Joint Commissioning Strategy and Plan for older people in Powys
2016 to 2021

What can I expect?

I am safe and I am not frightened of anyone
My rights are respected
I can speak for myself or have someone who can do it for me
I can access local health services easily
I can access public transport
I have suitable choice of living in local accommodation that meets my needs
I have a voice and control
I can engage and participate
I am able to keep as mobile as possible
I can do things that matter to me
I feel valued in society
I am involved in making decisions that affect my life
I am healthy
I get the help I need when I need it, the way I want it
I know and understand what care, support and opportunities are available to me
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1. Foreword

We (the Health and Adults Social Care Integrated Leadership Board) are pleased to present this integrated commissioning strategy for older people in Powys. By working together to produce a clear direction for the future of services in the county, we have written the strategy based on need and after consulting older people (as part of the One Powys Plan 2014-2017) on matters they felt were important to them.

We have also specifically involved older people, their families and carers, and have held various workshops and events with Powys Association of Voluntary Organisations (PAVO), GPs, and clinical and professional staff.

This strategy sets out our ‘commissioning intentions’ – what we are planning to do to over the next five years to:

- Meet older people’s expectations;
- Make sure older people are supported to lead fulfilled lives within their communities; and
- Achieve our vision (see section 4).

Public-sector organisations across the country are facing unprecedented challenges and pressures. This is due to an increase in demand on services as a result of an ageing population, people’s needs becoming more and more complex, and the need to deliver better services with fewer public resources.

Until recently, the complexity and scale of our challenge in Powys has been difficult to understand, and as a result local organisations have focused mainly on meeting their own challenges. However, we know that the current challenges we face will mean we will need to work in a more integrated way across all the organisations that commission and deliver health and well-being services in our area.
2. What people have told us

We have engaged with a number of older people and they have given us their views through surveys and focus groups, and this has helped us to understand people’s opinions on current services and future plans.

We have listened to the people who use our services and have adapted the national outcomes framework which is being used across Wales. This framework has carried out extensive research on the expectations of older people across Wales.

Based on our involvement with older people, we have created our own local version of ‘What I expect,’ so that we can respond to the future needs of people in Powys in this strategy and plan. This is shown on the front cover of this document and is also linked to our commissioning intentions and the activities we plan to undertake over the next five years to meet local needs and people’s expectations.
3. Why this strategy is important

We are seeing a change in how services are delivered, from secondary care services (hospital based services) to more network-based primary care (General Practice, Dental and Optometry) and community-care services with care provided closer to home. The models of care we use to support people in Powys need to be safe, effective and efficient and support those living with increasingly complex and multiple conditions in our communities.

By bringing Health and Social Care together it will strengthen joint working to provide better joined up services for older people, to allow for services to be effective and efficient as possible, in order to reduce duplication but more importantly access to services should be made as simple as possible. We want to give citizens and local communities the opportunity to take greater control and influence over decisions that affect their lives and to help people to live in an environment of their choice and be part of a community.

We will do this by creating an equal partnership with individuals and to enable individuals to have greater control of the decisions around their needs. We will do this by continuing to strengthen the involvement of older people, their families and carers when we develop and design future services. We will give them the opportunity to take more responsibility in managing their care, by providing access to relevant information so that they can make informed decisions about their care.

We and our partner organisations will jointly develop a framework for involvement to make sure we hear the views of the older people of Powys and our future generations.

When the commissioning intentions within this strategy are implemented it is proposed that a joint engagement and consultation plan is agreed between PCC and PTHB for any major changes, in discussion with the Powys Community Health Council.

We will manage the increases in demand on future services by being more creative in the way we deliver them, increasing the focus on preventing ill health, early intervention, and by putting in place support services which can respond to higher levels of need, particularly for people with dementia.

As part of this commissioning strategy and plan, we will increase reablement services (helping people to regain their normal daily activities), reduce long-term demand on domiciliary care services (help at home with personal care and household tasks), reduce unnecessary stays in hospital, and use our resources effectively, by making sure that people are only admitted to hospital when appropriate and that they only stay for the necessary time during their treatment.
This strategy and plan:

- Is based on the requirements of Welsh Government and incorporates national policies, guidance and standards (see appendix A);
- Builds on the work already underway through joint arrangements to improve services for older people;
- Is based on an assessment of current demand for future services (see appendix B);
- Supports our aim of bringing together health and social care through shared processes, systems, co-location of staff and a single management structure for our teams where appropriate; and
- Will be linked to a broader programme about how we can organise our future services to provide a sustainable health and social care model for current and future generations.

You should read this strategy and plan alongside the Integrated Carer’s Commissioning Strategy, the Integrated Accommodation Strategy (which is being developed further in light of people’s comments), Dementia Plan, A Place to Call Home Plan and the Hearts and Minds (Mental Health) Strategy.

The link for these strategies: www.powys.gov.uk
4. Our vision for older people in Powys

By bringing together health and social care through shared processes, information systems and co-location, we will help increase opportunities for people to be supported at home (Powys County Council and Powys teaching Health Board Statement of Intent, 2015).

This will provide clarity and allow people to access services more easily, through simpler processes and by giving staff the freedom to work with people in the most efficient and effective way to achieve the best possible outcomes.

Our vision is that we work together with our public, patients, people who use our services and their families to make sure older people in Powys:

- Have the opportunity to take part in social activities and be included in the community, to maintain their well-being;
- Feel safe in their own homes and keep their independence for as long as possible by using home-based services;
- Are given relevant information, so that they have an increased choice and control over what matters to them;
- Have greater access to health and social care which is close to home and can meet their needs;
- Can quickly access appropriate hospital and specialist health care when needed and are discharged home safely once they are fit enough;
- Experience a good quality of life; and are safe from abuse and neglect.

Our staff, under the “Leadership of the Health and Social Care Board” has developed a framework called the ‘Health and Adult Social Care Promotion of Independence/Continuum of Need’ to provide a comprehensive structure within which services will be delivered in the future to ensure we achieve our vision.

This framework will increase people’s ability to maintain and improve their own health and well-being, and will create active and supportive networks within communities to reduce social isolation. It will also help people, families and communities to deal with a range of challenges which they may experience in their lives and provide a level of support to help people to stay in their homes safely in their community.
We will develop services to achieve a straightforward and coordinated system for our older people and to make sure they get the right care by the right person at the right time. Our future service model will encourage independence through actively managing risk. It has four main parts, as follows.

1. **Universal approach – primary self-care and prevention**
   Services will be focused on developing and maintaining people's independence through supporting the development of a strong community network and services at home.

2. **Targeted approach – Community care**
   More care will be provided locally through a network of primary-care and community-care services.

3. **Enhanced or complex care**
   This will allow more people to be cared for and treated at home and will reduce unnecessary admissions to hospital and help people to be discharged from services outside of Powys without delays.

4. **Specialist approach – acute and specialist care**
   Services will continue to be available for people with complex needs who need specialised care. These services will mainly be provided in a hospital, a residential or nursing home, or a hospice, if it is not appropriate to provide them locally within the home or community.

People who need end-of-life care will be able to choose where they are cared for.
5. Local challenges and opportunities

Our commissioning strategy and plan will support us in looking at some of the main challenges and opportunities set out below and will help us to develop new ideas and ways of working when providing sustainable services within Powys for our future population.

Rural living
Being able to access services when living in the countryside is a major challenge when planning and delivering all services, and we will consider this in the way we commission (arrange) and provide services to make sure we meet people’s individual needs.

Public health
The increase in the number of people living longer means we will need future services to support people who are frail and elderly (and who often have more than one long-term condition) to continue to live with dignity and independence at home and in the community. Changing patterns of illness have resulted in an increase in people with long-term conditions and we expect that these numbers will continue to rise. We need to focus on prevention and earlier intervention now to deal with the health needs of the future population. And we need to develop a model for the future which delivers services in a more holistic way to help people manage a long-term condition (or conditions) and which supports people to care for themselves by providing the right support services and information.

Quality
We need to strengthen our services. The way they are currently organised is fragile and it is difficult to staff services over many different locations, as this results in lower levels of productivity and difficulties in training and development.

Changes around our borders
There are a number of changes to services taking places that we need to manage effectively to make sure we can continue to provide healthcare for the people of Powys. This means we need to think differently about what services are provided locally and about alternative ways we can best provide these services in the future.

Financial
We are working in an area where national spending has been reduced.
As part of the budget strategy, we have agreed to protect Adult Social Care in 2016/2017 by not looking to make further savings as part of the budget plan. Adult Social Care has to reduce spending by 5% in 2017/2018 and 2018/2019 but, unlike other service areas, does not have to make the 20% savings over the three years of the Medium Term Financial Strategy, but will have to meet demographic pressures.
This means we need to work in new and more creative ways to make sure future services meet the needs of older people and their families and carers. We must make sure we provide value for money through improving quality and efficiency, using the national approach of carefully managing healthcare resources to achieve this.

**Workforce**

In the past we have struggled with recruiting GPs, consultants, social workers, domiciliary care workers and other clinical staff, partly due to national recruitment issues and partly as a result of our rural location. There is an expectation from Government to provide services seven days a week and to extend some services into the evening. We need to think differently about how we fund and deliver services in future to make sure services are sustainable and that they are the best services for our local population.

**Buildings**

Our buildings have served us well, but are ageing and are no longer fit to deliver future health and social care. We need to invest in our property and to help us do this we need to develop a reliable future model of care which is based on alternative approaches to the traditional model, and invest in technology to support people to work ‘remotely’ (away from the workplace), helping people to stay independent.
6. Commissioning intentions

Our ‘commissioning intentions’ set out what we plan to do over the next five years and are linked to both the outcomes for people who use our services and our key measures in section 7 so that we can monitor ourselves against these.

6.1. Quality

We will make sure quality is at the heart of our commissioning intentions and will regularly monitor this with our provider organisations through our existing commissioning and contracting arrangements.

We will make sure that our commissioning (securing of services) is based on:

- Safety;
- Dignity and respect;
- Best practice and clinical guidance; and
- Being efficient and making the best use of our resources (under the Welsh Government prudent healthcare guidance).

6.2. People’s needs

Our Health and Adults Social Care Integrated Leadership Board will continue to develop and support planning that is centred on the individual, increase people’s ability to influence issues that affect them and their communities, and make the most of independence and people’s capability.

We aim to help people to make their own choices and decisions, gain control over their own life and to feel valued and take responsibility for their own health and well-being.

Health professionals will work together with people who use our services, and their families, to get the best outcomes for the individual.

There are many ways for us to identify what good practice looks like and we will continuously look at these as we deliver this commissioning strategy and plan.

6.3. Commissioning priorities

We are committed to providing co-ordinated and integrated health and social-care support to older people in Powys, and the activities we commission as part of this strategy over the next five years will help us achieve this. It is also important that we strengthen our own commissioning arrangements as part of this work.
We will support and encourage older people and their carers to take responsibility for their care and wellbeing.

We will work closely with the voluntary, third and private sectors to improve outcomes and make best use of our resources, so that older people will be supported to lead fulfilled lives within their communities. Our priorities are based on our vision, and are to make sure older people in Powys:

• Have the opportunity to take part in social activities and be included in the community so they can maintain their well-being;
• Feel safe in their own homes and keep their independence for as long as possible by using home-based services;
• Are given relevant information so that they have an increased choice and control over what matters to them;
• Have greater access to health and social care which is close to home and can meet their needs;
• Can quickly access appropriate hospital and specialist healthcare when needed, and are discharged home safely once they are fit enough; and
• Experience a good quality of life.

We also aim to make sure there is a balance of providers across the third sector and private sector to satisfy needs and develop new services. We will reorganise our resources so that early intervention and preventative work are critical areas for development.

The next two sections set out what we plan to do over the next five years to achieve the priorities listed above and how we will measure ourselves against this.
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| Information, advice and involvement | Provide advice and information, under the Social Services and Wellbeing Act, to support self-care and prevention. | - They will have the information and advice they need to do things themselves, such as eating healthily, exercising, or taking medicines at the right time.  
- They will be able to make choices about their lives and focus on what they can do and want to do rather than what they can’t do.  
- They will be guided to services appropriately, with the aim of reducing social isolation. | Health and Adult Social Care Integrated Leadership Board | Senior Manager Social Care Delivery (People) | 2016-2017 |
| I get the help I need when I need it, the way I want it | Powys People Direct; integrate PtHB district nursing into the Social Services single point of access, which deals with handling calls, screening and duty response for allocation. | - They will have one point of contact to access the right information, advice and guidance.  
- Assessments and guidance for referrals will be provided across health and social care, rather than people having to contact separate organisations. | Health and Adult Social Care Integrated Leadership Board | Locality General Managers | 2016-2017 |
<p>| I can do things that matter to me | Develop and put in place a framework for involvement. | - The framework will help people express their views and feel that their concerns are given attention. They will know how to get involved in and influence decisions that affect their lives. | Health and Adult Social Care Integrated Leadership Board | Powys Associated Voluntary Organisations | 2016-2018 |
| I feel valued in society | | | | | |
| I am healthy | | | | | |
| My rights are respected | | | | | |
| I have a voice and control | | | | | |
| I know and understand what care, support and opportunities are available to me | | | | | |</p>
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<td><strong>Accommodation choices</strong></td>
<td>The Integrated Commissioning of Care Homes will review existing residential care for older people to make sure there is enough residential and nursing care for the Powys current population and future generations.</td>
<td>• They will have improved access to a range of appropriate accommodation as a result of us working with partners to agree a planned approach to development.</td>
<td>Health and Adult Social Care Integrated Leadership Board</td>
<td>Health &amp; Social Care Change Manager</td>
<td>2016-2021</td>
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|                            | Reorganise and modernise long-term care through developing Extra Care and by making best use of older people’s accommodation. (Scheme under development at Newtown). (Extra Care Housing is housing designed with the needs of frailer older people in mind and with varying levels of care and support available on site. People who live in Extra Care Housing have their own self-contained homes, their own front doors) Provide well-designed housing that allows people to care for themselves for longer and gives them access to care and other services, which help them keep their independence. | • Residents will be able to enjoy a healthier, active and more independent lifestyle in a community environment, improving their overall well-being, including their health, happiness, confidence, social life and relationships.  
• People will have the right support at the right time, allowing them, where possible, to remain in their own homes.  | Health and Adult Social Care Integrated Leadership Board                                                                                                                                                     | Strategic Commissioning Manager (Older People)                                                                                                                                                                  | 2016-2019        |
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<td><strong>Accommodation choices</strong></td>
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<td>Senior Strategic Commissioning Manager (People)</td>
<td>2016-2019</td>
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<td>- They will have appropriate accommodation to help them live independently in the community resulting in less need for care and support. We will make sure existing sheltered housing is used effectively, and we fully understand of future demand for suitable housing.</td>
<td>Head of Housing (People)</td>
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<td>- There will be an increased use of technology to support people in their own home.</td>
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<td><strong>Strengthening commissioning</strong></td>
<td>Commissioning Programme Board</td>
<td>Senior Strategic Commissioning Manager (People)</td>
<td>2017-2019</td>
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<td>- We will deliver our strategy in an effective and co-ordinated way.</td>
<td>PTHB Head of Commissioning</td>
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<td>- We will deliver our vision.</td>
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<td>Professional support</td>
<td>Develop integrated care teams for older people, by reviewing and redesigning integrated care pathways.</td>
<td>• People will be able to access services more easily, with less ‘red tape’ and simpler processes, giving staff the freedom to work with people in the most efficient and effective way to achieve the best possible outcomes.</td>
<td>Health and Adult Social Care Integrated Leadership Board</td>
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<tr>
<td>Technology</td>
<td>Put in place the national Community Care Information System.</td>
<td>• A ‘single record’ system will be used across health and social care which will reduce duplication of information and allow healthcare staff to share information more easily. • People will only have to tell their ‘story’ once as all information will be readily accessible to all healthcare teams.</td>
<td>Health and Adult Social Care Integrated Leadership Board</td>
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<td><strong>Technology cont.</strong></td>
<td>Assistant Director of Primary Care</td>
<td>2016-2021</td>
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<td><strong>Health and Adult Social Care Integrated Leadership Board</strong></td>
<td>Health and Adult Social Care Integrated Leadership Board</td>
<td>2016-2019</td>
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<td><strong>Assistant Director of Primary Care</strong></td>
<td>Business Intelligence Programme Board</td>
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<td><strong>Work with GPs to develop telemedicine and video-conferencing to treat and diagnose people at a distance.</strong></td>
<td>PTHB Head of Information</td>
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<td><strong>Organisations will share information to strengthen needs-based commissioning.</strong></td>
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<td>Increase the use of digital equipment and assistive technology, such as telehealth, tele-consulting and mobile diagnostics.</td>
<td>They will be able to use technology for a range of purposes to remind them to take their tablets, help them decide whether it is day or night, help them phone a relative or friend using pre-programmed numbers or pictures, switch on the lights automatically if the person gets up at night, switch off the gas automatically if it has been left unlit, and alert a carer or monitoring centre if they need help.</td>
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**Commissioning themes cont.**

- I have a voice and control
- I know and understand what care, support and opportunities are available to me
- I am safe and am not frightened of anyone
- I am able to keep as mobile as possible
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<td>Create long-term and sustainable domiciliary care, making sure there is good-quality recruitment, consistent staffing and punctual employees, which will improve the quality of the service and satisfy both the older person and the carer.</td>
<td>Health and Adult Social Care Integrated Leadership Board</td>
<td>Strategic Commissioning and Project Manager (People)</td>
<td>2016-2019</td>
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<tr>
<td>Identify older people who are at risk of falls to reduce harm and the possibility of disability.</td>
<td>Health and Adult Social Care Integrated Leadership Board</td>
<td>Strategic Commissioning and Project Manager (People)</td>
<td>2016-2019</td>
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<td>Our organisations will work together to put in place falls-prevention strategies in line with national standards and evidence-based practice.</td>
<td>Health and Adult Social Care Integrated Leadership Board</td>
<td>Strategic Commissioning and Project Manager (People)</td>
<td>2016-2019</td>
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**Commissioning themes**

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<th>Community provision and early intervention and prevention</th>
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<td>I get help when I need it, the way I want it.</td>
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<td>I can access health services easily.</td>
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| Community provision and early intervention and prevention | Build social networks across Powys's 13 areas: linking together local 'enablers' and support groups to increase access to services and develop more self-sufficient communities through, for example, volunteering and leisure activities. | • We will work with local communities to identify available services (statutory and non-statutory) and areas where need is not being met to help inform future commissioning and create stronger communities.  
• We will secure as much external funding as possible, allowing people to remain at home and to reduce unnecessary stays in hospitals and care homes. | Health and Adult Social Care Integrated Leadership Board                                                                                 | Powys Associated Voluntary Organisations                                                       | 2016-2018     |
| I can engage and participate                              |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                                                     |                                                                                 |               |
| My rights are respected                                   |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                                                     |                                                                                 |               |
| I am safe and I am not frightened of anyone               | Develop a community grant programme to support local well-being groups.                                                                                   | • Build community resource in local areas to reduce social isolation and support older people to improve their health and well-being and maintain their independence.                                                 | Adult Social Care Commissioning                                                                   | Senior Strategic Commissioning Manager (People)                                    | 2016-2017     |
| I am able to keep as mobile as possible                   | Modernise day care services, with the aim of offering greater choice and availability to local residents.                                                     | • We will aim to move resources away from bricks and mortar to focus on people's well-being. We want to increase people's independence, help prevent isolation and loneliness and involve people again in the community.  
• We will promote health and well-being services, access to alternative support agencies, and information and advice through different communication routes. This 'no closed door' policy means that people will have access to a range of services from their own home. | Health and Adult Social Care Integrated Leadership Board                                                                                 | Senior Manager (Social Care Delivery)                                                              | 2016-2018     |
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<td>Modernise day care services, with the aim of offering greater choice and availability to local residents.</td>
<td>• Powys Befriender will support people to find overcome challenges to everyday living, allowing them choice and control.</td>
<td>Health and Adult Social Care Integrated Leadership Board</td>
<td>Senior Manager (Social Care Delivery)</td>
<td>2016-2018</td>
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<td></td>
<td>Put in place the Welsh Government national outcome framework for people who need care and support.</td>
<td>• We will focus more on well-being to build on people’s strengths and abilities to help them maintain an appropriate level of independence with the appropriate level of care and support. • We will be more open about whether care and support services are improving people’s well-being.</td>
<td>Health and Adult Social Care Integrated Leadership Board</td>
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<td>Hospital admissions and discharges</td>
<td>Review all systems, to include an improved co-ordinated approach by health and social care agencies to discharges from hospital and making sure people are discharged at the appropriate time. Design an out-of-hospital service model for providing integrated health and social care to provide, integrated care pathways including frailty pathway, discharge to assess pathway and provision and intermediate care (care and support to regain independence)</td>
<td>• We will introduce a seven-day assessment, which will result in fewer admissions to hospital, clear and understood care pathways between health and social-care services, reductions in the number of people admitted into nursing and residential care, less time in hospital for people with long-term conditions, and improvements to people’s experiences of care.</td>
<td>Health and Adult Social Care Integrated Leadership Board</td>
<td>Locality General Manager</td>
<td>2016-2019</td>
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<td>Continue to provide comprehensive intermediate care and reablement (to help people regain or maintain their daily living activities).</td>
<td>• People will be helped, in the setting that is the most appropriate, to regain their independence following illness or injury. • People will be able to help themselves to regain their independence. • Older people will be helped to be as independent as possible, with the lowest appropriate level of ongoing support.</td>
<td>Health and Adult Social Care Integrated Leadership Board</td>
<td>Senior Manager Older People</td>
<td>2016-2021</td>
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<tr>
<td>Minor injuries services</td>
<td>Carry out a review of current minor injuries services across Powys and develop alternative pathways and consistent ambulance diversion protocols.</td>
<td>• We will make sure we have appropriate minor injuries services across Powys to meet the future population needs of older people.</td>
<td>Service Reform Programme</td>
<td>Locality General Manager</td>
<td>2016</td>
</tr>
<tr>
<td>Audiology</td>
<td>Develop and put in place a new audiology service model for Powys, including introducing revised care pathways.</td>
<td>• Inequality of services across Powys will be reduced and standards will be consistent across the county.</td>
<td>Service Reform Programme</td>
<td>Locality General Manager</td>
<td>2016-2017</td>
</tr>
<tr>
<td>Continence services</td>
<td>Carry out a review of continence services.</td>
<td>• We will review the standard of existing services across Powys to identify any gaps in existing provision.</td>
<td>Service Reform Programme</td>
<td>Locality General Managers</td>
<td>2016</td>
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<tr>
<td>Commissioning themes</td>
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<td>Primary Care</td>
<td>Strengthen our primary-care workforce through recruiting and keeping staff, making sure we have a sustainable workforce for the future to provide more complex services locally. Strengthen our medical arrangements in the north of Powys between GPs and geriatric consultants, through a joint arrangement with Bronglais Hospital.</td>
<td>• Our GP and consultant resources in Powys will be strengthened to allow more services to be provided locally and reduce travel out of the county.</td>
<td>Service Reform Programme</td>
<td>Assistant Director of Primary Care</td>
<td>2016-2018</td>
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| Access for planned routine appointments | Increase access to local services in Powys:  
• Review more complex primary-care services in general practice and agree areas for development.  
• Establish same-day fast access to secondary-care assessment and advice, to support people so that they can stay in the community.  
• Use fully the potential of optometrists working in Powys.  
• Provide more day-case surgery (including endoscopy, ear, nose and throat, and orthopaedics) by developing a 24-hour-stay surgical ward.  
• Develop outpatient services in Powys and provide specialist advice for dermatology via telemedicine.                                                                 | • More people will be able to access an increased range of services from their GP practice.  
• Reduced waiting time for people using ophthalmology services, as we will use fully the services of optometrists in Powys. This will release space in secondary care for other people to be seen by the consultant.  
• More specialist day-surgery procedures and outpatient appointments will be available locally in Powys, which will reduce travelling out of county. | Service Reform Programme and Primary Prevention | Locality General Manager and Assistant Director of Primary Care | 2016-2017 |
<table>
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<tr>
<th>Commissioning themes</th>
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</table>
| Preventing ill health and managing long-term conditions | Develop the concept of health and well-being centres. Use everyday technology to connect to healthy-living plans and to access self-serve and universal services for information and advice.                                                                                                                                                                                                 | • There will be more opportunities for people to maintain their well-being through greater focus on activities which support social inclusion, healthy eating and physical activity.  
• We will make sure people are well supported to care for themselves and manage their own long-term conditions.                                                                                                                                                                                                                                                                                     | Service Reform Programme                                                                                           | Locality General Manager                                         | 2016-2018      |
<p>| I can access local health services easily               |                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                 |              |
| Invest in your health' programme available to all medical practices across Powys in support of the Lifestyle Local Enhanced Service. Continue to make sure people aged over 65 (or under 65 if they are at risk) have regular flu vaccinations. Make sure there are self-management plans in place for everyone who has a long-term condition. |                                                                                                                                                                                                                                                                                                                                                   | • We will make sure people receive appropriate information and support to reduce smoking, obesity and alcohol intake, and that they have their flu vaccinations.                                                                                                                                                                                                                                                                                           |                                                                            |                 | Ongoing       |
| I am healthy                                            |                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                 |              |
| I am involved in making decisions that affect my life   |                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                 |              |
| Further expand the virtual ward in the north and mid areas of Powys. This is a new approach where by people who require support and/or monitoring by a multi-disciplinary team are virtually placed in the ward and reviewed by the team on a regular basis to ensure their needs are met and to reduce hospital admissions. |                                                                                                                                                                                                                                                                                                                                                   | • We will provide fast access to urgent care by the right professional to allow people greater independence at home and reduce unnecessary admissions to hospital.                                                                                                                                                                                                                                                                                         | Service Reform Programme                                                                                           | Locality General Manager                                         | 2016           |</p>
<table>
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<tr>
<td><strong>Pharmacy</strong></td>
<td>Make best use of the skills of those working in community pharmacies and support them in giving appropriate advice on healthcare and using medicines, and develop the community pharmacist’s role in promoting better lifestyles to prevent ill health. Develop and put in place integrated pharmaceutical care models to provide appropriate healthcare in relation to using medicines. Continue to work with professionals to make sure there are safe processes for carers giving medicines when supporting people in their own homes.</td>
<td>• Older people will have extra support to make sure that their medication is safe and appropriate, and that they are using it as the healthcare professionals intended. • We will make sure we use our resources fully to give appropriate healthcare advice, and make sure effective processes are in place to support people taking their medication.</td>
<td>Service Reform Programme</td>
<td>Head of Pharmacy</td>
<td>2016</td>
</tr>
<tr>
<td><strong>Welsh language</strong></td>
<td>Respond to the Welsh Language Commissioner’s report and Welsh Government’s requirement.</td>
<td>• We will promote the use of the Welsh language, encouraging equality and diversity.</td>
<td>Service Reform Programme</td>
<td>Locality and Directorate General Managers</td>
<td>2016</td>
</tr>
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<td>Commissioning themes</td>
<td>Commissioning activity</td>
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| Sustainability of future services        | Agree future organisation of services across Powys that are clinically viable and economically sustainable and which meet the needs of the population. This will mean that we are able to provide services which provide the best outcomes for our population with the right staff and in a productive way) | • We will consult the people of Powys to make sure our plans for future services meet future needs, improve clinical outcomes, and provide local services which reduce travel out of the county and make services across Powys equal.  
• We will plan and develop an estate (buildings) strategy to meet longer-term healthcare needs, based on the future organisation of services                                                                 | Strategic Delivery Model Programme                                                                 | Planning and Performance |           |
<p>| I get the help I need when I need it the way I want it | Develop an estate strategy to reflect the future organisation of services.                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                  |                                                                              |                   |           |
| I can access local health services easily |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                  |                                                                              |                   |           |
| I can engage and participate             |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                  |                                                                              |                   |           |</p>
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<tr>
<td>Mental health</td>
<td>Under the ‘hearts and minds: together for mental health strategy in Powys,’ with our partners we plan to do the following. • Simplify and strengthen adult mental-health arrangements for the people of Powys. • Put in place the dementia plan. • Review our inpatient services to make sure we make best use of alternatives to hospital admission. Improve primary-care services around mental health, extending the use of psychological therapies and local primary mental-health support services.</td>
<td>• People aged over 65 will have access to services based on their need. • Specialist mental-health teams will work with other professionals to support people with dementia and other mental-health conditions. They will link with the virtual ward, inpatient facilities and care homes and will focus particularly on supporting carers. • We will make sure people make best use of alternatives to hospital, such as crisis resolution, home treatment and day recovery centres.</td>
<td>Powys One Plan Mental Health</td>
<td>Directorate Manager Mental Health &amp; Disabilities</td>
<td>2016-2017</td>
</tr>
<tr>
<td>Acute care</td>
<td>Strengthen our commissioning arrangements for acute and specialist services with our provider organisations so that we do not rely on hospital care unnecessarily. We will do this by investing in and adding to our local primary and community services in Powys to manage future demand.</td>
<td>• We will make sure we have the right resources to provide high-quality health services when people need them. • We will commission services to make sure people receive the right care in the right place at the right time by the right professional. • We will assure the people of Powys of the quality and effectiveness of the healthcare services being provided.</td>
<td>Commissioning Programme Board</td>
<td>Head of Commissioning</td>
<td>2016-2019</td>
</tr>
<tr>
<td>Commissioning themes</td>
<td>Commissioning activity</td>
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| **Cancer**           | Continue to make sure we meet standards for cancer services, including access targets, and work with Macmillan to develop co-ordinated care for people with cancer being treated out of the county. We will carry out a feasibility study of chemotherapy outreach services in mid Powys. | • We will look at the options for providing chemotherapy outreach day services locally.  
• We will improve the co-ordination of our care pathways to make sure standards are met and people are treated within appropriate timescales | Service Reform Programme | Locality General Manager | 2016-2018 |
| **Dementia**         | To further develop our Joint Dementia Action Plan | • Improved timely diagnosis rates in line with WG targets.  
• Improved post diagnostic interventions.  
• Improved community support and access to appropriate local support networks for people who need support but who would otherwise perhaps be unaware that they are developing dementia.  
• Improved care for people with Dementia in General Hospital.  
• To ensure staff have access to appropriate Dementia Care training and meet expected Dementia training targets.  
• People with Dementia receive improved person centred support which is appropriate to their needs  
• Improved support for Care Homes to identify people who develop Dementia and delivery excellent person centred care. | Powys One Plan Hearts and Minds Mental Health Partnership Board | PTHB Dementia Lead Senior Manager Older People | 2016-2018 |
<table>
<thead>
<tr>
<th>Commissioning themes</th>
<th>Commissioning activity</th>
<th>What should older people expect?</th>
<th>Responsibility</th>
<th>Lead commissioner</th>
<th>Timeframe</th>
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</table>
| **Stroke**           | Put in place a stroke delivery plan. Each patient will have a six-week review in secondary care following their discharge from hospital, and again within six months by the local stroke team and then every year in primary care to:  
  • Assess the need for further specialist review, advice, information and support; and  
  • Assess social and healthcare needs. Check and encourage people to put in place lifestyle measures that can help prevent cardiovascular disease. Provide advice about driving and returning to work after a stroke if appropriate.  
  Check and record blood pressure and lipid profile every year. Arrange yearly flu vaccination. Provide emotional support and psychological therapies for people who have had a stroke. | • People will have access to relevant information about stroke. | Service Reform Programme Board | Locality General Managers | 2016-2020 |
<table>
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<tr>
<th>Commissioning themes</th>
<th>Commissioning activity</th>
<th>What should older people expect?</th>
<th>Responsibility</th>
<th>Lead commissioner</th>
<th>Timeframe</th>
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</table>
| **Transport**        | We recognise the importance of helping our residents to access services they need. We must also acknowledge that providing transport for some of our more isolated communities to these services is going to be an added challenge as both financial and staffing resources are under so much pressure. However, through our support for community transport we will aim to provide such support where we are able to. | • We will find out where gaps exist and see if and how we can fill those gaps with a more responsive community enabled transport service will involve older people in developing a transport strategy.  
• We will deliver on the outcomes of the transport strategy.                                                                                                          | Stronger Communities Board                                                                                                                                                                                                                                                                  | Head of Highways & Transport                                                                                                                                                                                                          | 2016-2017  |
|                      |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                           | PTHB Transport Manager                                                                                                                                                                                                               | 2016-2017                                                                                               | 2016-2017  |
| **Safeguarding**     | Revise, develop and provide accessible information about our safeguarding pathways. Make sure we commission and monitor the quality of services for older people effectively. Take firm action when services are not safe.                                                                                           | • It will be easy to access help to stop abuse and neglect.  
• The person at risk will be at the centre of decision-making about their safety.  
• People will not be afraid to raise concerns about the service they are receiving.                                                    | Adult Safeguarding Board                                                                                                                                                                                                            | Head of Safeguarding Service – Adult and Children                                                                                                                        | 2016-2017  |
7. How will we know if we have succeeded?

Our overall strategy and plan aims to achieve the outcomes in the table below. The measures listed in the table will show how we will know we have been successful, we will further develop these after consulting the public, to find out whether or not our commissioning intentions, once in place, improve the outcomes for people in Powys.

<table>
<thead>
<tr>
<th>Statements from the national and local outcomes of ‘What I expect’</th>
<th>Commissioning theme</th>
<th>Suggested measure (How will we know we have been successful)</th>
</tr>
</thead>
</table>
| I get the help I need, when I need it the way I need it | • Information, advice and involvement  
• Community provision and early intervention  
• Primary-care workforce  
• Professional support  
• Equal access  
• Sustainability of future services | • People will be able to stay at home as long as possible.  
• People will receive further services at home.  
• Admissions to hospital will be reduced due to care being provided closer to home.  
• Reduce the rate of emergency hospital admissions and readmissions in people aged over 65. |
| I feel valued in society | • Community provision and involvement | • Percentage of people rating Powys for community spirit and feeling of belonging.  
• Opportunities to take part in society. |
| I can do the things that matter to me | • Information, advice and involvement  
• Community provision | • Maintain, as far as possible, a normal pattern within their community.  
• Percentage of people reporting that they can learn and develop to their full potential.  
• Percentage of people reporting that they can do the things that matter to them |
| I am involved in making decisions that affect my life | • Professional support  
• Access to planned appointments | • Percentage of people reporting being well informed and supported through their care plan.  
• Percentage of people who felt involved in decisions about their life. |
<table>
<thead>
<tr>
<th>Statements from the national and local outcomes of ‘What I expect’</th>
<th>Commissioning theme</th>
<th>Suggested measure (How will we know we have been successful)</th>
</tr>
</thead>
</table>
| I can speak for myself or have someone who can do it for me   | Community provision, early intervention and prevention | • Make sure people have a named contact who shares relevant information with partners to allow a smooth transfer of care and support across services.  
• Percentage of people reporting that they are in control of their daily life as much as they can be. |
| I am healthy                                                  | Community provision, early intervention and prevention  
• Information, advice and involvement | • Reduction in the difference of life expectancy between the least and most deprived.  
• Increase in years of healthy life expectancy of Powys residents aged over 65.  
• Number of over 65-year-olds who use stop-smoking services.  
• Number of people who have the flu vaccine.  
• Percentage of people over 50 who have had their blood pressure measured by their GP in the last five years.  
• Percentage of people who regularly volunteer and support others in their community. |
| I have suitable accommodation that meets my needs             | Accommodation choices | • The rate of older people helped to live at home per 1000 population aged 65 and over.  
• Percentage of people reporting that their accommodation is suitable for their needs. |
| I have a voice and control                                    | Information, advice and involvement  
• Professional support  
• Technology | • People will have access to clear and understandable information, advice and help to actively manage their well-being and make informed decisions.  
• Percentage of people reporting that they are in control of their daily life as much as possible.  
• Percentage of people who felt they were treated with dignity and respect. |
<table>
<thead>
<tr>
<th>Statements from the national and local outcomes of ‘What I expect’</th>
<th>Commissioning theme</th>
<th>Suggested measure (How will we know we have been successful)</th>
</tr>
</thead>
</table>
| **I can be involved and take part** | • Community provision, early intervention and prevention | • Percentage of people who actively volunteer and support others in their community.  
• Percentage of people who take part in local events and activities in their communities. |
| **My rights are respected** | • Information, advice and involvement  
• End of life  
• Community provision and prevention | • Results from the patient experience surveys.  
• Results from Fundamentals of Care and Health and Care Standards.  
• Number of people dying in their preferred place of care. |
| **I am safe and I am not frightened of anyone** | • Information, advice and involvement  
• Community provision and prevention | • Work with people to develop suitable arrangements to prevent abuse and neglect.  
• Respond effectively to changing circumstances and regular review.  
• Whether people say they feel safe.  
• Proportion of referrals where risk has been removed or reduced for the alleged victim. |
| **I know and understand what care, support and opportunities are available to me** | • Strengthening commissioning  
• Information, advice and involvement  
• Community provision and prevention  
• Technology | • Percentage of people who said that they or their carers were given all the health information they needed.  
• Percentage of people whose quality of life has improved from the care and support they have received.  
• Percentage of people who have used Welsh to communicate to health and social-care staff.  
• Percentage of people who have received the right information or advice when they needed it. |
| **I can access public transport** | • Information, advice and involvement  
• Community provision and prevention | • Percentage of people who are able to stay active members of their communities.  
• Percentage of people able to access community opportunities.  
• People reporting they can do what matters to them. |
<table>
<thead>
<tr>
<th>Statements from the national and local outcomes of ‘What I expect’</th>
<th>Commissioning theme</th>
<th>Suggested measure (How will we know we have been successful)</th>
</tr>
</thead>
</table>
| I have choice of local accommodation to be able to live independently | • Accommodation choices | • The number of older people the local authority supports in care homes per 1000 population aged 65 and over.  
• The rate of people helped to live at home per 1000 population aged 65 and over.  
• Percentage of carers identified who are offered a carers’ assessment.  
• Rates of people aged 65 or over discharged from hospital to residential or nursing homes. |
| I can access local health service easily | • Access for planned routine appointments  
• Primary care and consultant workforce  
• Acute care  
• Equitable access  
• Minor injuries units  
• Mental health  
• Cancer  
• Pharmacy  
• Stroke  
• Dementia  
• Technology  
• Audiology  
• Continence services | • The number of patients aged 65 and over admitted to hospital as an emergency per 10,000 population.  
• The number of bed days for patients aged 65 and over admitted as an emergency.  
• Percentage compliance with clinical stroke guidelines (bundles and indicators)  
• Rates of deaths occurring at home for those aged 65 and over.  
• Percentage of over 65-year-olds registered with their GP practice as having dementia.  
• Number of calls to the Dementia Helpline.  
• Pharmaceutical support for discharge. |
| I am able to keep as mobile as possible | • Community provision, early intervention and prevention | • Following a period of reablement, 40% of people will not need any ongoing support.  
• 20% will need a reduced level of support.  
• 80% of people will achieve their outcomes. |
8. How our strategy and plan will be governed and monitored

The Joint Integrated Care Pathways for Older People Board and Powys teaching Health Board’s (PtHB) Service Reform Programme Board will be the main governance boards responsible for monitoring how we deliver this strategy.

This is a live document – we will review it regularly and manage it through our programme plans set out by the Integrated Care Pathway for Older People Board.

The commissioning strategy and plan will be available on our websites and we will publish a review each year to show our progress or any changes to our commissioning intentions. We will also make the accountability framework available alongside the strategy, which will set out what projects and actions are in place to achieve each priority and how and when these are going to happen.
Appendix A National Context

This Older People Commissioning strategy is set within the National Context for Older People in Wales. The national vision for Older People across Wales is:

- That people in Wales feel valued and supported, whatever their age;
- That all older people in Wales have the social, environmental and financial resources they need to deal with the opportunities and challenges they face;
- Well-being is a broad concept. It includes factors such as how satisfied people are with their lives as a whole, autonomy (having a sense of control over your life), and purpose (having a sense of purpose in life);
- Building well-being and resilience is good for individuals and society, reducing dependence and improving overall health.

Importantly, in delivering this vision the national strategy supports the key elements for building a good quality of life and there is evidence to support this:

- Being lonely or isolated is associated with health problems and early death.
- Good social relationships are associated with positive health effects for the individual.
- Staying physically active protects health, and makes an important contribution to overall wellbeing.
- Older people generally report feeling less safe in their homes, local area and on public transport at night than younger people do.
- More than 39,000 older people in Wales are said to be victims of abuse in their own home (Older People’s Commission)
- Older people find it more difficult than younger age groups to access local amenities.
- A lack of transport contributes to higher levels of social isolation.
- Older people are among those at highest risk of financial exclusion and least likely to claim their financial entitlements.
The focus and direction of this joint commissioning strategy is also determined by a range of national and local drivers which have influenced the commissioning intentions, namely;

- The Strategy for Older People in Wales: Living Longer, Ageing Well 2013 –2023;
- The Social Services and Well-Being Act (Wales) 2014;
- The Ageing Well in Wales Programme 2014 (AWWP);
- One Powys Plan 2014-17 ;
- Wellbeing of Future Generations Bill (2014);
- Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs (2014);
- Our Plan for a Primary Care Service for Wales (2014);
- The Welsh Government Outcomes Framework (2014);
- The Welsh Government Prudent Healthcare Principles (2012);
- Powys tHB Integrated Medium Term Plan 2014 – 2017;
- A Decade of Austerity in Wales. The funding pressures facing the NHS in Wales to 2025/26, June 2014.
Appendix B Needs and Demand Assessment

Powys covers a quarter of the area of Wales and is one of the most sparsely populated county in England and Wales, with 26 people per square kilometre. Powys has an estimated population of 132,705, which is a predominantly rural population, with numerous villages and hamlets around the main 15 market towns.

1.1. Population Changes

The population of Powys is also older than the average for authorities in Wales with the mean average age being 44.8 in mid-2012 as compared to Wales at 41.3. The 65+ population (currently 34,638) is projected to increase by 11% over the next 5 years (38,405 by 2020) and by 43% by 2036 (49,515). The 85+ population is expected to increase by 19% over the next 5 years from 4,660 to 5,551 and 146% by 2036 (11,456).

In contrast, the proportion of young working aged people (20–39) is substantially lower than that of Wales. This has implications for the care workforce and for service delivery. Whilst the male older population is expected to increase at a higher rate than that of females, it is projected that there will continue to be older aged women than men.

Overall, Powys has high employment rates. It is currently the highest among the Welsh local authorities regarding employment rates. Powys has low rates of residents claiming Job Seekers Allowance (10 per 1,000 residents against Welsh average of 20 source: 2013 mid year population estimates). There are 6,500 residents employed in the Caring/Leisure/Service sector (source: ASHE, ONS). This is 10% of the working population of Powys (this figure varies between localities ranging from 8.7% in Crickhowell to 12.8% in Ystradgynlais).
Overall, Powys is a relatively healthy county. According to the 2011 Census, residents report that they have better physical and mental health than the Welsh average. The percentage of people reporting high blood pressure, respiratory illness, diabetes, and a heart condition are all lower than the Welsh average. However, the increase in the number of older people is likely to cause a rise in chronic conditions such as circulatory and respiratory diseases with cancers and health disadvantage contributing to higher rates in more deprived parts of Powys.

The chart in figure 5 below indicates the likely changes until 2030 compared with the rest of Wales. It should be noted that at each projected five-year way mark point the percentage rise is higher for Powys than Wales overall,

The proportion of the population aged 85+ is one of the highest in Wales and growing. Estimated figures show that the 85+ population will rise from 4,320 in 2013 to 11,456 in 2036.
1.2. Demand for Social Care

The demand for all types of social care provision is increasing as shown below; this trend is projected to rise in line with the increase in the 85+ population over the next 15-20 years.

As the number of older people living in Powys increases, it is anticipated that the number of older people living with dementia will also rise. In 2013 it was estimated that there were 2,467 people living with dementia in Powys (stats.wales.gov.uk). The risk of developing dementia increases as people grow older and it is estimated that around 98% of people living with dementia are over 65 years of age. As women on average live longer than men, it is also estimated that approximately 60% of people with dementia are women.

Extensive work is underway in many areas of the County to identify early diagnosis of the disease, and to develop dementia friendly communities. However, whilst work is underway to increase access to early...
diagnosis of dementia, it is anticipated that there are a significant number of people living with the disease without a formal diagnosis. Within this strategy, it is therefore proposed to both improve formal diagnosis and treatment services, and to improve community support and access to appropriate local support networks for people who need support but who would otherwise perhaps be unaware that they are developing dementia.

1.3. Demand for Healthcare

An independent demand, capacity and financial modelling project was commissioned during 2014; this modelled the impact of demography and epidemiology on demand for future health services over the next 5 years. Further analysis has been undertaken to understand the specific impact of demand for older people’s services in relation to elective care (inpatients, day case and outpatients) and unscheduled care.

The following age groups were modelled.

- 50-64
- 65-84
- 85+

The chart below shows the predicted increase in demand for secondary care inpatient and day case services in 5 years time. The largest increase being in the age range 65-84.

*Powys projected growth in admissions, by type of admission, by age range*
The chart below shows the predicted increase in demand for secondary care outpatient services in 5 years time. The largest increase being in the age range 65-84.

![Powys projected growth in Outpatients, by age group](chart.png)

We are looking at a number of interventions to so that we can manage this projected increase in demand and these interventions are incorporated within our commissioning activities.
Appendix C Pre-Consultation Engagement

Our Approach
To support the development of this strategy, we asked people in Powys for their views; the following methods were used to obtain feedback:

- Online questionnaire;
- Paper version of the questionnaire delivered to residential homes, libraries, day centres and other venues;
- Drop-in sessions in Llandrindod Wells, Ystradgynlais and Newtown.
- The council received 270 responses to the survey, 148 of these were in paper format and the rest were received online.

A Summary of the Responses to the Survey

- 197 of the 270 responses were from people over the age of 55;
- There was a majority support for the three proposed priorities;
- Less than half agreed with the statement “I know and understand what care, support or other opportunities are available to me.”
- Less than half agreed with the statement “I feel valued in society.”
- Only 18% are planning to move home in the next five years. Of those who responded, the main reason for moving would be because “I’m not (or won’t be) able to live independently.”
- Of those who responded, most wished to move to a bungalow;
- 70% of those who responded felt it reasonable to move up to 5 miles to a residential home or extra care facility. The remaining 30% would be prepared to move up to 10 miles;
- When asked “What do you believe will help you live well in later life?”, the two most popular responses were “being able to access health services close to home” and “the ability to get the help I need, when I need it, the way I want it.”;
- More than half would be happy to use technology to help them live independently although some of these said that they would need to be shown what to do.

Within the commentary there was concern:

- About the quality of homecare (domiciliary services) in Powys;
- That healthcare services need to be provided locally (including an emergency centre);
- About the importance of public transport to the elderly;
- That day centres need to be retained.

The full report is available on-line at www.powys.gov.uk
## Appendix D - List of Services

### Older People’s Commissioning Strategy- Spectrum of Care, Support and Intervention

<table>
<thead>
<tr>
<th><strong>Universal Approach</strong></th>
<th><strong>Targeted Approach</strong></th>
<th><strong>Enhanced Complex Care and Specialist Approach</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Information, Advice and Guidance</td>
<td>Voluntary Support Services; medium level Befriending, transport, Benefits Advice, CAB, Age Cymru, Self Help and management programmes, carer support, Advocacy</td>
<td>Voluntary Services; high level services-Supported at Home, Crossroads, Powys Carers, Disability Powys, Community Transport</td>
</tr>
<tr>
<td>Hobbies, Interests, Clubs and Societies</td>
<td>Adaptations</td>
<td>Care and Repair (RRAP)</td>
</tr>
<tr>
<td>Self Care/ Management</td>
<td>Supported Employment</td>
<td>Supported Living</td>
</tr>
<tr>
<td>Media promotions and other major messages</td>
<td>GP Care Co-ordination and Medical targeted intervention services</td>
<td>Independent Prescribing roles</td>
</tr>
<tr>
<td>*Securing Rights and Entitlements</td>
<td>Integrated Assessment and Care Plans, Annual Reviews</td>
<td>Complex /Integrated Assessment and Care Plans, care coordination</td>
</tr>
<tr>
<td>Public Health Services and Messages over 50 Health Checks, Genetic screening and family history</td>
<td>Direct access and Drop in clinics /community led clinics – Multiple Sclerosis, Leg Clubs, Stroke, Dementia</td>
<td>Consultant Intervention</td>
</tr>
<tr>
<td>*Learning and Education opportunities (U3A)</td>
<td>Day time opportunities, Day Time Occupation Activities</td>
<td>Care Home Placements- Nursing Homes or Residential Care</td>
</tr>
<tr>
<td>Voluntary Sector Support –low level Befriending, Advocacy, Wellbeing support</td>
<td>Community Pharmacy and Medicine Management</td>
<td>Consultant Intervention</td>
</tr>
<tr>
<td>Public Spaces, Leisure, sport and Recreational pursuits and opportunities</td>
<td>Expert Patient Programmes</td>
<td>Consultant Intervention</td>
</tr>
<tr>
<td>Targeted Prevention Messages -Stop Smoking, exercise, flu immunisations,</td>
<td>Reablement</td>
<td>Hospice Care</td>
</tr>
<tr>
<td>Eye Health and Optometry</td>
<td>PURSH</td>
<td>MacMillan and Marie Curie services</td>
</tr>
<tr>
<td>Dental health</td>
<td>Minor surgery and Local Diagnostic services</td>
<td>WAST</td>
</tr>
<tr>
<td>Independent health Choices</td>
<td>WAST, Referral Pathways</td>
<td>DGH secondary Care</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Personal Assistants via Direct Payments</td>
<td>DGH/Specialist centres -Care Transfer co-ordination</td>
</tr>
<tr>
<td>Medical Practice provision</td>
<td>Community Support services</td>
<td>Out of Hours Services</td>
</tr>
<tr>
<td>*Housing and suitability of living accommodation</td>
<td>Specialist community services – Community Nursing, Podiatry, Speech and Language therapy, Physiotherapy, Occupational therapy, Continence services, Respiratory services, Stroke services, CAHMS, psychiatric and mental health, Dementia Support</td>
<td></td>
</tr>
<tr>
<td>*Contribution to Society</td>
<td>Admission Avoidance Services and support, . community hospital services</td>
<td></td>
</tr>
<tr>
<td>*Protection from abuse and neglect</td>
<td>Nurse Assessors -CHC , Funded Nursing Care</td>
<td></td>
</tr>
<tr>
<td>*Domestic, family and personal relationships</td>
<td>Residential care Homes, sheltered housing</td>
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</tr>
<tr>
<td>Assessment services</td>
<td>Assistive Technologies (Care and health)</td>
<td>Specialist assessment and care coordination</td>
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<tr>
<td>Shared Decision Making</td>
<td>Safe guarding Teams</td>
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<tr>
<td>*Emotional wellbeing and physical and mental health</td>
<td>Sensory Loss and Learning Disability</td>
<td></td>
</tr>
<tr>
<td>Knowing areas of Deprivation or rural isolation</td>
<td>Counselling services</td>
<td></td>
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<tr>
<td>Risk Stratification and population demand analysis</td>
<td>Virtual Ward</td>
<td></td>
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<tr>
<td>Carer support</td>
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</tbody>
</table>

*Well Being Standards/ National Outcomes Framework for people who need care and support and carers who need support being issued under part 2 of the Social Services Wellbeing Act from April 2016*
Appendix E Financial Context

This commissioning strategy is set in the context of our significant increase in the ageing population in Powys which will result in higher demands on our service, and a reduction in the national financial expenditure.

This means we need to work more innovatively to ensure future services meet the needs of older people and their families and carers. We must also ensure we provide value for money through improving quality and efficiency.

The table below confirms the expenditure for 2014/15 for older people by Powys County Council.

<table>
<thead>
<tr>
<th>NET OUTTRUN 2014/15, excluding recharges</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Older</strong></td>
</tr>
<tr>
<td>Residential &amp; Nursing Care              9,424,442.14</td>
</tr>
<tr>
<td>Home Care                              8,982,522.73</td>
</tr>
<tr>
<td>Home Support                           82,642.32</td>
</tr>
<tr>
<td>Extra Care Housing                     188,764.93</td>
</tr>
<tr>
<td>Intermediate Care Beds                 156,800.66</td>
</tr>
<tr>
<td>Older Day Centres - In House &amp; Independent 1,617,194.29</td>
</tr>
<tr>
<td>Wardens &amp; Alarms                       37,754.53</td>
</tr>
<tr>
<td><strong>20,490,121.60</strong></td>
</tr>
<tr>
<td><strong>Older &amp; PD</strong></td>
</tr>
<tr>
<td>Social Workers                         2,181,317.03</td>
</tr>
<tr>
<td><strong>All client categories</strong></td>
</tr>
<tr>
<td>Aids &amp; Adaptations                     547,845.77</td>
</tr>
<tr>
<td>Reablement                             1,756,606.30</td>
</tr>
<tr>
<td>Carers                                 445,364.37</td>
</tr>
<tr>
<td>Occupational Therapists                497,496.41</td>
</tr>
<tr>
<td>Sensory Loss                           204,481.89</td>
</tr>
<tr>
<td><strong>3,451,794.74</strong></td>
</tr>
<tr>
<td><strong>26,123,233.37</strong></td>
</tr>
</tbody>
</table>

Figure 1: Expenditure for Older People in Powys County Council (2014/15 baseline)
The chart below shows the activity trends and financial expenditure for secondary care services over the past 3 years for Powys.

![Chart showing number of admissions by age and year](image)

*Figure 10: Powys admissions and associated costs by age and by year*

The chart below shows the activity trends and financial expenditure for outpatients services over the past 3 years.

![Chart showing outpatient costs by age and year](image)

*Figure 11: Powys Outpatient Costs by age and by year*

We need to work in an innovative way to ensure that we can meet future demand on services through commissioning high quality, efficient services, which meets patient needs.