

Cyngor Sir Powys County Council

Impact Assessment (IA)

The integrated approach to support effective decision making



Please read the accompanying guidance before completing the form.

This **Impact Assessment (IA)** toolkit, incorporates a range of legislative requirements that support effective decision making and ensure compliance with all relevant legislation. **Draft versions of the assessment should be watermarked as "Draft" and retained for completeness. However, only the final version will be made publicly available. Draft versions may be provided to regulators if appropriate. In line with Council policy IAs should be retained for 7 years.**

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

Outline Summary / Description of Proposal

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

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

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

The new model of care sits under the overarching *Health and Care Strategy for Powys: A Healthier, Caring Powys*. We asked the local community and people who provide services, both in and out of the county, to tell us 'what works well' and 'what could be improved in the future'.

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

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

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

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

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

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

2. Profile of savings delivery (if applicable)

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

3. Consultation requirements

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

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4. Impact on Other Service Areas

**Does the proposal have potential to impact on another service area? (Have you considered the implications on Health & Safety, Corporate Parenting and Data Protection?)
PLEASE ENSURE YOU INFORM / ENGAGE ANY AFFECTED SERVICE AREAS AT THE EARLIEST OPPORTUNITY**

Until further detailed design is undertaken on the model of care, the impact on other services is unknown however is anticipated to be positive. A stakeholder management plan is in place alongside a Communications and Engagement Plan, which ensures stakeholders and key personnel are engaged throughout the process.

5. How does your proposal impact on the council's strategic vision?

Council Priority	How does the proposal impact on this priority?	IMPACT Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT AFTER MITIGATION Please select from drop down box below
The Economy We will develop a vibrant economy	<p>People in north Powys benefiting from a strong economy is one of the indicative outcomes that the programme seeks to achieve.</p> <p>The model of care seeks to enhance economic stability in Powys through developing the local health and social care service offer which will enhance leadership, training and employment opportunities, increase volunteering in the community and support continued professional development.</p> <p>Returning services closer to home will increase footfall across north Powys and therefore contribute to economic growth across the region. It will also increase the opportunities for skilled employment within north Powys.</p>	<p>Good</p>	<p>To be developed during more detailed design of the model of care.</p>	<p>Choose an item.</p>

<p>Health and Care We will lead the way in effective, integrated rural health and care</p>	<p>The model of care is leading the way locally in Powys around how we will deliver an effective integrated rural health and care system in the future. The model is based on a partnership approach across multi-agency and multi-disciplinary teams with individuals, families and communities.</p> <p>Specifically, the new model of care will:</p> <ul style="list-style-type: none"> • Adopt a more co-ordinated strengths-based approach across multi-agencies with integrated working to support people through a seamless health and care service with “what matters” at the heart of the conversation. • Offer a multi-agency integrated approach to primary prevention and early intervention across multi-agencies supporting universal and targeted services, e.g. childhood obesity through more joined up working and integrated community hubs with one stop services, combining education, welfare, housing, leisure, health, social care and third sector. • Support more integrated working in primary and community care with secondary care providers to enable more enhanced services to be delivered in Powys. • Enhance focus on wellbeing, early help and support. Residents are encouraged to maximise the use of their natural surroundings and green space to develop and maintain good health and wellbeing for themselves and their families. They will be able to access early help and support services in a timely and effective way. 	<p>Very Good</p>	<p>To be developed during more detailed design of the model of care.</p>	<p>Choose an item.</p>
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	<p>There are strong areas of focus throughout the model in relation to technology and digital applications, and how these can be maximised to keep people safe and well, living independently at home for as long as possible where safe and appropriate to do so. The use of technology and digital applications assists in eradicating inequity of provision and increases accessibility to services.</p> <p>There is recognition of the importance of the first 1000 days of a child’s life, and the model of care aims to incorporate activities that help children to develop resilience as they move towards adulthood.</p> <p>Development of more local accommodation provision will ensure fewer children looked after are placed out of county, away from their home communities and support networks and access to appropriate accommodation for people with complex needs.</p> <p>A focal point of the model of care is integration and multi-agency working, aiming to provide seamless care to people to ensure they receive the right support at the right time, giving young people, adults and families a fully integrated experience of health and care. Integrated teams will be accessible via a one-stop call centre. Provision of one-stop, universal and targeted early and primary prevention services at integrated community hubs that bring together education, welfare, housing, leisure, health, social care and the third sector.</p> <p>One of the priorities identified in the Health and Care Strategy was tackling the ‘Big 4’ diseases (mental health, cancer, circulatory, respiratory). The model of care seeks to achieve that by encouraging people to reduce behaviours that contribute to incidences of the</p>			
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Council Priority	How does the proposal impact on this priority?	IMPACT Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT AFTER MITIGATION Please select from drop down box below
	Big 4 (e.g. smoking, poor diet, physical inactivity), as well as improving education to increase people's awareness of the contributing factors to the Big 4.			
Learning and skills We will strengthen learning and skills	Develop a sustainable, skilled and engaged workforce fit to meet the needs of the population of Powys and to support new models of care: <ul style="list-style-type: none"> • Development of north Powys as a training academy (Centre of Excellence), working in partnership with schools, colleges and universities • Providing opportunities for training and skills and development of new roles to support rural health and care service delivery. 	Good	To be developed during more detailed design of the model of care.	Choose an item.
Residents and Communities We will support our residents and communities	A citizen pledge has been developed within the model of care to encourage residents to take responsibility for their actions in respect of their health and wellbeing. Co-production is at the heart of the new model. The development of the model has involved residents and communities to ensure they have had opportunity to play an active role in the design and delivery of future services.	Good	To be developed during more detailed design of the model of care.	Choose an item.

Source of Outline Evidence to support judgements
<ul style="list-style-type: none"> • Intended outcomes and selected indicators of success • Engagement report stage 1 • Engagement report stage 2 • Case for Change • Programme Mandate

6. How does your proposal impact on the Welsh Government’s well-being goals?

Well-being Goal	How does proposal contribute to this goal?	IMPACT Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT AFTER MITIGATION Please select from drop down box below
<p>A prosperous Wales: An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.</p>	<p>Develop a sustainable, skilled and engaged workforce fit to meet the needs of the population of Powys and to support new models of care:</p> <ul style="list-style-type: none"> • Development of north Powys as a training academy (Centre of Excellence), working in partnership with schools, colleges and universities • Providing opportunities for training and skills and development of new roles to support rural health and care service delivery. <p>The model of care seeks to enhance economic stability in Powys through developing the local health and social care service offer which will enhance leadership, training and employment opportunities, increase volunteering in the community and support continued professional development.</p>	Good	To be developed during more detailed design of the model of care.	Choose an item.

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Well-being Goal	How does proposal contribute to this goal?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
<p>A resilient Wales: A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change).</p>	<p>The North Powys Wellbeing Programme links with wider regeneration of the town and reducing mileage for people travelling which includes the financial impact for individuals as well as carbon emissions.</p> <p>The model of care commits to providing children and young people with more and better access to wellbeing activities and green spaces.</p>	<p>Good</p>	<p>To be developed during more detailed design of the model of care.</p>	<p>Choose an item.</p>

Well-being Goal	How does proposal contribute to this goal?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
<p>A healthier Wales: A society in which people’s physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.</p> <p>Public Health (Wales) Act, 2017: Part 6 of the Act requires for public bodies to undertake a health impact assessment to assess the likely effect of a proposed action or decision on the physical or mental health of the people of Wales.</p>	<p>The integrated model of care pledges to:</p> <ul style="list-style-type: none"> • Support communities in developing hubs and activities which encourage cultural wellbeing, physical activity and social interaction. • Improve access to services • Encourage people to self-refer and self-manage where appropriate • Provide better screening and early diagnosis. <p>Health inequalities will be addressed through influencing housing, ensuring good quality affordable accommodation which enables healthy living and supports self-care and independence.</p> <p>Access to information about wellbeing services will be improved, enabling people to maximise their wellbeing and welfare.</p> <p>Embedding the new integrated model of care hopes to achieve de-stigmatisation of the term ‘mental health’, creating more inclusive communities valuing those living with impaired mental health.</p>	<p>Very Good</p>	<p>To be developed during more detailed design of the model of care.</p>	<p>Choose an item.</p>

Well-being Goal	How does proposal contribute to this goal?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
<p>A Wales of cohesive communities: Attractive, viable, safe and well-connected Communities.</p>	<p>A co-production approach has been undertaken for the development of the model of care, ensuring residents and communities have had opportunity to play an active role in the design and delivery of future services. This approach will continue for the duration of the detailed design phase which will further develop and refine the model of care.</p> <p>A Case for Change has been developed to underpin the rationale behind the development of the model of care, ensuring residents and communities are aware of the data and analysis that have supported decision making.</p> <p>The model of care will be the delivery mechanism for PSB wellbeing steps 11 and 12:</p> <ul style="list-style-type: none"> • Implement more effective structures and processes that enable multiagency community focused response to wellbeing, early help and support. • Develop our organisations' capacity to improve emotional health and wellbeing within all our communities. 	<p>Very Good</p>	<p>To be developed during more detailed design of the model of care.</p>	<p>Choose an item.</p>

Well-being Goal	How does proposal contribute to this goal?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
<p>A globally responsible Wales: A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.</p> <p>Human Rights - is about being proactive (see guidance)</p> <p>UN Convention on the Rights of the Child: The Convention gives rights to everyone under the age of 18, which include the right to be treated fairly and to be protected from discrimination; that organisations act for the best interest of the child; the right to life, survival and development; and the right to be heard.</p>	<p>A key activity shift in the model of care is around doing more in county, including:</p> <ul style="list-style-type: none"> • More children receive paediatric diagnostics, outpatient and day case treatments in-county • Most adults receive diagnostics, outpatient and day case treatments in-county • More people receive specialist care in-county, when it is safe and effective to do so • People receive less complex cancer diagnostics and treatments at the Rural Regional Centre or, where possible, in their home • People can access urgent care when they need it at the Rural Regional Centre or in their home <p>This shift in activity will contribute to reducing the carbon footprint for north Powys.</p> <p>The indicative outcomes identified for the programme are at a whole population level and therefore will not disproportionately impact vulnerable, disadvantage or seldom heard communities.</p> <p>The model of care recognises the impact of work and lived environments on people’s wellbeing and seeks to improve these, ultimately leading to reduced incidences of ‘The Big 4’.</p>	<p>Good</p>	<p>To be developed during more detailed design of the model of care.</p>	<p>Choose an item.</p>
<p>A Wales of vibrant culture and thriving Welsh language: A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.</p>				

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Well-being Goal	How does proposal contribute to this goal?	IMPACT Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT AFTER MITIGATION Please select from drop down box below
<i>Opportunities for persons to use the Welsh language, and treating the Welsh language no less favourable than the English language</i>	By bringing care closer to home, the opportunity for people in north Powys to access services through the medium of Welsh increases. Keeping services within Powys will mean residents spending more time in their local communities and therefore maximising their ability to communicate in the medium of Welsh should they choose to do so.	Good		Choose an item.
<i>Opportunities to promote the Welsh language</i>	No direct significant impact identified at this stage.	Neutral		Choose an item.
<i>Welsh Language impact on staff</i>	No direct significant impact identified at this stage.	Neutral		Choose an item.
<i>People are encouraged to do sport, art and recreation.</i>	The model will upscale green and social prescribing to offer a greater range of community-based options for people to improve their health and wellbeing and participate in physical and social activities.	Good		Choose an item.
A more equal Wales: A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances).				
<i>Age</i>	The integrated Model of Care focuses on health and care mechanisms across the life span, linked to the agendas of Start Well, Live Well and Age Well. There is a focus on further developing intergenerational opportunities, with an aim to learn from existing work between school children and older people in a particular setting (e.g. residential care or day centre).	Neutral		Choose an item.
<i>Disability</i>	No significant direct impact identified at this stage.	Neutral		Choose an item.
<i>Gender reassignment</i>	No significant direct impact identified at this stage.	Neutral		Choose an item.

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

Source of Outline Evidence to support judgements
<ul style="list-style-type: none"> • Intended outcomes and selected indicators of success • Engagement report stage 1 • Engagement report stage 2 • Case for Change • Programme Mandate

7. How does your proposal impact on the council's other key guiding principles?

Principle	How does the proposal impact on this principle?	IMPACT Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT AFTER MITIGATION Please select from drop down box below
Sustainable Development Principle (5 ways of working)				
<p>Long Term: Looking to the long term so that we do not compromise the ability of future generations to meet their own needs.</p>	<p>The North Powys Wellbeing Programme has been set in the context of Powys Regional Partnership Board's Health and Social Care ten-year strategy and Powys Public Service Board's Well-Being Plan which has a 22-year time horizon. The programme demonstrates links with the Council's Vision 2025 Corporate Improvement Plan wellbeing objective - "We will lead the way in providing effective, integrated health and care in a rural environment" and across all the wellbeing objectives in the Health Board's Integrated Medium Term Plan.</p> <p>The North Powys Wellbeing Programme has drawn on relevant data to inform future demand and the intention is to use this to gauge the impact of different approaches to emerging Models of Care.</p>	Good		Choose an item.

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Principle	How does the proposal impact on this principle?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
<p>Collaboration: Working with others in a collaborative way to find shared sustainable solutions.</p>	<p>The North Powys Wellbeing Programme has enabled the development of a proactive and mature relationship between health and social care.</p> <p>There has been early collaboration with acute providers and their change programmes helped inform the early development of the North Powys Wellbeing Programme.</p> <p>The Mid Wales Health and Social Care Committee Clinical Advisory Group has been utilised as part of the programme enabling clinical discussions and partnership working focused on north Powys across mid Wales. Under these arrangements workshops have taken place with GPs and Consultants based at Shrewsbury and Telford Hospital NHS Trust (SaTH), Bronllais Hospital, Aberystwyth and Powys to look at opportunities to in-reach into Powys and to work more collaboratively.</p> <p>The North Powys Wellbeing programme is currently working to develop a range of organisations to provide a “one-stop” service.</p>	<p>Very Good</p>		<p>Choose an item.</p>

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Principle	How does the proposal impact on this principle?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
<p><i>Involvement (including Communication and Engagement):</i> <i>Involving a diversity of the population in the decisions that affect them.</i></p>	<p>The North Powys Wellbeing Programme recognises that managing the transition from current to new models of care are important and has committed to investing in two Change Managers to ensure effective transition to the new model of care.</p> <p>The North Powys Wellbeing programme has a communication and engagement plan around its model of care, which maps the stages that they are going to engage and some key stakeholders.</p> <p>Working with Powys Association of Voluntary Organisations, the North Powys Wellbeing Programme has co-produced the citizen engagement process to support engagement with young people to inform the development of the model of care.</p> <p>There has been engagement to support co-production through the Mid Wales Health and Social Care Committee Clinical Advisory Group. Workshops with Consultants and GPs are supporting cross border working and discussions around the model of care.</p>	<p>Very Good</p>		<p>Choose an item.</p>

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Principle	How does the proposal impact on this principle?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
<p>Prevention: <i>Understanding the root causes of issues to prevent them from occurring.</i></p>	<p>The focus on prevention is a fundamental cornerstone of the ambitions for the North Powys Wellbeing Programme and more specifically the model of care.</p> <p>The preventative vision was initially embedded in the Health and Care Strategy through a focus on ‘Start Well’, ‘Live Well’ and ‘Age Well’. The model of care asks people in Powys to be proactive in supporting their own health and wellbeing, and be experts in managing their own care. They will be empowered to do so through improved accessibility utilising digital technology to maximise this.</p> <p>The location of the Rural Regional Centre has been carefully considered to ensure future service provision provides greatest preventative impact to the community. Newtown was identified as a geographical hotspot in both the Population Wellbeing Assessment for north Powys and the burden of disease analysis undertaken by Public Health.</p> <p>The use of robust joined up data has helped to understand need and to ensure services are focused on prevention.</p> <p>The North Powys Wellbeing Programme has identified the Third Sector as a key partner in its preventative approach.</p>	<p>Very Good</p>		<p>Very Good</p>

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

Principle	How does the proposal impact on this principle?	<u>IMPACT</u> Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	<u>IMPACT AFTER MITIGATION</u> Please select from drop down box below
	<p>The model of care pledges to influence housing, education, leisure and in-work poverty to reduce health inequalities.</p> <p>Provide one-stop, universal and targeted early and primary prevention services at integrated community hubs that bring together education, welfare, housing, leisure, health, social care and the third sector.</p>			
<p>Unpaid Carers: Ensuring that unpaid carers views are sought and taken into account</p>	<p>No direct impact identified at this stage.</p>	<p>Neutral</p>	<p>During the next stage of detailed design of the model of care, give consideration to the role of unpaid carers and recognise the importance and value of those people, whilst continually engaging to obtain their views.</p>	<p>Good</p>
<p>Safeguarding: Preventing and responding to abuse and neglect of children, young people and adults with health and social care needs who can't protect themselves.</p>	<p>The model of care has further emphasis on early help and support for children and families, giving focus to the importance of the first 1000 days of a child's life and early intervention to protect them from harm. The model also includes the development of a multi-agency safeguarding hub (MASH).</p> <p>The multi-agency nature of the model of care will provide joined up working between key statutory partners on a co-located site, breaking down barriers that currently exist in respect of information sharing. This will allow knowledge of vulnerable children, families and adults to be shared across relevant disciplines and timely intervention to take place.</p>	<p>Good</p>		<p>Choose an item.</p>

Principle	How does the proposal impact on this principle?	IMPACT Please select from drop down box below	What will be done to better contribute to positive or mitigate any negative impacts?	IMPACT AFTER MITIGATION Please select from drop down box below
Impact on Powys County Council Workforce	<p>The model of care is currently pitched at a strategic, high level and therefore the specific impacts on workforce are unknown at this stage. The workforce requirements are anticipated to develop in line with the more detailed design of the model, however the assumed impact on staff can only be positive at this stage.</p> <p>The model of care is ambitious and therefore upskilling and further development of staff is essential to its success, with the ethos of “grow your own” at the heart of our workforce requirements. A workforce plan will be developed as part of the more detailed design process.</p>	Good		Choose an item.
Source of Outline Evidence to support judgements				
<ul style="list-style-type: none"> • North Powys Population Wellbeing Assessment • Case for Change • Staff, public, GP and wider stakeholder engagement • North Powys service mapping • Model of Care work stream outputs • National policy and legislation drivers • Evidence base 				

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

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

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

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

Risk Identified	Inherent Risk Rating	Mitigation	Residual Risk Rating
Not having sufficient operational (existing) resource available to support delivery of the programme, caused by competing work priorities and operational pressures, impacting on the ability to deliver the programme objectives and outcomes within the agreed timescales.	High	<p>Mitigating actions taken:</p> <ul style="list-style-type: none"> • Terms of reference agreed and implemented. • Resource plan agreed and majority has been implemented (full resource to be in place April 2020). • Funding agreed for programme resource and backfill/amended plan to reflect resource gap. • GBP in place managing capacity gap around business case development and discussions commence around supporting demand, capacity and financial modelling. <p>Mitigating actions yet to be undertaken:</p> <ul style="list-style-type: none"> • Strengthen links with Workforce Futures group to agree resource allocation/support for 20/21. • Align operational capacity to programme via annual plans. • Review resource by end of phase 1 of the programme beyond June 2020 to be clear of operational capacity. • Appoint independent evaluator. 	High

<p>Ability to upscale acceleration for change projects:</p> <ul style="list-style-type: none"> • Cross border teams • Virtual clinics • Repatriation pre-operative assessments <p>This is caused by limited operational capacity and issues with data, resulting in some business cases not being developed or agreed / outcomes and measures not quantified.</p>	<p>High</p>	<p>Mitigating actions taken:</p> <ul style="list-style-type: none"> • Agreed finance representatives to support scheme. • Detailed costings applied to the estimated financial plan. • Expenditure approved in line with procurement and financial management guidelines. • Monthly financial reporting developed. • Budget reprofiles and allocated to areas of accelerated change under Transformation Funding. <p>Mitigating actions yet to be undertaken:</p> <ul style="list-style-type: none"> • Outstanding business cases developed and agreed for acceleration for change • Quality outcomes and measures via development of outcomes framework. Linked to appointment of independent evaluator. • Confirm operational resource in place to deliver projects. Link to resource plan. • Agree change management approach. 	<p>High</p>
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<p>Deliverability of the model of care:</p> <ul style="list-style-type: none"> • May not be affordable • Workforce may not be sustainable and may be issues with recruitment • Long term prevention – ability to invest / disinvest <p>This is caused by a level of uncertainty linked to the current progress / stage in</p>	High	<p>Mitigating actions taken:</p> <ul style="list-style-type: none"> • Initial discussions with secondary care to look at development of enhanced services. • Workforce baseline information gathered. <p>Mitigating actions yet to be undertaken:</p> <ul style="list-style-type: none"> • Demand, capacity and financial modelling • As part of the Programme Business Case and Strategic Outline Case development, revenue implications need to be understood in relation to affordability. • Develop workforce plan to support model of care (identify gaps / explore options to increase attractiveness e.g. Rural Health and Care Academy) and implement for Phase 1 • Consideration of dual roles and governance implications, as well as being reliant on risk appetite. 	High
Overall judgement (to be included in project risk register)			
Very High Risk	High Risk	Medium Risk	Low Risk
		x	

10. Overall Summary and Judgement of this Impact Assessment?

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

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

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

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

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

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

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

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

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

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

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

12. On-going monitoring arrangements?

What arrangements will be put in place to monitor the impact over time?

Please state when this Impact Assessment will be reviewed.

13. Sign Off

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

Cyngor Sir Powys County Council
Impact Assessment (IA)

The integrated approach to support effective decision making



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

14. Governance

Decision to be made by	Cabinet	Date required	24 March 2020
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FORM ENDS