities, involving health, care and wellbeing
Involvement	New models of care, services and facilities co-produced with communities, public, partners, and other organisations around “what matters most to the individual”

Table 9: 5 Key ways of Working in the context of the NPWP



During 2019, the programme was audited by the Future Generations Commission against its ability to deliver the five ways of working under the Act; the outcomes of the audit demonstrated that there was alignment and some aspects were identified as good practice for other regions to consider.

#### [2.1.3.5 National Development Framework 2020-2040](#)

The National Development Framework (2020-2040) (NDF) identifies a range of important regional centres which, through specific policies in Strategic and Local Development Plans, should retain and enhance the commercial and public service base that make them focal points in their areas.

The Welsh Government supports the role of the regional centres of Carmarthen, Llandrindod Wells, **Newtown**, Aberystwyth and the four Haven Towns (Milford Haven, Haverfordwest, Pembroke and Pembroke Dock), recognising that these places play important sub-regional roles, providing jobs; leisure and retail; education and health services; and connectivity infrastructure that is used and relied on by both their own populations and communities around them. It is important that these settlements maintain their regional role and support a managed growth approach that allows their roles to be enhanced.

#### [2.1.3.6 The Environment \(Wales\) Act 2016](#)

The Environment (Wales) Act 2016 aims to promote the sustainable management of Natural Resources through ensuring the use of, and the impacts on, our natural resources, do not result in their long-term decline. The Act aims to achieve this through sustainably managing natural resources in a way and at a rate that meets the needs of the present generation without compromising the needs of future generations and which contribute to the seven well-being goals in the Well-being of Future Generations (Wales) Act 2015.

#### [2.1.3.7 The Public Health \(Wales\) Bill \(November 2016\)](#)

The Public Health (Wales) Bill was introduced into the National Assembly on 7<sup>th</sup> November 2016. Whilst health is improving, Wales still faces a number of specific and significant challenges. These range from challenges such as an ageing population, high levels of chronic disease and differences in the health of people in different areas.

The Bill brings together a range of practical actions for improving and protecting health. It focuses on shaping social conditions that are conducive to good health, and where avoidable health harms can be prevented. If passed, the Bill will, amongst other things, restrict smoking in school grounds, hospital grounds and public playgrounds, require local authorities to prepare a local strategy for toilet facilities for public use, require public bodies to carry out health impact assessments in specified circumstances and change the pharmaceutical list of health boards to a system based on the needs of local communities.



#### 2.1.3.8 [Taking Wales Forward \(2016-2017\)](#)

More recently the Welsh Government document, Taking Wales Forward (2016-2017) affirms the NHS needs to reflect the needs of the modern society, with closer links between health and social services, strengthened community provision and better organisation of general hospital and specialised services. The document emphasises that more care and services will move from hospitals into communities, supported by integrated and sustainable Health and Care Services capable of meeting current demand and future need. Services will deliver timely care and treatment to patients when they need it. Key priorities for delivering improvements include:

- Improving our Healthcare Services
  - Continuing to improve access to GP surgeries, making it easier to get an appointment
  - Investing in community pharmacies to take pressure off our GP surgeries
  - Increase investment in facilities to reduce waiting times and exploit digital technologies to help speed up the diagnosis of illness
  - Invest in a new generation of integrated health and social services centres alongside the transformation of our hospital estate
- Healthcare Staff
  - Take action to attract and train more GPs, nurses and other health professionals across Wales
  - Ensure more nurses, in more settings, through an extended nurse staffing levels law
- Healthy and Active
  - Implement the Healthy Child Wales programme to ensure consistent delivery of universal health services up to age seven
  - Work with schools to promote children and young people's activity and awareness of the importance of healthy lifestyle choices
  - Continue to promote exercise and good nutrition, reduce excessive alcohol consumption and cut smoking rates in Wales to 16% by 2020

#### 2.1.3.9 [Prosperity for All: The National Strategy \(Wales\) 2017](#)

The four key themes of this strategy are the same as those in Taking Wales Forward. Each theme consists of a vision, showing how they will contribute to prosperity for all, and how delivering in a more integrated and collaborative way can enhance the well-being of the people of Wales. The key themes and objectives are pictured below:



Figure 17: Well-being Objectives

The strategy identifies five cross-cutting themes as having the greatest potential contribution to long-term prosperity and well-being, where fully integrated services and early intervention will have the greatest impact. The North Powys Wellbeing programme will contribute to the five cross-cutting themes as follows:

Theme	North Powys Wellbeing Programme Contribution
Early Years	The new model will focus on “start well” and the importance of the first 1,000 days in preventing adverse childhood experiences. Focus will be on family planning; keeping children safe, emotional health and wellbeing and preparing children for school
Housing	There is an ambition to provide intergenerational supported living accommodation on the Campus in Newtown. This could provide technology enabled accommodation for older people, people with mental health conditions, continuing healthcare needs and people with learning disabilities and/or in transition. This will prevent people from being placed out of county
Social Care	The new integrated model will provide greater focus on wellbeing and early help and support, integration of physical and mental health, and improving quality and effectiveness of services
Mental Health	Keeping people healthy and independent for longer and enabling them to live within their home and be part of the community will be fundamental to the new integrated model
Skills and Employability	The proposed capital development includes a potential Rural Academy for Health and Care to be based on the Campus in Newtown. This will enable local training and development in rural care
Education	Education is the most important determinant of health. It drives aspiration, the ability to synthesise information and make informed choices. It enables getting a better job which will have an effect on relative poverty and mental health and will enable accessing better accommodation and have a better working environment.



Theme	North Powys Wellbeing Programme Contribution
Relative Poverty	Relative poverty has an effect on mental health as well as physical health through living in poorer accommodation. People in relative poverty are also more likely to have less health working environments.

Table 10: Wellbeing Objectives: NPWP Contribution

#### 2.1.3.10 [The Housing \(Wales\) Act 2014](#)

The Housing (Wales) Act 2014 introduced several new duties in relation to homelessness for local authorities. It brought into law the “prevention of homelessness” focus which had been the key direction of national policy development over recent years. This approach focussed on providing services which focussed on finding housing solutions for all households in housing need, rather than processing people through the legal “homelessness” process. This reflects a broader national policy direction around areas such as health and social services which aim to put prevention at the heart of services to avoid more costly options.

There is also increasing evidence through international research that the usual approach to managing homelessness is focussing too much on the point of crisis, rather than on prevention and longer-term support. A recent Welsh Audit Office report concluded that “Local Authorities continue to focus on managing people in crisis rather than stop it from happening”.

#### 2.1.3.11 [21<sup>st</sup> Century Schools and Education Programme](#)

The 21st Century Schools and Education Programme is a unique collaboration between Welsh Government and Local Authorities. It is a major long-term strategic capital investment programme with the aim of creating a generation of 21st Century Schools in Wales. The Programme represents the largest strategic investment in Welsh educational infrastructure since the 1960s and has been designed to end the piecemeal “patch and mend” approach to investment in educational infrastructure that characterised earlier funding packages. Key Criteria of the programme include:

- Improving the condition of educational assets;
- Reductions of surplus capacity and inefficiency in the system;
- Expansion of schools and colleges in areas of increased demand for educational services;
- Provision of sufficient places to address growth in demand for Welsh medium education

#### 2.1.3.12 [Additional Welsh Guidance](#)

Other significant national policy drivers which have influenced this PBC are listed below:

- The Welsh Government’s Tackling Poverty Plan
- The Welsh Language Measure (Wales) 2011
- The Housing (Wales) Act 2014



## 2.1.4 Local Policy Drivers

Locally, this programme supports objectives of “A Healthy Caring Powys” and supports a move to a “Carbon Positive Powys” as set out in the Public Service Boards Wellbeing Plan and the emerging Regional Energy Plan. The key local drivers for this programme are outlined below:

### 2.1.4.1 [Strategy for Transforming Education in Powys 2020-2030](#)

In April 2020, PCC launched a new Strategy for Transforming Education in Powys 2020-2030. The strategy was developed following engagement with a range of stakeholders between October 2019 and March 2020. The strategy sets out a new vision statement for education in Powys, which is as follows:

*“All children and young people in Powys will experience a high-quality, inspiring education to help develop the knowledge, skills and attributes that will enable them to become healthy, personally fulfilled, economically productive, socially responsible and globally engaged citizens of 21st century Wales”.*

The strategy also sets out a number of guiding principles which will become the foundation of the Powys education system going forward. These are as follows:

- A world class rural education system that has learner entitlement at its core
- Schools that are fully inclusive, with a culture of deep collaboration in order to improve learner outcomes and experience
- A broad choice and high quality of provision for 14-19 year old learners, that includes both academic and vocational provision, meeting the needs of all learners, communities and the Powys economy
- Welsh-medium provision that is accessible and provides a full curriculum in Welsh from Meithrin (early years) to age 19 and beyond
- Provision for learners with Special Educational Needs (SEN)/Additional Learning Needs (ALN) that is accessible as near to home as is practicably possible, with the appropriate specialist teaching, support and facilities that enables every learner to meet their potential
- A digitally-rich schools sector that enables all learners and staff to enhance their teaching and learning experience
- Community-focused schools that are the central point for multi-agency services to support children, young people, families and the community
- Early years provision that is designed to meet the needs of all children, mindful of their particular circumstances, language requirements or any special or additional learning needs
- Financially and environmentally sustainable schools
- The highest priority is given to staff wellbeing and professional development



In bringing forward any proposals, PCC will adhere with the Welsh Government’s School Organisation Code, but, in addition, the following will apply:

- The best interests of learners are at the forefront of all proposals and decision-making
- PCC will always operate in an open and transparent manner
- Staff and learners will be fully supported through any process of change.

The strategy also includes the following four Strategic Aims, which will shape PCC’s work to transform the Powys education system over the coming years:

STRATEGIC AIMS			
1	2	3	4
We will improve learner entitlement and experience for pre-16 learners	We will improve learner entitlement and experience for post-16 learners	We will improve access to Welsh-medium provision across all key stages	We will improve the provision for learners with SEN/ALN

*Table 11: Strategy for Transforming Education in Powys 2020-2030 Strategic Aims*

The Strategy also includes a number of Enabling Actions (EA), which will support the implementation of the four Strategic Aims, one of which (EA1) is the implementation of a major capital investment programme that will ensure that schools in Powys have inspiring, environmentally sustainable buildings that can provide opportunities for wider community activity, including where possible childcare services, early years, ALN, multi-agency support and community and leisure facilities. This will also include developing a reliable high-quality digital infrastructure.

**2.1.4.2 [The Health and Care Strategy: A Healthy Caring Powys](#)**

The RPB jointly developed “The Health and Care Strategy for Powys” in 2017. The strategy builds on the early insights from the Powys Well-being Assessment which has been developed by the Powys Public Services Board in support of the Well-being and Future Generations Act 2014. The strategy is not a response to the act but the vision for Health and Care in Powys which also forms a key component of the Powys Well-being Plan.

The strategy sets out the direction of travel for health and care in Powys to 2027 and beyond. It offers ideas built on the contributions of over 1,000 people to what the future could look like. The vision for the future is ‘**a Healthy Caring Powys**’ to be delivered throughout people’s lives to enable children and young people to “Start Well”, for people to “Live Well” and older people to “Age Well”. The strategy focuses on wellbeing, early help and support, tackling the big four and joined up care; to be achieved by a number of enablers to include workforce, digital, innovative environment and working in partnership.

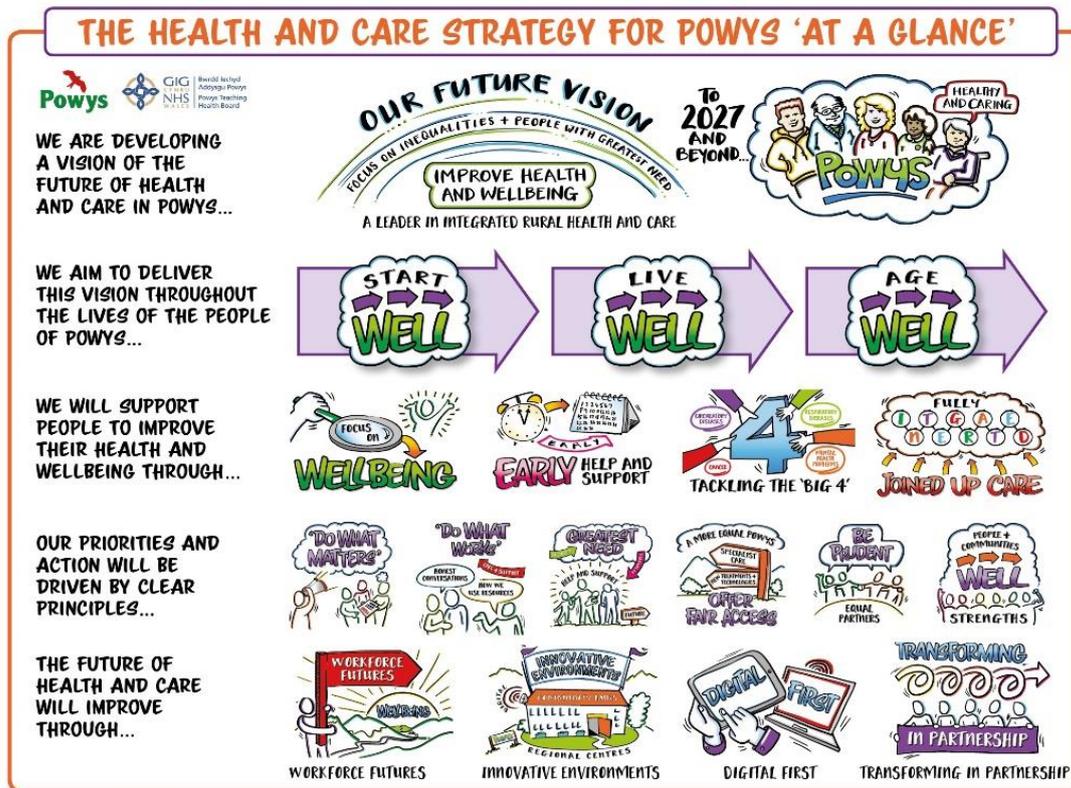


Figure 18: Powys Health and Care Strategy "at a glance"

The Strategy sets out an integrated model of care predicated on a network approach, with four angles to the model:

- Care closer to home
- Community Wellbeing Hubs within key market towns
- Rural Regional Centres to provide more enhanced services within the county
- Out of county to access acute and specialist provision

### 2.1.4.3 Model of Care

Significant work has been undertaken during the last 18 months to further design, define and update the integrated model of care initially developed to support the delivery of a Joint Health and Care Strategy for Powys. This has been underpinned by a detailed population needs assessment and evidence to support a robust case for change. This information has been used alongside a co-designed approach with key stakeholders with “what matters to you” at the core of the engagement methodology. An extensive engagement exercise was undertaken to obtain the views of a range of stakeholders, spanning residents of all ages, clinical/non-clinical staff, and specialist groups that included Syrian family refugees, people who access mental health services via Ponthfaren and their staff, arts groups, Open Newtown and school children across north Powys. The integrated model of care was approved by RPB and Cabinet Member Decision, PTHB Board in March 2020. (see Appendix CXX for model of care).

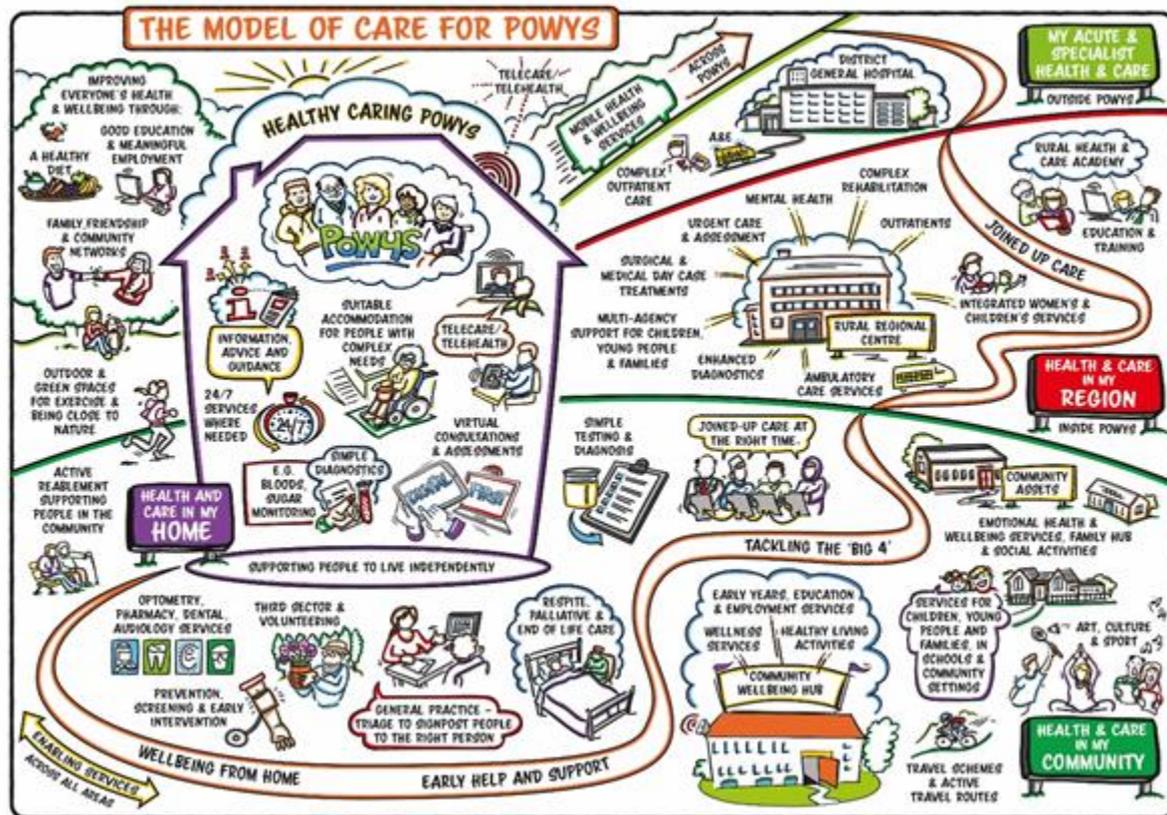


Figure 19: The Model of Care for Powys

To enable residents in Powys to live longer, healthier and therefore happier lives, there is a need to shift the focus of the model of health and care away from service delivery in acute and specialist hospital settings and offer a more holistic, integrated model of care with more wellbeing, prevention and early help services delivered closer to people's homes and communities.

The new integrated 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 expectation and new and emerging medical and digital technologies. This model is fully aligned to delivery of the Welsh Government "A Healthier Wales: Our Plan for Health and Social Care". It enables health, social care and other partner organisations 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 rural geography of Powys and the complex commissioning arrangements are key factors in bringing care closer to home wherever possible. The RPB are seeking to shift the balance of outpatient, day care, diagnostic and elective inpatient services to community or primary care settings to improve access and quality of care within Powys, and to promote independence and reduce demand and dependence on high cost intervention services.



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

Investment in digital technology and new facilities will enable the delivery of local day cases, diagnostics and one stop services in north Powys, this will hugely overcome travel distances and multiple visits to District General Hospitals providing value-based healthcare and improving the experiences for some of the most deprived communities in Wales by reducing unnecessary travel. The Rural Regional Centre is key to strengthening local provision, minimising the impact of the strategic changes taking place around Powys' border and improving outcomes and experiences for the local population.

The multi-agency wellbeing campus will facilitate a new integrated model for the area, bringing partners together across education, health and social care, housing, community development and third sector, with opportunities for further linkages to leisure, police and ambulance services. It will also maximise wellbeing and leisure opportunities via essential links with green spaces through Open Newtown and collaborative working with partners in the Third Sector and local businesses.

#### 2.1.4.4 [Rural Regional Centre and Community Wellbeing Hub](#)

A hub and spoke network will link Home and Community Wellbeing Hubs to Rural Regional Centres across Powys; there will be no wrong door.

The RPB will work with local communities to develop and strengthen community assets that support people to feel safe, with opportunities to benefit from and take part in environmentally based schemes, live healthily for longer and contribute to their communities for the benefit of all. Community Wellbeing Hubs will be a key feature in supporting delivery of this approach.

Rural Regional Centres will introduce an innovative "investigative and diagnostic" treatment model which reduces the number of outpatient appointments and reduces the number of people needing to travel to hospital or out of county for routine non-complex services. It will provide an opportunity to develop skills in primary and community care through strong networks with neighbouring acute hospitals. Enabling more enhanced services such as medical and surgical day cases, local and remote diagnostics and one stop ambulatory care services to be provided within the region.



Such centres should reflect the unique nature of the rural context of Powys and therefore include strong relationships with providers of services that cannot be delivered currently in Powys. The Health and Care Strategy set out three areas as being strategically important in developing Rural Regional Centres; these are **Newtown**, Llandrindod Wells and Brecon. According to the Welsh Index of Multiple Deprivation (WIMD) these pockets of these areas have been identified as being among the worst 30% of areas in Wales. The link between deprivation and poor health is well recognised. People in the most deprived areas have higher levels of mental illness, hearing and sight problems, and long-term conditions.

#### 2.1.4.5 [Model of Care Benefits and Outcomes](#)

The following high-level benefits will be derived from the delivery of the integrated model of care:

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

The integrated model of care will support delivery of the following RPB outcomes, as set out in their Outcomes Framework (overleaf). The Framework has recently been developed by conducting a desktop review of key strategic documentation across Powys RPB and undertaking interviews with stakeholders and key partners. This aligns with Welsh Government policy and will be underpinned by an indicator dashboard and monitoring arrangements to support with decision making in relation to priorities and deployment of resources. The NPWP will be monitored and evaluated against its ability to deliver these outcomes through the new integrated model.



## Draft Strategic Outcome Framework

### POWYS REGIONAL PARTNERSHIP BOARD DRAFT STRATEGIC OUTCOME FRAMEWORK

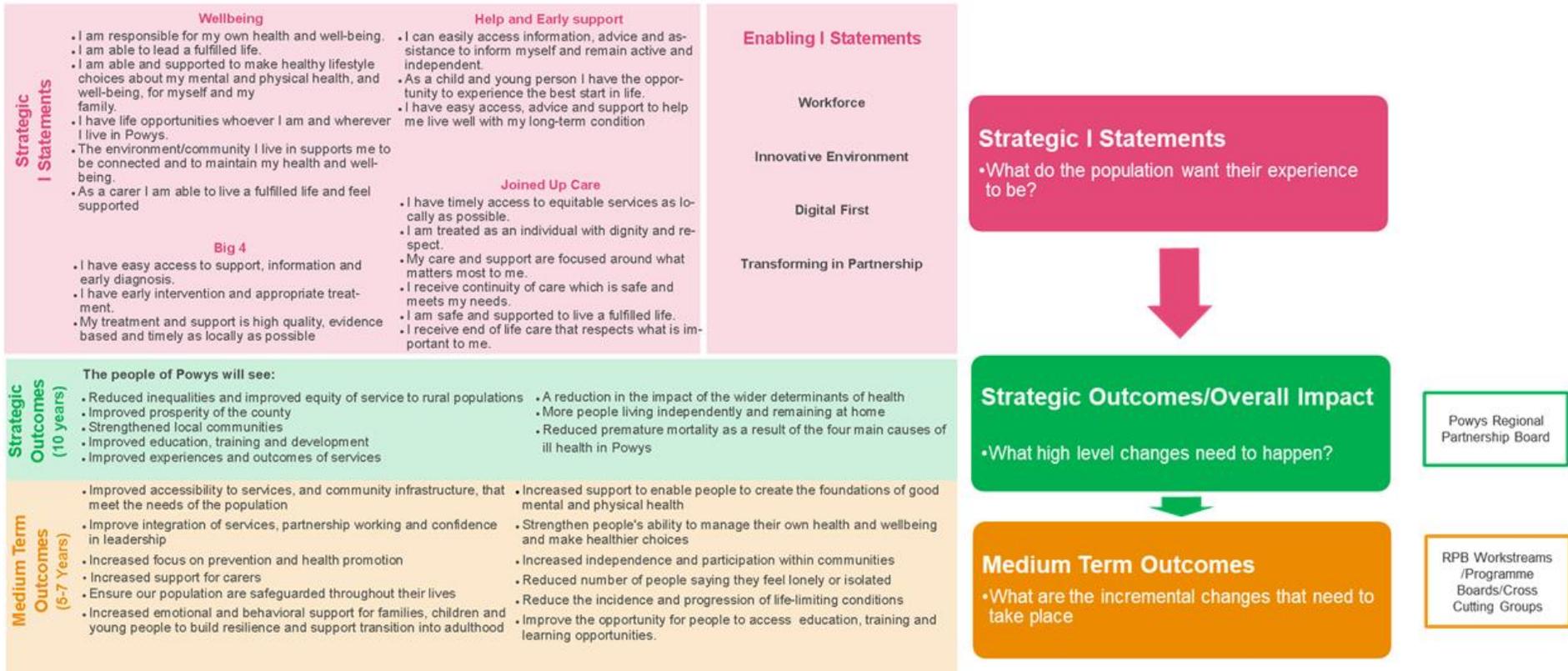


Figure 20: Draft Strategic Outcome Framework



2.1.4.6 [Powys Environmental Policy](#)

In line with Welsh Government's Seven Wellbeing Goals, PTHB's ISO14001 (2015) accredited Environmental Management System and Estates Decarbonisation Plan are both effective systems for driving through and monitoring the changes needed to help meet government ambitious environmental targets as set out in the Environment (Wales) Act 2016:

	Goal	PTHB Response
	A prosperous Wales	By linking in with national and regional developments, this co-produced program and subsequent work will support delivery of an innovative, productive and low carbon future. PTHB aims to support and upskill staff and contractors to prepare for a decarbonised future whilst ensuring buildings and services use resources productively, efficiently and effectively
	A globally responsible Wales	Through this program, PTHB will be working towards a long-term strategy of its estates and the services it provides, by balancing the decisions it makes on the short-term needs with the long-term impacts and the ability of future generations to meet their needs. Through support and effective communications, PTHB will bring about a culture change within the organisation to one of proactive actions, to safeguard what is good and to improve areas where negative long-term impacts might otherwise occur. By working in partnership, it will tackle the supply chain to better address the three pillars of sustainability: economy, environment, society.
	A resilient Wales	This program will look to understand the important natural aspects of the site and look to protect and enhance them, leading to an increase in biodiversity provision supporting Nature Recovery aspirations. Opportunities will be realised throughout the program to support a well-educated workforce and general public as well as providing space for 'social prescribing'.
	A healthier Wales	By supporting a decarbonised future, PTHB will help avoid the worst impacts of Climate Change and help mitigate unavoidable effects. By protecting and enhancing functioning green spaces, PTHB will support the delivery of the Health and Care strategy and its wellbeing objectives.
	A more equal Wales	PTHB will work in a way which identifies and consults with stakeholders and allows them a chance to develop ideas co-productively for a better, more joined up future. By working with procurement and commissioning services, PTHB will look to implement better and fairer systems which are inclusive and open to all. PTHB will work with businesses and organisations to upskill staff so they are better able to deliver appropriate services in the future.
	A Wales of cohesive communities	Local communities and stakeholders have been engaged from the very start and will continue to be throughout. This will ensure a truly co-produced and effective development which will be sympathetic to the local needs and add to local and national culture as an integral part of our Environment and Decarbonisation framework; from development to delivery. PTHB recognises climate change and sustainability affects everyone everywhere and so a co-productive approach is essential to ensure joined up and effective project delivery.



	Goal	PTHB Response
	A Wales of vibrant culture and thriving Welsh language	Through careful and considerate development and delivery, the Campus will be sympathetic to local cultures and engender a sense of pride in Wales; a small nation who now has a big international role to play. Engagement is enhanced with the acknowledgement that this is a bilingual country and its culture is engrained in that language.

Table 12: PTHB's Environmental Management System and Estates Decarbonisation Plan

Further information required on PCC environment policy

2.1.5 Response to Policy and Strategic Drivers

In response to the strategic drivers outlined above, the RPB is working towards a model of services which aims to:

- further develop the integrated delivery of community-based services
- reduce carbon emissions by addressing compliance and backlog maintenance issues and embracing less carbon intensive technologies
- develop an estate that is fit-for-purpose and better meets service needs
- maximise opportunities to deliver integrated services as close as possible to where people live
- make best use of the resources available
- reduce commissioning costs for out-of-county providers by striving to bring as many services back into Powys as possible
- deliver services in county where it is both safe and appropriate to do so
- extend the range and volume of services available
- ensure children and young people get the best start in life to enable them to become personally fulfilled, economically productive, socially responsible and globally engaged citizens

2.1.5.1 [PTHB Capital Developments](#)

In response to the strategic objective to develop an estate that is fit-for-purpose and better meets service needs, PTHB has completed a Strategic Outline Programme to outline a five year programme of capital investment to address the considerable concerns in respect of health and safety compliance in the health board's estate. During 2020/21, PTHB will develop a long-term estates strategy building on the Health and Care Strategy to ensure the best use of the current built environment and ensuring that opportunities to deliver modern fit-for-purpose facilities across the public sector footprint is achieved for the citizens of Powys. The following capital developments are already completed/underway:



#### 2.1.5.1.1 Brecon War Memorial Hospital Development

In order to develop BWMH into a Rural Regional Centre the hospital has already benefitted from significant investment over the past 5 years (Circa £2m) to improve and enhance services. Most notably significant improvements to Endoscopy, X-ray, the Children's Centre (including a new audiology booth and changing places facility) and ward upgrades. In addition, BWMH already offers the following enhanced services, which is part of the Health Boards model for Rural Regional Centres:



- Day Surgery Unit with laminar air flow theatres
- A dedicated, JAG accredited endoscopy suite sitting within Theatre environment
- Wet AMD Service; from April 2016 patients needing treatment for wet AMD have been able to receive it in Brecon Hospital, saving them from having to travel out of the county for treatment

#### 2.1.5.1.2 Llandrindod Wells Community Hospital Development

Initial development phases at Llandrindod Wells Community Hospital (LWH) have already seen in excess of £10M Capital investment since 2016 in order to reconfigure departments, maximise capacity, improve experience and productivity, and provide fit for purpose accommodation.

The hospital is strategically placed in Powys to support the repatriation of services from neighbouring District General Hospitals. This phase of the development, which completed in early 2020, provides further capacity to repatriate activity from secondary care and to opportunities to develop and expand existing services within the hospital. Some of the enhanced services now being offered at LWH include:

- a dedicated JAG accredited endoscopy suite adjacent to main theatres
- an extended outpatient department to facilitate increased activity and support the “do more in Powys” strategy
- an extended Renal Dialysis service including isolation room (ensuring more patients can be treated in County)
- a new midwife-led Birth Centre with a dedicated Day Assessment Unit (DAU)
- improved access, waiting and support facilities to dental
- enhanced public facilities including enhanced waiting area and sanitary facilities
- improved reception area, FM and staff facilities
- a new “off-site” staff car park in order to alleviate parking pressures associated with increased activity



Figure 21: The new facilities at LWH, visited by Vaughan Gething, Minister for Health and Social Services

### 2.1.5.1.3 Bro Ddyfi Community Hospital Health and Well-being Project

PTHB are developing a business case (due for submission to WG in Q3 2020) in order to upgrade of the front block of Bro Ddyfi Community Hospital (BDCH). The works will address essential estate compliance and fabric issues alongside clinical reconfiguration/refurbishment of the area in order to support the Health Board's plans to integrate primary care services onto the site and establish BDCH as a health and well-being facility for the local community. The facility will also provide a base for health, local authority and third sector teams, encouraging improved integration and efficiency and create a community 'hub' to improve access to health and social care, wellbeing, prevention and health promotion facilities.

### 2.1.5.1.4 PCC Capital Developments

During Phase A of the 21st Century School Programme, nine school building projects have been completed in Powys, with almost £56m being invested by PCC and the Welsh Government as part of the programme's first wave of investment. One high school and seven primary schools have been built and another primary school refurbished.



Figure 22: Ysgol Dafydd Llwyd, Newtown, opened in January 2016

Every project is unique and responds to local needs with a strong emphasis on community benefits, including examples of co-location of library services, community meeting and sporting facilities as well as facilities which



centre around the needs of the family. Many developments have also seen the amalgamation of schools by removing the infant/junior split and creating “all-through” primary schools in order to secure long-term sustainability.

These developments also provide a model for providing additional services to the community e.g. early years provision, childcare support, multi-agency services, library services, and include areas for community activity, where appropriate. Not only does this provide an efficient, value-for-money approach that will support the continuation of community services, it also provides a unique opportunity to deliver an innovative service model.

The NPWP aims to continue PCC’s objectives of maximising integration and amalgamation of resources where appropriate, in order to improve the school estate, create workforce resilience and contribute to the long-term sustainability of the local community.

## **2.2 Part B: The Case for Change**

### **2.2.1 Existing Arrangements**

This section will examine the existing arrangements/Business as Usual (BAU) and related business needs which will form the proposed scope of the programme. It will also detail the main benefits and objectives for the scheme as well as its risks, constraints and dependencies.

It sets out some of the detailed information that describes the key challenges faced by the Partnership. It serves to confirm that if we do not respond now to the challenges across the whole system, it is almost inevitable that we will fail to improve wellbeing and deliver the future services that the residents of north Powys need and deserve.



## 2.2.2 Education

Primary education in Newtown is delivered by the following schools:

- Ladywell Green Infants School (English-medium infant schools)
- Hafren Junior School (English-medium junior school)
- Penygloddfa C.P. School (English-medium primary school)
- Treowen C.P. School (English-medium primary school)
- Maesyrhandir C.P. School (English-medium primary school)
- St. Mary's R.C. (A) Schcool (English-medium Roman Catholic primary school)
- Ysgol Dafydd Llwyd (Welsh-medium primary school)

In addition, Newtown High School delivers secondary education to pupils aged 11-18, and Ysgol Cedewain is a special school for pupils aged 2-19. In total, over 1,000 primary pupils are currently taught in Newtown.

Pupil numbers at the primary providers have decreased over the last few years, mainly as a result of the change in the age of admission to primary schools in September 2017. Going forward, total primary pupil numbers in the town are projected to remain fairly stable over the coming years.

Apart from Ysgol Dafydd Llwyd, which opened in a new building funded by the 21st Century Schools Programme in 2016, there has been no significant investment in Newtown schools for many years. Plans are currently being developed for a new building for Ysgol Cedewain.

Ladywell Green Infant School and Hafren C.P. Junior School are two English-medium schools located on the proposed site of the Campus in Newtown and mainly serve the pupils living within the town.

### 2.2.2.1 [Ladywell Green Nursery and Infant School](#)

There are 107 pupils aged four to seven years at the school. Pupils are taught in two ordinary and two mixed age classes. There are three full-time and three part-time teachers, including headteacher. Statistically<sup>11</sup>:

- around 27.4% of pupils are eligible for free school meals, which is above the national average of 18%
- 89% of pupils are white British and come from homes where English is the main language
- 7.3% of children are learning English as an additional language
- a very few children speak Welsh at home
- around 20% of pupils have additional learning needs, which is close to the national average of 21%
- 3.1% of pupils are looked after by the local authority
- no children have a statement of special educational needs

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<sup>11</sup> Powys County Council (August 2019) Options Appraisal



Ladywell Children's Centre is a private provider operating from Ladywell Green Infant School, offering both morning and afternoon sessions for the over 3's.

#### 2.2.2.2 [Hafren Junior School](#)

There are 168 pupils aged seven to eleven at the school. There are five classes taught by four full-time and four part-time teachers. These include three mixed age classes. Statistically<sup>12</sup>:

- around 22% of pupils are eligible for free school meals, which is above the national average of 18%
- 91% of pupils are white British and come from homes where English is the main language
- 4.2% of children are learning English as an additional language
- a very few children speak Welsh at home
- around 31% of pupils have additional learning needs, which is above the national average of 21%
- 0.6% of pupils are looked after by the local authority
- no children have a statement of special educational needs

#### 2.2.2.3 [Schools Merger](#)

PCC has recently carried out the statutory process to merge Ladywell Green Infant School and Hafren C.P. Junior School, to establish a new primary school for pupils aged 4-11 in the buildings currently occupied by the two schools. In March 2020, the PCC's Cabinet made a final decision to proceed with this merger, which will take effect from the 1 September 2021.

#### 2.2.2.4 [Case for Change](#)

In the summer of 2017, PCC identified its priorities for Band B of the Welsh Government's 21st Century Schools Programme. This identified the need for investment in a number of projects in Newtown and the surrounding area. Since then, PCC has been working with schools in Newtown to develop future plans for the school's infrastructure, and identified the need to proceed with merging Ladywell Green Infants School and Hafren Junior School, as a first step towards replacing the current poor quality accommodation in the future.

##### 2.2.2.4.1 [Estate](#)

There are significant concerns regarding the quality of accommodation at both Ladywell Green and Hafren schools. The latest condition assessments carried out for the two schools has assessed building condition as follows:

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<sup>12</sup> Powys County Council (August 2019) Options Appraisal



School	Condition
Ladywell Green Infants School	C/D
Hafren Junior School	C

Table 13: Ladywell Green Infant School and Hafren Junior School Building Condition

The following table provides descriptions of the condition grades:

Condition	Description
Category A	Good; performing as intended
Category B	Satisfactory, performing as intended, but exhibiting minor deterioration
Category C	Poor; exhibiting major defects and/or not operating as intended.
Category D	Bad; life expired and/or serious risk of imminent failure

Table 14: Condition Survey Grades

Ladywell Green Infants School is the building in the poorest condition, assessed to be condition C/D, suggesting that the building is nearing end of life.

The schools have an estimated combined backlog maintenance cost of **£2.9** million.

#### 2.2.2.4.2 Pupil Numbers

There are over 300 surplus places across the primary estate in Newtown, suggesting a need to review primary provision in the town in accordance with the Council's new Strategy for Transforming Education in Powys, which includes a strategic objective to "reconfigure and rationalise primary provision".

#### 2.2.2.5 University

There is no university in Powys; the closest Welsh university is in Aberystwyth. Part of the reason for the reduction in the population of the 18-45 age group is that students leave Powys to go to university and do not come back. The lack of a university contributes to the large net outward migration of 18-20-year olds from the county. Although there is a net gain from inward migration of this age group, it needs to be higher if the size of workforce is to be sustained in Powys.



### 2.2.3 Health and Social Care

The following health and social care services are currently undertaken in Newtown, serving the town and surrounding areas:

#### 2.2.3.1 [Children's and Adult's Social Care](#)

To support families across Powys there approximately 220 staff in Children's Services across a range of teams including fostering, adoption, children's locality teams (0–18), care leavers teams, children with disabilities, youth justice service, integrated family service ream, Powys people direct, safeguarding & quality assurance and children & young people's partnership.

Powys Adult Services works alongside people in need of support, in partnership with others to enable people to make decisions about how they can live as independently as possible. The work is broad ranging, but all delivered through the principles of identifying how people's needs can be met by exploring their strengths, understanding what matters, and meeting eligible needs in a cost-effective way. The service delivers against the following broad areas:

Adult Social Care	Service Delivery
Managing demand through the front door of the Council	Adult Social Care operate an effective front door which provides information, advice and signposting which enables residents to make informed choices in relation to their care and wellbeing. A service which focuses on resolution at the earliest opportunity for the resident
Managing demand from hospitals	To work with NHS Partners to have in place a set of arrangements that allow for the speedy transfer of people from hospital, to achieve the best possible outcomes for those people
Working in partnership with Health to promote recovery	To work with the Powys Teaching Health Board to adopt and reinvigorate a recovery approach to all health and social care services
Effective short-term interventions for people in the community	There is timely, targeted and effective use of reablement, rehabilitation and support that has a focus on enabling independence and self-management and avoiding the over-prescription of care
Designing the care system for people with long term care and support needs	People with long-term care needs have a care and support plan with a focus on achieving the maximum possible independence (as is realistic and possible for their individual circumstances) and delivers the desired outcome. Plans are regularly reviewed based on outcomes achieved

*Table 15: Powys Adult Social Care Service Delivery*

Increasingly, the social care team is working more closely with PTHB, with several integrated teams, and working towards more joined up working with partners across the county. There are also strong ties with the voluntary and independent sectors in order to build resilience within communities. Staff are based in the Park Offices, Newtown.



2.2.3.2 Children's Services

The following children's services for north Powys are delivered from three different buildings in Newtown:

Ynys Y Plant	Park Street Clinic	Integrated Family Centre
<ul style="list-style-type: none"> <li>Action for Children</li> <li>ALAS (wheelchair assessment, adjustment)</li> <li>CAMHS</li> <li>Speech &amp; Language Therapy</li> <li>Community Paediatric Nursing</li> <li>Community Paediatrician</li> <li>Health Visitors</li> <li>Occupational Therapy</li> <li>Orthotics</li> <li>Physiotherapy</li> <li>Safeguarding</li> <li>School Nursing</li> <li>Social Services (Children with Disabilities)</li> </ul>	<ul style="list-style-type: none"> <li>Flying Start (Health Visitors)</li> <li>Children's Speech &amp; Language Therapy</li> </ul>	<ul style="list-style-type: none"> <li>Flying Start (Health Visitors)</li> <li>Children's Services</li> <li>Early Help</li> <li>Family Information Service</li> <li>Parenting</li> <li>Youth Service</li> <li>Action for Children</li> <li>Health Visitors.</li> <li>Home Start Cymru</li> <li>Reflect Project</li> <li>Powys County Council</li> <li>Youth Services</li> <li>Credu</li> </ul>

Table 16: Children's Services

Newtown Integrated Family Centre was developed following a Welsh Government grant allowing for shared office, training, family and contact spaces for professionals, children, young people and families. This has resulted in a number of teams working together in one office space, allowing for sharing of information and a joined multi-agency approach and staff have gained awareness of each other's roles and all that can be offered from a wealth of teams. Working in this way will encourage creative, new and innovative ways to deliver services. For example, creative projects encouraging children and young people to explore and develop their artistic skills. There are also many groups using the Integrated Family Centre on a bookable basis:



Figure 23: Bookable Services at the Integrated Family Centre



Children's Services undertook a complete restructure in April 2019; the focus has been on recruitment of new staff alongside training, development and upskilling of existing staff. However, due to the configuration of the buildings, staff are working in cramped conditions and it is not possible to maximise opportunities for joint or multi professional working centred on the individual's needs.

#### 2.2.3.3 [Primary Care Services](#)

Primary care services are facing increasingly unsustainable pressures and, as such, need to transform the way services are provided to reflect these growing challenges. These include:

- an ageing population, growing co-morbidities and increasing patient expectations, resulting in a large increase in consultations
- increasing pressure on NHS financial resources
- the need to address access to services
- the need to address inequalities in access to primary care
- workforce pressures including recruitment and retention

##### 2.2.3.3.1 [GP Practice](#)

The GP practices close to the proposed site are:

- Newtown Medical Practice
- Ladywell Surgery (branch of Montgomery Medical Practice in Montgomery)

The main surgery, Newtown Medical Practice, offers generic GP primary care services in addition to Baby Clinics (health visitors), Diabetic Clinics, Asthma Management, Heart Disease Clinics, Chronic Obstructive Pulmonary Disease (C.O.P.D) Clinic, Hypertension Clinic (High Blood Pressure) and Minor Surgery.

##### 2.2.3.3.2 [Pharmacy](#)

There is a dispensary adjoining Newtown Medical Practice in addition to the Superdrug, Boots, Lloyds and Morrison's pharmacies in the town.

##### 2.2.3.3.3 [Optometry](#)

There are three optometrist practices operating from Newtown town centre:

- Evans and Jones Opticians
- Specsavers
- Mehta Opticians



2.2.3.4 [Minor Injuries](#)

Newtown Medical Practice also provides a Minor Injuries services, operating 08:00-18:30 weekdays (not at the weekend or on Bank Holidays). Patients requiring this service need to report to reception and are seen by healthcare professional within 15 minutes.

2.2.3.5 [Community Dentistry](#)

The community dentist service practices from two dental surgery rooms at Park Street Clinic. Treatment and care is provided for a wide and very diverse group of patients, who are unable to obtain the more specialised and tailored care that they require within the primary dental services. The dental rooms are small, particularly for those in a wheelchair, and do not meet the requirements of the Equality Act 2010.

2.2.3.6 [Podiatry](#)

The podiatry service is delivered from one room at Park Street Clinic. The podiatry room does not have any support facilities and does not meet the recommendations of either the Welsh Health Building Notes (WHBN) or Welsh Health Technical Memoranda (WHTM).

2.2.3.7 [Hospital Services](#)

The following services are delivered from the Montgomeryshire Royal Infirmary (Newtown Hospital) site:



Figure 24: Services delivered from Newtown Hospital

Not only do some patients have to contend with going out of county for services, but they are having to go to multiple sites in order to be fully assessed, diagnosed and treated, rather than having a one stop shop where most aspects of treatment can be done in one place. For some disciplines, almost all activity goes out of north Powys, particularly to Shrewsbury and Telford and, in some cases, as far as Cardiff for a face to face consultation.



### 2.2.3.8 Mental Health Services

The following children’s services for north Powys are delivered from three different buildings in Newtown:

Park Street Clinic	Fan Gorau	Bro Hafren
<ul style="list-style-type: none"> <li>Psychology</li> <li>Primary care mental health team</li> <li>Learning disability clinical services</li> </ul>	<ul style="list-style-type: none"> <li>Base for health and social care mental health staff and facilities for clinical meetings with service users</li> </ul>	<ul style="list-style-type: none"> <li>Learning disabilities team, mental health, crisis team, social workers</li> </ul>

Table 17: Mental Health Services

Mental Health Primary Care are mainly provided by GPs and their teams in Powys. Out of Hours Services are provided by “ShropDoc”. There are plans in place to transfer the Park Street Clinic mental health services to the Old College as a short term solution.

The Powys Community Mental Health Teams (CMHTs) are a secondary care service for adults made up of Psychiatrists, Community Psychiatric Nurses (CPNs), Support Workers and Social Workers. The team are based Fan Gorau on the Newtown Hospital site.

Powys Child and Adolescent Mental Health Services (CAMHS) offers assessment and treatment for children and young people, up until their 18th birthday, who have or are thought to have mental health problems or emotional health difficulties. The team includes Clinical Psychologists, Consultant Child & Adolescent Psychiatrists, Specialist Nurses, Primary Mental Health Workers, Child Psychotherapists and Counsellors. The teams work from Ynys y Plant and Park Street Clinic (detailed in Section 2.2.3.2 above).

The learning disabilities team, mental health, crisis team, social workers have had to move into Bro Hafren, a building that had been vacated as it was not fit for purpose. However, due to a fire in Robert Owen House, staff have had to be temporarily placed there until something more suitable can be procured.

### 2.2.3.9 Third Sector Services

The Third Sector has a strong presence in north Powys and there are many examples of Wellbeing services that are in operation and could be offered from the Campus (some of which are listed in Figure 25 below). By providing spaces in a wellbeing hub, that are accessible and multi- purpose; groups and wider will offer services in a more joined up way. Sharing resources, together offering and meeting the needs of individuals and groups. Building and developing their skills and transferring knowledge. When groups and teams work from the same spaces it provides opportunities to try new ways of working, to test innovative approaches. For example, taking an art project into the outdoors following discussions with young people, listening to their ideas and producing a mural that showcases their work, thoughts and ideas, for everyone to see and notice.



• Pilates • Tea and Old Time Singing • Men's Shed • Seated Exercise/Yoga • Art Club • Dru Yoga • Dance Exercise • Wellbeing Wednesday including Family History • Tai Chi • Hatha Yoga • Wellbeing Club • Gardening • Advice: all age including Family Information • Financial Guidance • Knitting • Crochet Club • Self-Care • Mind • Learn a Language • Montgomeryshire Parkinson's Group • MS Society Montgomeryshire Group • Newtown Access Group/Accessibility Group • Dementia Friendly Newtown • Dementia Meeting Centre • Newtown (Dementia Matters in Powys) • Age Cymru • Salvation Army • Food Bank • Rotary Club: runs Memory Café • A Voice for You: Advocacy for people with LD • Severn Valley Social Club • Action on Hearing Loss: Hear to Help • ECLO: Eye Care Liaison Officer RNIB • Visually-Impaired Club • Celf Able: inclusive art • Cruse Bereavement Care • Severn Hospice • Montgomeryshire Family Crisis Centre • British Red Cross: Home from Hospital • Powys Befriending Services • Credu • Open Newtown • Walking Newtown • Ponthafren • Oriel Gallery • Homestart • Breastfeeding Support • Baby Massage • Incredible Years Parenting and School Based Programmes • Early Help • Youth Support and Groups • Healthy Eating/Cooking • Café run by volunteers with locally-sourced food •

Figure 25: Wellbeing Services in North Powys

#### 2.2.3.10 Case for Change

There are many elements that influence the case for change for health and social care in north Powys, including demography and epidemiology, deprivation and accessibility as detailed in Section 2.1.2, in addition to:

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

Supporting healthy lifestyles will be a key contributor, as unhealthy lifestyles place greater demand on health and social care services and reduce people's opportunity to live fulfilling lives. In Powys, although rates of physical activity are above the Wales average, nearly 6 in 10 adults are overweight or obese, this is predicted to continue to rise. Just under 1 in 5 adults currently smoke and 4 in 10 adults drink in excess of guideline amounts. The impact of unhealthy lifestyles on individuals and wider health and social care services means that prevention and early help and support is a key strategic focus in relation to delivering a new model in north Powys.

##### 2.2.3.10.1 *North Powys Residents*

In order to develop a new integrated model of care, we first had to listen and learn about 'what matters most' to people in their home and community to further understand what is good now, and what they would like to see change in the future. As we were asking people to share a comment about their health and wellbeing, we needed to frame it in a way that would start a 'conversation' and then guide the response to frame it to home, community, region, or out of county.



A full programme of meaningful face to face and online engagement with residents on health and care related issues is paramount in the co-production of a new integrated model of care for north Powys. Giving residents the opportunity to have their say on what they would like to see improved, their personal experiences, insights and own perspective on how that could happen, will ensure residents feel empowered in the knowledge that their feedback has contributed to the new service design and delivery of a new integrated model of care. This programme of engagement has been guided by the National Principles for Public Engagement in Wales.

In response to engagement undertaken in June 2019 by the NPWP team<sup>13</sup>, to the question “what could be done better” resident feedback includes the following:

- “most hospital services are outside the county”
- “I find it hard to access healthcare around my own work and care commitments”
- “I’m having to travel to Shrewsbury for treatment”
- “the move to Telford of specialist outpatient appointments means a longer, regular journey. We need a hospital and for consultants to come to us”
- “many services are currently available over the telephone only, it can be hard getting through to someone, most people like to be able to speak to individuals face to face”
- “should have a life skills club at schools with an after-school club that has a wellbeing officer to do groups of kids to learn to cook, pay taxes, write cheques, do a CV, apply for a job, clean a house, learn to live”
- “I would like to see community wellbeing services in the local area; things that people can access, such as yoga, meditation and other proven improvers of health and wellbeing”
- “a community-funded exercise class with advice on keeping healthy”
- “in Llanfyllin we find it useful to use people of our community to lead on local activities, i.e. patients with a condition leading an activity session”
- “wellbeing courses need to be run more often in our communities”
- “more services, e.g. yoga, tai chi in order to keep the person active and then healthy”
- “it would be lovely/beneficial to see mindfulness in our health/education system as a first stop to help improvement. Teachers would benefit from mindfulness too”

From the feedback above, it is clear that no two communities in Powys are the same. The face-to-face conversations and online feedback highlighted that people each have a different perspective as to what keeps them safe and well in their community, and what they feel needs to change. There are a number of common themes where change is felt needed; improved access to GP; public and private transport, improved road and path infrastructure; mental health services; locally enhanced health and care services; and activities for young people

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<sup>13</sup> North Powys Wellbeing Programme (Jan 2020) Case for Change



and adults alike. But there are many deep-rooted behaviours that keep many people well in their community, especially from a cultural perspective.

#### 2.2.3.10.2 Workforce

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

Effective teamwork and collaboration are fundamental to the delivery of continually improving, high-quality care. Where multi-professional teams work together, patient satisfaction is higher, health care delivery is more effective, there are higher levels of innovation in ways of caring for patients, lower levels of stress, absenteeism and turnover, and more consistent communication with patients<sup>14</sup>. Additionally, recruitment and retention of staff are often issues experienced in rural areas, and for this reason the Partnership is committed to establishing a sustainable rural workforce. Central to this is the development of “centres of excellence” and creating facilities which provide the best environments in which to train and to work.

#### 2.2.3.10.3 Services

At present, north Powys cannot always provide patient-centred, holistic care as some services are not undertaken in Powys which can be challenging for residents and clinicians alike. The feasibility of repatriating services is a key aim of the integrated model of care work in addition to:

- Greater use of technology enabled care can enable more people to be able to access health and social care support closer to home, and with many technologies being accessible directly from people's homes
- Affordability and sustainability of current services
- There are increased opportunities to support people in their own homes and communities
- Services around the county's borders are changing. Some District General Hospital services are becoming more concentrated whilst others can be delivered more locally. There are timely opportunities to respond to the reconfiguration of services in the Shrewsbury and Telford Hospital NHS Trust which is the main acute hospital provider for many north Powys communities
- There is variation in service provision across the county. Some services are not provided in Powys, and people rely on services around the county's borders and access can be challenging.

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<sup>14</sup> Kings Fund: Improving NHS culture



- In north Powys there is currently no local service provision for day cases; approximately 5,000 people travel out of county each year for relatively straight forward operations that could be undertaken in a day-case facility in north Powys
- There are approximately 60,000 outpatient appointments which take place each year outside of Powys, a large proportion of these could be delivered more locally with access to the right digital infrastructure, diagnostics, workforce and facilities

#### 2.2.3.10.4 Estate

The geographical distribution of PTHB's estate and its functionality has evolved around traditional patterns of care and much of the estate is now outdated. Similarly, the majority of PCC's estate is based on outdated models of delivery and requires significant investment to transform the way care is provided. Backlog maintenance in Health and Social Care PTHB and PCC sites in Newtown currently stands at **£6.9 million** as follows:

Property	Age of Building	Backlog Maintenance	Comment
Park Day Centre	1970s	£0.2m	the building needs substantial improvement works to ensure it continues to be capable of delivering day services as it is not functional for its current use, the roof requires replacing and the internal fabric requires updating
Park Street Clinic	1970	£0.7m	too small and has limited facilities that support children and young people
Integrated Family Centre	1980	£0	the building is in need of significant improvement. The building had circa £250,000 improvement works undertaken to maintain the facility for its current use, but it remains unviable longer term. It lacks toilet provision and is not fit for purpose for delivering multiagency support.
Park Offices	1950	£0.2m	the building is not easily adapted. Changes to service delivery requires significant remodelling of the building to provide a space where service users can be met in a safe and mutually beneficial environment
Newtown Hospital, inc. Fan Gorau	1911-2000	£4.8m	Various departments are encountering difficulties with the size and capacity of their current location and the lack of space for expansion will hinder the delivery of the new integrated model of care
Bro Hafren	1991	£0.4m	had been unoccupied due to the building condition/suitability. However, staff have been temporarily moved in due to the unexpected closure of PCC Robert Owen House



Property	Age of Building	Backlog Maintenance	Comment
Ynys Y Plant	1980	£0.6m	A report undertaken in November 2016 <sup>15</sup> identified several shortcomings in this accommodation and stated that “there is a clear and pressing need for the issues with the physical environment to be addressed”
Old College	unknown	leasehold	provides office accommodation and a small area for delivering contact with service users. It cannot be adapted well for service users with a physical disability and cannot be extended. Changes to service delivery are likely to mean the building becomes unfit for purpose in the coming years

Table 18: Health and Social Care Estate

Properties that are no longer suitable for service delivery will be identified when progressing with the Campus, resulting in an estate of better performing buildings leading to a reduction in the running costs and a more sustainable, “fit for purpose” property portfolio, with no residual high or significant compliance risks across the Partnership.

<sup>15</sup> Powys Community Health Council (25.11.16) CHC Inspection of Ynys y Plant Children’s Centre, Plantation Lane, Newtown



## 2.2.4 Library Services

The library service is run by Powys County Council, which currently has 18 branches made up of:

- six core branches (Ystradgynlais, Brecon, Llandrindod Wells, Newtown, Welshpool and Machynlleth)
- ten smaller branches (Builth Wells, Llanwrtyd Wells, Knighton, Presteigne, Talgarth, Llanfair Caereinion, Llanfyllin, Hay on Wye, Llanidloes and Rhayader)
- two mobile library services visiting rural locations on a monthly basis

Newtown Library is the county headquarters and new books are delivered here for onward transmission to the other libraries in Powys. It welcomes an average of 500 people per day. As well as traditional library activity (reading on site, borrowing from the loan collection, and using computer workstations) it supports a surprising range and quantity of other activities as follows:

Education	Wellbeing	Health	Infrastructure
<ul style="list-style-type: none"> <li>• Book loan</li> <li>• PCs</li> <li>• iPads (in child area plus access to online catalogue)</li> <li>• local studies</li> <li>• school visits to learn about books, local history, finding info</li> <li>• Lego Club</li> <li>• After School homework</li> <li>• Newspapers</li> <li>• Adult Learners Wales hire meeting room</li> </ul>	<ul style="list-style-type: none"> <li>• Customer service for council (pay council tax, phone and online access to Council, blue badge application, bus pass and parking permits)</li> <li>• Document scan for housing benefits and Blue Badge</li> <li>• Knit and Natter</li> <li>• Poetry Group</li> <li>• Reading Group</li> <li>• Craft activities</li> <li>• Baby Yoga and rhyme-time</li> <li>• Bus timetables</li> <li>• Mental Health wellbeing coffee, cake and conversation</li> <li>• Prime Cymru group (those out of work who are aged 54+)</li> <li>• Tai Chi</li> </ul>	<ul style="list-style-type: none"> <li>• Books on prescription</li> <li>• Dementia service: singing with Hafren school – intergenerational friendly music group</li> <li>• Loaning of blood pressure monitors</li> <li>• Drop in hearing aid clinic</li> <li>• PAVO – Community Connector drop-ins</li> <li>• Counselling course</li> <li>• Sensory Garden</li> <li>• Victim support</li> <li>• Carer library cards</li> <li>• Large print and audio books for visually impaired</li> </ul>	<ul style="list-style-type: none"> <li>• Support for people who don't have their own computer (digital strategy)</li> <li>• WiFi</li> <li>• Computer course</li> <li>• One to one digital drop-in sessions</li> <li>• Local job hunting</li> </ul>

Table 19: Newtown Library Services



The library service is underpinned by a holistic community-centric philosophy and works closely with other public services to provide for the information and learning needs of the whole community. The service promotes wellbeing and aims to counter loneliness. Displays and exhibitions on topics of interest are frequently mounted, attracting local residents into the premises.

Libraries are regarded as trusted spaces that welcome everyone and offer safe environments. Consequently, libraries can reach many different audiences, particularly children, young people and their families, as well as older people. All of these groups have specific information and learning needs. The service provides assisted on-line access to key health information sites, valuable information and signposting.

Library staff have a high skill base and have the capability and capacity to assist users in the search for information; either traditional or on-line.

#### 2.2.4.1 [Case for Change](#)

##### 2.2.4.1.1 *Finance*

Over the past decade, funding to local authorities across the whole of the UK has been reducing year on year as part of the government's austerity measures and often library services are affected. For 2019/20 Powys had a cut of 0.5%, which equates to £0.87m in funding.

Over the past decade, PCC has saved over £100m by restructuring and reducing its workforce and changing the way it delivers some services. More savings, which could total up to £46m, are likely to be required over the next three years. This puts huge pressure on all services, and libraries are not exempt from this pressure, even though engagement has shown that resident satisfaction with them remains high<sup>16</sup>. In order to counteract the cuts, some libraries have been relocated into other public sector buildings in order to save on costs.

##### 2.2.4.1.2 *Estate*

Newtown Library is located on the proposed site in a 1970s building that has had considerable extensions and was refurbished in 2011. Backlog maintenance was identified as £550,000 over 10 years in a condition survey undertaken by Capita Symonds in 2011.

By co-locating this service with education and health and social care, the library can fully realise its central role in signposting and providing resource for wellbeing services in north Powys.

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<sup>16</sup> Powys County Council (June 2019) *Feedback Report: The Future of Powys Libraries*

## 2.2.5 Infrastructure and Shared Space

The services currently provided in Newtown are delivered from disparate buildings located within the town (as shown in the diagram below):



Figure 26: Key Buildings in Newtown

A number of these buildings are now not fit for purpose and are in poor condition and/or are struggling with capacity issues. The buildings are often not functional as they were designed for different purposes, or for different models of care. In addition, several services are being delivered from multiple sites which can have a negative impact on the workforce providing seamless, joined up care.

### 2.2.5.1 Case for Change

#### 2.2.5.1.1 Workforce

Powys already knows that it faces several significant challenges for future years ahead as its rurality affects every element of service development and delivery. The indicators are already clear that the workforce of Powys is shrinking, hence the necessity for more training and development in order to create a sustainable rural workforce. The RPB is committed to work together to achieve the following by 2022<sup>17</sup>:

- lay the foundations for a Health and Care Faculty in Powys that offers a wide range of practical, academic and digital learning opportunities for employed staff, volunteers and carers
- use accurate and up-to-date training needs analyses to inform the education offer

<sup>17</sup> Powys Teaching Health Board (March 2020) Health & Care Academy of Learning Hub-Proposal Paper



- provide learning opportunities up to degree level through increased partnerships with training and education providers
- increase apprenticeships and work experience opportunities for all ages

The Powys workforce will benefit with improved access to education, training and development and employment. Powys needs environments that encourage learning and development for partners across health and care and improving research and development (R&D) capacity, whilst building better relationships with education providers. This will also be reliant on a digital infrastructure to support better access across a wide rural county.

Investment in laying the foundations for a Health and Care Academy of Learning in Powys, that offers a wide range of practical, academic and digital learning opportunities for employed staff, volunteers and careers, and local communities, will not only support the Partnership locally to achieve aspirational health and care outcomes for communities of Powys, but will have a significant impact on the economy of Powys and improve employment opportunities.

#### 2.2.5.1.2 *Service Provision*

Due to the rurality of north Powys, there are occasions when residents need to make multiple journeys to different locations in order to receive diagnosis and treatment.

The sharing of services will enable more joined up services, the development of one-stop-shops, with greater convenience for the residents of north Powys. By designing more efficient pathways through integrated teams, residents can be treated holistically, improving health outcomes.

#### 2.2.5.1.3 *Estate*

The estate in Newtown needs updating and streamlining. The creation of a Campus will enable the sharing of services that will:

- create efficient, functional and flexible space that is future-proofed and can be used by multiple services
- reduce backlog maintenance (as detailed in Section 2.2.3.10.4)
- enable the integrated model of care
- provide opportunities for getting more value from the estate, for example, by supporting multi-purpose spaces that can be shared and saving money by avoiding duplication of estate
- enable collaboration between the Partnership and other organisations, such as voluntary sector organisations, and taking advantage of the opportunities that come from working at scale
- enable the disposal of ageing buildings that cannot support future service delivery



## 2.2.6 Housing

PCC acts as landlord of 5,400 homes, in addition to a small portfolio of shops and garages throughout the county. The housing service provides the following services:

- help with the prevention of homelessness
- strategic housing
- housing enforcement in the private sector (i.e. inspecting premises for standards)
- disability grants
- housing regeneration

### 2.2.6.1 [Demand for Accommodation](#)

PCC has the ambition of building 250 council houses by 2023 and is investing in housing stock, one third of which will be for older people. There is a requirement to ensure properties are fit for purpose for the next generation of older people to allow them to be as independent as possible.

There is a large housing stock in Newtown (detailed in the table below). As of February 2020, there were 1,226 on PCC's housing waiting list in north Powys, 700 of which are considered to be in Bands 1-3 (i.e. they have the most urgent requirement). The majority of applicants require one-bedroom accommodation and, as demonstrated in the table below, there is not enough supply of one-bedroom accommodation to meet demand:

Newtown	Bedrooms						Total
	1	2	3	4	5	6	
Bungalow	33	34	0	0	0	0	67
Flat	339	177	2	0	0	0	518
House	2	349	687	68	2	2	1,110
Maisonette	1	8	6	0	0	0	15
<b>TOTAL</b>	<b>375</b>	<b>568</b>	<b>695</b>	<b>68</b>	<b>2</b>	<b>2</b>	<b>1,710</b>
Waiting List	713	330	127	47	6	3	1,226
<b>Surplus/Deficit</b>	<b>-338</b>	<b>238</b>	<b>568</b>	<b>21</b>	<b>-4</b>	<b>-1</b>	<b>484</b>

Table 20: PCC and Housing Association Stock in Newtown

The current pipeline for Registered Social Landlord (RSL) developments in Montgomeryshire amount to 220 units, dependent on available funding. These schemes will be social rent, or a mix of social rent and rent to own, the majority of which will be one-bedroomed. Current developments at planning stage in Newtown include:

- Robert Owen House: 18-20 one/two-bed flats
- Bowling Green: 30-40 one-bed flats
- Red Dragon Public House: 18 affordable dwellings



#### 2.2.6.2 [Learning Disabilities](#)

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

#### 2.2.6.3 [Extra Care Housing](#)

Extra Care schemes provide an independent living option where older people can live in their own self-contained home while accessing a wide range of communal facilities and access to personal care support packages.

PCC has invested in these schemes via the Integrated Care Fund, including the first one in Newtown; 47 one-bed apartments developed in partnership with Wales and West Housing at Llys Glan-yr-Afon. In addition to older people, this development has a block that also houses adults with learning difficulties.

There is also a further scheme planned in Welshpool; 66 one-bed apartments developed in partnership with ClwydAlyn Housing at Neuadd Maldwyn.

Whilst it is recognised that there is a need for further extra care facilities in Newtown, PCC cannot support the development of extra care apartments on the Campus, as other towns in Powys also have a need and have not benefited from investment to date like Newtown. If such a provision was to be included, it would require a private provider. However, there is a need to reduce admissions to care homes by providing interim accommodation for people who need an enhanced level of reablement post admission, which could be linked to Campus.

#### 2.2.6.4 [Homelessness](#)

Whilst Powys does not have the level of rough sleeping that the more urban areas of the country experience, the numbers of people reported as rough sleeping is increasing. Homelessness is, of course, more than about rough sleeping. It is often referred to as the “hidden homeless”; people may be in insecure accommodation, fleeing domestic abuse, or experienced a relationship breakdown with family or partner.

Homelessness is highest in north Powys (approximately 60-70% of the 700 homeless in Powys are in north Powys) and is often accompanied by mental health issues, including drugs and alcohol. PCC has a small dedicated homelessness prevention and housing options team which comprises of a Team Leader, four homelessness prevention and housing options officers, 2 officers who engage with the private rented sector to secure accommodation options and an apprentice; one of the offices is based in Newtown. The team is responsible for the prevention and relief of homelessness across the County, sourcing suitable housing options and the provision and management of temporary accommodation.



During COVID19, PCC has accommodated a number of complex cases and over 70% of households accommodated, have been single person households. Currently the largest age group are the under 35's, who present with complex care and support needs, needing a wide range of interventions, including police, mental health, substance misuse and trauma informed services.

#### 2.2.6.4.1 Triage Centre Bid

PCC is currently bidding for funds under Phase 2 of the Planning Guidance for Homelessness and Housing Related Support Services (3 June 2020). The main principle of the bid is to establish Triage Centres in Powys, which will establish new provision but also consolidate and co-ordinate existing multi-agency provision, enabling the implementation of the Homeless Strategy objectives and the transition to the "New Normal". It is proposed to establish two main Triage Centres, in Newtown and Llandrindod Wells, which will support and resource, three satellite centres in Welshpool, Brecon and Ystradgynlais.

#### 2.2.6.5 Case for Change

##### 2.2.6.5.1 Finance

When comparing need, the Newtown area has more extra care provision than the rest of north Powys:

North East Powys: Llanfyllin, Welshpool & Montgomery	North Central Powys: Newtown, Llanfair Caereinion & Llanidloes	North West Powys: Machynlleth
<p><b>Pressures and Supply<sup>17</sup></b></p> <p><b>Key measures:</b></p> <ul style="list-style-type: none"> <li> 85+ population in 2036<sup>1</sup> 2,369 people</li> <li> Delayed Transfers of Care (DTCOC)<sup>24</sup> Average number of people: 0.85</li> <li> Residential EMI per 1000 75+ population 8 beds</li> <li> Nursing EMI per 1000 75+ population 12 beds</li> <li> Extra Care units per 1000 75+ population 0 units</li> <li> Sheltered housing per 1000 75+ population<sup>26</sup> 115 units</li> <li> Distance travelled per 1000 75+ population<sup>25</sup> Residents placed &gt;10 miles from original home 2 people</li> <li> 5 Care homes located in the community area 105 residential beds 130 nursing beds</li> </ul>	<p><b>Pressures and Supply<sup>17</sup></b></p> <p><b>Key measures:</b></p> <ul style="list-style-type: none"> <li> 85+ population in 2036 2,086 people</li> <li> Delayed Transfers of Care (DTCOC) Average number of people: 1.21</li> <li> Residential EMI per 1000 75+ population 16 beds</li> <li> Nursing EMI per 1000 75+ population 9 beds</li> <li> Extra Care units per 1000 75+ population 19 units</li> <li> Sheltered housing per 1000 75+ population 130 units</li> <li> Distance travelled per 1000 75+ population Residents placed &gt;10 miles from original home 7 people</li> <li> 4 Care homes located in the community area 69 residential beds, 40 nursing beds, 49 dual beds</li> </ul>	<p><b>Pressures and Supply<sup>17</sup></b></p> <p><b>Key measures:</b></p> <ul style="list-style-type: none"> <li> 85+ population in 2036 522 people</li> <li> Delayed Transfers of Care (DTCOC) Average number of people: 0.29</li> <li> Residential EMI per 1000 75+ population 25 beds</li> <li> Nursing EMI per 1000 75+ population 0 beds</li> <li> Extra Care units per 1000 75+ population 0 units</li> <li> Sheltered housing per 1000 75+ population 132 units</li> <li> Distance travelled per 1000 75+ population Residents placed &gt;10 miles from original home 4 people</li> <li> 2 Care homes located in the community area 31 residential</li> </ul>

Table 21: Housing Pressures and Supply in North Powys

Whilst the need remains in Newtown and its surrounds for extra care housing, the focus of PCC funding will not be here, as there are currently other areas in Powys with a greater need for this resource.



There is an aspiration to move from residential care to preventative community-based services, in line with a strong strategic fit to the Powys Health and Care Strategy, the Older Person's Commissioning Strategy, and the Adult Social Care Service Improvement Plan.

Financial savings have to be delivered and in part expected to be achieved through new models of care to older people. In addition, the longer-term Medium Term Financial Plan has an expectation of additional savings through the accommodation strategy. Collaborative working will be a necessity in respect of developments, capital funding and asset/land availability. It is anticipated that there will be a shift in revenue spend from long-term care with reinvestment into preventative models<sup>18</sup>.

#### 2.2.6.5.2 *Estate*

PCC requires a market that offers good quality specialist housing that meets the needs of Powys residents and enables them to live independently for as long as they can. There is currently insufficient accommodation choice to meet the projected demand.

The current supply of accommodation available across the county is limited and there is a clear message from Powys residents that they generally want to stay at home and therefore require alternative provision to residential care. Research suggests that inaccessible or inappropriate housing can significantly reduce the ability of people who have ill-health or a disability to lead good quality lives and in many cases is a direct contributor to unnecessary entry into long-term care.

#### 2.2.6.5.3 *Commissioning Intentions*

Powys is expected to see an increase in the number of elderly residents unable to perform basic domestic tasks and requiring domiciliary care and assistive technology. Home ownership for older people is in line with the National average for England and Wales and feedback from our older population suggests they want to stay in their homes for longer.

Some current care provision is no longer suitable and other options need to be explored such as specialist housing with and without care, sheltered housing and/or extra care, to support people to live independent lives and remain in the community of their choice.

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<sup>18</sup> Powys County Council (June 2018) *Accommodation for an Ageing Population: Market Position Statement*

## 2.2.7 Business Needs

The business needs for the programme are detailed as follows:

- To deliver a new primary school to replace Ladywell Green Infant School and Hafren Junior School
- To transform health and wellbeing services through a new integrated model of care
- To create a Multi-agency Wellbeing Campus in the heart of Newtown
- To improve the condition, functionality, utilisation and efficiency of the Partnership estate in Newtown
- To make financial savings by delivering services that deliver best value for money
- To provide good quality specialist housing that enables people to live independently
- To improve access to services
- To provide service, estate and workforce integration
- To create a sustainable rural workforce
- To reduce backlog maintenance costs
- To maximise opportunities for repatriation and provide as many services as possible close to where people live

## 2.2.8 Potential Scope

The scope of the Campus is highlighted in the diagram below. The multi-agency approach aims to deliver a number of benefits as set out in Section 2.2.10.

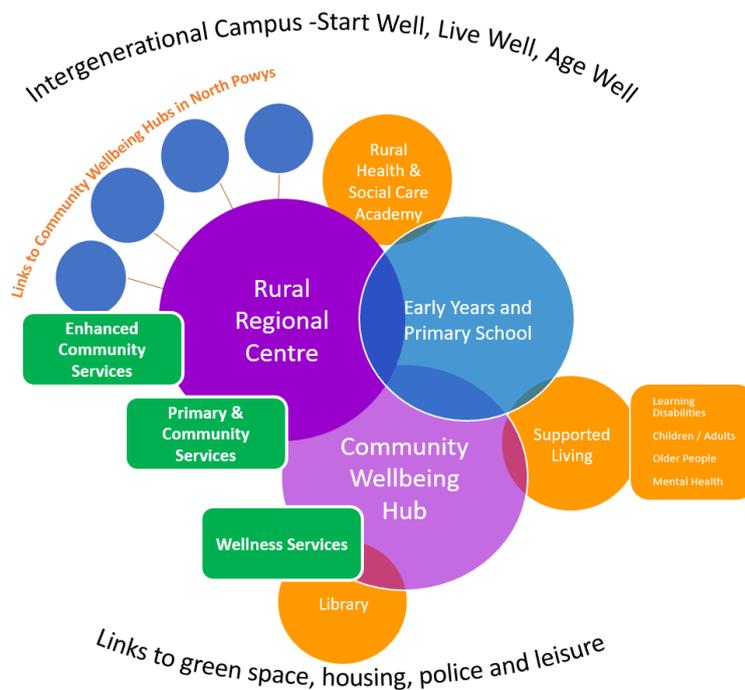


Figure 27: Multi-Agency Wellbeing Campus Emerging Model

There is already a lot of joined up working in the Newtown area and the Campus will strengthen this by providing further opportunities to deliver joined-up services to particularly support wellbeing and early help and support to enable people to start well, live well and age well. The main services and key integration links are as follows:

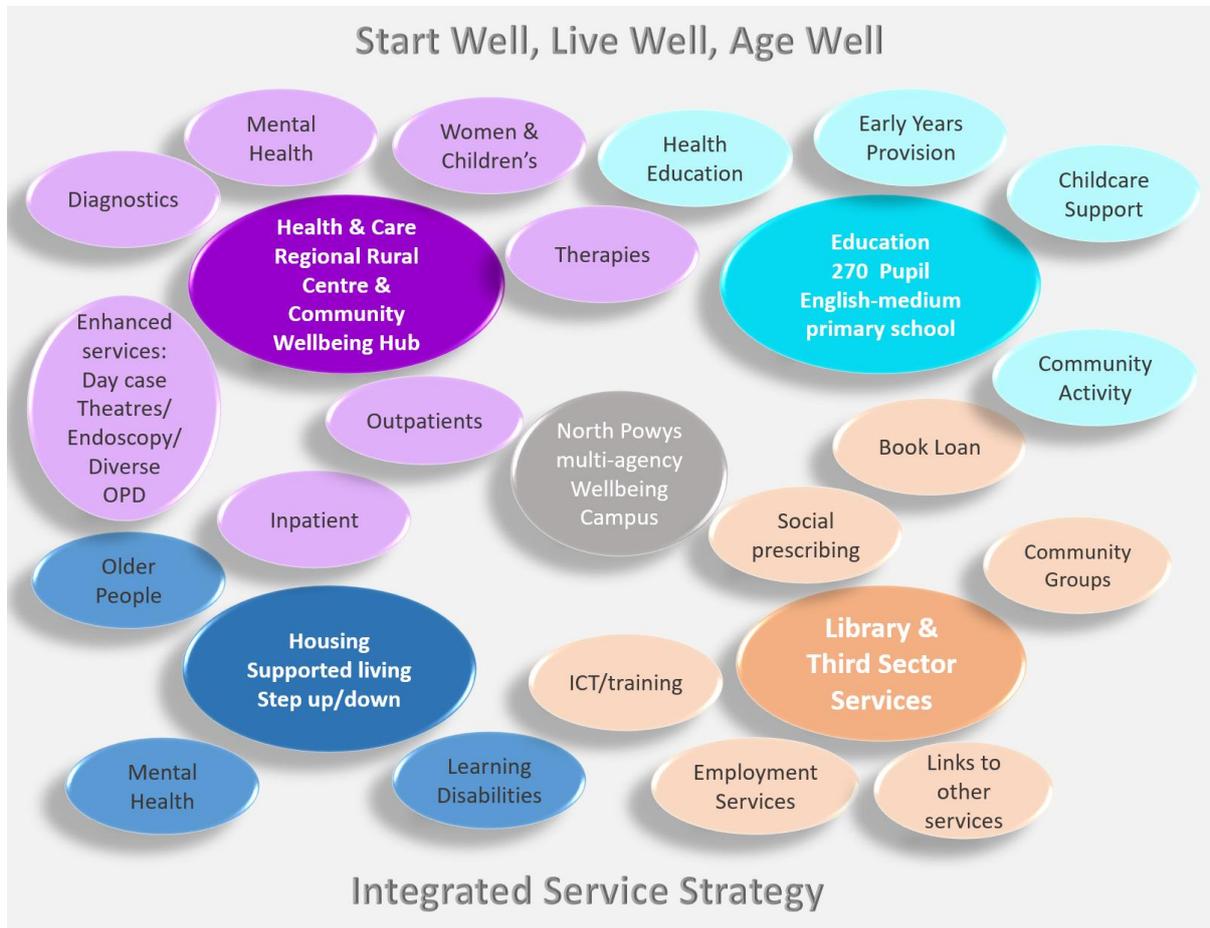


Figure 7: Service Strategy

In terms of **Health and Care**, the Campus will support the delivery of the new integrated model of care, incorporating a Rural Regional Centre and a Community Wellbeing Hub. The vision for the integrated model of care is to enable the following:

- To provide as many services as possible locally reducing the need for residents to travel out of county
- Access a range of personalised, joined up services enabling them to improve their wellbeing and access early help and support when needed
- Develop services that fit around peoples' busy lives; providing choice, accessible and equitable services more locally
- Information, guidance, self-help community/ exercise activities and social space
- Flexible working areas for staff and partners, improving communication and joined up working



- Technology enabled environment improving access to services and facilitating a network of care and support across north Powys
- Co-location and integration of services/assets where it provides benefits to individuals through a one stop shop experience
- Learning and development opportunities for staff and people living in or wanting to move to Powys

Work is ongoing regarding the range of services to be delivered from the centres. Growth assumptions have not been fully explored and demand and capacity modelling work will be undertaken at SOC stage. However, preliminary discussions have allowed a range of options to be developed, representing a range between a “minimum/core” requirement and a “maximum” requirement ( see Section 3.3).

The Campus will support the development of a satellite Health and Social Care Academy which will enable Powys to “grow their own workforce” and to attract people to come and work in Powys by being an innovator in rural practice. In January 2020, the RPB approved a Joint Framework for the Powys Health & Care Workforce, this is closely aligned to the NPWP and will be key to developing a sustainable workforce to underpin the new integrated model of care.

The integration links already existing with the **Third Sector** in north Powys will be strengthened by delivering wellbeing services on the Campus. Colleagues across voluntary, statutory and private sectors will have more seamless ways of communicating, ensuring that support offered to individuals, families and carers can be provided in a timely fashion.

The inclusion of Third Sector health and wellbeing services are expected to reap many benefits, including:

- Less social isolation and a reduction in reports of loneliness, leading to increased membership within the community in activities such as sports teams, singing, and drama
- “One front door” for access to support, information and advice for individuals, families and carers
- Reduced use of GP’s for non-medical needs
- An increase in people likely to engage with other services and attend a group/service/activity
- Third Sector involvement in multi-disciplinary team meetings, making referrals seamless and improve response times

In the longer term, it is hoped that the Campus will enable the community to have trust and confidence in the health and social care systems, including the third sector, where the needs of the community can be more simply fed into the commissioners, resulting in jointly commissioned services and pooled resources.

The **Primary School** is considered to be the anchor of the site due to the fact that funding is in place to rebuild the schools as one English-medium primary school through the 21<sup>st</sup> Century Schools and Education Programme and is due for completion in September 2024.

The plans for investment in Newtown primary provision to date have focussed on a replacement building for Ladywell Green Infants School and Hafren Junior School as part of the North Powys Well-being Programme, in order to address the immediate issues with the Ladywell Green building. However, the development has also been considered in the context of the broader plans for Newtown schools and the site has been tested in order to consider whether a maximum option of a 360-pupil school is feasible. However, on 18 September 2020, PCC's Transformation Delivery Board endorsed the development of a new 270-place school on the site of Hafren/Ladywell schools.

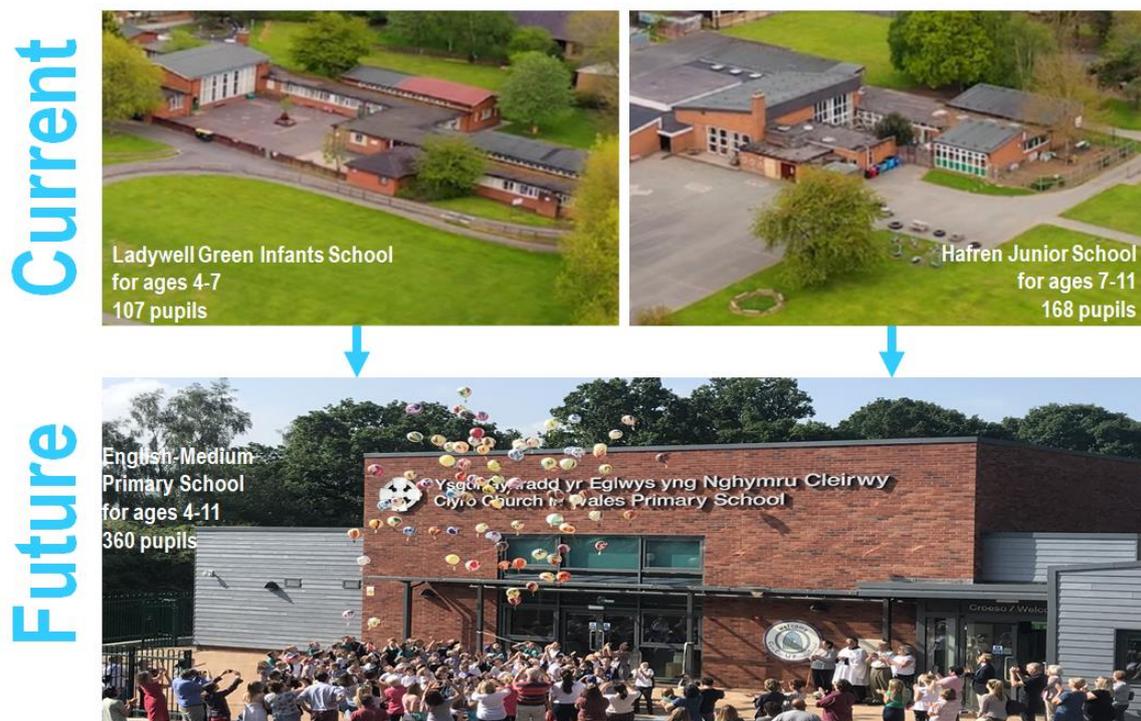


Figure 28: Merger of Ladywell Green Infant and Hafren Junior Schools

Within the school infrastructure element, PCC is required to provide **Nursery Accommodation for aged 3+ children** for 10-hours education and 20-hours childcare. It is assessed that 2 classrooms will be required, but this will be reviewed. In determining whether a nursery is designed into a new primary school building, the decision is based on community need and the evaluation of local competition. It is unlikely that additional space will be provided for a private nursery in Newtown as there are several private nurseries already delivering this service.

**Infrastructure and Shared Space** are key to “unlocking” the preferred site and phasing requirements. This programme also offers further opportunities for the Partnership (as well as voluntary and third-party service providers) to integrate services, which will offer the following potential benefits:



Creation of a "One-Stop-Shop"	Opportunities for Innovation	"Right Space, Right Place"	Training and Employment
<ul style="list-style-type: none"> <li>improved access/uptake of services: "No Wrong Door"</li> <li>improved pathways; reduce multiple visits</li> <li>focus on wellbeing, health education and prevention</li> <li>provide a "hub" for local community services</li> </ul>	<ul style="list-style-type: none"> <li>flexible multi-use spaces</li> <li>maximise cross sector working; "the watercooler moment"</li> <li>carbon neutral/positive buildings</li> <li>maximise digital technologies</li> <li>The ability to use space across the river (ideally via a new footbridge) which would provide access to additional green space</li> </ul>	<ul style="list-style-type: none"> <li>provide as much care as possible closer to people's homes</li> <li>integrated women and children's services</li> <li>integrated Mental Health services</li> <li>providing early help and support</li> <li>opportunities to amalgamate Third Sector services</li> </ul>	<ul style="list-style-type: none"> <li>create a sustainable rural workforce</li> <li>centre for employment</li> </ul>

Table 22: Benefits of Integrating Services

In developing the proposed scope for the programme, the innovative environment work stream (along with other key stakeholders) have held a number of workshops to evaluate which elements could potentially be shared whilst remaining sensitive to potential conflicts such as safeguarding and privacy and dignity. Work with the school explored the potential synergies between education and the rest of the site (below):

Health & Social Care	Wellbeing	External	Other Services Off-Site
<ul style="list-style-type: none"> <li>school nurses</li> <li>health visitors</li> <li>school dentist</li> <li>whole family support</li> <li>meeting room</li> <li>social services</li> <li>safeguarding</li> <li>speech &amp; language therapy</li> <li>sensory</li> <li>CAMHS</li> <li>physiotherapy</li> <li>family centre</li> <li>audiology</li> </ul>	<ul style="list-style-type: none"> <li>library</li> <li>learning about health</li> <li>nutrition</li> <li>community kitchen</li> <li>breakfast club</li> <li>employment connections</li> <li>extracurricular opportunities</li> <li>healthy lifestyles</li> <li>active lifestyle</li> <li>expressive arts</li> <li>education welfare services</li> </ul>	<ul style="list-style-type: none"> <li>green spaces</li> <li>biodiversity</li> <li>cycle track</li> <li>walking</li> <li>forest trail</li> <li>sport facilities</li> </ul>	<ul style="list-style-type: none"> <li>youth club</li> <li>scouts</li> <li>leisure centre</li> <li>young farmers club</li> <li>rugby club</li> <li>football club</li> </ul>

Table 23: Potential Sharing with Education



The workshops demonstrated that sharing spaces offer a number of benefits including maximising space utilisation, more efficient use of building footprint, economic benefits and greater opportunities for integration and innovation across disciplines. The key opportunities to be further investigated in the Infrastructure SOC are detailed in the table below:

Sharing Opportunity	Description
Offices/Seminar Rooms/Training Suite/IT Suite	ensuring people are working from appropriate facilities will be more efficient (right place, right space approach). This should include the consideration of adjacencies to the site such as Ladywell House, over the road from the preferred site, which provides newly refurbished office facilities; separate office accommodation will be more cost effective than office accommodation spread across clinical buildings
Health and Care Academy of Learning	creation of a shared space to house education, development and training for the workforce across Health and Care, including more opportunities for paid staff, carers and volunteers across multi-generations
Catering and Dining	central kitchens could provide a range of services including school meals, patient meals, staff canteen and healthy eating education. The full opportunities for sharing are to be fully explored during the design stage
Car Parking	for the site, regardless of service
Hydrotherapy Pool	to support children with special needs, adult/child rehabilitation, as well as community use
Outdoor Spaces	school fields or “outdoor classrooms” that could be utilised by the community out-of-hours, to include an interactive outside space set within the wonderful countryside that typifies Powys, bringing the benefits of green space to the creative and learning experience and well as offering fantastic opportunities for reflection in a peaceful setting with woodland walks and mature gardens  See <b>Appendix B</b> for details of Newtown’s green spaces run by Open Newtown
Carbon Reducing Technologies	such as river source heat pump for the entire Campus
Deliveries	Hard and Soft Facilities Management (FM) services

Table 24: Potential Sharing Opportunities

The **Library** offers a variety of services, which draws together the other elements of the PBC together and will support focus on wellbeing services. Further engagement is required with the library service in terms of future plans and inclusion in the Campus, however, there is an opportunity for the library service role to be extended and act as the front door to all the other services, reinforcing the philosophy of “no wrong door”, signposting people to services, care, support and information, as demonstrated below:

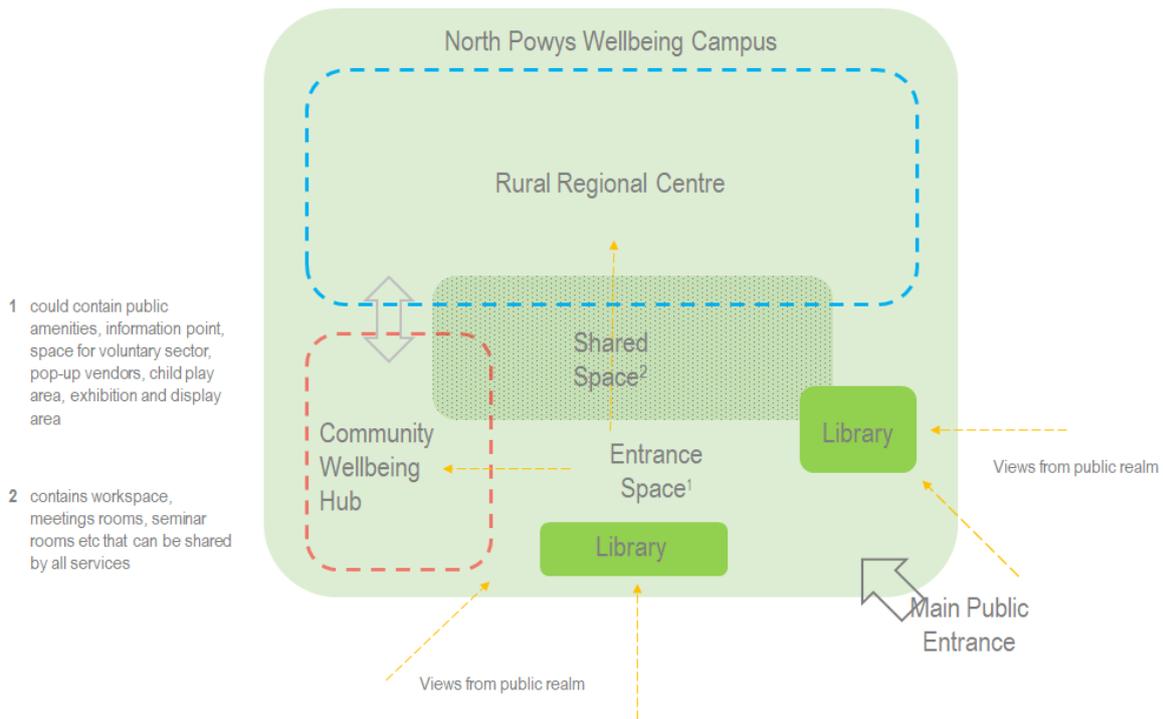


Figure 29: Potential Role of Library Services

The exact scope of the **Housing** element needs further development, but early discussions have indicated a requirement for: 12-15 one-bedroom flats serving the following potential service groups:

- Training Flat: transition from child to adult with a stay of approximately 6 months
- Older Person transition/reablement flats
- 16+ supported accommodation (children on the verge of becoming homeless)
- Children and Young People temporary/emergency out of hours accommodation
- People with Learning Disabilities (PLD) step down/step up
- Supported living: 150 people with disabilities living out of county at the moment

There are developments in and around Newtown already, which will act as a “do minimum” option for housing, with the aim that these sites link with the services in the Campus. Children’s and adult services are currently in discussions as both are seeking accommodation for crisis scenarios, under a variety of different needs (mental health, looked after children, learning disabilities, care being provided outside of county). There is also a need for additional extra care units within the Newtown area; however, PCC has allocated its extra care funding to other parts of Powys with greater need, such as Machynlleth, but this does not preclude inviting interest from private providers.

Workshops have been held in order to define how the team could deliver the programmes investment objectives and benefits through **energy efficient building performance and sustainable design**. The programme



will consider all viable low carbon construction options such as Passivhaus and set ambitious targets against standards such as BREEAM and Building Regulations. Low carbon engineering options such as ground or water source heat pumps, solar panels and hybrid heating systems will be considered and the most appropriate applied to the entire Campus to reduce carbon emissions from the building, embodied energy from materials, upstream and downstream environmental impacts in its widest sense, including social and socioeconomic factors.

It will be the projects' objective to generate and source as much local "green energy" as possible. The flat unshaded site with the River Severn running alongside presents a number of viable options for energy generation and all engineering solutions will be considered. It may even be possible to, at times, generate excess energy and heat which can be sold into the grid or networked locally as a community benefit.

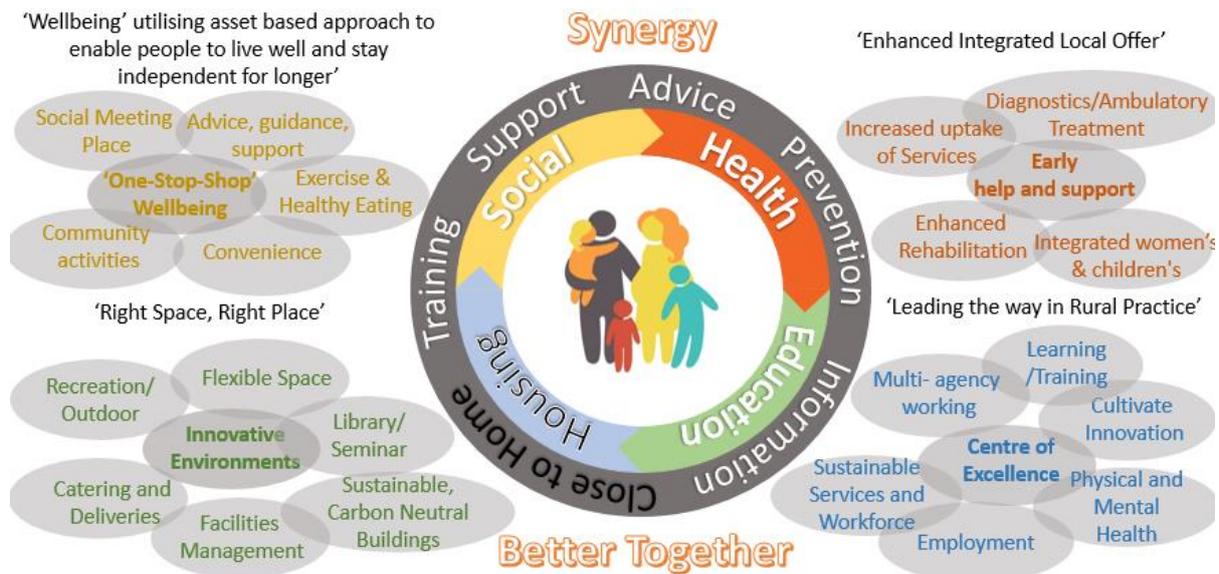
As an important local green space in Newtown, there are also opportunities to enhance biodiversity through sympathetic site design with green walls and green roofs through to planting schemes to create habitats. This also lends itself to the creation of environmental outdoor learning areas for children attending the school, and the local community. The Welsh Government recognises outdoor space as an important part of the nation's education and is now part of the national curriculum and the government funded "Eco Schools" program.

The RPB recognises that the construction and use of the proposed Campus will be carbon positive, however, through design and well considered service planning (reducing the need for out of area travel) the programme can be a sustainable model for the future which maximises community benefits.

Finally, the program will look to directly offset build and run carbon emissions by planting plants and trees on and offsite with partner organisations which will also act as a community benefit, a place for recreation and a place for nature to thrive.

Should housing be part of the scope following economic appraisal, the programme will look at the "Home Grown Homes Project"; using UK and Welsh grown timber to help the local supply chain, which will benefit the rural economy of Wales. The Bowling Green in Newtown is a three-storey development of one and two-bedroom flats. Through the Project, Woodknowledge Wales and delivery partners TRADA, Coed Cymru and Cardiff Metropolitan University are helping to inform on the construction method to help improve the quality of the build and the use of locally sourced timber.

The **key synergies** envisaged for the Campus can be summarised below:



### 2.2.8.1 [Impact of COVID-19](#)

The production of this PBC began a few months before the COVID-19 pandemic escalated in the UK in March 2020. Partnership staff were redeployed from “business as usual” to strategic and operational roles surrounding the control of the coronavirus. Since then, it is apparent that the COVID-19 pandemic has forced massive transformation on the public sector by:

- forcing organisations to work together, recognising the need for system leadership and joint working at a national and sub-national level
- children being taught remotely
- cancelled school examinations
- clinicians seeing patients virtually where possible via phone or video calls
- staff working from home where possible, for example, Multi-Disciplinary Team (MDT) meetings are happening online
- behaviours have completely changed where people are reluctant to go into hospitals, health facilities and public buildings for concern about contracting the virus or burdening services

Whilst the COVID-19 pandemic has resulted in some transformation change activities being reduced, it has also forced massive transformation on the system by enabling some areas to accelerate at significant pace, particularly digital technology: virtual self-care Apps, virtual clinics via “Attend Anywhere” and “Consultant Connect” and virtual triage and assessment services have all been accelerated. Many teams are also working virtually in Powys to develop new ways of delivering services and the workforce has adapted and changed to respond to this. There has also been significant work with the Voluntary sector to develop the Community Emergency Response Services. All of these have contributed towards delivery of the integrated model of care.



Undoubtedly many of the changes due to COVID-19 have been undertaken as part of the emergency response and further work is being undertaken to assess longer term sustainability and to take advantage of this window of opportunity to support new ways of working in the long-term. It is paramount that any changes are supported by the estate and digital infrastructure, particularly around digital support which will need to improve as virtual consultations continue. Without the urgent implementation of these enablers there is a risk that we return to the old ways of working by default.

This PBC has been updated to include learning from the COVID-19 pandemic and what impact this may have on current and future services including; increase in virtual consultations, agile working, digital, social distancing and planning for future pandemics. Whilst it is understood that work on the development of these services are ongoing, a formal “lessons learned” process is currently underway and will be further detailed in subsequent SOCs. There are a number of strategic priorities to consider which include:

#### *2.2.8.1.1 Clinical Accommodation*

- Enablement for clinicians to consult remotely
- Integrated Mental Health Services: bringing both existing and new staff into a single location aligning with the Health and Care Strategy for Powys, as it will provide the opportunity for integrated working between PTHB, PCC and the third sector
- Greatly improved patient accommodation, increased infection prevention and improved health and safety requirements and statutory compliance, including compliance with the Equality Act 2010 and Standards for Healthcare
- PTHB is currently developing a scheme to put 12 ac/hr (air changes per hour) for all hospitals (apart from Knighton) in a small number of rooms and full ventilation at Brecon, Welshpool and Llandrindod. The Project will be completed at pace before winter pressures

#### *2.2.8.1.2 Office Accommodation*

COVID-19 has fast-tracked home working and many people are now considering whether they need to work at the office every day of the week. Social distancing measures have been implemented in many offices, such as:

- larger spacing between desks
- reduction in hot-desking
- introducing screening
- creating one-way systems
- creating safe entry and exit points

Space could be used to make more of an office hub where people come together for team building or training, leaving the more focused style of work for the home.



To reduce the number of people being in the office at the same time, other changes to working patterns could be applied, for instance, whole teams could come into the office for a couple of days a week and work remotely for the remainder of the week, whilst other teams came in on opposing days. This has the added benefits of allowing teams to have the face to face contact that is necessary for team building, planning, peer support etc but reduces the space requirement in the office thus allowing the creation of a safe working environment.

#### 2.2.8.1.3 *Design*

Whilst it is still unclear what the full impact of COVID-19 will be, it is clear that there will be a long-term requirement for staff, pupils, visitors, etc, to maintain a safe distance between each other. Potential changes in the office environment will be considered during the design of new office/admin space, such as:

- greatly reducing the number of desks required
- separating large open plan offices into smaller areas with screening, whilst still keeping workstations a safe distance apart
- hot desks needing to be “booked” and fully cleaned in between users
- reducing the capacity of single, cellular offices to one person
- providing hand-sanitiser at entry and exit points
- providing additional lockers for storage of personal items and clothing

#### 2.2.8.1.4 *Car Parking*

Consideration will be given about how staff get into the office, for example, staff may not want to use public transport, especially trains, during peak travel time. More people may choose to drive into work and therefore would require parking spaces, but the number of parking spaces required overall may actually reduce if staff are only occasionally coming into the office. This may also have the added benefit of reducing staff parking subsidies. Greater flexibility around working hours could mitigate some of the public travel concerns, maybe with staff working longer days to allow them to spend some time with colleagues, but to come in less frequently.

#### 2.2.8.1.5 *Housing*

When the COVID-19 pandemic emerged, the pressures facing the service increased significantly. At one stage, presentations to the service increased by 300%.

In response to the pandemic, the service set up a Centralised Homelessness Co-ordination Cell, as did other local authorities across the country. The purpose of the Cell was to co-ordinate the response to homelessness in the County and bring together partners who could form a multi-agency approach to dealing with issues that arose and finding viable solutions.

The Cell, which currently meets twice per week for one hour, pulls together partners including the homelessness service, Police, Probation, PTHB, social services, youth services, mental health services, substance misuse



experts and the third sector. The Cell has been recognised as working very effectively, with Powys highlighted as being an example of excellent multi agency working.

The service has brought additional units of temporary accommodation into use in order to ensure anybody in need of a roof over their heads is provided with one. The development of the single bed flats will provide flexibility for supporting any future pandemics and any learnings will be further considered as part of the SOC.

#### 2.2.8.1.6 *Third Sector*

A number of organisations joined as a group, known as the Newtown Network, with the initial objective of supporting meal and food deliveries to the needy in the town, to work with the Powys Library Service to provide a home delivery for readers, and to assist in the development of a Volunteer networks.

#### 2.2.8.2 Development of the Preferred Site

In the development of the PBC, desktop analysis of the site was undertaken, to provide current site information in the following key areas:

- Use Zones: schools occupy the largest area (71.3%), health and social care (12.9%) and the library (9.7%)
- Built Area: the footprint of all the buildings occupy only 14% of the total site
- Green Areas and Landscaping: a significant proportion of the site contains grass and garden (59%); there are mature trees around the perimeter of the site
- Parking: there are approximately 116 parking spaces on the site
- Permeability: the site is impermeable and acts as a barrier between the town centre & residential areas
- Flood Plain: the area affected is relatively small at the North West end of the site
- Sun Path: the site configuration does not indicate any constraint on building orientation to sun path

#### 2.2.8.2.1 *Concept Site Plan*

A core objective of this PBC is to demonstrate that the scope of services developed in Section 2.2.8 will “fit” on the site facilitating the desired campus-style approach. It is also critical for local stakeholders to confirm that the following seven key design concepts can also be delivered on the site:

1. flexibility
2. supporting collaboration
3. managing safeguarding
4. ability to potentially expand into nearby sites
5. access and car parking
6. connectivity/social catalyst/cohesion
7. buildability/deliverability (such as the timescales required for the completion of the new school)

Using the maximum scope derived from the programme scoping, the potential configuration of the site has been tested. This accounts for the desired location of the school and other services on the site and consideration of the seven key design concepts. Access, green and shared spaces, infrastructure and car parking are key to “unlocking” the preferred site and phasing requirements

Work on the masterplan design will be undertaken during the development of the SOC’s and OBC’s, however, during the PBC development, several site configurations were appraised at a high level with a number of stakeholders and their feedback has been incorporated into an initial concept site configuration plan (pictured below). This concept plan is produced only to demonstrate that the site can deliver a collaborative multi-agency wellbeing campus and the plan will undoubtedly change as a result of further design work:

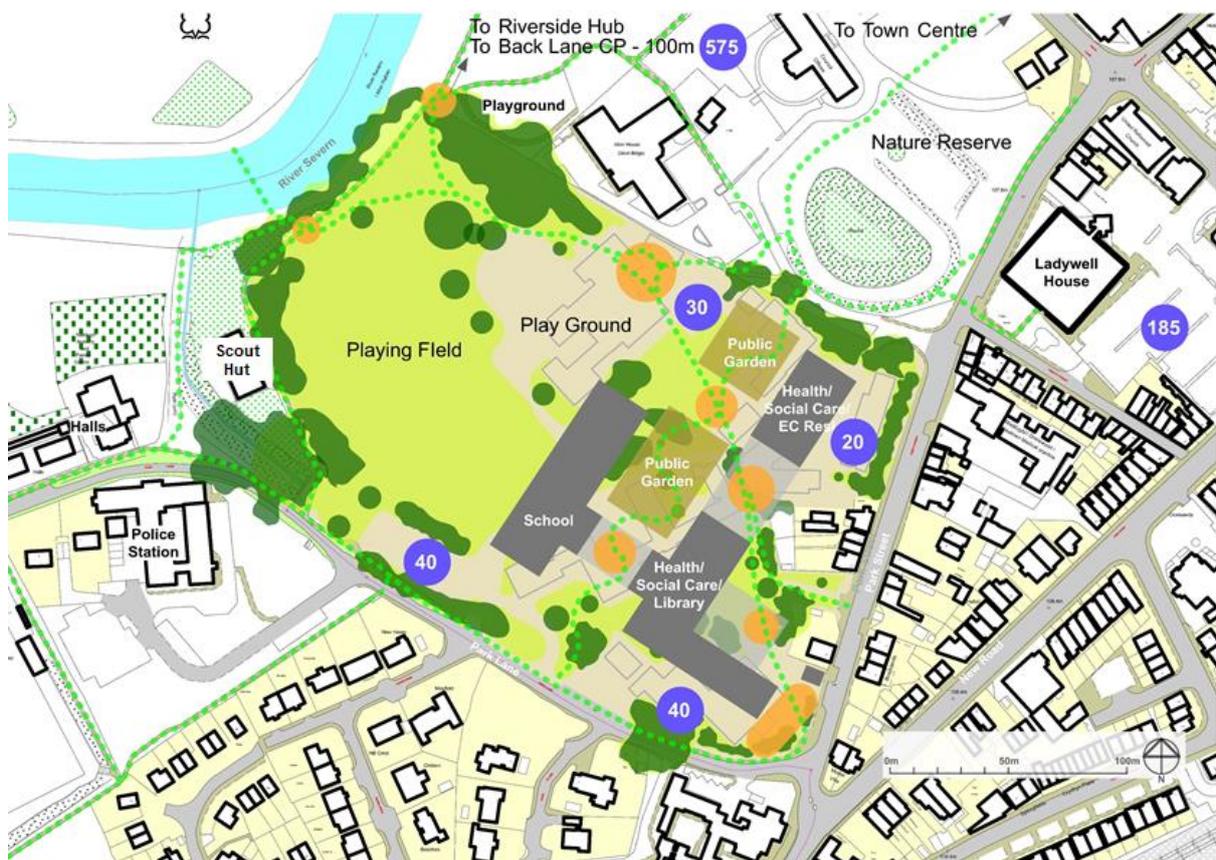


Figure 30: Site Plan to test Maximum Scope will fit on site

The ideas and concepts that have been incorporated into the concept site plan include:

- Idea 1: co-locate buildings around public space to enable shared use of “front of house space” and clear civic impact
- Idea 2: create new walking routes within/through the site that link with existing walking routes
- Idea 3: create new buildings that avoid existing buildings, specially the schools, so that the new school can be built without disruption to existing services



- Idea 4: preserve as much existing landscape as possible
- Idea 5: suggested access: Park Lane is a principal public frontage with parking and access to school and health hub

Please see the attached **Appendix E** for an initial analysis of the preferred site.

#### 2.2.8.2.2 *Site Masterplan*

The next step following the approval of the PBC will be the production of a detailed site masterplan, with the aim of addressing the following key issues:

- sustainability and energy to deliver carbon targets and green initiatives
- delivering an integrated community of services by connecting the buildings, the site and the Town
- creating an open, green site with public space (whilst managing school safeguarding issues)
- promoting health and wellbeing by encouraging walking, cycling and social interaction
- delivering a detailed transport plan, including access and car parking
- delivering a detailed ecological plan

##### 2.2.8.2.2.1 Planning

High level planning advice has been sought regarding the preferred site and the following points will be considered at the masterplanning stage:

- Place-making is at the forefront of planning, so to re-use a previously developed town centre site close to other services and facilities will be viewed favourably
- The site is adjacent to listed buildings, a conservation area and a SAM; understanding and assessing the development proposal's impact on heritage assets will be important and will inform the design
- Highway access is important. Access by non-car modes/active travel will be considered, particularly with the site's connections to adjoining areas
- Sustainable drainage will be designed in from the outset to avoid being an after-thought
- Ecology and biodiversity enhancement measures will be considered
- Avoidance of the C2 flood-zone to the north of the site
- Consider of the scale of development upon adjoining land uses such as the existing residential developments

##### 2.2.8.2.2.2 Next Steps

Further concepts to be considered at the next stage include:



- The opportunity exists to introduce sustainable technologies into the new development that may be linked to and provide environmentally and economically beneficial source(s) of heat/energy to the new build, Key drivers for this are:
  - carbon reduction
  - decarbonisation
  - Public Sector cost reduction: futureproof spend on energy against future price rises
  - local economic regeneration
  - effective building and facilities management
- Engagement with the Centre for Alternative Technology (CAT) based in Machynlleth
- Newtown & Llanllwchaïam Town Council (NLTC) has received a £0.5 million grant to improve access from Newtown railway station to the town centre, providing a more attractive walkway. In addition, improvement works are planned for the bus interchange, close to the preferred site
- Engagement with Open Newtown regarding internal and external connectivity
- A travel plan for the north Powys area and beyond the borders, with a view to the repatriation of services and development of the Rural Regional Centre, which could also increase traffic to the area



### 2.2.9 Spending Objectives

The following table describes the spending objectives of the NPWP:

INVESTMENT OBJECTIVE 1: INTEGRATED LOCAL SERVICES	INVESTMENT OBJECTIVE 2: SUSTAINABLE WORKFORCE	INVESTMENT OBJECTIVE 3: DECARBONISATION	INVESTMENT OBJECTIVE 4: REGENERATION	INVESTMENT OBJECTIVE 5: INNOVATIVE ENVIRONMENT
To implement a new, integrated, collaborative service model which improves the health, education and wellbeing outcomes for the population of north Powys, including the repatriation of services by 2025	To deliver seamless services to the local population of north Powys, through the training and development of a multi-agency, collocated and sustainable workforce, maximising the utilisation of digital and technological solutions for the long term (10 to 30 years)	To integrate energy saving and low carbon technologies to support decarbonisation in the public sector by 2025 and beyond	Contribute to the economic growth and regeneration of north Powys over the medium to long term (10 to 30 years)	To provide services in flexible, fit for purpose accommodation, which increases utilisation and efficiency through space sharing and achieves statutory and regulatory compliance by 2025

Table 25: Spending Objectives

### 2.2.10 Main Benefits Criteria

The key benefits are summarised in the table overleaf, with benefit measurements detailed in **Appendix F**:

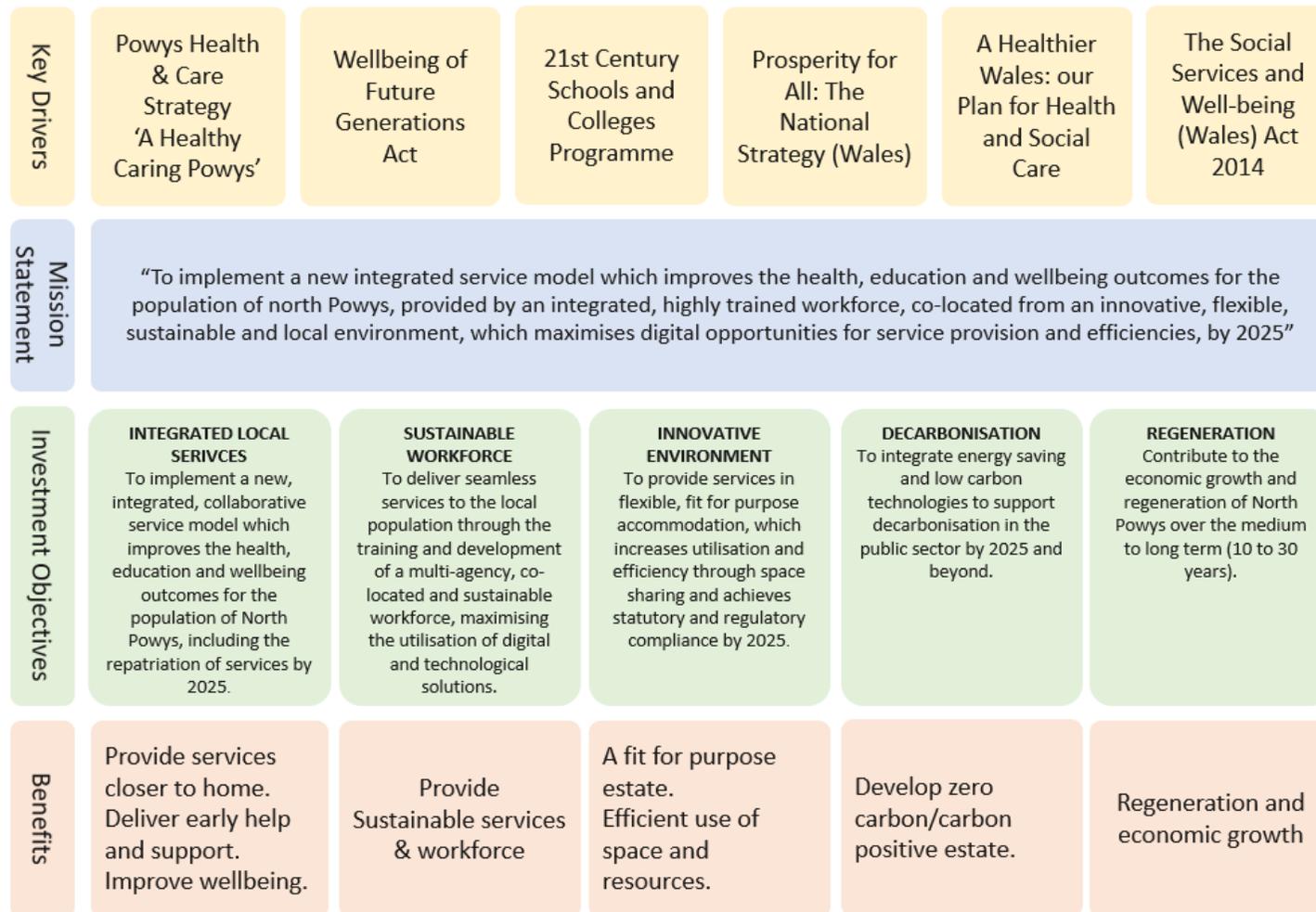


Figure 31: Benefits Framework



### 2.2.11 Main Risks

The main business and service risks associated with the potential scope for this programme are shown below and will be developed further in separate SOCs:

- Risks associate with COVID-19
  - Impact on programme whilst responding to the pandemic
  - Impact on programme should there be an increase in new cases
  - Changes in working practices which underpin current thinking
  - Impact on clinical and office accommodation requirement
- Planning permission
- Delays in business case process
- Failure to secure funding/affordability
- Stakeholder support
- Increase in Cost
- Increase in timescales

### 2.2.12 Constraints and Dependencies

The proposed NPWP scheme has the following constraints and dependencies:

#### 2.2.12.1 Constraints

- There is a floodplain to the north of the site that cannot be built on
- The school must be constructed first, with the infant school and junior school open as usual until the end of the Summer term 2024
- The available site area is limited with little or no room for expansion as there are live services on site, any proposed build solution is constrained by existing site boundaries
- The site has minimal access points (they only exist as entrances to the current buildings on site) so consideration needs to be given to access to the site and construction traffic during the build
- The projects detailed within the programme should be flexible to respond to fluctuations in resource and available Welsh Government Funding

#### 2.2.12.2 Dependencies

- Works must be planned to have the minimum possible disruption to live services
- The Campus will be built in phases, each phase dependent on the previous; plans will be put in place to mitigate the failure of any phase not proceeding
- Each phase will be carefully planned in order to position services on the site to dovetail with the requirement to decant services and keep them operational



### 3 Economic Case

#### 3.1 Introduction

In accordance with the Capital Investment Manual and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector), this section of the PBC documents the options appraisal and demonstrates that the proposals will maximise social value to society through the selection of the optimal combination of projects and related activities.

#### 3.2 Critical Success Factors (CSF's)

The Critical Success Factors (CSF's) identified for this programme are as follows:

Critical Success Factors	How well does the option...
Strategic Fit and Business Needs (Strategic Case)	<ul style="list-style-type: none"><li>meet and support the over-arching aims of local and national strategy/legislation</li></ul>
Potential Value for Money (Economic Case)	<ul style="list-style-type: none"><li>maximise the return on the required investment in terms of the economy</li><li>minimise associated risks</li></ul>
Capacity and Capability (Commercial Case)	<ul style="list-style-type: none"><li>deliver the required level of service and functionality</li></ul>
Potential Affordability (Financial Case)	<ul style="list-style-type: none"><li>deliver the projects within the ascribed capital and revenue envelope</li></ul>
Potential Achievability (Management Case)	<ul style="list-style-type: none"><li>deliver the projects within the agreed timescale</li><li>deliver operational and fit-for-purpose facilities</li><li>satisfy the level of skills required to deliver the projects successfully</li></ul>

Table 26: Critical Success Factors

#### 3.3 Main Options for Investment

As part of initial feasibility work, a full site options appraisal has been undertaken (see [Appendix XXX](#)). The preferred site is illustrated in the image below:

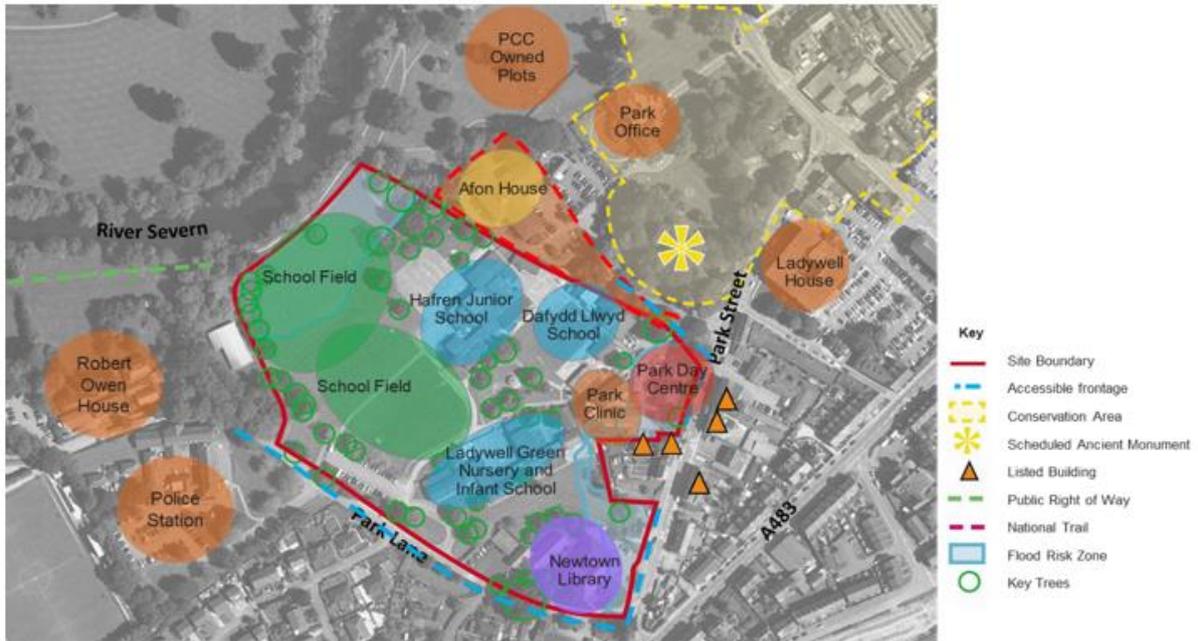


Figure 32: Preferred Site Plan

The preferred site measures 4.6 hectares (45,904sqm). The table below details what the preferred site currently comprises of and what buildings are in close proximity to the site:

Current Site	Close Proximity
Ladywell Green Infant and Nursery School	Afon House (Job Centre)
Hafren Junior School	Park Office (Council Offices)
Newtown Library	Ladywell House (Council Offices)
Integrated Family Centre	Newtown Police Station
Park Day Centre	Robert Owen House (formerly mental health team office and now a housing development opportunity)
Park Clinic	

Table 27: Buildings on and in close proximity to the Preferred Site

The consensus of the site appraisal was that the preferred site offers:

- ✓ A good location, accessible to centre of the town, to the Open Newtown programme, recent housing initiatives and to other transport and amenities
- ✓ Links to the school's investment in the area
- ✓ Appropriate size to facilitate the potential scope of the programme
- ✓ No policy designations
- ✓ Owned and know site near existing public amenities and assets
- ✓ Flat, serviced site with potential expansion scope
- ✓ A therapeutic site, ideal for promoting well-being; open green spaces, views, on the banks of the Severn



Having identified a preferred site, the options appraisal focuses on developing the proposed scope of the programme.

After examination of the issues associated with Business as Usual (BAU), the potential benefits as well as risks and constraints, the Programme Team have identified the following potential options:

Technical Scope			
	Option	Brief Description	Investment Appraisal
1.1	Do nothing: <b>No Action</b>	All services would continue to be delivered from their current locations with no improvements	This option would fail to address any of the investment objectives. The built estate would continue to deteriorate with an increased risk of failure. This option would not support strategic plans for service improvement, integration or environmental impact. Listed as a comparator only  <b>Discounted</b>
1.2	Do minimum: <b>Refurbishment of existing facilities</b>	All services would continue to be delivered from their current locations refurbishing the existing estate to address all significant and high compliance risks and improve environment quality	This option would address the significant and high compliance risks associated with the Estate. However, it would not support strategic plans for service improvement, integration or environmental impact  <b>Discounted</b>
1.3	Intermediate: <b>New build – combined English medium primary school (270 pupils). Refurbish Health and Social Care provision</b>	Replacement of the current Ladywell Green Infants School and Hafren Junior School. Health and Social Care would continue to be delivered from the existing buildings which would benefit from a refurbishment to address all significant and high compliance risks and improve environment quality	This option would achieve PCC's vision for the future delivery of school services and also address significant and high compliance risks associated with the remaining estate. However, it would not support strategic plans for service improvement & integration  <b>Discounted</b>
1.4	Intermediate 1: <b>New build – combined English medium primary school (270 pupils) alongside new Health and Wellbeing facilities</b>	Replacement of the current Ladywell Green Infants School and Hafren Junior School in addition to new Health and Wellbeing accommodation. Re-provide Library and associated services	The Partnership would benefit from new build accommodation addressing backlog maintenance and compliance issues and reducing environmental impact. However, it would not fully support strategic plans for service improvement & integration  <b>Possible</b>
1.5	Intermediate 2: <b>New build – combined English medium primary school (360</b>	Replacement of the current Ladywell Green Infants School and	The Partnership would benefit from new build accommodation addressing backlog maintenance



Technical Scope			
	Option	Brief Description	Investment Appraisal
	<b>pupils) alongside new Health and Wellbeing facilities to include library services and additional supported living accommodation</b>	Hafren Junior School in addition to new Health and Wellbeing accommodation. Re-provide Library and associated services as well as the creation of purpose-built supported living accommodation	and compliance issues and reducing environmental impact. It would also maximise opportunities for service improvement & integration <b>Possible</b>
<b>1.6</b>	Do Maximum: <b>As above plus housing development</b>	As above but including a new build private accommodation development	As above, however the need and appetite for a further housing development co-located on the site remains unknown <b>Not taken forward at present</b>

Table 28: Long List of Options: Technical Scope

Service Solution			
	Option	Brief Description	Investment Appraisal
<b>2.1</b>	Do nothing: <b>Business as Usual</b>	Services would remain unchanged	This option would fail to meet key investment objectives including integration, repatriation and services closer to home. Listed as a comparator only <b>Discounted</b>
<b>2.2</b>	Core: <b>Business as usual with enhanced services</b>	Re-provide existing services enhanced to include further integrated family and mental health services and greater links with third sector services Education services amalgamated to provide a 270-pupil primary school Library and Third Sector services remain unchanged	This option would address education objectives and partially meets the Partnership aspirations for greater integration. However, it will not maximise repatriation and efficiency opportunities <b>Discounted</b>
<b>2.3</b>	Core + Desirable: <b>As above with further opportunities for repatriation and integration</b>	Health and Care: consolidation of new integrated model of care into a single location. "Do minimum" in terms of opportunities for repatriation, diagnostics, primary care, inpatient beds, therapy services, family services, mental health services and urgent care Education services amalgamated to provide a 270-pupil primary school with further links to Health and Social Care Library and Third Sector services enhanced to provide greater links to Health, Social, Housing & employment services	This option would address education objectives and partially meets the Partnership aspirations for greater integration. PTHB would be able to offer a wider range of services closer to home <b>Possible</b>



Service Solution			
	Option	Brief Description	Investment Appraisal
2.4	Core + Desirable plus: <b>As above with further opportunities for repatriation, integration and enhanced services</b>	<p>Health and Care: consolidation of new integrated model of care into a single location. "Do maximum" in terms of opportunities for repatriation, diagnostics (to include MRI), primary care, inpatient beds (to include level 2 rehab centre), therapy services, family services, mental health services and urgent care</p> <p>Education services amalgamated to provide a 360-pupil primary school with further links to Health and Social Care</p> <p>Library and Third Sector services as above with the addition of Health promotion and community resource centre</p> <p>Develop site as a joint training academy</p>	<p>This option will maximise the value of the investment and would address education objectives and fully meet the Partnership aspirations for greater integration. PTHB would be able to offer a wider range of services closer to home. The Partnership would benefit from training facilities, supporting a sustainable rural workforce</p> <p><b>Possible</b></p>
2.5	Core + Desirable plus + Optional: <b>As above with additional services</b>	<p>As above with further enhancement of services</p> <p>Education services as above with enhanced leisure facilities</p> <p>Library services as above</p> <p>Further housing provision</p>	<p>As above, however the need and appetite for a further housing development co-located on the site remains unknown</p> <p><b>Not taken forward at present</b></p>

Table 29: Long List of Options: Service Solution

Service Delivery		
	Option	Investment Appraisal
3.1	In-House	<b>Preferred:</b> This option provides the most acceptable solution in terms of use of staff, skills and resources
3.2	Outsource	<b>Discounted:</b> This option has been discounted as it fails to deliver integration of services
3.3	Strategic Partnership	<b>Discounted:</b> This option has been discounted as it is unclear whether it delivers integration of services, and because of the increased complexity and achievability issues

Table 30: Long List of Options: Service Delivery

Implementation		
	Option	Investment Appraisal
4.1	Single Phase	<b>Discounted:</b> Due to the extent of the works, a single phased approach would fail to provide the required flexibility



Implementation		
	Option	Investment Appraisal
4.2	Phased	<b>Preferred:</b> This option offers the most flexibility. Elements of the works can be phased in terms of clinical demand, resource and available funding

Table 31: Long List of Options: Implementation

Funding		
	Option	Investment Appraisal
5.1	Private Funding	<b>Discounted:</b> Third Party Development funding has been excluded as a viable funding option as the Health Board is not in a position to absorb the revenue pressures that this would entail
5.2	Public Funding	<b>Preferred:</b> This scheme will be publicly funded and is part of the NHS Capital Expenditure Programme

Table 32: Long List of Options: Funding

### 3.4 Preferred Way Forward

By appraising a wide range of realistic and possible options, the following preferred way forward has been identified, which will be developed further in subsequent Business Cases.

	Option 1	Option 2	Option 3	Option 4
<b>Scope/Technical</b>	Intermediate 1	Intermediate 1	Intermediate 2	Intermediate 2
<b>Service Solution</b>	Core & Desirable	Core & Desirable plus	Core & Desirable	Core & Desirable plus
<b>Delivery</b>	In-House	In-House	In-House	In-House
<b>Implementation</b>	Phased	Phased	Phased	Phased
<b>Funding</b>	Public	Public	Public	Public

Table 33: Preferred Way Forward



### 3.5 Economic Appraisal of Short-Listed Options

The table below details the estimated costs for the available options. The cost analysis is in **Appendix G**:

Options	Description	Estimated capital cost (excl VAT)
1	<p><b>New build – combined English medium primary school (270 pupils) alongside new Health and Wellbeing facilities</b></p> <p>Health and Care: consolidation of new integrated model of care into a single location. “Do minimum” in terms of opportunities for repatriation, diagnostics, primary care, inpatient beds, therapy services, family services, mental health services and urgent care</p> <p>Education services amalgamated to provide a 270-pupil primary school with further links to Health and Social Care</p> <p>Library and Third Sector services enhanced to provide greater links to Health, Social, Housing &amp; employment services</p>	<p>£54m – £55m (range includes estimated disposal proceeds for surplus sites)</p>
2	<p><b>New build – combined English medium primary school (270 pupils) alongside new Health and Wellbeing facilities</b></p> <p>Health and Care: consolidation of new integrated model of care into a single location. “Do maximum” in terms of opportunities for repatriation, diagnostics (to include MRI), primary care, inpatient beds (to include level 2 rehab centre), therapy services, family services, mental health services and urgent care</p> <p>Education services amalgamated to provide a 270-pupil primary school with further links to Health and Social Care</p> <p>Library and Third Sector services as above with the addition of Health promotion and community resource centre</p> <p>Develop site as a joint training academy</p>	<p>£64m – £65m (range includes estimated disposal proceeds for surplus sites)</p>
3	<p><b>New build – combined English medium primary school (360 pupils) alongside new Health and Wellbeing facilities to include library services and additional supported living accommodation</b></p> <p>Health and Care: consolidation of new integrated model of care into a single location. “Do minimum” in terms of opportunities for repatriation, diagnostics, primary care, inpatient beds, therapy services, family services, mental health services and urgent care</p> <p>Education services amalgamated to provide a 360-pupil primary school with further links to Health and Social Care</p> <p>Library and Third Sector services enhanced to provide greater links to Health, Social, Housing &amp; employment services</p>	<p>£57m – £58m (range includes estimated disposal proceeds for surplus sites)</p>
4	<p><b>New build – combined English medium primary school (360 pupils) alongside new Health and Wellbeing facilities to include library services and additional supported living accommodation</b></p> <p>Health and Care: consolidation of new integrated model of care into a single location. “Do maximum” in terms of opportunities for repatriation, diagnostics (to include MRI), primary care, inpatient beds (to include level 2 rehab centre), therapy services, family services, mental health services and urgent care</p>	<p>£69m – £70m (range includes estimated disposal proceeds for surplus sites)</p>



Options	Description	Estimated capital cost (excl VAT)
	Education services amalgamated to provide a 360-pupil primary school with further links to Health and Social Care Library and Third Sector services as above with the addition of Health promotion and community resource centre Develop site as a joint training academy	

Table 34: Cost Comparison of Options

High level schedules of accommodation were developed in order to describe the minimum and maximum scope of services required for the Campus. The shortlisted options indicate that the spatial requirements for the identified site would range from 23,350sqm to 30,595sqm:

Campus Elements	Minimum (sqm)	Maximum (sqm)
School/Field	15,000 [inc. 2,215 building]	18,000 [inc. 2,620 building]
Health & Care	7,500	10,500
Library	850	850
Specialist Housing	-	1,245
<b>Sub Total</b>	<b>23,350</b>	<b>30,595</b>
External Space tbc	22,554	15,309
<b>TOTAL</b>	<b>45,904</b>	<b>45,904</b>

Table 35: Spatial Requirements

The table above shows the entire footprint requirement for each of the Campus elements. The table below sets out the high-level capital cost estimates for the built element of the shortlisted options:



Cost Summary £000s		BAU	Option 1	Option 2	Option 3	Option 4
GIFA m <sup>2</sup>		5,703	10,641	14,046	11,641	15,291
Building & External works		-	25,304	33,280	27,804	36,704
External works		-	6,007	5,624	6,018	5,602
Demolition and other		-	1,150	1,150	1,150	1,150
Non-works (15 % per Arcadis)	0.0%	-	-	-	-	-
Fees	12.0%	-	3,895	4,806	4,197	5,215
Risk	2.5%	-	909	1,122	979	1,217
Inflation	2.5%	-	1,118	1,150	1,004	1,247
Equipment & IT	Per Arcadis	-	6,497	6,497	6,497	6,497
Trust Direct costs	Per Arcadis	-	734	-	734	734
		-	<b>45,614</b>	<b>53,628</b>	<b>48,382</b>	<b>58,365</b>
Optimism Bias	20%	-	9,123	10,872	9,676	11,673
<b>Total costs (excl VAT)</b>		-	<b>54,736</b>	<b>65,235</b>	<b>58,058</b>	<b>70,038</b>
VAT	20%	-	10,947	13,047	11,612	14,008
<b>Total costs (incl VAT)</b>		-	<b>65,683</b>	<b>78,281</b>	<b>69,670</b>	<b>84,045</b>
Costs before Optimism Bias £/m <sup>2</sup>		-	4,286	3,870	4,156	3,817
Optimism bias (effective rate)		0.0%	20.0%	20.0%	0.0%	20.0%
VAT (effective rate)		0.0%	20.0%	20.0%	0.0%	20.0%

Table 36: High Level Capital Cost Appraisal

**Appendix G** sets out the detailed workings in respect of the above, including notes from the cost consultants in preparing the base construction costs (buildings, external works and demolition).

Other assumptions have then been included to represent additional capital costs such as fees, inflation, equipment, contingency and optimism bias. By necessity, these are high level and have not been reviewed by either the finance teams of the Partnership. The key assumptions are:

- Optimism Bias (estimated at 20%) **NEEDS AMENDING**
- Equipment costs (included at a total cost of £6.5m per the previous feasibility study)
- Direct Health Board costs (estimated at £0.75m)
- No provision for additional costs in respect of sustainable, green initiatives (e.g. Passivhaus requirements)

The costs and assumptions will be reviewed in detail as part of the ensuing projects.

Based on the cost assumptions noted above and calculations set out in **Appendix G**, the table below summarises the high-level financial assessment for each of the above options:



Economic appraisal summary £000s	BAU	Option 1	Option 2	Option 3	Option 4
Capital costs (excl VAT)	-	54,736	65,235	58,058	70,038
Backlog maintenance	22,003	-	-	-	-
Disposal proceeds					
- Montgomery County hospital	-	(550)	(550)	(550)	(550)
- Bro Hafren	-	(140)	(140)	(140)	(140)
- Ynys Y Plant	-	(160)	(160)	(160)	(160)
- Park Street Clinic	-	(130)	(130)	(130)	(130)
Socio Economic benefits	-	NQ	NQ	NQ	NQ
Net capital cost (excl VAT)	22,003	53,756	64,255	57,078	69,058
Options ranking	1	2	4	3	5

Table 37: High Level Economic Options Appraisal

**Detail to be revised to give 'ranges' rather than set costs**

The capital costs are as previously set out. The backlog maintenance costs are included for the business as usual options but would not be incurred under Options 1 to 4, as the existing buildings would be replaced and/or be disposed of on completion of the programme.

The BAU option has been presented above, however, this is included as a comparator only as this is not a viable option. Furthermore, whilst this is the lowest cost option, once benefits and risk have been factored into the rankings, this would be ranked below the options, as it does not meet the strategic objectives of the programme.

As a result of the creation of the Campus, several existing sites would become surplus to requirements and therefore an estimate of disposal proceeds has been included above. These are illustrative and do not represent a formal valuation (see notes in Appendix G). Furthermore, these proceeds would only be available once the Campus was operational and services had been fully transferred.

Given the anticipated redevelopment of the site, a number of additional social and economic benefits could reasonably be expected from the programme. Whilst these have not been quantified at this stage, an assessment could be made to quantify the following benefits:

- **Employment Impacts:** Gross Value Added (GVA) is an indicator of wealth creation, measuring the contribution to the economy of economic activity associated with the construction of the development proposal. The programme is expected to generate temporary jobs during the construction period and permanent jobs at the operational stage
- **Local Authority benefits:** Following the development of the community hub, certain sites will be released for development. If these are subsequently developed for residential purposes, additional PCC revenues could be generated from council tax, and potentially provide an increase in affordable housing, subject to specific development plans



- Retail footfall: the additional economic activity is likely to increase footfall to the high street. Further footfall could also result from additional developments on released sites, whether commercial or residential. Increased footfall is likely to increase spend on the high street, bringing overall benefits to the area, including the potential for increased business rates, council tax and other local authority revenues

The expected benefits for the programme have been assessed in detail. These have been summarised in the Strategic Case section of this report and a template for assessing each benefit is detailed in **Appendix F**. These will, therefore, be reviewed and scored for each of the project business cases, in line with the template, to ensure that the full benefits of the programme are captured and included in the detailed economic appraisals.



## 4 Commercial Case

### 4.1 Introduction

This section of the PBC sets out the potential arrangements in relation to the preferred way forward outlined in The Economic Case. The aim of the Commercial Case is to demonstrate that the preferred way forward will result in a viable procurement and well-structured deal. It will set out the high-level intentions and over-arching principles to be applied to the underlying projects, rather than a specific and detailed commercial project plan.

As this PBC consists of individual projects and/or collections of projects, different procurement arrangements will be implemented at different stages of the development and will be detailed further in subsequent project business cases. However, all procurement arrangements will comply with PCC's and PTHB's Capital Procedures and will be managed by NWSSP Procurement [Neil – can you confirm PCC's procurement equivalent to NWSSP].

### 4.2 Commercial Objectives

The development of the commercial objectives in each SOC will seek to support the overall Campus by:

- delivering on time and on budget
- delivering value for money
- supporting supplier innovation and seeking innovative solutions from suppliers
- contributing towards Powys' commitment to the sustainability agenda
- supporting joined up working
- providing an opportunity for local employment and stimulating the local economy

The Partnership have a track record of working together to develop services for the people of Powys and have a history of working with communities and other stakeholders and partners to deliver improvements for their population. The Partnership is well placed to jointly contribute to the exciting development of a multi-agency wellbeing Campus for north Powys.

The Partnership is keen to minimise the revenue implications of the overall programme as a key objective. Capital investment and asset ownership is therefore the preferred method of delivery for the programme but would be the subject of detailed review in each of the supporting business cases.

#### 4.2.1 Land and Asset Ownership

The proposed 4.6Ha site is largely owned by PCC; PTHB owns the Park Street Clinic (measuring approximately 500sqm/0.05Ha). The Partnership is flexible in terms of the approach to land ownership having worked collaboratively on land transfers and is keen to support the more appropriate ownership structure for each element of the programme as required. Furthermore, the development of the Campus will create opportunities to dispose of unfit-for-purpose public sector estate to deliver the optimum solution for the area as a whole.



Regarding the ownership of buildings and public space for the Campus, early thoughts indicate that it is likely that PTHB will own the Rural Regional Centre and Community Wellbeing Hub, with PCC retaining ownership of the school. Further consideration will need to be given to the shared elements of the Campus, requiring detailed negotiation between the Partnership to derive an optimum, yet equitable, solution.

#### 4.2.2 Campus Management

PCC, along with Kier Group (a leading property, residential, construction and services group), entered into a 50:50 joint venture partnership in 2017, known as Heart of Wales Property Services Limited (HoWPS). The partnership is responsible for the repairs and maintenance work to council homes and public buildings across Powys. A consultancy service is also provided, which delivers PCC's major capital investment programme, small works projects and a design and build service. In addition, PTHB has an Estate's Works department located in Newtown, which would be relocated to the Campus. Whilst the Partnership have experience of jointly operating and maintaining sites, it is intended to evaluate the benefits of PTHB accessing services from HoWPS, which will need to be agreed and negotiated before putting forward for approval.

### 4.3 Procurement Process

#### 4.3.1 Consultants

The RPB has currently procured business case writer consultants to work in collaboration with the Partnership to produce the Programme Business Case (PBC). In December 2019, **gbpartnerships** was appointed via an open tender manager through NHS Wales Shared Services Partnership Specialist Estates Services (NWSSP-SES). Consultants will be appointed to produce subsequent business cases including the SOC/OBC/FBC for both Health and Care and Infrastructure projects via the Healthcare Planning Framework. The business case for Education (and Housing and Community?) will continue to be managed directly by PCC.

#### 4.3.2 Construction

Sustainable procurement will be undertaken to best effect in order to bring the embodied energy from the design and construction phases down and carbon offsetting will be explored to mitigate a proportion of the rest, helping to move this programme towards carbon neutral. For example, through procurement, it will be possible to source local recycled materials for the build and specify low environmental and social impact materials such as FSC (Forest Stewardship Council), PEFC (Programme for the Endorsement of Forest Certification) or BRE (Building Research Establishment) green-rated products. Procurement scoring will be weighted towards contractors and manufacturers with good corporate social responsibility (CSR) practices to recognise their efforts and to support an industry fit for the future in keeping with the Partnership and the Welsh Government's vision for a low carbon economy.



#### 4.3.3 21<sup>st</sup> Century Schools Programme Framework

Due to the indicative timescales (driven by the need for the school to be completed by September 2024) it is anticipated that the enabling works, infrastructure and school construction will be undertaken by a single contractor who will be appointed via the 21st Century schools programme framework. It is anticipated that the procurement will be via a regional framework such as (SEWSCAP3), South West Wales Regional Contractor Framework (SWWRFC) or North Wales Schools and Public Buildings Contractor Framework (NWSPBCF) or via a separate OJEU Procurement route.

#### 4.3.4 Health and Social Care: Building for Wales Framework

The Health & Care elements of the programme are likely to be procured via the Building for Wales Framework. The framework is the NHS in Wales's construction procurement and delivery vehicle for major capital projects with construction costs in excess of £4 million, based on the fundamental principles of collaborative working, integrated supply chains and continual improvement. The framework aims to deliver core objectives on behalf of the Welsh Government, including Best Value for Money and Development of Best Practice and Sustainability, amongst others, and is managed by a dedicated team of professionals employed by NWSSP.

#### 4.3.5 Framework Benefits

Each of the above frameworks have been pre-procured through an OJEU tender process which enables Public Organisation schemes to begin immediately, without mini competition, whether a new build, maintenance or refurbishment programme. As a result, frameworks benefit public sector clients in diverse ways:

- Each framework has been through an “OJEU” tender, satisfying requirements of EU Procurement Directives
- These frameworks are accessible by any UK public sector organisation
- Open book costing ensures Value for Money can be demonstrated
- Typically, the processes are simple to follow
- Sub-contract work would be subject to competitive tendering allowing local suppliers to bid for aspects of the project
- Early engagement of the contractor in the process typically leads to:
  - Improved Risk management
  - Reduced programme of design and construction
  - Greater predictability in relation to cost and programme
- Such frameworks result in improved performance monitoring procedures, with higher quality of design and construction, less defects and reduced accident rates on site
- Community benefits can also be delivered



It is important to note that the current stage means framework selection is currently flexible and more detailed, specific arrangements will be set out in subsequent project business cases.

#### 4.4 Required Services

At this stage in the development, the following key appointments/specialist advisors are to be determined:

- Ecology surveys
- Site investigation and topographical survey
- BREEAM
- Demand and Capacity Modelling
- Masterplanning and transport planning
- Energy assessment and feasibility study

The programme team has had high level discussions with various consultants regarding the above, in order to inform the PBC, and these will be developed further as each project progresses.

#### 4.5 Contractual Arrangements

Different forms of contracts are likely to apply for different projects and the contractual relationships between the various parties are subject to the rules and regulations of the individual frameworks. However, each project should set out, with respect to their individual adopted framework, the following key terms and clauses:

- Details of whether the contracts are pro-forma or bespoke contracts (and the reason for any deviation from standard contracts)
- Pricing mechanisms, including agreed fixed price schedules for works and services
- The process for any changes to the scheme and the impact on pricing and timing
- The proposed timeline of the project, phasing arrangements and key milestones
- Risk transfer (see below)

The general principle is that risks are passed to “the party best able to manage them”, subject to value for money. The table below highlights the typical apportionment of service risks in the design, build and operational phases for a project, which should be reviewed and assessed for each project:



	Risk Category	Risk Allocation		
		Public	Private	Shared
1	Design risk			✓
2	Construction and development risk			✓
3	Transition and implementation risk			✓
4	Availability and performance risk			✓
5	Operating risk	✓		
6	Variability of revenue risks	✓		
7	Termination risks	✓		
8	Technology and obsolescence risks			✓
9	Control risks	✓		
10	Residual value risks	✓		
11	Financing risks	✓		
12	Legislative risks	✓		
13	Other project risks	✓		

Table 38: Risk Transfer Matrix

#### 4.6 Funding

It is assumed that the majority of this programme will be funded by public funding (All Wales Capital Funding), with the school being funded by Welsh Government and PCC (50/50 split). However, due to the complexity of the Campus, with wide-ranging services, buildings and policies governing the site, it is recognised that there are multiple funding streams that could contribute to its development. The ability to access a single point of funding would make the development of the Campus simpler.

#### 4.7 Timing

The proposed timeline of the programme is estimated as 3-5 years, dependant on phasing arrangements and the availability of resource and funding. A schedule of key dates is summarised below:

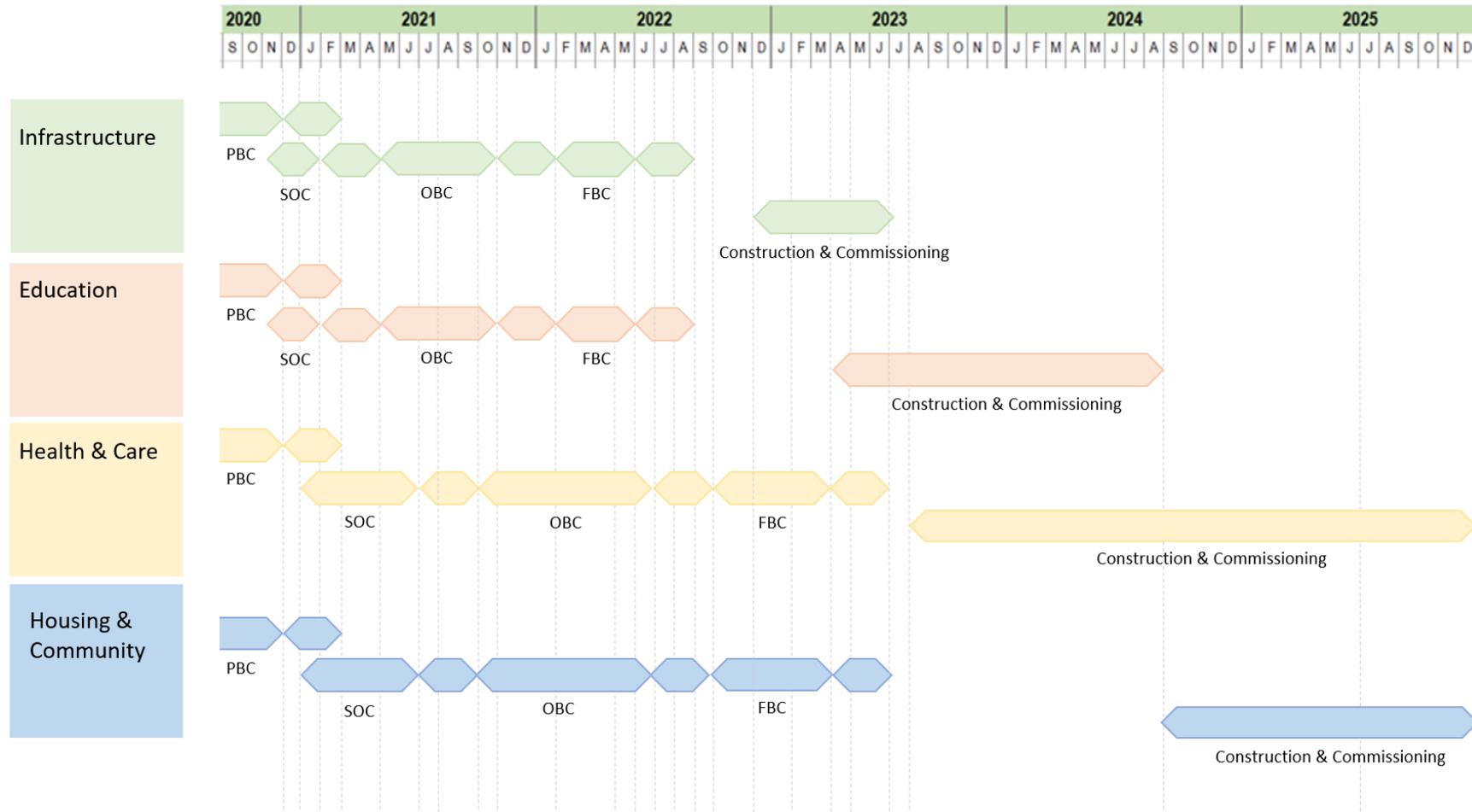


Table 39: Schedule of Key Dates



#### 4.7.1 Phasing

The Programme Team will further explore the development of the SOCs resulting from this PBC. However, to unlock the site, the most appropriate first stage would be to consider the roads, parking and services infrastructure for the Campus. This will require an appropriate level of understanding of the needs of all of the parties to ensure that this key first stage of the development has the appropriate capacity, orientation and resilience to support the scheme as a whole. This also has the advantage of allowing the stakeholders to deliver their specific built environment requirements within their areas of expertise (housing, education, health & care) using their familiar procurement delivery methods as subsequent phases.

It is essential that the stakeholders push the boundaries and leave preconceptions behind in terms of what shared space could look like across the sectors. Whilst the less visible innovative working patterns of the constituent parties will be one of the key determinants of success of the programme, the more visible built environment embodies an opportunity to act as a flagship and demonstrate the benefits of a shared Campus. It is anticipated that the shared space, more obviously elements such as offices, meeting and training facilities, canteens, engineering, etc. could be part of the cross-organisational core infrastructure offering.

Whilst it is clear that SOCs will be developed for the School, for Health and Social Care Services, and for Infrastructure, further consideration needs to be given to the allocation of the remaining Campus services, as they have synergies with all SOCs (such as Third Sector, Library, Housing). Initial thoughts have considered that the Infrastructure SOC will also contain Housing and Community Development services. More clarity will be gained following the development of the SOCs and masterplanning work. It is envisaged that the phasing will be as follows:

- 1a. Infrastructure (which will unlock the site for subsequent projects, but specifically for the immediate requirements of the school given the timeline requirements)
- 1b. School
2. Housing/Community Development/Library (to be confirmed)
3. Health and Social Care

However, it will be dependent on the production of the masterplan and ability to fund and decant. The Oversight Group and Programme Board will come together to decide who is best placed to lead each project, ensuring that each element will be built in a sequence that benefits all parties.

#### 4.8 Personnel Implications (including TUPE)

Transfer of Undertakings (Protection of Employment) Regulations 1981 (TUPE) will not apply, directly or indirectly to this programme proposal. Generally, the anticipated increase in staff resource to support enhanced activity,



particularly Library Services in its proposed pivotal role, will be in accordance with the Partnership Workforce guidance.

#### **4.9 Accountancy Treatment**

The accountancy treatment for each project will be subject to the delivery route adopted and agreements as to who will own the land and buildings. As a result, the capital and revenue consequences of this will be different for each party.

For the owner of the fixed asset, upon completion of the works, the asset will be valued by the District Valuer when brought into use. As the asset will have been valued by an external professional, the life expectancy will be updated to reflect a revised life expectancy which will differ for each Campus building/project. Depreciation charges will then need to be calculated accordingly.

The accounting for capital and revenue implications will be set out in the individual project business cases, as each scheme evolves.



## 5 Financial Case

### 5.1 Introduction

This section sets out the financial case for the capital investment being requested. By necessity, the financial case for the PBC is high level, as each project will need to separately develop financial assumptions at the next stage of the programme. Furthermore, the financial case is dependent on elements of the commercial strategy in terms of delivery and procurement options and again further clarity on this area will be achieved as the programme evolves into individual business cases.

### 5.2 Financial Appraisal of Options

An appraisal of the identified options has been undertaken to assess the overall value for money in the Economic Case (Section 3.5). The capital cost of each option has been quantified and compared. Annual revenue costs will be detailed in the individual business cases, with an analysis of current “Business as Usual” (BAU) revenue property costs included in **Appendix H**. A summary of the capital costs of the shortlisted options is shown below:

#### 5.2.1 Capital Cost Comparison

A high-level summary of the capital cost for each short-listed option is shown below.

Options	Brief Description	Capital Costs
1	<p>New build – combined English medium primary school (270 pupils) alongside new Health and Wellbeing facilities</p> <p>Health and Care: consolidation of new integrated model of care into a single location. “Do minimum” in terms of opportunities for repatriation, diagnostics, primary care, inpatient beds, therapy services, family services, mental health services and urgent care</p> <p>Education services amalgamated to provide a 270-pupil primary school with further links to Health and Social Care</p> <p>Library and Third Sector services enhanced to provide greater links to Health, Social, Housing &amp; employment services</p>	<p>£54m (excl. VAT) £65m (incl VAT) before disposal proceeds</p>
2	<p>New build – combined English medium primary school (270 pupils) alongside new Health and Wellbeing facilities</p> <p>Health and Care: consolidation of new integrated model of care into a single location. “Do maximum” in terms of opportunities for repatriation, diagnostics (to include MRI), primary care, inpatient beds (to include level 2 rehab centre), therapy services, family services, mental health services and urgent care</p> <p>Education services amalgamated to provide a 270-pupil primary school with further links to Health and Social Care</p> <p>Library and Third Sector services as above with the addition of Health promotion and community resource centre</p> <p>Develop site as a joint training academy</p>	<p>£65m (excl. VAT) £78m (incl VAT) before disposal proceeds</p>



Options	Brief Description	Capital Costs
3	<p>New build – combined English medium primary school (360 pupils) alongside new Health and Wellbeing facilities to include library services and additional supported living accommodation</p> <p>Health and Care: consolidation of new integrated model of care into a single location. “Do minimum” in terms of opportunities for repatriation, diagnostics, primary care, inpatient beds, therapy services, family services, mental health services and urgent care</p> <p>Education services amalgamated to provide a 360-pupil primary school with further links to Health and Social Care</p> <p>Library and Third Sector services enhanced to provide greater links to Health, Social, Housing &amp; employment services</p>	<p>£58m (excl. VAT) £70m (incl VAT) before disposal proceeds</p>
4	<p>New build – combined English medium primary school (360 pupils) alongside new Health and Wellbeing facilities to include library services and additional supported living accommodation</p> <p>Health and Care: consolidation of new integrated model of care into a single location. “Do maximum” in terms of opportunities for repatriation, diagnostics (to include MRI),-primary care, inpatient beds (to include level 2 rehab centre), therapy services, family services, mental health services and urgent care</p> <p>Education services amalgamated to provide a 360-pupil primary school with further links to Health and Social Care</p> <p>Library and Third Sector services as above with the addition of Health promotion and community resource centre</p> <p>Develop site as a joint training academy</p>	<p>£70m (excl. VAT) £84m (incl VAT) before disposal proceeds</p>

Table 40: Capital Cost Comparison

### 5.2.2 Capital Costs of Preferred Option

It is assumed that the capital costs of the development will be funded by the Welsh Government (WG) and, based on the preferred programme options, these are summarised in the table below



Cost Summary £000s		BAU	Option 1	Option 2	Option 3	Option 4	
GIFA m <sup>2</sup>		5,703	10,641	14,046	11,641	15,291	
Building & External works		-	25,304	33,280	27,804	36,704	
External works		-	6,007	5,624	6,018	5,602	
Demolition and other		-	1,150	1,150	1,150	1,150	
Non-works (15 % per Arcadis)		0.0%	-	-	-	-	
Fees		12.0%	-	3,895	4,806	4,197	5,215
Risk		2.5%	-	909	1,122	979	1,217
Inflation		2.5%	-	1,118	1,150	1,004	1,247
Equipment & IT		Per Arcadis	-	6,497	6,497	6,497	6,497
Trust Direct costs		Per Arcadis	-	734	-	734	734
			-	<b>45,614</b>	<b>53,628</b>	<b>48,382</b>	<b>58,365</b>
Optimism Bias		20%	-	9,123	10,872	9,676	11,673
<b>Total costs (excl VAT)</b>			-	<b>54,736</b>	<b>65,235</b>	<b>58,058</b>	<b>70,038</b>
VAT		20%	-	10,947	13,047	11,612	14,008
<b>Total costs (incl VAT)</b>			-	<b>65,683</b>	<b>78,281</b>	<b>69,670</b>	<b>84,045</b>
Costs before Optimism Bias £/m <sup>2</sup>			-	4,286	3,870	4,156	3,817
Optimism bias (effective rate)			0.0%	20.0%	20.0%	0.0%	20.0%
VAT (effective rate)			0.0%	20.0%	20.0%	0.0%	20.0%

Table 41: Capital Cost Summary

A further breakdown of costs can also be found in Appendix G. These costs are a high-level estimate, prepared by **gbpartnerships**, based on discussions with the Partnership, by reference to earlier feasibility work (undertaken by Arcadis) and reports provided by Cost Consultants providing a high-level appraisal of construction costs. It should be noted that these are illustrative only, and that detailed costs will be prepared for each project, at the relevant stage of the business case preparation process. These will, therefore, be subject to further economic scrutiny as each project progresses.

### 5.2.3 Value Added Tax (VAT)

VAT set out above has been applied to the capital cost forecast at the current rate of 20%, with the exception of professional fees regarding Employer appointed consultants. The recoverability or otherwise of VAT will partly depend on the delivery and procurement options selected. For example, VAT is typically a non-recoverable cost for the health sector, but could be recoverable by PCC, assuming they own and opt to tax the building. This, however, would need a detailed review by the individual public sector bodies to assess the impact of this on any VAT partial exemption calculations and implications for the wider organisations. Overall, the assessment of VAT is particularly complex, and it is suggested that a specialist is appointed to assess the likely liability.

### 5.2.4 Impact on the Statement of Financial Position

The impact on the Partnership's Statement of Financial Position will need consideration and will depend on the procurement and delivery options selected.



### 5.3 Revenue Affordability

The current revenue costs for Business as Usual are set out in Appendix H, together with data gathered on the existing estate (including backlog maintenance costs). Revenue costs for each of the options have not been estimated at this stage of the programme and will depend on the commercial and procurement strategy for each project. The detailed revenue costs will, therefore, be set out in the individual project business cases as they develop.

## 6 Management Case

### 6.1 Introduction

This section of the PBC focuses on the implementation arrangements demonstrating how the programme will be delivered successfully to time, cost and quality verifying that it will adopt a methodology that is based on standards of best practice and quality management principles. The management of future projects will be described in more detail in subsequent SOC's.

### 6.2 Programme Management Arrangements

Under the sovereign body of the Partnership, the governance arrangements for the North Powys Wellbeing Programme (NPWP) are delivered under the Regional Partnership Board (RPB) via the Cross-Cutting Resource Overview Group (CCROG).

#### 6.2.1 Programme Structure

The programme is supported by four work-streams as set out in the figure below. There may also be a requirement to establish sub task and finish groups as the programme progresses:

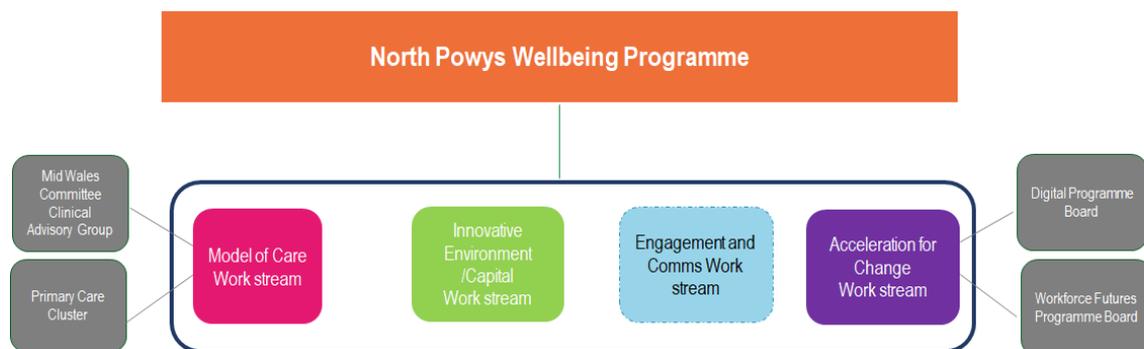


Figure 33: North Powys Programme Governance Structure (Overarching)

#### 6.2.2 Programme Reporting Structure

Reporting and assurance mechanisms are summarised below.

### North Powys Programme Governance – Reporting and Approvals

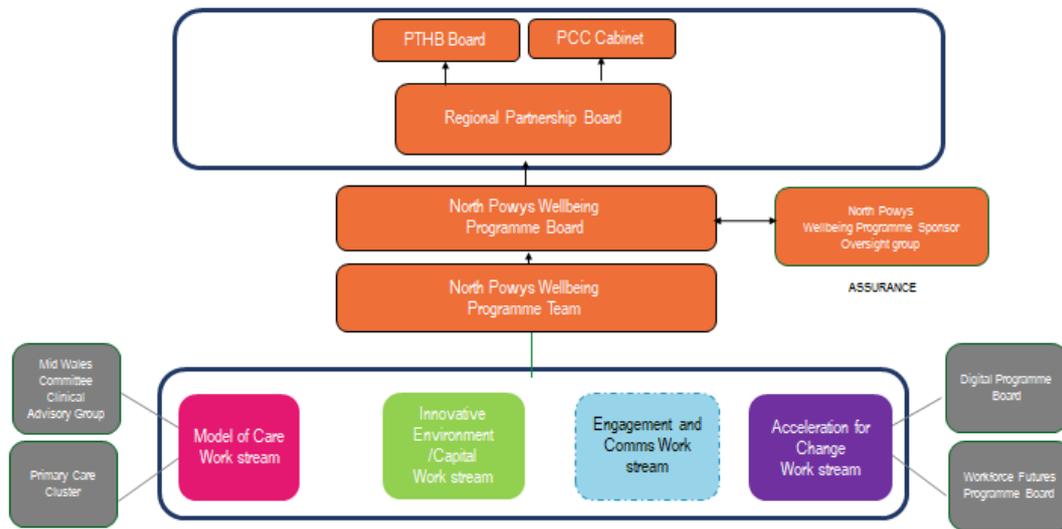


Figure 34: North Powys Programme Governance (Reporting)

Reporting will be undertaken as follows:

- Workstream progress will be reported monthly to the Programme Team (chaired by the Programme Lead)
- The Programme Team will present all programme related documentation for approval via the Programme Board. The escalation process will follow the same pattern
- Quarterly Integrated Care Fund and Transformation Fund reports will be via the Programme Board (RPB membership present) followed by quarterly reporting to Welsh Government
- Progress to be reported to the Regional Partnership Board (via the Cross-Cutting Resource Overview Group) every six months to ensure strategic oversight
- Progress Reports will also be reported quarterly to the Public Service Board and to PCC Transformation Board in line with an agreed timetable
- The Programme Board will report progress quarterly to the North Powys Programme Oversight Group. The Programme Oversight Group will provide strategic assurance, scrutiny, guidance and feedback to the Programme Board to ensure the best possible outcome

Throughout the programme, progress reports, assurance and approval of key documents or proposals will be presented to the governing body of each sovereign organisation as required, and sufficient time will be allowed to meet all approvals and governance requirements of the programme.

#### 6.2.3 Programme Roles and Responsibilities

The following figure details the governance regarding programme roles and responsibilities:

## North Powys Programme Governance – Roles/Reporting

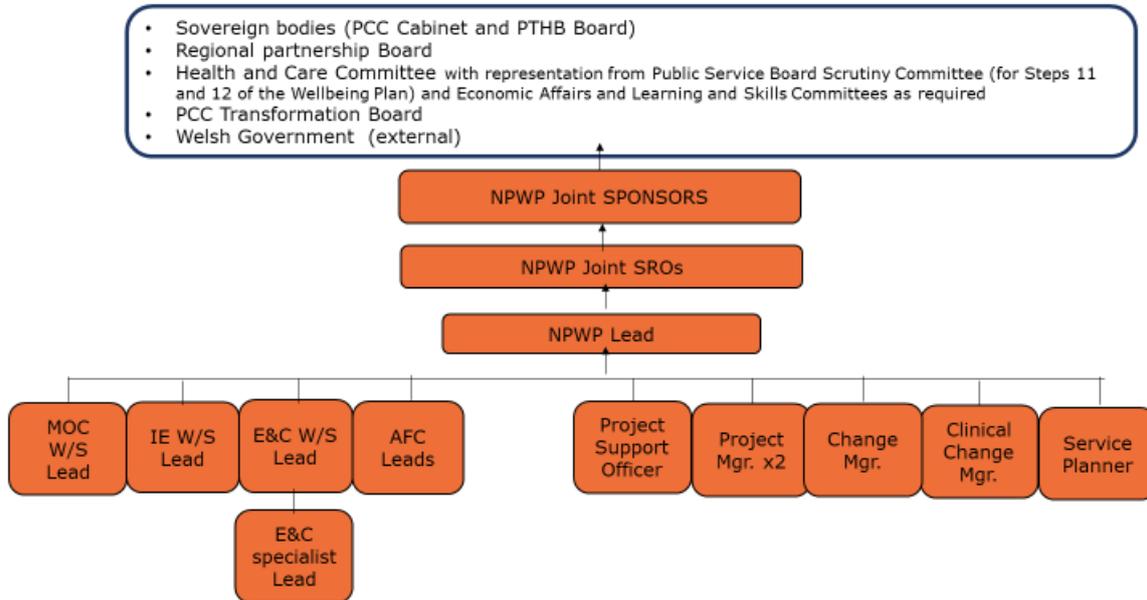


Figure 35: Programme Governance: Roles/Reporting

The table below details the responsibilities of each role:

Role	Description
Programme Sponsors: Carol Shillabeer (PTHB) Dr Caroline Turner (PCC)	<ul style="list-style-type: none"> <li>Accountable to the Board/Cabinet</li> <li>To sponsor and own the business case</li> <li>To champion the programme</li> </ul>
Senior Responsible Owners: Alison Bulman (PCC) Hayley Thomas (PTHB)	<ul style="list-style-type: none"> <li>To define the programme objectives and ensure that they are met</li> <li>Appoint the Programme Lead</li> <li>Ensure appropriate reporting to reference committees and boards</li> <li>Resolve escalation of risks and issues</li> </ul>
Programme Lead: Carly Skitt (PTHB)	<ul style="list-style-type: none"> <li>To produce the programme mandate and plan</li> <li>Ensure all work is defined in a manner suitable for purposes of control</li> <li>Lead and direct efforts of the programme team towards successful delivery of the programme objectives</li> <li>Ensure adequate communication mechanisms exist within the programme between the programme and external stakeholders and between the programme and the rest of the Health Board and Cabinet</li> <li>Ensure all work is planned, resource is made available and work is carried out in accordance to the programme plan</li> <li>Let contracts and monitor performance of external contractors</li> <li>Ensure adequate procedures are in place to monitor and control cost, time and quality</li> <li>Ensure procedures are in place to manage issues</li> <li>Ensure full handover of the programme to the operational teams and manage post completion programme evaluation</li> </ul>



Role	Description
Project Manager: Tanya Summerfield (PTHB)	<ul style="list-style-type: none"> <li>To provide project management support to the programme lead and ensure adherence to an agreed methodology</li> <li>Ensure appropriate plans are in place to support delivery of workstream objectives</li> <li>Provide regular progress reporting</li> <li>To manage and escalate risks in accordance with the agreed risk framework</li> </ul>
Project Manager: Sali Campbell-Tate (PCC)	<ul style="list-style-type: none"> <li>To provide project management to the workstreams ensuring that the workstreams' objectives are aligned to the programme mandate and ensure adherence to an agreed methodology</li> <li>Ensure appropriate workstream plans are in place to support delivery of the objectives and key outputs</li> <li>Provide regular workstream progress reporting</li> <li>To manage and escalate workstream risks in accordance with the agreed risk framework</li> </ul>
Project Support Manager: Hayley Grigg (PTHB)	<ul style="list-style-type: none"> <li>To provide programme support to assist the programme lead in delivering the programme objectives</li> <li>Manage the programme office to include updating and monitoring of workstream plans, programme reporting, document management, taking minutes and actions in all programme meetings</li> </ul>
Workstream Leads	<ul style="list-style-type: none"> <li>To provide leadership to the workstream team, ensuring successful delivery of the agreed workstream objectives and outputs</li> <li>To chair workstream meetings</li> <li>To ensure workstream plans are developed and deliver the required outputs</li> <li>To provide regular progress reports</li> <li>To liaise with and ensure the input from their respective colleagues in PTHB/PCC</li> </ul>
Service Planner	<ul style="list-style-type: none"> <li>Lead on the development of new models of care, service plans, service specifications and pathways</li> <li>Provide service planning expertise to support delivery of the programme business case</li> </ul>
Clinical Change Manager	<ul style="list-style-type: none"> <li>Lead and implement agreed service change across the organisation to ensure the outcomes and benefits of the North Powys Wellbeing Programme are achieved</li> <li>Work with clinicians, managers, staff, professionals, partners and other key stakeholders to provide leadership and expertise in change management</li> <li>Accelerate and scale up changes to support a new integrated model across north Powys</li> </ul>
Change Manager	<ul style="list-style-type: none"> <li>Lead and implement agree service change across the organisation to ensure the outcomes and benefits of the North Powys Wellbeing Programme are achieved</li> <li>Work with clinicians, managers, staff, professionals, partners and other key stakeholders to provide leadership and expertise in change management</li> <li>Accelerate and scale up changes to support a new integrated model across north Powys</li> </ul>

Table 42: Roles and Responsibilities



## 6.2.4 Programme Plan

### 6.2.4.1 Programme

A Phase 1 master programme has been developed for the programme of projects up to December 2022 and is attached at **Appendix I**.

### 6.2.4.2 Communication

A communication strategy has been developed for the programme and is summarised below:

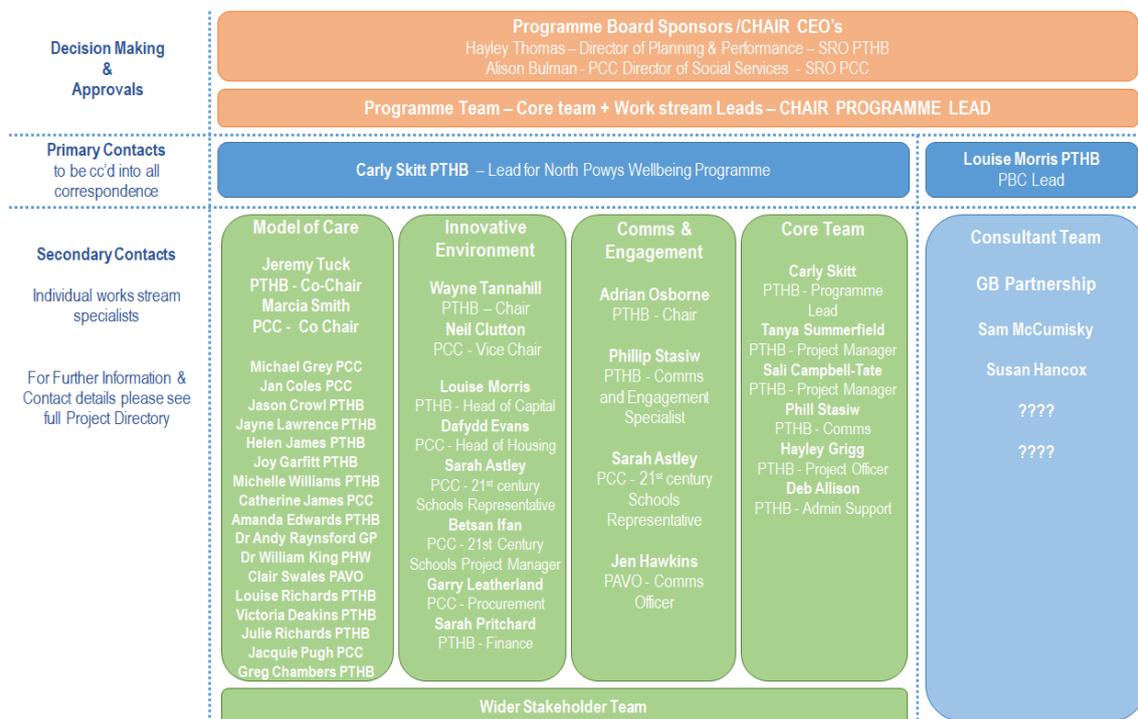


Figure 36: North Powys Programme Communication Strategy

This strategy will represent the flow of communication and information between the different stakeholder groups. The appointed Project Manager will manage the process to ensure the process functions effectively.

### 6.2.4.3 Meetings

The following groups currently meet on a monthly basis; however, the number and frequency of meetings will be reviewed regularly and be reflective of the stage and complexity of the projects being undertaken:

- Programme Sponsor Oversight Group
- Programme Board
- Programme Team
- Model of Care Workstream
- Innovative Environment Workstream



- Engagement and Communication Workstream
- Acceleration for Change Co-Ordination Group

### 6.3 Use of Special Advisors

A series of internal and specialist advisors will be required for each project in the programme:

#### 6.3.1 Internal Advisors

As the programme and projects develop, the use of internal advisors from the Partnership will be determined.

#### 6.3.2 External Advisors

At this stage in the programme, it is envisaged that the following key appointments/specialist advisors will be required:

- Ecology
- Site Investigation and topographical survey
- BREEAM
- Demand and Capacity Modelling
- Masterplanning and transport planning
- Energy assessment and feasibility study

If further expertise is required, this will be documented in each individual SOC going forward.

### 6.4 Arrangements for Change Management and Evaluation

Change management resource has been secured to support the whole system change required to underpin the delivery of the integrated model and to ensure the outcomes and benefits of the North Powys Wellbeing Programme are achieved. A combined programme and change management approach is being applied to delivery of the programme to support change and this is being linked with the evaluation approach to ensure transfer of learning and best practice across Powys. Independent evaluators have been appointed to support with evaluation, transfer and learning of the programme.

### 6.5 Stakeholder Engagement

On 14 June 2019, the programme team officially launched the North Powys Wellbeing Programme at two events in north Powys; one in Llanidloes (rural) and one in Newtown (urban). These two launch events started a series of engagement sessions with residents, staff and partners to learn about what matters most to people in the local communities across north Powys. Through this approach, the community and professional insights have supported the “Case for Change” to design and deliver a new integrated model, and further understand the unconstrained



“ideas” people have about the future health and care system, what the current provision is, and what barriers may exist.

In order to develop a new integrated model, residents were consulted on “what matters most” to people in their home and community. Being able to understand what health and care services are like today, and what people would like to see change in the future, has helped to shape the future of health and care services to meet their needs for future years to come. This programme of engagement was guided by the National Principles for Public Engagement in Wales, where the programme team considered how, when and where engagement took place.

Our programme of engagement focussed on the following key stakeholders listed below.

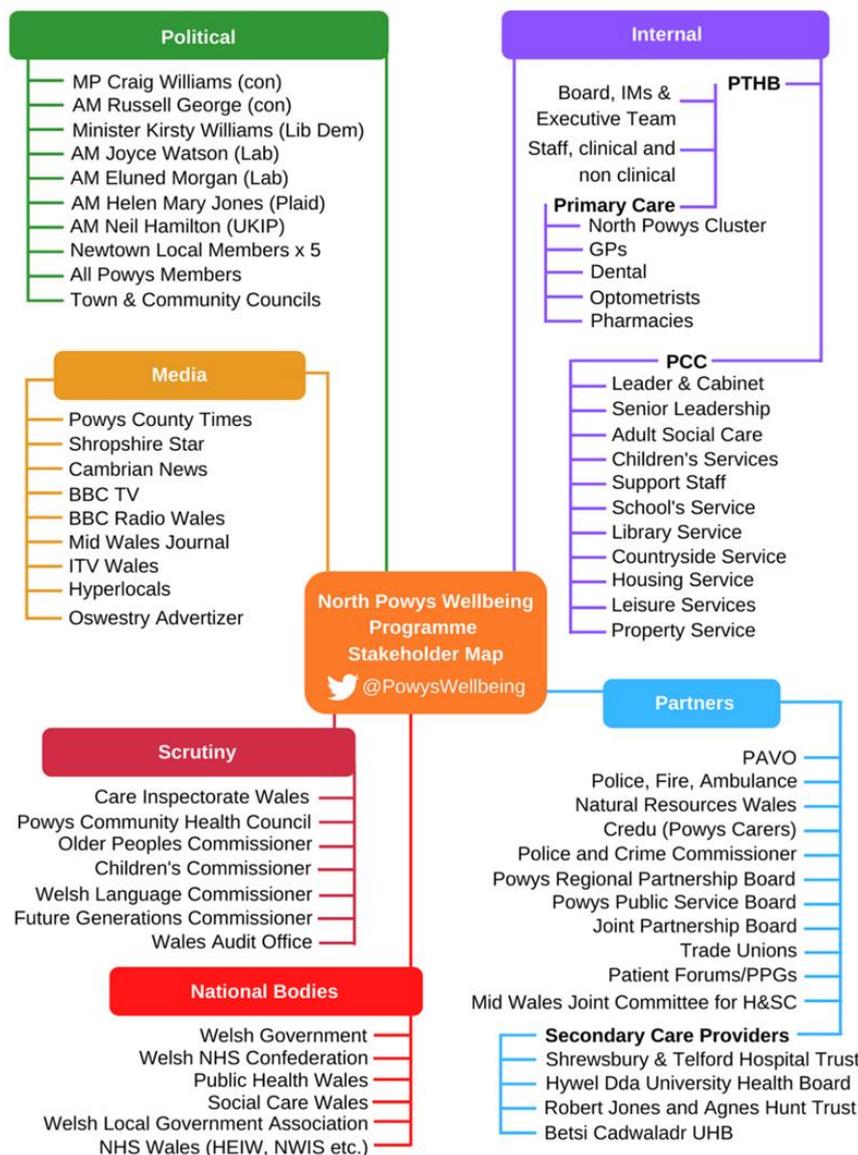


Figure 37: Key Stakeholders



The programme officially launched on 14 June 2019, ending 15 September 2019, with a further online survey in January 2020. Through engagement activity, responses have been received from:

- 250 people (approx.) attended drop-in sessions in different locations across north Powys providing over 1000 comments
- 59 people provided detailed comments online through the Citizen Space engagement portal
- 20 written submissions from people who have difficulty accessing the internet
- Local community representative and stakeholder groups through individual meetings; Hafren/Ladywell School Governors/Teachers; Newtown Town Council; Open Newtown; Montgomery Medical Practice Association; North Powys GP Cluster; Patient Forums; Syrian Families; NPTC Coleg, Newtown
- 60 people attended a Start Well/Live Well/Age Well workshop to 'check & challenge' the draft Model of Care
- School children from both primary and secondary schools have expressed their views through a mix of images and text

## 6.6 Arrangements for Benefits Realisation

Based on the benefits detailed in Section 2.2.10, a benefits realisation plan will be developed detailing the management and delivery of benefits. This will be aligned with the RPB Outcomes Framework to ensure appropriate baseline and monitoring underpins programme delivery and is linked with the evaluation process.

The plan will include the benefits of the programme, the category of each benefit (in economic terms) how they will be measured and quantified, and who is responsible for their realisation.

This document focuses on the key benefits which the programme is intended to deliver, rather than providing a comprehensive list of all benefits. This plan is a management tool which addresses the specific benefits as a result of the programme. An action plan will be developed to deliver the benefits, the results of which will be validated by the Project Board.

## 6.7 Arrangements for Risk Management

The Framework for Risk Management is attached at **Appendix J** and a programme risk register is under development which will set out who is responsible for the management of risks and the required counter measures.

Need more detail here



## 7 Appendices

- 7.1 Appendix A: North Powys Wellbeing Programme Case for Change
- 7.2 Appendix B: Health Indicators
- 7.3 Appendix C: Open Newtown
- 7.4 Appendix D: Arcadis Site Feasibility Study January 2019
- 7.5 Appendix E: Site Analysis and Concept Masterplan
- 7.6 Appendix F: Benefits Framework
- 7.7 Appendix G: Capital Cost Appraisal of Short-Listed Options
- 7.8 Appendix H: Revenue Costs Appraisal of Short-Listed Options
- 7.9 Appendix I: Programme (REQD FROM PROG TEAM)
- 7.10 Appendix J: Programme Risk Register (REQD FROM PROG TEAM)

## Overview

<b>Subject</b>	Improving the Cancer Journey Programme in Powys
<b>Prepared by</b>	Cerys Humphreys, ICJ Programme Manager
<b>Date of Meeting</b>	14 <sup>th</sup> October 2020

## Summary

The purpose of the paper is to outline the development of the Improving the Cancer Journey Programme in Powys. Both the Programme Initiation Document and the Communication and Engagement Strategy are embedded within this overview

Meeting the needs of people affected by cancer is a national, strategic priority<sup>1</sup>. Cancer has also been identified as one of the 'Big 4' priorities within PTHB and the Local Authority's joint Health and Care Strategy<sup>2</sup>, as well as a partnership priority by the Powys Regional Partnership Board (PRPB) - a strategic commitment to improve clinical outcomes and patient experience, for people affected by cancer. The PRPB has also been legally tasked with identifying integration opportunities between Social Care and Health. In addition, the Parliamentary Review<sup>3</sup> into Health and Social Care in Wales recommended that the primary focus for change across the system should be new models of seamless local health and social care, that are co-designed and co-developed with the public and users of care alongside front line health and social care professionals.

Powys is a large geographical area. With a greater proportion of people aged 50 or over, an elderly population increasing at rates above those expected elsewhere in Wales and a predicted decrease in the number of births over the next ten years, a corresponding impact on demand can be anticipated. Both the ageing population and improvements in treatments and interventions also means people are living with multiple diseases and more complex care needs. This means there is a need to look more holistically at a person's needs.

Cancer incidence rates are increasing and there is a need to ensure future demand can be met. There continues to be variation in cancer outcomes in Wales and there is a need through commissioning to ensure equity of access and quality. Nearly all cancer services in Powys are provided outside of Powys, either in England or Wales. The current service provision in Powys includes primary prevention, screening, advice and guidance and end of life support. People requiring diagnosis and treatment are referred to the nearest external District General Hospital or specialist cancer centres. It can be difficult to co-ordinate care due to the use of multiple providers and the cross border complexity this brings.

In response to national and local strategy, a new Improving the Cancer Journey in Powys programme has been proposed and developed, which is a three year strategic partnership between PCC, PTHB and Macmillan (the three Executive Programme Sponsors), as well as collaboration between other organisations, the public, patients and carers. The purpose of the programme is to develop a proactive community response to the needs of people living with cancer in Powys, leading to a proposed integrated model between health and social care.

ICJ is designed to work towards providing the support as set out within health policy i.e. a multi-agency approach to care aiming to improve the outcomes of people affected by cancer in Powys. Its principles are based around the flagship Improving the Cancer Journey programme in Glasgow, which was launched in 2014. ICJ Glasgow is a community based cancer service supporting people affected by cancer in Glasgow. It does this by providing structured individualised support to all local people diagnosed with cancer, through using a Holistic Needs Assessment (HNA) as a tool to identify needs. The ICJ in Powys will learn from the more urban model in Glasgow (which also has significant deprivation challenges) and propose a new integrated model within a more rural area (i.e. Powys).

The Public Health Wales report 'Making a Difference Investing in Sustainable Health and Well-being for the People of Wales'<sup>4</sup> highlighted that making a fundamental shift to focus the health and care system on prevention, early help and support will improve wellbeing and in the longer term, reduces the burden of disease. Evidence shows that providing a Holistic Needs Assessment during cancer treatment, along with care and support planning, contributes to a better understanding and identification of a person's concerns. It enables early identification and diagnosis of side effects or consequences of treatment. Developing a model based around the HNA, is therefore crucial in Powys to ensure that people living with cancer (PLWC) in Powys receive the right holistic support along their pathway. This will ensure that individual needs are met in a timely and appropriate way and that resources are targeted to those who need them most.

<sup>1</sup> Wales Cancer Network (2016) **Cancer Delivery Plan for Wales 2016-2020**.

<sup>2</sup> Powys County Council and Powys Teaching Health Board (2017) **The Health and Care Strategy for Powys – a Vision to 2027 and Beyond**.

<sup>3</sup> The **Parliamentary Review into Health and Social Care in Wales** (2018) – January 2018, OGL.

<sup>4</sup> Public Health Wales (2016) **Investing in Sustainable Health and Wellbeing for the People of Wales**, PHW.

## Progress (next page)

Please find embedded a Project Initiation Document, which outlines in detail the purpose, scope and outcomes of the programme, how it will be delivered and when and the ways in which the programme will be managed, governed and resourced.



PID Powys ICJ 02  
October.docx

Co-production is a core principle of programme development. Please find embedded the ICJ Communication and Engagement Strategy - a framework which outlines the communication and engagement requirements, so as to support the programme objectives, ensure that both the patient and practitioner voice is heard, that these influence the final model of care via a co-production / co-design approach and that there is a two-way dialogue in situ with all stakeholders.



Comms Engagement  
Stratgy Final Draft.pdf

Embedded below is a Q2 update for the ICJ programme, which details activity, progress against milestones and risks for the quarter.



ICJ Q2 Report.docx

## Recommendations

The Health and Care Scrutiny Committee is asked to:

1. Note the ICJ Programme Initiation Document as stated above.
2. Note the ICJ Communication and Engagement Strategy as stated above.
3. Note programme progress within the Q2 update.



## Programme Initiation Document

The purpose of this document is to describe in detail the purpose, scope and outcomes of the programme, how it will be delivered and when, the ways in which the programme will be managed, governed, resourced (people and finance). This then allows the governance group to decide on whether the programme should proceed.

<b>Programme Title</b>	Powys Improving the Cancer Journey Programme
<b>Programme Manager</b>	Cerys Humphreys
<b>Estimated Budget</b>	£571,710
<b>Programme Sponsors</b>	Paul Buss, PTHB, Dylan Owen, PCC and Richard Pugh, Macmillan

### Version Control

<b>Version</b>	<b>Author</b>	<b>Comment</b>	<b>Date</b>
0.1	Cerys Humphreys	Initial draft for review	5/2/2020
0.2	Cerys Humphreys	Updated with comments from PCC Communications & Engagement, PTHB Information and Governance, PTHB Programme Manager and Macmillan	24/02/2020
0.3	Cerys Humphreys	Correction to the objectives Updated with further comments from programme team	12/03/2020
0.4	Cerys Humphreys	PTHB Sponsor updated Updated term PLWC to PLWC The National and Local drivers have been updated to include The Parliamentary Review of Health & Social Care in Wales, the Wales Cancer Network Person Centred Care and Social Services and Wellbeing (Wales) Act 2014 EQIA updated to reflect that this has now been drafted The Delivery Stages as agreed by SPB in July A flag to query whether scope includes GP registered / residents – TBC October SPB Information Governance & Security Governance Organogram as agreed by SPB in July Milestones and Activity Plan	10/09/2020
0.5	Cerys Humphreys	Confirmed programme scope as individuals living with cancer registered with a GP in Powys.	

Version 0.1 Distribution list

<b>Name</b>	<b>Title</b>	<b>Organisation</b>
Ann Camps	Partnership Manager	Macmillan
Dawn Cooper	Partnership Quality Lead	Macmillan
Mia Evans	Services Project Manager	Macmillan
Sue Ling	Comms and Engagement Officer	PCC
Yvette Marks	Project Manager	PTHB
Information Governance Team		PTHB

Version 0.2 Distribution List

<b>Name</b>	<b>Title</b>	<b>Organisation</b>
Ann Camps	Partnership Manager	Macmillan
Dawn Cooper	Partnership Quality Lead	Macmillan
Mia Evans	Services Project Manager	Macmillan
Sue Ling	Comms and Engagement Officer	PCC
Yvette Marks	Project Manager	PTHB
Information Governance Team		PTHB
Dylan Owen	Head of Commissioning	PCC
Mr Wyn Parry	Medical Director	PTHB
Richard Pugh	Head of Partnerships, Wales	Macmillan
Dr Jeremy Tuck	Assistant Medical Director	PTHB

Version 0.3 Distribution List

<b>Name</b>	<b>Title</b>	<b>Organisation</b>
Programme Board Members		

Version 0.4 Distribution List

<b>Name</b>	<b>Title</b>	<b>Organisation</b>
Marie Davies	Deputy Director of Nursing	PTHB
Rebecca Membury	Senior Manager – Putting Things Right	PTHB
ICJ Strategic Board Members		PTHB, PCC, Macmillan, Bracken Trust, Credu, PAVO.


Sign off:

<b>Name</b>	<b>Title</b>	<b>Organisation</b>	<b>Date</b>
Dylan Owen	Head of Commissioning	PCC	
Dr Paul Buss	Director of Clinical Strategy	PTHB	
Richard Pugh	Head of Partnerships, Wales	Macmillan	

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## Programme Description

### Purpose

The aim of the Improving the Cancer Journey (ICJ) programme in Powys is to develop a sustainable, supportive, integrated community model of care to support people living with cancer (PLWC) in Powys. The essence of this scoping and development programme is to make sure everyone with cancer will have a conversation about all their needs and concerns and get the support that's right for them.

The programme will be delivered by taking a co-productive approach, ensuring that we involve people with cancer and their families, as well as the support organisations/networks in the local communities to drive the programme from the outset. In order to achieve this, the programme will build on our existing skills, assets, and competencies to support a collaborative approach and to enable effective multi-disciplinary working.

High level buy in from the 3 Executive Sponsors (Macmillan, PCC and PtHB) will encourage system thinking and leadership at all levels. The three sponsors will regularly monitor and review a shared approach in order to learn and improve ways of working together to deliver better outcomes for people living with cancer.

The programme will develop a deeper understanding of the issues and experiences for the residents of Powys, taking into account its rurality. By working together with key partners, including people living with and affected by cancer, community and voluntary sector representatives, health and care partners across community, primary, secondary and tertiary care, the programme will develop a full understanding of the needs of people living with cancer, the challenges they face, the gaps in provision and support, the services and support that are already out there.

This understanding of the needs of people living with cancer will then contribute to the development of new and existing strategic initiatives and potential different ways of working that will meet the challenges of rurality and an ageing population head on. Communicating plans with all strategic and operational stakeholders is a key priority, so that Personalised Care can be understood and embedded for our shared population.

### Programme Drivers - Overview of National Strategic Drivers

#### **Macmillan's Strategy<sup>1</sup> (2019 – 2023).**

Macmillan wants to help everyone with cancer live life as fully as they can. Their five-year strategy sets out how they will focus their work on five objectives and what they will be doing to be "*right there with people at their time of need, whatever cancer throws their way.*" One of the key objectives within the strategy is Objective 2, which is that everyone with cancer will have a conversation about their needs and concerns and get the support that's right for them. This principal is at the heart of the ICJ in Powys.

**Well-Being of Future Generations (WBFGs) Act 2015<sup>2</sup>**The **Well-being of Future Generations (WBFGs) Act 2015** provides us with the opportunity to think differently and to give new emphasis to improving the well-being of both current and future generations. The Act requires us to think more about the long-term, work better with people, communities and

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<sup>1</sup> <https://learnzone.org.uk/strategy/>

<sup>2</sup> <https://www.legislation.gov.uk/anaw/2015/2/contents/enacted>

other organisations, seek to prevent problems and take a more joined-up approach. The Act puts in place seven well-being goals for Wales: globally responsible, prosperous, resilient, healthier, more equal, cohesive communities, vibrant culture and thriving Welsh language. In addition to the well-being goals it identifies five ways of working which we need to think about when working towards this: Long term, Collaboration, Integration, Involvement and Partnership. The ICJ Journey in Powys will embed the WCFG's Ways of Working into the programme, by aiming to bring providers, stakeholders and commissioners together routinely to deliver a common vision. The programme will build on organisational commitment to quality, equity and evidence-based services to make the most of resources at our disposal.

### **A Healthier Wales: our Plan for Health and Social Care<sup>3</sup>**

This recently published plan focuses on the need for a holistic approach, which provides an equitable level of treatment, care or support to people throughout their lives. A whole system approach will enable teams to work together, harnessing the full range of community assets, and based on a solid foundation of common values, shared information and mutual respect. The ICJ programme in Powys works towards the future vision within A Healthier Wales – that of a single whole system approach in which services delivered by different providers are co-ordinated seamlessly for and around the individual.

### **The Parliamentary Review of Health and Social Care in Wales<sup>4</sup>**

This report recommends key actions that need to be taken in order to meet the 'Quadruple Aims' as highlighted within the report. These have been identified as: improve population health and wellbeing, improve the experience and quality of care for individuals and families, enrich the wellbeing, capability and engagement of the health and social care workforce and increase the value achieved from funding of health and care through improvement, innovation, use of best practice and eliminating waste. The Review recommends clarity around what a new model of care may look like, strengthening the power of citizens and users to make change and harness digital, scientific and technological infrastructure developments to underpin modernised models of care. The ICJ work towards meeting the Quadruple Aims, with a specific focus on improving the experience and quality of care for individuals and increasing the value achieved from funding through innovation.

### **Social Services and Wellbeing (Wales) Act 2014<sup>5</sup>**

The Social Services and Wellbeing (Wales) Act 2014 aims to make care and support personal to individual needs, helping individuals to live the life they choose and stay independent for longer. The Act aims to create a national approach to the way in which Local Authorities promote wellbeing and protect people from abuse and neglect. The main principles of the Act are:

1. Voice and control
2. Prevention and Early Intervention
3. Wellbeing
4. Working Together

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<sup>3</sup> <https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf>

<sup>4</sup> <https://www.childreninwales.org.uk/policy-document/final-report-parliamentary-review-health-social-care-wales-published/#:~:text=On%2016%20January%202018%20the%20final%20report%20of,building%20on%20positive%20aspects%20of%20the%20current%20system.>

<sup>5</sup> [https://socialcare.wales/cms\\_assets/hub-downloads/Workbook-What-does-the-Act-mean-for-me.pdf#:~:text=About%20the%20Social%20Services%20and%20Well-being%20%28Wales%29%20Act.,2014%20and%20came%20into%20force%20in%20April%202016.](https://socialcare.wales/cms_assets/hub-downloads/Workbook-What-does-the-Act-mean-for-me.pdf#:~:text=About%20the%20Social%20Services%20and%20Well-being%20%28Wales%29%20Act.,2014%20and%20came%20into%20force%20in%20April%202016.)

These principles will underpin the ICJ programme in Powys, enabling PLWC to have control over the support they need and make decisions about their care and support as an equal partner.

### **The Wales Cancer Network – Person Centred Care<sup>6</sup>**

“Person Centred Care is a Cancer Implementation Group (CIG) priority highlighted in the Cancer Delivery Plan (CDP) 2016/2020.”

The Wales Cancer Network Person Centred Care sub-group “highlights the strategic need to improve the overall holistic approach to supporting people with cancer, throughout their experience with an emphasis on partnership across care sectors. As such the purpose of the group is to develop standards and measures for reviewing the progress of health boards/trusts and Multi-Disciplinary Teams (MDTs), including those which cross organisational boundaries, in delivering person centred care. These measures will provide assurance of quality, through contribution to the cancer performance framework for Wales. This group will share and disseminate service developments across care sectors in Wales to promote and embed a consistent best practice approach to person centred care.”

The ICJ is well positioned to support PTHB in delivering the national requirements around offering holistic needs assessments to people living with cancer.

### **Local Strategic Drivers**

#### **Powys’ Integrated Health and Care Strategy<sup>7</sup>**

This document outlines the vision for Health and Social Care in Powys to 2027 and beyond. It identifies the importance of enabling people to ‘Start Well’, ‘Live Well’ and ‘Age Well’ through focusing on wellbeing, early help and support, the big four health challenges and joined up care. Addressing the ‘Big Four’ (cancer, mental health, circulatory and respiratory) aims to make a fundamental shift to refocus the health and care system on prevention, early help and support, in order to improve wellbeing and in the longer term, reducing the burden of disease. The Strategy specifically states that Powys is keen to learn from examples of good practice such as the successful Implementing Cancer Journey Programme from Glasgow. The Regional Partnership Board who oversees progress on the strategy is working with Macmillan to explore the opportunities for implementing a proactive community response to the needs of people with cancer in a rural setting, through the ICJ Programme in Powys.

#### **PTHB Integrated Medium Term Plan (2018 – 2021)<sup>8</sup>**

This plan provides assurance to NHS Wales on how services will be commissioned and provided, within available resources, to meet the needs of individuals and improve outcomes for the population they serve. Tackling the ‘Big Four’ continues to be one of the four well being objectives within the IMTP, with milestones around the development of the ICJ included within the Cancer Transformation Programme priorities.

### **Equality Impact Assessments (EQIA’s)**

An EQIA has been completed and will be presented to the Regional Programme Board at the end of October 2020 as part of the documentation that is being submitted.

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<sup>6</sup> <http://www.walescanet.wales.nhs.uk/person-centred-care>

<sup>7</sup> <https://powys.moderngov.co.uk/documents/s18645/Health%20and%20Social%20Care%20Strategy.pdf>

<sup>8</sup> <http://www.powysthb.wales.nhs.uk/document/324113>

The Activity Schedule includes sign off of the EQIA by the ICJ Strategic Programme Board at end October.

### **Objectives:**

The aim of the proposed programme is to develop a sustainable, supportive, integrated community model of care to support people living with cancer in Powys. Our approach to achieving this aim will be by involving those affected by cancer and those supporting people with cancer to:

1. Develop a deeper understanding of issues and experiences for residents\* of Powys
  - Hold ongoing conversations with those affected by cancer via various engagement events/multi-media resources
  - Establish a cross section of health, council and third sector staff perception of issues and experiences for residents diagnosed with Cancer of Powys
  - Desktop exercise to review and gather information around where residents diagnosed with cancer receive their treatment and around the ways in which holistic needs assessments are being carried out
  - Based upon the information gathered, trial and evaluate a number of approaches
  - Output: Report and recommendations to Strategic Programme Board
2. All individuals affected by cancer to be offered a supportive conversation, based on their needs, out of which a care plan and relevant supporting arrangements will be developed.

\*Residents in this sense means people aged 18 and who are registered with a GP in Powys.

### **In Scope**

- *All Powys residents over the age of 18 who have a confirmed cancer diagnosis and have been informed of their diagnosis by a relevant healthcare professional; this includes those who are living with and beyond the cancer diagnosis.*
- The national optimal pathways that have been developed to support delivery of the single cancer pathway.
- Map and review current sources of care and support for people who have received a cancer diagnosis.
- To identify gaps in service and develop recommendations to develop business cases where required.

### **Out of Scope**

- Children, teenagers and young people up to the age of 18.
- Screening
- Access to diagnostic waiting times.
- The programme will not focus on the pre-diagnosis stage (i.e. screening, waiting for diagnosis, presenting with symptoms to healthcare professional.)
- The programme will not focus on access to diagnostic waiting times.

- The ICJ programme will not fund new treatment sites or transport links, although other providers may do so as a result of the programme findings / recommendations.

## Development Approach

### Stage 0: Programme Set Up

#### Deliverables:

- Partnership Agreement for the Programme
- Partnership Agreement for the Programme Manager
- Partnership Agreement for the Project Manager
- Partnership Agreement for the Communications and Engagement Officer
- Recruitment and recruitment strategy (i.e. 2 years or 3)
- Governance Framework
- Programme Scope and Delivery Approach (Programme Initiation Document)
- Programme Activity Schedule
- EQIA
- Stakeholder Mapping Analysis

### Stage 1: Build on current knowledge and understanding of the needs of Powys residents affected by Cancer.

#### Deliverables

- Programme Launch
- Scope document that includes:
  - Outcomes of conversations with Healthcare providers around HNA existing HNA services
  - Outcomes of conversations with Powys County Council Providers around service availability for a) delivering care plans b) potentially participating in tests for change
  - Outcomes of conversations with PTHB around service availability for a) delivering care plans b) potentially participating in tests for change
- Engagement Document that includes feedback on all engagement activity that has taken place during stage 1.

At the end of stage 1, the programme seeks to be able to answer the questions: what is going on now, what needs to change, for whom and why?

### Stage 2: Develop, implement, test and evaluate different options (models) for Powys

#### Deliverables:

- A menu of options that could deliver the priorities identified during stage 1 together with high level implementation plans and pro's and con's of implementing each option
- An options appraisal methodology to support decision making around which models to test
- An implementation plan (activity schedule) for each agreed option
- Implementation and evaluation of each agreed option

## Stage 3: Develop the preferred model into a business case

### Deliverables:

- Business Case

## Progress and Measurement

### To ensure we understand the progress and impact of the programme we will:

- Identify learning from all available sources including but not limited to the ongoing evaluation of the ICJ Programme in Glasgow.
- Procure and work with an independent evaluator to track the impact and effectiveness of the programme through the development of measures that demonstrate
  - more people who have cancer have a conversation about their needs (care and support)
  - people who have cancer state that they feel their care and support is personal to them and their needs
  - integration and coordination across the care and support systems
  - improved knowledge of services and support available
  - improved specialist and generic cancer knowledge within the health, social care and third sector network in Powys
- Determine and measure impact and effectiveness from the perspective of different stakeholders such as:
  - People with cancer
  - their families/carers
  - the wider local community
  - existing support networks
  - stakeholder organisations
- Produce regular reports to Programme Board and Powys Regional Partnership Board
- Produce regular communications for a variety of audiences to ensure ongoing stakeholder buy in.

### Information Governance & Security

It is envisaged that Stage 1 will confirm whether or not there are any data sharing / information governance requirements arising from this programme. The programme team have already established links with the PtHB Information Governance Team and will continue to work with them to ensure any requirements for Data Protection Impact Assessments can be identified, understood and scheduled.

### Benefits and Outputs

#### Benefits

During the first year, the programme will research and review data collections to ensure appropriate measures are identified with baselines assessed. Additionally, as part of the programme, an external evaluator will be appointed and part of the evaluator's remit will be to review and suggest appropriate benefits and measures. Together, these streams of work may alter and refine the benefits outlined below, subject to the approval of the Strategic Partnership Board.

Benefits Description	How will the benefit be measured
<b><i>Benefits for people living with cancer</i></b>	
<p>People living with cancer have a better experience of services used</p> <p>People receive personalised care in response to what really matters most to them.</p>	<p>Improved scores in the patient experience survey (measures to be agreed)</p>
<p>People living with cancer have a better quality of life</p>	<p>Evaluation of programme</p>
<p>People living with cancer feel less anxious</p>	<p>Reduction in severity of concern scores over time (measures to be agreed)</p>
<p>People living with cancer feel more supported</p>	<p>Evaluation</p>
<p>People feel their concerns are reduced</p>	<p>Concern severity measures</p>
<p>Reduced feeling of isolation</p>	<p>Evaluation</p>
<p>Individuals, families and carers feel they are more informed and engaged in the decision making about their care and support</p>	<p>Evaluation</p>
<p>Increased sense of resilience and control</p>	<p>Evaluation</p>
<p>The benefits are recognised outside of the programme and incorporated into plans to improve services for people affected by other chronic conditions</p>	<p>IMTP (for year xyz) includes HNA for people affected by other chronic conditions</p> <p>TBC PCC measure</p>
<p>To create a culture shift from current practice to ensure people living with cancer in Powys feel supported wherever they in the cancer journey.</p> <p>Everyone with cancer will be offered a conversation about their needs and concerns and get the support that's right for them.</p> <p>Everyone with cancer has the offer of a proactive community response to their needs.</p>	<p>Implementation of recommended service model</p> <p>Evaluation Report</p> <p>Expansion of model to other services (through IMTP)</p> <p>TBC PCC Measure</p>
<b><i>Benefits for professionals</i></b>	

Benefits Description	How will the benefit be measured
Professionals have increased confidence and skills in discussing and identifying the holistic needs of people living with cancer	Evaluation of programme
Professionals have improved awareness and knowledge of services and support in their geographic area	Evaluation of programme
<p>Services tell us that their services are accessed appropriately and without delay</p> <p>a single whole system approach in which services delivered by different providers are co-ordinated seamlessly for and around the individual</p>	Professional feedback
Removal of longstanding barriers to innovation (such as IT / data sharing, repeated steps) (Long term, Collaboration, Integration, Involvement and Partnership)	Professional feedback

## Outputs

Outputs Description	How will the output be measured
Programme learning, impact and best practice	Procurement and appointment of an external evaluator Final evaluation report
A detailed understanding of what takes place now	Scope Document
<p>Evidence based approach to increasing the number and frequency of HNAs being undertaken with people living with cancer</p> <p>Optimal approach to using, sharing and storage (e.g. paper based or electronic) HNA</p> <p>Evidence based approach to reducing the concerns for people who are affected by cancer (including a shared understanding of the most appropriate</p>	Results of the Tests of Change and Options appraisal

Outputs Description	How will the output be measured
timing and frequency of offering HNAs and care plans to people living with cancer.)	
Implementation of a new model to improve the cancer journey for people living with cancer in Powys, including equitable access for service users.	Approved Business Case Evaluation of programme
Facilitation of seamless working between statutory and third sector organisations	Information sharing investigation

## Budget

### Cost Centre & Activity Code:

Budget Area	Cost (over 3 years)
Salary	£482,210
Set up costs (year one only)	£4500
Travel & Expenses cap	£18,000
Evaluation costs	£55,000
User Engagement	£12,000
<b>Total:</b>	<b>£571,710</b>

## Programme Governance

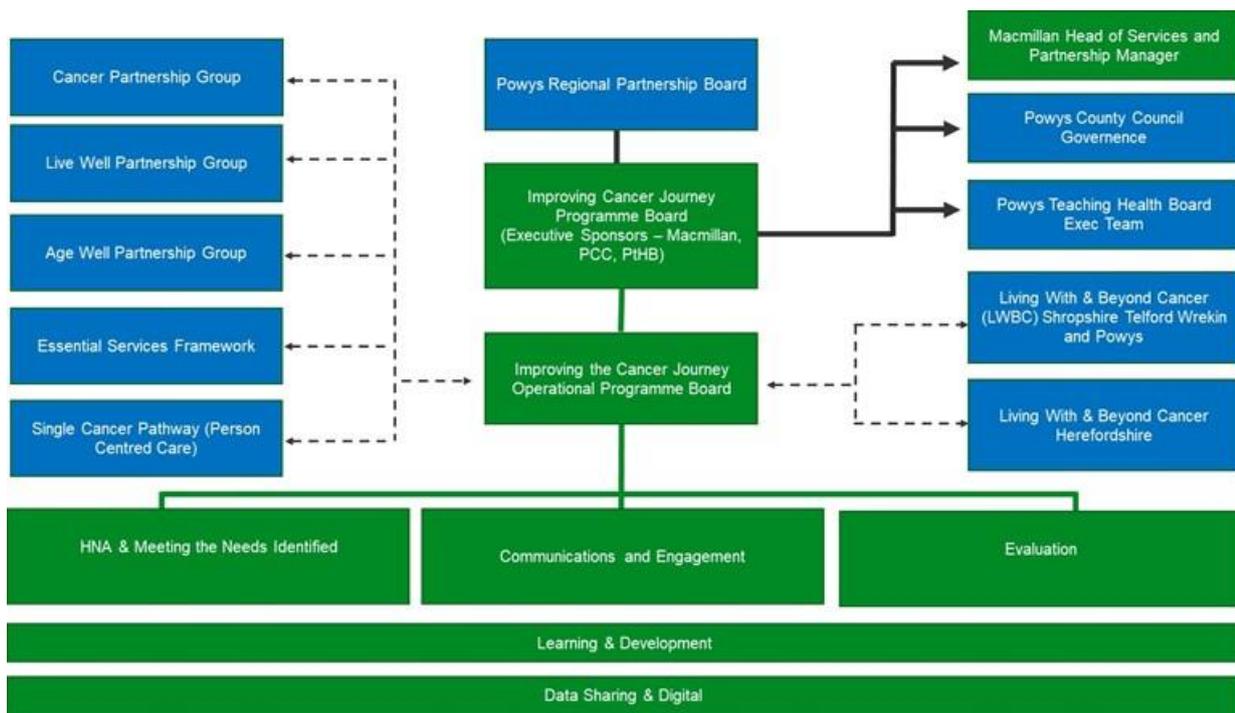
The governance structure outlines strategic ownership of this programme at Executive level, ensuring a shared ambition to integrate health and social care services together into a seamless whole system approach and provides assurance that projects and activities are on track and remain aligned to the overarching programme's objectives and strategic priorities throughout its lifecycle. It ensures that the Executive Sponsors are updated and assured throughout the lifecycle of the programme. The governance structure also helps to ensure that the range of partners and stakeholders we need to interface with can be engaged in a seamless way.

The structure has been set up to report into the Powys Regional Partnership Board (PRPB) (TBC) with a Strategic Programme Board (SPB,) an Operational Programme Board (OPB) and sub groups:

- The Programme Board (SPB) provides overall strategic direction to the programme and assurance, whilst also overseeing the overall progress of the programme.
- The Operational Programme Board (OPB) is tasked with operationally implementing the strategic direction and vision set out by the SPB.
- Sub groups to support the work of the OPB will be created once the different work streams have been identified.

Partnership Governance agreements around Communication i.e. decision making around branding, social media, media releases, key messages etc will be finalised as part of the Communications and Engagement plan.

**Organogram depicting the ICJ governance structure:**



**Terms of Reference**

Name of Group	Macmillan ICJ Strategic Programme Board
<p><b>Purpose</b></p>	<p>The purpose of the Board is to provide overall strategic direction to the programme and assurance, whilst also overseeing the overall progress of the programme.</p> <p>The Group is also in place to ensure that the programme is strategically planned in a coordinated, evidence based way through partnership working and to ensure robust governance mechanisms are in place to manage delivery of plans.</p>
<p><b>Responsibilities</b></p>	<p>The ICJ Strategic Programme Board is responsible for:</p> <ul style="list-style-type: none"> <li>• Providing overall strategic direction for the programme.</li> <li>• Quality assurance for the programme and its associated projects.</li> <li>• Approving programme identification and definition and signing off relevant documentation.</li> <li>• Agreeing all major plans.</li> <li>• Confirming and communicating the programme vision.</li> <li>• Approving the programme blueprint and the means of achieving it.</li> </ul>

	<ul style="list-style-type: none"> <li>• Authorising any major deviations from the agreed programme stage plans.</li> <li>• Signing off each gateway, including the deliverables and giving approval to the start of the next stage.</li> <li>• Communicating information about the programme to organisations and stakeholder groups.</li> <li>• Ensuring the required resources are available.</li> <li>• Resolving any conflicts escalated.</li> <li>• Agreeing programme tolerances for time, quality and cost.</li> <li>• Risks and issues associated with the programme via a risks and issues log, including those escalated from project level.</li> <li>• Approving and championing the external evaluation of the programme</li> <li>• Approving end-project reports, including lessons learned reports.</li> <li>• Approving plans for post project reviews and overseeing those reviews within the programme.</li> <li>• Ensuring that the post project review is scheduled and takes place.</li> <li>• Resolving deviations from plans or escalating as necessary.</li> </ul>
<p><b>Membership</b></p>	<p>In Attendance</p> <p>Executive Medical Director, PTHB  Head of Commissioning, PCC  Macmillan Head of Service, Wales  Macmillan Partnership Manager  Assistant Medical Director, PTHB  Head of Health and Wellbeing,PAVO  Director of Nursing, PTHB  Senior Nurse, Bracken Trust  Macmillan Programme Lead – Macmillan ICJ  Credu - TBC  Citizen Rep  Macmillan Lead Nurse for Cancer and Palliative Care, PTHB  Head of Housing, PCC - TBC</p>
<p><b>Frequency</b></p>	<p>Quarterly</p> <p>These meetings may be supported by supplementary conference calls and e-mail discussions as required.</p>
<p><b>Quorate</b></p>	<p>At least 50% of members must be present for the Programme Board to be quorate, including essential representation from</p>

	Powys Teaching Health Board, Powys County Council and Macmillan Cancer Support.
<b>Accountability</b>	The ICJ Strategic Programme Board will report directly to the Powys Regional Partnership Board.
<b>Reporting Arrangements</b>	<p>The Board will provide quarterly updates to the Powys Regional Partnership Board. This report will take the form of a highlight report.</p> <p>Annual Report and Plan updates will be developed by the Board and submitted to the Powys Regional Partnership Board on an annual basis.</p> <p>To enable sovereign bodies to maintain involvement and monitor programme development, timely updates will be provided to various committees within partnership bodies.</p>
<b>Secretariat and Administration</b>	<p>The Programme Manager will ensure all papers are distributed at least five working days prior to the date of the meeting; with agenda items will be agreed prior to the meeting.</p> <p>Administrative support will be available for the Programme Board meeting; this will include circulation of agenda, minute taking, room booking and arranging meeting dates.</p> <p>The draft minutes will be circulated to ICJ Powys Strategic Programme Board members within two weeks of the meeting; with formal sign off at the next Programme Board meeting. Approved minutes will be made available on a defined shared facility.</p>
<b>Engagement</b>	<p>The Chair will ensure that the members of the ICJ Strategic Programme Board are able to make informed decisions through open, balanced, objective discussion. In turn Board members must be able to make decisions on behalf of the NHS organisation they represent as well as the professional group they may also represent.</p> <p>Strategic Programme Board members must ensure there is mechanism to communicate decisions from the Strategic Programme Board meetings within their organisation.</p>

## Operational Programme Board Terms of Reference

### Terms of Reference

<b>Name of Group</b>	<b>Macmillan ICJ Operational Programme Board</b>
<b>Purpose</b>	The purpose of the Operational Programme Board is to operationally implement the strategic direction and vision set out by the Strategic Programme Board.
<b>Responsibilities</b>	<p>The ICJ Strategic Programme Board is responsible for:</p> <ul style="list-style-type: none"> <li>• the day to day operation, management and delivery of the ICJ Powys Programme Plan, objectives and outcomes.</li> <li>• ensuring that effective programme planning and management arrangements are in place and the effective management of programme risk.</li> <li>• overseeing the work of any Programme Sub Groups and co-ordinate the activities of Programme Workstreams.</li> <li>• developing an engagement strategy and delivery plan.</li> <li>• developing a communications strategy and delivery plan</li> <li>• working in partnership with externally commissioned evaluators to develop an evaluation framework, to prioritise actions and outcomes and identify measurements to demonstrate benefits, impact and change.</li> </ul>
<b>Membership</b>	<p>In Attendance</p> <p>Macmillan Partnership Quality Lead  Macmillan ICJ Programme Lead  Macmillan ICJ Project Manager  Macmillan ICJ Communication and Engagement Officer  Macmillan Partnership Manager  Macmillan Services Project Manager</p> <p>Others to be co-opted dependent on relevance to agenda.</p>
<b>Frequency</b>	Monthly

	These meetings may be supported by supplementary conference calls and e-mail discussions as required.
<b>Quorate</b>	At least one member from each partner organisation would need to be present for it to be quorate.
<b>Accountability</b>	The ICJ Operational Programme Board is accountable to the ICJ Strategic Programme Board.
<b>Reporting Arrangements</b>	<p>The Operational Programme Board will provide quarterly updates to the Strategic Programme Board. This report will take the form of a highlight report.</p> <p>The sub groups will provide updates to the Operational Programme Board in the form of highlight reports.</p>
<b>Secretariat and Administration</b>	<p>The Programme Manager will ensure all papers are distributed at least five working days prior to the date of the meeting; with agenda items will be agreed prior to the meeting.</p> <p>Administrative support will be available for the Programme Board meeting; this will include circulation of agenda, minute taking, room booking and arranging meeting dates.</p> <p>The draft minutes will be circulated to ICJ Powys Operational Programme Board members within two weeks of the meeting; with formal sign off at the next Operational Programme Board meeting. Approved minutes will be made available on a defined shared facility.</p>
<b>Engagement</b>	<p>The Chair will ensure that the members of the ICJ Operational Programme Board are able to make informed decisions through open, balanced, objective discussion. In turn Board members must be able to make decisions on behalf of the NHS organisation they represent as well as the professional group they may also represent.</p> <p>Operational Programme Board members must ensure there is mechanism to communicate decisions from the Operational Programme Board meetings within their organisation.</p>

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## **Decision Making Authorities**

Each programme team member will escalate upwards, first to the Programme Manager who will then escalate to the Programme Board in the event that:

- The scope may need to change / it becomes apparent that the agreed scope may not be fully delivered,
- Any risks that, with mitigating action in place, are RAG rated Amber (for information,) or Red (for input and approval.)
- Any tasks that impact upon the critical path and are or are at risk of falling behind schedule.
- Any potential or actual overspend against the agreed budget.
- Any adverse feedback.
- Any unintended consequences of this programme of work.
- Any interdependency between ourselves and areas outside of this programme that is either negatively affecting our delivery or negatively affecting the delivery of other areas.

## **Budget Responsibilities**

The Programme Manager has responsibility for spending the programme budget as agreed.

Any of the non-salary costs incurred will need to be managed by the programme manager and discussed at the monthly meeting with the Macmillan Partnership Manager. Macmillan can only reimburse on presentation of an invoice that has been paid by the Health Board or Council.

## **Risk Management Authorities**

A risk log will be maintained and proactively managed by the operational board to mitigate risk. This log is available on request and shared at the programme board meetings.

Any risk that, with mitigating action in place, is amber, will be escalated to the programme SROs for information and / input and approval.

Any risk that, with mitigating action in place is red, will be escalated to the programme board for information, input and / or decision making.

## Programme Reporting Process

The programme provides a progress report on a monthly basis, highlighting:

- Anything that requires escalation
- Achievements
- Learning
- Impact
- Support needed
- Looking ahead
- Risks
- Engagement
- Programme Team Learning and Development
- Budget

The programme also reports quarterly to the Programme Board, highlighting:

- Progress Summary
- RAG rating detailed by schedule, scope, cost, benefits
- Milestones
- Benefits, Risks, Assumptions, Issues, Dependencies and Dis-benefits
- Spend against budget

As part of the programme initiation phase, the team have scoped out all other reporting requirements the three partners may have.

## Programme Plan

### Key Milestones

Milestone Description	Date Due	Owner
Programme Team Established and Fully Inducted	31/03/2020 (Complete)	Dr Jeremy Tuck/ Dylan Owen
Programme Initiation Document developed and agreed	21/03/2020 (Complete)	Cerys Humphreys
Programme Governance developed and agreed	July 2020 (Complete)	Cerys Humphreys
HNA PID	30/03/2020	Cerys Humphreys
Reporting requirements and processes in place	31/05/2020 (Complete)	Cerys Humphreys
Communications and Engagement Plan signed off by Programme Board	July 2020 (Complete)	Sue Ling
EQIA signed off by Programme Board	October 2020	Cerys Humphreys
Scope different pathways that Powys residents access when diagnosed with cancer.	November 2020	Cerys Humphreys
Research and review how HNAs are used for PLWC in Powys	January 2021	Cerys Humphreys
Research and review how HNAs could best be used in Powys	January 2021	Cerys Humphreys

Milestone Description	Date Due	Owner
External Evaluation procurement (invitation to tender) documentation	March 2021	Cerys Humphreys
External Evaluator Appointed	May 2021	Cerys Humphreys
PLWC Scope Document	March 2021	Cerys Humphreys
Tests of Change completed	TBC	Cerys Humphreys
Options appraisal developed	TBC	Cerys Humphreys
Proposed Model / Business Case complete	TBC	Cerys Humphreys

### Programme Activity Schedule:

The ICJ Programme Activity Schedule is embedded below. Please note, macros will need to be enabled in order to view this document.



Copy of Copy of ICJ  
Activity Schedule 9 Se

### Gateway Review Meetings Required

There will be a number of gateway review meetings as part of the three year programme. At the time of writing, it is envisaged that, at a minimum, these will include:

1. Programme Mandate (complete)
2. Programme Proposal (complete)
3. Business Case (complete)
4. Sign off by the Programme Board of the ICJ Programme Initiation Document and Programme Plan/Activity Schedule
5. Gateways to approve the detailed planning (project initiations or their equivalents) for each of the workstreams as they are more fully defined
6. Programme Delivery of each phase and approval to move to the next
7. Programme Closure

### Dependencies and Interdependencies

The programme is dependent upon:

- People living with cancer engaging with the programme
- Health professionals providing us with the information we need
- Gateway approvals received in a timely way
- The programme being fully resourced for its duration

There are also interdependencies between this programme of work and other areas, including:

- Holders of real time information to help us to identify patients who have been newly diagnosed with cancer so that we can offer to them a holistic needs assessment

- The Macmillan Primary Care Cancer Framework which involves GP practices offering an HNA to their own patients
- The Shrewsbury & Telford Living with and Beyond Cancer which will involve secondary care providers offering HNAs to the patients they treat
- The Hereford Living with and Beyond Cancer which will involve secondary care providers offering HNAs to the patients they treat
- The Gloucester with and beyond cancer which will involve secondary care providers offering HNAs to the patients they treat
- The Wales Cancer Network which develop national optimal pathways, including use of HNAs
- The Single Cancer Pathway work in Powys whose delivery may include the use of HNA along pathways
- The national strategic direction around the use of eHNAs and associated information sharing agreements
- The National Delivery Plan for Cancer post 2020 to ensure cancer remains a priority

## Assumptions

This PID is based on the assumption that:

- Macmillan's existing holistic needs assessment tool will be used to facilitate conversations with persons affected by cancer. As part of the delivery strategy, the programme team will develop recommendations around use of paper based / electronic versions of this HNA.
- the ICJ programme will remain a priority for partner organisations, and
- there are existing suppliers who will want to put forward tenders to do the evaluation.
- Covid 19: Stakeholders and partner organisations will continue to be able to engage with the programme in line with drafted timescales. We will work to mitigate and absorb any impact of Covid 19 where possible and escalate to the programme board where appropriate and in line with our agreed escalation procedures.

## Communications and Engagement Plan

The ICJ Communications and Engagement Plan sets out how the programme will engage and communicate with our stakeholders and key partners. The plan will identify key messages, a range of engagement activities so as to hear from key stakeholders and support the delivery of the vision, mission and objectives. The plan includes a stakeholder map and analysis of the current organisations providing appropriate services to people living with cancer.

## Programme Acronyms

Acronym	Meaning
BRAIDD Log	An excel workbook containing spreadsheet logs to help manage Benefits, Risks, Assumptions, Issues, Dependencies and Dis-benefits
eHNA	Electronic holistic needs assessment
HNA	Holistic Needs Assessment

<b>Acronym</b>	<b>Meaning</b>
ICJ	Improving the Cancer Journey
LW&BC	Living with and beyond cancer
PLWC	People living with cancer
RBY	Right by You

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**FINAL VERSION**  
**20 July 2020**

## **Communications & Engagement Strategy**

### **ICJ Powys** **Improving the Cancer Journey in Powys programme**

*Executive Sponsors:*

*Richard Pugh (Macmillan)*  
*Paul Buss (Powys Teaching Health Board)*  
*Dylan Owen (Powys County Council)*

*Macmillan ICJ Programme Manager:*  
*Macmillan ICJ Project Manager:*  
*Macmillan ICJ Communications*  
*& Engagement Officer:*

*Cerys Humphreys*  
*Yvette Marks*  
*Sue Ling*

**LIVE DOCUMENT**



**In partnership with**

**MACMILLAN**  
**CANCER SUPPORT**

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## 1.0 INTRODUCTION

This Communications and Engagement Strategy sets out the strategic intent and direction of travel over the next three years, as a document to support the delivery of the *Improving the Cancer Journey in Powys* programme (ICJ).

The ICJ is a three-year partnership programme between Macmillan, Powys Teaching Health Board (PTHB) and Powys County Council (PCC). The aim of the programme is to create a community led integrated model of care, which helps people living with cancer to have a supported conversation with a trained professional about all the things that concern them and how and what support they might need or want post diagnosis. This support can be practical, physical, emotional, spiritual, or social. A holistic need assessment (HNA) is used as a tool to facilitate the conversation and to identify needs, resulting in the development of a care plan.

This strategy outlines a framework around the communication and engagement requirements so as to support the programme objectives, ensure that both the patient and practitioner voice is heard, that these influence the final model of care via a co-production / co-design approach and that there is a two-way dialogue in situ with all stakeholders. The strategy will support the intent set out in the Welsh Government's refreshed Cancer Delivery Plan for Wales 2016-2020<sup>1</sup> where it states:

*“Services must ensure people living with cancer are at the heart of service design.”*

For the ICJ Programme, this translates into creating opportunities for engagement and consultation with the residents of Powys who are living with cancer, health professionals and the community and third sector partners who support them. It also requires regular and ongoing conversations and communications to take place through a variety of established and emerging virtual engagement channels.

This strategy is supported by a detailed communications and engagement plan which acts as a blueprint for how to involve, engage and communicate with stakeholders throughout the different stages of the programme.

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<sup>1</sup><http://www.walescanet.wales.nhs.uk/sitesplus/documents/1113/Cancer%20Delivery%20Plan%202016-2020.pdf>

## **How has Covid-19 impacted our engagement plans?**

The impact of Covid-19 on developing a communications and engagement strategy has led to a change of focus and a need to redefine the more traditional, tried and tested best practice approaches to both communications and engagement but particularly engagement.

Hosting face to face workshops, focus groups or organising community drop-in sessions so people living with cancer can contribute their views are all out of scope in the current social distancing climate of Covid-19. As too, are attending community meetings, having a market stall, setting up a desk and chatting to people in supermarkets foyers – all typical and beneficial ways to raise awareness of the programme and seek views.

Until the restrictions are lifted and until people living with cancer feel that face to face conversations are a suitable and safe way to meet up and discuss their needs, the conversations and engagement channels for the programme will now be focused on a suite of more virtual opportunities with some limited one-to-one conversations conducted by those working closely with or caring for people living with cancer.

During lockdown, several Powys voluntary sector organisations and partners involved in the programme have embraced the scope of virtual tools like Zoom, Google Meet and Microsoft Teams to talk to clients, host sessions and listen to and continue to deliver their services.

Alongside these new tools, telephone conversations have continued to provide a personal and welcome channel by which people living with cancer have been able to interact, share their stories and seek advice or information from a range of services.

All current and emerging channels that enable stakeholder voices to be heard and a two-way communication channel to exist will be used for the programme.

In addition, full consideration will also be given to how best to reach the more seldom heard cancer patients who may wish to get involved, tell their story and express their views but are unsure how to do so under the current Covid-19 restrictions. Our Equality Impact assessment captures more details around the equality agenda but alongside the typical channels we have identified Welsh speakers, transgender residents, farmers and younger adults whom may not immediately come forward through the typical communication channels used.

## Definitions of key terms

### What do we mean by stakeholder engagement?

Stakeholder engagement is a process by which the programme partners will learn about the perceptions, issues, experiences and expectations of people living with cancer alongside those of other stakeholders, and use all these views to assist and influence the development of a model of care for Powys.

### What do we mean by engagement?

For this plan 'engagement' means:

Any activity or event that is organised with the specific purpose of involving or capturing feedback from stakeholders to meet the programme objectives. Engagement activities will focus on listening to the experiences and views of people who have been affected by cancer in Powys, health professionals, plus the voluntary and community sector who may support people in their communities.

Engagement methods may include virtual focus groups, online surveys, social media posts inviting feedback, virtual meetings or workshops, telephone or virtual one-to-one interviews and online polls.

### What do we mean by a stakeholder?

For this plan a 'stakeholder' is:

any person or group of people who have a significant interest in, and/or who may be affected by the development of a model of care to support people living with cancer. A stakeholder could be a charity group involved in supporting people following a diagnosis of cancer, a nurse, a social worker, a union representative, a personal assistant, the local Community Health Council, a MP or AM, a county councillor or a young person who cares for a parent with cancer.

### What do we mean by communication?

For this plan 'communication' means:

Any activity that provides timely and useful information to all stakeholders about the programme objectives, how to get involved and the progress being made.

Communication materials that will be used for this purpose may include e-newsletters or bulletins, press releases, e-posters, website content, presentations given at virtual workshops/events/meetings, social media posts, advertisements (social media and media)

video's, media briefings, 'stand-alone' banner/pop-up stands, feature articles for specialist or local press, news articles for intranet sites, staff e-circulars, emails, reports.

### What do we mean by 'people living with cancer'?

For the purpose of this plan, the terms 'people living with cancer' means:

The individual person with a diagnosis of cancer and their family and/or carer.

Please refer to **Appendix A** for a glossary of terms and **Appendix B** for acronyms which are commonly used by the three partners involved in delivering the programme.

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## 1.1 The national context

The key drivers for this programme include the Cancer Care Plan for Wales<sup>2</sup>, the Macmillan Strategy 2019 - 2021<sup>3</sup> and the recommendation from the Parliamentary Review into Health and Social Care in Wales<sup>4</sup> which states ...

*“new models of care must be co-designed and co-developed with the public and users of care alongside front-line health and social care professionals, and be underpinned by the design concepts set out in Prudent Healthcare, the Wellbeing of Future Generations (Wales) Act 2015 and the Social Services and Wellbeing (Wales) Act 2014.”*

The ICJ programme for Powys will also look to, and learn from, work that is progressing nationally e.g. the ‘Living With & Beyond Cancer’ programmes, take inspiration and learning from the more urban ICJ model which was developed in Glasgow in 2014 and take stock of the situation facing cancer care services following the Covid-19 outbreak.

The ICJ programme is funded by Macmillan for three years as part of its commitment to help everyone with cancer live life as fully as they can. This commitment is at the heart of the Powys programme, with the outcome being to create a new, integrated model of care, within a rural county. Building on the work in Glasgow, the ICJ in Powys aims to create the following:

- A cultural shift in the approach to care and support for people living with cancer – to a greater focus on recovery, health, and wellbeing after cancer treatment.
- A shift towards holistic assessment, information provision and personalised care planning. This is a shift from a one size fits all approach, to follow up and personalised care planning based on assessment of individual risks, needs and preferences.
- A shift towards support for self-management. This is a shift from a clinically led approach to follow up care, to supported self-management, based on individual needs and preferences.

*Please refer to the Programme Initiation Document for more background information and links to national documents and legislation.*

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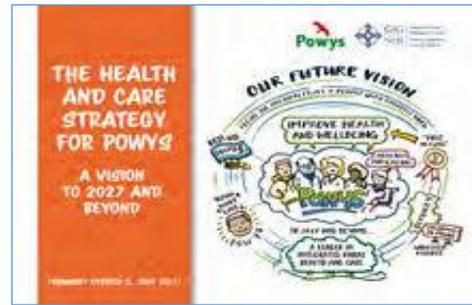
<sup>2</sup><http://www.walescanet.wales.nhs.uk/sitesplus/documents/1113/Cancer%20Delivery%20Plan%202016-2020.pdf>

<sup>3</sup> <https://learnzone.org.uk/strategy/>

<sup>4</sup> <https://gov.wales/sites/default/files/publications/2018-01/Review-health-social-care-report-final.pdf>

## 1.2 The local context

Powys County Council and Powys Teaching Health Board are key partners in the Powys Regional Partnership Board. In 2018, the board launched its ten-year **Health and Care Strategy** which sets out a vision to integrate and deliver health and social care services to its residents. It includes the concept of promoting wellbeing, offering early help and support to people, under three programmes of work called 'Start Well', 'Live Well' and 'Age Well' respectively.



The Powys Health and Care Strategy

Alongside these, the key drivers are to tackle and create joined up care for the big four diseases that limit life in the county. These are: cancer, circulatory diseases, mental health, and respiratory diseases. Cancer – as one of the 'Big 4' - forms the essence of the **Improving the Cancer Journey in Powys programme**.

The programme concept also enables further links with the council's Technology Enabled Care strategic approach - aimed at improving residents' access to health care via technology fitted in their homes. The programme will also allow for further exploration and development of community/person centred solutions so as to boost self-management and improve community resilience in more rural settings.

## 1.3 Powys demographics and statistics

Powys is the most sparsely populated county in England and Wales, with a population of 133,000, living in an area of 2,000 square miles. Powys is about 100 miles north to south, and 25 miles east to west. The largest centre of population is in the North of the county in Newtown but residents are spread out across a wide geographical boundary from Ystradgynlais in the south bordering Swansea to Welshpool in the North and from Machynlleth in the North West to Presteigne and Knighton in the East. Powys is a county that covers a quarter of Wales in terms of landmass but has approximately only 26 people per square km.

With no District General Hospital, the rurality creates various challenges in delivering health and care services. In comparison to the Glasgow ICJ programme, for Powys the rurality aspects will create a different set of challenges.

## 1.4 Cancer in Powys

In 2017, 846 people were diagnosed with cancer in Powys, excluding non-melanoma skin cancer (Wales Cancer surveillance and Intelligence Unit). Of those, 400 were female and 446 males. The most common cancers - breast, colorectal, prostate and lung - account for just over half of the total of cancers in Powys and a significant majority are in the over 60 age group. In engagement terms, one of the key aspects to consider is how best to take account of the age range of people living with cancer and utilise the most appropriate channels so as to enable all, but in particular, this key 60+ age group to feed into and influence a model of care. Our Equality Impact assessment and our action plan considers and sets out how we would aim to engage meaningfully with all respective stakeholders irrespective of age, race, sexuality and language preference.

Nearly all cancer services are provided outside Powys, by either Welsh or English providers. The current service provision within Powys includes primary prevention, screening, some endoscopy and imaging services, advice and guidance and end of life support including hospice care. Powys residents requiring treatment are referred to one or more of 12 or more cancer care providers. It is therefore important that we work with providers to allow us to capture insights to feed into our model of care.

The Macmillan/Welsh Government Cancer Patient Experience Survey conducted between July and October 2016 resulted in 173 responses from 263 identified residents living with cancer within the Powys Teaching Health Board area. For the purposes of the communications and engagement work and the overall programme objectives, some of the key views given by patients are listed in the chart below.

Statement	Percentage
Received information in their preferred language	98%
GP had all the information required for their care	97%
Treatment options were fully explained before starting	94%
Rated their overall care as 7 out of 10 or higher.	90%
Offered practical advice for dealing with side effects of treatment	55%
Told about voluntary and charity support	49%
Offered opportunity to discuss needs and concerns to develop a care plan	49%
Able to completely discuss the impact of cancer on their day-to-day activities.	45%
Given information on financial help/benefits they might be entitled to	41%
Offered a written care plan	15%

Follow up local focus groups were also held by the Lead Cancer Nurse and insights and data captured from the recent Powys Community Nurse project were used to inform the programme

application and provide a baseline of evidence for the post holder to build on. Previous insights and data have provided further baseline of evidence for the ICJ Programme in Powys. These included the Project Closure Report for the Community Cancer Nurse Project Lead Role and a report of findings from focus groups held throughout Powys in 2016, in order to discuss the participants' experience of having had a cancer diagnosis and treatment whilst being resident within the Powys Teaching Health Board area.

## **2.0 – Our Strategic Approach**

The strategic approach for all communications and engagement work is to follow best practice guidance but to also align our approach with the existing communication and engagement strategies that all three partners have in place.

Each partner has their own brand, style and protocols in place which support their existing communication and engagement activities both externally and internally. In writing this document due regard and consideration has been given to all of these strategies so that the programme reflects, complements, and brings together the key values, principles, and approaches without detracting from the key purpose. These include consideration of aspects such as continuous engagement, co-production, open and honest conversations, building trust, working together in partnership, taking account of the Gunning principles and robust feedback mechanisms. The documents that have been considered and cross referenced in producing this document include:

- External Stakeholder Engagement Strategy (2015) PTHB
- Powys Patient Experience Strategy (2016) PTHB
- Workforce Futures Strategy. (2019) PTHB
- Communications and Engagement Plan (2019) Powys County Council
- Communications Toolkit (2019) PCC
- Consultation and Engagement Framework (2019) PCC
- Style Guide (2019) PCC
- Macmillan Engagement Theory of Change Framework (2017/18)
- Macmillan Branding Guidelines – core and partnership

The National Principles for Public Engagement in Wales<sup>5</sup> (Appendix C) which both Powys Teaching Health Board and Powys County Council have signed up to - list ten items which support good engagement practice. They advocate engaging with stakeholders in a planned,

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<sup>5</sup> <https://www.participationcymru.org.uk/national-principles/>

meaningful, and timely manner and suggest that the right level of jargon free information is a must for stakeholders to be able to respond well.

The Chartered Institute of Public Relations<sup>6</sup> is an industry leader in communications and PR. Their website states that *“Public relations helps businesses to communicate value, tell stories and manage their relationships and reputation.”*

Our strategy and action plan aims to deliver on all these aspects.

In drawing together this Communications and Engagement Strategy, the over-riding aim is to actively engage with and inform all relevant stakeholders in a respectful and empathetic way, using the principles around co-production and co-design, promoting opportunities so people can share their experiences and get involved right at the start, if they wish.

All communications and engagement activity will be transparent and open, explaining and highlighting the benefits that having a model of care will bring to people living with cancer in Powys and the professionals working in the various clinical settings. Adoption of this communications and engagement strategy will support the objectives set out in the Programme Initiation Document.

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<sup>6</sup> <https://cipr.co.uk/>

## **WORKSHOP SESSION**

A strategic workshop was held in January 2020, the purpose of which was to set out a shared vision and direction for the programme. These, along with the mission and aims and objectives, are outlined below:

### **Improving the Cancer Journey in Powys Programme**

#### **Vision**

Everyone affected by cancer in Powys gets the right help and support to achieve what matters most to them.

#### **Mission**

To improve the experience and the quality of life for people living with cancer in Powys by enabling access to and coordination of personalised emotional, practical, and physical support.

#### **Aim and Objectives**

The aim of the proposed programme is to develop a sustainable, supportive, integrated community model of care to support people living with cancer in Powys.

Our approach to achieving this aim will be by involving those affected by cancer and those supporting people with cancer to:

- 1. Develop a deeper understanding of issues and experiences for residents\* of Powys**
  - Hold ongoing conversations with those living with cancer via various engagement events/multi-media resources
  - Establish a cross section of health, council and third sector staff perception of issues and experiences for residences affected by cancer in Powys.
  - Desktop exercise to review and gather information around where residents diagnosed with cancer receive their treatment and around the ways in which holistic needs assessments are being carried out
  - Output: Report and recommendations to Strategic Programme Board
  
- 2. Offer to people living with cancer a supported conversation, based on their needs, out of which a care plan and the supporting arrangements around this care plan will be developed.**

*\*Residents in this sense means people aged 18 and over who live in Powys and who receive a confirmed diagnosis of cancer.*

### **3.0 – ICJ COMMUNICATION AND ENGAGEMENT OBJECTIVES**

The key principle of good communications and engagement objectives are that they support the overall programme and are specific, measurable, achievable, realistic, and timely (SMART). The objectives have been split into the three stages as set out in the Development Approach section of the Programme Initiation Documentation. (PID) and Activity Schedule.

#### **Stage 1: Build on current knowledge and understanding of the needs of Powys people living with cancer. (July 2020 – March 2021)**

<b>Key Communication Objectives:</b>
1) To raise awareness of the ICJ in Powys programme using a mix of existing communication tools and channels including partner and third sector ones. (press releases, social media posts, partner e-bulletins, newsletters, blogs, intranet sites, staff engagement groups, FB groups, animations, case studies etc. ) so that <b>people living with cancer</b> , health professionals, the voluntary sector and any interested stakeholders are aware of the programme and the opportunities to get involved.
2) To raise awareness of the programme by sharing stories about how people are affected by cancer in Powys, their experiences to date and their aspirations about what a programme like the ICJ in Powys could mean to them.
3) To provide feedback and updates during Stage 1 to all relevant stakeholders using a mix of communication tools and channels (as above) so as to build trust, protect the reputation of the programme, sustain a two-way communications approach and engender interest and involvement going forward.
4) Provide information for <b>people living with cancer</b> about where to get support whilst a model of care is being developed – Macmillan helpline and new Telebuddies service, via links re: PCC Assist/PTHB primary care services, Powys Macmillan Welfare Benefits Team, community connectors (PAVO), Bracken Trust etc.
<b>Key Engagement Objectives:</b>
1) To involve, engage with and seek the views of <b>people living with cancer</b> in Powys using a mix of existing and emerging engagement channels (online surveys, e-focus groups, virtual workshop sessions, telephone interviews) so as to develop a deeper understanding and insights into their cancer journey so as to inform and add value to the current knowledge base and mapping exercise.  <i>The insights sought include how and if supported conversations are taking place (known as: a Holistic Need Assessments), what support networks and services are available locally post diagnosis, what needs people have that are not met currently, what's working well, what isn't and what would improve their quality of life post diagnosis/treatment.</i>
2) To seek insights from <b>professionals</b> working with people living with cancer in Powys using a mix of engagement channels so as to listen, learn and inform the current knowledge base and mapping exercise.  <i>The insights sought include knowledge around the use of the HNA, best practice, what is working well, what is not, what needs to happen or what could improve service delivery, a joined up approach, a case for change etc.</i>

- 3) To seek insights from **third sector partners** working with people living with cancer in Powys using a mix of engagement channels so as to listen, learn from and inform the current knowledge base and mapping exercise.

*The insights sought include knowledge around the use of the HNA, best practice, what is working well, what is not, what needs to happen to embed a model of care for Powys from a third sector perspective, what could improve service delivery, a joined up approach, a case for change etc.*

**Stage 2: Develop, implement, test, and evaluate different options (models) for Powys**  
**(Dates for this stage – to be confirmed)**

**Key Communication Objectives:**

- 1) To provide regular updates and feedback on Stage 1 of the programme using a mix of communication tools and channels to reach a good cross section of stakeholders and intended audiences (press releases, social media posts, infographics, partner websites and community newsletters or e-bulletins etc...) so all are aware of the programme's progress and the models that are being developed to be tested in Stage 2 and their role/remit in the next stage.
- 2) To establish a regular feedback channel on Phase I of the programme so that people living with cancer are reassured, can see progress, and understand how and what this means/will mean going forward.

**Key Engagement Objectives:**

- 1) To engage with, involve and seek the views of anyone living with cancer in Powys so as capture feedback on the development of, and the actual models being tested.
- 2) To seek insights from professionals working with people living with cancer in Powys using a mix of engagement channels so as to utilise their expertise and knowledge to shape the next phase of the programme and priorities.
- 3) To seek insights from third sector partners working with people living with cancer in Powys using a mix of engagement channels so as to gauge their views on the next phase of the programme and priorities.

*Note: A workshop event involving a mix of all stakeholders was set out in the PID as an action for Stage 2. However due to Covid how this is progressed virtually will now be considered.*

*Note: Agreeing a methodology for ongoing service user feedback was set out as an action in Stage 2. This methodology could be an e-bulletin, a quarterly news piece circulated to all partners for inclusion in their communiques or another channel to be explored.*

**Stage 3: Develop the preferred model into a business case (Dates for this stage – to be confirmed)**

<b>Key Communication Objective:</b>
To provide regular updates and feedback on Stage 2 of the programme using a mix of communication tools and channels to reach a good cross section of stakeholders and intended audiences (e-bulletin, press releases, social media posts, digital stories, podcasts, infographics, partner websites and community newsletters etc...) so all are aware of the programme's progress and which model of care is being proposed in the business case.
<b>Key Engagement Objective:</b>
To involve the Stakeholder Reference Group in discussions around the business case and preferred model of care to be put forward as the key group who represent the views of all stakeholders.

The SWOT analysis on the following page sets out the strengths, weaknesses, opportunities, and threats that may impact on the success of the communications and engagement approach. All will need due consideration as the programme progresses and be cross-referenced to the risks outlined in the PID and the programme's Equality Impact Assessment.

**STRENGTHS**

- Opportunity to develop a sustainable model for Powys allowing for meaningful engagement with key stakeholders
- The Glasgow ICJ programme and evaluation report (2014 – 2019) and contact with Communications Lead will provide useful insights to aid communications/ engagement planning
- Awareness of joint Health & Care strategy already exists in PCC/PTHB providing a good knowledge base from which to promote the ICJ Powys aims.
- Feedback from residents re: the North Powys Well-being project around cancer care support and links to the H&C and ICJ Powys programme aims
- Good relationships re- communications teams in PCC/PTHB and growing Macmillan links
- Knowledge gleaned and gained during Covid-19 outbreak regarding cancer care services in Powys

**WEAKNESSES**

- Programme is in its infancy with new partnerships in place and need to agree clear processes and protocols so post holder is able to deliver timely and effective communications and engagement.
- Rurality of county means there are limited/few cancer support community support groups in existence, so reaching those with a cancer diagnosis may require more creativity / planning.
- Knowledge base re- virtual /digital engagement channels now required due to Covid-19
- Response rate from the Patient Experience Survey was relatively low for Powys residents and it suggested just under half of Powys residents with a cancer diagnosis did not get a holistic needs assessment or conversation
- Identification of people living with cancer in Powys is complex due to the different IT systems and various referral and treatment pathways

**OPPORTUNITIES**

- Skills set and established links between PTHB and PCC communications teams already exist and scope to draw upon and utilise shared expertise for the benefit of programme
- Opportunity to engage with key stakeholders via new virtual channels and networks so as to inform and shape a Powys programme
- Shared knowledge, insights and collaboration on communications and engagement opportunities with a range of partners and communities
- Macmillan has an Engagement and Volunteer role for North Wales and Powys who could provide some engagement support
- Powys has a strong community spirit and cohesion which can be built upon
- To become an exemplar for Wales

**THREATS**

- Coronavirus outbreak and impact on all communications and engagement work and willingness of people living with cancer to take part at this time
- Lack of appetite to engage by some residents with a diagnosis for various reason so missed insights
- Lack of buy in and thus support from other organisations crucial to the success of the -programme due to differing priorities
- Media / Politicians / Pressure groups campaigning for better access to cancer treatment as awareness of project grows. Raised expectations

### 3.0 – Target audience/stakeholders

This communication and engagement plan will aim to involve, engage, and listen to the following stakeholders over the three years, alongside keeping them informed about the Improving the Cancer Journey in Powys programme. Effective stakeholder analysis considers firstly who might be affected by a programme or project and who might contribute towards it. It is then important to consider who is most interested and who has influence so engagement and communications can be tailored to these needs looking at four quadrants. For the purposes of the ICJ Programme, an initial breakdown of primary and secondary stakeholders was conducted followed by the more detailed breakdowns.

Primary Stakeholders	Secondary Stakeholders
<ul style="list-style-type: none"> <li>- People living with cancer (this includes Individuals with a diagnosis, their families, and carers)</li> <li>- GPs, front-line NHS staff involved in supporting those living with cancer including neighbouring health boards/trusts</li> <li>- Social Care professionals and other PCC services e.g. housing, welfare, and benefits advice etc.</li> <li>- Third sector (including but not limited to PAVO, Credu, Bracken Trust &amp; Age Cymru etc.), supporting community groups (including but not limited to Rhayader Home Support etc.)</li> <li>- Macmillan specific Powys funded employees and services e.g. Powys Macmillan Welfare Benefits Team, GP specialists, Macmillan nurses</li> <li>- Other parties – chemists, libraries, housing associations, energy companies, Mid and West Wales Fire service, Freedom Leisure, cafes, theatres, banks etc...</li> <li>- Powys Community Health Council</li> </ul>	<ul style="list-style-type: none"> <li>- Partnership Boards – PCC, PTHB, PSB, PRPB</li> <li>- Wales Cancer Network</li> <li>- Local authorities and other health boards/trusts in Wales and UK</li> <li>- NHS Wales</li> <li>- Welsh Government and politicians from all parties</li> <li>- UK Government</li> <li>- Cancer charities in the UK</li> <li>- Macmillan volunteers</li> </ul>

## Improving the Cancer Journey in Powys Programme

# Stakeholder Map Stage One:

Build on current knowledge and understanding of the needs of Powys residents living with cancer.

The first phase when considering the stakeholders is to split them into two groups

- those who will be **affected** by the programme/project
- those that will **contribute to** its success

### NOTE:

*Some stakeholders fit into both categories. For example people living with cancer will be contributing in this stage by sharing their stories to aid understanding about the current post diagnosis support they receive, but they will also be affected by the outcomes in terms of the model of care that is developed for Powys.*

### Affected by...

- **People living with cancer (including their families and their carers)**
- PLUS...**
- **Macmillan professionals**
  - **PCC professionals (working in social care, housing, benefits, libraries etc.)**
  - **Health professionals**
  - **Third sector/voluntary organisations (PAVO, Credu, Age Cymru, Mind, Bracken Trust etc)**
  - **Macmillan volunteers**
  - **GPs**
  - **Welsh Government**
  - **Wales Cancer Network**
  - **Community Health Council**
  - **Other parties - e.g. employers / trade unions / residential and nursing homes**

### Contributes to...

- **People living with cancer (including their families and their carers)**
  - **Macmillan**
  - **Powys County Council**
  - **Powys Teaching Health Board**
  - **Powys Regional Partnership Board**
  - **Powys Public Service Board**
  - **Project Sponsors**
- PLUS...**
- **Media (local and Welsh)**
  - **Politicians (local and national)**
  - **Wales Cancer Network**
  - **LWBC projects**
  - **Other parties - Freedom Leisure**



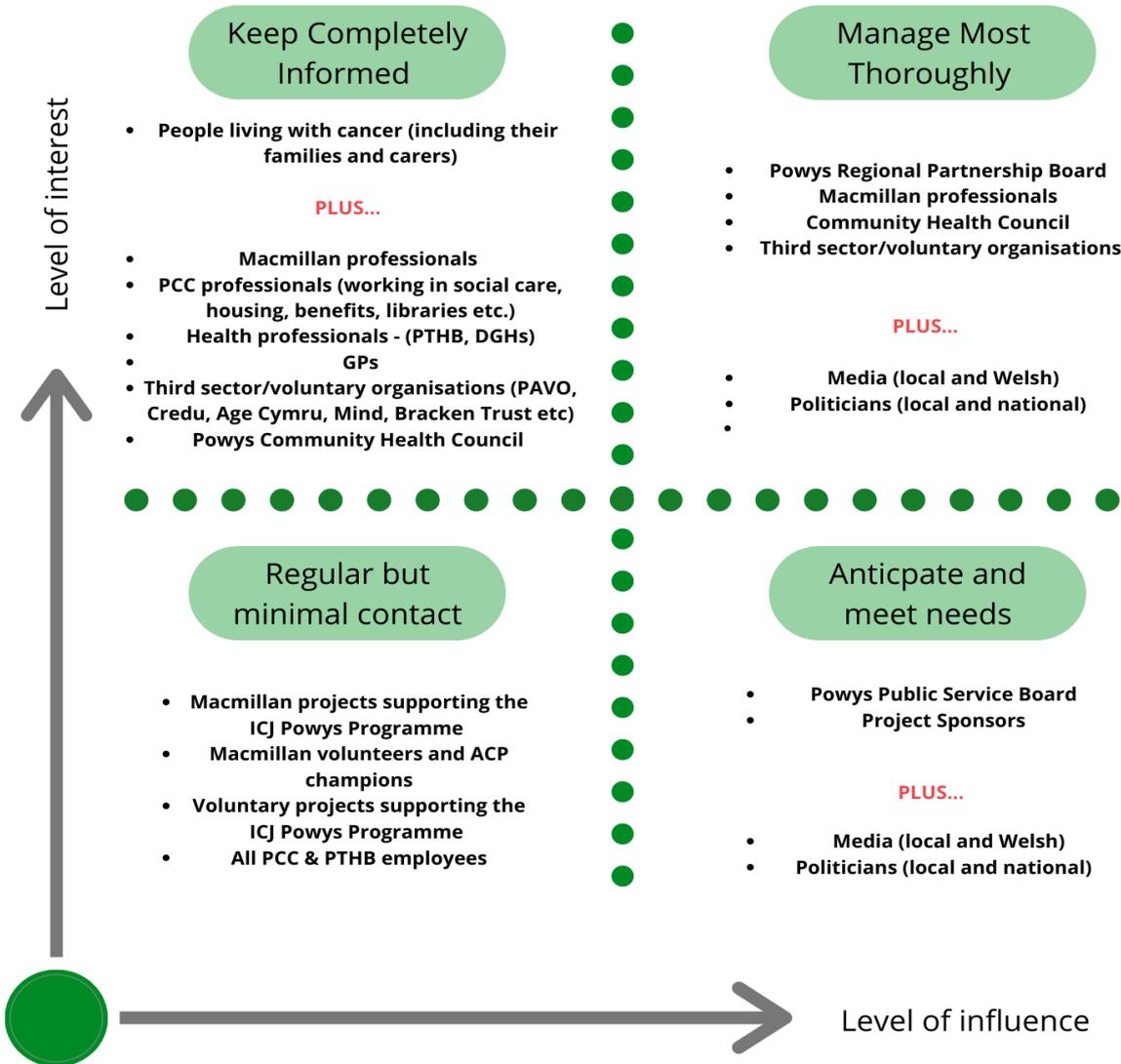
## Improving the Cancer Journey in Powys Programme

# Stakeholder Map Stage One:

**Build on current knowledge and understanding of the needs of Powys residents living with cancer.**

The second phase is to consider what level of interest and influence the different stakeholders may already have or should have in relation to the programme/project outcomes in Stage One and then categorise them accordingly. There are four headings to consider. This analysis ensures that all stakeholders are involved or kept informed about progress at the right time, in the right way with information that is relevant to their needs and their role within the programme.

Some may feature in more than one quadrant.



### 3.1 - Key messages

Key messages give the recipients a clear understanding about the programme outcomes. They should be concise and written in plain English/Welsh. Often key messages can be split into specific categories so as to be relevant to the specific stakeholder groups. Two overarching messages about the programmes aim and one about the process have been outlined below for use when communicating with the key stakeholders.

***Reworked vision statement from workshop for PR purposes:***

*“We want everyone living with cancer to live life as fully as they can, by providing practical, physical, emotional, spiritual and social support so people can achieve what matters most to them.”*

***Longer ICJ Focus statement:***

*“The key focus of the ‘Improving the Cancer Journey in Powys’ programme is to improve the experience and quality of life for people living with cancer so that they feel listened to, in control, and are able to access and receive personalised practical, physical, emotional, spiritual and social support when they need or want it, so as to live well with (and beyond) cancer.”*

***The how we aim to deliver on this objective:***

*“The Improving Cancer Journey in Powys programme will develop a multi-agency model of care that will ensure that everyone living with cancer in Powys is offered a ‘supported conversation’ with a trained professional following diagnosis, providing choice and control over their cancer journey and what matters most to them.”*

**a. Key messages for PABC**

- ✓ ICJ Powys is about listening to your needs so you get the support that is right for you
- ✓ Working to support your needs so you can live well with cancer
- ✓ Offering support at the right time, in the right place for the things that matter most to you following a diagnosis of cancer
- ✓ Helping you to access practical, physical, emotional, spiritual, and social support to help improve your cancer journey
- ✓ Giving you choice and control over your cancer journey
- ✓ Helping you to decide what matters most on your cancer journey

**b. Key messages for professionals or third sector/community groups working with individuals**

- ✓ ICJ Powys is about listening to your experiences so as to shape a future model of care
- ✓ Helping you to support individuals living with cancer
- ✓ Helping you to improve the well-being of Powys people living with cancer
- ✓ Supporting you as professionals to deliver for and help Powys residents feel more in control on their cancer journey
- ✓ Providing a model of care that delivers for individuals living with cancer in Powys
- ✓ Helping to build seamless partnership working arrangements in Powys

### **c. Generic messages**

- ✓ Working to deliver the support people need to live well with cancer
- ✓ Helping to improve the well-being and lives of Powys individuals living with cancer

## **4.0 - Evaluation**

Some of the methods to evaluate the programme's communication and engagement outputs will include:

- Number of press releases issued and resulting positive coverage
- Number of press enquiries received and resulting positive coverage
- Number of responses, likes, comments and shares from social media campaigns and video's
- Number of people interested in being on the Stakeholder Reference Group
- Number of people joining the Macmillan Engagement Network
- Number of website hits
- Number of people reading/viewing blogs on partner sites like PAVO's mental health blog etc.
- Number of people responding to surveys
- Number of people joining the specific virtual engagement sessions with a ICJ in Powys focus
- Number of PACB patient stories, testimonials, case studies organised and promoted
- Survey feedback on project outcomes from patients at regular intervals during the project
- Feedback from boards and partners involved in the project
- Data captured by partner agencies (PAVO and Community Connectors who signposted to the project
- Patient representatives' involvement in whole programme – numbers attending meetings etc...

## Appendices

DRAFT

## Appendix A

### Glossary of terms

Holistic Need Assessment	A structured method of identifying needs and concerns and discussing and agreeing the best way to meet them from the person with cancer's perspective. It involves identifying and prioritising needs and concerns and recording them electronically.
Supported Conversation	A structured conversation, interaction or dialogue, in real time, between a person who has cancer and the relevant Personnel but who must have the capability and skills to support the person to identify their holistic needs, prioritise them, and facilitate addressing those needs.
Care and Support Plan	A document that is co-developed between a person with cancer and a professional that records the goals, actions, and approaches jointly agreed to address the needs and concerns identified in a supported conversation. The Care and Support Plan should document any needs or concerns that were addressed immediately through the Holistic Needs Assessment as well as any actions to be taken by the person or the Macmillan Professional after the Holistic Needs Assessment.
Co-production	A way of involving people so that all parties are equal partners, having their voices heard and are involved in decision making so as to produce a model of care that is fit for purpose.
Co-design:	Similar to above and a process in which people who run services work with people who use their services to design these. Normally co-design means that final decisions are still taken by the formal structures in place in the organisations. (Political or Legislative)

## Appendix B

### Acronyms used in the strategy/action plan

AMs	Assembly Member at Welsh Government
eHNA	Electronic Holistic Needs Assessment
HNA	Holistic Needs Assessment
ICJ	Improving the cancer journey
LWBC	Living with and beyond cancer
MPs	Member of Parliament
PAVO	Powys Association of Voluntary Organisations
PLWC	People living with cancer
PID	Programme Initiation Document
PCC	Powys County Council
PSB	Powys Service Board
PTHB	Powys Teaching Health Board
PRPB	Powys Regional Partnership Board

## Appendix C

# The National Principles for Public Engagement in Wales

## NATIONAL PRINCIPLES FOR PUBLIC ENGAGEMENT IN WALES



- 1 Engagement is effectively designed to make a difference**

Engagement gives a real chance to influence policy, service design and delivery from an early stage.
- 2 Encourage and enable everyone affected to be involved, if they so choose**

The people affected by an issue or change are included in opportunities to engage as an individual or as part of a group or community, with their views both respected and valued.
- 3 Engagement is planned and delivered in a timely and appropriate way**

The engagement process is clear, communicated to everyone in a way that's easy to understand within a reasonable timescale, and the most suitable method/s for those involved is used.
- 4 Work with relevant partner organisations**

Organisations should communicate with each other and work together wherever possible to ensure that people's time is used effectively and efficiently.
- 5 The information provided will be jargon free, appropriate and understandable**

People are well placed to take part in the engagement process because they have easy access to relevant information that is tailored to meet their needs.
- 6 Make it easier for people to take part**

People can engage easily because any barriers for different groups of people are identified and addressed.
- 7 Enable people to take part effectively**

Engagement processes should try to develop the skills, knowledge and confidence of all participants.
- 8 Engagement is given the right resources and support to be effective**

Appropriate training, guidance and support are provided to enable all participants to effectively engage, including both community participants and staff.
- 9 People are told the impact of their contribution**

Timely feedback is given to all participants about the views they expressed and the decisions or actions taken as a result; methods and form of feedback should take account of participants' preferences.
- 10 Learn and share lessons to improve the process of engagement**

People's experience of the process of engagement should be monitored and evaluated to measure its success in engaging people and the effectiveness of their participation; lessons should be shared and applied in future engagements.

These Principles were developed by Participation Cymru working with TPAS Cymru, under the guidance of the Participation Cymru partnership. Endorsed by The First Minister of Wales, The Right Hon. Carwyn Jones AM on behalf of the Welsh Government. Further guidance on the National Principles can be found at [www.participationcymru.org.uk](http://www.participationcymru.org.uk)  
March 2011



Ariennir gan Lywodraeth Cymru  
Funded by Welsh Government

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## ICJ Powys Project Quarterly Report September 2020

The purpose of this report is to provide the Programme Manager (where part of a programme), sponsors, relevant governance boards and the PMO with a status update that enables them to understand and interrogate progress, and to take action where required to remove barriers to delivery. It should be informed by monthly updates from the component projects.

Programme Title: Improving the Cancer Journey, Powys	Programme Manager: Cerys Humphreys
Project Sponsor/ SRO*: PCC/PTHB/Macmillan	Programme Governance: ICJ Strategic Programme Board

### Summary

#### Project Description

Meeting the needs of people affected by cancer is a national, strategic priority<sup>1</sup>. Cancer has also been identified as one of the ‘Big 4’ priorities within PTHB and the Local Authority’s joint Health and Care Strategy<sup>2</sup>, as well as a partnership priority by the Powys Regional Partnership Board (PRPB) - a strategic commitment to improve clinical outcomes and patient experience, for people affected by cancer. The PRPB has also been legally tasked with identifying integration opportunities between Social Care and Health. In addition, the Parliamentary Review<sup>3</sup> into Health and Social Care in Wales recommended that the primary focus for change across the system should be new models of seamless local health and social care, that are co-designed and co-developed with the public and users of care alongside front line health and social care professionals.

In response to national and local strategy, a new Improving the Cancer Journey in Powys programme has been proposed and developed, which is a strategic partnership between PCC, PTHB and Macmillan (the three Executive Programme Sponsors,) as well as collaboration between other organisations, the public, patients and carers. The purpose of the programme is to develop a proactive community response to the needs of people living with cancer in Powys, leading to a proposed integrated model between health and social care.

ICJ is designed to work towards providing the support as set out within health policy i.e. a multi-agency approach to care, aiming to improve the outcomes of people affected by cancer in Powys. Its principles are based around the flagship Improving the Cancer Journey programme in Glasgow, which was launched in 2014. ICJ Glasgow is a community based cancer service supporting people affected by cancer in Glasgow. It does this by providing structured individualised support to all local people diagnosed with cancer. The ICJ in Powys will learn from the more urban model in Glasgow (which also has significant deprivation challenges) and propose a new integrated model within a more rural area (i.e. Powys).

<sup>1</sup> Wales Cancer Network (2016) **Cancer Delivery Plan for Wales 2016-2020**.

<sup>2</sup> Powys County Council and Powys Teaching Health Board (2017) **The Health and Care Strategy for Powys – a Vision to 2027 and Beyond**.

<sup>3</sup> The **Parliamentary Review into Health and Social Care in Wales** (2018) – January 2018, OGL.

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Author	Cerys Humphreys/Yvette Marks	Version Number/Date	0.1

**Project Stage:**

Stage One – at the end of stage 1, the programme seeks to be able to answer the questions: what is going on now, what needs to change, for whom and why?

**RAG Status:**

While the Programme Board have discussed the risks around a potential second surge of Covid and agreed Q2 approach and activity, the decision around 3 year employment contracts has not yet been finalised. Therefore the RAG for the programme is currently at AMBER.

**Progress highlights from the last quarter:**

- Stage One work has commenced with:
  - Conversations with Healthcare providers around existing HNA services: we have met with each Health Board in Wales as well as with Wye Valley Trust, Shrewsbury and Telford and Gloucester. This represents all acute care providers the ICJ had planned to meet with. During the next period, the team will review the findings and plan next steps.
  - Conversations with Powys County Council Providers around service availability for a) delivering HNA and care plans b) potentially participating in tests for change: we have met with PCC Business Manager, Library Services and presented to the Strategic Housing Partnership. The team have also secured an invitation to the Adult Social Care Senior Management Team meeting with whom we will meet during the next period.
  - Conversations with PTHB around service availability for a) delivering care plans b) potentially participating in tests for change: the ICJ team have met with:
    - North, Mid and South Powys Palliative Care Teams. This means the team has met with all of the groups who have experience with using the Macmillan HNA in Powys.
    - The Head of Radiography and the Consultant Nurse for Endoscopy and Gastroenterology. This means the team has met with all the services within PTHB who are involved in delivering care directly related to cancer.
    - The Head of Therapies, OT Lead, Speech & Language.
    - Macmillan Lead Cancer Nurse for Powys.
    - The ICJ Programme team has also been linking in closely with the Wales Cancer Network in order to ensure alignment with national HNA work.
  - In relation to PTHB services, during the next period, the team plan to meet with District Nursing, the Pain and Fatigue Service and Dietetics. Next steps include determining additional services to meet with, reviewing findings and agreeing next steps.
  - Third Sector: regular meetings with partners in the third sector, in particular, PAVO, Macmillan, Bracken Trust and Credu, in order to start scoping potential joint working opportunities. We have also met with numerous third sector organisations such as Marie Curie, ACE, Action in Caerau and Ely, St Davids Hospice. Plans for the next period is to identify further orgs and meet with them.

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- We are on track to deliver the scope document by 30 March 2021..
- **Communications & Engagement:**
  - The programme was relaunched on 21 September with a virtual event hosted by the PCC SRO and including a variety of speakers from Macmillan, PTHB, Third Sector Providers and People Living with Cancer.
  - A campaign following the launch, including the dissemination of a number of videos and social media posts has been prepared.
  - 15 people who are living with cancer have expressed an interest in being involved with the programme.
  - First stakeholder reference has been arranged for 24 September.
  - A draft survey has been drafted for people living with cancer and the team plans to issue and collate responses to this during the next period.
  - During the next period, the team aims to expand the number of people living with cancer with whom we are engaging and to continue to listen and gather stories and evidence.
  - We are on track to deliver the documented feedback by 30 March 2021.
- **Tests for change:** we are developing proposals for SPB to consider around bringing forward tests to change so as to make a difference for people living with cancer as soon as we can while continuing to gather stories and evidence in parallel.
- The EQIA has been prepared for sign off by the Strategic Programme Board in October.
- Work is continuing regarding mapping cancer pathways for Powys residents, which will include plotting the distance from Powys to cancer providers per tumour site.
- An evaluation sub group is to be established, in order to draft programme outcomes, draft the invitation to tender document and direct the overall evaluation of the programme.
- eHNA: The ICJ team are also co-ordinating discussions around the wider use of Macmillan e-HNA's within PTHB and are in the process of inviting Macmillan colleagues to discuss the e-HNA system with relevant staff members (meeting to be held on the 8th October 20). Discussions will be based around the function of the e-HNA within PTHB, resolving information governance queries and ensuring alignment with PTHB's digital transformation work streams.

Project status breakdown			
Aspect	This month	Previous month	Commentary
<b>Schedule</b>	See comments	See comments	<p>The July Programme Board signed off activity for Q2 and an update against this is provided below:</p> <ul style="list-style-type: none"> <li>● Establish stakeholder reference group (complete – we have PLWC who are interested in co-developing the programme, first SRG meeting date is being confirmed.)</li> <li>● Begin engagement with people living with cancer (PLWC) (complete – media release inviting PLWC to make contact issued )</li> <li>● Develop proposals for the Programme Launch to present to the next programme board</li> </ul>

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Project status breakdown			
Aspect	This month	Previous month	Commentary
			meeting (complete – launch held 21 September) <ul style="list-style-type: none"> <li>• Begin scoping exercise with 3rd sector organisations, PCC, HBs and Trusts (scoping exercise has started – see commentary above)</li> <li>• Hold workshop with stakeholders to progress evaluation requirements (not started – this action has not progressed within agreed timescale, due to a number of factors)</li> </ul>
Scope	See comments	See comments	The scope is documented within our Programme Initiation Document which the SPB agreed in principle in March. During September, the programme Initiation Document has been updated as follows: <ul style="list-style-type: none"> <li>• PTHB Sponsor updated</li> <li>• Updated term PLWC to PLWC</li> <li>• The National and Local drivers have been updated to include The Parliamentary Review of Health &amp; Social Care in Wales, the Wales Cancer Network Person Centred Care and Social Services and Wellbeing (Wales) Act 2014</li> <li>• EQIA updated to reflect that this has now been drafted</li> <li>• The Delivery Stages as agreed by SPB in July</li> <li>• A flag to query whether scope includes GP registered / residents – TBC October SPB</li> <li>• Information Governance &amp; Security</li> <li>• Governance Organogram as agreed by SPB in July</li> <li>• Milestones and Activity Plan</li> </ul> Points for discussion at the strategic programme board include: <ul style="list-style-type: none"> <li>• whether scope includes GP registered / residents</li> <li>• Attend Anywhere</li> </ul>
Cost	N/A	N/A	Macmillan has invested £571,710 which provides fixed term funding for the Improving Cancer Journey Powys Programme team over three years hosted in Powys Teaching Health Board and Powys County Council to deliver Programme outputs and support engagement activities and an externally commissioned evaluation. Programme is being delivered within budget. No specific actions – work ongoing.

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Project status breakdown			
Aspect	This month	Previous month	Commentary
Benefit	N/A	N/A	We are revisiting this to be flexible and agile and see how we can support the wider health and social care economy during this changing time?

## Project Detail

Milestone Description	Date Due	Owner
Programme Team Established and Fully Inducted	31/03/2020 (Complete)	Dr Jeremy Tuck/ Dylan Owen
Programme Initiation Document developed and agreed	21/03/2020 (Complete)	Cerys Humphreys
Programme Governance developed and agreed	July 2020 (Complete)	Cerys Humphreys
HNA PID	30/03/2020	Cerys Humphreys
Reporting requirements and processes in place	31/05/2020 (Complete)	Cerys Humphreys
Communications and Engagement Plan signed off by Programme Board	July 2020 (Complete)	Sue Ling
EQIA signed off by Programme Board	October 2020	Cerys Humphreys
Scope different pathways that Powys residents access when diagnosed with cancer.	November 2020	Cerys Humphreys
Research and review how HNAs are used for PLWC in Powys	January 2021	Cerys Humphreys
Research and review how HNAs could best be used in Powys	January 2021	Cerys Humphreys
External Evaluation procurement (invitation to tender) documentation	March 2021	Cerys Humphreys
External Evaluator Appointed	May 2021	Cerys Humphreys
PLWC Scope Document	March 2021	Cerys Humphreys
Tests of Change completed	TBC	Cerys Humphreys
Options appraisal developed	TBC	Cerys Humphreys
Proposed Model / Business Case complete	TBC	Cerys Humphreys

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## Risks

Date Raised	Raised By	Risk Description (There is a risk that / of...)	Risk cause (As a result of...)	Risk Impact / consequence (Which could result in...)	Likelihood (1-5)	Impact (1-5)	Risk Rating (1-25)	Mitigating Action	Date to be actioned by	Action Owner	Likelihood (1-5)	Impact (1-5)	Risk Rating with mitigating action(1-25)	Date Last Reviewed	Date of Next Review
23/12/2019	Cerys Humphreys	The programme will be unable to identify newly diagnosed patients	The Health Board not owning this data or having mechanisms in place to collect this data in real time.	We will not be able to offer Holistic Needs Analysis to patients who are newly diagnosed with cancer	4	4	16	As part of the scoping phase, map out all parties who do have access to this data and consider working jointly with them. OR consider the benefits of offering the HNA / checking that the HNA has been offered at a different stage of the cancer patient's journey. Consider alternate ways of raising public and patient awareness of HNA availability. Raise the profile with information team in order to access subject matter experts.	March 2021	Cerys Humphreys	4	2	8	17/09/2020	31/10/2020
25/12/2020	Ann Camps	There is a risk that the 3 year programme will not be completed.	Two of the team have been employed for 2 years.	No deliverables, reduced quality, programme staff finding alternative employment, loss of reputation.	5	5	25	To be discussed at programme board	end July	Jeremy Tuck	4	4	16	17/09/2020	31/10/2020
10/03/2020	Cerys Humphreys	Public and third sector organisations focus will need to be diverted from planned programmes of work onto Covid 19	The spread of Covid 19	Delays to programme delivery plan.	3	5	15	To work as responsively as possible so as to progress as much as possible while remaining mindful of the broader picture and external sponsor needs.	end June	Cerys Humphreys	3	4	12	17/09/2020	31/10/2020
26/03/2020	Cerys Humphreys	HNAs may not be offered as they would usually be	Covid 19	The way in which HNAs are currently being offered during the Covid 19 pandemic is not an accurate baseline for the scoping document	5	3	15	Obtain patient stories from patients who completed their treatment or were in treatment before the pandemic started.	end Nov	Cerys Humphreys	5	2	10	17/09/2020	31/10/2020
01/04/2020	Ann Camps	ICJ Programme Team being redeployed	Covid 19	No resource / reduced resource to work in ICJ.	5	4	20	To work on ICJ activity when there is a lull in redeployed activity. In as much as possible, to remain redeployed in activities that are relevant to progressing ICJ work.	Ongoing	Cerys Humphreys	5	2	10	17/09/2020	31/10/2020
28/05/2020	Cerys Humphreys	We will have to work with new and untested ways of engaging with people affected by cancer	Changes to public, patient and professional behaviour due to Covid 19, including social distancing measures remaining in place.	Because the ways in which we work may be new - the impact is unknown. It is possible we won't get the engagement and views we need to enable a truly co-productive approach. It is possible we may gain more involvement than we'd previously anticipated.	4	4	16	Work closely with other similar programmes to share experiences, learning and best practice. Trial different approaches and evaluate in real time.	Ongoing	Cerys Humphreys	5	2	10	17/09/2020	31/10/2020
06/07/2020	Cerys Humphreys	Second surge of COVID-19 whilst still in Planning and Preparation Stage	COVID-19 pandemic	Delays to programme delivery plan	4	4	16	Agree mitigation with Programme Board	Jul-20	Cerys Humphreys	4	4	16	17/09/2020	31/10/2020
08/07/2020	Cerys Humphreys	ICJ Programme staff find alternative employment before the end of the programme term.	Fixed term contract/Staff turnover	Possible delay to programme plan	4	4	16	Best practice of staff retention. Staff working closely together to understand work activity.	Ongoing	All Managers	3	3	9	17/09/2020	31/10/2020
20/08/2020	Marika Hills	Third sector organisations may not be available to either support in the same way people with cancer or be available at all	Covid -19 pandemic	Patients and the public may ask the ICJ programme for support.	3	3	9	Develop clear messaging and signposting.	31/08/2020	Cerys Humphreys	4	2	8	17/09/2020	31/10/2020

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## Issues

Issue Ref #	Date Raised	Raised By	Issue Description (What is going on that is impacting the project / programme right now?)	Issue cause (As a result of...)	Impact (and the impact of the issue is...)	Impact on Programme Cost (0 - 2)	Impact on Programme Timescales (1 - 2)	Impact on Programme Deliverables / Quality (1 - 2)	Issue Priority (Severity) H/ M/ L	Action to be taken	Date to be actioned by	Action Owner	Date last reviewed	Result of action taken	Date closed	Lessons learned from discovering and/or managing issue
1001	08/07/2020	Cerys Humphreys	Partner organisation staff on furlough	COVID-19	Partner staff not having input into programme planning/unable to progress on certain activity without input. Possible delays to programme activity timescales. The appointment of an external evaluator has been delayed.	0	1	1	L	Working closely with senior partners to understand what can/can't be progressed. Agreeing mitigations where possible.	31/07/2020	Cerys Humphreys	17/09/2020			

## Assumptions

Assumption Ref #	Date Raised	Raised By	Description (what is it that we are assuming to be true in order to proceed with the project)	Implications (i.e what will happen if the assumption is correct or incorrect?)	Assumption likely to be false (1-5)	Impact if false (1-5)	Assumption Rating (1-25)	Which constraint does the assumption concern? (time, cost, deliverables / quality)	Assumption Owner	Action required to monitor/ manage assumption	With action in place, Assumption likely to be false (1-5)	With action in place, impact if false (1-5)	With action in place, assumption Rating (1-25)	Date last reviewed	Date Closed
A001	24/02/2020	Cerys Humphreys	There are existing suppliers who will want to put forward tenders to do the evaluation.	This could result in a cost pressure upon partner organisations to raise the budget for evaluation or alternatively the programme would have to agree alternative ways of measuring the impact.	3	5	15	Deliverables & Quality	Cerys Humphreys	Understand why learning from other evaluation tenders which did not attract bidders. Work closely with procurement team to understand best practice to increase likelihood of securing high quality bids.	2	5	10	17/09/2020	
A002	08/07/2020	Cerys Humphreys	That there will be sufficient funding available for tests of change work in Stage 2.	Limited tests of change in Stage 2.	3	4	12	Deliverables & Quality	Cerys Humphreys	Develop and costs models and investigate whether funding would be available.	2	5	10	17/09/2020	

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## Dependencies

Dependency Ref #	Date Raised	Raised By	Dependency level (Critical, Important, Minor)	Dependency type (inbound/outbound)	Dependency description - what is it you need to receive or give (include whether you are dependent on project, programme or other activity)	What will be the impact if the dependency is not met? Specify timelines and milestones that are at risk.	RAG status	Dependency Owner	Actions to manage dependency	Date last reviewed	Date Closed
D001	03/02/2020	Cerys Humphreys	Important	Internal	Commissioning information to demonstrate patient pathways	This will impact on the HNA scope document which seeks to describe what is currently happening along patient pathways - i.e. where they go and at what points HNAs are offered to them		Cerys Humphreys	Meeting with commissioners and performance analysts to understand datasets and availability of data.	17/09/2020	
D002	03/02/2020	Cerys Humphreys	Important	Inbound	The national strategic direction around the use of eHNAs and associated information sharing agreements	This will impact programme recommendations around use of eHNA and potential ways of sharing data. It will also impact extent to which it is possible to produce automated reports and analyse the HNA responses.		Cerys Humphreys	Meeting arranged across all three partners to understand current position and agree actions to take forward.	17/09/2020	
D005	08/07/2020	Cerys Humphreys	Important	Inbound	Agreed / designated support from personnel outside of core programme team (e.g. Macmillan Evidence Advisor, PTHB Research, Innovation and Improvement Hub Manager, PTHB Information Services etc.)	Delay in programme activity		Cerys Humphreys	Agreement from relevant Senior Managers that staff within their departments can support the ICJ as and when required. Estimate what support will be needed and in what format.	17/09/2020	

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## Control & sign off

Role	Name of individual *	Report completed / approved yes/ no	Date
Programme Manager	Cerys Humphreys		
Project SRO/Sponsors	Dylan Owen, Dr Paul Buss, Richard Pugh		

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## Appendix A: Project Status RAG Definitions

	"BELIEVE IS NOT OK" <b>RED</b>	"WORRIED, BUT BELIEVE IS OK" <b>AMBER</b>	"BELIEVE IS OK" <b>GREEN</b>
<b>OVERALL</b>	<p>One or more aspects of project viability (schedule/scope/cost/benefits) is rated red and there are critical issues with the project which requires corrective action.</p> <p><i>The project team need help to resolve the issue OR are working to resolve the issue but haven't done so yet.</i></p>	<p>An issue(s) is having a negative effect on project performance but is within agreed tolerances <b>AND/OR</b> there is a significant risk to one or more aspects of project viability (schedule/scope/cost/benefits).</p> <p><i>The problem is being dealt with by the project team, but the situation requires monitoring.</i></p>	<p>The project is on track. All aspects of project viability are on track with no significant risks to delivery identified.</p> <p><i>The project is on target. No further action needed at present.</i></p>
<b>SCHEDULE</b>	<p>Plan is not baselined <b>OR</b> one or more level 1 (critical deliverable), level 2 (key decision point/gateway) milestones or level 3 milestones (critical path) are significantly behind schedule (as a guide this is 4 weeks behind planned schedule, but depending on the specific project situation it may be less and the project manager must use their judgement when applying a rating) <b>AND/OR</b> the delay will have a significant impact on dependencies.</p> <p><i>The project team need help to resolve the issue OR are working to resolve the issue but haven't done so yet.</i></p>	<p>Plan is baselined and one or more level 1 (critical deliverables), level 2 (key decision points/gateways) or level 3 milestones (critical path) are at risk of being missed (by &gt; 5 days and &lt; 4 weeks as a guide), and remedial/mitigating action is being taken by the project.</p> <p><i>The problem is being dealt with by the project team, the situation requires monitoring.</i></p>	<p>Plan is baselined, and all level 1, level 2 and level 3 milestones are on track to be met (+/- 5 days or tolerance agreed with PMO).</p> <p><i>No further action needed at present.</i></p>
<b>SCOPE</b>	<p>Changes to scope are required <b>OR</b> changes are happening which will critically impact other aspects of the project and agreed tolerances.</p> <p><i>The project team need help to resolve the issue OR are working to resolve the issue but haven't done so yet.</i></p>	<p>Changes to scope are required but will not have a critical impact on other aspects of project viability <b>OR</b> there is a significant risk that a major change to scope will be required.</p> <p><i>The problem is being dealt; the situation requires monitoring.</i></p>	<p>Scope is in line with agreed business/ investment case (negligible changes).</p> <p><i>No further action needed at present.</i></p>
<b>COST</b>	<p>Actual or projected spend is &gt;+/-10% against forecast (or £50k whichever is the greater) <b>AND/OR</b> there is an issue that will require expenditure beyond agreed total budget and new approval will be sought.</p> <p><i>The project team need help to resolve the issue.</i></p>	<p>Actual and projected spend is no more than +/-10% against forecast and corrective action is being taken to manage the variance within total budget <b>AND/OR</b> there is a significant risk that expenditure will be required beyond agreed total budget.</p> <p><i>The problem is being dealt with; the situation requires monitoring.</i></p>	<p>Actual and projected spend are on track against forecasts and in line with total budget.</p> <p><i>No further action needed at present.</i></p>
<b>BENEFITS</b>	<p>No baselined &amp; quantified benefits realisation plan in place (required by Gate 2) <b>OR</b> benefits realisation plan is significantly off track (20%+ impact).</p> <p><i>The project team need help to resolve the issue OR are working to resolve the issue but haven't done so yet.</i></p>	<p>Benefits realisation plan requires further work to quantify and baseline benefits <b>AND/OR</b> benefits realisation plan is off track (10%-19% variance) <b>AND/OR</b> there is a significant risk that projected benefits will be missed by a significant margin (20%+)</p>	<p>Baselined &amp; quantified benefits realisation plan in place and on track to deliver expected benefits (+/- 10%).</p> <p><i>No further action needed at present.</i></p>

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		<i>The problem is being dealt with; the situation requires monitoring.</i>	
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### Appendix B: Project Milestone Level Definitions

LEVEL 1 MILESTONE	LEVEL 2 MILESTONE	LEVEL 3 MILESTONE	LEVEL 4 MILESTONE
Critical deliverables (deliverables in the organisational plan)  [Where the project is not in the Corporate Change Portfolio, Critical Deliverables will be in the Directorate Plan]	Life Cycle Stage gates (Control milestones – including go/no gate)	Milestones on critical path within the next gate - Including important controls, decision points, dependencies on other projects for example	Project level detailed schedule milestones

### Appendix C: Project Milestones RAG Definitions

	"BELIEVE IS NOT OK" <b>RED</b>	"WORRIED, BUT BELIEVE IS OK" <b>AMBER</b>	"BELIEVE IS OK" <b>GREEN</b>
<b>MILESTONE</b>	The milestone is significantly behind schedule (as a guide this is 4 weeks behind planned schedule, but depending on the specific project situation it may be less and the project manager must use their judgement when applying a rating)  <b>AND/OR</b> the delay will have a significant impact on other milestones or dependencies and requires immediate remedial/mitigating action.	The milestone is baselined and is at risk of being missed (by > 5 days and < 4 weeks), and remedial/mitigating action is being taken by the project.	The milestone has been met or is on track to be met (+/- 5 days unless other tolerance agreed at Project Board/with PMO).

### Appendix D: Dependency Level Definitions

CRITICAL	IMPORTANT	MINOR
While my project is dependent on this project, my project can't be completed without major adjustments if the other project is delayed, cancelled, or significantly altered	My project will experience detrimental effects (delay, reduction in scope or quality) if this project is delayed, cancelled, or significantly altered.	While my project is dependent on this project, my project can be completed without major adjustments if the other project is delayed, cancelled, or significantly altered.

### Appendix E: Dependency RAG Definitions

	<b>RED</b>	<b>AMBER</b>	<b>GREEN</b>
<b>DEPENDENCY</b>	The dependency has not been met  <b>OR</b> is significantly behind schedule and is impacting either the project delivery (inbound) or delivery of dependent activity (outbound) and requires immediate remedial/mitigating action.	The dependency is at risk of not being met and remedial mitigation action is required/being taken by the project team.	The dependency has been met or is on track to be met.

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## CYNGOR SIR POWYS COUNTY COUNCIL.

**CABINET EXECUTIVE**  
Date to be confirmed - 2020**REPORT AUTHOR:** County Councillor Myfanwy Alexander  
Portfolio Holder for Adult Social CareCounty Councillor James Evans  
Portfolio Holder for Corporate Governance, Housing &  
Public Protection**REPORT TITLE:** Transfer of Neuadd Maldwyn

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**REPORT FOR:** Decision

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**1. Purpose**

- 1.1. This report recommends that Neuadd Maldwyn is transferred by way of the Council's capital contribution to the development of extra care housing in Welshpool by the Council's preferred development partner, Clwyd Alyn Housing Group (Clwyd Alyn).

**2. Background**

- 2.1. On the 21<sup>st</sup> May 2019 Powys County Council Cabinet considered and authorised the recommendations in a report, entitled Extra Care Housing Development in Powys. This report set out the Council's intention to work with housing providers to develop extra care schemes across Powys. One of these schemes was to develop extra care at Neuadd Maldwyn, Welshpool.
- 2.2. A further report on the 9<sup>th</sup> July 2019, entitled Extra Care & Neuadd Maldwyn, Welshpool, was considered and its proposals supported by the Cabinet. The recommendations were:
- 2.2.1. *That Cabinet agree in principle to transfer Neuadd Maldwyn at nil cost to ClwydAlyn, to enable the development of an extra care housing scheme at the site*
  - 2.2.2. *That the capital receipt foregone in disposing of Neuadd Maldwyn at nil cost, is regarded as the council's capital contribution to the development of the extra care scheme*
  - 2.2.3. *The transfer to be made following a final decision by the Cabinet for Powys County Council when assurance is received of the development's viability and practicality, with commitments from ClwydAlyn on the development commencement via a further report.*

2.2.4. *An effective communication strategy should be developed to provide clarity on all sections of the community and responsibilities of partners within the project.*

2.3. The Council is now able to confirm that the development plans are being processed through the planning process (decision anticipated late October / early November 2020) and that if planning is approved the development is considered viable and practical. The Cabinet and the Executive Management Team have met with the Chief Executive Officer of Clwyd Alyn, who has confirmed the organisation's commitment.

### **3. Advice**

3.1. As confirmed in previous reports, the demand for extra care in Welshpool and the surrounding area is one of the highest in Powys. Population projections indicate a 157% increase in the numbers of people aged over 85 by 2036 (from 950 to 2,445), with a corresponding increase in individuals who have dementia of 83% (from 497 to 910). With no extra care available, only 115 sheltered accommodation units available and only 8 residential care beds for dementia per 1,000 population, there is a clear demand for extra care.

3.2. Extra care housing is the ideal provision to address these current gaps in service and to meet the current and projected demand. Appendix I of the report of 7<sup>th</sup> July 2019, demonstrated an anticipated revenue saving associated with provision of extra care in lieu of residential care.

3.3. As set out in the Cabinet report of the 21st May 2019, it is proposed that extra care is to be provided in Welshpool in association with the Clwyd Alyn Group. Clwyd Alyn have over 200 properties in Welshpool as well as having an office in the town. The Group have experience of developing extra care housing in listed buildings and have developed an extra care scheme in a listed building in Wrexham.

3.4. Clwyd Alyn is a registered social landlord and is a part of the Clwyd Alyn Charitable Registered Society. They are an investment rated organisation (currently the only Housing Association of its kind in Wales). The Group has £34m immediately available for construction projects with a further £90m in retained bonds for future development growth.

3.5. The proposal is for an extra care housing scheme to be developed in Neuadd Maldwyn, which has been declared as surplus to requirements of the Council, following the North Area accommodation review. The unique location of the building which allows level access to Welshpool town centre is ideal.

3.6. The use of the building as extra care housing and having Clwyd Alyn as the landlord will ensure that the character of the grade II listed building will be maintained and that the building will have a new lease of life. Drawings of the planned scheme are attached in Appendix I.

3.7. The site incorporates a building in the car park, currently used as storage by the caretaker, which has an asbestos roof and would be included in the development. The approximate number of rooms within the development would be 60. The Council's Social Services will have nomination rights for

existing service users and this would ensure that local people in need are housed at the extra care schemes.

- 3.8. Further information on the feasibility of the scheme was set out in the Cabinet report of 9<sup>th</sup> July 2019.

#### **4. Resource Implications**

- 4.1. The estimated cost of converting Neuadd Maldwyn for extra care is £11.59 million, which will provide a significant investment in the town centre.
- 4.2. The costs are split as follows:
  - 4.2.1. ClwydAlyn Investment: £4,866,779
  - 4.2.2. Social Housing Grant: £4,158,040
  - 4.2.3. Integrated Care Fund: £2,562,750
- 4.3. As set out in the report of 7<sup>th</sup> July 2019, Neuadd Maldwyn's value for accounting purposes is shown as £550k for existing use value on the asset register. An independent valuation report by the District Valuation Service (DVS) dated 15 March 2020 has deemed the market value of the whole site (including Chalfont) to be £660,000.
- 4.4. A technical adjustment in the fixed asset register for the disposal would be "A transfer for nil value and would produce a loss of £523k in the councils accounts funded through unusable reserves"
- 4.5. The Welsh Government will only allow a housing association to draw down grant funding (such as Social Housing Grant) to fund an agreed strategic purpose. The agreed strategic purpose in this instance is to provide extra care facilities in Welshpool. Therefore, DVS were also asked to value the site as an extra care facility, and they deemed that there would be a negative value due to the development costs involved of converting this listed building. Therefore, as the property is to be sold for extra care housing it has a nil value.

#### **5. Legal implications**

- 5.1. Legal: The recommendations 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. Data Protection**

- 6.1. The proposal does not involve the processing of any personal data.

#### **7. Comment from local member(s)**

- 7.1. This matter has been discussed with the local councillors in Welshpool area.

#### **8. Integrated Impact Assessment**

8.1. Please see impact assessment in Appendix 2 which remains unchanged since the previous report to Cabinet

**9. Recommendation**

9.1. For Property Services and Legal Services to work with ClwydAlyn to transfer the property from the ownership of Powys County Council to ClwydAlyn Housing Association as soon as possible if and when planning permission approved.

Contact Officer: Ros Murphy

Email:

[rosalyn.murphy@powys.gov.uk](mailto:rosalyn.murphy@powys.gov.uk)

Head of Service: Dylan Owen

Corporate Director: Alison Bulman

## Appendix 1

### A. Architectural Drawings

1. Ground Floor Plan
2. First Floor Plan
3. Second Floor Plan
4. Roof Plan
5. Concept Layout (apartments within the new building)



2100 GF Plan.pdf



2101 FF Plan.pdf



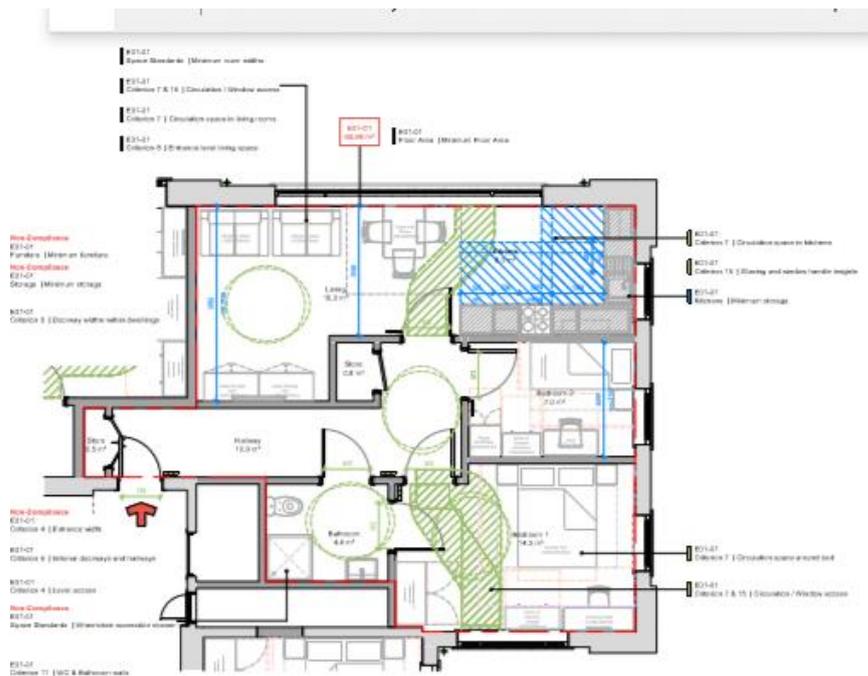
2102 SF Plan.pdf



2103 R Plan .pdf



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### B. Timetable – Key Milestones

	Key Milestones	Dates
1	Planning Submission	28th July 2020
2	Planning meeting for decision – approval Current committee meeting dates	1st October 2020 22nd October 2020
3	Scheme design lock down	28th July 2020
4	M&E Lockdown	
5	Survey Information completion – dependant on intrusive survey following vacation of office by Powys.	
6	Costs – agreed, lockdown	
7	Listed Building approval – Submitted to welsh government no date provided yet – will chase	
8	Building Regulation submission	01 August 2020
9	Building vacated	1st October 2020
10	Commencement on site Contract	01 January 2021
11	Contract Completion	01 September 2022
12	Site programme – duration	
13	PR – project plan set up.	
14	Show Apartment set up opening etc.	January 2022 (1 bed and 2 bed).
15	H&S Review	
16	Interior Design sign off	
17	Furniture – procurement / sign off	
18	Scheme Completion	01 September 2022
19	28 day commissioning period contractor stand down	01 June 2022
20	Fit out	01 July 2022
21	Staff Training	01 August 2022
22	Resident move in	01 October 2022

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.**

**Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011**

This specifies that the Council must have due regard to:

- **Eliminate** discrimination, harassment and victimisation
- **Advance** equality of opportunity between people who share a relevant protected characteristic and those who do not;
- **Foster** good relations between people who share a protected characteristic and those who do not.

And must:

- Remove or minimise disadvantages experienced by people due to their protected characteristics
- Take steps to meet the needs of people from protected groups.
- Encourage people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

The Act describes fostering good relations as tackling prejudice and promoting understanding between people who share a protected characteristic and those who do not. Meeting the duty may involve treating some people more favourably than others, as long as this does not contravene other provisions within the Act.

**Wellbeing of Future Generations (Wales) Act 2015**

The Wellbeing of Future Generations Act will from April 2016 require all public bodies to demonstrate that we are improving social, economic, environmental and cultural wellbeing, whilst also looking to the future, planning for the long term and ensuring that we don't compromise the ability of future generations to be able to do the same. This is called sustainable development.

The Act sets out 7 Wellbeing Goals:

- **A Prosperous Wales**
- **A Resilient Wales**
- **A Healthier Wales**
- **A More Equal Wales**
- **A Wales of Cohesive Communities**
- **A Wales of Vibrant Culture and Thriving Welsh Language**
- **A Globally Responsible Wales**

We have to demonstrate how we are contributing to all of these goals and following the 5 **Sustainable Development principles**:  
 Long term. Integration. Collaboration. Involvement and Prevention

**Welsh Language (Wales) Measure 2011**

- Gives the Welsh language **official status** in Wales
- Establishes the principle that the Welsh language should be treated **no less favourably** than the English language
- Requires public authorities to **comply with standards** relating to Welsh language provision

The Policy Making Standards relate to assessing the impact of policies and decisions on opportunities for persons to use the Welsh language, and on treating the Welsh language no less favourably than the English language. The Council must therefore consider the Welsh Language when we are developing policies and strategies or when considering new ways of providing services.

# Cyngor Sir Powys County Council

## Impact Assessment (IA)

*The integrated approach to support effective decision making*



**Integrated Risk Assessment (Legislative Frameworks)** - Whilst there is no formal legislation which stipulates that we must formally manage our risks, it is good practice to undertake risk management which is a process that aims to help assess, evaluate and take action on risks with a view to increasing the probability of success and reducing the likelihood of failure to ensure that 'business as usual' is maintained, and which should be regularly monitored to ensure control of our identified risks where required. The outputs from effective risk management include compliance, assurance and **enhanced decision making**. These outputs provide benefits by way of improvements in the efficiency of our operations, successful delivery of our change projects and the efficacy of our corporate objectives.

**Risk management** should be a continuous process that supports the development and implementation of our corporate planning and budget setting processes. Plans typically focus on a desired future, which is underpinned by a set of reasonable assumptions. However, each of these assumptions carries a level of uncertainty and risk. Using identified risks in the both the corporate planning and budget setting processes will ensure that we make informed decisions based on the current level of risk, and are fully aware of how the risks could either have a negative impact on our ability to deliver our objectives, or how we can exploit opportunities and take advantage of these. Achieving our targeted performance is dependent upon the ability to manage our risks. As we move towards becoming a commissioning council we need to become more intelligent about the risks which we take in order that we can sustain our services with a continually reducing budget. Equally important we must be aware of the risks to avoid to ensure we protect our customers, reputation and financial stability.

The implementation of suitable risk responses should also form part of our corporate planning process, to provide appropriate mitigating controls to our risks based upon the impact and probability identified in the risk assessment process. Risk Management is high on the agenda of Cabinet and Management Team who view the **Risk Register** on a quarterly basis, along with Audit Committee and the Scrutiny Committees. The monitoring process is also embedded in Quarterly Performance Review meetings to ensure that Portfolio Holders are aware of risks within their respective areas.

# Cyngor Sir Powys County Council

## Impact Assessment (IA)

*The integrated approach to support effective decision making*



### Guidance

#### Who can see the Document?

Draft versions of the assessment should be watermarked as “Draft” and retained for completeness, however only the final version will be publically available. Therefore, draft versions would not normally be subject to Freedom of Information requests, unless specifically requested. However, draft versions may be provided to regulators if appropriate. In line with Council policy, IAs should be retained for 7 years.

#### Due Regard

When completing the IA, services are required to show ‘due regard’. ‘Due regard’ is a legal term that requires proportionality and relevance. Brown’s Principles are often used in court to determine whether a public body has shown ‘due regard’ to legislation. Public bodies should ensure:

Brown Principle	Requirement
<b>Knowledge</b>	The decision makers must be aware of their duty to have ‘due regard’ to the requirements identified in the assessment, the majority of which are covered by statutory legislation
<b>Sufficient information</b>	The decision maker must consider what information he or she has and what further information may be needed in order to give proper consideration to the IA.
<b>Timeliness</b>	The IA must be completed before and at the time that a particular proposal is under consideration or decision is taken – that is, in the development of proposal, and in making a final decision. A public body cannot satisfy the Duty by justifying a decision after it has been taken.
<b>Real consideration (Decision making)</b>	Consideration of the requirements identified in the assessment must form an integral part of the decision-making process. The IA is not a matter of box-ticking; it must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision
<b>Accountability(No delegation)</b>	Public bodies are responsible for ensuring that any third parties which exercise functions on their behalf are capable of complying with the IA, are required to comply with it, and that they do so in practice. It is a requirement where the legislative aspects cannot be delegated
<b>Monitoring and review</b>	Services must have regard to the aims of the IA not only when a proposal is developed and decided upon, but also when it is implemented and reviewed. Monitoring the impact is certainly good practice and is a continuing duty under some statutory legislation (e.g. equalities)

#### 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. These rights must be given due regard when completing this assessment.

#### Evidence

Evidence should be a mixture of both quantitative and qualitative data, therefore the consideration of performance indicators, statistical data and engagement and communication feedback. Arrangements for capturing service and performance data should be disaggregated across protected characteristics and Welsh speakers where pragmatically possible. Giving foresight to this requirement will ensure services have access to current quantitative data when considering a proposal.

#### Consultation and engagement (involvement)

With reference to engagement and consultation the council has signed up to the [National Principles for Public Engagement in Wales](#) which a service should have due regard to. There has also been an increase over recent years in legal challenges made to consultation exercises. How well a consultation exercise is conducted has been the focus of a number of Judicial Reviews. [The Gunning Principles](#) are used by courts to determine how well a public body has ran its consultation/engagement activities. Services should also familiarise themselves with these principles when seeking to engage stakeholders and get advice and support from the Corporate Engagement officers.

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### Impact upon the processing of personal data

The General Data Protection Regulations mandated the need to undertake Data Protection Impact Assessment, (DPIA) where use of personal data is likely to result in a high risk to the rights and freedoms in relation to individuals and their information. The type of processing of personal information that will require a DPIA is when systematic and extensive profiling or automated decision making is taking place, where special category information or information in respect of criminal offence data is being used, implementation of CCTV, use of new technologies, using biometric or genetic data, using location of individual's data, or delivering on-line services to children. It is considered good practice to undertake a DPIA when major projects which require the use of personal data are being considered, in order to meet the Council's obligations to implement the principles of data protection and safeguard the individual's rights and freedoms. This is data protection by design and default.

The DPIA screening questions and template are available from the Data Protection Officer ([Information.compliance@powys.gov.uk](mailto:Information.compliance@powys.gov.uk)) and more information can be found on intranet page 8408.

### General notes

- **Blank boxes, if appropriate are good (don't complete boxes for the sake of it)! When completing the impact assessment, it is likely you will encounter evidence / data gaps which make it difficult for a service to substantiate its judgement. It is important that at each point, the IA is providing an honest judgement. Therefore, if gaps exist, please state that. Mitigating actions should include steps to close such gaps where possible and at each iteration of the IA, the evidence should be appropriately complete, enabling each judgement to be substantiated.**
- *If you start a row finish it. If appropriate you can use the same answer in more than one place.*
- *The purpose of the IA is to provide a single assessment. This approach is likely to be sufficient for about 80% of our proposals. The Pareto principle is likely to apply and you will determine that on more complex issues, additional work may be required to demonstrate due regard, in particular in the field of Welsh language and Equality impact assessment. However, that will be a matter of judgement for the service.*

### Judgement

Based on the analysis completed for each criteria, please provide an assessment result:

- **Unknown**                      *in sufficient evidence to substantiate any judgement on impacts of the proposal*
- **Very Poor**                    *the proposal significantly undermines this aspect*
- **Poor**                            *the proposal undermines this aspect*
- **Neutral:**                      *proposal neither undermines or contributes to this aspect or is not applicable*
- **Good:**                         *the proposal makes a positive contribution to this aspect*
- **Very Good:**                 *the proposal makes a close to optimal contribution to this aspect*

*Impact – this is the judgement made on the available evidence. The 'Impact after mitigation' is the shift in judgement when additional work or evidence gathering is done to improve the potential impact. If additional work is not likely to improve the judgement then it may not have been either, sufficiently thought through, or worth doing.*

### **Additional steps (What work will be done to better contribute to positive or mitigate any negative impacts?)**

*This is basically as the question asks; what work will be done to improve the potential impact, are there opportunities to collaborate? Only indicate additional steps that the service has every intention of doing and that are likely to have a positive effect on the judgement (ie the difference between the inherent judgement and the residual judgement).*



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<b>Service Area</b>	Adult Social Care	<b>Head of Service</b>	Dylan Owen	<b>Director</b>	Alison Bulman	<b>Portfolio Holder</b>	Stephen Hayes
<b>Proposal</b>	To transfer the property of Neuadd Maldwyn to Pennaf Housing Association at nil cost to develop Extra Care						
<b>Outline Summary</b>							
That Neuadd Maldwyn is transferred by way of contribution to the council's preferred development partner, Pennaf Housing Group (Pennaf), to enable the development of extra care housing in Welshpool to proceed in 2019-20.							

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

*Services are encouraged to begin the IA as early in the process of developing a proposal as possible. The IA can be strengthened as time progresses, helping shape the proposal. Version control will provide a useful audit trail of how the IA has developed. Draft versions of the assessment should be retained for completeness, however only the final version will be publicly available. Draft versions may be provided to regulators if appropriate. In line with Council policy IAs should be retained for 7 years.*

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Version	Author	Job Title	Date
1.0	Dylan Owen	Head of Commissioning	19 April 2019

2. Profile of savings delivery (if applicable)

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

3. Consultation requirements

*Services should seek to engage stakeholders when assessing the impact of changes to service provision. Advice and support is available from the Corporate Engagement officers*

Consultation Requirement	Consultation deadline/or justification for no consultation
No consultation required (please provide justification)	Consultation on extra developments undertaken for strategy development in 2017. No negative impact on the public anticipated.

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**

The proposal will mean the foregoing of potential sum of approximately £500k capital receipt through sale of the property.

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5. How does your proposal impact on the council's strategic vision?

Council Priority	How does the proposal impact on this priority?	<b>IMPACT</b> Unknown Very Poor Poor Neutral Good Very Good	What will be done to better contribute to positive or mitigate any negative impacts?	<b>IMPACT AFTER MITIGATION</b> Unknown Very Poor Poor Neutral Good Very Good
<b>The Economy</b> <b>We will develop a vibrant economy</b> <ul style="list-style-type: none"> <li>• <i>New business start-ups and relocations will increase</i></li> <li>• <i>Skilled employment opportunities will increase</i></li> <li>• <i>A greater supply and mix of suitable work space to support employment</i></li> <li>• <i>More job opportunities and apprenticeships for young people</i></li> <li>• <i>Local businesses benefit from good advice and support that help them thrive</i></li> <li>• <i>Regulation supports business and communities and is proportionate</i></li> <li>• <i>Powys is established as an innovation base for learning, skills and research for;</i> <ul style="list-style-type: none"> <li>○ <i>Farming and land-use innovation</i></li> <li>○ <i>Health and Care</i></li> <li>○ <i>Rural teacher training accreditation</i></li> </ul> </li> <li>• <i>The economically active population will increase</i></li> <li>• <i>Tourism and leisure based activity and attractions will increase</i></li> <li>• <i>Local consortia competing for public sector contracts will increase</i></li> <li>• <i>Council priorities are used to develop new industries and supply chains</i></li> <li>• <i>There is significant investment in accessible and community based lifetime accommodation</i></li> </ul>	<p><i>Would enable the development of extra care in Welshpool with all associated benefits of employment, accommodation provision and short term employment for the development of the scheme</i></p>	<p>Very Good</p>	<p>n/a</p>	<p>Very Good</p>

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<p><b>Health and Care</b>  <b>We will lead the way in effective, integrated rural health and care</b>  <b>Our focus on well-being means:</b></p> <ul style="list-style-type: none"> <li>• We focus on what matters to the individual</li> <li>• Young people, adults and families are able to create the foundations of good health throughout their life</li> <li>• We focus on safeguarding and supporting vulnerable people</li> <li>• The physical environment helps people maintain their health and well-being</li> <li>• There is an increasing supply of housing with care</li> </ul> <p><b>Early help and support means:</b></p> <ul style="list-style-type: none"> <li>• Technology enables people to self-care and remain independent</li> <li>• We ensure the maximum positive impact within the first 1,000 days of a child's life</li> <li>• A sufficient supply of appropriate placements for Looked After Children</li> <li>• Community role modelling is focused on basic life skills and money management</li> </ul> <p><b>Joined up services means:</b></p> <ul style="list-style-type: none"> <li>• Positive and co-productive partnerships</li> <li>• Significant investment in integrated health and care facilities and infrastructures</li> <li>• Health and Care teams work seamlessly with people, getting things right first time</li> <li>• Young people, adults and families have a fully integrated experience of health and care</li> <li>• Accessible and equitable services fit around people's busy lives</li> </ul> <p><b>Tackling the big diseases (cancer, circulatory diseases, mental health, respiratory diseases)</b></p>	<p><i>The provision of extra care in Welshpool would meet the Health and Care Strategy for Powys and would have a significant positive impact on the health, care and wellbeing of the population of Welshpool.</i></p>	<p>Very Good</p>	<p>n/a</p>	<p>Very Good</p>
<p><b>Learning and Skills</b>  <b>We will strengthen learning and skills</b></p> <ul style="list-style-type: none"> <li>• School leavers have the right qualifications to progress</li> <li>• Access to education provision and good career advice is equitable</li> <li>• Working in partnership with schools, colleges, universities and businesses will improve career opportunities</li> <li>• High quality teaching and learning environments embrace new technology for the population</li> <li>• Pupils have access to remote/alternative learning opportunities</li> <li>• Early years provision is helping families to return to meaningful employment</li> </ul>	<p><i>Could enable increased job opportunities for care and support</i></p>	<p>Good</p>	<p>n/a</p>	<p>Good</p>

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<p><b>Residents and Communities</b></p> <p><b>We will support our residents and communities</b></p> <ul style="list-style-type: none"> <li>Residents take responsibility for their actions and support one another</li> <li>Communities have access to a choice of both affordable and market housing</li> <li>Communities have access to services that allow all to flourish and enjoy life</li> <li>Communities have an active role in the design and delivery of the services they need</li> </ul>	<p><i>Will create affordable accommodation options with care in Welshpool</i></p>	<p>Very Good</p>	<p>n/a</p>	<p>Very Good</p>
<p><b>Source of Outline Evidence to support judgement</b></p>				
<ul style="list-style-type: none"> <li>Health and Care Strategy</li> <li>Housing Strategy</li> <li>Vision 2025</li> </ul>				

**Additional Links and Information**

- Further information on the council's priorities can be viewed in the Corporate Improvement Plan on intranet page [7679](#)

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6. How does your proposal impact on the Welsh Assembly's well-being goals?

Well-being Goal	How does the proposal contribute to this goal?	<b>IMPACT</b> Unknown Very Poor Poor Neutral Good Very Good	What will be done to better contribute to positive or mitigate any negative impacts?	<b>IMPACT AFTER MITIGATION</b> Unknown Very Poor Poor Neutral Good Very Good	Source of Outline Evidence to support judgement
<b>A prosperous Wales:</b> 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.	<ul style="list-style-type: none"> <li>• <i>Enable energy efficient accommodation</i></li> <li>• <i>Local procurement</i></li> </ul>	Very Good	n/a	Very Good	
<b>A resilient Wales:</b> 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).	<ul style="list-style-type: none"> <li>• <i>Will enable sensitive development to the environment</i></li> <li>• <i>Will provide the local community with communal areas to congregate</i></li> </ul>	Good	n/a	good	

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<p><b>A healthier Wales:</b> 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.</p> <p><b>Public Health (Wales) Act, 2017:</b> 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.</p> <p><a href="http://www.legislation.gov.uk/anaw/2017/2/contents/enacted">http://www.legislation.gov.uk/anaw/2017/2/contents/enacted</a></p>	<ul style="list-style-type: none"> <li>• <i>Extra care would improve access to support and care services</i></li> <li>• <i>Will require commissioning of care services</i></li> <li>• <i>Living environment will be designed for wellbeing and positive health outcomes</i></li> </ul>	<p>Very Good</p>	<p>n/a</p>	<p>Very Good</p>	<ul style="list-style-type: none"> <li>• <i>Health and Care Strategy</i></li> <li>• <i>Vision 2025</i></li> </ul>
<p><b>A Wales of cohesive communities:</b> Attractive, viable, safe and well-connected communities.</p>	<ul style="list-style-type: none"> <li>• <i>Will improve and enhance community cohesion and integration</i></li> <li>• <i>Community involvement will be central to design</i></li> </ul>	<p>Very Good</p>	<p>n/a</p>	<p>Very Good</p>	

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<p><b>A globally responsible Wales:</b> 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.</p> <p><b>Human Rights</b> - is about being proactive in:</p> <ul style="list-style-type: none"> <li>• Empowering people using public services to understand, claim and enjoy their human rights</li> <li>• Increasing the ability and accountability of those delivering public services to respect, protect and fulfil human rights duties</li> <li>• Deepening our understanding of the relationships between rights-holders and duty-holders in order to help bridge the gaps between them</li> <li>• Creating the conditions under which all people can live in dignity and develop their full potential</li> </ul> <p><b>UN Convention on the Rights of the Child</b> 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.</p>	<ul style="list-style-type: none"> <li>• All procurement will follow ethical practices and will aim to support the Powys pound.</li> <li>• Extra care will support people to live independently in the community and support individuals' freedoms.</li> </ul>	<p>Very Good</p>	<p>n/a</p>	<p>Very Good</p>	
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**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.

*The Welsh language and culture are an integral part of our communities, and contribute to the rich heritage of the county. The two main principles of the Welsh Language Measure are that in Wales:*

- *The Welsh Language should be treated no less favourably than the English language.*
- *That persons should be able to live their lives through the medium of Welsh if they choose to do so.*

*This section of the template is designed to assist in the analysis of gathered data and evidence, to determine the impact on the Welsh language, culture and heritage, and to identify any areas for improvement, in order to ensure the opportunities for people who choose to live their lives and access services through the medium of Welsh are not inferior to what is afforded to those choosing to do so in English.*

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<p><b>Opportunities for persons to use the Welsh language, and treating the Welsh language no less favourably than the English language</b></p> <p><i>The Council has a duty to ensure that people can access services through the medium of Welsh wherever they are within the county, and that services provided in Welsh are not inferior to that provided in English. Opportunities to use the Welsh language in official and social spheres must be promoted and protected. Consideration should be given to the impact of policies and decisions on the sustainability of Welsh speaking communities.</i></p>	<ul style="list-style-type: none"> <li>• <i>Extra care will provide opportunities for local people in Wales to live in their community.</i></li> <li>• <i>The development of the scheme will create employment for local people which is not seasonal and will be of value and permanent.</i></li> <li>• <i>The commissioning of care and support will place Welsh language requirements upon the care provider.</i></li> </ul>	<p>Good</p>	<p>n/a</p>	<p>Good</p>	
<p><b>Opportunities to promote the Welsh language.</b></p> <p><i>The Council must take opportunities to promote the Welsh language and services provided through the medium of Welsh.</i></p>	<p>n/a</p>	<p>n/a</p>	<p>n/a</p>	<p>n/a</p>	
<p><b>A more equal Wales:</b> A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances).</p>					

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*Equality is about making sure people are treated fairly. It is not about “treating everyone the same” but recognising everyone’s needs are met in different ways. This means you should determine whether a policy will assist or inhibit your ability to eliminate discrimination; advance equality; and foster good relations. Listed below are the 9 protected characteristics.*

*This section of the template is designed to assist in the analysis of gathered data and evidence, to determine the impact on Equality, and to identify any areas for improvement. By taking into account the general duty this will enable the authority to demonstrate that we are making decisions in a fair, transparent and accountable way. When assessing impact you should look at diversity within, as well as between the groups e.g. Disabled people with different impairments.*

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<p><b>Age</b></p> <p><i>Where age is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).</i></p>	<p><i>Extra care has a purpose of supporting older people and people with disabilities and will have a significantly positive impact for age and disability related issues.</i></p>	<p>Very Good</p>	<ul style="list-style-type: none"> <li>• n/a</li> </ul>	<p>Very Good</p>	
<p><b>Disability</b></p> <p><i>A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities</i></p>					
<p><b>Gender reassignment</b></p> <p><i>People who change their gender from the one assigned at birth (A person who is proposing to undergo, are undergoing, have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex)</i></p>					
<p><b>Marriage or civil partnership</b></p> <p><i>Being in a marriage or civil partnership</i></p>					
<p><b>Race</b></p> <p><i>Being a particular colour, ethnic origin, national origin or nationality</i></p>					
<p><b>Religion or belief</b></p> <p><i>Having a recognised religion or belief or a lack of belief</i></p>					

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<p><b>Sex</b></p> <p><i>Being male or female</i></p>					
<p><b>Sexual Orientation</b></p> <p><i>How people feel as well as act, in respect of people of the same sex, people of the opposite sex, or both sexes</i></p>					
<p><b>Pregnancy and Maternity</b></p> <p><i>Pregnancy is the condition of being pregnant or expecting a baby.</i></p> <p><i>Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.</i></p>					

### Additional Links and Information

For more detailed explanations of the 9 protected characteristics please click on the following links

- <http://www.equalityhumanrights.com/private-and-public-sector-guidance/guidance-all/protected-characteristics>
- <http://www.equalityadvisoryservice.com/app/help/session/L3RpbWUvMTQ0MjMvODAvOC9zaWQvSHQ1VUt4d20%3D>

The Equality and Human Rights Commission is responsible for enforcing equality law and has a website full of information and good practice

- <http://www.equalityhumanrights.com/>
- Assessing Impact and the Equality Duty - A Guide for Listed Public Authorities in Wales
- <http://www.equalityhumanrights.com/publication/assessing-impact-and-equality-duty-guide-listed-public-authorities-wales>
- Equality impact assessments – advice and guidance
- <https://www.equalityhumanrights.com/en/advice-and-guidance/equality-impact-assessments>
- The Essential Guide to the Public Sector Equality Duty An overview for listed public authorities in Wales  
[http://www.equalityhumanrights.com/sites/default/files/uploads/Wales/PDFs/1.\\_psed\\_wales\\_essential\\_guide.pdf](http://www.equalityhumanrights.com/sites/default/files/uploads/Wales/PDFs/1._psed_wales_essential_guide.pdf)
- Case studies
- <http://www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty/case-studies>

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UN convention on the rights of people with disabilities

- <https://www.equalityhumanrights.com/en/our-human-rights-work/monitoring-and-promoting-un-treaties/un-convention-rights-persons-disabilities>

Children's Rights Wales.

- <http://www.childrensrights.wales/>

EIA Practice hub by the NHS sponsored by WG and WLGA.

- <http://www.eiapractice.wales.nhs.uk/home>

Good Practice Guidance for Equality and Human Rights Impact Assessments and Scrutinising Changes to Community Services in Wales. Older People's Commissioner for Wales

- [http://www.olderpeoplewales.com/en/Publications/pub-story/16-02-16/Section\\_12\\_Guidance\\_Equality\\_and\\_Human\\_Rights\\_Assessments\\_Scrutiny.aspx](http://www.olderpeoplewales.com/en/Publications/pub-story/16-02-16/Section_12_Guidance_Equality_and_Human_Rights_Assessments_Scrutiny.aspx)

Powys County Councils Strategic Equality Plan aims to make sure that we meet everybody's needs and tackle disadvantages. The plan was adopted in 2012 and is currently being reviewed. The plan sets out ten objectives for improvement.

- <http://www.powys.gov.uk/en/equalities/equalities-and-fairness-at-the-council/>

Powys statistics

- <http://www.powys.gov.uk/en/statistics/view-statistics-about-your-area/> as well as Business Intelligence
- <http://intranet.powys.gov.uk/index.php?id=7294&L=>

United Nations - Human rights are the basic rights and freedoms that belong to every person, regardless of age, sex, race, sexual orientation nationality, socio-economic group or any other status.

- <http://www.un.org/en/index.html>

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7. How does your proposal impact on the council's other key guiding principles?

Principle	How does the proposal impact on this principle?	IMPACT Unknown Very Poor Poor Neutral Good Very Good	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT AFTER MITIGATION Unknown Very Poor Poor Neutral Good Very Good	Source of Outline Evidence to support judgement
<b>Sustainable Development Principle</b>					
<i>The simultaneous improvement of the social, economic, environmental and cultural well-being of communities in Powys and beyond, both now and in the future, using the ways of working below.</i>					
<b>Long Term:</b> <i>Looking to the long term so that we do not compromise the ability of future generations to meet their own needs.</i>	<i>The Market Position Statement provided a gap analysis up to 2035 and beyond</i>	Very Good	n/a	Very Good	<ul style="list-style-type: none"> <li>Market Position Statement</li> </ul>
<b>Collaboration:</b> <i>Working with others in a collaborative way to find shared sustainable solutions.</i>	<i>The Market Position Statement was developed with the Powys Teaching Health Board</i>	Very Good	n/a	Very Good	<ul style="list-style-type: none"> <li>Health and Care Strategy</li> </ul>
<b>Involvement:</b> <i>Involving a diversity of the population in the decisions that affect them.</i>  <i>Stakeholder Communication and Engagement: Ensuring the views and voices of the stakeholders who will be impacted by a proposal are sought, heard and used to inform and influence decisions made.</i>	<ul style="list-style-type: none"> <li>A wider ranging consultation was undertaken with the public when developing the Market Position Statement and the Health and Care Strategy</li> </ul>	Very Good	n/a	Very Good	<ul style="list-style-type: none"> <li>Market Position Statement</li> </ul>
<b>Prevention:</b> <i>Understanding the root causes of issues to prevent them from occurring.</i>	<i>Extra Care will support people to live in their community without the need for domiciliary care or residential/nursing care.</i>	Very Good	n/a	Very Good	Wellbeing Assessment
<b>Integration:</b> <i>Taking an integrated approach so that public bodies look at all the well-being goals in deciding on their well-being objectives.</i>	<ul style="list-style-type: none"> <li>The Market Position Statement for the extra care scheme was developed in partnership with the Pwys Teaching Health Board</li> </ul>	Very Good	n/a	Very Good	<ul style="list-style-type: none"> <li>Market Position Statement</li> <li>Health and Care Strategy</li> </ul>

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<p><b>Preventing Poverty:</b> Prevention, including helping people into work and mitigating the impact of poverty.</p> <p><i>Reducing poverty, especially persistent poverty amongst some of our poorest people and communities, and reducing the likelihood that people will become poor. Improvements in educational and health outcomes can influence poverty strongly over the longer term.</i></p>	<p><i>Individuals living at extra care are supported financially through the housing benefit system to live sustainably.</i></p>	<p><i>Very Good</i></p>	<p><i>n/a</i></p>	<p><i>Very Good</i></p>	
<p><b>Unpaid Carers:</b> Ensuring that unpaid carers views are sought and taken into account</p>	<p><i>Provides support to unpaid carers in knowing that their loved ones are living in appropriate and safe accommodation</i></p>	<p><i>Very Good</i></p>	<p><i>n/a</i></p>	<p><i>Very Good</i></p>	
<p><b>Safeguarding:</b> Preventing and responding to abuse and neglect of children, young people and adults with health and social care needs who can't protect themselves.</p>	<p><i>Extra care provides safe accommodation with support from wardens and carers on site.</i></p>	<p><i>Very Good</i></p>	<p><i>n/a</i></p>	<p><i>Very Good</i></p>	
<p><b>Impact on Powys County Council workforce</b></p>	<p><i>Additional post will be created for the development of extra care</i></p>	<p><i>Good</i></p>	<p><i>Consideration of providing care in-house as an option, rather than commissioning externally.</i></p>	<p><i>Very Good</i></p>	

# Cyngor Sir Powys County Council Impact Assessment (IA)

*The integrated approach to support effective decision making*



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

Severity of Impact on Communities	Scale of impact	Overall Impact
<i>Provision of appropriate accommodation to the community is positive.</i>	<i>Will enable approximately 60 individuals to live independently in the community.</i>	<i>Positive impact.</i>
Mitigation		

Severity of Impact	Impact	Scale / Level
<ul style="list-style-type: none"> <li>Insignificant disruption to communities – no loss of customer service</li> <li>No impact on service delivery</li> </ul>	Low	1
<ul style="list-style-type: none"> <li>Some disruption to communities</li> <li>Withdrawal of non-statutory service</li> <li>Little impact on service delivery</li> </ul>	Medium	2
<ul style="list-style-type: none"> <li>Noticeable disruption to communities</li> <li>Noticeable impact / partial failure to deliver statutory services</li> </ul>	High	3
<ul style="list-style-type: none"> <li>Major disruption to our communities (loss of statutory service for greater than 48 hours, but less than 7 days)</li> <li>Non delivery of statutory services</li> </ul>	Catastrophic	4

Definition	Probability	Scale / Level
<i>Impact on small group within the community</i>	<i>Low Risk</i>	<i>1</i>
<i>Impact on the community</i>	<i>Medium Risk</i>	<i>2</i>
<i>Significant impact on a particular disadvantaged group</i>	<i>High Risk</i>	<i>3</i>
<i>Major impact on communities / group</i>	<i>Very High Risk</i>	<i>4</i>

## Impact Rating

SCALE	Very High (4)	Medium (4)	High (8)	High (12)	Very High (16)
	High (3)	Medium (3)	Medium (6)	High (9)	High (12)
	Medium (2)	Low (2)	Medium (4)	Medium (6)	High (8)
	Low (1)	Low (1)	Low (2)	Medium (3)	Medium (4)
		Low (1)	Medium (2)	High (3)	Catastrophic (4)
SEVERITY					

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

**I.e. what is the risk of not delivering this proposal?**

Impact on Service / Council	Risk to delivery of the Proposal	Inherent Risk
<i>Risk of not delivering would mean that there would not be sufficient appropriate housing for older people in Welshpool and the surrounding areas.</i>	<i>This benefit hinges upon delivery of the proposal.</i>	<i>9 High</i>
Mitigation		

Risk Impact (Severity)	Impact	Scale / Level
<ul style="list-style-type: none"> <li><i>Insignificant disruption on internal business – no loss of customer service</i></li> <li><i>No impact on achieving corporate objectives</i></li> </ul>	<i>Low</i>	<i>1</i>
<ul style="list-style-type: none"> <li><i>Some disruption on internal business only – no loss of customer service</i></li> <li><i>Withdrawal of non-statutory service</i></li> <li><i>Little impact on achieving corporate objectives</i></li> </ul>	<i>Medium</i>	<i>2</i>
<ul style="list-style-type: none"> <li><i>Noticeable disruption to PCC – would affect customers</i></li> <li><i>Noticeable impact / partial failure to achieving statutory requirements or corporate objectives</i></li> </ul>	<i>High</i>	<i>3</i>
<ul style="list-style-type: none"> <li><i>Major disruption to PCC – serious damage to organisation’s ability to service customers (loss of statutory service for greater than 48 hours, but less than 7 days)</i></li> <li><i>Non delivery of statutory requirements or corporate objectives</i></li> </ul>	<i>Catastrophic</i>	<i>4</i>

Definition	Probability	Scale / Level
<i>Easily achieved within existing arrangements</i>	<i>Low Risk</i>	<i>1</i>
<i>Stretching but achievable within existing arrangements</i>	<i>Medium Risk</i>	<i>2</i>
<i>Difficult to achieve within existing arrangements</i>	<i>High Risk</i>	<i>3</i>
<i>Extremely difficult / unlikely to achieve within existing arrangements</i>	<i>Very High Risk</i>	<i>4</i>

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## Risk Rating

<b>PROBABILITY</b>	<b>Very High (4)</b>	Medium (4)	High (8)	High (12)	Very High (16)
	<b>High (3)</b>	Medium (3)	Medium (6)	High (9)	High (12)
	<b>Medium (2)</b>	Low (2)	Medium (4)	Medium (6)	High (8)
	<b>Low (1)</b>	Low (1)	Low (2)	Medium (3)	Medium (4)
		<b>Low (1)</b>	<b>Medium (2)</b>	<b>High (3)</b>	<b>Catastrophic (4)</b>
<b>IMPACT</b>					

Page 236 What are the risks to service delivery or the council following implementation of this proposal? (To be included within project risk register)

Description of risks			
Risk Identified	Inherent Risk Rating	Mitigation	Residual Risk Rating
What are the risks to the Service or Council following implementation of the Proposal?	What is the inherent level of risk before mitigation?	What mitigation are you going to implement to reduce the level of risk to the Service or Council to an acceptable level?	What is the residual level of risk post-mitigation?
<b>Negative risks are very low. The impact of extra care development is positive.</b>	Risk rating (Impact X Probability) (Refer to matrix below for guidance)	n/a	Risk rating (Impact X Probability) (Refer to matrix below for guidance)
<b>Overall judgement (to be included in project risk register)</b>			
Based on the <i>WHOLE</i> assessment (sections 1 – 7), what is the risk to the Service or Council following implementation of the Proposal? (Please refer to the Corporate Risk Assessment Matrix below)			
<b>Very High Risk</b>	<b>High Risk</b>	<b>Medium Risk</b>	<b>Low Risk</b>
			X

# Cyngor Sir Powys County Council

## Impact Assessment (IA)

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### Risk Assessment Matrix

#### 1. Impact:

RISK CATEGORY	RISK TYPE	RISK IMPACT (Severity)			
		Low	Medium	High	Catastrophic
FINANCIAL	<b>Financial</b>				
	Reinstatement following loss / compensation & costs / economic losses / bad lending / VAT errors / fraud / fines	<£250,000	£250 - £750k	£750k - £2m	>£2m
HAZARD	<b>Casualty</b>				
	Employee &/or Public Injury / ill-health	Minor Injuries / temporary ill-health	Ill health / disabling injuries	Single fatality	Multiple fatalities
	<b>Environmental</b>				
	Recovery/remediation time	< 1 week	1 week – 1 month	1 - 12 months	> 1 year / recovery impossible
	<b>Hazard</b>				
	Maladministration / Improvement notice / legal proceedings / Enforcement notice	Low	Medium	High	Catastrophic
OPERATIONAL	<b>Operational</b>				
	Prevention of service efficiency	Low	Medium	High	Catastrophic
	<b>Procurement / Contract / Project Failure</b>				
	Additional costs / cost over-run / delays to completion	Greater of 5% or £250k	Greater of 5-25% or £250- £70k	Greater of 25 - 50% or £70k - £2m	Greater of 50 – 100% or > £2m
	<b>Service Provision (Interruption)</b>				
	Health / Education / Key Service	1- 6 days < 1 month	1 week– 1month 1-3 months	1 – 6 months 3 - 12 months	> 6 months > 1 year
	Support / Administration / Leisure				
STRATEGIC	<b>Reputation</b>				
	Adverse / critical comment / Ombudsman Investigation / ICO Investigation	Ward/Village	Local Media	Welsh Media	National Media
	Prosecution/punishments			Disqualification	Imprisonment
	<b>Strategic</b>				
	Failure to achieve corporate objectives	Low	Medium	High	Catastrophic

#### 2. Probability:

PROBABILITY	Definition
Low	Not likely to happen or may happen once every 20 years
Medium	Possible or may happen within 10 years
High	Likely or may happen once a year
Very High	Certain or happens several times a year

#### 3. Risk Profile:

PROBABILITY	Very High (4)	Medium (4)	High (8)	High (12)	Very High (16)
	High (3)	Medium (3)	Medium (6)	High (9)	High (12)
	Medium (2)	Low (2)	Medium (4)	Medium (6)	High (8)
	Low (1)	Low (1)	Low (2)	Medium (3)	Medium (4)
		Low (1)	Medium (2)	High (3)	Catastrophic (4)
<b>IMPACT</b>					

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10. Overall Summary and Judgement of this Impact Assessment?

<b>Outline Assessment (to be inserted in cabinet report)</b>	<b>Cabinet Report Reference:</b>	
<i>Provision of extra care to a community has significant long term benefits and very few risks to the community, stakeholders or the Council.</i>		

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

<b>What additional evidence and data has informed the development of your proposal?</b>
<i>The Welsh Government's position paper 2018 on Extra Care.</i>

12. On-going monitoring arrangements?

<b>What arrangements will be put in place to monitor the impact over time?</b>
<i>A project board will be convened regularly as governance for the developments.</i>
<b>Please state when this Impact Assessment will be reviewed.</b>
<i>April 2020</i>

13. Sign Off

Position	Name	Signature	Date
<b>Service Manager:</b>			
<b>Head of Service:</b>	Dylan Owen		19 April 2019
<b>Director:</b>	Alison Bulman		19 April 2019
<b>Portfolio Holder:</b>	Councillor Stephen Hayes		19 April 2019

14. Governance

*Who needs to make this decision?*

<b>Decision to be made by</b>	Cabinet	<b>Date required</b>	21 May 2019
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**It is advised that no formal decision is made unless an impact assessment has been completed to the satisfaction of the above and that sufficient evidence is available to substantiate any judgements made in the impact assessment. It is the ultimate responsibility of the Strategic Director and Portfolio Holder to ensure the correct ownership and accountability is sustained.**

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