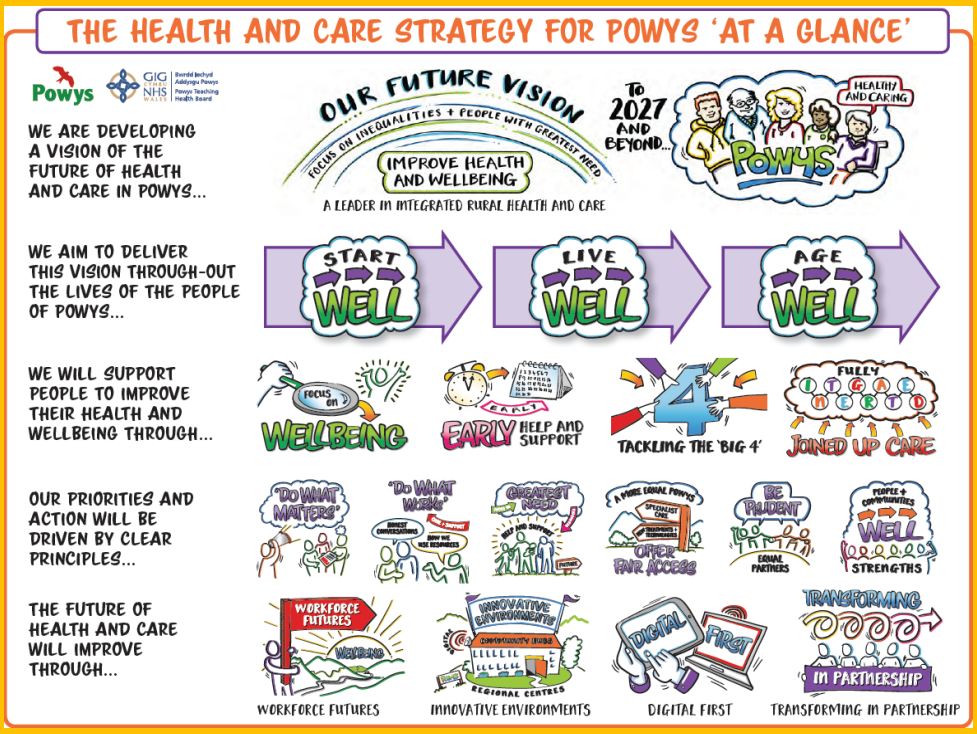
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Primary Care
Integrated Medium Term Plan
Mid Powys Cluster
2020 – 2023



1.Executive Summary – Cluster Chair

The Mid Powys PC cluster has developed steadily over the last 4 years, evolving from a GP Practice focussed Forum, into a group of primary and community care professionals from throughout the Mid Powys communities, that we hope will extend further in the next 12 months, to fully represent all services, and our population. We currently meet on a quarterly basis.

Our priorities have historically centred on supporting the sustainability of the GP Practices; identifying gaps in the services for patients, and seeking solutions in partnership with the health board and other health professionals, to ensure accessibility and equitable provision to Mid Powys citizens.

The annual Cluster fund allocation has enabled us to test out new approaches to service, (such as online GP consultations) and pump prime innovations that transform the way we deliver primary care in Mid Powys. Our Cluster Pharmacy Team is a prime example of this. The Team has proved it possible and advantageous for Practices to share resources across the Clusters five Practices; releasing pressure on GPs and other health professionals, and enhancing patient care. The fund has also supported practices to continue to provide online training and support for administration staff, pay for equipment for patient waiting rooms, and other smaller projects. The Cluster fund has also supported Practices to purchase Jayex Boards; which not only act as a 'calling in' system for patients, but which the Cluster use to deliver health promotion information and Public Health messages to our patients, in a collective approach.

Over the past 12 months we have secured good links with the third sector, and our Community Pharmacists in the Mid. This year, Cluster IMTPs have been developed and priorities identified which ensure that the Cluster Plans deliver against the National Primary Care Model and its milestones.

Ambition for the future includes extending the membership of the Cluster to that of Optometrists, patient groups, and to encourage fuller involvement from our Local Authority partners. We will also endeavour to stabilise and build on our connection with the Health Board, and secure further help and support from key partners such as Public Health Wales and Welsh Ambulance Services. Plans include

- To develop the Trusted Assessors working in collaboration with our social care partners – training for those that are deemed capable of fulfilling this role in our hospitals
- Our Respiratory patient pathway in primary care – specifically delivery of Spirometry. GP Practices seek an increase in Specialist Nurse capacity in the Mid that could address this issue **or** financial support to deliver this diagnostic service 'in house'

Address recruitment and retention issues in the Cluster – specifically the need for Practice Nurses in two of the 5 Practices currently (but acknowledging this is a resource in all Practices that can fluctuate in availability, with vacancies arising across the Cluster). The intention is to recruit a full time nurse or two part time nurses to work in two Practices, funded by Cluster Funding, and supported in their training by neighbouring Practices if mentorship/clinical supervision is required. Training needs will take into account the needs of the Cluster as a whole e.g.; if there is a need for implant/coil device fitting, the nurse role will address this, and we will look to support Practices with this service etc. The health board will take on the role of employer.

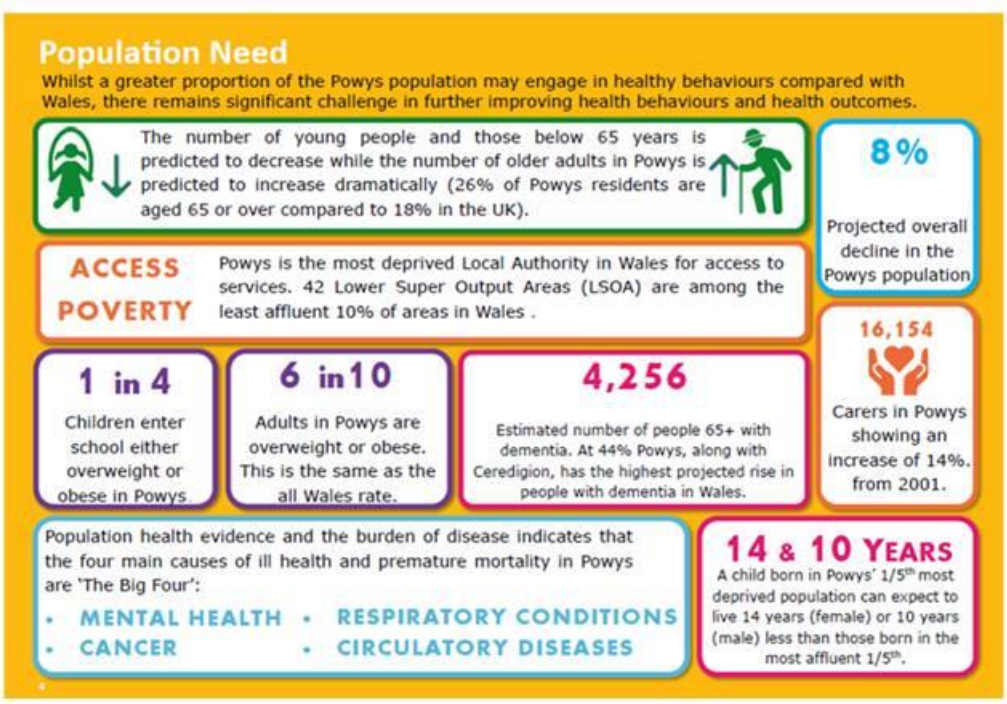
- Support training needs of Practice and Cluster based staff, utilising the Cluster Fund. Specifically ensure a refreshed delivery of training to Reception Staff on Active Signposting.
- Work with our health board partners to review the functionality of the Virtual Wards and assessing effectiveness.

- Establishment of an Advanced Nurse Practitioner role for the Virtual Wards in the Mid Cluster – to carry our frailty assessments, home visits, and advanced nursing procedures for the patients admitted to the wards. Job description to follow – via the Neighbourhood Nursing Project.
- Prioritise the above schemes, and allocate work streams to achieve over a three year period.
- Diagnostics and near patient testing.
- Health Champion role- Cluster wide health supporting role – with information on areas such as Cancer Screening, Carer Support, Dementia friendly communities and direct support, My Life My Wishes, etc. No duplication with the CC role, but a focus on health promotion.
- QAIF requirements – As required by the new GMS contract 2019-20. All practices engaging in cluster working to address identified and agreed Quality Improvement initiatives also a commitment to attend 5 GP Network meetings annually.
- The digital offer and how this can support self management; Florence texting, MyHealthOnline, COPD app, SilverCloud online CBT, Invest in Your Health Skype sessions.
- Establishment of Social Worker/s working alongside GP Practices or 'in house'. They will have full involvement in the CRTs, and Community Hospital beds, address social needs of the population at pace with demand, avoiding long delays in obtaining assistance at home, long hospital stays, and linking with our third sector partners.

The 8 IMTP objectives are shown below:

Fleur Thompson
Mid Cluster Lead
October 2019

Overview of the Cluster



All 3 Powys clusters have multi-disciplinary and multi organisational membership including Health Board, County Council, Third Sector, Dentistry, Optometry and Community Pharmacy. The Mid Cluster meets on a quarterly basis.

Powys has made a distinction between clusters, as planning mechanisms that span organisations, services and professions, and GP networks as groups of general medical practitioners. This allows GP Practice issues and wider planning issues to be discussed separately, but with one informed by the other.

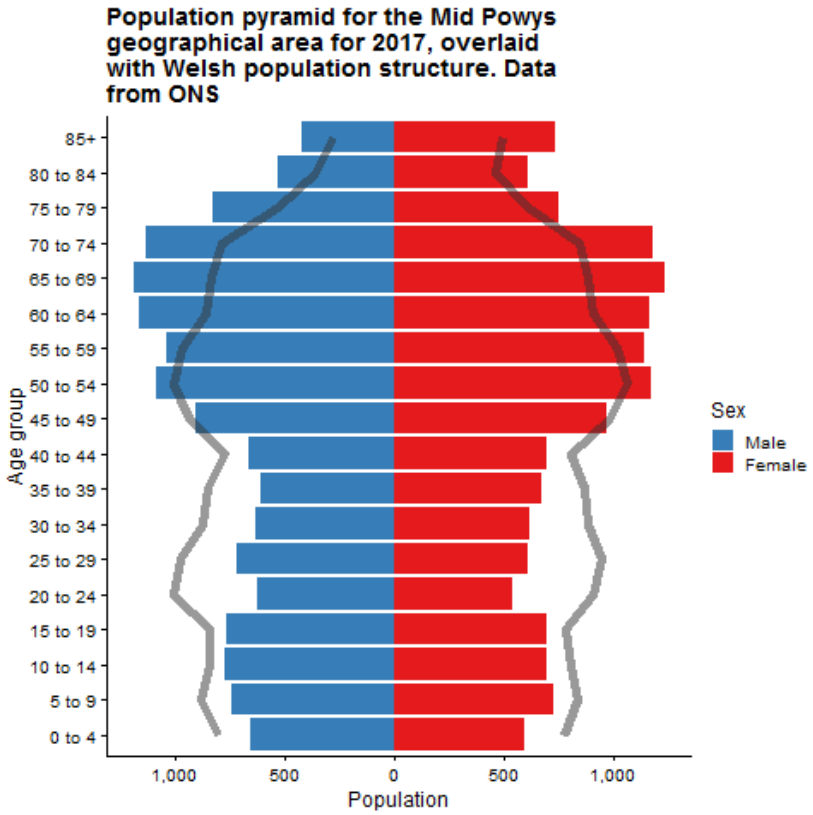
The other key component to the Powys model is delivery of services based around individual GP practices through an integrated Community Resource Team that includes practice, Health Board, County Council and Third Sector representatives.

The Mid Powys Cluster is made up of 5 GP Practices;

Builth, Knighton, Llandrindod Wells, Prestiegne and Rhayader with a combined list size of approximately 29,500 patients.

There are also 7 Pharmacists, 4 Optometry Practices and 5 Dental Practices in the mid Cluster.

The population of the cluster is displayed below:



The Mid Cluster has a medium level of maturity, with collaborative working evident but not consistently embedded.

There are 2 community hospital and a health and social care centre in the Mid Cluster:

	Llandrindod Wells Hospital	**Knighton Community Hospital**	**Glan-Irfon Health & Social Care Centre**
Address	Llandrindod Wells County War Memorial Hospital, Temple Street, Llandrindod Wells, Powys, LD1 5HF	Ffrydd Road, Knighton, Powys, LD7 1DF	Glan-Irfon, Love Lane, Pendre, Builth Wells, Powys, LD2 3DG
A&E / MIU	Yes	No	No
Wards	Claerwwen Ward – Generic Clywedog Ward – Elderly Mental Health Elan Ward – Day Surgery Birthing Centre – Maternity X-Ray Occupational Therapy Physiotherapy	Panpwnton Ward Cottage View Residential Home Nantawelon – Community Psychiatric Nurses Occupational Therapy – Inpatient and Outpatient Service Birth Centre – Midwifery led Speech and Language Health Visitors Bumps and Babes sessions Dietetics – Inpatient & Outpatient sessions Palliative Care input	12 Integrated Care Beds
Theatres	*Theatre* Orthopaedic		

	Gynaecology Ophthalmology General Surgery Ear, Nose & Throat (ENT) Endoscopy Oral Surgery Urology		
Outpatients	Outpatients Orthopaedics General Surgery Elderly Mentally Ill (EMI) Orthodontic Oral Surgery Ophthalmology Visual Fields Occuloplasty Dermatology Gynaecology Obstetrics Paediatrics Ear. Nose & Throat Audiology Rheumatology Urology Continence Orthotics Orthoptics Surgical Appliance Pre-operative assessment Dietetics Child & Adolescent Mental Health Scheme (CAMHS) Podiatric Surgery Falls Assessment Clinic Procedures such as removal of sutures and dressings	*Outpatients* Child Psychology Old Age Psychiatry Memory Clinic Diabetic Retinopathy AAA screening Cardiac Nurse service Stoma Nurse service Parkinson's Nurse service Falls clinic Podiatry Lymphedema Clinic CMATS	
Clinics	Clinics Gait Retinopathy Speech & Language Podiatry Mental Adolescent Benefit Agency Paediatric Physiotherapy Child Psychology New Born Hearing		Treatment Room Leg Clinic Drop in Health Clinic Falls Clinic Health & Wellbeing Group Memory Antenatal Dietician Podiatry Cardiac Stroke Parkinson's Child and Adolescent mental health service Psychosexual Lymphedema Urodynamic Smoking Cessation Abdominal Aortic Aneurysm screening Diabetic eye screening Respiratory CMATS
Third Sector	League of Friends		

	Complimentary Therapy Red Cross Cancer Support & Macmillan Nurse Tenovus Powys Carers Service		

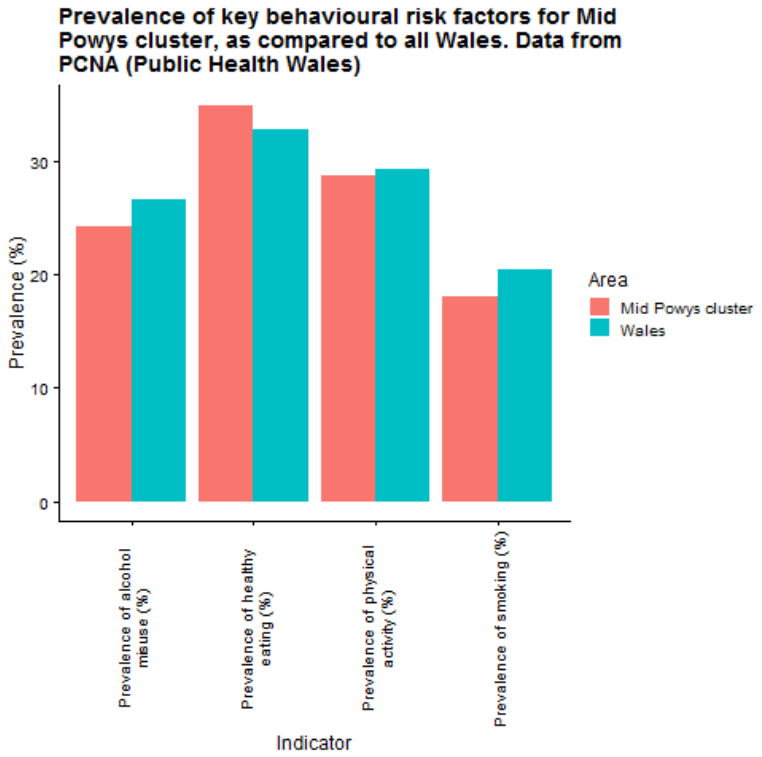
3. Key Achievements from Previous Cluster Plan

Examples of cluster developments include

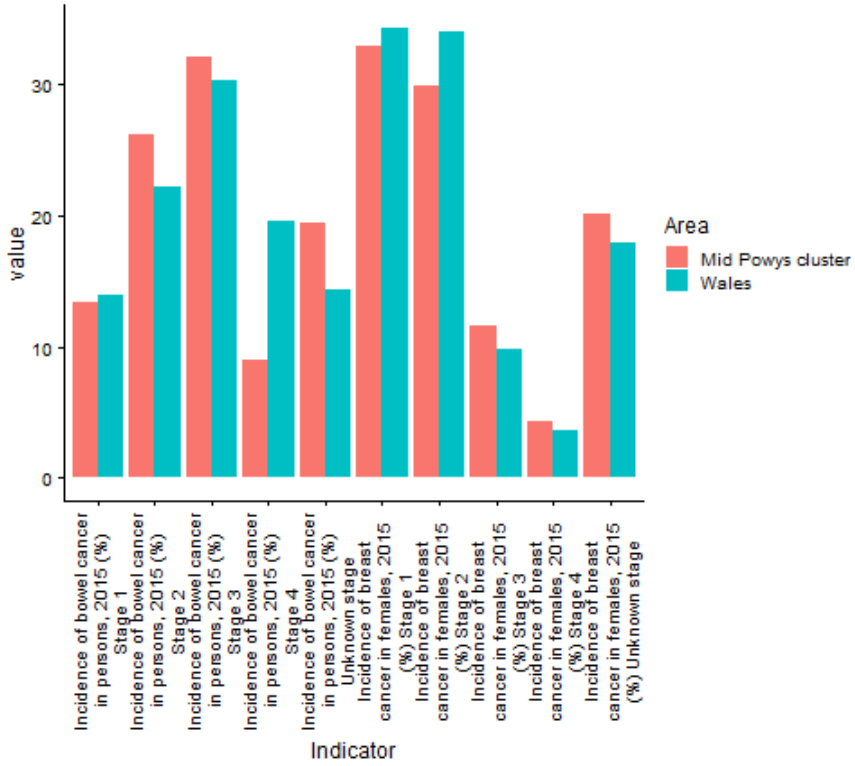
- Introductions of 3rd sector MIND Practitioners to support GP practices and community mental health services
- Introduction of health board Silver cloud on line CBT system to support GP Practices and community mental health services
- Introduction of 3rd sector community connectors, attached to each practice to support statutory service providers
- Introduction of Cluster Pharmacist Team to support GP practices and community services
- Evaluation of online GP consulting to improve GP Practice access
- Development of community Dentistry Services to replace independent contractor capacity
- Introduction of Physicians associates to support GPS
- Introduction of telephone triage in some practices
- Introduction of jayex Boards to all Practices, and ongoing support for software licencing.

4. Cluster population Area Health and Well-Being Needs Assessment

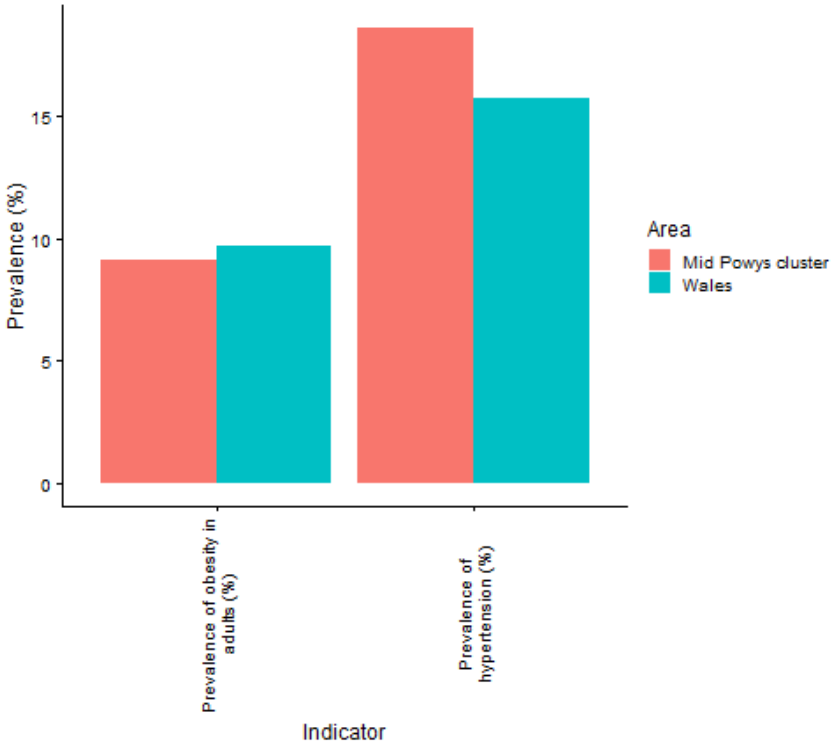
The charts below demonstrate the information relating to the Cluster health and wellbeing assessment as provided by PTHB Public Health directorate.



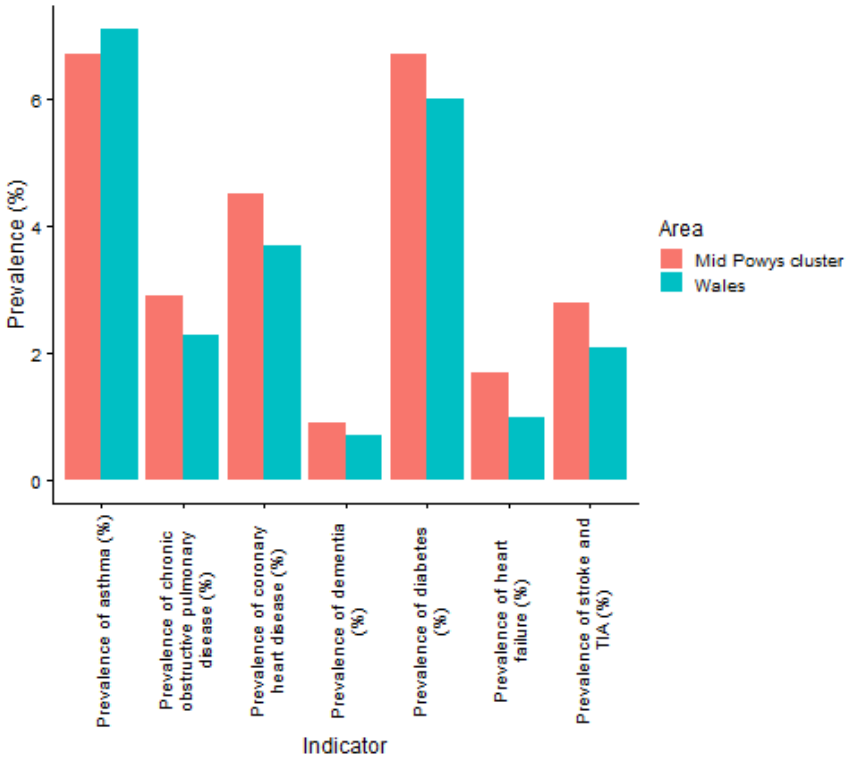
Incidence of bowel and breast-cancer by stage for Mid Powys cluster, as compared to all Wales. Data from PCNA (Public Health Wales)



Prevalence of key behavioural clinical factors for Mid Powys cluster, as compared to all Wales. Data from PCNA (Public Health Wales)



Prevalence of key long-term conditions for Mid Powys cluster, as compared to all Wales. Data from PCNA (Public Health Wales)



5. Cluster Workforce Profile

PRACTICE PROFILES																				
	GPs			PAs			UCP / Triage			ANP / Specialist Nurses			Practice Nurses			Health Care Assistants			Admin / Clerical		
	FTE	Head Count	Vacant Posts	FTE	Head Count	Vacant Posts	FTE	Head Count	Vacant Posts	FTE	Head Count	Vacant Posts	FTE	Head Count	Vacant Posts	FTE	Head Count	Vacant Posts	FTE	Head Count	Vacant Posts
WYLCWM STREET SURGERY KNIGHTON		4	0	0	0	0	0	0	0	0	0	0	1.8	3	0	1.46	2	0	7.48	11	0
RHAYADER MEDICAL CENTRE		1	0	0	0	0	0	0	0	0.67	1	0	0.21	1	1	0.83	2	0	3.8	5	0
MAESYCOED BUILTH WELLS	4.9	6	0	0	0	0	0	0	0	0	0	0	1.83	2	0.4	1.1	3	0	11.36	13	0
LLANDRINDOD WELLS MEDICAL PRACTICE	6.15	8	0	0	0	0	0	0	0	1.07	2	0	1.49	2	0	2.4	3	0	10.15	13	0
PRESTEIGNE HEALTH CENTRE		1								1	1		0	0					5.76	10	

THEMES / ISSUES / CHALLENGES / ANTICIPATED CHANGES	
WYLCWM STREET SURGERY KNIGHTON	Anticipated return of Dr Edwards in April, therefore GP's will go up to 5, albeit no date set for Dr Kiff to retire.
RHAYADER MEDICAL CENTRE	No permanent PN at the moment despite advertising, current nurse providing Contraceptive Clinics and extra hours occasionally
MAESYCOED BUILTH WELLS	We have based GP full time equivalent on 8 sessions. Salary doctor left we have not advertised currently as changed model. No planned leavers but both for GPs and nurses long term sick or leaving will have implications as there is no spare capacity in the system. We have managed to replace some of our nurse hours but not back to same level as previously.
LLANDRINDOD WELLS MEDICAL PRACTICE	
PRESTEIGNE HEALTH CENTRE	

6. Financial Profile

Mid Cluster Fund

	2019 - 2020
	£
Allocation	**93,630**
Scheme : Practice Nurse	
Band 6 Nurse 1.00 WTE	46,578
Travel	1,800
Non Pay Costs	2,500
Scheme : Practice Staff Training	
Training Courses	9,000
Backfill	3,200
Travel and Subsistence	1,000
Digital Technology	
Backfill Band 6 0.50 WTE - 6 months	11,645
Software design & Implementation	3,600
Non Pay	1,400
GP - Special Interests development	
GP Backfill	12,000
Contingency	907
Total spend	**93,630**

Notes :-

1. Funding for the Pharmacist in 2017-18 - look at internal invest to save scheme. 12 month pilot.
2. D Dimer kits have been recalled so no further costs.
3. Shortfall to be funded through savings made through Pharmacy investment.

7. Gaps to Address and Cluster Priorities for 2020 – 23 Key Work Streams and Enablers

- Further work is required to develop the governance and assurance frameworks required to clarify accountability arrangements
- Appropriate level representation from all partner organisations is a priority going forward
- Limited capacity with partner organisations to plan and manage change
- Organisational change and consistency of involvement
- Converting short team funded developments into long term funded service changes
- More direct influence into Executive Team
- Assessment of Virtual ward
- Respiratory
- Invest in your Health

Communication and engagement mechanism

- Health Focus groups
- Patient condition groups

8. Planned Cluster Actions and Intended Measurable

The Cluster milestones and actions aligned to the IMTP objectives are shown below. The priorities for 2020-21 also include the outputs and outcomes that are to be achieved. It is important to note that work will progress on a number of the actions in 2020-21 not just the priorities.

Core Well-being Objective 1	**Focus On Well-being**	
	Priorities	• Community Home Support/Reablement – Address the inequalities in community home support • Community Connectors – Maximise the benefits of Community Connectors across the cluster (Year 1) and carry out an evaluation of the service. (Year 2) • Cluster Health Champion – Scope and clarify Cluster Health Champion role in the Cluster communities.

Core Well-being Objective 2	**Early Help And Support**	
	Priorities	• Increase direct access to and optimise use of community pharmacists to deliver common ailments service. • Invest In Your Health - Long Term Conditions – Continue to promote this service and increase uptake. Call for pre–diabetic focus/prevention focus in future courses. • Improved Access To Diagnostics –Practices to increase capability for point of care diagnostics and would like to explore the possibilities with the health board; to include CRP, ESR, D-Dimer testing.

Core Well-being Objective 3	Tackling The Big Four	
	Priorities	• Condition Specific Local Pathway Design – Respiratory pathway to reduce emergency admissions and to link in with the new breathe well programme. Assess effectiveness of the COPD rescue pack initiative, increase capacity of specialist nurse provision in the mid cluster, address Spirometry services – who provides this and how it is supported.
		• Increase use of Florence to support self management of chronic conditions
		• Emotional support and resilience to young people: Establish a service to provide early help and support to young people experiencing emotional distress, yet do not require specialist Mental Health services from CAMHS.
		• Continue the roll out of the blended counselling and C-CBT Service (Silvercloud)
		• Implement the use of MacMillan Primary Care Cancer toolkit

Core Well-being Objective 4	Joined Up Care	
	Priorities	• Develop cluster approach to provide GP support and collaboration across
		• Care Plans In Place For All High Risk Individuals and analysis of frailty register to identify all patients aged 65 and over who may be living with moderate or severe frailty
		• Review and evaluate delivery of Virtual Wards across cluster.
		• Develop role of cluster pharmacy team

Enabling Well- Objective 1	Workforce Futures	
	Priorities	• Development of Cluster Practice Nurse role
		• Develop 'buddying up' peer support for practice nurses across Cluster

Enabling Well-being Objective 2	Innovative Environments	
	Priorities	• Development of scope and model for Community Wellbeing Hubs
		• Development of scope and model for Regional Rural Centres

Enabling Well-being Objective 3	Put Digital First	
	Priorities	• Development of Telehealth/Telecare/Telemedicine
		• Establish Point of Care Testing across cluster
		• Increase use of Skype Appointments

Enabling Well-being Objective 4	Transforming In Partnership	
	Priorities	• Continued Development Of Community Care Cluster Relationship
		• Health Focus Groups/Patient Groups
		• Contribute and respond to service / pathway changes and developments in neighbouring district neighbouring hospitals
		• Review and update Cluster Terms of Reference

Priorities 2020 - 2021		
Milestone / Action	**Output**	**Outcome**
Further integration of community connectors attached to each practice	• Presentation and quarterly reports at Cluster • Promote community connector role in General Practices and to the wider public / communities	• Development of robust service
Development of Cluster Health Champion role	• Scope and clarify Cluster Health Champion role in the Cluster communities.	• Cluster to decide if and how to implement Cluster Health Champion role
Redesign Respiratory pathways and services	• Link with the new Breathe Well programme. • Assess effectiveness of the COPD rescue pack initiative, • Increase capacity of specialist nurse provision in the mid cluster • Address Spirometry services	• Reduction in emergency admissions
Increase use of Florence to support self management of chronic conditions	• Identify which conditions to support • Establish which practices wish to participate • Identify patients in each practice • PLT delivered for practice nurses	• Plan in place to roll out use of Florence across cluster
Review mental health pathway for young people and improve access to early help and support	• Project plan developed and new model tested	• Early help service established
Develop cluster approach to provide GP support and collaboration across	• Identify model of providing remote GP support as part of business continuity plans, winter resilience planning & workforce issues.	• Continuity of services
Develop role of cluster pharmacy team	• Expand and develop consistent support to practices across cluster	• Improve outcomes, reduce harm and increase value from medicine use
Development of Cluster Practice Nurse role	• Appointment of cluster practice nurse through cluster funds • Establish role across cluster	• Collaborative support networks established between identified practices in need of this resource
Develop telehealth and telecare	• Dialogue between cluster / PTHB to explore options • Identify how technology will be utilised to develop telehealth	• Business case produced • Patients will receive remote consultations and assessments from clinicians

9. Strategic Alignment and Interdependencies with the Health Board IMTP Area Plan and Transformation Plan/Bids and the National Strategic Programme for Primary Care

Our ambition for the people of Powys remains high. We are entering the second year of our shared Health and Care Strategy launched back in 2017 which set out the vision for a 'Healthy, Caring Powys'. This long term strategy for health and care forms our Local Area Plan and is itself a component of our very long term, inter-generational Powys Wellbeing Plan.

We developed our Health and Care Strategy based on extensive local engagement as well as taking into account national well-being goals, five ways of working and the sustainable development principle. The quadruple aim and design principles have been applied in the supporting priorities and actions.
We are determined to be leaders in Wales in primary and community care and to continue to strengthen our role as an effective commissioner on behalf of the population of Powys. We have a very complex system of pathways across multiple health and care providers in England and Wales, as well as a role as a direct provider of healthcare. We are a key partner with the local authority and third sector.

We have submitted a bid to the Transformation Fund seeking funding to be able to implement the Powys Primary Care Transformation Programme. This will be delivered through clusters in line with the principles and components of the Primary Care Model for Wales. This model aims to deliver the following objectives:

- Improved access to urgent and unplanned care
- Improved proactive care for those with more complex needs
- Improved routine and preventative care
- Improved business efficiency and sustainability within practices
- Delivery of safe effective care as close to home as possible

The scope of this proposal aims to transform primary and community care provision in Powys. Through an accelerated programme, we will create and deploy a whole system Cluster based health and care service planning and delivery model. This will:

- Improve the health and wellbeing outcomes for our population, by designing services that specifically meet the needs of that population
- Improve access to care by providing more primary and community services, delivered locally, in order to prevent avoidable acute care demand
- Improve general practice sustainability by creating additional clinical capacity within Practices and additional potential income streams
- Improve efficiency by ensuring that all resources available within the health and care system are deployed in a coordinated manner, across professions and sectors in order to deliver agreed outcomes

We will work with partners across primary, community health, and social care in further development of Clusters and planning health and well-being services to respond to the local need. Clusters bring together services around a local community, to improve health and wellbeing, quality and efficiency of care and integration. Together we will design and trial innovative care pathways, reviewing and refreshing approaches to interventions such as Virtual Wards and Care Co-ordination. We will link this to the design of planned and urgent care, working with partners in secondary, specialist and ambulance services, so that services can be more easily accessed and appropriately utilised. Rural Regional Centres and Community Hubs will be at the heart of a joined up approach to primary, community, unscheduled and social care.

This will be achieved as part of a service transformation where the focus will be on health, wellbeing and prevention using home based care and self-management, local health and social care services to reduce the need for hospital based care and treatment.

Our aim is to make it as easy as possible for patients, clients, stakeholders and staff to interact with the Health Board, Council and its partners through innovative service delivery and better use of technological and information assets.

The Cluster will work to further rollout and upscale existing telehealth/ telecare and assistive technology solutions as well as seeking funding over the next three years to develop new solutions. Specifically this will include My Health on Line, the Florence texting service, the SilverCloud online CBT programme and the My COPD and neurological apps that enable people to increase their involvement in the management of their treatment, conditions. We will also scale up the wider use of Skype and remote consultations within the Cluster allowing further development of handheld apps for self-management of health conditions.

Strategic Context

'A Healthier Wales: Our Plan for Health and Social Care' was published by Welsh Government in 2018, setting out a shared ambition to bring health and care services together into a seamless whole system approach, designed and delivered around the needs and preferences of individuals, with a much greater emphasis on health and well-being. It describes a community based model of health and social care, with a stronger public health approach and transformation of key areas including primary, planned and urgent care.

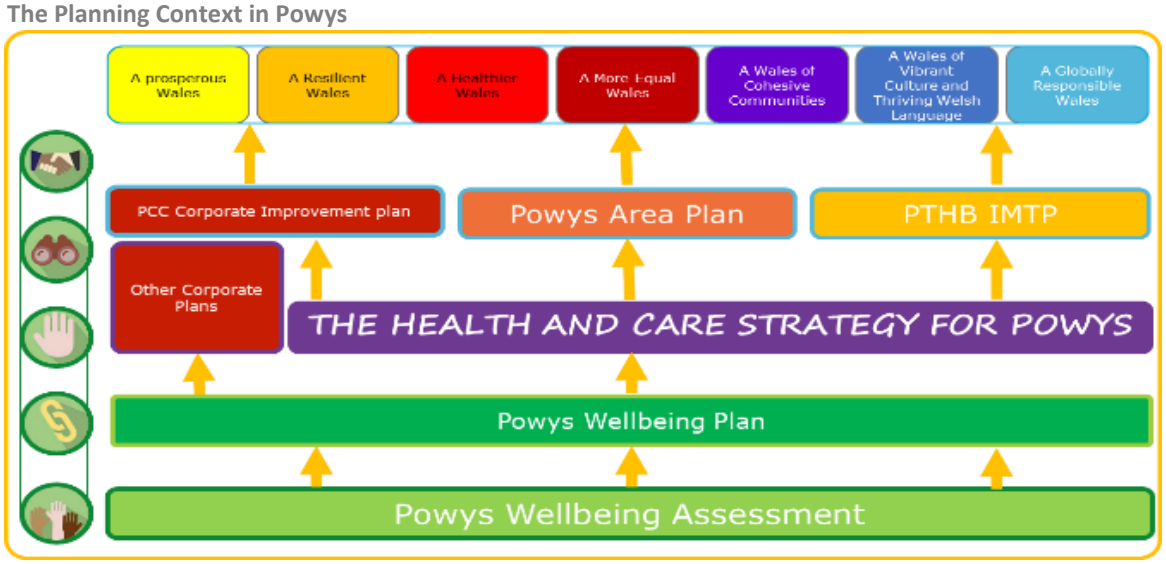
There is a focus on transformation and innovation to meet the needs of the Welsh population. A Healthier Wales describes a shift from large general hospitals to regional and local centres.

Well-being of Future Generations Act

Five Ways of Working: Long Term Vision

A Healthy Caring Powys sets out our long term vision. Key to this is the evidence of the well-being assessment which, in addition to setting out the current picture of well-being in Powys, explores the long term impact if the current focus and approach remains the same.
The health board has made a commitment to fully align organisational delivery and performance improvement to the long term vision. The overleaf diagram outlines the planning context and the way in which plans and planning requirements fit together to support the delivery of the national well-being goals

The Planning Context in Powys



Five Ways of Working: Prevention

The Health and Care Strategy and the IMTP encompass primary, secondary and tertiary prevention. Core objectives of the Health and Care Strategy include a focus on well-being and the provision of early help and support. The IMTP outlines specific actions which encompass reducing tobacco use, promoting a healthy diet and access to physical activity, empowering staff to have the confidence and competence to discuss healthy lifestyles with service users, and ensuring the population is protected from the threat of infectious diseases through immunisation programmes. It also includes a focus on early years and ensuring children are protected from adverse experiences from a young age, ensuring every child enters school ready to learn. Road traffic accidents are also highlighted, recognising the impact that this issue has in a rural area like Powys. More broadly, the Powys Well-being Plan sets out a vision for a Powys in 2040 in which there is a stable and thriving economy, a sustainable and productive environment; a population which is healthy, socially motivated and responsible, and people are connected to resilient communities and a vibrant culture. The steps to achieve the 2040 vision are published in the Well-being Plan.

Five Ways of Working: Integration

Powys County Council and PTHB are key partners in the Regional Partnership Board and the delivery of the Area Plan and 'A Healthy Caring Powys'.

Bwrdd Partneriaeth Ranbarthol Powys / Iechyd a Gofal Cymdeithasol — One Powys Yn Un — Powys Regional Partnership Board / Health and Social Care

Key to this is the triple integration approach of health and social care, mental and physical health and primary and community care.

Five Ways of Working: Collaboration

When launched in 2017 'A Healthy Caring Powys' was the first joint strategy between health and social care in Wales. It is reliant on collaboration between the health board, Powys County Council, the Third Sector, Universities, the public, patients and carers. The strategy ensures that efforts and resources are aligned to deliver improved outcomes for the Powys population.

Five Ways of Working: Involvement

The well-being objectives were developed from what the people of Powys said about their health and care – in service user surveys, complaints, compliments, engagement events, service user forums, conferences and specific health and care events.

10. Health Board Actions and Those of Other Cluster Partners to Support Cluster Working and Maturity

There are clear links and interdependencies between the PTHB IMTP and priorities, other cluster partners and the aims and milestones in this plan.

PTHB transformational programmes, notably the North Powys Well-being Programme, the Workforce Futures programme, the Primary and Community Care work, the plans for Digital First and the Breathe well programme, form the PTHB response to a complex environment of change around the borders of Powys and across commissioned services.

The North Powys Well-being Programme is the first of the major programmes to secure investment in the form of Welsh Government Transformation funding. This includes the development of a model of care that is based on prevention and well-being first, with care closer to home, wrapped around the person and their community, not the services and organisations. It is an opportunity to work across traditional boundaries, including education, housing and the independent, community and voluntary sector.

The Primary and Community Care element is building on a strong track record in Powys, with many of the elements of the National Primary Care Programme already in place and some significant innovations which are being rolled out in other areas of Wales after a successful starting point in Powys.

Tackling the Big Four is concerned with the clinical strategies in place for those conditions that have the most impact on the population of Powys. The Breathe Well programme is being taken forward as a key priority and significant progress has been made in 2019/2020 with robust plans to accelerate the work in this area for 2020/21.

Each of these in turn depends on the development of strategic frameworks for Digital First and Workforce Futures, to underpin the transformation ambitions. These enablers are key to ensuring that the transformation programmes are based on robust assumptions, forming a resilient and sustainable approach across both health and care.

In order to achieve the outcomes of 'digital first', Powys Teaching Health Board has three interconnected priorities:

- Digital Care: Telehealth and Telecare
- Digital Access: Implementation of the ICT National Programme
- Digital Infrastrucutre and Intelligence

It would almost be impossible to develop or rollout digital applications that address service needs unless the digital infrastructure is fit for purpose, secure and robust. It is the inter-dependency and balance between these components that have been considered when planning a holistic work programme.

Workforce Futures is a key enabler in the Health and Care Strategy and creating a 'Healthy, Caring Powys' between now and 2027. The successful delivery will include co-operation with PTHB partners including the commissioned services workforce. This will be more important as more services are repatriate to Powys. This will help establish joint posts not only across sectors, but also across health organisations. The Health Boards OD framework therefore focuses on structure, process, people and culture. The framework will support organisational alignment to meet the need of the Health & Care Strategy and the transformational change programme required. There are significant opportunities, but also challenges, including recruitment, retention, an ageing workforce and workforce fragility.

The Mid Wales Joint Committee for Health & Care was established to ensure there is a joined up approach to the planning and delivery of health and care services across Mid Wales. The Joint Committee's partner organisations will work together to address the current health and care needs of the Mid Wales population as well as the challenges for the future. There are 5 overarching aims:

Aim 1: Health, Wellbeing and Prevention

Improve the health and wellbeing of the Mid Wales population.

Aim 2: Care Closer to Home

Create a sustainable health and social care system for the population of Mid Wales which has greater focus on care closer to home.

Aim 3: Rural Health and Care Workforce

Create a flexible and sustainable rural health and care workforce for the delivery of high quality services which support the healthcare needs of rural communities across Mid Wales.

Aim 4: Hospital Based Care and Treatment

Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales with robust outreach services and clinical networks.

Aim 5: Communications, Involvement and Engagement

Ensure there is continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners.

The Mid Wales Joint Committee has four subgroups to ensure that the work programme is achieved:

- Mid Wales Clinical Advisory Group
- Mid Wales Public and Patient Engagement and Involvement Forum
- Mid Wales Planning and Delivery Executive Group
- Rural Health and Care Wales Management Group