



Bwrdd Iechyd Lleol
Local Health Board
Powys

Doing More, Doing Better

SERVICE MODERNISATION PLAN FOR POWYS CONSULTATION DOCUMENT

Part of the “Designed to Deliver”

Regional Consultation Process

April 2006



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CONTENTS

	Page
Foreword by Chris Mann	1-2
Introduction	3
Background	3-4
What are the main health needs of Powys?	4-5
How are health services provided at the moment	5-6
Why do we need to change?	6-7
What do we want to achieve?	7-8
What changes are proposed in the way we commission services?	8-10
What changes are proposed in the way we provide services within Powys?	10-13
What other elements are necessary for the achievement of the modernisation plan?	13-14
What will these changes mean for patients and carers?	14
What will these changes mean for staff?	14-15
What will the new service look like?	15
How will we pay for these proposals?	15-16
When will we begin to see these changes?	16-19

Appendix 1 Impact Assessment

A welsh language version of this document is available on request. It is also available in a range of other formats. Please contact Andy Williams, Chief Executive, Powys Local Health Board, Mansion House, Bronllys, Powys, LD20LS, (01874 711661) if you require these. It may also be accessed via the LHB website (www.doingmoredoingbetter.wales.nhs.uk)

A glossary of terms will be available on the website.

Foreword

I am very pleased to be seeking your views formally on our proposals for service modernisation in Powys.

Last year, “Designed for Life” outlined a 10 year strategy to deliver world-class health services in Wales by 2015. Since then we in the Local Health Board have been working very closely with Powys County Council, the community health councils, the voluntary sector, general practitioners, our staff and other stakeholders to develop our own response to the challenges it laid down.

In autumn 2005 we launched our “Doing More, Doing Better” project. At the heart of this was our belief that we needed to engage stakeholders and the public in general at the outset. Since that time we have taken part in over 60 meetings with various stakeholder groups where we discussed our thinking on the need for change and outcomes we desired for Powys. The development of these proposals has been influenced by the discussions and comments made at these meetings.

We have also of course been involved in the development of the Mid. and West Wales Regional Consultation document “Designed to Deliver” which is undergoing a parallel consultation. The two consultation documents should be seen as complimenting each other.

This is a challenging but tremendously exciting time for the delivery of health services to the people of Powys. It will be a time of change but I firmly believe that we now have the opportunity and the means to make real improvements to patient care.

I hope that you comment on these proposals – by writing to the Local Health Board or expressing your views at one of the meetings to be held throughout the County. You may also like to visit our website (*www.doingmoredoingbetter.wales.nhs.uk*) where you can find further information or also leave a comment. Following the consultation period we will continue to involve as wide a range of stakeholders as possible in the implementation process and to ensure that the people of Powys receive the excellent health care they deserve.

Chris Mann
Chairman, Powys Local Health Board

INTRODUCTION

Powys Local Health Board (LHB) is committed to delivering excellent services for its population in partnership with its staff, neighbouring providers, Powys County Council and with the voluntary and independent sectors. While much has been achieved since the LHB's establishment, we are convinced that there is potential to deliver a wider range and improved health services within existing resources. It is clear, however, that the potential cannot be achieved within the current pattern of provision. We are determined to develop in conjunction with our partners and with the wider population, a fundamentally different model of care to drive the future development of health and well being services and to respond effectively to the changing expectations of our catchment population.

BACKGROUND

In 2005 the Welsh Assembly Government published its strategic vision for health services in the principality in "Designed for Life". This document built on the previous influential report entitled "Improving Health in Wales" and outlined a 10 year strategy to deliver world-class health services in Wales by 2015.

In the autumn of 2005 Powys Local Health Board established the "Doing More, Doing Better" project to formulate its response to the challenges outlined in "Designed for Life" and to contribute to the Mid and West Wales Region's consultation document "Designed to Deliver".

The proposals in our consultation document are entirely consistent with "Designed to Deliver" and have been the subject of extensive informal consultation with the

Community Health Councils, Powys County Council, general practitioners, voluntary groups, patient fora, staff and other stakeholders.

WHAT ARE THE MAIN HEALTH NEEDS OF POWYS?

Powys is the largest county in Wales and by road stretches approximately 120 miles from north to south and 47 miles east to west at the widest point. It is the most sparsely populated county in England and Wales with a high proportion of elderly people.

Although it has a lower mortality rate than Wales as a whole and comparatively low levels of poverty overall, there are nevertheless issues and areas of real poverty and deprivation. Furthermore existing measures of deprivation are not effective for rural communities where the complex interaction between factors associated with income, social circumstances, access to services and choice are often significant determinants of health.. It also has restricted employment opportunities and some areas of poor quality housing and homelessness.

There is reasonably good access to primary health care services but access to secondary health care can be problematic and there are particular challenges associated with preventive health services and the management of chronic disease.

The Health, Social Care and Well -Being Strategy (2005-2008) for Powys highlighted the following as the main issues:

- Extreme rurality, large mountainous area, sparse population, agricultural dependency

- Small communities with diverse characters` and health and social care needs. No large towns or major shopping centres
- Breakdown of traditional community and social support networks.
- Vulnerable workforce, low income, seasonality, high self-employment, long hours of work
- Frail agricultural economy
- Cost and potential inefficiency of service delivery to scattered small settlements
- Mainly rural deprivation with pockets of urban deprivation
- Transport poverty: lack of public transport, dependence on private transport, road traffic accidents
- Added risk for residents without car use of isolation, food poverty and health inequality
- Rural stress – major influence on health and well being
- Housing deprivation, poor condition of private housing stock, high house prices
- Lack of anonymity in small communities leads to health inequality and isolation for vulnerable groups
- Ageing population

HOW ARE HEALTH SERVICES PROVIDED AT THE MOMENT?

Powys Local Health Board is a unique organisation in Wales in that it acts as both commissioner (buyer) and provider of health services.

Services are currently provided from 10 community hospitals together with community health clinics and health centres. The hospitals offer out-patients and in-patients services supported by diagnostic and therapeutic services such as x-ray, physiotherapy and occupational therapy. Minor injuries units are available at most of the hospitals. Typically there are 230

staffed available beds within the community hospitals excluding mental health.

There are no district general hospitals in Powys and secondary health services are provided from acute hospitals outside the area in both England and Wales and by Powys Local Health Board through its community hospitals.

Community health services and general medical services are provided from a range of clinics and health centres and General Practice surgeries. These include podiatry, community mental health services, district nursing, school nursing and health visiting, physiotherapy, dietetics, speech and language therapy, occupational therapy cardiac rehabilitation and dental services

There are currently 17 main G.P. surgeries and 13 branch surgeries which provide services to a population of 133,615 people (registered), 129,300 (resident). There are 83 whole-time equivalent general medical practitioners, an average of 6 doctors per practice. There are 25 dental practices, 22 ophthalmic practices and 23 pharmacies (as at March 2006)

WHY DO WE NEED TO CHANGE?

The Mid and West Wales Regional consultation document "Designed to Deliver" sets out its expectations for health services as being the achievement of

- High quality, safe services delivered as close to people's homes as possible
- Low waiting times

- Highly skilled health professionals who will be sensitive to the needs of patients and their families
- High quality health care facilities with state of the art equipment.

We support these aims and believe that the people of Powys deserve excellent health provision. Our informal consultation so far has indicated that the public understands the changing health care environment and demands better access, clinical standards and quality. We are committed to delivering real improvements in all these areas but can only do so by changing and developing the way in which our services are presently organised.

WHAT DO WE WANT TO ACHIEVE?

We believe that the a remodelling of service provision can deliver improved primary care, better access to secondary care centres of excellence, increased provision of specialised community services and the provision of health facilities within Powys which are well used and operate as an integral part of wider clinical networks.

Specifically the LHB wishes to provide to the population of Powys:

- Services provided and commissioned that are excellent and are proven to deliver care in a clinically effective and evidence based way.
- Services that are commissioned and delivered through multi-agency and multi- disciplinary team working and that are based on agreed pathways of care.
- Service change that is both affordable and achievable

- Professionals working at the highest level of competence.
- Diagnostic and management procedures that are undertaken in the appropriate place by the appropriate person given the balance between skills, cost, geography, effectiveness and need.
- Services that are delivered in a coordinated and auditable way.

WHAT CHANGES ARE PROPOSED IN THE WAY WE COMMISSION SERVICES?

The term “**commissioning**” in the health service context means the process used by the LHB (and by Health Commission Wales) to buy hospital and other health services for the people of Powys. This process includes agreeing in advance with the “providers” of these health services, what services will be needed, how much they will cost and the anticipated demand. In a sense, Powys LHB “buys” provider services from itself

Powys LHB as commissioner for health services wishes to ensure wise investment of growth funding, together with significant shifts in commissioning resources in the following areas:

- From acute hospital care to primary and community care
- From emergency admission to chronic disease management and local assessment
- From the current pattern of services to new services which are based on joint delivery, rehabilitation and greater efficiency
- From out of county services for continuing care to more local service delivery
- Increased investment in children’s services
- Improved transport for patients.

In addition the LHB has prioritised the need to meet the challenging service and financial framework targets set by the Welsh Assembly Government, including the need to decrease emergency admissions by demand management, the achievement of waiting list targets and aspects of the National Service Frameworks.

We will achieve this by:

- The development of G.P. Local Enhanced Services and community service plans in specific aspects of healthcare
- The development of General Medical Practitioners with special interests
- The implementation of the new pharmacy and dental contracts
- The development of a more integrated service in optometry and the development of roles in diagnosis and screening.
- The establishment of shire-based treatment and assessment centres The further development of unscheduled care services as part of the Developing Emergency Care (DEC) project
- The reconfiguration of services currently provided in community hospitals and the development of a number of integrated health and social care facilities
- An increase in surgical services provided within Powys
- The establishment of clear care pathways
- The development of integrated commissioning networks
- Greater investment in children's services.
- The implementation of the Joint Strategy for Mental Health and Learning Disabilities Service
- Increased access to one-stop services
- Decreased out-patients attendances
- Decrease in non-effective procedures and non-specialised elective work
- Decrease in length of stay in hospital

- Increase in the commissioning of care at home (nursing home and individual packages of care) and the local development of services, through a joint commissioning approach.
- Improved access to specialist services commissioned by Health Commission Wales.

WHAT CHANGES ARE PROPOSED IN THE WAY WE PROVIDE SERVICES WITHIN POWYS?

We wish to maintain and improve access to health services both in terms of geography and timing, but attempts to provide a full range of services in every locality are becoming increasingly difficult. Certain areas such as children's services require major investment to meet recommended standards.

Although there is much good health service delivery in Powys, it is clear that in order to deliver the benefits of modern healthcare major changes are required. These should be carried out in full partnership with Powys County Council, the voluntary and independent sectors and the people of Powys. The changes must also build on existing staff skills and services to plan a transition to the new model of care that maintains clinically robust and cost effective services to maximise the local delivery.

We intend to transfer the maximum number of services to primary and community care and to ensure delivery as close to peoples homes as possible. However, not all services can be provided in Powys itself. Some specialist services must be delivered at regional centres. We are unlikely to be able to provide all services currently offered within the county but within the catchment area of the District General Hospitals,

the population of Powys will be able to access a full range of services on a 24 hour a day basis.

The provision of a modernised service is dependent on a shift in the emphasis of care away from hospital admission towards prevention and care in the community and at home. In order to achieve this there must be greater emphasis on the following:

- Health promotion and the adoption of a healthy lifestyle
- Reduction of chronic disease including mental health
- Excellent services for older people especially the development of a wide range of intermediate care services
- Clear care pathways
- An integrated service for unscheduled and out of hours care.

In delivering the modernised service the key elements will be:

- The establishment of Local Care Teams (LCTs) which will provide a range of services in partnership with primary care and community pharmacies as far as possible co-terminus with general medical practices. It is proposed that around 90% of services will be delivered in this way.
- Services provided in each of the shires to support the LCT's and secondary services to deliver healthcare in an accessible way. Organising these services on a shire basis will ensure sustainability, as well as a service of a size which can provide a critical mass of staff; the opportunity to train and the range of skill required meet the needs of the population.
- Delivery of shire based services by networked primary care linking with intermediate care services such as

rapid response/reablement and with secondary care input. We will ensure the availability of specialist therapy skills and digital x-ray equipment and will work with the DGHs to develop robust care pathways for common conditions. We also intend to develop services to treat minor illness, injury and undertake acute assessment on a 24 hour basis using telemedicine links where appropriate and to develop joint consultant appointments with DGHs and one stop effective outpatient clinics

- Secondary care services and local acute services which are provided as part of an agreed care pathway. There is an element of crossover with primary/community services and some of these services will be provided in partnership with other Trusts. These services require a critical mass of patients and staff to be delivered effectively and therefore cannot be offered at every location. It is proposed that they would be available at shire-based sites with improved transport arrangements to ensure easy access.
- A consistent, high quality assessment and treatment service out of hours. It is proposed that there should be 3 centres geographically spread across the County. These would be staffed on a 24 hour basis by doctors and nurse practitioners and integrated and co-ordinated with mental health crisis resolution, social services, twilight district nursing and rapid response services. Admission to community hospital beds for assessment/treatment and home support would be co-ordinated from these centres
- Access to minor injury services provided through a locally enhanced service agreement with G.P. practices. Ambulance 999 calls would be triaged and suitable patients treated locally at specified minor injuries units

operating on a 24 hour basis with proper access to diagnostics.

Although this section concentrates on service delivery and activity for existing services, we believe that there are also options for future service development for some services not currently provided within Powys.

Services which require a pool of clinicians with special skills and interests and a large catchment population are likely to be provided by external partners in partnership with the LHB.

WHAT OTHER ELEMENTS ARE NECESSARY FOR THE ACHIEVEMENT OF THE MODERNISATION PLAN?

First and foremost the proposals outlined in this document require real partnerships to be established with Powys County Council, with neighbouring NHS organisations in England and in Wales and with other stakeholders. In many cases this will require formal agreements to be in place which detail the changed way of working.

We also need to ensure that our information technology systems are improved in order ensure good clinical communication and deliver consistent services. We intend to make full use of the exciting new opportunities offered by telemedicine.

We are especially mindful that in a rural county such as Powys, the provision of good transport links is essential. Its importance has been raised throughout the informal consultation process to date and it is seen as a key enabler for service redesign. We have already started to assess the feasibility of the establishing an integrated and routine transport service with the County Council and will to ensure that transport issues

are fully considered when deciding on the locations of various services, in particular out-patient venues.

WHAT WILL THESE CHANGES MEAN FOR PATIENTS AND CARERS?

We believe that these changes will deliver safe and effective care for Powys residents as locally as possible. Specific benefits will include:

- Improved care for those with long term illness
- Reduction in total treatment time to 26 weeks for planned care by 2009
- Less out of county emergency admissions
- Improved ambulance response times
- Better care for patients with cancer
- Access to new services in Powys
- Better services for children
- Better services for people with mental illness
- Improved access to care

WHAT WILL THESE CHANGES MEAN FOR STAFF?

The establishment of the modernised service will only be possible if we are able to recruit and retain good quality staff. We recognise that there will be a significant training requirement associated with roles and the new system of care. If the proposals within this consultation document are accepted detailed implementation plans will be drawn up and will include a robust workforce and training plan.

Recruitment in some key professions has been a problem in Powys and the implementation of the new pattern of care is seen as essential in rectifying the

situation and ensuring the sustainability of services. In the modernised service there are likely to be greater job/career opportunities, better career development and greater stability.

WHAT WILL THE NEW SERVICE LOOK LIKE?

It is impossible at this stage to give a detailed description of what facilities will be provided in each shire as we wish to develop the locality plans in conjunction with local stakeholders as part of the implementation stage

We have undertaken some preliminary modelling work and we believe that the current number of staffed available beds and theatres will provide sufficient capacity to deliver the forecasted activity levels although the current locations and organisation of these will need to be revised.

On a Powys-wide basis we would like to deliver the following developments:

- 15/16 local care teams
- A number of integrated health and social care facilities
- Shire based treatment and assessment facilities
- Clear clinical pathways
- Partnership with others for out of county services.

HOW WILL WE PAY FOR THESE PROPOSALS?

We have already begun to invest in areas we particularly wish to develop, e.g. in primary care, prescribing, children's services and in individual continuing care. In part this has contributed to a forecasted deficit in 2005-6 of £450,000. Taking together the need to address this deficit, to repay

strategic assistance received from the Welsh Assembly Government and the estimated development costs, we believe that we need to generate around £10 million in order to fund our proposals

The changes will be paid for in part by the application of growth monies (associated principally with waiting list and other directed initiatives), and by changing the pattern of delivery resulting in opportunities for reinvestment (estimated at around £3million each respectively). However a proportion of the costs (estimated currently at around £4million) will be found through making the most of our current and future assets. Initial work carried out to date has highlighted an opportunity cost gap, particularly in the way in which its community hospitals currently operate. It is widely recognised that such small health units are difficult to sustain in economic terms. Concerns within the LHB are mirrored to some extent by similar issues with other Powys based public bodies. We believe that there is a significant opportunity, through co-location with other services, reducing duplication of services and through other initiatives such as joint commissioning to maintain local access, achieve critical mass and increase the efficiency of local units. This will in turn reduce the current cross subsidies and allow increased investment in new services.

WHEN WILL WE BEGIN TO SEE THE CHANGES?

“Designed for Life” is a 10 year strategy and some of the changes may take some years to come to fruition. However we have identified some ‘key deliverables’ which we are confident can be achieved within the next 2 – 3 years. These are detailed in the table below.

	2006	2006-7	2007-9
Self Management/ Primary Care	<ul style="list-style-type: none"> • New dental contact • Directed enhanced services • Entry to NHS dental registrations, 33,000 new opportunities • Newtown primary care development commenced 	<ul style="list-style-type: none"> • Expert patient programme and increased support to carers. • New locally enhanced services • 6 LCTs established • mental health counselling and liaison services to primary care 	<ul style="list-style-type: none"> • LCTs fully functional • Development of Lifestyle co-ordinators • Roll out of expert patient and carers programmes
Intermediate/ Secondary Care	<ul style="list-style-type: none"> • 999/minor injury unit initiative • Consultant cardiology clinics • Extra surgery in county • Children's services disability team 	<ul style="list-style-type: none"> • Extra inpatients • Extra surgery transferred • Children's services at Radnor 	<ul style="list-style-type: none"> • Establishment of emergency care practitioners • Local dialysis service developed • Achievement of cancer standards • Full delivery of extra inpatient and surgical work • Community nursing operating on extended basis • Robust children's services

<p>Waiting Times</p>	<p>Achievement of 12 months in-patient and out-patient target</p>	<ul style="list-style-type: none"> • Achievement of 8 months target (inpatients and out patients) • Achievement of 36 week diagnostic wait • Mental health crisis service • Achievement of 6 months child and adolescent mental health target • Maintenance of 4 month cataract wait 	<p>Achievement of 26 week target for in-patients and out-patients</p>
<p>Capital Investment</p>	<ul style="list-style-type: none"> • Upgrading of radiography equipment • Assessment & Treatment unit for learning disabilities at Bronllys • Refurbishment at Llanidloes hospital • Business Justification completed for modernisation of Brecon Hospital 	<ul style="list-style-type: none"> • Mental health development at Ystradgynlais • 2nd phase radiography • Brecon Hospital modernisation commenced • Extension to AMI Ward, Bronllys 	<ul style="list-style-type: none"> • New assessment and treatment facilities (1 or more) • Integrated Health and Social care facilities (1 or more)
<p>Planning/</p>	<p>Regional and local</p>	<ul style="list-style-type: none"> • New 	<p>Business cases</p>

<p>Consultation</p>	<p>consultation</p>	<p>assessment and treatment facilities</p> <ul style="list-style-type: none"> • Machynlleth Outline Business Case • Bulth Wells Strategic Outline Case (SOC) • Primary Care Estate Improvements commenced 	<p>for remaining assessment & treatment and integrated health and social care facilities at various stages of development</p>
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THE CONSULTATION PROCESS

The involvement and participation of patients/users and carers has become an integral part of all public sector decision-making processes. In planning development of all services the NHS and County Councils are required to consult and take into account the views of patients/users and carers on current patterns of service delivery and on the potential impact of developing new services. The LHB believes that all Powys strategies should be jointly agreed and this joint working is already evident in the emerging joint strategies for children, older people and mental health.

This project has been developed on a multi-disciplinary and multi-agency basis and the emerging proposals have already been discussed with a wide range of partners, staff, patients and other stakeholders. A communications strategy has been developed and involvement will continue throughout all subsequent planning stages.

The Local Health Board is required under Section 11 of the Health and Social Care Act 2001 and the Community Health Councils Regulations 2004 to undertake formal consultation on any proposals which amount to a substantial variation in the provision of health services. This consultation document has been prepared in line with WHC (2004)84 “Shaping Health Services Locally” and contains as appendix 1 an impact assessment as required by the Race Relations Amendment Act 2000.

In line with Welsh Assembly Government guidance there will be a 12 week consultation on these proposals from April 2006 to end of June 2006 in order to give staff, patients, relatives and other interested parties a further opportunity to let us know their views on the proposals.

The issues we would like to you consider are:

- Do you agree that change is required?
- Do you support the proposed new pattern of services for the population of Powys accepting that in order to have improved services there will have to be changes in the location and way in which services are currently delivered?
- In particular, do you agree that, where clinically appropriate, more acute services should be delivered locally, in partnership with a network of acute providers, though the development of shire- based assessment and treatment centres?

At the end of the consultation period all comments received will be considered together with the views of the Community Health Councils. The LHB will aim to conclude and decide on the analysis of responses at the next Board meeting following the end of the consultation period.

If the result of the public consultation is agreement with the CHCs, the LHB will proceed with the next stage of the process, the development of local plans. Should the CHCs at the end of the period of consultation express an objection to the proposals the procedures for contested proposals outlined in WHC (2004) 84 will be followed.

Comments should be received by 26th June 2006

Write to:

Mr. A. Williams
Chief Executive
Powys Local Health Board
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LD3 0LS

Or contact the

Website: www.doingmoredoingbetter@wales.nhs.uk

Or send an email to:

Email:
doingbetterdoingbetter@powyslhb.wales.nhs.uk

APPENDIX 1

Function	Name of Assessor
	Dr Paul Worthington
Name of Policy(ies) to be Assessed “Doing More, Doing Better”	Date 15 March 2006
Consultation Document	
Outcome of the Assessment The Policy meets the statutory requirements of the Race Relations Amendment Act and the Disability Equality Act.	

This form has been designed to be completed when carrying out an equality impact assessment. It has been written in conjunction with the tool to enable you to focus your response upon the eight stages of impact assessment. It is not intended to provide a definitive account of the content and outcome of the impact assessment process but to offer a summary of information to inform production of the impact assessment report and support effective decision-making.

It is essential, that when conducting an equality Impact assessment, due consideration is given to the importance of meeting each limb of the public duties outlined on pages 6-7 of the toolkit.

Unless the published report evidenced consideration of each limb of the public duties when progressing through the first seven stages of the impact assessment report, the process may be deemed not to have complied with the statutory requirements of the Race Relations Amendment Act and the Disability Equality Act. In these circumstances the policy will not be considered lawful and any attempt to implement it may be challenged and could result in judicial review.

In the interests of promoting an inclusive equality agenda, it is important to apply the same rigorous standards in meeting the requirements of the Race General and Disability Equality Duties to all the equality dimensions identified within the tool.

Finally, where it is evident that an adverse impact may occur or that insufficient information has been obtained to provide the necessary evidence based assessment programme, remedial action will need to be identified as suggested in the guiding principles on page 5 of the toolkit.

Stage 1: IDENTIFYING THE AIMS OF THE POLICY

(Please refer to pages 11-12 of the toolkit for supplementary information and guidance)

1.1. What is the name of the policy?	“Doing More, Doing Better” – Consultation Document
1.2. What is the aim(s) of the policy ?	Setting out proposals for achieving a new shape of health care services for Powys.
1.3. What is its purpose?	Developed in response to WAG document “Designed for Life”. Its purpose is to set out proposals for a new shape of health services which has a new balance of care between social, primary, community, secondary and tertiary services.
1.4. What are its objectives?	The Local Health Board wishes to ensure the provision to the population of Powys: <ul style="list-style-type: none"> ◆ Services which are excellent, clinically effective and evidence based. ◆ Services which are commissioned and delivered through multi-agency and multi-disciplinary. ◆ Service changes which is affordable and achievable.
1.5. Is it a new or existing policy?	New Policy, but currently at consultation stage.
1.6. If existing please specify date it became operational?	N/A
1.7. Are there other policies contributing to the same policy aim? • If yes, please list them	N/A
1.8. What outcomes is the policy(ies) designed to achieve?	<ul style="list-style-type: none"> • Improved care for those with long term illness • Reduction in total treatment time to 26 weeks for planned care by 2009 • Less out of county emergency admissions • Improved ambulance response times • Better care for patients with cancer • Access to new services in Powys • Better services for children • Better services for people with mental illness • Improved access to care

1.9. Who will be responsible for developing the policy?	Powys Local Health Board leading the process and working with partners.
1.10. Who is responsible for approving the policy?	Powys Local Health Board but only after support from a multi-agency team.
1.11. Who is responsible for implementing it?	Powys Local Health Board and its staff working with other agencies, e.g. County Council, General Practitioners, NHS Trusts.
1.12. Who are the main policy Stakeholders?	<p>The range of stakeholders on the proposed strategy is extensive and includes:</p> <ul style="list-style-type: none"> ◆ Local communities and patients throughout Powys ◆ NHS organisations (including NHS Trusts, NPHS, clinical and other staff) ◆ Powys County Council ◆ PAVO and voluntary organisations ◆ Community Health Councils ◆ Powys Local Community Fora ◆ Town and Community Councils ◆ Joint Planning Groups ◆ Service user and carer groups ◆ Employee organisations ◆ Other statutory organisations, e.g. Police, Brecon Beacons National Park Authority
1.13. Are they represented in the policy development process?	Yes, a number of the stakeholders are represented on the Project Board, e.g. Powys County Council, Community Health Councils, General Practitioners, PAVO. Other stakeholders have been involved through wide ranging series of public meetings, workshops and discussions in forming and developing the strategy.
1.14. How will the policy compliment or compromise other policies?	It will complement other policies of the Local Health Board as it will provide the overarching strategic framework within which more detailed work on service models and the financial profile is undertaken, e.g. through the Local Health Board SAFF for 2006/07.

<p>1.15 How do you intend to measure progress against your outcomes?</p>	<p>The strategy identifies in Section 14 a series of clear deliverables for the first 6 months and Years 1, 2 and 3 of the strategy. Progress will be measured against these and other targets that are put in place, e.g. SAFF targets in 2007/08 and beyond.</p>
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<p align="center">Stage 2: COLLECTING RELEVANT DATA AND INFORMATION <i>(Please refer to pages 13-15 of the toolkit for supplementary information and guidance)</i></p>		
	Yes	No
2.1. Has relevant, reliable and up to date, research information been collected to adequately assess the impact of the policy in relation to each limb/part of the Equality Public Duty?	Yes	
2.2. Does the data/information in 2.1 extend to those covered by the Public Duty as identified in appendix 2?	Yes, but see 2.3	
2.3. Are there any data/information gaps? If yes, what action do you intend to take to address these deficits? The Strategy has been based on existing Need Assessments undertaken as part of the process of preparing the Powys Health, Social Care and Wellbeing Strategy and on existing census data. There is work underway jointly between the LHB and Powys County Council to update and improve the Needs Assessment. This is aiming to achieve:	Yes	
<ul style="list-style-type: none"> • the better disaggregation of data by specific groups • more locally identifiable information by ward or community • better information on more recent changes in the demographic profile eg the increasing number of people from Eastern Europe now living and working within Powys • identifying and using good practice on the collection of ethnicity data • through feedback achieved as part of the consultation process on the document 	See comments alongside.	
<p align="center">CONSIDERING THE EVIDENCE <i>(Please refer to pages 15-17 of the toolkit for supplementary information and guidance)</i></p> <p align="center"><u><i>A response of “YES” to any of the questions to follow suggest a full impact assessment is required, but it is prudent to continue the exercise, providing more detailed response to each question as the data derived will inform the full impact assessment.</i></u></p>		
	Yes	No

<p>2.4. Will the proposed policy involve or have consequences for the people your organisation serves, employs and conduct business with on racial grounds in the context of their gender, sexual orientation, age, religion, disability or language?</p> <ul style="list-style-type: none"> • If yes, please explain, identifying those likely to affected? 	<p>Yes; improved local services aim to improve accessibility.</p>	
<p>2.5. Is there any reason to believe that people from the different equality strands, taking account of interaction between strands, could be affected differently, by the proposed policy?</p> <ul style="list-style-type: none"> • If yes, please state reason and those likely to be affected 		<p>No</p>
<p>2.6. Is there evidence to suggest that any part of the proposed policy could discriminate unlawfully, directly or indirectly?</p> <ul style="list-style-type: none"> • If yes, please specify • If no, please explain 		<p>No</p>
<p>2.7. Having considered all the information, is the policy relevant to promoting the Race Equality General Duty? Specify the limb to which it is relevant and why?</p> <p>a. Eliminating discrimination between people of different racial groups in the context of their gender, disability, sexual orientation, age, religion and language.</p> <p>b. Promoting equality of opportunity between people of different racial groups in the context of their gender, disability, sexual orientation, age, religion and language.</p> <p>c. Promoting good relations between people of different racial groups in the context of their gender, disability, sexual orientation, age, religion and language.</p>	<p>Yes</p>	<p>a) Aimed at ensuring access to good quality services for all groups and individuals within Powys.</p>

<p>2.8. Having considered all the information is the policy relevant to promoting the Disability Equality Duty. Specify the limb to which it is relevant and why?</p> <ol style="list-style-type: none"> Eliminate discrimination Eliminate harassment of disabled people Promote equality of opportunity between disabled persons and other persons Treat disabled persons more favourably, if required following reasonable adjustment Promote positive attitudes towards disabled persons; and Encourage participation by disabled person 	<p>c) Aimed at ensuring access to good quality services for all groups and individuals within Powys. Improving disabled access will also be a part of any new capital work undertaken under the Strategy.</p>
<p>2.9. Having considered all the information is the policy relevant to promoting the Universal Public Duty in relations to gender, sexual orientation, religion, language and age. Specify the limb to which it is relevant and why?</p> <ol style="list-style-type: none"> Eliminate discrimination Promote equality of opportunity 	<p>b) Aimed at ensuring access to good quality services for all groups. And individuals within Powys.</p>
<p>2.10. Are there any questions relating to the way the policy will impact upon different groups and individuals that it has not been able to answer because of lack of information?</p> <ul style="list-style-type: none"> If no, why? If yes, what do you propose to do to address the information gap? Is this a proportionate response to the policy in terms of its importance? Is the response detailed within an action plan? Please specify 	<p>Yes; two particular groups:</p> <ol style="list-style-type: none"> socially excluded groups eg travellers. Powys Multi-Agency Social Inclusion Forum has now been established to identify improved information and possible service models people from eastern Europe recently arrived in Powys. Work underway with other agencies to identify identify population and health needs. This will result in and Action Plan. <p>This is also an issue that will be</p>

	pursued through the consultation process.
2.11. Does the evidence suggest the policy will have a positive impact on the promotion of equality? <ul style="list-style-type: none"> If yes, which group(s) in particular? 	Yes. Aimed at ensuring access to good quality services for all groups. And individuals within Powys.
2.12. What are the reasons for deciding the policy is relevant or not relevant?	The proposals set out in the consultation document are aimed at ensuring a consistent, high quality, accessible set of services. As they stand, they are not directly relevant in impacting upon the needs of one or more specific group
2.13. If relevant what is the degree of relevance and why?	
<i>Action planning to complete impact assessment for relevant policies required. Please specify appropriate reference (such as link to operation/team plan)</i>	

Accountability:

Chair of Assessing Team:-----

Sign:-----

Date:-----

Next Steps:-----
