

## **Agenda – Health, Social Care and Sport Committee**

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Meeting Venue:

**Committee Room 2 – Senedd**

Meeting date: 13 June 2019

Meeting time: 09.15

For further information contact:

**Sarah Beasley**

Committee Clerk

0300 200 6565

[SeneddHealth@assembly.wales](mailto:SeneddHealth@assembly.wales)

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### **Informal pre-meeting (9.15–9.30)**

#### **1 Introductions, apologies, substitutions and declarations of interest**

(9.30)

#### **2 General scrutiny: Evidence session with Hywel Dda Local Health Board**

(9.30–11.00)

(Pages 1 – 29)

Steve Moore, Chief Executive, Hywel Dda University Health Board

Joe Teape, Deputy Chief Executive / Director of Operations, Hywel Dda University Health Board

Karen Miles, Director of Planning, Performance and Commissioning, Hywel Dda University Health Board

Dr Phil Kloer, Medical Director and Director of Clinical Strategy, Hywel Dda University Health Board

Research Brief

Paper 1 – Hywel Dda University Health Board

### **Break (11.00–11.10)**



**3 General scrutiny: Evidence session with Powys Teaching Health Board**

(11.10–12.40)

(Pages 30 – 41)

Carol Shillabeer, Chief Executive, Powys Teaching Health Board

Hayley Thomas, Director of Planning and Performance, Powys Teaching Health Board

Eifion Williams, Director of Finance, Powys Teaching Health Board

Rhiannon Jones, Director of Nursing, Powys Teaching Health Board

Paper 2 – Powys Teaching Health Board

**4 Motion under Standing Order 17.42 (vi) to resolve to exclude the public from the remainder of this meeting**

(12.40)

**5 General Scrutiny of Health Boards: Consideration of evidence**

(12.40–12.50)

**6 Hepatitis C: Consideration of draft report (2)**

(12.50–13.00)

(Pages 42 – 74)

Paper 3 – Hepatitis C: draft report

**7 Forward work programme**

(13.00–13.05)

(Page 75)

Paper 4 – Forward work programme

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Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

## **HYWEL DDA UNIVERSITY HEALTH BOARD'S WRITTEN EVIDENCE to the HEALTH, SOCIAL CARE & SPORT COMMITTEE**

**Date of Submission: 23 May 2019**

1. Hywel Dda University Health Board (the Health Board) welcomes the opportunity to contribute to the Health, Social Care and Sport Committee's general scrutiny inquiry.

### **About the Organisation**

2. The Health Board is responsible for the health and well-being of its resident population and plans, provides and oversees delivery of NHS healthcare services for people in Carmarthenshire, Ceredigion, Pembrokeshire and its bordering counties. Our 11,000 members of staff provide primary, community, in-hospital, mental health and learning disabilities services for around 384,000 people across a quarter of the landmass of Wales. We do this in partnership with our three local authorities and public, private and third sector colleagues, including our volunteers, through:
  - Four main hospitals: Bronglais in Aberystwyth, Glangwili in Carmarthen, Prince Philip in Llanelli and Withybush in Haverfordwest;
  - Seven community hospitals: Amman Valley and Llandovery in Carmarthenshire; Tregaron, Aberaeron and Cardigan in Ceredigion; and Tenby and South Pembrokeshire Hospital Health and Social Care Resource Centre in Pembrokeshire;
  - 48 general practices (4 of which are managed practices), 47 dental practices (including 3 orthodontic), 99 community pharmacies, 44 general ophthalmic practices (43 providing Eye Health Examination Wales and 34 low vision services), 17 domiciliary only providers, and 11 health centres;
  - Numerous locations providing mental health and learning disabilities services; and
  - Highly specialised and tertiary services commissioned by the Welsh Health Specialised Services Committee, a joint committee representing the seven health boards across Wales.

### **Strategic Overview**

3. For the last three years, the Health Board has been moving from an organisation in turnaround to one of transformation. *Our Big NHS Change* (a period of engagement and consultation with our population and stakeholders) provided an opportunity to improve the way that we plan and provide health services for our population.

4. The Health Board's aim is to shift the focus from hospital-based care and treatment toward prevention and building the resilience of people and communities. Following a period of engagement and consultation, in November 2018, the Health Board's Health and Care Strategy: *A Healthier Mid and West Wales – Our future generations living well* was approved by Board. This is our strategic vision for services that are safe, sustainable, accessible and kind and is based on an integrated social model of health. Closely linked to our Health and Care Strategy is the Health Board's first Framework for Continuous Engagement approved by Board in January 2019.
5. In January 2019, leading from our Health and Care Strategy, the Health Board published *A Health and Well-being Framework for Hywel Dda*. This Population Health driven framework takes advantage of the opportunities provided by the Health and Care Strategy and empowers our communities to work together and create a movement for change through continuous involvement of people in our communities, our staff and our partners – a *social model for health*.
6. In the next year, we will be scoping how many of our services, through quality and pathway improvements, could work towards shorter waiting times, including improved access to therapy services and diagnostic services.
7. Our *Big NHS Change* programme followed the Health Board's *Transforming Mental Health Services* programme that engaged with the public and stakeholders on proposals to change how care and treatment is provided to meet the mental health needs of people now, as well as future generations. A new model of care was co-designed, learning from engagement, co-design, international collaboration and public consultation that includes:
  - 24-hour services – ensuring anyone who needs help can access a mental health centre for support at any time of the day or night;
  - No waiting lists – so that people receive first contact with mental health services within 24 hours and for their subsequent care to be planned for in a consistent and supportive way;
  - Community focus – to stop admitting people to hospital when it isn't the best option and provide support in the community when people need time away from home, extra support or protection; and
  - Recovery and resilience – services that don't purely focus on treating or managing symptoms, but instead help people to live independent, fulfilling lives with the help and support they need.

There have already been some positive outcomes, such as a drop-in centre in Llanelli; a joint venture with third sector partners, MIND and Hafal, which is due to be operational from July 2019. In addition, work is progressing in North Ceredigion to move to 24/7 day working with a drop-in facility, which we hope will be operational from January 2020; the team will be gradually phasing up its hours of operation until that time.

## Planning and Integration

8. Annual Plan: following Board approval on 29 March 2019, the Health Board has submitted a Draft Interim Plan to Welsh Government and is awaiting formal feedback. Our Plan is aligned to Welsh Government's *A Healthier Wales* with a focus on county and locality planning and co-produced with all local stakeholders.
9. Regional Planning: the relationship between the Health Board and Swansea Bay UHB has been strengthened through the opportunities provided by *A Regional Collaboration for Health* (ARCH) and a *Joint Regional Planning and Delivery Committee* (JRPDC). The focus for the JRPDC is on shorter-term priorities and delivery, whilst ARCH, which also includes Swansea University, focuses on the medium to longer term. The Health Boards are working together on a number of short and long term regional priorities.
10. Regional Working: the Health Board is a key member of the West Wales Care Partnership (West Wales Regional Partnership Board) (the RPB), which is led by a Regional Leadership Group comprising the Chief Executives of all four statutory partners (the Health Board and the three Local Authorities); the Health Board's Chair; and Cabinet Members from the LAs, facilitating joint decision making on a regional basis. In addition, there is an Integrated Executive Group, comprising the three Directors of Social Services, key Health Board Directors and a Third Sector Chief Officer, supporting integration at an operational level.
11. The Health Board is a statutory member of Public Services Boards (PSBs) in Carmarthenshire, Ceredigion and Pembrokeshire. A number of meetings have taken place over recent months to strengthen PSB and RPB links, and identify synergy between population well-being actions and client-specific actions, which are being led by the RPB. This includes opportunities to align work streams and reduce duplication; for example, in relation to green health and social prescribing, the Director of Public Health has secured PSB and RPB support to establish a single overarching regional group to draw this work, and all the partners involved, together.
12. Transformation Fund: in December 2018, the RPB submitted a bid for Transformation funding: *A Healthier West Wales*; an ambitious programme of change closely aligned to the Health Board's Health and Care Strategy. The bids aim to remodel the whole system of health and care in West Wales over the medium to long term. Work is underway across partner agencies to develop detailed implementation plans for the three *Healthier West Wales* programmes that been approved to date, with allocated resources from the Transformation Fund totalling £11.8 million. The successful bids include:
  - (i) Proactive, technology-enabled care: based on a successful Spanish model of care that targets selected vulnerable individuals to identify changes in their condition or a heightened risk, allowing early intervention;
  - (ii) Fast tracked, consistent integration: trialling integrated delivery structures at a county and locality level to avoid admissions to hospital; and

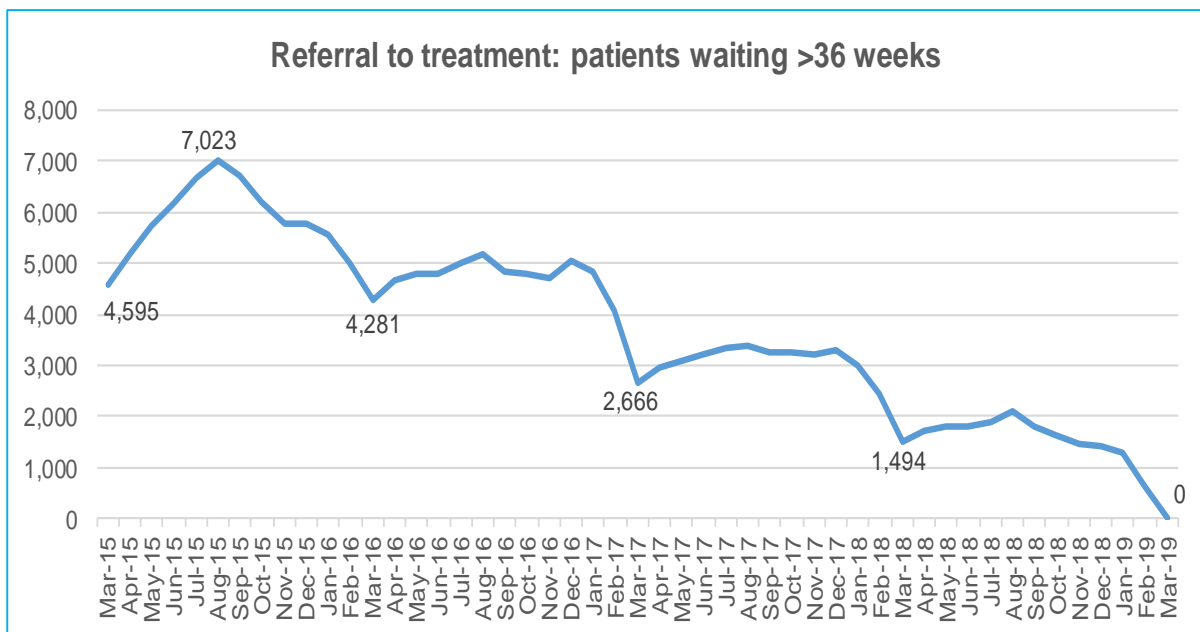
- (iii) Creating connections for all: embedding a community connectors approach with a regional volunteering programme aimed at promoting interaction between generations, where skills are shared.

**Escalation Levels**

- 13. Following the decision made by the now Minister for Health and Social Services in September 2016 to move the Health Board from enhanced monitoring to Targeted Intervention status (NHS Wales Escalation Framework), members of the Executive Team meet with the Chief Executive NHS Wales and members of his senior team in Welsh Government on a regular basis. The last meeting was held on 13 May 2019.
- 14. Welsh Government continues to be concerned about the sustainability of the Health Board’s financial position and this will be the main focus for the Targeted Intervention meetings in 2019/20.
- 15. Following each Targeted Intervention meeting, the Health Board reports the outcome of the discussions to its Audit and Risk Assurance Committee that meets bi-monthly, allowing for scrutiny by Independent Members. In addition, the same information is included in the Chief Executive’s Public Board Report.

**Performance**

- 16. Planned Care: in March 2019, the Health Board achieved zero breaches for patients waiting over 36-weeks from referral to treatment (RTT), patients waiting more than 8-weeks for a diagnostics, and patients waiting over 14-weeks for a specified therapy. These were achieved through rigorous monitoring, outsourcing, waiting list initiatives, overtime and the sheer hard work and dedication from staff:



17. Cancer Services: during 2018/19, compliance ranged from 95.5% to 100.0% for non-urgent suspected cancers (target 98%) and 78.8% to 93.5% for urgent suspected cancers (target 93%). Key challenges included treatment delays in the tertiary cancer centers and local capacity pressures within key diagnostic services. To improve performance, a variety of actions are being progressed, including recruitment to key vacancies (both in Hywel Dda and in the tertiary centres), commissioning of additional activity to supplement existing capacity (e.g. Dermatology), and continued escalation of delays with tertiary centre providers.

18. Infection Control: in 2018/19, there was a 6% reduction in *Clostridium difficile* cases and a 22% reduction in *Escherichia coli* cases. However, there was a 4% increase in *Staphylococcus aureus* (5 cases). An improvement plan is in place for 2019/20.

19. Unscheduled Care: there were unscheduled care challenges across all hospital sites in 2018/19, but some improvements were seen, including patients seen within 4-hours in our Accident and Emergency (A&E) departments/Minor Injury Units (MIU), where performance improved from 80.3% in March 2018 to 81.7% in March 2019. The number of patients waiting over 12-hours in A&E/MIU is a particular challenge and is a key focus area for improvement in 2019/20, with the following actions planned or already underway:

- Rolling out of a single patient plan which will follow the patient, a staged approach developing on stay well – anticipatory – advance care plans;
- Embedding a culture of *Think AEC First* and *Home First*, developing a standard for Ambulatory Emergency Care (AEC) and developing current AEC services on all four sites;
- Developing front door pit stop model, collaborative approach with therapies;
- Refocusing on embedding *SAFER* patient bundle, board rounds, 4 questions and *Red2Green* across all wards on all sites, commencing with medical wards;
- Developing 24/7 rapid access community services in Ceredigion and Pembrokeshire to provide consistent access to services across the Health Board;
- Working with the Delivery Unit on pilot project *Right Sizing Community Services*, mapping our regional model based to fully understand community demands on discharge;
- Developing the Intermediate Care offer for the region; and
- Developing the standard for End of Life Care, defining what good looks like and subsequent improvement actions, working in partnership with Community, Social Care and Third Party organisations.

20. Stroke: in 2018/19 the national stroke targets for CT scan within 1 hour, admission to a stroke unit within 4 hours, and assessed by a stroke consultant within 12 hours, were all met. Special funding enabled multi-disciplinary support to be provided to patients in their own home, facilitating earlier discharge. Worthy General Hospital achieved the first 'A' grade ever awarded to a stroke



unit in Wales. Whilst the thrombolysis performance compares well with other Welsh Health Boards, the target was not met and improvements need to be made to the door to needle times, particularly out of hours. Work is underway to re-design stroke services across the Health Board in line with the new quality improvement measures. This will focus on the provision of an early supported discharge service, better therapy provision, and consideration of psychology services.

21. Mental Health: performance has been achieved throughout 2018/19 in respect of Parts 2 and 3 of the Mental Health (Wales) Measure 2010 targets.
22. Primary Care: the GP Out of Hours service successfully integrated all areas of the Health Board into the new 111 system, which provides access to urgent and unscheduled care out of hours. The Health Board invested in additional dental services during 2018/19, which increased access for an additional 8,000 patients to be seen over a 2-year period. Following work undertaken by the Health Board in liaison with GP practices to improve access for our patients, improvements were seen in the availability of GP appointments and opening hours.
23. Childhood Vaccination Rates: overall, uptake of childhood immunisations remained stable in 2018 and the performance trend improved. Uptake of six in one vaccine by age 1 increased in Carmarthenshire to greater than 95% target for the first time in the past year, and uptake of two doses of MMR increased in all three Local Authority areas to between 90-95. The aim for 2019/20 is to see continued improvements in uptake of childhood immunisations, to meet the Welsh Government target, and to improve public health and well-being. The uptake in vaccination measures will protect and prevent infection and support children to have a healthy start to life.

## **Finance**

24. Financial management was also an area identified for improvement under the Health Board's Targeted Intervention status, with a particular emphasis on the need to reduce its deficit in a safe and sustainable way. Significant progress has been made.
25. Welsh Government commissioned Deloitte to undertake a zero based review of acute healthcare services provided by the Health Board. Its purpose was to allow Welsh Government to understand the potential impact of the Health Board's current configuration and resources that limited its ability to produce an approved Integrated Medium Term Plan. The Review suggested that there were some costs that may be unavoidable; this resulted in additional funding of £27m being provided on a recurrent basis.
26. The Health Board's financial deficit was £69.4m in 2017/18. During 2018/19, following the allocation of £27m of additional funding by Welsh Government and a reduction of £7m made by the Health Board through savings initiatives, the reported position for 2018/19 represents a deficit of £35.4m.

27. The Health Board recognises that the challenge remains to deliver financial breakeven and is working closely with Welsh Government on an improvement trajectory. The Health Board has been provided with a control total of £25m by Welsh Government for the 2019/20 financial year, which recognises that delivering a breakeven position would not be possible in the short term. However, this does represent a £10.4m further improvement in the deficit from 2018/19. This also recognises that the Health Board will maintain its position on Referral to Treatment times.
28. Delivering the improvement in the deficit position requires a focus on transforming our services to deliver greater value to our population. Maintaining and building on the rigour which has been in place since 2017 in addressing known areas of inefficiency, alongside beginning to implement our Health and Care Strategy, will be a critical part of our plan over the coming financial year. This will be supported through the Welsh Government's Transformation Fund, which enables investment in community health services and enable a shift from more expensive care settings.
29. The Health Board is also adopting a Value Based Health Care approach, which links clinical and patient outcomes with the cost of achieving those outcomes. This approach is critical in not only ensuring that we operate as efficiently as possible, but that our clinical interventions are effective in improving outcomes for patients and our population. This is crucial if ambitions to transfer resources into primary, community and preventative healthcare are to be realised. Whilst this approach is in its infancy globally, the Health Board is well placed to capitalise on this, especially in areas such as respiratory medicine and lung cancer, for which the Health Board is recognised as a leading organisation.

## **Workforce and Integrated Working**

### Organisational Culture

30. To achieve our organisational vision, the Health Board has been developing a culture of engagement, openness and honesty in which all elements of the workforce are encouraged to be innovative. Central to this, is the need for clear and supportive leadership, including robust and empowering clinical leadership and staff engagement. The Health Board recognises that there needs to be a culture shift where psychological safety is assured; this will enable employees to feel comfortable to challenge and speak out when the values are not demonstrated at any level.
31. Evidence demonstrates that organisational performance is directly linked to levels of employee engagement; the latest results from the staff survey indicate that the Health Board's Staff Engagement Index is above the NHS Wales average at 3.85 and improvements were noted in many domains. The Health Board has been awarded the Corporate Health Standard Platinum Level, has sickness rates which are amongst the lowest of the large NHS organisations in Wales, and provides Occupational Health and Psychological Well-Being Services.

32. The Health Board's Values and Behaviours have now been in place for over two years. The values were developed to support the organisational mission and vision and incorporate personal values that our staff identified and believed they should live and breathe: dignity, respect, fairness, integrity, honesty, openness and caring, kindness and compassion. There are also three separate value statements that the organisation would adhere to and demonstrate through all that it does:



Putting people at the heart of everything we do



Working together to be the best we can be



Striving to deliver and develop excellent services

33. The values form the basis of driving change of the organisational culture and support a consistent level of leadership to Hywel Dda. The behaviour of leaders is integral to embedding the values. To further support strong leadership in the organisation, the Health Board has completed a thorough review of leadership programmes, which are now aligned with NHS leadership competencies.

34. To support the focus on cultural change and embedding values, during 2018, the OD team delivered bespoke values sessions across the organisation in both acute and community sites. The session also conveys the need for psychological safety and that staff experience is vital for the organisation to progress and develop into an *Employer of Choice*. Our Values and Behaviours underpin our Corporate Induction and are fundamental to ensure all new starters are aware of the expectations from day one, and can reflect on their personal behaviours in relation to the organisational expectations.

#### Recruitment Challenges

35. Our greatest asset is the people we employ to provide our services and care for our patients. This remains however an area of high vulnerability and is the focus of significant effort and innovation to maximise recruitment and retention. Recognising that recruitment and retention across the contractor professions is a challenge in the more rural areas, the need for a stable primary care footprint is paramount to the modernisation and development of service provision that is aligned to national strategic direction and also that of the Health Board.

36. The Health Board uses the all Wales *Split Creative* in posters featuring Hywel Dda staff, in line with national #trainworklive guidelines, in all of our campaigns and also continues to use all advertising media to attract candidates who are interested in employment within our region. The Health Board has also worked collaboratively with Powys tUHB and Betsi Cadwaladr UHB to launch its most recent rural recruitment campaign.

37. In addition to recruitment to replace existing roles, the Health Board is establishing apprenticeship routes where possible to attract and train individuals to become the professionals needed for the future. A Healthcare Apprenticeship has recently been launched to support individuals throughout a programme, which will ultimately lead to professional nurse registration.

#### Retention

38. In some professional groups, the Health Board currently experiences turnover at a level which is higher than the NHS Wales average. In nursing, current turnover is 9.6%, although the Health Board has met with some success in recruiting registered nurses and retention rates are improving. In relation to medical and dental, turnover is 12.1% compared to a NHS Wales turnover rate of 9.2%. Actions linked to the Health Board's Values and Behaviours are being taken to seek to address high turnover and create an environment where individuals wish to remain. This also links with innovative staff development programmes where individuals are able to pursue their careers.

39. The Health Board is also working closely with its Social Services partners and is introducing the integrated induction programme. Given the task of now delivering on the Health Board's Service Strategy, focus has been placed on developing our leadership body; this includes the introduction of System Level Senior Leadership Programmes and an Aspiring Medical Leader programme.

#### The Nurse Staffing Levels (Wales) Act 2016

40. The Health Board has taken a robust approach to implementing the *Nurse Staffing Levels (Wales) Act 2016* ensuring that the duties within the Act are met and evidenced. The Director of Nursing, Quality and Patient Experience has been identified as the responsible person on behalf of the Board, charged with leading and monitoring the calculations of staffing levels in all relevant wards. There are currently 31 wards covered under the Act; however, this remains subject to the required six monthly review in line with service developments. The Quality, Safety, Experience Assurance Committee and Board have received detailed reports based upon the triangulated method of calculation and costing associated with implementation of the Act. The Board has agreed an implementation plan, which recognises the national and local recruitment challenges, together with acknowledgement of the potential wider impact on the regional domiciliary and care workforce.

#### Primary Care

41. The Health Board currently supports four Managed Practices to deliver general medical services in two out of the three counties. In the last six months, the Health Board has recruited salaried GPs, which has led to a decrease in reliance on locum GPs and has enabled each Managed Practice to have a designated clinical lead. Where GP locums are required, a locally agreed cap has been placed on their sessional rate, which has reduced the expenditure and fortunately has not seen a decrease in the number of GP locums looking to work with us.

42. In accordance with the Primary Care Model for Wales, the Health Board is reviewing its workforce model to deliver safe and effective services through Managed Practices. There are plans in place to see if three of the four Managed Practices can be returned to independent contractor status within the next year. It is important to ensure that where independent contractor Practices are keen to seek out innovative solutions to service delivery challenges and workforce pressures, that we harness and support their desire to learn more about different ways of working. Coupled with an ageing GP workforce, the need to consider new and sustainable ways of working at practice, cluster and locality level, is key.
43. The Health Board is also reviewing existing Pacesetter funding schemes to identify those that need to be mainstreamed and those that need to be reviewed, refined or terminated. Similarly, potential new schemes will be considered where innovation in service models to support the national aims of the Pacesetter programme are demonstrated. Success to date has included the development of Walk-In Community Pharmacies, which has been supported locally with Primary Care colleagues across the contractor professions, as well as Community Pharmacy Wales.
44. Clusters are supported through baseline assessments of the existing workforce, understanding the current workforce demographic, and looking at how at cluster level services can be delivered through new models. This includes taking the learning from local cluster innovation and national Pacesetter/Pathfinder programmes to identify the most appropriate skill mix. The South Ceredigion cluster funded a *golden hello* as a mechanism to attract GPs; unfortunately, this has been unsuccessful and the cluster is considering what other options, if any, could make working in this area a more attractive proposal.
45. The Health Board is currently engaged in developing the Primary Care Academy at Swansea University, placing a Year 3 Medical Students in a GP practice for 11 weeks to provide them with an enhanced experience of working in general practice. This programme will expand in 2019/20 to 4/6 students being placed in practices across West Wales. The Health Board is also working with Swansea University to test the feasibility of securing the ongoing Academic Fellow Programme, as well as considering a programme for ST4 (newly qualified) GPs to have a placement within General Practice, whilst receiving ongoing training, development and mentorship.

### **Preparations for EU Withdrawal – Brexit**

46. Brexit preparedness has been a significant priority for the past year and as an organisation we have been planning for a potential no-deal scenario, risk assessing potential impact to service delivery and business continuity across the Health Board.
47. The Health Board's nominated Executive Director-level Senior Responsible Officer (SRO) (the Director of Public Health supported by the Civil Contingencies Manager) oversees the preparations locally, and contributing to a national group of SROs.

## **Conclusion**

48. The Health Board recognises that it still has much to do to continue with its plan to transform services by implementing and delivering *A Healthier Mid and West Wales*, which will help to improve and create a more sustainable financial position.
49. Health Board executives are looking forward to the opportunity to discuss the above, and any other areas of interest to the Health, Social Care and Sport Committee, at the forthcoming scrutiny session.



23 May 2019

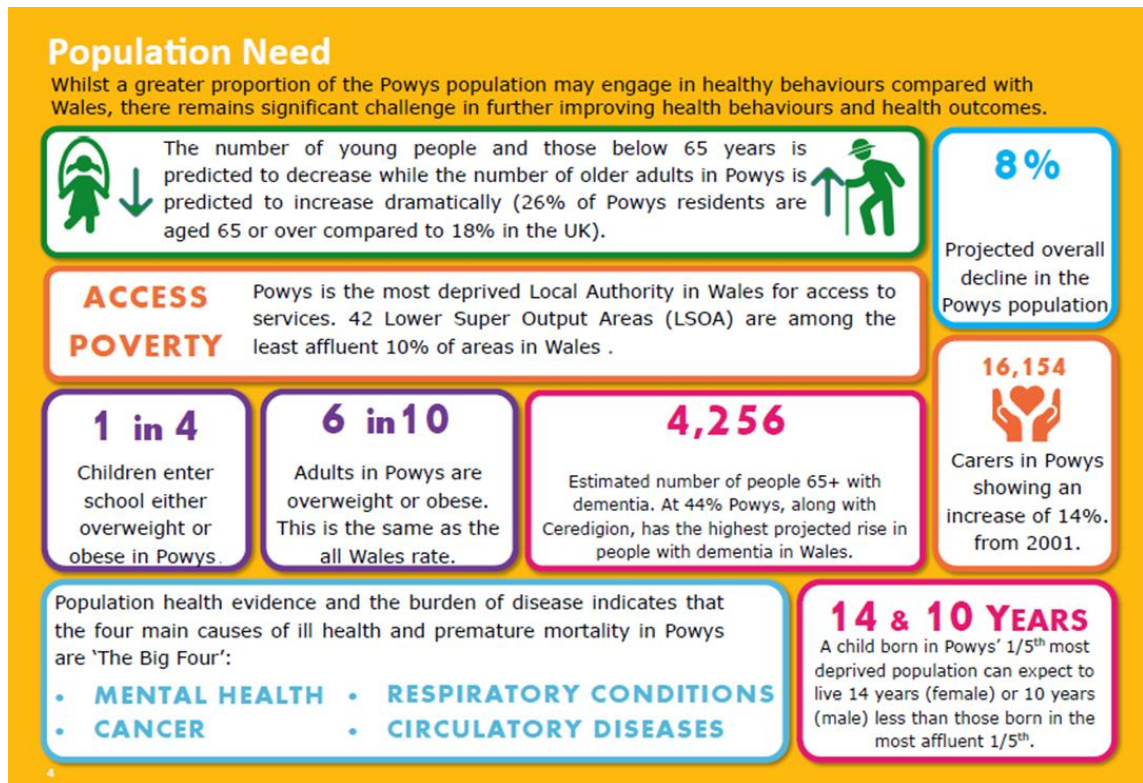
## Written Evidence Submission to the Health, Social Care and Sport Committee

1. We are pleased to provide this written evidence to contribute to the Committee's general inquiry and to attend the Committee to provide oral evidence on 13<sup>th</sup> June 2019.

### **Powys and the health board**

2. Powys makes up a significant footprint in the rural heartland of Wales, covering a large geographical area of 2000 square metres. Powys borders England and all but one of the other health boards in Wales. The economic, social and healthcare links across these areas form part of the distinct characters of North Powys, Mid Powys and South Powys Clusters.
3. Powys Teaching Health Board (PTHB) serves a population of approximately 133,000 people living in Powys and covers a quarter of the landmass of Wales, yet it has less than 5% of the population, making it one of England and Wales' most sparsely populated areas.
4. The population in Powys is older compared to the rest of Wales and the working age adult population is smaller compared to Wales. It is predicted that there will be an 8% decline in the Powys population by 2039. The number of young people and those under 65 will decrease while the number of older adults will increase.
5. There are generally good health outcomes in the County and people in Powys live longer and spend more years in good health than the national average, eating more healthily and being more physically active. Fewer people feel lonely when compared to the national average and there is a greater sense of community and satisfaction with life. 83% report that they feel they belong to their local area, compared to 75% in Wales as a whole. (See Powys Well-being Assessment for further detail and sources <https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis>).
6. There are however pockets of deprivation and health inequalities, with hidden poverty and low income employment. Five areas (Lower Super Output Areas) are among the most deprived 30% in Wales and these are clustered around the main market towns with higher residential populations. A child born in the most deprived area will live 10 years less than a child in the most affluent so there is still significant work to do and this has driven the shared ambition in our health and care strategy as highlighted below:





7. The health board is both a commissioner and a direct provider of healthcare. The health board is distinctly different to other health boards in Wales in relation to the proportion of services that are provided to the population by other health care providers. The budget over circa £300M for example is split as follows:
  - a. 25% is spent on directly provided services
  - b. 25% is spent on primary care services
  - c. 50% is spent on secondary and tertiary care type services.
8. The directly provided services are delivered through a network of community services and community hospitals which includes mental health, learning disabilities, maternity and children's services. Care is also provided in Powys through primary care contractors such as General Practices, Dental Practices, Pharmacists and Optometrists, as well as the Third Sector. There is also provision of an increasing range of consultant, nurse and therapy led outpatient sessions, day theatre and diagnostics in community facilities, bringing care closer to home.
9. In relation to commissioning, there are some unique characteristics that set the Powys context. Being an entirely rural County with no major urban conurbations and no acute general hospitals, people in Powys have to travel outside the county for many services, including secondary and specialist healthcare, higher education, employment and leisure.
10. The main patient flows for secondary care are into the North Midlands and the West Midlands in England and Aneurin Bevan, Swansea Bay and Cwm Taf Morgannwg Health Boards in Wales, however the organisation commissions services with 15 main NHS provider organisations. This covers all specialities, however PTHB is not the majority commissioner of any acute provider.
11. The majority of the PTHB budget is spent on externally commissioned services with these 15 organisations.

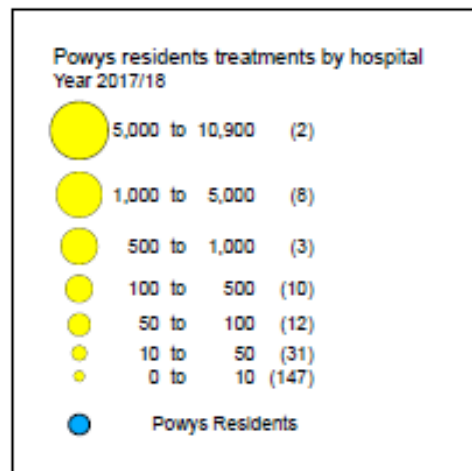
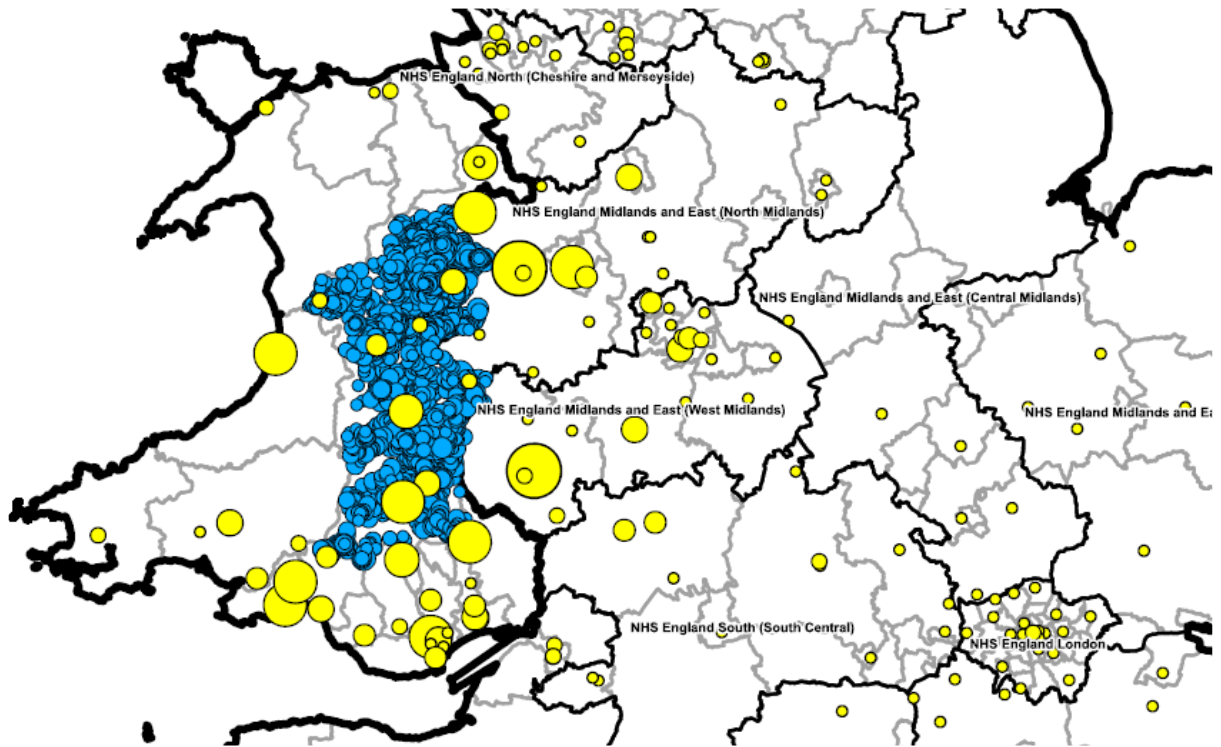


12. Shrewsbury and Telford Hospitals NHS Trust makes up the largest proportion of our commissioned activity and Wye Valley NHS Trust is the second largest.

### Powys Residents Hospital Treatments 2017/18

Source: APC Hospital Spells 2017-18

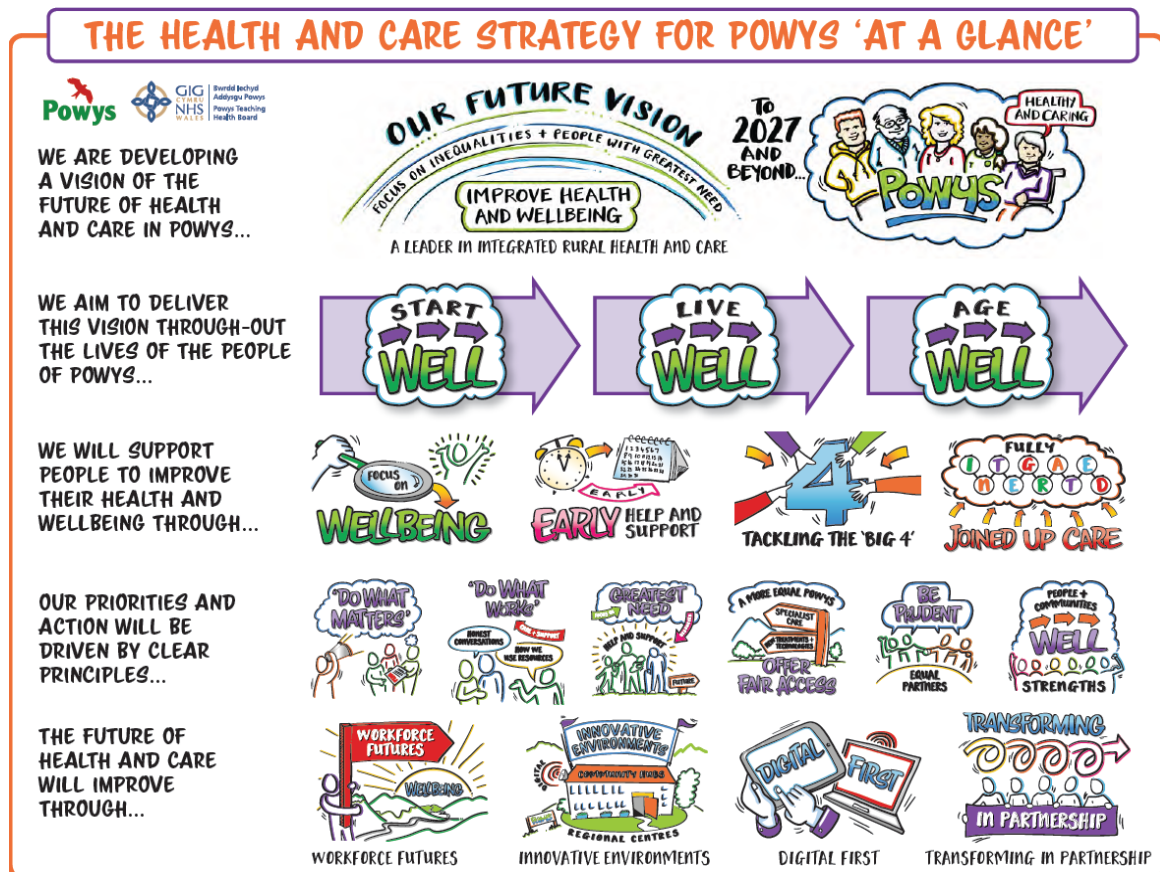
Excerpt showing activity in Wales;  
and main provider areas of  
England for Powys population



Business Intelligence, NHS Wales Informatics Service, Nov 2018

**Health and Care Strategy 'A Healthy Caring Powys' and PTHB Integrated Medium Term Plan – supporting delivery of 'A Healthier Wales'**

13. We are now moving into the second year of our Health and Care Strategy, 'A Healthy, Caring Powys', developed jointly with Powys County Council and other partners in the Powys Regional Partnership Board, following extensive engagement with residents and stakeholders in Powys. When first launched in 2017 'A Healthy, Caring Powys' was the first joint strategy between health and social care in Wales.



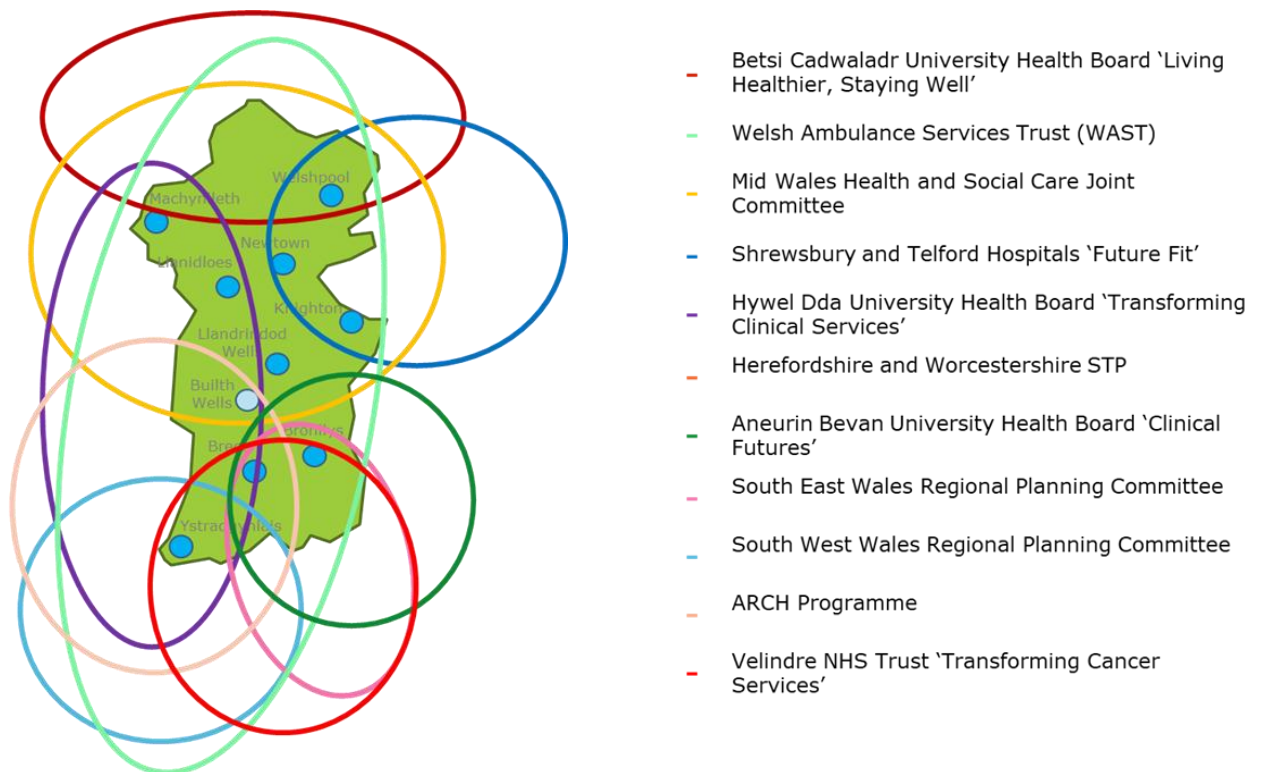
14. This in turn is set in the context of the long term, intergenerational Powys Well-being Plan, 'Towards 2040', overseen by the Powys Public Service Board. Two of the twelve steps in this plan are specifically linked to the Health and Care Strategy and provide a 'golden thread' that runs throughout the strategic planning framework for Powys.

15. There is a strong connection between our vision for 'A Healthy, Caring Powys' and the ambition for 'A Healthier Wales' set out by Welsh Government. The Powys Health and Care Strategy sets out how we will transform the way we provide care for the Powys population, enabling people to start well, live well and age well. It is an important part of the journey towards the very long term, sustainable and inter-generational approach in 'A Healthier Wales'.

16. We developed our Health and Care Strategy based on extensive local engagement as well as taking into account the Well-being of Future Generations Act and Social Services and Well-being Act. We assimilated the national well-being goals, five ways of working and the sustainable development principle into our own approach. In liaison with the Office of the Future Generations Commissioner, we developed Well-being objectives for Powys which are shared

across the Regional Partnership Board. We also incorporated the quadruple aim and design principles into our local strategy, mapping across these to ensure alignment in our goals.









17. The evidence that we gathered as part of the Powys Well-being Assessment enabled partners to fully understand the current picture of well-being in Powys, which formed the basis for an in depth exploration of long term impact and sustainability. For example, taking the evidence base from the Well-being analysis enabled partners to clearly articulate the scenario if the current focus and approach remained the same, strongly demonstrating the case for change.
18. The work carried out with the Regional Partnership Board is fundamental to our local strategy and forms a response to the complexity of commissioning arrangements, which in key providers includes a number of fragile services and strategic change programmes around our borders. Powys has a statutory duty to ensure appropriate engagement and consultation with the Powys population on changes that impact on them and we have over recent years been able to successfully influence a number of key programmes.
19. The current main programmes being progressed by neighbouring areas are shown below:



20. Regional planning and collaboration is key to delivering against this complex landscape in Powys, as it is for the whole of Wales, and our IMTP is taking an increasingly whole system approach.
21. PTHB has a key role in the Mid Wales Joint Committee for Health and Social Care, which was formally recognised as a Regional Planning Area in 2018. There is a programme of work to deliver against the shared 'Statement of Intent' for health and care in Mid Wales.
22. In addition, there are the NHS Wales Collaborative Programmes, National Delivery Plans, Shared Services, Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC), Welsh Ambulance Services Trust (WAST) and NHS Wales Informatics Service (NWIS) workstreams. These have a potential to change pathways or services for people in Powys.

23. We have an ambition to grow an even stronger rural alliance for health and care, building on our ambition to be leaders in primary and community care and the strengthening partnership working in Mid Wales. There has never been a better time to develop joint solutions between partners and across sectors in key areas including workforce, so that all our staff and partners can clearly see their role in delivering the shared vision.
24. Our priorities within the IMTP for 2019/20 – 2021/22 continue to be shaped around the jointly agreed Well-being objectives in 'A Healthy Caring Powys'. We have refined these taking into account the learning from the first year of delivery and alignment with 'A Healthier Wales':

## Our Vision: A Healthy, Caring Powys

<b>Core Well-being Objective 1</b>	<b>FOCUS ON WELLBEING</b>	 <p><b>PRIORITIES</b></p> <ul style="list-style-type: none"> <li>• Wider Determinants of Health</li> <li>• Health improvement &amp; Disease Prevention and Population Screening</li> <li>• Information, Advice and Assistance</li> </ul>
<b>Core Well-being Objective 2</b>	<b>PROVIDE EARLY HELP AND SUPPORT</b>	 <p><b>PRIORITIES</b></p> <ul style="list-style-type: none"> <li>• Primary and Community Care</li> <li>• Cluster Working</li> <li>• Connecting Communities</li> </ul>
<b>Core Well-being Objective 3</b>	<b>TACKLE THE BIG FOUR</b>	 <p><b>PRIORITIES</b></p> <ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Cancer</li> <li>• Respiratory Conditions</li> <li>• Circulatory Conditions</li> </ul>
<b>Core Well-being Objective 4</b>	<b>ENABLE JOINED UP CARE</b>	 <p><b>PRIORITIES</b></p> <ul style="list-style-type: none"> <li>• Care Coordination and Urgent Care</li> <li>• Planned Care</li> <li>• Specialised Care</li> <li>• Quality and Citizen Experience</li> </ul>
<b>Enabling Well-being Objective 1</b>	<b>DEVELOP WORKFORCE FUTURES</b>	 <p><b>PRIORITIES</b></p> <ul style="list-style-type: none"> <li>• Well-being and Engagement</li> <li>• Recruitment and Retention</li> <li>• Workforce Design, Efficiency and Excellence</li> <li>• Skills and Development</li> </ul>
<b>Enabling Well-being Objective 2</b>	<b>PROMOTE INNOVATIVE ENVIRONMENTS</b>	 <p><b>PRIORITIES</b></p> <ul style="list-style-type: none"> <li>• Capital, Estates and Facilities</li> <li>• Research, Development and Innovation</li> <li>• Rural Health &amp; Care Alliance</li> </ul>
<b>Enabling Well-being Objective 3</b>	<b>PUT DIGITAL FIRST</b>	 <p><b>PRIORITIES</b></p> <ul style="list-style-type: none"> <li>• Digital Care – Telehealth/ care</li> <li>• Digital Access – National ICT Programme</li> <li>• Digital Infrastructure &amp; Intelligence</li> </ul>
<b>Enabling Well-being Objective 4</b>	<b>TRANSFORMING IN PARTNERSHIP</b>	 <p><b>PRIORITIES</b></p> <ul style="list-style-type: none"> <li>• Good Governance</li> <li>• Financial Management</li> <li>• Planning, Performance and Commissioning</li> <li>• Partnership Working</li> </ul>

25. There is a greater emphasis this year on the delivery of transformational models for primary and community care, with clinical change programmes to tackle the 'Big Four' causes of ill health and disability in Powys. These are cancer (neoplasms), respiratory diseases, circulatory diseases and mental health disorders as these all feature prominently from the early years across the life course. These priorities are evidence based and feature strongly in the Public Health Wales NHS Trust work on Burden of Disease.
26. We are progressing the development of Primary Care clusters in North Powys, Mid Powys and South Powys, reflecting the natural geographies and community identities in these areas.
27. There is a greater emphasis on connecting communities to improve resilience and create opportunities for co-production. The recently approved Transformation Bid will allow us to accelerate our flagship programme of work on the North Powys Well-being Programme. This work will seek to meet not only the objectives in 'A Healthier Wales' but in 'Prosperity for All'.
28. There are a number of key service developments over the last few years that already help set the ambition for service developments focused on care closer to home. The Powys Virtual ward has now been established for several years, services such as Wet AMD is now provided in community hospital setting, leg clubs are developed across the geography seeing over 350

people each week, and an investment of 13 Community Connectors is helping to prevent loneliness and isolation.

## **Finance**

29. The health board has delivered a balanced plan across four years of successive IMTPs and has an approved financial plan for 2019/2020 as part of our ongoing approved IMTP status.
30. In 2018/2019 the health board has delivered against the statutory duty to ensure that revenue expenditure does not exceed the aggregate funding allotted over a three year period. There was a £65K surplus in 2018/2019 and a £246K surplus for the three year period 2016 – 2019.
31. The health board also met its statutory duty of ensuring that its capital expenditure does not exceed its funding over a three year period. There was a £13K surplus in 2018/19.
32. We also met the Public Sector Payment policy to pay 95% of non NHS invoices within 30 days during 2018/19.
33. There are continuing economic pressures that challenge public finances and ensuring that PTHB remains in a balanced financial position whilst maintaining good quality health services that meet growing and more complex needs is a significant challenge over the next three years. Public services in Powys will be reliant upon creating efficiency through the establishment of strong, strategic and operational relationships with a range of partners including other health boards, the Primary Care Sector, the Third and Independent Sectors.
34. The savings programme established over the life of the financial plan assumes significant avoidance of future growth from our externally commissioned services through implementation of best practice supported by business intelligence development.
35. The Efficiency Framework is a key source of information to target opportunities which will be critical in addressing the impact of the current and predicted growth in secondary care service demands and shifting care towards more preventative, early help and support. Independent reviews have identified that there is scope for greater service and financial sustainability through the redesign of services.
36. Strengthening arrangements with providers of services as well as via regional and All Wales collaborative mechanisms will be fundamental to delivering the transformation envisaged in our own strategy and A Healthier Wales.
37. The implementation of the Clinical Health Knowledge System in PTHB has provided invaluable commissioning intelligence and this will continue to be developed to support the delivery of our financial plan.

## **Performance, Escalation and Intervention**

38. PTHB has a 'routine' monitoring status and continues to have an approved status for its Integrated Medium Term Plan (IMTP).
39. The health board continues to perform well against most of the directly influenced key targets set by Welsh Government. We are also performing well against the well-being objectives set jointly as part of the Health and Care Strategy, A Healthy Caring Powys.
40. The following provides an overview of achievements for the period 2018 – 2019:



## Focus on Well-being

- Working with dentists, optometrists and housing associations to reduce smoking to 18%
- Midwives started to deliver the flu vaccine and we achieved some of the best outcomes in Wales for flu immunisation.
- A training framework has been launched to increase awareness of Adverse Childhood experiences

## The Big Four

- A Dementia Home Treatment Team has been implemented
- Capacity in CAMHS increased
- Online Cognitive Behavioural Therapy has been expanded
- A bespoke training for mental capacity and deprivation of liberty has been delivered.
- A plan is in place for the Single Cancer Pathway and funding for the Improving Cancer Journey
- Patient Outcome questionnaire implemented for heart failure
- The Commissioning Framework has been further strengthened

## Early Help and Support

- 500 people have been trained in 'Making Every Contact Count' with 12 new motivational interviewers.
- The Regional Partnership Board approved the Violence Against Women, Domestic Abuse and Sexual Violence Strategy and Powys achieved the highest level of Group 1 Training in Wales



The third sector Community Connectors have **grown** in strength helping the most vulnerable communities. They play a key role in multi-disciplinary team working.

## Joined Up Care



- NHS 111 was successfully introduced
- Patient Flow Co-ordination Unit was introduced

We have managed significant strategic change consultations with extensive engagement in Powys on Future fit (Shrewsbury and Telford Hospitals) and Hywel Dda's long term plan



## Digital First

- 83 teams are live on Welsh Clinical Portal
- **WCP** has been extended across all GP surgeries where district nurses / health visitors work
- Mobile devices provided for staff
- Welsh Clinical Portal live in 8 wards



## Innovative Environments

- Phase 1 of Llandrindod Wells scheme delivered
- Planning approval for Bro Ddŷ development in **Machyvalleth**
- We completed Stage 1 Audit for ISO14001
- The Bright Ideas Hub to co-ordinate innovation was introduced

## Workforce Futures

- Powys had good results in the staff survey and a high response rate, with areas of improvement informing our IMTP for 2019/2020
- Engagement with staff included Chat to Change, Chief Executive Roadshows, Well-being Group and activities including exercise, apple picking and policy debate and reading groups.



## Transforming in Partnership



- Fully approved 'A Healthy Caring Powys'
- Improving governance
- Delivery of financial balance

### Directly Provided Services

41. As a provider of services we are able to consistently able to meet the timely care access targets for referral to treatment within 26 weeks and ended the year exceeding 99% compliance against a target of 95%. No patient has waited longer than 36 weeks for treatment in our own provided services.
42. Our own provider performance in unscheduled care continues to be very good with our minor injury units maintaining 100% compliance for admission to discharge within the four hour target and zero patients waiting over twelve hours. Winter Resilience planning in Powys takes a whole system approach and includes both activity as a provider and a commissioner in relation to care co-ordination and flow across health systems used by Powys patients. (Further information on commissioned services is provided in the following section).
43. We have made significant improvements during 2018/2019 in diagnostics and ended the year with no patients waiting more than 8 weeks. There had been delays in the months prior to the year end in relation to clinical capacity within speciality services that had caused some delays. Actions were taken including recruitment to specialist nursing to increase diagnostic capacity.
44. Since returning to direct delivery by the health board, access to mental health services has shown significant improvement, consistently achieving low levels of delayed transfers of care and meeting the key measures for assessments and contact with an independent advocate. An improvement plan for therapeutic interventions has seen significant progress although further work is required to close the gap further as this remains under the national target. We are continuing to review and improve our referral to treatment times for psychological therapies and reduce waiting lists. The use of Psychology Assistant posts to improve the matching of clinical capacity to demand and the development of a personality disorder pathway are included as key actions to deliver against a 26 week referral pathway in 2019/2020.
45. There are challenges in relation to primary care sustainability which are not unique either in Wales or the wider UK geography in terms of workforce and capacity. PTHB has implemented a sustainability toolkit with general practices to enable an assessment across a number of domains and assist with the short and longer term planning for primary care. There has been significant progress in developing primary care roles and functions in dentistry, optometry and community pharmacy. The Common Ailments Scheme in particular has been a home grown success that is sharing learning and promoting good practice on an All Wales basis. We have also seen an extension of roles in community optometry, contributing to improved follow ups and supporting the management of Wet Age-related Macular Degeneration (Wet AMD). Powys has also led on the development of Physician Associates in general practice.
46. Childhood vaccination rates in Powys compare well with other health boards in Wales and we have achieved an improvement in MMR vaccination at 90.9% although similarly to other health boards we have not met the national target of 95%. We have engaged in the national work to address data quality and further action is planned to ensure the most accurate position is available and all reasonable steps are taken to close the gap further.
47. We continue to achieve high levels of uptake of flu vaccination amongst our staff and have been enhancing the staff groups engaged in delivering flu vaccination to our population with a focus on at risk groups, particularly as there was a decline in uptake nationally for these groups over the past year. We are building on the success of our midwifery-led immunisation pilot by exploring a similar approach with other allied health professionals including therapy staff.
48. We continue to have low rates of health care acquired infections, with a further reduction in C.difficile rates and no reported cases of S.aureus bacteraemia (MRSA and MSSA) in 2018/2019. This is a particular achievement in the context of the new stricter testing last year.

49. We have had zero never events over a four year period in Powys. However we did not achieve compliance with the national measure or our own planned trajectory in relation to Serious Incident compliance in the period 2018/2019. To resolve this, intensive work and additional resource has been assigned in this area, to address the historical open incidents and ensure both the capacity and the systems for recording incidents are improved. Significant progress has been made and the health board has set a trajectory for 2019/ 2020 that will achieve compliance with the national measure by September 2019.
50. We have developed and implemented an integrated performance framework which enables us to track delivery against our ambitions. We will continue to build this approach to ensure we are measuring what matters and strengthening the collaborative approach with the Regional Partnership Board, Public Service Board and key partners.

### Commissioned Services

51. Due to our unique position as a commissioner rather than a provider of secondary care, PTHB has a role in relation to a number of Welsh and English health boards and Trusts and a collaborative commissioning role in relation to Ambulance Services and Specialised Services.
52. There are areas of commissioned providers' performance which are not achieving target measures or where there are a range of service fragility and sustainability issues. These include Ambulance Services response rate for red calls in Powys, Shrewsbury and Telford Hospitals NHS Trust and Wye Valley NHS Trust which are at stages of escalation within the regulation and inspection framework in England and have strategic change programmes in place.
53. The health board therefore takes a whole system approach to robustly manage this complex landscape and has approved a Strategic Commissioning Framework which reflects the values and arrangements of NHS Wales. This has enabled the implementation of a Commissioning Assurance Framework across our main NHS providers.
54. This Commissioning Assurance Framework provides a robust mechanism to track and identify emerging patterns of poor performance and areas of risk specific to use of services by Powys residents. The framework encompasses the domains of patient experience, quality, safety, access, activity, finance, governance and strategic change.
55. We maintain a Fragile Services Log, which ensures an up to date picture across our 15 main providers by speciality and geography and provides critical intelligence to feed into our commissioning processes.
56. In addition we also maintain a Stocktake of Strategic Change programmes across our neighbouring areas and carry out targeted impact assessments and engagement planning on those live programmes with a material impact on the Powys population.
57. We are currently extending the Commissioning Assurance Framework with Primary Care and plan to extend further with speciality specific services and residential care, in liaison with the local authority.
58. We recognise that there is still work to do to maintain and strengthen our own performance in Powys and contribute positively to the All Wales position. Whilst there is investment in NHS Wales this year, there remain financial challenges across the whole system.
59. We are strengthening the alignment between delivery and strategy this year with an Organisational Development Strategic Framework, 'Best Chance of Success'.



## Workforce and integrated working

60. There are significant challenges and opportunities relating to the workforce in Powys, including recruitment, retention, an ageing workforce and workforce fragility. We have an ambition to become an employer of choice and to grow more of our own workforce capability, flexibility and sustainability.
61. Our workforce profile shows that 26% of our workforce are aged 55 and above. Despite the age profile in Powys, sickness seems to remain at a steady state. The health and well-being of the workforce needs to be seen in the context of the working population we serve. We therefore consider the Population Health Assessment is crucial in understanding the workforce health and wellbeing needs. Our staffing compliment is made up of 76% of Powys residents and 24% of staff commuting into Powys County to work for the Health Board.
62. PTHB had some of the most positive results in Wales across key areas of the NHS Wales Staff Survey in 2018 and is above the overall NHS Wales scores for most of the questions asked. The results show continued positive improvements since the survey of 2016, however there are a few areas which have shown less positive movements in scores. The health board continues to have low sickness absence levels, meeting the Welsh Government target at year end 2018/2019. The measures for training and appraisals were narrowly missed (81% against target of 85%) and an improvement programme is in place to address this.
63. Recruitment of clinical staff remains a challenge: Medical, nursing, therapies, and allied health professionals workforce pressures in Powys reflect the national picture. This picture is mirrored in Social Care, Primary Care, the Third Sector, and the independent sector in Powys.
64. To address this challenge, we have identified Workforce as a key enabler in our Health and Care Strategy and we have a specific well-being objective for 'Workforce Futures'. Successful delivery will include co-operation with our partners on joint workforce planning including the workforce of our commissioned services.
65. Through the Regional Partnership Board, we are taking a unique joint approach to workforce planning in Powys. Employing the first joint Health & Social Care Workforce Planning Manager in Wales, we are making links across sectors. This work includes a detailed analysis of workforce needs across boundaries including volunteers and carers, now and into the future, enabling us to better understand the workforce requirements of new models of delivery.
66. We already have an integrated workforce either as a direct provider or a commissioner, in key areas such as the Integrated Autism Service and substance misuse services and we have plans to strengthen this further with the Local Authority and Regional Partnership Board, for example integrated commissioning of care home services.
67. Powys does not have its own university in the county, however we are building strong working relationships with HEIW and local educational providers including universities and further education providers. Through the Workforce Futures programme we are exploring the development of a Health and Care Academy of Learning.
68. We are progressing with a Nursing project in partnership with Hywel Dda University Health Board, Swansea University and Aberystwyth University to provide degree level nurse education in rural mid Wales.
69. As noted in previous points we have made significant progress in key areas including the implementation of physician associates in general practice and the development of advanced or enhanced nursing roles, to improve diagnostic and triage capability.
70. The health board takes a strategic approach in its ambition not just to respond reactively but to implement the Powys Health and Care Strategy, with positive and productive partnership working. We have embarked on an Organisational Development Strategic Framework, 'Best

Chance of Success' which is ensuring that our culture, people, structures and processes are aligned to deliver against our IMTP and 'A Healthy, Caring Powys'.

### **Brexit preparations**

71. The Director of Public Health at PTHB is the nominated Executive Director and Senior Responsible Offer (SRO) for 'no-deal' Brexit preparations, and contributes to a national Senior Responsible Officers (SROs) group across health and social care which was convened by Welsh Government.
72. Executive and officer support is also being provided to support wider multiagency Brexit planning arrangements under Local Resilience Forum partnership arrangements.
73. Preparations within the health board have included internal exercising arrangements to identify, test and mitigate 'no-deal' Brexit related risks. The results of this exercise have informed changes to business continuity and resilience planning, and ensured that major risks against a 'no-deal' Brexit are embedded into robust and realistic plans for those areas that fall within the remit of health boards.
74. The health board has actively participated in all regional and national planning arrangements, regular communications have been issued to staff, and 'no-deal' Brexit has been a regular item at Board meetings.
75. Work continues ahead of the 31<sup>st</sup> October deadline to plan for a possible 'no-deal' scenario.

### **Concluding remarks**

76. We would like to thank the Committee for the opportunity to provide evidence in this written submission and at the Committee itself. Our health and care strategy, and thus our Integrated Medium Term Plan is a collective effort, which includes many others across the Welsh NHS system including the providers of acute, primary, community and specialist care, ambulance services and our colleagues in social care, the independent sector and the third sector. It also importantly includes our own residents, patients, carers, members of friends groups and other community groups as well as the Community Health Council. We all have a shared ambition of 'A Healthy, Caring Powys', as part of A Healthier Wales, and we look forward to keeping you updated on our shared progress.

# Agenda Item 6

By virtue of paragraph(s) vi of Standing Order 17.42

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