

Appendix E: Memorandum of Understanding (MOU)

Draft Heads of Terms

Memorandum of Understanding

North Powys Multi-Agency Well-being Programme

Organisations	<p>This Memorandum of Understanding (MOU) sets out the terms and understanding between the following organisations ('the Organisations'):-</p> <ul style="list-style-type: none">• Powys Teaching Health Board• Powys County Council
Purpose	<p>The MOU describes how the Organisations will work together in creating a high quality, purpose-built multi-agency wellbeing campus development, accommodating a new school and playing fields, regional rural centre for health, community health & wellbeing centre, specialist housing, library and health and care academy in Newtown. Shared and linked space and facilities will be an essential underpinning commitment.</p>
Principles	<p>The Organisations agree to observe the following principles for the MOU and campus development:</p> <ul style="list-style-type: none">• Cost effective public purse• 'Do once' with no duplication• Commitment to decarbonisation and biodiversity• Deliver benefits from synergies and shared approach• Engage will all key stakeholders, e.g. School Governing Body
Actions	<p>The Organisations will work together to create the proposed development through:</p> <ul style="list-style-type: none">• Agreeing details of any required property transactions using the established Land Transfer Protocols, releasing agreed areas of the site between the Organisations at market value, to support the dedicated healthcare elements of the Multi-Agency Well-being Campus.• Facilitating the timely transfer of the Properties to support each other's service objectives.• Agreeing a joint approach to site surveys and site investigations to inform and enable subsequent development activity.• Structuring the project into manageable and buildable steps, in line with RIBA stages, with phasing for infrastructure, school, health and care and other facilities across the six-year time horizon, while developing a flexible and unified approach to the overall design, carbon net zero planning and various procurement needs including construction.• Agreeing a strategic definition for the wider campus and commitments in terms of shared space.• Committing to supporting the delivery of the 21st Century School build to meet the required timescales whilst also

	<p>recognising the balance of safeguarding and campus ethos.</p> <ul style="list-style-type: none"> • Committing to a building programme that allows the existing school and other council services [Children and Young People's Partnership / Library] to remain operational until the new facilities are completed and are able to be fully occupied. • Committing to a building programme that enables the Park Street Clinic to remain operational until the new facilities are completed and able to be fully occupied. • Developing governance and project management arrangements for the Multi-agency Wellbeing Campus project within the overall programme, including formalising SRO appointments and delegated authorities. If deemed appropriate, this may include arrangements for the appointment of a Project Director to lead the Campus project. • Continuing to develop the Partnership Approach which will consider, at the appropriate time, arrangements for shared space management across the proposed development. • Agreeing responsibility for Multi-Agency Well-being Campus maintenance liabilities / risks / costs, prior to completion to ensure these are understood, clear and documented. • Carrying out feasibility studies into the proposed developments & transactions. • Committing to a cohesive design philosophy and principles for the built estate on the campus, as far as funding and statutory regulations allows. • Committing to a joint decarbonisation and biodiversity strategy for the site in terms of achieving carbon net zero and protecting and enhancing the natural resources of the site. • So far as practicable, the Organisations shall have regard to environmental good practice and employ measures to promote energy / water efficiency and waste reduction when designing the building(s) / when carrying out works / when delivering services from the completed Multi-Agency Well-being Campus. • To develop an energy strategy / a waste strategy / a water strategy/an environmentally friendly strategy (or policy) for the Building/Campus. • Embedding principles of good stakeholder management and communication in terms of the site users and 'neighbours' to the campus site including Town Centre, Open Newtown, etc. - to be managed through the broader programme management arrangement.
<p>Commitments</p>	<p>The Organisations will ensure negotiations or agreements with third parties will align with the objectives of this MOU.</p>

Sharing Information & Confidentiality	<p>The Organisations will share information [compliance with UK GDPR / DPA 2018 to the extent that any information shared is 'personal data'] and reports on their respective properties but will not be liable for any inaccuracies.</p> <p>Each Partner undertakes not to disclose any confidential [to be defined by the parties] information to third parties for any purpose other than for supporting the negotiations and completing the property transactions.</p>
Costs	<p>Unless alternative arrangements for specific areas / projects / cost sharing are agreed by the Organisations in advance, the Organisations will bear their own costs when contributing to activities directly connected with this MOU.</p> <p>If an Organisation requires assistance relating to costs / additional work / resources / outsourcing / legal or technical advice or similar, it should first make a request to the other Organisation. The other Organisation will consider it. Dependent on circumstances, the Organisations could, if approved, then work together to reach agreement on any appropriate cost recovery / funding arrangements / alternatives. These arrangements will need to be specific about the costs defined in any agreement, the contributions to be made by each organisation, together with the charging mechanism and payment terms.</p>
Duration	<p>This MOU will become effective upon signature by the relevant Organisation's authorised officials. It will remain in effect until modified or terminated.</p> <p>At any time, an Organisation can terminate this MoU by notifying the other Organisation in writing; a reasonable notice period of a minimum of three calendar months shall apply.</p> <p>This MOU can be modified, provided any modification(s) required are first agreed in writing by the Organisations.</p>
Organisation Leads & Reporting	<p>Each Organisation will appoint a senior member of staff to lead on the work of the partnership. The designated lead member of staff for each will report to its management teams and Boards as necessary to support the objectives of this MOU.</p>
The Council's Contact	TBC
The Council's Solicitor	TBC
The Health Board's Contact	Hayley Thomas / Wayne Tannahill
The Health Board's Solicitor	TBC
Further Conditions	<ul style="list-style-type: none"> • Formal approval from the Organisations' management teams, Boards / Cabinet; • Formal approval from Welsh Government;

	<ul style="list-style-type: none"> • Planning & other Statutory Consents; • Contract
Dispute resolution	Dispute resolution is to be arbitrated by the Chief Executives of both organisations.
Disclaimer	<p>By signing this MOU and/or participating in the Project, the Organisations hereby irrevocably agree that their intentions are not to create any legal relations because the provisions of this MOU are not intended to be legally binding.</p> <p>The collaboration between the parties does not constitute a 'partnership' and there is no authority for either party to make commitments on behalf of the other.</p>

(Partner signature)

(Partner name)

(Partner organisation, position)

.....

Date:

(Partner signature)

(Partner name)

(Partner organisation, position)

.....

Date:

Appendix F: National Drivers

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

A Healthier Wales: Our Plan for Health and Social Care (2019)

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

Prudent Health Care (2015)

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

The Social Services and Wellbeing Act (2014)

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

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

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

The Well-being of Future Generations (Wales) Act 2015

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

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

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

During 2019, the programme was audited by the Future Generations Commission against its

ability to deliver the five ways of working under the Act; the outcomes of the audit demonstrated that there was alignment and some aspects were identified as good practice for other regions to consider.

National Development Framework 2020-2040

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

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

The Environment (Wales) Act 2016

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

NHS Decarbonisation Strategic Delivery Plan 2020/2030

The Well-being of Future Generations Act places a duty on us to act today in a way that will preserve the planet for future generations. Decarbonisation has a critical role to play to meet our duty to achieve a resilient, prosperous, cohesive, more equal, globally responsible and healthier Wales. NHS Wales Decarbonisation Strategic Delivery Plan was written by the Carbon Trust with NWSSP in response to the Welsh Government's declared climate emergency in 2019 and to allow public sector to be "net zero" by 2030. NHS Wales will need to reduce emissions by 34% to meet our contribution to the public sector's combined goal of net zero by 2030. This relies on minimising waste, increasing efficiencies, and investing heavily in decarbonisation of buildings, vehicles, procurement and healthcare. Low carbon must be core to the decisions and embedded into everyday processes so that it becomes integral to the decision making. The Delivery Plan records 46 initiatives to decarbonise NHS Wales. The Initiatives are decarbonisation activities, or projects, that NHS Wales will undertake to contribute to the public sector achieving carbon net zero position by 2030.

The Public Health (Wales) Bill (November 2016)

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

The Bill brings together a range of practical actions for improving and protecting health. It focuses on shaping social conditions that are conducive to good health, and where avoidable health harms can be prevented. If passed, the Bill will, amongst other things, restrict smoking in school grounds, hospital grounds and public playgrounds, require local

authorities to prepare a local strategy for toilet facilities for public use, require public bodies to carry out health impact assessments in specified circumstances and change the pharmaceutical list of health boards to a system based on the needs of local communities.

Taking Wales Forward (2016-2017)

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

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

Prosperity for All: The National Strategy (Wales) 2017

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

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

The Housing (Wales) Act 2014

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

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

21st Century Schools and Education Programme

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

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

Additional Welsh Guidance

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

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

Appendix G: Service Transformation

Service	Sub-Service(s)	Currently provided?	Relocation to campus?	Integration and Collaboration Opportunities
				and promote a person centred, integrated support care model for self-management, prehabilitation, rehabilitation and recovery programmes to maximise value and improve patient outcomes.
Day Cases (Medical)	IV therapies Blood transfusion Chemotherapy	N N N	Y Y Y	Promoting healthy lifestyles will be key - the service will be closely linked to community assets to provide advice, guidance and education and promote a person centred, integrated support care model for self-management, prehabilitation, rehabilitation and recovery programmes to maximise value and improve patient outcomes.
Urgent Care and Minor Injuries	MIU Urgent care GP Out of Hours	Y (<i>daytime hours only from GP surgery</i>) N Y	Y Y Y	The development of multi-agency integrated pathways of care will enable the service to care for patients referred from GP, Community Nurses, WAST (to prevent out of county travel when safe to do so) and other agencies to provide same day urgent care assessments in line with the Directory of Ambulatory Emergency Care (DAEC). Links to short stay assessment beds for rapid assessment, treatment and proactive turnaround times and inpatient step-up beds will deliver prudent health care at the right time and in the right place. Links to Integrated Health and Care Centres for GP services, Integrated community teams including Health, Social care and 3 rd Sector and harnessing the virtual ward concept will be vital to the success and rapid response of this model of

Service	Sub-Service(s)	Currently provided?	Relocation to campus?	Integration and Collaboration Opportunities
				care. Access to local enhanced diagnostics will be key to delivery.
Inpatients	Short stay assessment beds Step up beds Step down (D2RA pathway 3) beds Level 2 rehabilitation beds Palliative care beds	N N Y N Y	Y Y Y Y Y	Links to a range of wellbeing activities, education and psychology services located within the Community Hub and Integrated Health and Care Centre on the campus will optimise rehabilitation and recovery.
Integrated Community Model	Community nursing Adult social care Reablement Domiciliary care Older people's teams Home support District nursing Specialist nursing	Y Y Y Y Y N Y Y	Y Y Y Y Y Y Y Y	Need to integrated with therapies and third sector services to achieve successful delivery of integrated community model. Primary and community care services to be integrated.
Mental Health	CAMHS Adult LD team CMHT OP Team Dementia home treatment team Crisis resolution Local primary mental health support service Adult mental health Psychology Memory assessment services Integrated autism service Perinatal mental health Eating disorder service Substance misuse	Y Y Y Y Y Y Y Y Y Y N N N Y	Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Integrate MH and LD services. Integration of MH services with women's & children services and therapies. Fully integrated network of care, based on early support, recovery and enablement of people using the services throughout the life course. In partnership with housing, social care, education, policing and third sector. Increase opportunities to work with Social Care, Midwifery, Older Adult physical health services, Pharmacy, Therapies, Primary care. CAMHS the whole school approach.
Children's Services (Social Care)	Fostering Adoption Care leavers CWD Children's locality teams Youth justice service Early help	Y Y Y Y Y Y Y	Y Y Y Y Y Y Y	Work closely with corporate partners, external partners and collaboration between the teams within Children's Services.

Service	Sub-Service(s)	Currently provided?	Relocation to campus?	Integration and Collaboration Opportunities
	Integrated family teams Front door	Y Y	Y Y	
Children's Services (Health)	Community paediatric nursing Health visiting School nursing Safeguarding LD Therapies (inc. in-reach wheelchair services) Portage (play therapy) Parenting classes Paediatric Ophthalmology	Y Y Y Y Y Y Y Y Y	Y Y Y Y Y Y Y Y Y	CAMHS to be located with family & children services. Integrated child, young person & family model which provides a one stop approach to care and health promotion. Integrated model with social care and women's/maternity services.
Women & Sexual Health Services	Early pregnancy care Antenatal care Birthing centre Family planning Contraception Cystoscopies Biopsies Pessary Test and post (STI) Home termination service	N Y Y Y Y Y Y Y Y Y	Y Y Y Y Y Y Y Y Y Y	Synergy with ultrasound. Close collaborative relationships with perinatal mental health, CMHTs, psychology and third sector.
Primary Care	GPs Dental Optometry Pharmacy	Y Y Y Y	TBC Y N TBC	
Social model for health	Third sector services Library	Y (<i>not through a consistent framework or in a joined-up way</i>) Y	Y Y	All-age inclusive offer to north Powys citizens that includes advice, signposting, training, resources, on-going engagement to aid all aspects of their wellbeing, delivered in a multi-disciplinary way by statutory and 3 rd sector providers working together. An agile, adaptable and collaborative approach open to partnership working opportunities, co-creating with third sector and health organisations, businesses, volunteers and residents to deliver services and activities that citizens within Newtown

Service	Sub-Service(s)	Currently provided?	Relocation to campus?	Integration and Collaboration Opportunities
				and surrounding areas ensuring that we can provide the right services at the right time.
Therapies	Physiotherapy OT Speech & language Nutrition & dietetics Neuro service Orthotics Podiatry Audiology MSK CMATS Pulmonary rehab Pre-habilitation Physiology	Y Y Y Y Y Y Y Y Y Y N Y	Y Y Y Y Y Y Y Y Y Y Y Y	An integrated multi-disciplinary community-based team that is able to provide advice, supported self-management in north Powys, plus education and advice to family, carers, all health and social care professionals and third sector practitioners involved with them.
Homelessness	Triage 24/7 Supported accommodation Critical Time Intervention support	Y N Y	Y Y Y	Co-location of services, for example, Police, Probation, Education, Health and disability services will aid support offered. Combined resource to triage, assess and accommodate high need cases utilising existing services would provide an opportunity to deliver combined integrated services to the benefit of the households presenting as homeless and deliver effective long-term support plans.
Health and Care Academy	Practical, academic and digital learning opportunity	N	Y	

Appendix H: Rural Regional Diagnostic Treatment Centre Specification



North Powys Multi-Agency Wellbeing Campus Rural Regional Diagnostic & Treatment Centre Specification (DRAFT)





1. **Version Control**

Version	Date	Author	Issued to	Reviewer comments
V1.0	02/11/21	SCT	Programme Team Members	

Service area	Rural Regional Diagnostic and Treatment Centre
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Service Lead		
Name:	Designation:	Email address:
Jason Crowl		

Sub-Services included within this specification		
Service Area	Lead:	Designation:
Diagnostics (Cardiorespiratory)		
Diagnostics (Imaging)		
Diagnostics (Pathology / Point of Care Testing)		
Diagnostics (Endoscopy)		
Urgent Care and Minor Injuries		
GP Out of Hours		
Outpatients		
Day Cases - Surgical and Pre-Operative Assessment		
Day Cases – Medical		
Inpatients (Intensive Rehab & Stroke)		



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2. **Strategic Fit**

There are opportunities that lend themselves as key drivers for transformation post Covid. These include:

- A evidence based and value-based and outcome-focussed approach to all clinical pathways of care that impact at a local community level - including better access to clinical diagnostics and expertise.
- An adoption of new ways of working across the system - with challenge to current workforce pressures and medical model and the digital enablement of care provision closer to home
- A new clinical approach which places maintenance of health and well-being, and also prevention, at the heart of the discussion with social measures of health improvement.

All service developments and transformation will be in line with the strategic direction of the organisation; transformation, value and metrics.

3. **Purpose**

This service specification sets out the high-level service requirements for a Rural Regional Diagnostic and Treatment Centre. It is aligned with the agreed planning framework for the North Powys Wellbeing Programme and is set in the context of the latest policy, guidance and best practice evidence base.

Stakeholder engagement into developing this specification has been via the Clinical and Professional Group and other one off clinical and professional engagement sessions.



It is also based on an amalgamation of various service specifications developed by operational managers and has been informed by the strategic demand, capacity and financially modelling work.

4. **Context**

The Health and Care Strategy in 2017, set out a change in the way services would be provided in the future, introducing and distinguishing between different levels of service provision for the future, to be provided from home, Community Wellbeing Hubs and Rural Regional Centres. It outlined Rural Regional Centres would be developed to:

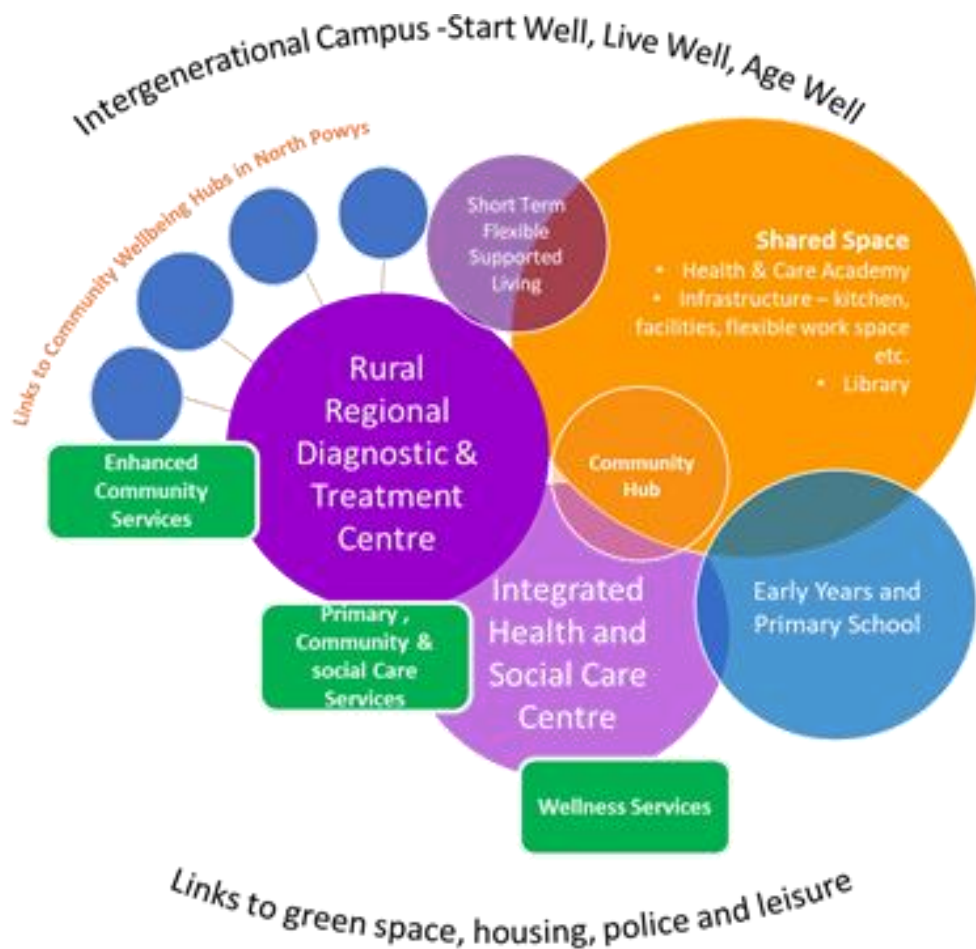
- Provide the services currently provided separately in facilities, as well as some secondary care services from within our neighbouring District General Hospitals
- Include strong relationships with providers of services that cannot be delivered currently in Powys
- Provide additional services to Community Wellbeing Hubs and provide the opportunity of delivering more services e.g. same day case surgical services, rehabilitation services and a community diagnostic service.

The North Powys Wellbeing Programme was established to deliver the strategy, an Integrated Model of Care and Wellbeing was developed based on what the community felt was important to them in terms of their health and wellbeing. Discussions have taken place in relation to the concept of a Rural Regional Centre and it was agreed the definition / naming needs amending to reflect this and 'Rural Regional Diagnostic and Treatment Centre' was agreed.

The Integrated model of care and wellbeing provides a framework for all future plans and service change across Powys and demonstrates what services will be provided at home, community, region and out of county.

The diagram below shows the concept of the campus. The principles are:

- Community first approach, focusing on improving wellbeing and holistic needs.
- Fit for purpose estate, zero carbon, making best use of space and resources,
- Integrated digitally enabled services in the home, or as close to home as possible.
- Ensure children and young people get the best start in life.

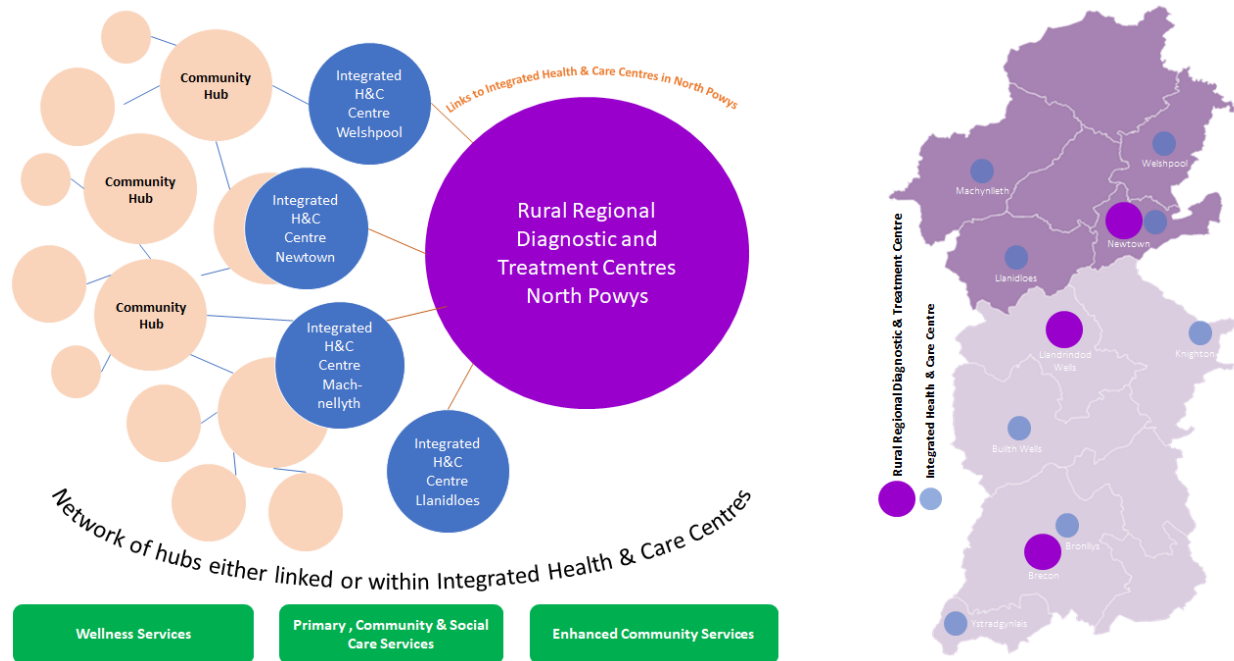


5. **Service Vision - Rural Regional Diagnostic and Treatment Centre**

The Rural Regional Diagnostic and treatment centre aims to lead the way in rural diagnostic and ambulatory care practice through a new state-of-the-art innovative centre, linked to a Rural Health and Care Academy and Integrated health and social care centre.

It will provide enhanced community services on a centralised regional footprint to ensure sustainability of future services – this will include re-commissioning

services to support a shift away from acute hospital care to provide care closer to home. The Centre will form part of a network connecting Community Hubs, Integrated Health and Care Centres and Secondary Care providers via the Rural and Regional Diagnostic and Treatment Centre – see diagram below.



The Rural Regional Diagnostic and Treatment Centre will provide the following opportunities for repatriation of activity from Acute to Community:

- Surgical Day case in line with BADS directory of procedures
- Medical Day case procedures – Transfusion, Chemotherapy etc.
- Urgent Care and Minor Injuries
- Outpatients including Attend Anywhere (digital)
- Diagnostics – Imaging, Cardiorespiratory, Endoscopy, Pathology
- Renal dialysis

6. Service Context

The Rural Regional Diagnostic and Treatment Centre serves a population of circa 65,000. It offers an opportunity to adopt best practice and increase short term capacity through new ways of working. There is evidence that demonstrates Diagnostic and Treatment Centres are an efficient and effective way of providing patient care; its aim will be to improve local access to scheduled care, ensuring value for money by stimulating new models of service delivery.

The Centre will be supported by timely access to a range of wellbeing, advice, guidance and support services. Direct access to local diagnostics and ambulatory care services will enable earlier identification of people who are at



risk of developing a disease and also prompt local diagnosis, one-stop services including counselling and psychology. The Centre will support GP’s to better manage patients in a primary and community care setting with access to a regional network of specialist advice and guidance when needed. This will reduce the demand for secondary care referrals and enable more people to be treated at home or in the community; thus, reducing unnecessary travel for people and families. The partnership aspirations for the diagnostic, ambulatory and planned care model is articulated below:

Future Model: Multi-agency one stop shop, supporting all children and young people to meet their individual needs.

Population groups: North Powys: Children and Young People

Access to Advice & Support.	Early Help	Education	One Stop shop
<ul style="list-style-type: none"> • Directory of services to understand the range of local service provision and locality. • Link service providers and utilise technology to share key messages and information sharing. • Signpost and improve access to information enabling children and young people to know where to go. 	<ul style="list-style-type: none"> • Clear and co-ordinated early help pathway for children and young people who have a variety of needs or risk factors, links to Education, Health, Social Care, 3rd Sector. • All children’s services to work together in a multi-agency way to focus on early childhood, 1st 1000 days. • Strengthen skill mixing amongst staff/ teams. 	<ul style="list-style-type: none"> • Develop training packages that aid children - diet, healthy eating – use local expertise, Cultivate Grow and Eat. • Create with children and Young People pathways that make sense to them to support healthy lifestyles. • Utilise green spaces – the importance of exercise/ being healthy including relationships. • Establish pathways between Education, Health, Social Care and 3rd Sector 	<ul style="list-style-type: none"> • Multi-agency service for children, young people and families to tell their story once. • Joined up teams, agencies, sector with positive impacts for children and their families. • Support families to stay together if safe, consistent approach. • An out of hours service accessible and consistent. • Create services in county for children with complex needs, seamless pathways and referral systems.

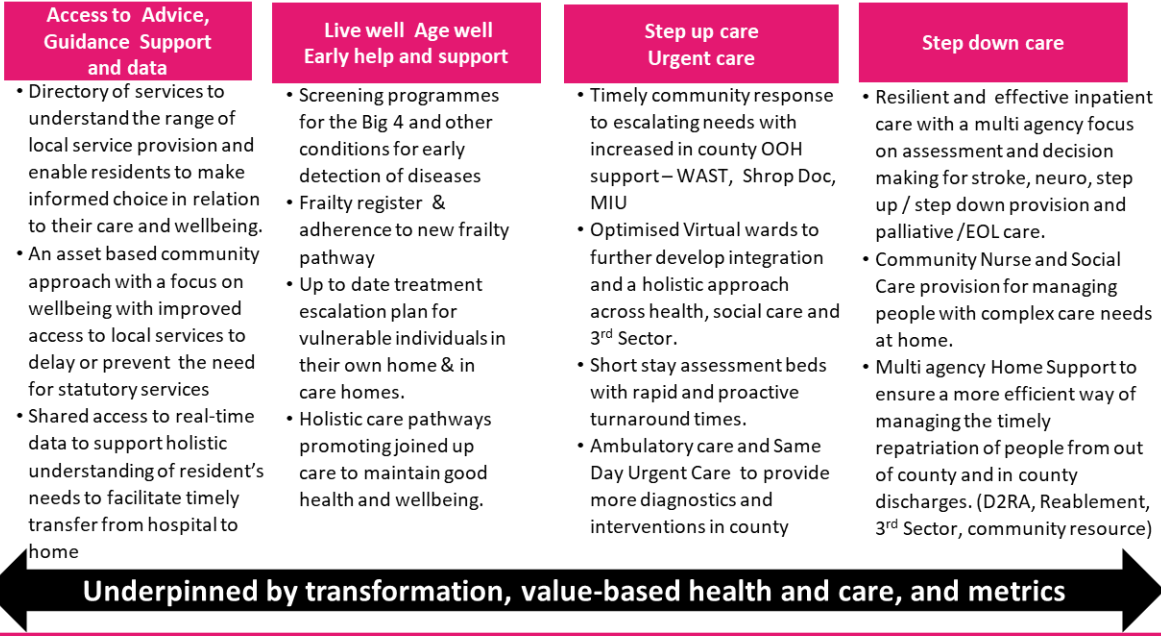
Underpinned by transformation, value-based health and care, and metrics

The Centre will also provide a regional Level 2 rehabilitation service for patients with complex needs following a stroke or major trauma requiring prolonged treatment in a specialist Level 2 rehabilitation centre. It will also provide same day urgent care service with rapid access to short stay assessment beds. The partnership aspirations are articulated below as part of the broader thinking around the future Integrated Community Model:



Future Model: An Integrated Community Model providing timely access to care, adopting a proactive, person-centred, community-based approach

Population groups: North Powys: general population, targeted groups Elderly, Long term conditions, carers



The third sector and social care element will be as important as the clinical component in the centre focusing on the principles of prudent healthcare and capitalising on the key adjacencies on the campus to support prevention and early help and support and what matters to the people of North Powys.

The Centre will strongly depend on the Rural Health and Care Academy to provide rural professional and clinical education through modern physical and virtual spaces, combined with a leadership and management talent operating at all levels across systems. This will enable leaders to develop innovative models of care through technology, education, research and innovation, making sure the health and care workforce including volunteers and carers can respond to people's needs in a timely way. The education offer on-site alongside cutting-edge technology, will support in attracting a future highly skilled workforce to deliver advanced health and care services to the population of north Powys.

The facilities and services need to be digitally enabled and flexible through provision of generic space which can respond to changes in service needs and also have an ability to expand and contract. It will be supported by good IT, which will link up with primary and secondary care so in the future GPs will be able to book diagnostics or treatments for patients, direct to pre-assessment process and straight on to theatre lists. The GP's will also be able to utilise step up ambulatory care and short stay assessment beds as a way to support



patients who need a period of observation and are not safe to remain at home on the virtual ward.

The Centre will be designed with a patient centric focus which will determine its functionality whilst meeting all current building regulations and accessibility requirements.

7. National, Local Policy and Best Practice Guidance

The service specification aligns and supports with delivery of:

- A Healthier Wales and the Quadruple Aim
- Social Services and Wellbeing (Wales) Act – ‘what matters to individuals’
- Wellbeing of Future Generations Act – Sustainable Development Principle
- National Clinical Framework: A learning health and care system.
- National Rehabilitation pathways and guidance
- British Association of Day Case Services - Directory of Procedures
- Directory of Ambulatory Emergency Care
- Transforming the way we deliver outpatients in Wales –WG (April 2020)
- Nuffield Trust, London School of Economics and the universities of Leicester, Newcastle and Southampton created a Hospital Frailty Risk Score (HFRS)
- Diagnostics: Recovery and Renewal, October 2020 (the "Richards report")
- National Programme for Primary and Community Care and Primary Care Model for Wales
- NICE guidance (where applicable)

The local policy context includes alignment and supporting delivery of:

- Powys Health and Care Strategy
- PTHB Annual Plan
- PCC Vision 2025
- Integrated Model of Care and Wellbeing
- RPB Strategic Outcomes Framework

8. Population and Service Needs

Powys is a rural county offering plenty of green space, however one disadvantage is that many residents often live a long way from services, particularly in the sparsely populated areas of north Powys.

Rurality and accessibility to services is a key challenge in the planning and delivery of services across north Powys, with variation in service provision across the county. Powys is unique in that it does not have a district general hospital and residents must travel out of county, to other parts of Wales or over the border to England, to access certain types of health services. Some services such as day cases, diagnostics and outpatient appointments are not provided in north Powys meaning people rely on services around the borders of north Powys



requiring travel out of county. Approximately 5,000 people travel out of county each year for relatively straight forward day case operations that could be undertaken in a day case facility in north Powys, as per the service model which is currently provided in the mid and south of the county. There are also approximately 60,000 outpatient appointments which take place each year outside of Powys, a large proportion of these could be delivered more locally if we had access to the right digital infrastructure, diagnostic and workforce facilities.

Working with our external partners in neighbouring health and care systems, we must review and transform the way we currently provide services to enable us to deliver care closer to home where possible and safe to do so. The future service model in north Powys will address the variation in service provision, meaning people will be able to access the same services regardless of where in Powys they live.

In north Powys, people have different life expectancies depending on their income and where they live, which is unfair. People living in the most deprived areas of north Powys live more years in poor health compared to people in the least deprived areas. Health and care interventions that do not reach those at greatest risk are likely to increase the inequity in health outcomes.

Extensive engagement was undertaken during 2019, the image below demonstrates the most prominent feedback that was gained from members of the public during the engagement sessions, with strong messages around accessibility to services, providing services more locally, capitalising on the expedited upscaled use of technology and providing health and care services in a more coordinated and joined up way.

"I learned about managing my lifestyle, relapse prevention and early intervention through being aware of triggers and early warning signs. This programme changed my life and I'm almost certain it has saved my life. I have gone from copying to managing my bipolar disorder"

Improve access and transport – "Travel to town or to hospital isn't easy for me" "I don't have a car and public transport is difficult for me to access" "Most hospital services are outside the county" "I find it hard to access healthcare around my own work and care commitments" "There needs to be improved access to walking paths"

GPs - "The triage system in Newtown does not work effectively" "GPs should be encouraged to undertake more social prescribing" "I am very happy with the service I receive at my GP surgery in Llanidloes"

Local services – "Deliver services locally wherever is possible" "Consider putting a district general hospital in Powys" "Bring services together in community hubs" "Connect health and care with community activities" "Help me to prevent health and care problems arising"

Mental Health - "Remember that when a young person comes for help, they are often scared." "Mental health services need strengthening locally, especially for children and young people."

Improve the use of technology – "Better connections needed in services and in the home through Broadband, 4G etc." "Use technology more and use it better" "We need support to use technology"



"To be able to go to some organised gentle exercise aimed at older people in the community, would help. It would keep you moving"

Access to green space - "Our children need plenty of green space in order to help them to thrive and grow." "Green space has a positive impact on mental health."

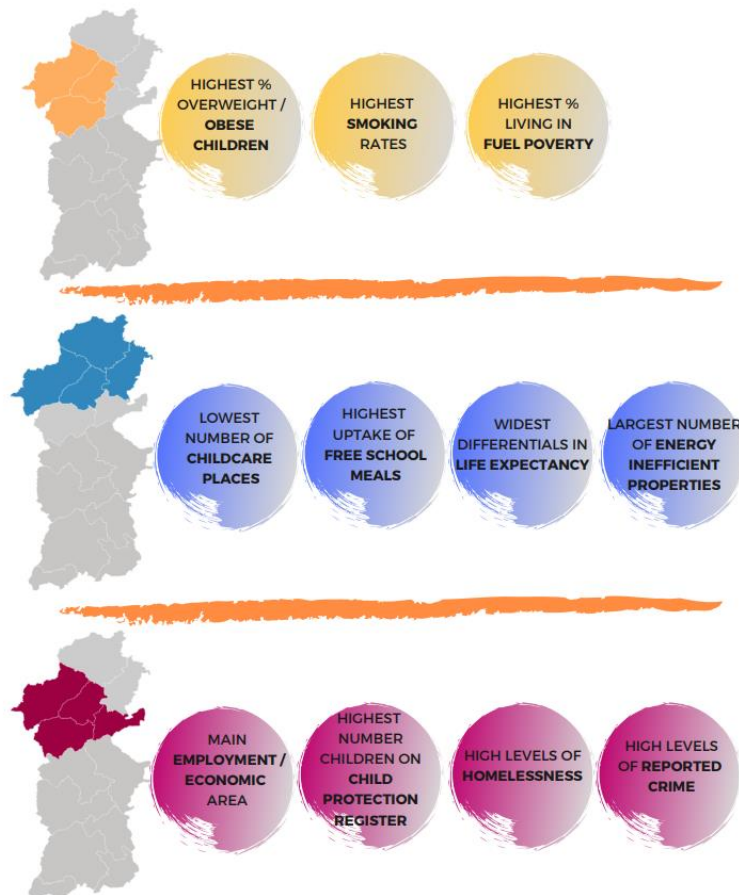
Co-ordinate and join up services – "Allow information to be shared safely" "Locate services in ways that reduce multiple appointments and allow me to see health and care professionals in one place" "Design services in ways that help people to work together"

"Services need to be available in Welsh without having to ask, as well as the principle that people aren't discriminated against because they live in a rural area"

Put people first – "Attend to the needs of carers" "Put the needs of citizens, and people using services, at the heart of your plans" "Overcome barriers for people with sensory loss, disabilities and other access needs" "Provide services in the Welsh language" "Listen to and respect us"

Improve access to information and advice – "Let people know about the things they can do to keep themselves healthy" "Raise awareness and guide people to the right information and support for earlier help" "More needs to be done to promote Community Connectors, their service is invaluable but people don't know about it."

The Population Needs Assessment for Powys (2017) highlighted some stark figures for various areas across the north of the county when comparing with other localities throughout mid and south Powys, as highlighted below. This makes north Powys a priority for investment and more innovative and effective health and care delivery.



9. Demand for Services

Phase one modelling outputs:



Powys DC modelling
- summary for SOC D

10. Service Scope and Description

The Rural Regional Diagnostic and Treatment Centre will provide a regional service to the population of north Powys (circa 65,000 population) for

1. Diagnostics
2. Outpatients



3. Surgical and Medical Day Cases
4. Urgent Care & Minor Injuries
5. GP Out of Hours
6. Inpatients including Level 2 Stroke and Neuro Rehabilitation

1. Diagnostics

Vision

A state-of-the-art community diagnostics suite serving patients with diagnostic imaging solutions to provide earlier diagnosis, prevent long waits and support provision of one stop clinics (when needed).

Diagnostic provision is an essential enabler for this service redesign and to the long-term recovery of the Covid 19 pandemic. Demand for diagnostics was rising markedly before the pandemic and for some tests this has outstripped capacity. There is a clear need to increase capacity and streamline diagnostic services with acute (A&E and inpatients) and elective (GP and outpatient referrals) diagnostics being separated wherever possible to address the current backlog and aid the longer-term recovery of services.

A community diagnostic suite will provide an opportunity for the provision of a broad range of diagnostics outside of acute provision in non-traditional locations, supporting equity in access to the population of North Powys and reduce unnecessary out of county travel. It can achieve better outcomes, deliver an improved patient experience and provide sufficient capacity to enable the service to meet the growing demands.

There are major opportunities to reconfigure the service model in a way that improves care pathways, is sustainable and cost-effective. The service will provide increased primary care access to imaging and the improved availability of services such as screening programmes. Imaging is a substantial part of Breast Test Wales, Bowel Screening Wales, Wales Abdominal Aortic Screening Programme and Antenatal Screening Wales. The UK National Screening Committee (NSC) are currently reviewing the evidence on Low Dose CT (LDCT) screening and Lung Health Checks (LHCs) with a view to making recommendations on whether a national programme should be developed.

Service Description

The provision will provide a broad range of services to increase and optimise diagnostic capacity providing benefits in terms of efficiency and quicker access to testing and convenience for patients:

- **Imaging:** Plain x-ray, ultrasound, CT, MRI
- **Cardio-respiratory:** Echocardiography, ECG and rhythm monitoring, Spirometry and Lung function tests, sleep apnoea studies, blood pressure monitoring, oximetry and Blood gas analysis
- **Pathology:** Phlebotomy, Point of Care testing (POCT)



- **Endoscopy Suite:** Investigative and diagnostic service to JAG accreditation standards
- **Consulting and reporting rooms.**

It will support local service provision for the 'BIG 4' pathways, Clinical Musculoskeletal Assessment and Treatment Service (CMATS), Orthopaedic, Dental, Podiatry, Audiology vascular, non-obstetric ultrasound (NOUS), Obstetric clinics, enabling more patients to be seen and treated locally in north Powys.

2. Outpatients

Vision

To provide an innovative flexible service for consultations, diagnosis and treatment, enabling the repatriation of outpatient consultations and procedures from acute sites, reducing the need for patients to travel out of county unnecessarily and thus reduce demand on hospital services.

Evidence shows that the traditional way of delivering outpatients cannot keep up with increasing demand for health care services. The current model of 10-15 minutes one-to-one consultations is not working for clinicians or for patients.

The future service will provide cutting edge technologies to enable virtual and remote services which are flexible to meet the needs of the individual. Promoting healthy lifestyles will be key - the service will be closely linked to the Community hub which will provide multi-agency advice, guidance and education programmes to promote self-management to maximise value and avoid waste.

Service Description

The service will be supported by an active wellbeing, advice and pre-habilitation service which promotes education, self-management and reduce the number of referrals for unnecessary surgical interventions that does not improve patient outcomes.

It will deliver a significant proportion of all medical and surgical outpatient appointments and procedures in north Powys through a hub and spoke model, with specialist outpatients provided regionally within the Centre and remote access to Secondary Care consultants providing specialist advice and guidance.

A triage process will provide options to streamline referrals to alternative services when appropriate and safe to do so. Better access to enhanced diagnostics, Clinical Musculoskeletal Assessment and Treatment Service (CMATS), National Education Referral Schemes (NERS) and Social prescribing will improve patient outcomes and experience.

Follow up appointments will be reduced by maximising the potential for 'See on Symptoms' (SOS) and 'Patient Initiated Follow up' (PIFU) as prudent and value-based options for follow up care.



A one stop service to improve patient experience, unpinned by robust pathways to tackle the big four (respiratory, cancer, mental health, circulatory).

3. Surgical and Medical Day Cases

Vision

To provide a state-of-the-art day case unit which provides both surgical and medical interventions and supports local pre-operative assessment. It will enable repatriation of activity from acute sites where safe and efficient to do so; reducing the need for patients to travel out of county unnecessarily and thus demand on hospital services.

The service will be delivered in line with the INNU (Interventions Not Normally Undertaken) policy, British Association of Day Surgery (BADs) and 'Powys Basket of procedures.' Promoting healthy lifestyles will be key - the service will be closely linked to community assets to provide advice, guidance and education and promote a person centred, integrated support care model for self-management, pre-habilitation, rehabilitation and recovery programmes to maximise value and improve patient outcomes.

Service Description

The service provision will support the repatriation of services into North Powys and support the vision of care closer to home:

- **Pre-operative assessment:** Virtual and face to face
- **Medical Day Care:** Procedures and treatments such as IV therapies, blood transfusion, chemotherapy etc.
- **Surgical Day Care:** Clean procedure rooms and operating theatre for patients requiring GA/heavy sedation.
- **Recovery room:** Adjacent to operating theatre.
- **First aid / Resuscitation room:** Observation, stabilisation with access for ambulance pick up.

Innovative planning and design to the adjacencies of services i.e. OPD, clean procedure rooms, diagnostics, within the Centre will ensure effective throughput of patients and efficiency in workforce job planning and time.

4. Urgent Care & Minor Injuries

Vision

The key principle is to support people in their own homes adopting a social model for health and asset-based community approach focusing on wellbeing services to delay or prevent the need for statutory services. For those people needing additional support for assessment, observation and treatment the provision of an urgent care service in the Centre will support a reduction in hospital admissions through a hub and spoke model.



The development of multi-agency integrated pathways of care will enable the service to care for patients referred from GP, Community Nurses, WAST (to prevent out of county travel when safe to do so) and other agencies to provide same day urgent care assessments in line with the Directory of Ambulatory Emergency Care (DAEC). Links to short stay assessment beds for rapid assessment, treatment and proactive turnaround times and inpatient step-up beds will deliver prudent health care at the right time and in the right place.

Links to Integrated Health and Care Centres for GP services, Integrated community teams including Health, Social care and 3rd Sector and harnessing the virtual ward concept will be vital to the success and rapid response of this model of care. Access to local enhanced diagnostics will be key to delivery.

Service Description

To provide a 24-hour urgent care and Minor Injuries Unit (MIU) service in Newtown to reduce admissions to acute sites.

- **MIU:** Triage, See and Treat facility with Plaster room and links to diagnostics and Primary care. Focused on prevention and early intervention and promoting health behaviours via MECC (Making Every Contact Count) & referral pathway.
- **Urgent Care:** Step up care – via triage & alternative pathways to divert from acute services in neighbouring HB's when safe to do so and provide care closer to home.
- **GP Out of Hours:**

Further work is needed to define and understand the future model of care for urgent care, including minor injuries, GP Out of Hours and step up care - Home First, D2RA Pathway 1 to include a wider integrated community response.

5. Inpatients including Stroke and Neuro Rehabilitation (Level 2)

Vision

Only those with a clinical need or those with escalating needs who cannot be managed in a community setting will be admitted into an inpatient bed.

Patients will travel out of county to secondary and tertiary centres for inpatient care when their clinical condition cannot be managed in Primary and community care settings. Hospital admission will be a last resort.

Repatriation will be efficient, timely and supported by the 'discharge to recover and assess' model and 'home first' ethos.

Inpatient facilities will flex between 4 sites in North Powys. A person-centred place-based approach which acknowledges the complexity of people's lives in rural communities will safeguard timely access to appropriate inpatient facilities.

A Specialist level 2 rehabilitation centre providing intensive treatment and therapy for Stroke patients and those who have suffered a life changing event



will be provided in the Rural Regional Diagnostic and Treatment Centre. It will support the Powys population and commissioning of services from neighbouring counties [to be confirmed]. Links to a range of wellbeing activities, education and psychology services located within the Community Hub and Integrated Health and Care Centre on the campus will optimise rehabilitation and recovery.

Service Description

Inpatient provision for North Powys will have a diverse bed configuration to provide the right care at the right time by the right people:

- **Short stay assessment beds:** rapid assessment, treatment and proactive turnaround times (<48hrs)
- **Step up beds:** Admission from home for treatment, rehabilitation with shared decision making and robust discharge planning
- **Step down (D2RA Pathway 3) beds:** Repatriation for those requiring overnight nursing support, rehabilitation needs and recovery plans.
- **Level 2 Rehabilitation beds:** Providing intensive treatment and therapy for patients who have complex needs following a stroke or other life changing event.
- **Palliative care beds:** Treatment, care and support for patients with life limiting illness and end of life care.

The development of a multi-agency skill mix model that works across inpatient and community services and access to early diagnostics will be key to optimising patient flow, efficiency and value-based healthcare.

Our value-based approach to new workforce arrangements will be data driven based on detailed activity and referral data and evidence-based approaches to new ways of working. This will include understanding re-imagining the new workforce model, their training needs in a modern integrated setting, and how we re-tool the workforce to work in an agile and flexible way.

Care closer to home matters to the people of North Powys, providing appropriate resources and suitable infrastructure will improve patient experience, outcome and reduce unnecessary travel and carbon emissions to support the decarbonisation agenda.

11. Service Transformation

The proposed Multi-Agency Wellbeing Campus in the heart of Newtown will underpin successful service transformation and act as an enabler for collaboration and integration of services, enhancing and transforming the way health and care services are delivered to the population of north Powys. Current services are disparate and delivered from buildings and facilities which are no longer fit for purpose, which acts as a barrier to delivering effective integrated health and care to our population. Relocation of existing and additional services

				provide advice, guidance and education and promote a person centred, integrated support care model for self-management, pre-habilitation, rehabilitation and recovery programmes to maximise value and improve patient outcomes.
Day Cases (Medical)	IV therapies Blood transfusion Chemotherapy	N N N	Y Y Y	Promoting healthy lifestyles will be key - the service will be closely linked to community assets to provide advice, guidance and education and promote a person centred, integrated support care model for self-management, pre-habilitation, rehabilitation and recovery programmes to maximise value and improve patient outcomes.
Urgent Care and Minor Injuries	MIU Urgent care GP Out of Hours	Y (<i>daytime hours only from GP surgery</i>) N Y	Y Y Y	The development of multi-agency integrated pathways of care will enable the service to care for patients referred from GP, Community Nurses, WAST (to prevent out of county travel when safe to do so) and other agencies to provide same day urgent care assessments in line with the Directory of Ambulatory Emergency Care (DAEC). Links to short stay assessment beds for rapid assessment, treatment and proactive turnaround times and inpatient step-up beds will deliver prudent health care at the right time and in the right place.

				Links to Integrated Health and Care Centres for GP services, Integrated community teams including Health, Social care and 3 rd Sector and harnessing the virtual ward concept will be vital to the success and rapid response of this model of care. Access to local enhanced diagnostics will be key to delivery.
Inpatients	Short stay assessment beds Step up beds Step down (D2RA pathway 3) beds Level 2 rehabilitation beds Palliative care beds	N N Y N Y	Y Y Y Y Y	Links to a range of wellbeing activities, education and psychology services located within the Community Hub and Integrated Health and Care Centre on the campus will optimise rehabilitation and recovery.
Therapies	Physiotherapy OT Speech & language Nutrition & dietetics Neuro service Orthotics Podiatry Audiology MSK CMATS Pulmonary rehab Pre-habilitation Physiology	Y Y Y Y Y Y Y Y Y Y N Y	Y Y Y Y Y Y Y Y Y Y Y Y	An integrated multi-disciplinary community-based team that is able to provide advice, supported self-management in north Powys, plus education and advice to family, carers, all health and social care professionals and third sector practitioners involved with them.
Homelessness	Triage 24/7 Supported accommodation Critical Time Intervention support	Y N Y	Y Y Y	Co-location of services, for example, Police, Probation, Education, Health and disability services will aid support offered. Combined resource to triage, assess and accommodate high need cases utilising existing services would provide an opportunity to deliver combined integrated services to the benefit of the

				households presenting as homeless and deliver effective long-term support plans.
Health and Care Academy	Practical, academic and digital learning opportunity	N	Y	

12. Workforce Implications

The workforce baseline has been updated to show where the current key challenges are, this includes the following in relation to the development of the Centre:

The Health and Care Academy and innovative practice which the new development will bring, is key to addressing the workforce challenges. Workforce planning will be undertaken in line with the development of new pathways, however an initial assessment of the implications is provided below.



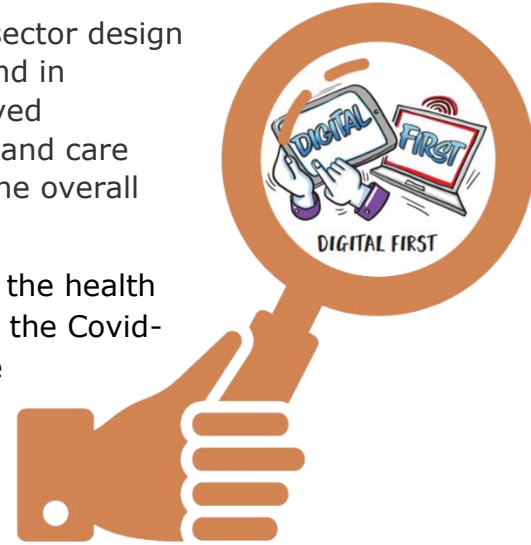
Service	Requirements
Diagnostics	<p>Expansion of Imaging team to include Radiographers and Sonographers and Consultant Radiologist input. Advanced practice radiographers for Sonography, reporting, mammographers, vascular scientist. Administration support.</p> <p>The Health & Care Academy on the campus development could link to the WG proposed NHS Wales Imaging training academy to be sited in South Wales to help with future workforce training. The Academy will focus on training radiologists to perform tasks that only a radiologist can competently undertake, but rapidly extend this to radiographers and other professionals who will be critical to ensuring a sustainable imaging workforce for the future</p>

	Expansion of Respiratory MDT Service to consider clinical lead physiologist roles for Sleep studies, ECHO, Spirometry physiologist and Band 3 / 4 apprenticeship role or health care scientist assistant that could perform, ECG, phlebotomy and other lower skilled diagnostics that could be shared by all services.
Outpatients	Potential for joint appointments to some specialities i.e. Ophthalmology and Respiratory, COE Consultant. Strategic partnerships with neighbouring Health Boards / Trust to develop medical model. Upskilling of nurses and GP's with special interest
Surgical and Medical Day Cases	Potential for joint appointments to some specialities i.e. Ophthalmology, Anaesthetists etc. Strategic partnerships with neighbouring Health Boards / Trust to develop medical model. Expansion of theatre and endoscopy team and looking at upskilling and alternative models. Potential issue with recruitment - key will be to link with HEIW to support training in line with development.
Urgent Care & Minor Injuries	New staffing model required. Potential to be led by Advanced Nurse Practitioners with medical input from GP's. Nurse Practitioner could be challenging to recruit. Option could be for developmental nurses to be recruited into band 5 post & trained on ENP course with training links to neighbouring A&E's. Would need some existing ENP's to support & mentor through this process. Anticipated timescale of maximum of two years for each ENP from commencement of post to qualifying. Health Care Support workers. Band 7 MIU Team leader – 1 FT WTE Emergency Nurse Practitioners – 9 FT WTE HCSW, Band 3 – 2 FT WTE
Stroke and Neuro Rehabilitation	Existing Consultant therapist led service would need expanding to include medical input. Comprising of clinicians with specialist knowledge and skills in neurological conditions, including stroke, comprising; nursing, OT , physiotherapy, psychology, speech and language therapy, supported by a Community Neuro Service Coordinator.
GP Out of Hours	To be updated. Presume no change

13. Digital Implications

Digital technology has become an integral part of public sector design and is all set to revolutionise the practice of healthcare and in particular medicine. Digital technology has greatly improved operational efficiency with respect to standards of health and care services. The transformation has significantly enhanced the overall experience of both healthcare professionals and patients.

In Powys, the potential of digital technology to transform the health and social care system has still not been realised, though the Covid-19 pandemic has caused a rapid shift towards the remote delivery of care through online technologies. Some of the areas where digital technology has made an enormous impact in healthcare include:



- 1. Improved Lines of Communication:**
- 2. Telemedicine/Telehealth**
- 3. Health Apps:**

This will be key to delivering the innovative practice we wish to see in the Rural Regional Diagnostics and Treatment Centre.

Service	Requirements
Diagnostics	One system for radiology to enable imaging to be reported from any site Pan Powys RadIS/ CRIS/ PACS/ IEP/ ICT connections/equipment/ reporting workstations/ CD burner/ Scanner/Printer Cross border information sharing system to share diagnostic results
Outpatients	Access to WCCIS & WPAS. Use of Attend Anywhere or assessment /consultations via Teams and e-learning platform.
Surgical and Medical Day Cases	Access to WCCIS & WPAS. Video links with Acute Hospitals and Cross border information sharing system
Urgent Care & Minor Injuries	Access to all NHS systems. Computers and Video link connections. Tablets for pt feedback & use of liaising with commissioned partners for clinical referrals. Digital assessment of patients. Technological solutions to improve access to information through e referrals to specialist services via MIU.
Stroke and Neuro Rehabilitation	Good wi-fi, access to ipads, tablets, smart screens for bed management, etc. Video link connections



14. Design Considerations

Healthcare facilities should provide a therapeutic environment in which the overall design of the building contributes to the process of healing and reduces the risk of healthcare-associated infections rather than simply being a place where treatment takes place.

The healthcare planning and design process therefore needs to be correspondingly broad enough to include not only the issues surrounding the treatment of disease, but also the promotion of health and prevention of disease, creating a safe and therapeutic health and care environment.

Health Building Notes guidance sets out evidence-based design considerations for a therapeutic environment based around activities undertaken in health and care facilities, as set out below.

Inpatient rooms¹:

Evidence	Considerations
Activity studies have been conducted and have established minimum sizes of the space around the bed	<ul style="list-style-type: none"> • Carers must have access to eat least one side of the bed • Doorways and circulation space must allow for trolleys and wheelchairs
Evidence suggests that where adequate provision is made for relatives to stay with the patient there are many benefits including reductions in nurse-call button activity, inpatient falls etc.	<ul style="list-style-type: none"> • Creating zones for patients, visitors and carers within the bed place helps each feel a greater sense of ownership and belonging • Providing a sofa or sofa bed for visitors to sleep on encourages them to stay with the patient for longer periods • Providing facilities (such as a desk) for visitors while the patient may be resting encourages them to stay • Every bed place should have handwashing facilities
Patients and staff like to be able to control their privacy and their interaction with others	<ul style="list-style-type: none"> • Personal space and a feeling of privacy is crucial to avoiding distress, discomfort and upset to patients in bed • Visual and audible privacy for patients undergoing treatment are crucial to maintaining patient dignity

¹ [Health Building Note 00-01: General design guidance for healthcare buildings \(england.nhs.uk\)](https://www.england.nhs.uk/healthbuildingnotes/00-01-general-design-guidance-for-healthcare-buildings/)

	<ul style="list-style-type: none"> • Single patient bedrooms provide the highest levels of privacy and dignity • Furniture, screens and the positioning of beds can create a more personal space in multi-bed rooms • Providing opportunities for displaying pictures and other personal possessions is important
<p>Studies show that when daylight is available, many building occupants like to reduce artificial lighting to allow the daylight to take effect.</p> <p>During the day, the seasons' natural light levels vary enormously and people generally like to be aware of this.</p> <p>Patients and staff express the need to be able to arrange for a range of lighting effects to avoid glare, to offer bright light for reading, to dim lights for night-time rest etc.</p> <p>They dislike direct and institutional lighting provided by high even levels of fluorescent lighting.</p>	<p>Daylight</p> <ul style="list-style-type: none"> • All bed places should ideally be exposed to daylight. • Daylight is important for confined patients to maintain a sense of time and natural body rhythms. A lack of daylight will depress confined patients and could add to despondency. • Direct sunlight should be avoided or shaded as it can be uncomfortable and irritating for patients in bed who cannot avoid it. Bedside controls of blinds and curtains helps reduce frustration and restores a sense of independence. <p>Artificial lighting</p> <ul style="list-style-type: none"> • Patients should be able to control their own lighting. • Artificial lighting should be of a variety of types and levels to provide for different activities. • Low level task lighting should be provided for reading and watching TV. • Soft indirect lighting is comforting.

Consultation Areas²:

Evidence	Considerations
<p>While being the most medically technical of all our places, these rooms should nevertheless be designed as much to make the</p>	<ul style="list-style-type: none"> • In places where patients may be undergoing stressful or lengthy treatment, art and views can offer calm distraction

² [Health Building Note 00-01: General design guidance for healthcare buildings \(england.nhs.uk\)](https://www.england.nhs.uk/healthbuildingnote/00-01-general-design-guidance-for-healthcare-buildings/)

<p>patients feel at ease as for the efficiency of operation by clinicians.</p> <p>Research shows that scenes of nature whether actual or reproductions help to reduce stress.</p>	
<p>Patients are increasingly in dialogue with the consultant rather than just receiving information. The consultant is very likely to interact with a computer and may want to show the screen to the patient at times. It may feel discourteous to patients if the consultant has to turn away to work at a computer.</p>	<ul style="list-style-type: none"> • Being able to see computer screens and look at images will make the patient feel more comfortable
<p>Patients show general consensus, as do staff, about wanting light and airy hospitals. This can be achieved by the use of materials, colour, natural light and artificial light.</p>	<ul style="list-style-type: none"> • Domestic-style materials, finishes and décor help patients relax and feel more at ease • Soft materials help absorb sound and reduce noise • Natural materials such as wood feel more reassuring and human • Hiding, disguising or designing-in the necessary medical equipment makes it less obtrusive and unfriendly and prevents a feeling of clutter and disorganisation.
<p>Research shows the benefits of views when people spend long periods of time in a space.</p>	<ul style="list-style-type: none"> • Being able to see the sky and nature gives people a feeling of wellbeing. It can even counteract the feeling of being temporarily cut off from the normal world. This will also be important to consultants who may spend long periods in these spaces.
<p>Research shows that people not only like to feel comfortable but also like to control their environment.</p>	<ul style="list-style-type: none"> • Patients may sometimes feel vulnerable or faint. Being able to open windows, change lighting and shut out background noise are important.