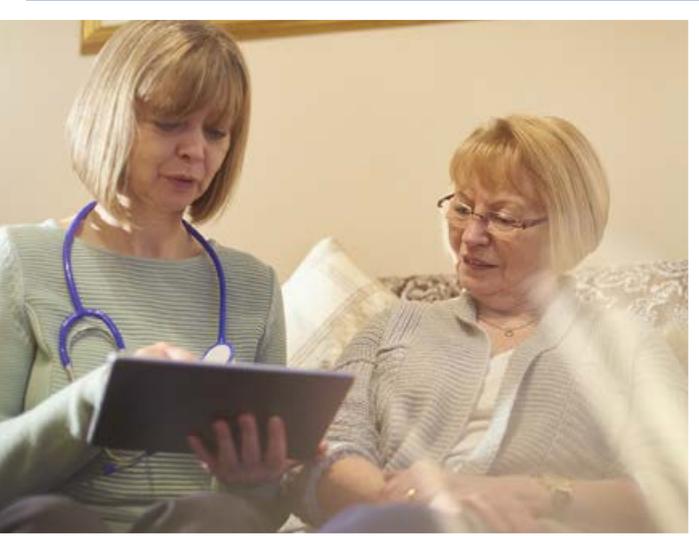




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NHS Wales National Integrated Medium Term Plan (IMTP)

An All-Wales Review of
NHS IMTPS for 2019–22

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MESSAGE FROM THE MINISTER FOR HEALTH AND SOCIAL SERVICES

I am delighted to present the first National Integrated Medium Term Plan (IMTP) for NHS Wales.

The development of a National IMTP was one of the forty key commitments that I made in publishing *A Healthier Wales: Our long-term plan for health and social care*. The commitment for a “national plan for the NHS to be developed, bringing together all NHS Health Board and Trust IMTPs to produce a national picture” to be delivered by December 2019.

A range of steps have already taken over the last year to simplify and streamline the planning landscape. The National IMTP will make a further contribution to strengthening our integrated planning system.

The issuing of the National IMTP must also be timely. That is why I have issued it now, three months ahead of the original timeline, to coincide with the issuing of the next NHS Planning Framework. This demonstrates the Welsh Government’s commitment to strengthening integrated planning in NHS Wales.

The intention is for this first National IMTP to look back and reflect on the outcome and impact of the last planning cycle. It will also look forward to set the tone and direction for the next planning cycle.

As integrated planning continues to evolve and mature, it is pleasing to see the range of good practice examples across the latest set of NHS IMTPs and Annual Plans. There is much about NHS Wales to be celebrated.

I was encouraged to see IMTPs and Annual Plans improving and good progress being made in areas such as prevention, primary and community care, mental health, innovation, collaboration and research & development. These areas, and many others, will all contribute to improved health outcomes, quality and safety.

We must always strive to do more and better for the people of Wales. This National IMTP identifies areas where I expect NHS organisations to go further and faster to realise improvements and large scale change for the benefit of citizens.

I look forward to seeing the areas of good practice highlighted within this National IMTP, and more importantly, how the areas where further action is required, will be built upon in the next IMTP planning cycle.



Vaughan Gething
Minister for Health and Social Services

FOREWORD FROM THE DIRECTOR GENERAL AND CHIEF EXECUTIVE OF NHS WALES

As outlined in his foreword, the Minister indicates that the issuing of this first National IMTP is another major milestone in the ongoing delivery of commitments made in *A Healthier Wales*.

Each of the fifteen NHS bodies has produced either an IMTP (2019-22) or an Annual Plan (2019-20). These plans provide assurance on how services will be commissioned and provided, within available resources, to meet the needs of individuals and improve outcomes for the populations they serve.

This National IMTP brings together the fifteen organisational plans, providing greater assurance on the direction for NHS Wales as a whole. The National IMTP takes stock of where NHS organisations are in delivering key Ministerial priorities, acknowledging good practice seen. I was particularly encouraged to see clear evidence of alignment with *A Healthier Wales*; greater application of the Well-being of Future Generations Act five ways of working; and an increased focus on primary care and collaboration. As ever though, there is more to be done.

The plan also signals areas to be strengthened or prioritised through the next IMTP cycle. Although we are beginning to see good progress, the pace and scale in relation to service sustainability and transformation remains an area where I believe our collective ambition should be, and must be, greater. The true test will be in up scaling and rolling out transformation schemes that are showing successful evaluation results.

The National IMTP provides a high level summary and conveys key messages in each priority areas, with more detailed guidance and direction contained within the new NHS Planning Framework for 2020-23. The Planning Framework remains the platform for providing statutory direction from the Minister.

The Well-being of Future Generations sustainable development principles, the five ways of working have been central to our thinking in developing the National IMTP, and I expect to see further evidence of the principles being applied and embedded across NHS organisations through the next iterations of IMTPs.

Medium-term and annual plans must be set within the context of a longer-term vision, with prevention, collaboration and integration at the core. Involvement and co-production are critical to the shaping of our plans. But this is not simply about what we do. It's about how we do it, the leadership and behaviours we display and the decisions organisations take for this and future generations.



Andrew Goodall CBE
Director General and Chief Executive of NHS Wales

INTRODUCTION

The National IMTP brings together the 15 IMTPs (2019-22) and annual plans (2019-20) from across NHS Wales, providing a high level summary of where NHS organisations are in responding to key Ministerial priorities.

In doing so, the National IMTP identifies good practice and areas where further action is required. [The NHS Planning Framework](#), which accompanies this document, sets out the technical guidance of how this, and the broader duty under the NHS Finance (Wales) Act 2014, are to be achieved in the next planning round.

A transitional approach has been applied to the development of this National IMTP. This is for two reasons, the first of which is variation. Whilst integrated planning has been developing and maturing year on year, there remains variation in the standard and quality of IMTPs and annual plans across Wales. Whilst this variation remains, it is challenging to aggregate the All-Wales picture. Future National IMTPs will build incrementally in approach as that variation reduces.

The second reason relates to the establishment of the NHS Executive. This new function will bring together national planning, delivery and performance management activities. If the NHS Executive is to produce and issue the National IMTP in future years it is important not to constrain or set a precedent for this new function. For this first National IMTP an incremental approach has been adopted, retaining the ability and flexibility for it to evolve over time as the NHS Executive develops.

Relationship with the National Planning Framework

The National IMTP complements the NHS Planning Framework. This National IMTP provides a summary overview of the latest set of available IMTPs and annual plans submitted by NHS organisations. The Planning Framework, and its underpinning technical documents provide guidance on the development of the next set of plans.



The last NHS Planning Framework (2019-22) required organisational IMTPs to demonstrate evidence of and an emphasis on:

- Implementation and impact of *A Healthier Wales*
- The Well-being of Future Generations Act and the impact on the organisations, and the contribution to the seven Well-being Goals
- Fully reflecting the Quadruple Aim
- Quality and Safety
- Prudent and Value Based Health and Care
- Integration and the development of seamless models of care (in line with the Social Services & Well-being Act)
- Collective working (including regional and once for Wales planning and between health boards, trusts and supporting organisations)
- Maturity of planning, engagement and continued improvement across service areas.

Organisations were specifically asked to set out their delivery plans against the key Ministerial priorities of:

- Prevention
- Reducing Health Inequalities
- The Primary Care Model for Wales
- Timely Access to Care
- Mental Health

IMTP Approvals

The table below illustrates the current, and past, IMTP approvals.

	14/15	15/16	16/17	17/18	18/19	19/20
Aneurin Bevan	Not approved	Approval	Approval	Approval	Approval	Approval
BCU	Not approved	Not approved	Not approved	Not approved	Not approved	Not approved
Cardiff & Vale	Approval	In-year approval	Not approved	Not approved	Not approved	Approval
Cwm Taf Morgannwg	Approval	Approval	Approval	Approval	Approval	Approval
Hywel Dda	Not approved	Not approved	Not approved	Not approved	Not approved	Not approved
Powys	Not approved	Approval	Approval	Approval	Approval	Approval
Public Health Wales	Not approved	Approval	Approval	Approval	Approval	Approval
Swansea Bay	Approval	In-year approval	Not approved	Not approved	Not approved	Not approved
Velindre	Approval	Approval	Approval	Approval	Approval	Approval
WAST	Not approved	Not approved	Approval	Approval	Approval	Approval

	Not approved
	In-year approval
	Approval

Important points to note are:

- More IMTPs were approved in 2019/20 than ever before;
- Despite the variation that exists, all organisations evidenced improvements in their approaches to integrated planning. The extent of that improvement varies by organisation;
- Cardiff & Vale University Health Board produced an approvable IMTP for the first time in a number of years. This was underpinned by sustained improvements in performance and finance, resulting in the organisation being de-escalated from targeted intervention to enhanced monitoring in early 2019;
- Cwm Taf Morgannwg, Aneurin Bevan University and Powys Health Boards, Velindre, Public Health Wales and the Welsh Ambulance Service NHS Trusts have all achieved successive IMTP approvals;
- Balanced IMTPs were also developed by the national supporting organisations of the Emergency Ambulance Services Committee (EASC), the Welsh Health Specialised Services Committee (WHSSC), the NHS Wales Informatics Service (NWIS) and the NHS Wales Shared Services Partnership;
- Betsi Cadwaladr, Hywel Dda and Swansea Bay University Health Boards were unable to develop balanced, Board approved IMTPs. Each organisation is developing an Annual Plan for 2019/20. Welsh Government officials

continue to work closely with these organisations through the Escalation & Intervention Framework;

- Despite being placed in higher levels of escalation in early 2019, Cwm Taf Morgannwg University Health Board was able to develop an approvable IMTP which sets out its improvement journey over the three year period. The health board is in targeted intervention, and maternity services have been placed in special measures. There were a number of conditions attached to the IMTP approval which aligned with areas for improvement associated with its escalation status. Welsh Government will monitor the implementation of this plan closely;
- As a new statutory organisation, Health Education and Improvement Wales (HEIW) developed an Annual Plan for 2019/20, its first full year of operations. Its ambition is to develop an IMTP for 2020-23;
- Financial deficits continue to decrease as integrated planning, as well as financial grip and planning, evolves and matures.
- The biggest change seen however in the last planning cycle was not in the development of plans as products, but in the behaviours that underpin them, particularly in relation to leadership, collaboration and engagement.

Major Developments

Welsh Government and NHS Wales have seen a number of major developments, which had a significant impact on the last planning cycle, the development of plans and the environment in which NHS organisations operate:

- The publication of *A Healthier Wales: Our Long-Term Plan for Health and Social Care* (2018) as the Welsh Government's response to the *Parliamentary Review of Health and Social Care in Wales* (2018);
- The allocation of the £100m Transformation Fund. This has further strengthened collaboration in Regional Partnership Boards (RPBs) by accelerating the introduction of new and innovative services focused on prevention and early intervention;
- The establishment of HEIW, a special health authority which takes a leading role in shaping and developing the workforce across Wales;
- The successful conclusion of the Bridgend Boundary Change. Responsibility for commissioning health services for the population of Bridgend and the administration of services transitioned from Swansea Bay University Health Board (previously Abertawe Bro Morgannwg) to Cwm Taf Morgannwg University Health Board (previously Cwm Taf) on 1 April 2019;
- The system wide learning to be taken from the Royal Colleges' publication and findings of service failures in maternity services at the former Cwm Taf University Health Board. This learning needs to be reviewed by all NHS organisations and applied in respect of governance, serious incident reporting and investigation, patient engagement and staffing;
- The introduction of Welsh language standards for the NHS and Welsh language duties for independent primary care providers. The standards and duties will work hand in hand with the *More than just words* action plan to improve services for Welsh speakers;
- Brexit negotiations have been protracted and delayed, causing uncertainty and additional work planning for business continuity.

Overall, the commitment to ensuring that quality, safety, prudent and value based healthcare are central to the commissioning and delivery of services, has remained constant through the development of IMTPs and Annual Plans.

STRATEGIC CONTEXT

IMTPs must reflect the strategic and legislative landscape within Wales if health organisations are to deliver high quality, prudent services that meet both the priorities and ambition of the Government and the needs of their populations. It is vital that NHS organisations use this strategic context to shape and frame their own narrative for their clinical services strategies, IMTPs and partnerships plans.

The strategic context remains *Prosperity for All*, the strategy for Wales, and the suite of legislation which is bespoke to Wales. This includes the NHS Finance (Wales) Act 2014, the Social Services & Well-being (Wales) Act 2014, the Well-being of Future Generations (Wales) Act 2015, the Nurse Staffing Levels (Wales) Act 2016 and the Public Health (Wales) Act 2017. Plans are also expected to reflect consideration of the Welsh Language (Wales) Measure 2011 and the Equality Act 2011.

A Healthier Wales

A Healthier Wales: Our long-term plan for health and social care was published in June 2018. The plan forms the Welsh Government response to the Parliamentary Review of Health and Social Care in Wales (January 2018) and as such represented the biggest change to the 2019-22 planning round.

Strengthening and streamlining of integrated planning

A Healthier Wales confirmed that IMTPs remain the foundation of integrated planning, but recognised that the landscape was complex. A number of actions were taken which focused on: Streamlining and strengthening IMTP planning; the development of this first National IMTP; alignment with Area Plans, and wider Well-being Plans; and the introduction of 'levers for change'.

Positive observations as a result of the changes introduced included:

- Alignment of IMTPs, and Annual Plans, with *A Healthier Wales*;
- Strengthening of Regional Partnership Board (RPB) arrangements, and the subsequent development of new models of care/ transformation proposals;
- A stronger focus on primary care and care closer to home;
- With final plans submitted in January 2019, instead of March, NHS bodies have made strategic and operational decisions much earlier than in previous years, including collaborative commissioning arrangements such as WHSSC and EASC;
- Ministerial approval granted much earlier than in previous years;
- More proactive engagement between NHS organisations and Welsh Government.

The introduction of these changes has had an immediate and positive impact on improving the ambition, quality and deliverability of IMTPs, which will be detailed further through this Plan.

There is scope for further improvement in some areas, particularly in relation to:

- Ensuring plans are focused on improving population health outcomes;
- The need to secure greater maturity in commissioning arrangements to improve the timeliness of collaborative decision making;
- A wider focus on prevention;
- Firm commitment to action required in relation to regional planning for health;

- Whilst good progress has been made in moving away from using IMTPs as negotiating documents, there has been a variation in behaviours in this approach and further work is required;
- Realising the ambition for organisations in transition from annual plan development to balanced and approved IMTPs.

Guidance on how these areas are to be strengthened is contained within the new NHS Planning Framework.

Impact of *A Healthier Wales*

A Healthier Wales sets out a long term vision and already, one year on, there is evidence of a shift in attitude and approach across Wales. Change on this scale does not happen quickly but the Quadruple Aim and the Ten Design Principles have facilitated a shared focus and commitment to deliver the ambition.

Good progress has been made in implementing the specific actions intended to kick start implementation. This has been the accelerated delivery of new models of care, supported by the Transformation Fund and Integrated Care Fund. These models are at the core of the interface between health and social care, linking up services across traditional professional and sector boundaries. Many focus on prevention and well-being, based on a social model of care.

All seven RPBs across Wales have approved transformation projects underway. Examples of these can be found in Appendix 1 (Examples of Good Practice).

The strategic investment made during 2019/20 to Health Boards, RPBs and through national programmes such as digital technology; mental health and learning disabilities; prevention and early years, is significant. Crucially, there is also a pressing need to ensure sustainability and further developments, with more mature use of the overall £9billion plus allocations for health and social care.

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

The NHS must take full advantage of and adapt to the requirements of the Act, particularly in relation to the decisions and actions taken by organisations. Despite the early progress being made, this is an area where more needs to be done.

Stronger evidence was seen during the last planning cycle of how NHS bodies are applying and embracing the Act. For example, all organisations named under the Act have set well-being objectives. It was particularly encouraging to see organisations not statutorily covered by the requirements of the Act, adopting the five ways of working and integrating them into their work programmes.

There was increasing evidence of all organisations routinely working collaboratively and in integrated ways with partners and stakeholders. Collaborative approaches featured strongly linked to primary care and service change.

Good evidence was seen of application of the five ways of working through the development of transformation proposals by RPBs in response to *A Healthier Wales*. There was demonstrable collaboration and integration in the approaches taken, and a clear desire to develop sustainable models and a focus on well-being, prevention and early intervention.

Further, organisational specific examples are detailed in Appendix 1.

Despite the good progress seen, there were a number of areas where further development is required. The most challenging areas, where it was more difficult to find significant evidence of change, were those of 'long term' and 'prevention'.

IMTPs should be seen as the delivery vehicles for the long-term vision. However, challenges were expressed by organisations related to the uncertainty of long term planning, i.e. 25 years plus.

Organisations continue to take a largely traditional approach to prevention, focusing on areas such as smoking cessation and vaccinations and immunisations. For the next planning round, the expectation will be that NHS bodies examine the wider determinants of health, in line with the emerging priority areas from the Building A Healthier Wales work stream led by Public Health Wales. Areas for consideration include health and housing, early years and emotional well-being.

A number of examples of good practice were seen in relation to involvement. However there is a need to expand the range of partners and individuals that are involved in the development of proposals and decision making. For example, under the Social Services & Well-being Act, RPBs should be consulting with a broad range of population cohorts in the co-production and design of services. Crucially, how these groups and individuals are reached also needs to expand and adapt from traditional approaches to more innovative mechanisms, including social media.

Alignment with the Well-being of Future Generations Act is an area where greater evidence will be expected in the next planning round. This evidence should include application of the five ways of working, as well as demonstration of how organisations are delivering their well-being objectives and maximising their contributions to each of the seven Well-being Goals across the Act.

Quality, Patient Safety, Prudent and Value Based Healthcare

IMTPs must reflect a culture of quality and safety with a continuous cycle of quality planning, improvement and quality control. NHS Wales must deliver against the Quadruple Aim of excellence in population health and well-being, personal experiences of care and value for money, together with an engaged and committed workforce. Making progress towards the quality aim requires an organisational focus on quality. Organisations must be sensitive to the lived experiences of their citizens and staff. An open culture of learning and improvement is essential.

Value in health care is realised when we achieve the best possible health care outcomes for our population with the resources that we have. Outcomes should be comparable with the best in the world. Prudent Healthcare has provided a strong foundation for healthcare improvement in Wales, and Value Based Healthcare provides the mechanism into which the principles of prudent healthcare can be harnessed and embedded in everyday care.

Outcomes are the important milestones in the lives of patients that matter to them. We should measure them, to assess and meet their needs, to understand their experience of care and to improve services. We should also be measuring the costs of health care at a system level and making those visible to clinical teams. This would allow them to be stewards of resource by influencing high value care for the populations they care for.

These approaches must be visible in and central to all IMTPs and Annual Plans.

MINISTERIAL PRIORITIES

The following chapter provides a high level summary of how NHS organisations responded to the Ministerial priorities set out in the NHS Planning Framework for the period 2019-22.

Prevention

Last year's Planning Framework required organisations to set out their generic approach and priority areas for prevention, including in response to both the 2019-20 Welsh Government budget and the Public Health (Wales) Act 2017. A summary of these actions was required within IMTPs, with signposting provided to the relevant, more detailed underpinning plans.

For public health protection, there was a specific requirement to work with partners on the delivery of immunisation, screening and sexual health services. IMTPs referenced the need to deliver immunisation and screening programmes in partnership with Public Health Wales. Where specific improvements were needed, actions were listed in order to achieve these aims.

Limited evidence was provided on progress in preventing or reducing inequality gaps linked to population diet, nutrition or physical activity levels. IMTPs referenced the need to align with *Healthy Weight: Healthy Wales* and highlighted some progress which had been made to deliver obesity pathways. There were some references to physical activity and diet, but little demonstration of the employability and health agenda, which would be expected to feature more in future plans.

On performance against national standards, a mixed picture was seen throughout Wales. Targets are generally met on immunisation programmes, though one health board remains an outlier. Public Health Wales and Welsh Government are working with the health board to put mechanisms in place to remedy the situation. It is a similarly mixed picture for national screening programmes and sexual health. Health boards and Public Health Wales continue to work together closely to improve uptake and coverage, and where difficulties arise, these are escalated as appropriate to Welsh Government.

Looking ahead to the next planning round, one area where NHS organisations will be expected to place far greater emphasis will be in their approaches to tackling obesity. *Healthy Weight: Healthy Wales* will be published in October 2019. This is being designed in a way which develops systems based approaches, which consider how we can draw upon local assets and opportunities to drive change. This model and way of working will be a real test of how the NHS can work on the prevention agenda and will require leadership across sectors.

Overall, it is imperative that driving forward work on prevention should not be viewed as a responsibility for the NHS alone. There needs to be a greater focus on developing cross-partnership working with Public Service Boards and RPBs in particular. IMTPs should demonstrate greater links between local Well-being Plans, Area Plans and public health initiatives to drive this focus.

Reducing Health Inequalities

The last Planning Framework required NHS organisations to place the reduction of health inequalities at the heart of their planning and delivery systems. Reducing health inequalities is a recurrent theme throughout the Framework, including by

reference to mechanisms such as wider Well-being Plans, Strategic Equality Plans and action to address the inverse care law.

There has been an encouraging trend with regard to the emphasis given to reducing health inequalities within IMTPs and Annual Plans. All organisations have placed increased emphasis on this area and it is particularly prominent within each health board's strategic priorities. In doing so, health boards have generally demonstrated a sound understanding of the social gradient and how it applies locally within the specific demographic context of their own populations.

Whilst this general trend is to be welcomed, there remains scope for organisations to articulate more consistently how their broad strategic ambitions for reducing health inequalities translate into specific measurable actions across the whole of their functions. This is the case both for specific actions designed to address health inequalities, and also for evidence of how consideration of health inequalities is consistently mainstreamed into general programmes and services.

It has been particularly encouraging to note that health boards are increasingly referring to their role in influencing the broader determinants of health, which are major root causes of health inequalities. For example, Public Health Wales has placed work on influencing the wider determinants of health as an explicit strategic priority and has begun to work more closely with partners on issues such as housing and health. The cross-sector planning mechanisms such as Public Service Boards and RPBs are also proving helpful in this regard, and enabling health boards to contribute to a broader range of issues which may affect health inequalities. This positive trend should continue as these mechanisms become more embedded into overall planning.

Primary Care Model for Wales

The Welsh Government approach to health and well-being is set out in the [Primary Care Model for Wales](#). This approach requires health boards to collaborate with their partners, including NHS trusts, local authorities, and the independent and third sectors through the 64 clusters to assess local health and well-being population need and to plan the use of available resources, not just those of the NHS, to meet that need.

Through their IMTPs, health boards are required to set out plans to rebalance funding, workforce and other resources away from hospitals and illness services towards services delivered at or close to home, designed to support people to stay well and independent for as long as possible. Where people do experience problems, services should detect these and take action at an early stage. Where hospital admission is unavoidable, local health and well-being services should be designed to 'pull' people back home as soon as that is right for them.

The Primary Care Hub (Public Health Wales) supported health boards to undertake a collective review of their 2019-22 IMTPs. This assessed the emphasis on and progress in adopting and adapting the Primary Care Model for Wales. This process of collective self-reflection and assessment is welcomed and encouraged.

The review found that overall, transformation of primary care and community services has a greater visibility within health board IMTPs or annual plans for 2019/20 (compared to 2018/19), which includes more context and detail for most

components of the model. There are significant opportunities for shared learning between health boards.

Components of the Primary Care Model for Wales that demonstrated variability between health boards or have only weak references within the IMTPs will require particular attention. For example, there was limited description of the process for the development of cluster operational models. This should be addressed through the development of cluster-led IMTPs.

The assessment will provide an opportunity for Directors of Primary and Community Care to work with their Vice Chairs, Directors of Planning and others to reflect on variation in progress towards implementation of the Primary Care Model for Wales to date, identify opportunities from shared learning between health boards, and suggest a focus for prioritisation within subsequent IMTP revisions.

In March 2019, the Minister for Health and Social Services confirmed delivery milestones for the Primary Care Model for Wales in 2019/20. The strategic planning milestone requires development of cluster IMTPs for 2020/23 by end September 2019. On 25 July 2019, the NHS Wales Chief Executive and Director General for Health and Social Services issued guidance and a template for cluster IMTPs.

It is anticipated this will enable clusters to improve strategic alignment between cluster, primary care directorate, health board and partnership plans. These cluster IMTPs are expected to drive and shape health board IMTPs for 2020-23 and to enhance the visibility of the Primary Care Model for Wales across health boards.

For the 2020-23 IMTP planning round, greater evidence is required of the shift of services and resources (staffing, funding and expert advice) into primary and community care. Detailed guidance on this expectation can be found in the NHS Planning Framework 2020-23.

Timely Access to Care

Unscheduled Care

The NHS Wales Planning Framework 2019-22 required NHS organisations to develop whole system plans to support people to remain in their community and deliver optimal responses when they or their dependents require urgent or emergency care.

The challenge to NHS organisations was to improve the interface between services across the urgent and emergency care pathway to support people to receive the right care, at the right time and in the right place to optimise their outcomes and experiences.

Clear trajectories and measures for improvement – both from a Delivery Framework perspective and a patient quality and safety perspective - were also required alongside quantification of the impact of actions/ programmes in terms of outcomes for patients, with milestones for delivery.

Plans were expected to align to the objectives of the National Programmes for Unscheduled Care and the Primary Care Model for Wales.

All health boards, the Welsh Ambulance Services NHS Trust and EASC demonstrated evidence of plans to support delivery of improving urgent and emergency care services, although there was considerable variation in regard to local priorities. All provided trajectories for most of the targeted areas although there were gaps in relation to ambulance responsiveness and ambulance patient handover in particular.

There was variation in relation to the level of assurance provided that plans would be sufficient to enable delivery of the trajectories for emergency care access targets. However there were a number of plans that clearly illustrated robust and targeted action to support preventative approaches to enable people to stay in their local community, improve flow through the hospital system and enable people to return home following admission when ready.

The more robust plans included specific focus on delivery of more resilient out of hours primary care services / 111, ambulatory emergency care models and on a 'home first' philosophy for example through discharge to assess pathways. Stronger plans also set out clearly how health and social care services would integrate to enable people to successfully avoid unnecessary admission and leave hospital for home/ the local community when ready.

A national policy framework for urgent and emergency care will be published in later in the year to support NHS organisations to better understand Welsh Government expectations for planning and delivery of these essential services.

Planned Care

The NHS Planning Framework 2019-22 required NHS organisations to improve waiting times and deliver sustainable services, reducing delayed follow ups and ensuring patients are treated in line with their clinical need through a prudent lens.

Health boards must use resources to reduce and eliminate backlog and at the same time redesign their local and regional services. The redesign work should demonstrate engagement and alignment with the national planned care programme to build sustainable service models. Plans were expected to set out how improved patient outcomes would be delivered, of which effective and timely access forms part.

All health boards demonstrated evidence of planning for the delivery of planned care services and provided trajectories for most of the priority/ targeted areas. Further assurance and detail is required on the delivery plans behind the trajectories.

While there was commitment to improving efficiency, the proposed solutions tended to focus on the same historical areas. Moving forward wider bench marking improvement areas should also be included.

Plans to improve capacity through any redesign tended to be small scale and fragmented. While the Planned Care Programme service areas address the major capacity constraints in the health boards, the adoption of the directed improvement areas have not always been implemented with pace or consistency. The next set of IMTPs must do more to address these issues.

Annual improvement against national targets continues to improve in most areas with overall reduction in the number of breaches and in the improvement in

compliance against the 26-week target, the 8-week diagnostic target and the 14-week therapy target. More work and focus is required on reducing outpatient follow-ups, particularly in eye care and implementation of the new eye care measures.

While there is evidence of regional planning discussions about possible regional service redesign, these are still in early stages. The next stage will be to develop detailed action plans. Further work is required on workforce or financial commitment.

Joint working and service redesign with primary care can be fragmented and inconsistent. While there is evidence of some community service models these appear to be in addition rather complementing and supporting pathway redesign.

Planned care should be looked through *A Healthier Wales* lens with each speciality working across boundaries to better plan and deliver from prevention to end of life.

Mental Health

There was increased engagement between mental health policy leads and NHS organisations in discussing mental health plans within IMTPs this year compared to previous years, which has been positive. There has also been a notable improvement in terms of the quality of IMTPs for mental health, with more consistency in setting milestones and outcomes. There remain a couple of organisations that do not do this effectively and remain vague around their commitment to mental health. Overall, the picture is improving

IMTPs reflected priorities linked with new investment in service improvement, though there is a need to strengthen areas relating to co-production and services delivered in partnership with the third sector and other stakeholders. There have been a number of committee reports and audits detailing priority areas. These include the need to strengthen care and treatment planning, increase crisis and out of hour provision, improving access to psychological therapies and further development of perinatal mental health services and young people's mental health services. We would expect to see clear objectives in these areas.

Observations on areas for improvement would include the need to undertake capacity and demand analysis when considering issues such as service planning and models. Few IMTPs demonstrated robust workforce plans that included support/training of staff to improve the quality of care and well-being of the workforce.

Whilst there are no major changes to the guidance for mental health in the new NHS Planning Framework, it would be prudent for the next IMTPs to more closely demonstrate the links across sectors such as complexities arising from comorbid physical health conditions, homelessness and the needs of other vulnerable groups, and co-occurring substance misuse, which are emerging areas of focus. It should also be noted that the Together for Mental Health delivery plan 2019-2022 will be published later this year and will include a number of discrete actions for health boards to deliver for the 2019-22 period.

In terms of delivering on objectives, health boards report progress against milestones in IMTPs and the Together for Mental Health Strategy overall, although statutory waiting time targets are not yet met on a sustainable basis for all health boards.

Enablers

Enabling plans are critical to evidencing how Ministerial priorities, and the wider requirements of the NHS Planning Framework, are to be delivered.

Digital

Generally IMTPs for 2019-22 included an improving consideration of digital delivery, and took account of national strategies and approaches, in particular *A Healthier Wales*.

However, there is scope to develop further how digital can be used purposefully as an enabler of service change, addressing key objectives in *A Healthier Wales*. Examples include consistent practice across Wales, seamless services across health and social care, and more intelligent use of data to improve quality and efficiency. There is scope also to address key objectives from “Informed Health and Care” such as improved access to digital services for the public and patients, and more rapid adoption of nationally mandated digital services across all NHS organisations.

NWIS delivers national digital services for health and care in Wales. The NWIS 2019-22 IMTP included what was previously a separate Annual Plan, which has helped to clarify the presentation of key delivery objectives and milestones for each of the services delivered by NWIS. The consolidated document also shows how these services are aligned to each of the work stream themes in “Informed Health and Care Strategy”, the national digital strategy for Wales.

Across all IMTPs, more detail is needed on how resources drive delivery and achievement of key milestones for digital services. There is a close integration between ‘national’ digital services delivered by NWIS and ‘local’ digital services delivered by other organisations. There are also ‘local’ resources committed to deliver ‘national’ services, for example through service level agreements between NWIS and other organisations. This needs to be set out more clearly in the next round of IMTPs, to support strategic planning and prioritisation on an all-Wales basis.

Workforce

The policy expectations set out in the NHS Planning Framework ensures an integrated approach to multi-professional workforce planning. A workforce of the right size, with the right skills and delivered within budget will deliver the services needed to provide care and support to required quality standards, now and in the future. This includes those employed by contracted primary care and third sector service providers

Our dedicated and skilled staff are rightly praised for their commitment and hard work, however workforce pressures remain a challenge for NHS organisations, particularly for some professional staff groups and in some geographical locations. These pressures often impact directly on other priority areas within IMTPs, such as performance and finance. A priority for organisations must be to continue to address these challenges through the planning process, developing innovative new ways of working and workforce redesign, while developing workforce plans to deliver the right number of engaged and motivated staff.

Workforce plans continue to develop well in response to the requirements of the planning framework, reflecting the opportunities to develop new roles and to utilise the totality of workforce assets. However further developments are required at pace to address any residual recruitment and retention challenges.

The next round of IMTPs must reflect workforce development plans based on an analysis of demand and capacity and plans to make increasing use of all health professional groups, including advanced practice training. Whilst maintaining progress and alignment with priority areas set out in *A Healthier Wales*, the next round of IMTPs will also require a particular focus on ensuring well-being at work and a healthy workforce. An emphasis on maximising and nurturing Welsh language skills will also be a key consideration.

Health Education and Improvement Wales (HEIW) provides strategic leadership for workforce planning in Wales and are developing the Health and Social Care Workforce Strategy.

Capital and Estates

Generally the IMTPs for 2019-22 demonstrated good alignment with the All Wales Capital Pipeline reflecting that organisations were ensuring that the plans for capital spend are feeding through to the IMTPs.

Capital infrastructure planning by its nature is long term and it is important that the IMTPs reflect the organisation's position in terms of developing an estate strategy that underpins and enables longer-term Clinical Service Strategies and how the estate strategy is used to determine capital spending priorities.

Finance

The Welsh Government's budget for 2019-20 provided significant new investment in health and social care in 2019-20, with £192 million being specifically allocated to take forward the implementation of *A Healthier Wales*. This funding was used in part to support the development of stronger IMTPs, as well as to drive greater integration through RPBs, and support for social services. This investment was in addition to the £220 million increased NHS investment for 2019-20 to meet normal NHS demand and cost pressures, and to the £100 million Transformation Fund established in support of the Transformation Programme set out in *A Healthier Wales*. In parallel with this significant investment and, as highlighted in the Health Foundation report, the ongoing requirement for health organisations to continue to deliver recurrent efficiency savings continued.

IMTP finance sections showed improvement on previous years. This reflected improved engagement arrangements, submission of draft templates and informal feedback to inform the IMTP submissions. While there is greater stability in the finances, the improvement in the position could be speeded up, specifically around reducing the underlying deficits and also maximising the benefits of earlier submission and approval of plans in delivery.

The next IMTP round will need to continue with these improvements, as well as visibly supporting the shift of services and staff to prevention, earlier intervention and into primary and community care.

FORWARD LOOK

NHS Planning Framework 2020-23

The new NHS Planning Framework has been issued alongside this National IMTP. Building upon previous Frameworks, the guidance sets the direction and priorities for 2020-23.

The Framework confirms that the Ministerial priorities have not changed. However where change is seen, is in the emphasis placed on those priority areas, as well as though the further implementation of the *A Healthier Wales* actions.

Specific attention should be given to: Taking a broader approach to prevention and the wider determinants of health; continued implementation of the Primary Care Model for Wales; ensuring timely access to care; and parity between mental health and physical care.

Demonstration of quality, patient safety, prudent and value based healthcare, as well as the Well-being of Future Generations five ways of working, are the threads that should continue to run throughout plans.

Guidance is also provided in policy areas where there have been new developments, which should be included in IMTPs. Examples include learning disabilities, autism, eye care measures, endoscopy and critical care.

Alignment is to be made with the First Minister's priorities, in line with *Prosperity for All*. Particular attention should be paid to the First Minister's priorities of: Biodiversity; decarbonisation, in response to the recent declaration of a climate change emergency; social partnerships, including for example how procurement in the NHS can achieve ethical employment practices and achieve better socio-economic outcomes; and tackling poverty.

Planning Programme for Learning

Welsh Government continues to demonstrate its commitment to enhancing integrated planning capacity and capability in Wales through its leadership of and investment in the Planning Programme for Learning.

The cornerstone of the programme is the introduction of a bespoke postgraduate diploma in healthcare planning. Commencing this autumn, this new course will be delivered by Cardiff Business School to up to 125 people over five academic years.

Other pillars of the programme include:

- An ongoing commitment to the bi-annual learning events, which have become an established part of the IMTP cycle.
- Demand and capacity workshops.
- Bi-annual master classes in areas where further development is required.

Throughout this next IMTP planning cycle and beyond, we will also continue to seek improvements in streamlining and strengthening integrated planning, in particular to develop greater maturity in regional planning and commissioning arrangements.

Full detail of the requirements for the next IMTP cycle can be found in the NHS Planning Framework 2020-23

APPENDIX 1 – EXAMPLES OF GOOD PRACTICE

A Healthier Wales

The following are examples of transformation fund schemes established by each RPB:

- **Me, My Home, My Community (Cardiff and Vale RPB):** The Get Me Home Team, or the Pink Army as they are known, improve the patient experience by delivering a patient centred service, facilitating a seamless journey from secondary care, with a single point of contact for discharge and community needs. Get Me Home Plus sees people assessed in their own home after being discharged, allowing people to return home more quickly and providing a better understanding of the support and adaptations needed at home.
- **Seamless services for people with Learning Disabilities (North Wales RPB):** The new approach is based on what matters to people with learning disabilities and is built on family support, informal networks and CRT models. Workforce development is creating better awareness of disability issues across the wider public service workforce; assistive technology is helping people become more independent; community and culture change promotes opportunities for paid work, training and volunteering.
- **A Healthier West Wales (West Wales RPB):** Projects underway include proactive, technology enabled care with a 24/7 multi-disciplinary response capacity; trialling of a Fast access community team (FAST) in three localities with appropriate social or clinical support including advanced practitioners to free up GPs to focus on people with complex needs; embedding the community connector approach across the region to link people with community based preventative support and encourage participation.
- **A Healthy, Caring Powys (Powys RPB):** The North Powys Well-being Programme focusses on a rural regional centre, health and care community hub, children's and family centre and school provision on a single campus in Newtown; the community connector service has been expanded and rolled out - there are now 13 connectors.
- **The Cwmtawe Cluster Whole System Approach (West Glamorgan RPB):** This approach focuses on facilitating self-care and building community resilience, as well as coordinating services to maximise well-being, independence and care closer to home. The cluster network is made up of Swansea Council for Voluntary Services, 5 GP practices (three of which have formally merged) and integrated health & social care team managers. Developments include a community audiology service; community based glaucoma service; enhanced oral health work in care homes; a Community Interest company to take forward health and wellbeing activities.
- **Stay Well in Your Community (Cwm Taf Morgannwg RPB):** A range of pilots that have already delivered benefits are being scaled up and aligned, including risk stratification and segmentation in cluster populations; cluster focused multi-disciplinary teams, following the successful development of the Virtual Ward approach in the Cynon Valley; next phase of the Stay Well@Home services; accelerating the pace of change for integrated services in Bridgend, including "Every day is Tuesday" (7 day access to community health and social care services, extending alternative service options to hospital and long term care).
- **Implementing a seamless system of health, care and well-being (Gwent RPB):** Through a new "Trusted Assessors" model, the HomeFirst service enables clinicians and local authority staff to speed up assessment, prevent admission and support discharge from hospital; 5 integrated well-being networks are being developed across Gwent; as part of the ICEBERG model, a Single Point of Access (SPACE) for children with emotional and mental health needs is improving access, helping families to circumvent a previously complex system, building relationships and trust from the outset and providing a more reassuring and supportive experience.

Well-Being of Future Generations (Wales) Act 2015

Many organisations provided case studies, with tangible evidence of organisations embracing and applying the principles and spirit of the Act. Examples from health boards, trusts and national supporting organisations include:

- Public Health Wales and Powys provide strong examples, demonstrating that they have adopted both the spirit and the requirements of the Act. They have combined their strategic and well-being objectives into unified strategic commitments that shape the organisations' approaches and work going forward. They also overhauled their IMTPs to reframe them through the lens of the Act, with the sustainable development principle and five ways of working running throughout.
- Betsi Cadwaladr's Live Lab and Project SEARCH, a collaboration which supports young education leavers with a learning disability and/or autism into internships.
- The extensive and innovative engagement undertaken by Hywel Dda to inform, influence and shape the development of its Transforming Clinical Services Strategy.
- The well-being hub in Public Health Wales works with partners to provide tools, advice and examples to support wider awareness and disseminate good practice.
- Swansea Bay's focus on decarbonisation and biodiversity has seen it become the first health board in Wales to develop a Green Growth project and Glanryhd Hospital (under the former ABM University Health Board) was the first hospital in Wales, and only the second in the UK, to achieve the Green Flag Award (the benchmark for parks and green spaces in the UK).
- Cardiff and Vale has also made good progress in areas such as active travel and the provision of healthy food choices across its estate.
- WAST is taking developing its fleet to reduce reliance on diesel powered vehicles.
- Velindre has expanded its approach with areas such as prevention and public health becoming clear development areas and priorities for both the cancer and blood services. This in turn is seeing the organisation embedding services in local communities.
- Cwm Taf Morgannwg has developed an innovative approach to population health management that considers aspects beyond frailty and ultimately works to understand what matters to people.
- Aneurin Bevan continues to implement its Neighbourhood Care Network models that are developing multi-disciplinary out of hospital services and the transformation proposals for CAMHS that will promote greater involvement and integration of services.
- Although not a named body under the Act, NWSSP continues to develop its approach to well-being. For example, the five ways of working will form part of the selection criteria for the NHS Building for Wales Frameworks (the delivery vehicle for all major capital projects with construction costs in excess of £4m).
- The hosted NHS organisations are helpfully also demonstrating evidence of how the five ways of working are influencing what they do, and how they do it. For example, WHSSC and NWSSP both invited the Future Generations Commissioner's Office to take part in development sessions to shape their IMTPs. This was well received. Whilst EASC and NWIS are at the earlier stages of applying the five ways of working, each has started to frame their plans against the principles.
- The same is also true of HEIW, which is not yet named under the Act, but has taken the opportunity as a new organisation to examine how it conducts its business in line with the five ways of working.