

NHS Wales Planning Framework 2017/20



Contents

Message from the Cabinet Secretary

Message from the Chief Executive of the NHS in Wales

- 1. Introduction**
- 2. Policy context**
- 3. Strategy**
- 4. IMTP**
- 5. Priorities for 2017/20**
- 6. Process and timetable**
- 7. Significant service change**
- 8. IMTP Structure**
- 9. Summary**

Appendices

Appendix A: OECD report

Appendix B: NHS Finance (Wales) Act 2014

Appendix C: Mandatory templates

Appendix D: Good Governance Institute maturity matrix

Message from the Cabinet Secretary

I am delighted to be introducing the NHS Wales Planning Framework for 2017/20. It gives me an opportunity to record my thanks to you and the staff in your organisations. We are fortunate in NHS Wales to have professional, dedicated and hard-working staff who are committed to providing the best possible care for our patients and I want to see that good work continue.

We have published our Programme for Government and the First Minister is clear that our focus must be on delivering real improvements to the population of Wales.

We want a Wales that is healthy and active. To achieve this, we have committed to recruiting and training more staff, reducing waiting times and working with parents and schools to give every child a healthy start in life. We need to reduce health inequalities and listen to, and act on, the voice of our citizens, in the spirit of prudent healthcare, so that together we can plan and provide the care that people deserve.

All this needs to be undertaken in a challenging financial climate. This year, there will be an increasing focus on efficiencies, ensuring that money is put to the best use possible.

The Well-being of Future Generations Act sets a new expectation of integrated planning based on population needs, going beyond the traditional health boundaries, into areas such as housing and education. To achieve this, we need to continue to develop and strengthen relationships with key partners, third sector, social services and others involved in the provision of high quality care for our patients. This will mean different ways of working, providing innovative services that support the patient along their pathway.

Ultimately plans are only as good as the services they deliver: and these plans need to deliver with pace and purpose, working seamlessly across health and partner provider boundaries. I want to see organisations working together more to resolve strategic delivery issues that cross boundaries, pooling skills and resources to achieve mutual benefit. There is an expectation that plans will show progress against strategic and government priorities. I want organisations to continue to challenge themselves so that we can ensure that we are delivering ever-improving services for people in Wales.

This year, for the first time, there is a requirement that all organisations develop long term strategies which will set the direction of travel for your IMTPs.

Planning across the health service in Wales continues to develop and progress over the last three years since the NHS Finance (Wales) Act 2014 was introduced. Next year, I would like to see more organisations achieving approval. I have tasked my officials in Welsh Government to work closely with all NHS organisations to realise this aim.

I look forward to working with you to tackle the challenges that lie ahead of us next year, and to seeing real improvements delivered to our population in 2017.

Vaughan Gething AM
Cabinet Secretary for Health, Wellbeing and Sport

Message from the Chief Executive of NHS Wales

As we move into a new government we can expect intense interest and scrutiny in health services in Wales. This will inevitably bring changes, challenges and opportunities.

The new Programme for Government will continue to shape our short, medium and long term goals and you will want to reflect on this now published document. As the Wellbeing of Future Generations comes into force it extends integrated planning beyond traditional health boundaries, and changes the way that we work with our partner organisations, third sector and social services to improve health care across the life course.

Earlier this year, the OECD report acknowledged the progress you are making through our planned approach, and highlighted opportunities for further development that we can build on going forward. This remains a key report for our system to respond to, not least to meet our ambition for quality and excellence.

Some of these changes present challenges but also significant opportunities over the next three, five, ten years and longer. This year we have recognised the maturing process around NHS planning by separating the long term strategy from the 3 year cycle of IMTPs. I realise that not all of you will have a developed long term strategy yet and officials will work with you to develop this within an appropriate time scale that we will agree with individual organisations. Further to the publication of the Programme for Government, we will be producing the next vision and strategy for NHS Wales to move beyond Together for Health. This will be inextricably linked to the commitment for a Parliamentary Review. We will keep you informed on the timetable for the next NHS Wales strategy as this progresses.

I have also had the chance to meet with many of you, and listen to your views on how we can continue to improve the planning system.

You wanted greater alignment with the IMTPs and the Delivery Framework. This will be a gradual process as the Delivery Framework changes, but we are working towards aligning this through the use of public health outcomes.

You said you wanted clear information about the Well-being of Future Generations Act. We have included a section specifically on this, as well as an enabler to show what good looks like. You also asked for a clearer steer from government on the content of the IMTPs; so we are looking for some more standardised information to enable us to build a clear picture of how services are developing across Wales. We have therefore set out a proposed structure for your IMTP in section 8, including a suggested page limit.

Plan development is only the first step in the integrated planning journey. Implementing the plans will take strong leadership as well as the development of a learning culture within and across organisational boundaries, so that we embrace

change as a vehicle to service improvement. Developing leadership at all levels in our organisations is key to this aim. Building trust and relationships across health board and wider boundaries will enhance the progress we continue to make and help address some of the strategic challenges with the pace and purpose needed to deliver a quality driven NHS in Wales. To support this, I am interested in proposals to strengthen planning skills. I have been particularly pleased to see that the bi-annual learning and peer review events now have a firm place in your calendars. I would also encourage as many people as possible to take advantage of the learning programme, and particularly the demand and capacity training from the Delivery Unit, to develop these key skills across the NHS

I know that you, your teams and all the staff in your organisations continue to work hard to improve health services for citizens and communities. This year has been particularly challenging with the first of the rolling three year financial and planning cycles providing a significant marker in terms of governance and transitions for the NHS in Wales. Our jobs are not easy, but I am confident that with your ongoing commitment that we can achieve our ambition of improved health outcomes for our population.

Andrew Goodall
Chief Executive of NHS Wales

1. INTRODUCTION

This section places Integrated Medium Term Plans (IMTPs) within the strategic context.

The Welsh NHS

Planning, rather than the market, is the basis of the healthcare system in Wales. Health boards, NHS trusts and their partners are required to work together to secure and deliver services for their populations, collaborating with partners at various levels to assess population need and to plan and deliver services, through the local health board, public services boards and 64 primary care clusters. They are expected to have a long-term view and to be clear about the actions they will take in the more immediate future to deliver high quality, accessible and sustainable services within the national policy context.

The OECD report published in 2016 acknowledged the progress that is being made through this planned approach. (see Appendix A). It also highlighted opportunities for further development of our system and made four main recommendations:

- Secure accountability, drive standards and promote innovation
- Put primary care front and centre as a force for dynamic system change
- Make Wales a data-driven system
- Do more to promote the patient voice

The report highlighted the need to strike the right balance between local freedom, innovation and sensitivity to population needs, and achievement of core standards which must be consistent and centrally driven.

This guidance aims to take the next step towards achieving the right balance within the Welsh system.

Strategic Vision

Local health boards in Wales have a duty under their directed functions, flowing from sections 1-3 of NHS Wales Act 2006, to continue the promotion in Wales of a comprehensive health service designed to secure improvements in the physical and mental health of the people of Wales. This means that local health boards are under a duty to consider the broader picture and consider how in exercising their functions they can contribute to the improvement of the health service across Wales. Whilst local health boards are responsible for the health of their resident populations they must also take account of these wider statutory responsibilities in planning and delivering health services.

All NHS organisations should have a strategy, approved by their Board, which clearly sets out their long-term vision for how they will meet the needs of the communities they serve.

The long term strategy of each organisation is critical in setting the direction of travel and in providing the context within which key strategic decisions about the shape of services and the use of resources can be taken. These include decisions about service models, pathways, workforce planning, finance and infrastructure investment.

Robust wellbeing and population needs assessments are essential to inform strategies, and are a requirement of the Wellbeing of Future Generations and the Social Services and Wellbeing Acts. NHS organisations must work closely with their Public Services Boards, Regional Partnership Boards and the communities they serve, as they develop their needs assessment, gap analysis and responses to inform their strategic plans.

NHS organisations are expected to collaborate in addressing strategic delivery issues that impact on the delivery of services for patients, and are encouraged to explore strategic alliances to resolve consistent challenges. Plans should make clear where issues are beyond the scope of an individual organisation, and should clearly set out an agreed response at an all Wales, and / or regional and sub regional level. The collaborative arrangements across Wales should support the alignment of actions within individual organisational plans.

In assessment of plans Welsh Government will expect there to be a clear read across to the agreements and actions to be taken by all organisations that have collective responsibility for delivery of the strategic intentions.

Integrated Medium Term Plans

The introduction of Integrated Medium Term Plans (IMTPs) in 2014 signalled a move away from a focus on annual plans, towards a medium-term approach linked to organisational strategies. IMTPs should set out clearly what will be done over the next three year period in pursuit of the organisation's longer-term strategic objectives and plans.

Every organisation must have a more immediate plan setting out the actions it will take as it works towards its strategic objectives. A three-year focus allows organisations to set out clearly what they intend to do in a medium-term period and avoids the "stop/start" behaviours which can be associated with a focus on a single year.

The IMTP should set out the actions organisations will take in pursuit of their long-term strategies, through measurable, clearly defined and resourced actions which address key areas of population health need, improve health outcomes and the quality of care, and ensure best value.

This year's Planning Framework is intended to:

- provide guidance to organisations on developing both long-term strategies and medium-term plans (IMTPs)
- provide strategic and policy context to the current planning round
- describe the requirements on health boards and NHS trusts to comply and reflect the ambition of the Well-being of Future Generations (Wales) Act 2015 (WbFGA) and Social Services and Well-being (Wales) Act 2014 (SSWbA)
- emphasise the importance of quality and the patient/user experience

- set out the key deliverables required of NHS Wales
- explain how delivery plans will be managed through the IMTP process
- set out the timetable for submission and approval for 2017/18
- describe the monitoring and escalation process associated with IMTPs.

Planning is a dynamic and continuous process and it is not expected that IMTPs will set out a fixed picture for the next three years. It is however important that they are sufficiently clear to provide confidence that the organisation understands its priorities, opportunities and challenges over the medium-term, and that the actions it will take are linked to its longer-term strategy.

The expectation is that IMTPs will set out clearly the detailed actions and deliverables for years one and two, and an outline of priorities and actions for year three.

There needs to be greater clarity about plans across the three year period if an organisation is seeking agreement to substantial commitments in years one and two which require financial support to be recovered in year three.

Regional/All Wales Planning

NHS organisations must plan together where appropriate to ensure that high quality services are available to their residents, wherever these services are provided. It applies particularly, but not exclusively, to tertiary or specialist services. This includes services commissioned through WHSSC and EASC, and also service planning led by the NHS Collaborative.

NHS Support Organisations

A central tenet of healthcare in Wales is integration and co-operation between organisations. This is intended to share expertise, avoid duplication and ensure that we do things “once for Wales”.

The Welsh Health Shared Services Committee (WHSSC), the NHS Wales Shared Services Partnership (NWSSP), the Emergency Ambulance Services Committee (EASC) and NHS Wales Informatics Services (NWIS) support health boards and NHS trusts to deliver efficient and effective high quality services to patients/users. They bring expertise in fields such as commissioning for high cost specialist services, informatics, recruitment and payroll to organisations in Wales.

Although not a statutory requirement under the NHS Finance (Wales) Act 2014, these organisations should also produce three year plans, and develop their own long term strategies. Plans for these organisations need to be approved by their own relevant governing body or the joint committees formed from the NHS organisations that they support. The jointly agreed plans should then be incorporated into the statutory NHS organisations’ IMTPs for Board approval.

There is an expectation that the statutory NHS organisations which make up the relevant joint committees will require these support organisations to develop their plans in sufficient time to inform their own plans. This means that support

organisations will need to provide their plans to health boards and trusts earlier than in previous years. This timescale will be developed by the joint committees.

Engagement and Partnership

NHS organisations are expected to work closely with the communities they serve and their partner organisations as they develop their plans. Co-production is a central tenet of prudent healthcare, and a fundamental part of giving patients a voice in their healthcare.

The Well-being of Future Generations Act which came into effect on 1 April 2016 requires NHS organisations¹ and other public bodies to act in accordance with the sustainable development principle and set and publish well-being objectives which are designed to maximise their contribution to the seven well-being goals. In addition, they are required to work collectively with partner organisations through public service boards to jointly contribute to improving the economic, social, environmental and cultural well-being of the local area.

This Act strengthens the existing governance arrangements for improving the well-being of Wales. For health, the Act provides a platform from which public services can collectively tackle the long term challenges facing communities, such as health inequalities, poverty and climate change. An integrated and collaborative approach across the public services, and with other partners, is essential in the understanding of health and well-being. It must be understood that this is not just the absence of disease and treatment of illness. An integrated and collaborative approach also allows for a renewed focus on prevention and determining how different public services can help to tackle the wider determinants of health. The sustainable development principle also requires services to foster ways of working which are long term and citizen centred - maximising the benefits public services can offer to communities in pursuit of the well-being goals set out in the Well-being of Future Generations Act. Welsh Government will expect to see evidence in IMTPs of collaborative work and service integration shaped and informed by the joint response to the well-being assessments.

Planning Framework

This document supersedes the 2016/17 NHS Planning Framework and applies to health boards, NHS trusts and NHS support organisations. As the statutory and other duties differ for each type of organisation, there will be recognised differences in both approach and detailed content. Expectations will be discussed with individual organisations during preparation of IMTPs.

Financial Allocations

Details of financial allocations will be provided in the Financial Allocations letter which will be published by 31st December. This letter will include details of the financial requirements associated with the duty to achieve a balanced budget over a three year period.

¹ (1) While WAST is not formally subject to WbFGA it is expected to reflect the ambition of the Act and delivery in the IMTP.

2. POLICY CONTEXT

Welsh Government has set out the policy context within which NHS organisations should work with their partners as they develop their future plans. This section outlines some of the key policy requirements. The overarching policy direction is set by “Taking Wales Forward”, the programme for government. Many other statements of policy will be familiar to the NHS and are not rehearsed in this framework.

The Programme for Government, “Taking Wales Forward” clearly sets out four areas for development for Wales over the next five years. It sets out an ambition for Wales to be:

Prosperous and Secure
Healthy and Active
Ambitious and Learning
United and Connected

From a health perspective, provision of health care will need to be clearly focused on:

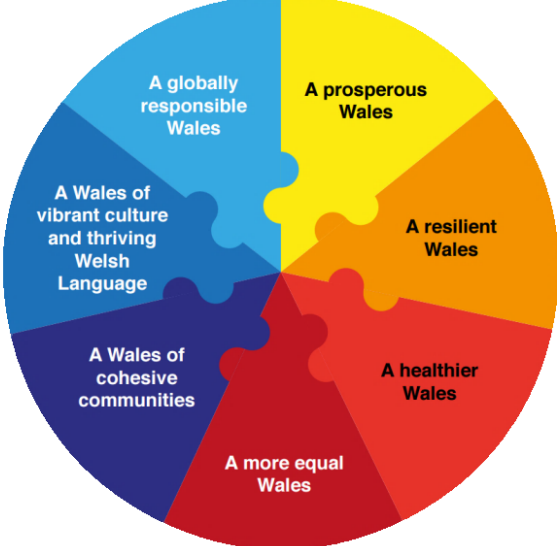





- primary care, ensuring that patients receive prompt, cost effective and high quality care as close to home as possible
- the provision of timely care, reducing the time that patients wait before treatment
- mental health, at all levels of care, and also within the workplace to ensure that we support our staff; and
- improving integration between health and social services.

Plans need to demonstrate how they will deliver the key messages and aims within “Taking Wales Forward”.

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

The Well-being of Future Generations (Wales) Act (WbFGA) came into effect on 1 April 2016. It aims to improve the social, economic, environmental and cultural well-being of Wales.

The act sets out seven well-being goals, and five ways of working in order to support the implementation of these goals:

Seven well-being goals for Wales	Five ways of working
	 erm
	 oration
	 ration
	 ement
	 ntion

Under the Act, each specified organisation has both an individual and a collective duty to set and publish objectives that are designed to maximise its contribution to the well-being goals, and to take all reasonable steps to meet these objectives.

The Act also places an additional duty on specified public bodies, including health boards, to act jointly via public services boards to improve the well-being of their area by contributing to the achievement of the well-being goals.

The Act provides for better decision making by ensuring that both individual organisations and public services boards take account of the long-term, help to prevent problems occurring or getting worse, take an integrated and collaborative approach, and consider and involve people of all ages (the “sustainable development principle”).

Through the sustainable development principle, public bodies will need to make sure that when making their decisions they take into account the impact they could have on people living their lives in Wales in the future. This includes balancing short-term needs to safeguard the ability to meet long-term needs and acting to prevent problems getting worse or occurring in the first place. This means that the priorities that public bodies set (well-being objectives) must be designed to contribute to the seven well-being goals in the Act, and in delivering these priorities they must take into account the five key ways of working.

Public bodies need to consider how their organisational well-being objectives may impact upon each of the well-being goals, and in turn, on the objectives of other public bodies. Public bodies must also act in collaboration with others (separate public bodies and different parts of the organisation) and demonstrate how they have met the well-being objectives. Certain specified public bodies will also be members of public services boards which will operate on a local authority area footprint.

The NHS has a significant contribution to make to the achievement of each of these goals. The following table indicates some of the ways in which NHS organisations can contribute, working with partners.

Well-being Goal	NHS contribution
A prosperous Wales	Ill-health is a limiting factor to social mobility and financial well-being. As people live longer, and work longer, addressing chronic conditions that limit this contribution becomes even more important. Focusing on, and preventing, conditions known to contribute to long-term ill-health and early retirement, including musculo-skeletal conditions, respiratory, diabetes and cardiovascular will contribute to a more prosperous Wales.
A resilient Wales	Good health is essential in developing resilient individuals and communities able to maximize their potential. Interventions supporting parenting, family and the wider environment are important influences in securing health and well-being for future generations
A healthier Wales	Improving the physical and mental health of the population through a life-course approach will contribute to a healthier Wales.
A more equal Wales	Wales has significant variations in health and wellbeing and the NHS has a responsibility, working jointly with partners, to focus on upstream effective interventions to reduce the social gradient and improve health outcomes for all.
A Wales of cohesive communities	The NHS has a key role to play in developing cohesive communities, for example through community development activities, adopting a co-productive approach and involving a range of partners in planning and service delivery.
A Wales of vibrant culture and thriving language	The NHS works within a social context, and many people wish to access services through the medium of the Welsh language. The NHS should promote the Welsh language in the workplace and ensure that services embrace the culture of the communities they serve.
A globally responsible Wales	The Welsh NHS operates in a global context. NHS organisations have both an opportunity and a responsibility to offer skills and expertise to other countries in line with the Charter for International Health Partnerships in Wales.

Local health boards are statutory members of public services boards and come under the shared legal and individual duty to contribute to the achievement of the well-being goals by collectively assessing the state of the well-being in the area of the board, setting shared objectives in local well-being plans and taking all reasonable steps to meet those objectives.

The Welsh Government has issued statutory guidance for public services boards about the exercise of their functions. (For further detail, see “Shared Purpose: Shared Future” SPSF 3: Collective role- public services boards).

Local health boards will be setting well-being objectives as individual bodies and as part of public services boards. These are distinct, but complementary, duties – requiring public bodies to think both about what their own objectives as an organisation are and about the shared objectives for the areas they operate in.

This means that over time local health boards' strategic and medium-term planning will be expected to be informed by and, where appropriate, align to public services boards' local well-being plans. While the first local well-being plans will not be published until mid 2018 the first assessments of local well-being should be available in mid 2017.

Social Services and Well-being (Wales) Act 2014

The Social Services and Well-being (Wales) Act 2014 places duties on statutory bodies to improve services, work together with the public to promote well-being and give people a greater voice in and control over their care. This puts the individual at the centre, promoting independence and responsibility and co-ordinating services around people, motivating self-care and meeting their needs at or as close to home as possible.

Section 14 of the Act places a duty on health boards and local authorities to jointly undertake an assessment of the local population's care and support needs, including the support needs of carers. This assessment must also identify:

- the extent to which those needs are not being met
- the range and level of services required to meet those needs
- the range and level of services required to deliver the preventative services required in the Act; and
- how these services will be delivered through the medium of Welsh.

The population assessment will ensure health boards and local authorities jointly produce a clear and specific evidence base to inform their planning and operational decisions including those out in the IMTPs. The Part 2 Code of Practice (General Functions) states that population assessments will inform and be informed by IMTPs

Part 9 of the Act provides for local authorities and local health boards to establish regional partnership boards. These must be established on the health board footprint and respond to the population assessment. They will ensure effective services, care and support are in place to best meet the needs of their respective population.

Further details about regional partnership boards are set out in the Part 9 Statutory Guidance.

Prudent Healthcare

The Cabinet Secretary for Health, Well-being and Sport has confirmed the importance of prudent healthcare as a key policy driver for the NHS. The principles of prudent healthcare are familiar to the NHS:

- achieve health and well-being with the public, patients and professionals as equal partners through co-production
- care for those with the greatest health need first, making the most effective use of all skills and resources
- do only what is needed, no more, no less; and do no harm
- reduce inappropriate variation using evidence based practices consistently and transparently.

IMTPs are expected to demonstrate that prudent principles underpin the work of the organisation, building on our expectations for a quality-driven service. Plans must use the prudent healthcare principles to drive improved experience and outcomes for patients and citizens and the efficient and effective use of resources.

At national level, a number of programmes have been established under prudent healthcare principles to provide a collective and authoritative focus on specific areas. The programmes in Unscheduled Care, Planned Care and Informatics are well established. IMTPs should demonstrate how organisations are maximising the benefits from the work of these programmes in service delivery and planning.

The Primary Care programme is newly established, and organisations will be expected to contribute to its work and be guided by its recommended actions as they emerge.

These programmes will support the implementation of best practice and reduce variation leading to improvements in the consistency, effectiveness and quality of care.

Primary Care

The Primary Care Plan (November 2014) sets out the policy aim of developing a “social” model of health, which promotes physical, mental and social well-being rather than just the absence of ill health.

The plan highlights the importance of all relevant organisations, services and people working together to ensure the root causes of poor health are addressed. This includes the NHS, social services, housing, education, transport, environment and leisure services, the third sector, independent sector, carers and people themselves.

There are five priority areas for action:

- Planning care locally
- Improving access and quality
- Equitable access
- A skilled local workforce
- Strong leadership.

The overall principles underpinning this plan are:

- Prevention, early intervention and improving health, not just treatment
- Co-ordinated care where generalists work closely with specialists, and wider

support in the community to prevent ill-health, reduce dependency and effectively treat illness

- Active involvement of the public, patients and their carers in decisions about their care and well-being
- Planning services at a community level of 25,000-100,000 people
- Prudent healthcare.

A primary care service for Wales, based on the principles of prudent healthcare, is the mainstay of the NHS: tackling the root causes of ill health, preventing people from being admitted to hospital unnecessarily, helping those who have been admitted to get home quickly with the right support; motivating and supporting people with chronic conditions and long-term illnesses to manage their health at home.

This approach is entirely consistent with the Well-being of Future Generations (Wales) Act and one of the key recommendations from the OECD report.

The 64 primary care clusters will become a mechanism for building this collaborative approach to integrated service planning and delivery. Clusters provide an appropriate building block for joint work which makes the best use of available financial, workforce and other resources. This includes not just the resources of the NHS but also those of local authorities, the third and independent sectors and the assets of local communities. This model will result in a wider perspective, focussed on communities, and more local planning boundaries and levels, rather than organisations.

A data driven system

“Informed Health and Care: a digital health and social care strategy for Wales” was published in December 2015 and presents the Welsh Government’s five-year vision for the use of digital technology within both the Welsh NHS and in Wales’s social services.

The strategy describes how access to the latest technology will make positive changes for both the patient and staff within the NHS and social services. Patients will have the opportunity to connect to online services to book appointments, order repeat prescriptions and access their own health record. Staff will be able to use mobile devices to support them in a variety of settings and will have access to the up-to-date record of care for their patient or service user, accessible wherever and whenever it is needed.

Organisations will be expected to develop a strategic outline programme (SOP), led by a named board-level executive and clinical lead with accountability for delivery. The SOP should set out a clear five year view of investment requirements for technology and digitally-enabled service change in both revenue and capital terms. This must be approved by the Board. In developing this, organisations must be clear about the anticipated benefits, risks, challenges and opportunities available to them through developing digital health. These plans may cross organisational boundaries, and there must be clear evidence that they have been developed collaboratively.

3. STRATEGY

The introduction to this framework set out the expectation that every organisation will have a board-approved long-term strategy. This should be a separate document to the IMTP, which will demonstrate how the actions to be taken in the three year period help achieve the long-term vision of the organisation set out in the strategy.

The strategy should be based on the population health needs assessment referred to in section 2, and be developed with the full engagement of communities and partners. It should reflect the particular opportunities and challenges within the communities served by the organisation, and set out the long-term direction of the organisation within the national policy context. The strategy should demonstrate a commitment to the patient/user experience, quality and safety, innovation, service transformation, and workforce development. It should highlight key strategic challenges and opportunities facing the organisation and proposed solutions, including service sustainability and infrastructure development.

Health board strategies should demonstrate that they are maximising the opportunities from being university or teaching boards. NHS trusts will wish to provide similar evidence of strong research, teaching and innovation.

In essence, the strategy should set out the organisation's strategic goals; outline the "roadmap" which the organisation will follow; and describe how it will address any key strategic challenges or opportunities.

The strategy should be formally reviewed and Board approved periodically or in the light of significant change, risks or developments which impact on the long-term direction.

NHS Wales Strategy

A new strategy for NHS Wales will be developed following the Programme for Government. The longer term strategy will be informed by the finding of the Parliamentary Review into the longer term future of health and social care in Wales. This Review was announced in the Programme for Government and will begin its work later this year with the aim of an initial report within 12 months. The Programme for Government, "Taking Wales Forward", the Well-being of Future Generations (Wales) Act, the Social Services and Well-being (Wales) Act, Prudent Healthcare and the Primary Care Plan are key policies which will underpin the strategy.

Organisations should continue to develop their long-term strategic plans based on their health and population needs assessments, and their in-depth knowledge of the local opportunities and challenges that lie ahead.

4. INTEGRATED MEDIUM TERM PLANS (IMTPs)

Health boards are required under the NHS Finance (Wales) Act 2014 to prepare a three year IMTP for approval by the Cabinet Secretary for Health, Well-being and Sport. A Ministerial direction placed the same requirement on NHS trusts.

The IMTP should be shaped and informed by the long-term plan, needs assessments, earlier rolling IMTPs and also 3 year plans drawn up at cluster level to set out the actions the organisation will take during the next three years in pursuit of its strategic goals.

Whilst the IMTP must cover three years, it is acknowledged that the level of detail for each of the three years will be different:

Year 1: should clearly describe, through both the narrative and completed mandatory templates, the actions and milestones for the coming year. Preparatory work to support delivery in future years should be set out, for example a service development programme which will shape service delivery in year 2 or 3, or preparation of capital and service business cases.

Year 2: should indicate priorities, actions and risks for the second year. Details should be provided on key plans and metrics, including performance trajectories. Work on major challenges or opportunities should be outlined, for example remodelling a critical service or addressing a significant workforce challenge.

Year 3: should show how the organisation proposes to make continued progress towards its strategic objectives. This should include as much detail as possible should be provided. Significant issues should be highlighted, for example in service and workforce sustainability, balancing resources or capital/service investment, together with an indication of the actions which will be taken to address them.

IMTPs should focus on quality, safety, sustainability and the patient/user experience. Plans should be integrated, with coherence between service, workforce, infrastructure and financial elements. Plans must be deliverable and demonstrate a clear understanding of risks and mitigating actions. They must show how the organisation plans to operate within available workforce and financial resources.

IMTPs should describe actions to make progress towards each of the seven goals set out in the Well-being of Future Generations Act.

Organisations must demonstrate the actions they will take across the full span of their responsibilities, whether or not there are specific performance targets attached to them. This includes work “upstream” to develop healthy communities, build resilience, tackle inequalities and foster prosperity, as well as to manage demand for healthcare services.

Accurate whole-system demand and capacity models, based on a robust population health needs assessment, informed by needs assessments produced at cluster level, are central to the IMTP. This is key to clarity about system requirements, as well as giving organisations a vehicle to model the impact of alternative modes of delivery and to assess resource impacts. Welsh Government will continue to work with health boards and trusts to develop these models.

Whilst rolling IMTPs cover three years, they must be agreed by Boards and submitted to Welsh Government for approval annually. This recognises the nature of medium-term planning, which is dynamic and must be responsive both to actual progress made each year and to changing external factors.

The primary audience for IMTPs is local. The plan should describe to local communities what the organisation intends to do in the coming planning period. The organisation will wish to ensure that their communities, partners and staff can see in appropriate detail how services will be developed and improved each year.

Chapter 8 of the Planning Framework provides more detail about the structure of the IMTP. Following this guidance will allow the Health and Social Services Group to develop an all-Wales IMTP, showing intended achievements and planned quality and service improvements across the country. The Delivery Framework clearly sets out what needs to be achieved.

The maturity matrix produced by the Good Governance Institute provides a helpful way for organisations to test the maturity of their plans, and is attached at Appendix D.

Delivery Framework

From 2017, the NHS Delivery Framework is changing. It will start to align more closely with the public-health framework, working towards the production of only one outcome framework. This means that there will be one health outcome framework using public health indicators, instead of the current two frameworks.

This change is intended to demonstrate how NHS delivery measures contribute to wider health gains (outcome indicators) and should support partnership working to deliver sustainable health and well-being outcomes. By using public health outcomes, linked to national Well-being of Future Generation indicators, public sector boards will work towards the same measures. Health boards, trusts and partnership organisations will be able to demonstrate how they are working together to meet the goals of the Well-being of Future Generations (Wales) Act.

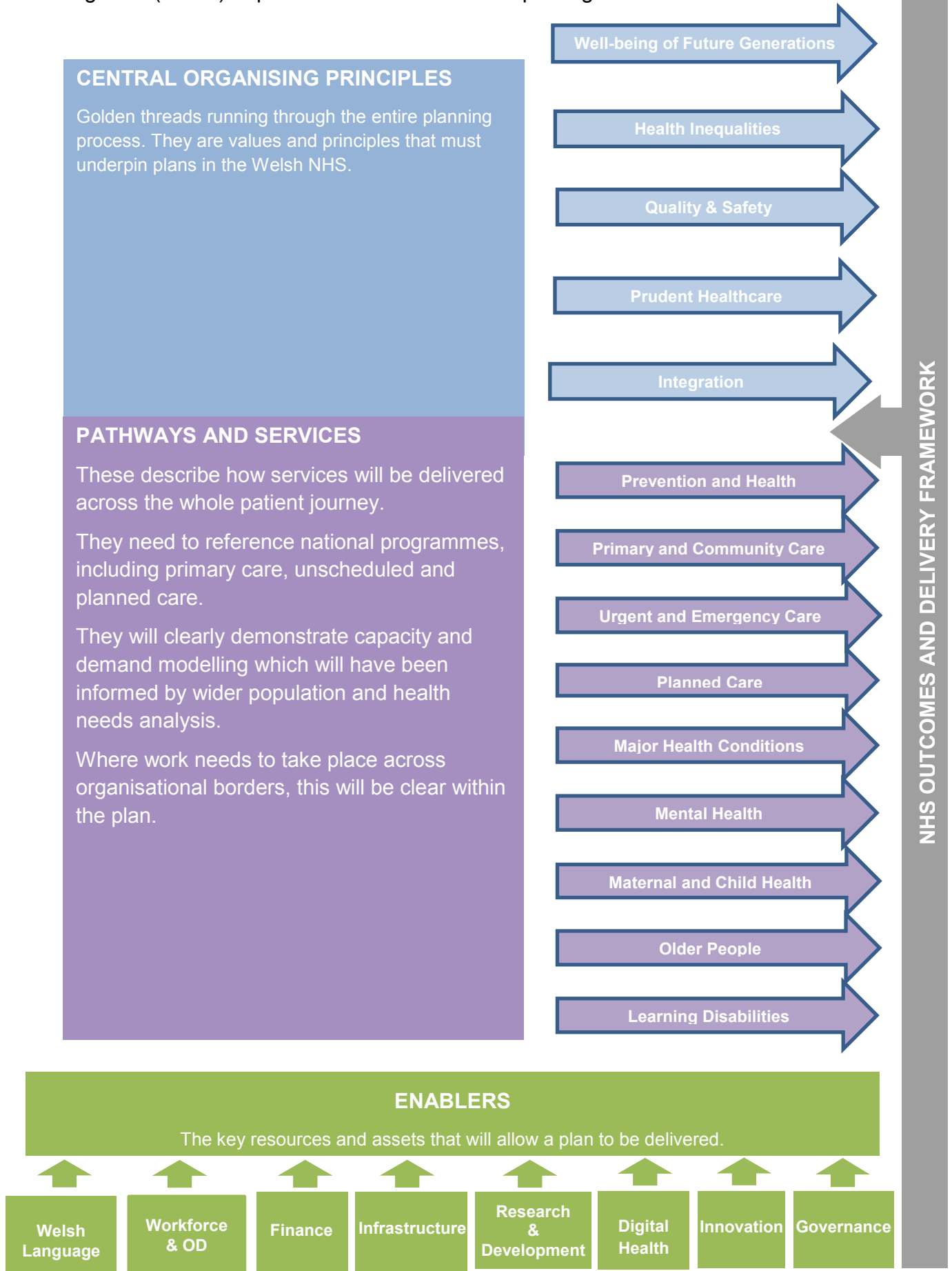
This will be a gradual change. The current delivery measures remain extant. Performance and service teams will be involved in ongoing work to some of the measures to agree definitions and data collection, and you will be kept informed of progress.

While there will remain a national focus on certain target areas, organisations must plan for and deliver improvement across the range of health improvement indicators and measures. Organisations should consider and understand how a variety of measures working together will impact across a range of patient experience and efficiency. For example, sustainably reducing waiting times for elective surgery improves the quality of patient experience, may also reduce emergency admissions and avoidable harm and avoid high cost waiting list solutions such as waiting list initiatives.

This year, the templates have been slightly changed and simplified. Boards and trusts will have more detailed plans for their own use to manage their performance. The detailed performance information behind these templates may be considered in performance discussions with Welsh Government such as Quality and Delivery meetings.

National programmes including primary care, unscheduled and planned care programmes are intended to support organisations to implement and achieve performance indicators. We expect that organisations will engage with these national programmes to assist sustainable delivery and reflect this in their IMTPs.

Figure 1 (below) depicts the architecture underpinning the structure of IMTPs



5. PRIORITIES FOR 2017/20

This framework has clearly described the importance of a strategic view to underpin medium-term IMTPs. Each organisation must ensure that it has a clear strategy, approved by its Board, to provide the context for its IMTP and how the strategy will be delivered.

NHS organisations are large and complex, with a wide range of responsibilities. IMTPs should demonstrate an understanding by the NHS organisation of the actions it needs to take across the full portfolio of its responsibilities.

Welsh Government indicates through the Planning Framework areas of priority which the NHS is expected to pay particular attention to. This does not mean that other areas are unimportant. A good IMTP will demonstrate that the organisation is focussed on all of its responsibilities. The seven themes below reflect cross cutting areas that IMTPs need to address.

- **Quality and Safety**

IMTPs should demonstrate a core focus on quality and safety. This includes ensuring that services are patient/user centred, accessible and timely, efficient, effective and sustainable, providing the best possible outcomes and experience for the greatest number of people. Best practice should be used to inform service design with a focus on continuous quality improvement, underpinned by robust quality assurance mechanisms.

IMTPs should identify areas where action is required to ensure service sustainability, including proposals for changes to service models or locations to promote quality and reduce risks.

- **Timely Access to Care**

The public expects timely access to the services they require, wherever they are delivered. This includes access to GPs and wider primary care services as well as to secondary care or mental health. In some areas there are national targets for timeliness, and IMTPs must set out how the organisation plans to achieve those targets, with improvement trajectories where required.

Access to timely care is a key indicator of quality, and delays can result in harm. The focus must not be exclusively on those areas in which there is a national target. Each organisation should set its own expectations for timeliness through their plan.

- **An Ageing Population**

Meeting the needs of our ageing population is a significant issue for the NHS. This includes much more than just the provision of medical treatments and support. It also relates to focussing on dignity and independence, and the environment in which care is delivered for older people, in the community and in hospital settings. Physical

activity, maintaining independence and promoting preventive health (including mental well-being) are extremely important for this group.

IMTPs should demonstrate how organisations are working with partners and older people, and the specific and measurable actions which will be taken to meet their needs.

- **Integration and Shift of Services**

IMTPs must reflect an integrated approach informed by the work of the public services boards and regional partnership boards and demonstrate integrated service solutions in areas of common interest identified as part of joint needs analysis, for example the care of children or older people.

Most people receive most of their health care most of the time close to home rather than in a hospital setting. A key Welsh Government policy objective is to maximise the opportunities to develop local community-based care. IMTPs should set out how the organisation plans to achieve this policy objective.

- **Mental Health**

Mental illness affects 1 in 4 people, and represents over 20% of the burden of disease and 12% of the NHS budget. Health boards must give it proportionate consideration in their IMTPs. A new three year delivery plan has been issued to underpin the “Together for Mental Health” strategy. This sets out clear priorities and IMTPs must demonstrate the organisation’s delivery of these priorities.

IMTPs should demonstrate how the organisation is meeting its statutory responsibilities under the Mental Health (Wales) Measure 2010 and how the organisation is delivering improved access and outcomes for service-users from the additional significant investment by Welsh Government in targeted areas of provision. More generally, IMTPs should clearly set out the organisational service change programmes to ensure the availability of high quality, sustainable, accessible and timely care with associated timescales and risks.

- **Engagement**

Organisations must demonstrate that their IMTPs have been developed with engagement from the public, staff and partners. Co-production continues to be a key design principle, and IMTPs should provide evidence of how service plans have been developed with the people who require them. Organisations should note that co-production with communities is a potentially powerful way in which public sector staff can respond to the social gradient of health needs.

- **Efficiency, Productivity and Variation**

In light of the ongoing financial constraints, the need to deliver more efficient and productive healthcare services has never been greater.

A review of traditional efficiency measures (e.g. Average Length of Stay and DNA rates) has identified that, despite past efforts to address such issues, there still remains significant scope for savings by reducing variation, remove low value activity and working towards “best in class”, whilst at the same time achieving better user/patient experience.

Key Deliverables

IMTPs must demonstrate how organisations are planning to deliver in a number of key performance areas. Not all of these are relevant to all NHS organisations. Discussions will be held with those organisations which have specific areas of focus to agree their key deliverables. This applies to Powys tHB, Public Health Wales NHS Trust, Velindre NHS Trust and the Welsh Ambulance Services NHS Trust.

Delivery plan processes have been streamlined in response to comments from the service. The IMTP will need to provide assurance about the actions, timeframes and monitoring arrangements that will deliver these critical services for patients. There is no longer a requirement to submit local delivery plans to Welsh Government. Organisations will of course still need to plan for these important services and reflect the key areas of intended improvement in their three year plans. The detail required is set out in chapter 8.

Key elements of the seasonal plan should also be integrated within the IMTP, including the management of risk over the winter period. For example, performance trajectories such as unscheduled care and RTT should reflect the predicted impact of seasonal flux. Predicted changes in bed utilisation such as “step up/step down” beds and assumptions around staffing requirements are also needed within the IMTP.

6. PROCESS AND TIMETABLE

Figure 2 sets out the timetable for the IMTP process. In addition to the formal submission in January and March, Welsh Government will provide additional support at peer review stage, and also through one to one meetings with planners. The intention is to encourage better defined plans earlier in the process, to ensure that plans are well developed for the January board approval. Health boards and trusts are encouraged to share drafts or outline plans with the Welsh Government planning team to provide initial advice in advance of the January submission. The intention is to help NHS organisations to have plans suitable for adequate assessments and feedback to inform the March submission.

Joint committees governing NHS support organisations will require these organisations to develop their plans earlier, so that joint committee approved plans can be aligned and incorporated into the LHB and Trust IMTP planning cycle. To ensure sufficient time to inform health board and NHS trusts plans the joint committee may develop and set a timetable that requires support organisation plans to be advanced, at a minimum, by at least one month from the main timetable.

All plans submitted as 'final draft' in January must demonstrate how key priorities will be delivered, be financially balanced and approved for submission by NHS Boards. Fully populated mandatory templates are required in order for boards to understand the detail of plans, and so that Welsh Government can assess them. Any IMTP submitted without the necessary information will be returned to the organisation.

The final submission in March, informed by feedback and with any agreed adjustments, must be balanced and formally approved by the board before it is sent to Welsh Government for consideration by the Cabinet Secretary for Health, Well-being and Sport.

The Chief Executive of any organisation which is unable to submit an IMTP which meets these criteria will be required to write, no later than the set submission date, a formal Accountable Officer letter to the Director General/Chief Executive of NHS Wales copied to his/her Chair explaining the position, the action they are taking and when their IMTP will be completed.

Figure 2- Timetable

Plan Development	Action	Timescale	WG	NHS
	NHS Planning Framework developed between Welsh Government and NHS	June – October 2016	✓	✓
	NHS Planning Framework 2017/20 issued	October 2016	✓	
	NHS organisations develop 2017/20 IMTPs, informed by cluster plans, local health plans and wider population needs assessments	October 2016 – January 2017		✓
	Outline financial assumptions to NHS organisations	October 2016	✓	
	Indicative financial allocation letters issued to NHS organisations	December 2016	✓	
	NHS peer review – draft organisational plans ready for sharing	November 2016		✓
	Health Board/Trust Board/Committee scrutiny process	October – December 2016		✓
Plan Approval	Health boards and trusts to share draft or outline plan with templates for early policy input and plan development	October - December 2016	✓	✓

Plan Approval	Action	Timescale	WG	NHS
	NHS Boards approve final draft version of IMTP and submit to Welsh Government	27 January 2017		✓
	Welsh Government scrutiny process and feedback provided to NHS to strengthen plans	February 2017	✓	
	Boards respond to feedback from scrutiny process and amend plans accordingly. Boards then approve final versions	February - March 2017		✓
	NHS organisations submit the final Board-approved plans to Welsh Government	31 March 2017		✓
	Welsh Government assessment process and Cabinet Secretary approval	April -June 2017	✓	

Plan assessment and approval

The expectation is that plans, issues and risks are shared with Welsh Government as IMTPs are being developed. The onus is on individual organisations to contact Welsh Government colleagues to discuss the matter as soon as they become aware that they face difficulties in developing an approvable IMTP. There should be no surprises in IMTP submissions in January and March.

Welsh Government will conduct a full assessment and provide feedback in writing by 28 February 2017 on the January submissions. Meetings will be set up between Welsh Government officials and each health board or trust to discuss the feedback and inform the final plan.

Following assessment of the final IMTP, officials will provide advice to the Cabinet Secretary. This process will run between 1 April and 30 June 2017. The assessment process will be undertaken as quickly as possible. Any requirement for further information will delay the process of consideration and plan approval.

Advice to the Cabinet Secretary will be based on the criteria set out in the Finance (Wales) Act 2014 (See Annex B) and the requirements set out in this Planning Framework. Approval letters will be issued by 30 June 2017.

Plan Delivery

The test of any plan lies in its implementation and the resulting improvements in outcomes, service delivery and patient experience.

The public, NHS Boards and Welsh Government have shared expectations that the planning process will support the delivery of improved outcomes for patients. NHS Boards will be expected to hold their organisations to account for delivery of board-approved IMTPs. In turn, Boards can expect to be held to account by Welsh Government for delivery of plans approved by the Cabinet Secretary.

Effective assurance and performance management arrangements, both locally and from Welsh Government, are critical to monitoring progress and providing early indications if performance varies from plan.

Performance Management by Boards

All NHS organisations are required to have approvable IMTPs. Welsh Government will expect each organisation's internal mechanisms to provide visible assurance to the Board on delivery and any necessary corrective action. The following arrangements must be in place:

- robust arrangements for monitoring and intervening at directorate, divisional, cluster, and corporate departments levels;
- effective risk identification and mitigation arrangements
- appropriate monitoring arrangements to hold NHS support organisations, such

as NWSSP, to account for timely delivery of agreed activities which support health board/trust performance

- clear arrangements through which the Board of each LHB assures itself about the quality of services commissioned and provided for their populations by other organisations, including other LHBs, NHS Trusts in Wales and other providers in Wales or England. This should include assurance about the work of WHSSC and EASC which are formally joint sub-committees of all the Health Boards and act on their behalf
- arrangements to monitor quality and delivery against plan on a monthly basis. As a minimum, there should be an executive group to oversee plan delivery and a board sub-committee or group to scrutinise and challenge progress and performance on a regular basis.

The board should receive an overall assessment of progress against the plan in public session at least bi-annually.

Performance Management by Welsh Government

All health boards and trusts will be expected to deliver their approved IMTPs, including agreed delivery profiles.

Welsh Government will require quarterly updates on delivery of the IMTP from all organisations. Detailed requirements and submission dates will be notified during the IMTP development phase. Specific deliverables will be monitored at appropriate frequencies, for example ambulance response times or unscheduled care performance.

Organisations can expect the Welsh Government to monitor, performance manage and hold them to account through a range of meetings and actions. The precise mechanisms and frequency will vary according to an assessment of risk based on plan approval status, delivery track record, and actual performance against plan tracked throughout the year.

Routine Welsh Government performance management arrangements will include:

Standard returns

Submission of board and committee planning updates

Quality & Delivery (Q&D) meetings to discuss progress in detail. The frequency of Q&D meetings will be determined by plan status and the delivery confidence assessment based on performance trends and risk analysis

Specific meetings to discuss particular variations from plan or quality standards

Joint Executive Team (JET) meetings to include progress against plan delivery.

Organisations without approved IMTPs

Any health board or NHS trust whose IMTP is not approved will be expected to put in place a one-year plan whilst they improve their ability to develop a three-year IMTP.

Failure to develop an approved IMTP is a significant governance concern as it breaches one of the two duties of a health board or NHS trust.

Any organisation which is in this position can expect significant increased scrutiny and potentially escalation under the Escalation and Intervention Arrangements.

Immediate actions may include:

- increased frequency of reporting, meetings and scrutiny;
- detailed examination of areas of non-delivery, and the requirement for recovery plans and revised delivery trajectories;
- support from the Delivery Unit and other relevant mechanisms to support, challenge and provide assurance;
- more frequent Quality & Delivery meetings; and
- increase in frequency of Joint Executive Team meetings.

7. SIGNIFICANT SERVICE CHANGE

The expectation is that all plans for service change are grounded in evidence and are informed and shaped by effective engagement with patients, clinicians, staff, other partners and local communities. Health boards should have appropriate approaches in place to involve everyone in the conversation about the case for change and the options for providing the best solution that will meet the needs of the population. Evidence has shown that effective and early engagement will help to ensure that plans can be developed and taken forward with energy and pace and deliver the intended benefits.

All organisations are continuously striving to improve. A number of projects and changes in practice will be underway or in development to enable a complex organisation to keep pace with emerging clinical practice and respond to growing and changing demand.

Some changes will be significant. A change in the underlying clinical strategy and processes will fundamentally change the way that the whole organisation behaves, including its culture, decision-making and team behaviours. This might involve a shift from secondary to primary and community care, where activity, workforce and financial resources are expected to be moved into primary care to support care closer to home. A new model for the delivery of specialist services that will mean centralisation at fewer hospital sites to improve patient outcomes is another example of a significant change.

Further examples may be found in substantial changes in delivering planned care, integration with social care to improve care for older people and collaborative working across organisational boundaries.

Plans should identify services in which there is a potential need for significant change which will be explored during the planning period. Wherever possible, the engagement and planning approach which the organisations will follow should be described.

This year, the Planning Framework asks for narrative to describe significant service changes, in addition to a template. The narrative should provide the rationale for change, timescale and milestones and cross-reference to other relevant sections of the plan (such as primary care, delivery plans, urgent and emergency care, workforce, or finance) and demonstrate clearly how the benefits of the change will be realised.

8. IMTP STRUCTURE

Balancing Local Discretion and Consistency

Whilst IMTPs need to be owned locally by the individual organisations, there must be sufficient consistency in presentation and content to allow Welsh Government to have a clear picture across Wales and to be able to compare plans. Part of that consistency can be gained through the mandatory templates. These do not however capture some of the broader planned developments which cannot be expressed in purely numerical terms.

Welsh Government will require IMTPs to be structured under a number of headings as set out in Figure 3. The detail of how the document is crafted under those broad headings is a matter for the individual organisation, as long as it is possible to draw out from each section:

- the key developments/actions the organisation is planning to take
- why those are important and how they link to overall strategic direction
- what those developments/actions will achieve
- when those benefits will be realised, including improvement trajectories where relevant
- key risks and dependencies and how they will be managed, for example recruitment.

One presentational option would be to provide a table in each section of the IMTP highlighting key developments/actions. Officials would welcome discussions on presentation with individual organisations as they develop their IMTPs.

IMTP Coverage and Structure

This section provides a structure for a health board IMTP, and incorporates guidance notes covering organising principles, pathways and services and enablers that set out in broad terms the characteristics of a good plan in that area. These should not be seen as exhaustive, but as indicators of some of the aspects that the IMTP should address.

Welsh Government recognises that not all NHS organisations have the same set of responsibilities. Powys tHB and the three NHS trusts each have specific portfolios or organisational features which mean that the “standard” framework applicable to health boards needs to be adapted to be relevant. Officials will discuss with each of these organisations the expected coverage of their IMTPs, and agree its structure.

As outlined in section 4, the IMTP is a three year plan. The more detailed the plan is in all years, the more confidence the organisation, the public and Welsh Government can have in it.

Figure 3: IMTP Structure

1. Foreword
2. Executive Summary
3. Introduction
4. Strategic Overview, encompassing organising principles:
 - Well-being of Future Generations Act
 - Social Services and Well-being Act
 - Health inequalities
 - Quality and Safety
 - Prudent Healthcare
 - Integration
5. Achievements in 2016/17
6. Opportunities and Challenges in 2017/2020
7. Significant Service Change
8. Thematic chapters
 - Pathways and Services
 - Prevention and health improvement
 - Primary and community care
 - Urgent and emergency care
 - Planned care
 - Major health conditions
 - Mental health
 - Maternal and child health
 - Older people
 - Learning Disabilities
 - Enablers
 - Workforce & OD
 - Finance
 - Infrastructure investment
 - Research & development, and innovation
 - Digital Health
 - Governance
 - Welsh Language
 - Mandatory Appendices

The sections that follow are intended to provide further guidance on the required structure.

- **Foreword** – by Chair and Chief Executive.
- **Executive Summary** – a brief summary of the IMTP.

Introduction – purpose, scope, relationship to the separate organisational strategy, process of development including engagement and partnership working.

Strategic Overview – key elements of the organisations strategy cross referenced to separate document, including population needs assessment, challenges, opportunities, key strategic developments/proposals which influence the next 3 year plan. This section will demonstrate how the organising principles, set out in figure 3, form a foundation for the organisational plan.

Achievements in 2016/17 – summary of key achievements the organisation expects to have made by the end of 2016/17 which forms the baseline going into year 1 of the 2017/2020 IMTP.

Opportunities and Challenges in the IMTP period – an outline of key opportunities and challenges in the three year period which narrows the focal length from long-term strategy to the medium and shorter term opportunities and risks. There may be overlap with the longer term strategic challenges, but a shorter term focus should be possible. For example, a key strategic objective may be to address inequalities. A shorter term IMTP opportunity or challenge may be linked to impending changes in primary care, or to the development of specific plans with a local authority for joint service provision in an area of deprivation. Similarly, particular recruitment challenges may be looming, or the opening of a new facility may present transformational opportunities to improve quality or the patient experience. Care should be taken not to simply repeat content covered in other sections.

Significant Service Changes 2017/20 – a description of significant changes planned or requiring development within the three year period. Significant service change takes place over a period of time. This section may describe early work towards achieving change, or describe how this work is being embedded. It must be clear about rationale, milestones, actions, resources and benefits.

The plan narrative must be supported by completed mandated templates which provide sufficient detail to the board about addressing population needs, service commissioned and deliverables, workforce planning and resourcing to enable approval of a credible and deliverable plan.

Previous years' IMTPs have tended to be very lengthy documents which are hard to navigate and follow clearly. Longer documents make it harder to identify coherence and connections. This may be because many have tried to be both a strategic document and a medium-term plan. This Planning Framework draws a distinction

between a strategic document concerned with the long-term direction of travel (15/20+ years) and an IMTP covering a three year period.

By definition, longer term direction changes and evolves more slowly than shorter term three year plans. This has led to IMTPs in which large sections have not changed from one year to the next, making it much harder to identify the distinct actions the organisation plans to take in the next period.

Clearly the IMTP must sit within the context set by the longer term strategy; however, trying to write a single accessible document of manageable length which covers both is very difficult. This is why the Planning Framework requires that the organisation's long term strategy is separate from its medium term plan, and recognises they are complementary and cross-referenced.

It should be unusual for an IMTP to be longer than 150 pages in length plus mandatory appendices. If further detail is required by a board or by Welsh Government to provide assurance about aspects of an IMTP, it can be specifically requested. Boards will have their more detailed operational plans which are used to manage the detail of the organisation's work. These should cover any additional information which Welsh Government is likely to require.

The sections that follow provide advice on the thematic chapter headings set out in section 8. They are intended to support organisations to ensure that relevant information is included, as well as guiding towards relevant strategies and documents.

WELL-BEING OF FUTURE GENERATIONS ACT

IMTPs must:

- show the published population assessment of the needs for care and support, and the needs of carers;
- be built on robust population needs assessments (not just health needs assessments, but also taking a 'place based' concept of well-being which encompasses environmental, social, economic, and cultural well-being into consideration; with implications for health from a range of partner organisations such as housing, local authority, education);
- demonstrate clearly how organisations will work together with partner organisations through the Public Service Boards to plan and deliver the well-being goals set out in the Act
- demonstrate clearly how they will meet all the duties under the act, including those associated with Welsh language, human rights, equality and CHCs; and
- show how the emerging well-being objectives are designed to contribute to the seven well-being goals in the Act, and that delivery takes into account the five key ways of working.

What does good look like?

Organisations that have embedded the principles of the Well-being of Future Generations (Wales) Act will:

- be clear about who owns responsibility for delivery of services across the remit of the public services bodies, for example, what impact on health is predicted from a housing improvement project, what impact health is contributing to in (e.g.) an early years education project;
- show clarity about the governance structures that will ensure close working with partner organisations;
- demonstrate, through the sustainable development principle, how they have taken into account the impact their decisions will make on the well-being of their populations across public services; and
- take an integrated and collaborative approach, considering and involving people of all ages.

Relevant Strategies and Guidance

Well-being of Future Generations (Wales) Act 2015

Shared Purpose: Shared Future SPSF 3: Collective role (public services boards)

ADDRESSING HEALTH INEQUALITIES

IMTPs must:

- demonstrate a commitment to improved analysis and reporting of health inequalities in health promotion, primary and secondary care;
- demonstrate tackling health inequalities is understood and the responsibility of the whole organisation and all who work in it;
- include clear measurable objectives for reducing health inequalities aligned to the equality priorities set out in the Strategic Equality Plan;
- set out actions to counter inverse care law in primary and secondary care, and how resources will be reallocated to reflect need;
- demonstrate integrated working with the initiatives such as Communities First, Flying Start, Families First, to secure the greatest reduction in health inequalities, particularly through strengthening links with primary and community care services; and
- identify local poverty goals and demonstrate how they will achieve these and the goals in the national tackling poverty programme.

What does good look like?

Organisations that place health inequalities at the heart of their planning and delivery systems will:

- demonstrate a good understanding of the social gradient – a higher prevalence of lifestyle-related and social harms, illness and early death in more economically disadvantaged groups;
- show evidence of strong community involvement to co-produce good health opportunities for all such as social prescribing;
- have worked with all other relevant agencies and statutory bodies to intervene early and to tackle the wider determinants of health cross the lifecourse;
- evidence good information systems to collect and report information;
- demonstrate a clear and strong commitment to working with partners to tackle the inverse care law and ensure that services are provided proportionate to need;
- clearly identify and share best practice within the organisations, across the NHS and with partners;
- include a strategic equality plan within their long-term vision for the population, setting out how tackling inequality and barriers to access improves the health outcomes and experience of patients, their families and carers; and
- show good awareness of the impact of achieving health equality on their overall use of resources.

Relevant Strategies and Guidance

- UCL Institute of Health Equity reports
- Our Healthy Future, Wales National Public Health Strategic Framework
- Child Poverty Strategy
- Fairer Health Outcomes for All
- Public Health Outcomes Framework
- CMO annual reports (Can we refer to impending CMO report on Social Gradient)
- EHRC's "Is Wales Fairer?"
- Revised Strategic Equality Plan
- Tobacco Control Action Plan
- Obesity Pathway

QUALITY AND SAFETY

IMTPs must:

- outline the Quality Improvement approach adopted in the organisation and how it intends to develop its capacity and capability;
- describe the organisation's plans for a whole systems approach to quality;
- clearly outline the intended measurable quality improvements, including (but not limited to) those in NHS Outcomes & Delivery Framework and the Health & Care Standards;
- articulate how improvement will be delivered, including priority performance;
- clearly link the quality and equality priorities to the population needs assessment findings, the risk register, and the challenges and improvement priorities set out in the Annual Quality Statement;
- explain how quality throughout the whole organisation will be monitored by the Board;
- demonstrate specific plans to address its patient user/experience and concerns/functions.

What does good look like?

Quality driven organisations will:

- demonstrate a culture of openness embedded through all services and pathways of care, with demonstrable organisational capacity and capability for quality improvement;
- have a comprehensive Quality Strategy with a focus on the planning, commissioning and direct provision of services;
- have robust quality assurance mechanisms in place, including national clinical audit, mortality reviews and staff and patient feedback systems;
- demonstrate effective and innovative widespread continuous improvement approaches;
- recognise the relationship between quality of care and communication, particularly in relation to people with sensory loss and language; and
- have systematic mechanisms to address and learn locally and from recent national reviews on care quality standards.

Relevant Strategies and Guidance

- Quality Delivery Plan (being refreshed during 2016/17)
- Safe Care, Compassionate Care – the national governance framework
- Delivering Safe Care, Compassionate Care
- National Service User Experience Framework
- Putting Things Right
- Annual Quality Statement guidance
- Health and Care Standards for Wales
- Antimicrobial Resistance Delivery Plan
- Commitment to purpose: eliminating preventable healthcare associated infections
- Decontamination of Medical Devices: development plan
- Trusted to Care
- Gift of Complaints
- Palmer Review
- Framework for National Clinical Audit and outcome reviews
- Revised Strategy Equality Plan
- All Wales Standards for Accessible Communication and Information for People with Sensory Loss
- Nurse Staffing Levels (Wales) Act 2016

PRUDENT HEALTHCARE

IMTPs must:

- provide clear evidence of how all board members and staff are being involved in taking up the opportunities presented by prudent healthcare;
- show the practical steps being taken to implement the actions emerging from national programmes and activities that will support the prudent healthcare principles to be followed, including national planned, unscheduled and primary care programmes;
- show that prudent healthcare underpins all parts of the plan, with clear implementation milestones and impact measures.

What does good look like?

When prudent healthcare principles are fully embraced by those designing, managing, delivering and using healthcare services, organisations will:

- work in partnership with others around a common goal of improving health and well-being;
- apply prudent principles to the integration of Wellbeing of Future Generations projects, ensuring that each organisation will “do only what is needed”;
- be fully aligned with their quality strategy;
- provide services to those people in greatest need first and ensure, when people receive those services, they are provided by staff with the appropriate skills and expertise to meet their needs and in locations appropriate to the level of need;
- work in partnership with the public and patients, ensuring the services that are offered stand the greatest chance of improving quality of life;
- ensure services and treatments will never do harm;
- ensure care will always be based on the evidence of what works and the results published openly and transparently;
- strive towards the reduction of variability.

Relevant Strategies and Guidance

Making Prudent Healthcare happen online resourced: www.prudenthealthcare.co.uk
Institute of Welsh Affairs (IWA) “Delivering Prudent Healthcare”
www.clickonwales.org/2014/08/delivering-prudent-healthcare-in-wales/

INTEGRATION

IMTPs must:

- reflect the shared priorities that have been agreed with public service partners through the Public Service Boards, Local Service Boards and partner agencies;
- reflect partnership priorities and progress in other key areas, e.g. Mental Health partnership programmes;
- show how integration is underpinning the other programmes described within this framework, notably the work on planned, urgent and emergency care and primary care;
- demonstrate how priority performance indicators of reducing delayed transfers of care will be achieved.

What does good look like?

Organisations with a robust approach to integration across the life-course will:

- demonstrate how services are being built with, and for, people and the local community. Services will be co-designed with the people who will use them and shaped around their needs rather than functional boundaries;
- be pro-active in the promotion of independence and autonomy for service users;
- show that the building blocks of locality network sand clusters are utilized to drive integrated solutions through local engagement;
- demonstrate how best practice is being used to help shape integrated services across the life course;
- demonstrate how the workforce is used effectively in a way that is open to innovations in skill mix and staff substitution;
- show how, working closely with others, their activities are being refocused around those people receiving care and ensure existing barriers to integrated working and delivery are eliminated;
- demonstrate how they are developing and maximizing the use of local partnership working arrangements to secure a healthier population;
- show awareness of the barriers to current models of healthcare that are experienced by people from disadvantaged groups and how changes to services (integration) will lead to better access and outcomes.

Relevant Strategies and Guidance

Integration – cooperation and partnership

Making integrated care happen at scale and pace, Kings Fund, March 2013

Shared Delivery, Shared Purpose

PREVENTION AND HEALTH IMPROVEMENT

IMTPs must:

- demonstrate that prevention and health improvement is understood to be the responsibility of the whole organisation and all those who work in it;
- show an understanding of needs and assets at community level;
- demonstrate that prevention and early intervention are included in all pathways and service change; with emphasis on parenting, family and wider environmental interventions to ensure positive childhood experiences;
- demonstrate understanding of local performance against national and international benchmarks, and how resources are being redeployed to tackle deficiencies;
- evidence a whole systems approach to integrated planning;
- make clear the health board leadership and contributions to delivery of performance indicators;
- demonstrate how the health and well-being of an organisation's own workforce is prioritized;
- demonstrate a whole-system approach to addressing all lifestyle risk behaviours (smoking, alcohol, healthy eating, physical activity)
- demonstrate how public health promotion will take account of known barriers to access.

What does good look like?

Organisations that place prevention and health improvement at the heart of their planning and delivery systems will:

- demonstrate a good understanding of the pattern of health across their area, especially the pattern of adverse childhood events, avoidable health problems and health inequality;
- have an understanding of the causes of poor health and what can be done about them;
- evidence strong community involvement to co-produce good health opportunities for all;
- demonstrate a strong focus on tackling the wider determinants of health such as poverty and promoting prosperity;
- identify health assets such as groups, skills or facilities around which to build better health in their area and demonstrate that they are being used;
- work with all other relevant agencies and statutory bodies to support upstream effective interventions;
- realise the potential of primary and secondary services to support the improvement of health and well-being in their populations;
- identify and tackle health inequalities, reporting to boards on what has been done and its impact;
- identify and share best practice within the organisation, across the NHS and with partners; and
- demonstrate effective collaboration and partnerships with partnership agencies.

Relevant Strategies and Guidance

- Our Healthy Future, Wales' National Public Health Strategic Framework
- Fairer Outcomes for All
- Public Health Bill and associated materials
- Public Health Outcomes Framework
- CMO annual reports
- Prudent HealthCare e-book chapter
- All Wales Standards for Accessible Communication and Information for People with Sensory Loss
- Tobacco Control Action Plan
- Obesity Pathway

PRIMARY & COMMUNITY CARE

IMTPs must:

- be based on local health needs assessments, including pharmaceutical, dental and optometric needs, that highlight the needs of communities;
- reflect the actions within the Plan for Primary Care Services for Wales with a particular focus on improving access to services;
- include workforce plans that deliver appropriate capacity and capability of multi-skilled primary care teams with the most appropriate professionals delivering care;
- articulate quantifiable quality improvements in primary care and how they will be achieved;
- articulate the programme of development for primary care clusters, including plans for increasing autonomy to improve local planning and delivery, including new models and incentives;
- describe how people with chronic conditions will be supported to manage their conditions;
- demonstrate how improved primary care will be improved, measured and reported, including tracking the shift of resources;
- be guided by the recommendations of the Welsh Language Commissioner's Primary Care Report;
- detail an estate strategy based on evidence service needs.

What does good look like?

Organisations that are committed to strengthening primary and community care will:

- use local population (25,000 to 200,00 population) health needs assessments, including pharmaceutical needs, to plan services for localities;
- use financial, workforce and other resources to strengthen primary care, with a particular focus on responding to customer feedback;
- identify how pathways can be rebalanced, with appropriate components provided in primary and community care, reducing reliance on secondary care;
- focus on developing multi-skilled working in primary care settings;
- meet the access needs of their populations in a timely way, including encouraging the use of e-systems;
- have systems to ensure continuity of care;
- report transparently on quality and performance of primary care and population health outcomes;
- ensure integrated information is available to all professional staff to enable informed decision making and reduce duplication and error.

Relevant Strategies and Guidance

- A Plan for Primary Care Services for Wales, 2014
- Delivery Plans for Oral Health, Eye Health, End of Life Care and major conditions
- Mid Wales Framework of Action
- The Welsh Government's response to the Welsh Language Commissioner's Review into A Plan for Primary Care Services for Wales Social Services and Well-being (Wales) Act 2014.

URGENT & EMERGENCY HEALTH CARE

IMTPs must:

- align to the steps of the national unscheduled care programme;
- demonstrate how a clear and focused approach to quality, safety and patient experience in the context of urgent and emergency care is reported within the organisation and to the public;
- demonstrate a clear understanding of demand and capacity across the patient pathway, identifying the level of resources which will be deployed to effectively meet demand at all stages of escalation;
- describe how an integrated model incorporating community, primary, secondary and social care services is delivered seamlessly, safely and reliably, putting the individual at the centre;
- identify the opportunities offered by the Public Service Boards and Regional Partnership Boards to promote independence and well-being ;
- show clear plans to reduce unnecessary referrals to secondary care, describing alternative and direct access pathways where appropriate;
- describe how plans to improve the flow of patients through the urgent and emergency care system will be transferred to operational implementation, and what the expected impact will be in a measurable format;
- describe how communications, interfaces and relationships across health and social care will be improved to enhance partnership working and patient flow;
- describe performance trajectories for key access targets, demonstrating how they will be achieved, reviewed and evaluated.

What does good look like?

A patient receiving quality driven, evidence based and patient focused urgent and emergency care will:

- know what is expected of them to take responsibility for their own health and well being;
- be navigated to the most appropriate service as quickly as possible, as close to home as possible;
- receive a response based on their clinical need and always in a timely and efficient manner regardless of their location in Wales or the time of day, week, month or year;
- be placed at the centre of decisions made by all involved with planning and delivering their care;
- be sent home to recover, if admitted to hospital, as early as clinically appropriate without unnecessary waiting; and
- have an opportunity to feedback on their experience to help improve delivery of care or support to others.

Relevant Strategies and Guidance

- Prudent healthcare
- Informed Health and Care: A digital health and social care strategy for Wales
- Plan for a primary care service for Wales up to March 2018
- National Collaborative Commissioning Quality and Delivery Framework for Emergency Ambulance Services
- NHS Wales Unscheduled Care Programme Delivery Plan 2016/17
- NHS Wales Hospital Handover Guidance
- Passing the Baton - A Practical Guide to Effective Discharge Planning

PLANNED CARE

IMTPs must:

- provide trajectories to outline quantifiable improvements;
- evidence how the published implementation plans of the Planned Care Programme Board are being progressed and used to address service delivery challenges;
- demonstrate how priority performance indicators of RTT (26 & 36 weeks), 'follow ups' (total & ophthalmology), diagnostic waits (8 weeks) and cancer standards (31 and 62 days) will be achieved;
- reflect the organisation's response to the planned care programme work areas;
- demonstrate how demand and capacity will be brought into balance within the organization;
- outline how planned care fits into the overall capacity plan of the organization;
- reflect how core stages of service delivery will be managed, maximising any opportunities through the implementation of agreed pathways for:
 - outpatients (new and follow-up)
 - diagnostics
 - theatres
 - beds (including critical care);
- identify and plan for more services to be delivered out of hospital and ensure integration of services with primary care;
- recognise seasonal challenges.

What does good look like?

Organisations providing effective, high quality planned care will:

- base their service provision on effective needs assessment and robust demand and capacity modelling;
- meet clinical outcomes and national delivery requirements;
- encourage patients to participate as active partners in their care and be involved in decisions about their care and future service redesign;
- demonstrate an approach to rebalancing planned care pathways with appropriate components provided in primary and community care;
- have sufficient capacity for the assessed need maximising efficiency and productivity through the stages of patient pathways;
- ensure that cluster plans with an agreed referral criteria for planned care programme pathways are signed off and implemented within the localities;
- develop efficient and effective hospital systems around maximising and sustaining the achievement of patient outcomes and the delivery of a clinically safe service;
- identify how new and follow up outpatients will be cared for;
- use patient experience and outcome measurement as part of their assessment of delivery; and
- make integrated information available to all professional staff to enable informed decision making and reduce duplication and error.

Relevant Strategies and Guidance

- RTT Guidance (Unified Rules) 2011
- National Delivery Plans- and the service specific planned care Programme plans
- Guide to Good Practice 2005
- NICE guidance
- PHW, Interventions Not Normally Undertaken
- PC Programme Plans guidance

DELIVERY PLANS: MAJOR HEALTH CONDITIONS

9 Major Health Conditions (End of Life, Stroke, Liver, Heart Disease, Cancer, Diabetes, Neurological Conditions, Critically Ill and Respiratory)

IMTPs must:

- establish a vision for local services and clearly articulate how local priorities link to national priorities and actions within the national delivery plan;
- be based on robust local needs assessment and audits;
- link local and national priorities and actions within the delivery plan;
- set out links to the strategic context;
- show how local actions are improving patient outcomes, reducing inequalities and driving service change;
- include timescales, milestones and outcomes; and
- set out how progress will be sustained across the three years of the IMTP

What does good look like?

Organisations with strong delivery plans will:

- use robust needs assessment to allow them to understand and address the well being of the whole population;
- align and reference links to other sections within the IMTP including primary care, planned and unscheduled care as well as finance, workforce, performance and capital and estates;
- have timely access to services;
- evidence how resources will be managed to deliver on both national and local priorities;
- show partnership working with other statutory agencies and the third sector;
- cross condition boundaries to provide holistic care;
- demonstrate systems to ensure continuity of care;
- identify how pathways can be rebalanced, with appropriate components provided in primary and community care, reducing reliance on secondary care;

Relevant Strategies and Guidance

- End of Life Care Delivery Plan – <http://gov.wales/docs/dhss/publications/130416careen.pdf>
- Stroke Delivery Plan - <http://gov.wales/docs/dhss/publications/121206visioned.pdf>
- Liver Delivery Plan - <http://gov.wales/docs/dhss/publications/150505liveren.pdf>
- Cancer Delivery Plan - <http://gov.wales/docs/dhss/publications/150427planen.pdf>
- Neurological Conditions Delivery Plan - <http://gov.wales/docs/dhss/publications/140508neurologicalen.pdf>
- Diabetes Delivery Plan - <http://gov.wales/docs/dhss/publications/130923diabestesenen.pdf>
- Heart Disease Delivery Plan – <http://gov.wales/docs/dhss/publications/130503hearten.pdf>
- Critically Ill Delivery Plan – <http://gov.wales/docs/dhss/publications/130611deliveryen.pdf>
- Respiratory Delivery Plan - <http://gov.wales/docs/dhss/publications/140429respiratoryen.pdf>

Please ensure that you refer to the latest version of the delivery plan as some plans are being refreshed during 2016/17.

MENTAL HEALTH

IMTPs must:

- demonstrate an understanding of the mental health and mental well-being needs of the population across the life-course;
- include a capacity and demand analysis which also demonstrates how the HB is actioning the areas for improvement;
- show progress against the actions in the 3 year delivery plan that underpins T4MH;
- set out clear actions, measureable milestones for implementation, analysis of risks to delivery, and measures of success;
- evidence the quality of service provision and the involvement of service users and families at all levels of care;
- clearly articulate the priorities for improvements in mental health provision covering CAMHS;
- show expenditure over the previous year against the mental health ring-fenced allocation and the future spending plans against that budget;

What does good look like?

Organisations delivering the best mental health will:

- use robust needs assessment to allow them to understand and address the mental health and well-being of the whole population;
- demonstrate how preventative measures and early intervention treatment plans take into account an individual's language and cultural needs;
- demonstrate how they contribute to reducing the impact of mental health problems and/or mental illness on individuals, their families and carers, communities and the economy more widely;
- give individuals increased control over related decisions;
- offer timely access to mental health services;
- demonstrate an understanding of how the values, attitudes and skills of those treating or supporting individuals of all ages with mental health problems or mental illness will be improved;
- demonstrate partnership working with other statutory agencies and with the third sector.

Relevant Strategies and Guidance

- Mental Health Measure (Wales) 2010 and Duty To Review Report 2015
- Together for Mental Health and new supporting delivery plan: 2016-2019
- Annual Reports on the Strategy Implementation
- Together for Children and Young People Service Improvement Plans and its supporting Framework for Improvement
- Policy Implementation Guidance on Mental Health Services for Prisoners in Wales
- Policy Implementation Guidance on Healthcare for Gypsy Travelers
- Talk to Me 2
- Policy implementation guidance for the admission of children to adult mental health wards
- The Crisis Care Mental Health Concordat

MATERNAL & CHILD HEALTH

IMTPs must:

- demonstrate how improved outcomes for health improvement strategies targeted at maternal health, children and young people will be achieved, including childhood and maternal immunization, Families First and Flying Start programmes;
- demonstrate how health care will be delivered to all children, including a lead clinician role for coordinating health support for SEN/additional learning needs;
- plan to deliver substantial improvement in maternal smoking rates;
- demonstrate the implementation schedule for the action plan agreed at the Maternity Performance Board for increasing breast feeding rates, reducing caesarian sections rates and improving data capture;
- demonstrate an implementation schedule for the Healthy Child Wales Programme over the next 3 years, informed by:
 - detailed analysis and mapping of need;
 - engagement with local partners; and
 - adoption of national guidelines and evidence of what works locally to target support.
- include updated programme to achieve delivery and maintenance of NSF standards for children, young people and maternity services;
- demonstrate how the organization will integration with the national CAMHS service change programme;
- evidence compliance with child safeguarding requirements for staff recruitment and training;
- demonstrate support and alignment with the maternity network; and
- evidence the steps taken to overcome any identified barriers to effective joint working.

What does good look like?

Organisations with good maternal and child health plans will:

- have methods to promote early access to maternity services to promote and maintain maternal mental and physical well-being in pregnancy and infancy;
- ensure domestic violence is identified and addressed via a coordinated programme;
- have sufficient provision for all healthy women with straightforward pregnancies to give birth in Midwife Led Units;
- adopt the UN convention on rights of the child (UNCRC) as a guiding principle;
- have strong links with local partners, with joint plans and appropriate exchange of information in place to deliver against shared outcomes;
- have programmes in place to reduce caesarian section rates and increase breastfeeding;
- have programmes to deliver antenatal and postnatal mental health services, and ensure delivery of mental health requirements as well as adequate availability of all tiers of CAMHS support;
- have programmes to offer integrated services for disabled children, children in special circumstances and integrated health, education and social care services for children;
- assess staff and skill requirements as a children's workforce, including safeguarding; and
- have effective IT systems, offering integration with maternity, education and safeguarding.

Relevant Strategies and Guidance

- NSF For Children, Young People and Maternity Services
- Strategic Vision for Maternity Services in Wales Strategy
- CYP specific sections of Welsh Government Delivery Plans
- WG Screening and Immunisation Policy
- Healthy Child Wales Programme
- Special Educational Needs guidance

CARE OF OLDER PEOPLE

IMTPs must:

- demonstrate how they will assess and meet the needs of an ageing population, with a view to supporting independence within the home environment;
- evidence a whole systems approach to integrated care, led by primary and community care services;
- show efficient and effective discharge processes;
- Clearly demonstrate partnership working with health, local authorities, third and independent sectors including residential homes and hospices;
- demonstrate clear links to delivery plans and dementia care;
- provide evidence of preventative strategies to support ageing well and build resilience;
- demonstrate how assistive technologies are being used to support the care of older people and maintain independent living; and
- demonstrate workforce skills in adult safeguarding to meet legislative requirements.

What does good look like?

Organisations which effectively meet the needs of older people will:

- demonstrate collaboration, integration and shared decision making between all providers;
- ensure provision of health and care services within age friendly environments;
- keep older people and their representatives, carers and families involved in service planning, delivery and evaluation;
- show a full understanding of the needs of older people, including those with complex needs, in their communities and how they will work across settings and sectors to meet those needs;
- provide holistic and coordinated care which minimises the risk of excessive medication and multiple appointments with healthcare providers;
- focus timely end of life conversations about treatment, care and acceptable outcomes on quality of life and make these discussions routine practice;
- identify those who are frail and elderly and ensure that they have pro-active community-based assessments and interventions that help reduce hospital admissions; and
- ensure their staff are skilled and equipped to deal with the new adult safeguarding.

Relevant Strategies and Guidance

- The Strategy for Older People in Wales 2013-2023
- Best Practice Guidance for Engagement and Consultation with Older People on Changes to Community Services in Wales – Older People's Commissioner for Wales, July 2014
- Carers Strategy for Wales
- Delivering Safe and Compassionate Care
- The National Dementia vision for Wales
- Ageing Well in Wales programme
- Framework for delivering integrated health and social care for older people with complex needs
- Dignified Care, Two Years On

CARE FOR PEOPLE WITH LEARNING DISABILITY

IMTPs must:

- demonstrate how organisations will assess and meet the needs of people with learning disabilities within their population, including how they will avoid unnecessary hospital admissions;
- demonstrate evidence that population health assessments have been undertaken;
- set out plans for the development of integrated children's services across health, social care and education clearly demonstrating partnership working with local authorities;
- demonstrate how they will reconfigure NHS residential services for people with learning disabilities to achieve the best outcome;
- have clear plans to implement the refreshed autism strategy;
- describe plans for patients to be repatriated; and
- clearly demonstrate how people accessing acute services will be identified and supported through their care journey, including discharge.

What does good look like?

Organisations which effectively meet the needs of people with learning disabilities will:

- demonstrate full compliance with the learning disability care bundle for people accessing acute services, including an effective hospital liaison service;
- review activities in terms of funding, and explore opportunities for jointly funded packages of care;
- develop acute and primary care liaison;
- develop advance practice and nurse consultant roles;
- ensure people with learning disabilities are cared for in appropriate settings and repatriated to Wales wherever possible.; and
- ensure that all people with a learning disability have their annual health check.

Relevant Strategies and Guidance

- Learning Disability Strategy: Section 7 guidance on service principles and service responses. Welsh Government, 2004 (updated January 2011)

Enablers - Welsh Language

IMTPs must:

- demonstrate that the organisation meets the statutory requirements set out in the Welsh Language (Wales) Measure 2011 and forthcoming Welsh language standards;
- demonstrate that services are planned and delivered in line with the strategic framework for health and social care in Wales, “More than just words” and the Welsh Government’s response to the Welsh Language Commissioner’s Primary Care Inquiry Report;
- promote the use of Welsh language in the primary care sector;
- recognise that patient is receiving care in their first language is a key patient experience and quality issue;
- demonstrate that the organisation has a Welsh Language Bilingual Skills Strategy in place which is monitored through local teams;
- show that in the development of service change and improvement plans there is due regard to the need to actively offer services through the medium of Welsh; and
- show that health needs assessments identify issues of language and that the population assessment is undertaken in line with the Social Services and Well-being (Wales) Act 2014.

What does good look like?

Organisations that meet the statutory requirement to plan and deliver services bilingually will:

- ensure that patients and service users are immediately aware that the service is centred on their communication needs rather than those of the provider;
- empower patients to express their needs and be able to fully participate in their care as equal partners;
- ensure that patients are able to see and hear the Welsh language, and feel comfortable with the environment and services they receive;
- make patients aware that the service has a supportive ethos, where Welsh is used as a natural means of expression;
- make patients aware that the service recognises that language is more than a means of communication and are able to express their ideas and emotions effectively;
- put the strategic framework for health and social care in Wales, “More than just words” into practice and make the “Active Offer” is available; and
- show respect for patients’ culture and identity, making sure that they can access Welsh language services without obstacles, whilst recognising this may be fulfilled through a multi-disciplinary workforce.

Relevant Strategies and Guidance

- ‘More than just words’ – Strategic Framework for Welsh Language Services in Health, Social Services and Social Care
- ‘My Language, My Health’ - the Welsh Language Commissioner’s Inquiry into the Welsh Language in Primary Care.
- Welsh Language (Wales) Measure 2011
- Social Services and Well-being (Wales) Act 2014

Enablers – Workforce & OD

IMTPs must:

- summarise priority actions for workforce redesign, restructuring, and new ways of working to facilitate service change; Include key milestones for delivery;
- demonstrate a clear read across from workforce to financial information;
- identify areas of workforce that pose a risk to delivery and set out actions to manage this risk;
- identify centrally funded education and training requirements;
- demonstrate clearly how they will implement the requirements of the Nurse Staffing Levels (Wales) Act 2016, showing that there are sufficient nurses to allow time to care for patients sensitively. The duty to calculate and maintain nurse staffing levels will be commenced on 6 April 2018;
- reflect any programme of OD work required to deliver other elements of the IMTP;
- demonstrate how priority performance indicators of increased staff engagement, reduced sickness absence and increased appraisal completion rates will be achieved; and
- include clear links to accepted governance frameworks for adequate assurance of quality and safety.

What does good look like?

An organisation that undertakes effective workforce planning and organisational development will:

- have a long term approach;
- be responsive to national priorities;
- be informed by an understanding of local population needs across the life-course;
- ground workforce planning in the organisation's agreed service change priorities and emerging models of delivery;
- assess the impact that the service change will have on the current workforce;
- develop timely implementation plans to enable delivery;
- maintain robust data on the current workforce and use this information effectively to identify areas of challenge and plan for action;
- be proactive in planning the long-term organisational development and educational requirements of the directly employed workforce;
- undertake nurse workforce planning (including planning the recruitment, retention, education and training of nurses), and incorporate this into budgets;
- implement systems and processes to monitor, review and learn from nurse staffing shifts of concern in order to allow nurses time to care sensitively for patients;
- consider the requirements for registered nurses as part of workforce planning and implement systems to assure the quality of these services where securing the provision of nursing services;
- reflect cross boundary and organisational workforce planning (e.g. service, organizational or geographical collaborations);
- reflect organizing principles of prudent healthcare principles, quality and safety;
- enable the swift improvement and up-skilling of staff from Board;
- exploit opportunities to enable staff to work in partnership and across boundaries and pursue continuing professional development in developing new workforce models; and
- recognise the totality of the workforce assets including directly employed staff, directly contracted staff and the voluntary sector.

Enablers – Finance

IMTPs must:

- include a balanced medium term financial plan (MTFP) as part of a viable and sustainable IMTP;
- place the balanced financial plan within the resource allocation and planning parameters set out in the NHS Allocation Letter and NHS Planning Framework;
- focus on value and totality of resources applied rather than focus on the marginal changes, pressures and opportunities;
- align with the MTFP with clinical, service, workforce and other elements of the IMTP;
- be affordable, in line with the availability of revenue and capital resources, and prioritised in line with Board and Ministerial priorities;
- provide assurance that plan actions are real, sustainable and deliverable, and that scenarios, risks, opportunities, equality impact and mitigating actions are clearly set out; and
- include clear cross-referencing and alignment with clinical, service and workforce plans, which detail the rebalancing of the healthcare system, through a prudent lens, through the strengthening of care delivered in primary and community settings.

What does good look like?

Organisations with a good approach to planning and financial planning will:

- ensure complete alignment of their financial plan and other component elements of the IMTP. The revenue and capital plans are enablers to the commissioning, clinical and service plans, which set out how NHS organisations will address the population healthcare needs within available resources;
- set out the financial resources required, allocated and agreed, to deliver services and transformation;
- detail the resources, and resource shifts, underpinning service changes, innovation and the transfer of services both closer to communities, from secondary to primary and community care, and between communities to address gaps identified in population health needs analysis;
- identify and profile the resources, including investments and disinvestments, enabling Boards to address priorities such as reducing health inequalities; and
- identify the risk assessed and profiled robust savings plan, linked to service and workforce plans.

Relevant Strategies and Guidance

NHS Allocation Letter 2017/18

Standing Orders and Standing Financial Instructions

NHS Finance (Wales) Act 2014

WHC/2015/014 – Statutory and Administrative Financial Duties of Local Health Boards and NHS Trusts

Making fair financial decisions: guidance for decision-makers – Equality and Human Rights Commission (updated in 2015)

Nurse Staffing Levels (Wales) Act 2016

Enablers – Infrastructure Investment

IMTPs must:

- ensure that Capital and Revenue infrastructure investment is clearly prioritised in line with Board and Ministerial priorities, defined and linked to the plan;
- align infrastructure investment with the service and other elements of the IMTP;
- provide infrastructure investment plans that are affordable and drive out maximum efficiencies;
- demonstrate clear improvements in the patient quality and safety environment across the NHS in Wales;
- articulate the impact on other planning areas including performance, quality, workforce as well as revenue affordability;
- have clearly defined benefits and benefits realisation plans to demonstrate the impact of investment and service change, particularly regarding patient outcomes;
- include the impact of monitored Estate Key Performance Indicators such as backlog maintenance, space utilisation and out of date equipment.
- include primary and community care; and
- demonstrate a year-on-year growth in investment in information technology and digitally-enabled service models in line with the principles and vision set out in the Digital Health and Care Strategy.

What does good look like?

Organisations with a good approach to infrastructure investment will:

- have a prioritised strategy with clear links to clinical strategy and service planning, articulating the necessary asset base to meet current and future service needs;
- promote schemes that support the delivery of sustainable and accessible services and facilitate high standards of patient care, demonstrating clear alignment with the principles of prudent health care;
- support changes to streamlining and transforming healthcare provision and promote the use of information and innovation to improve the quality of care and to deliver service change;
- support programmes and projects of strategic importance with clear links to investment criteria as set out by the Minister (and reinforced by the NHS Wales Infrastructure and Investment Guidance WHC (2015) 012:
- have infrastructure investment plans that maximise health gain;
- promote clinical and skills sustainability;
- ensure affordability;
- provide value for money;
- promote equity; and
- be supportive of investment that will assist the shift away from the acute sector towards primary and community care and care closer to home.

Relevant Strategies and Guidance

Together for Health 2011

Wales Infrastructure Investment Plan May 2012

NHS Wales Infrastructure and Investment Guidance WHC (2015) 012 published on 30 March 2015.

Enablers – Research & Development

IMTPs must:

- demonstrate how the health board or trust will improve patient outcomes through participation in research and maximising impact from research results;
- demonstrate the active promotion of the value of research through clear communication strategies with a range of audiences, i.e. patients, clinicians and local organisations including HEIs;
- describe the arrangements in place to ensure research feeds into the organisation's mechanisms for uptake of best practice, innovation and service change;
- demonstrate how the organisation will meet the key indicators and targets set out in the Delivery Framework for Performance Management of NHS R&D 2015/16; and
- demonstrate how the organisation will set expectations for appropriate inclusion of children and young people into research.

What does good look like?

Organisations with a good R&D function will:

- have an up-to-date R&D strategy covering commercial and non-commercial activity, and demonstrating clear integration into the wider organisation's innovation, knowledge mobilisation and quality improvement agenda;
- provide visible leadership and actively integrate R&D into local planning, financial and decision making structures including representation of R&D on the Board of the NHS organisation;
- promote a culture that values and promotes research through leading and/or hosting studies, ensuring that all staff recognise and understand the role that research plays in increasing and delivering good quality care, including staff recruitment, retention and development;
- provide equity of access to opportunities that enable participation in research for patients and service users, especially in under-researched populations such as children and young people;
- have transparent and efficient mechanisms to allocate resources and recover costs from relevant sources (industry, research grants); and
- have an evidence-based decision making culture of which R&D is a key component.

Relevant Strategies and Guidance

- Health and Care Research Wales Strategic Plan 2015-2020
- Industry Engagement, NISCHR
- Report on Knowledge Transfer, NISCHR AHSC
- Welsh Government Delivery Framework for the Performance Management of NHS R&D 2015/16
- RCPCH Guidance on clinical research involving infants, children and young people

Enablers – Digital Health & Care

IMTPs must:

- fully embrace the opportunities that digital technologies, including assistive technologies, can bring to transforming service models and supporting our ambitions;
- show how they work with NWIS, Welsh Government and NHS Leads for Informatics to deliver a strategy implementation programme which prioritises the key deliverables and actions in Informed Health and Care;
- detail digital health and care developments, fully aligned and integrated with the service and workforce change priorities in their IMTPs. These should include implementation of agreed national system, services and products delivered with NWIS, with a clear articulation of the outcomes and benefits of implementation.

What does good look like?

Organisations with good digital health and care will:

- show clear leadership to implement the Informed Health and Care strategy;
- have a named board-level executive and clinical lead(s) with accountability for the delivery of the informatics developments;
- be developing a strategic outline programme (SoP) to set out a clear five-year view of investment requirements for technology and digitally-enabled service change in both revenue and capital terms which establishes a clear resource requirement across NHS Wales;
- ensure that the SoP is approved and resourced by the relevant board and be fully integrated and aligned with the service change, financial, workforce and quality improvement plans at a local level as well as prioritising plans to roll out national systems, services and products in line with the national informatics delivery programme;
- have robust governance and assurance arrangements to manage the risks, benefits, interdependencies and prioritisation of local and national implementation plans; and
- demonstrate effective stakeholder engagement.

Relevant Strategies and Guidance

- Informed Health and Care; a digital health and social care strategy for Wales (2015)
- Improving Informatics Programme – high level principles document (October 2014)
- Digital Wales Strategy
- Enabling the delivery of Prudent Healthcare through information technology <http://www.prudenthealthcare.org.uk/information-technology>

Enablers – Innovation

IMTPs must:

- demonstrate how innovation and service improvement will be developed with specific description of methods and approaches employed, and the structures which will support and deliver them;
- reflect a strategic approach to promoting innovation to staff, patients and public;
- identify the resources that will be deployed in innovation activities and the expected outputs and benefits;
- describe formal arrangements and plans to establish innovation partnerships; and
- have visible accountability for innovation through a named board level Executive Director and a named clinical lead.

What does good look like?

An organisation which constantly seeks a better way of delivering healthcare and improving services will:

- respect and reward inquiry and ideas;
- have the skills to develop and apply new practice and products;
- dedicate resources to create space for innovation and improvement
- have a clear process to support the translation of knowledge into practice and products, which is understood throughout the organisation;
- dedicate resources and expertise to accelerate selected innovation projects;
- demonstrate a systematic approach to the identification and adoption of better value practice and products;
- have a systematic approach to evaluating current practice and products, addressing unmet needs and discarding approaches that do harm or offer poor value;
- demonstrate a structured approach to managing partnerships with external organisations including industry and investors;
- show visibly committed leadership at senior level; and
- have a clear line of sight to the Board.

Relevant Strategies and Guidance

- Recommendations on Health and Wealth, Health and Well-being Best Practice and Innovation Board
- Information Driven Improvement, Health and Well-being Best Practice and Innovation Board
- Final Report, Health and Well-being Best Practice and Innovation Board
- Industry Engagement, NISCHR
- Innovation Wales
- Report on Knowledge Transfer, NISCHR AHSC
- Report on IP Management and Commercialisation, EST, Welsh Government

Enablers – Governance

IMTPs must:

- demonstrate that the plan has been developed and agreed following meaningful engagement with public, staff and stakeholders;
- confirm that the required agreements have been reached in terms of collaborative agreements, including WHSSC, EASC, NWSSP and NWIS;
- have been subject to a high level of board and committee scrutiny;
- be approved by the organisation's board before submission;
- set out internal governance arrangements to ensure delivery of the plan, including how delivery will be reported and non delivery addressed;
- outline the key risks and approach to risk management; and
- confirm that equality impact assessments and consideration of the Welsh language have been taken on board.

What does good look like?

NHS organisations with good and effective governance arrangements will:

- have a board approved long term strategy, built on robust needs assessment, which is understood and clear to the whole organisation;
- have a strategy that is underpinned by a drive for quality improvement and is aligned with national policies and strategies;
- actively engage with public, patients, staff and stakeholders - the output from this engagement will inform the board's strategy and plan;
- ensure the required capacity and capability is in place across the organisation to develop and deliver the IMTP;
- ensure that all statutory obligations and duties are understood and discharged;
- ensure that there are clearly defined and well understood processes for escalating and resolving issues and managing performance;
- have a robust approach to risk management;
- have a range of local actions, incentives and sanctions available to be deployed in the case of non-delivery;
- demonstrate effective use of robust and relevant management information; and
- have effective mechanisms in place to embed health and care standards.

Relevant strategies and guidance

- NHS Governance e-manual
- www.wales.nhs.uk/governance-emanual/home
- Academi Wales – The Good Governance Guide for NHS Wales Boards
- NHS Finance (Wales) Act 2014
- Standing Orders & Standing Financial Instructions
- Maturity Matrix Appendix I of 2016/17 NHS Planning Framework
- An Overview of Governance Arrangements Betsi Cadwaladr University Health Board, Healthcare Inspectorate Wales and the Wales Audit Office, June 2013
- An Overview of Governance Arrangements - Betsi Cadwaladr University Health Board, Healthcare Inspectorate Wales and the Wales Audit Office, July 2014
- Health and Care Standards
- Governance and Scrutiny: a guide for boards in respect of equality impact assessments – NHS CEHR, 2015

Appendices:

Appendix A

OECD Reviews of Health Care Quality: United Kingdom 2016

The OECD report published in 2016 acknowledged the progress that is being made through the planned approach. It also highlighted opportunities for further development of our system and made four main recommendations:

- **Secure accountability, drive standards and promote innovation**
- **Put primary care front and centre as a force for dynamic system change**
- **Make Wales a data-driven system**
- **Do more to promote the patient voice**

The report highlighted the need to strike the right balance between local freedom, innovation and sensitivity to population needs, and achievement of core standards which must be consistent and centrally driven.

Further detail is contained in the link below.

<https://www.oecd.org/els/health-systems/oecd-reviews-of-health-care-quality-united-kingdom-2016-9789264239487-en.htm>

NHS FINANCE (WALES) ACT 2014

Key criteria for approval:

The NHS Finance (Wales) Act 2014:

- Places a duty on each local health board in Wales to ensure that its expenditure does not exceed its funding over a period of three financial years;
- Provides the Welsh Ministers with a power to require local health boards in Wales to prepare a plan setting out its strategy to ensure that expenditure does not exceed its funding, while improving:
 - the health of the people for whom it is responsible, and
 - the provision of health care to such people;
- Places a duty on each local health board in Wales to submit such plans for approval by Welsh Ministers.

IMTP Mandatory & Discretionary Templates 2017/18 to 2019/20

The information requested in these spreadsheets represents the minimum data-set required.

The majority of these annexes are critical to the assurance of plans.

However, some are essential to inform some other key national planning processes, notably the commissioning of educational workforce numbers. This information may be supplemented by any other detailed schedule the organisation may wish to include.

Mandatory Templates - Sheets

- C1 Outcomes Framework - Delivery of Measures
- C2 Service Shift from Secondary to Primary and Community Care
- C3 Finance - Plan Summary
- C4 Finance – Resource Planning Assumptions
- C5 Finance – Statement of Comprehensive Net Income/Expenditure – 3 yrs
- C6 Finance – Statement of Comprehensive Net Income/Expenditure – Profiles
- C7 Finance – Revenue Resource Limit Assumptions
- C8 Income and Expenditure Assumptions (Wales NHS)
- C9 Finance – Year 1 Savings Plan
- C10 Finance – Years 2 & 3 Savings Plan
- C11 Finance – Risks and Mitigating actions
- C12 Asset Investment Summary
- C13 Asset Investment Detail
- C14 Revenue Funded Infrastructure
- C15 Workforce - WTE
- C16 Workforce - £'000
- C17 Workforce - Recruitment Difficulties
- C18 Educational Commissioning information
 - C18.1 Undergraduate Education
 - C18.2 Post Graduate Education
 - C18.3 Assistant Practitioners & HCSW
 - C18.4 Medical & Dental

Discretionary Template - Sheet

- C19 Delivery - LHB & Trust Specific Internal Service Delivery Plans & Measures

GOOD GOVERNANCE INSTITUTE: MATURITY MATRIX

Progress levels ⇒ Key elements ↓	0 Not achieved <i>No evidence</i>	1 Basic level <i>Principle accepted and evidence of commitment to delivery</i>	2 Early progress <i>Early progress in development</i>	3 Results <i>Initial achievements evident</i>	4 Maturity <i>Comprehensive assurance in place</i>	5 Exemplar <i>Others learning from our consistent achievements</i>
RISK	HIGH	HIGH	HIGH / MEDIUM	MEDIUM	MEDIUM/LOW	LOW
1. Plan Alignment: Evidence of alignment between strategy and components of the plan (quality, outcomes, productivity, workforce, finance, capital).	No alignment is visible in plans.	Alignment is visible in plans.	Evidence of quality, service and/or workforce changes. Tested for cost impact. Robust and profiled projections.	Evidence that estate and workforce have been tailored to a clear service transformation.	Coherent aligned plan is performance managed, with variance recorded and ameliorative actions taken and staff largely own and behave in response.	Plan is achieving triple aim success (cost, outcomes, experience); elements of plan are shared and adopted elsewhere.
2. National/Local Strategy: Responds to national and local priority drivers (beyond just health) - translation of national policies in local clinical strategy and organisational vision.	No evidence of a clear understanding of priorities on all Wales and local basis.	Clear understanding of priorities on all Wales and local basis but sometimes seen as central dictates and not evidenced into organisational responses.	Health strategies embedded into organisational plans. Some recognition of partnership planning.	Plan reflects national health and partnership priorities and is broader than health and social care (for example, transport, housing etc. priorities are evidenced).	Local plans and national policy are aligned, demonstrating a contribution to the wider economy as well as having an impact on the health and well-being of the population.	Board contributes to national policies, strategies and innovation efforts. Active exporter of skills and techniques. Working across public and third sector. Having demonstrable benefits to populations.
3. Best Practice: Ambition to deliver best practice levels of efficiency, effectiveness and safety.	No evidence of ambition to achieve best practice. No evidence of Benchmarking.	Published commitment to best practice with training and improvement/innovation strategy in place.	Benchmarking within NHS with international comparators delivers Improvements.	Benchmarking beyond NHS with UK & international comparators delivers improvements.	Plans are future proofed to impacts of changes of technology, healthcare innovation reflecting clinical Excellence.	Centres of excellence for a number of clinical and/or teaching services. High performing across non clinical measures (staff survey, corporate standard).
4. Dynamic and Engaged Planning: Reflecting a dynamic and engaged approach to planning rather than an annual event. Carried out by a corporate department. Process is impacting on outcomes.	No evidence that plan is owned across the organisation and within the community.	Board, clinical and other staff and partners are all aware and engaged in plan development. Organisational staff respond to corporate requirements but do not buy into the process.	Stakeholders engaged in priority setting. Plan B in place for delays. Organisational engagement is improving.	Joint development and communication of plan with key partners and neighbours including health, boards, trusts, LA's and third sector. Organisation engagement is evident in practice and reflected in plan.	Plan is benefiting partners, neighbours and local health economy. Planning is a routine operational matter that is co-ordinated across and up the organisation. Feedback from engagement is influencing and challenging the plan.	Board members are recognised advocates of engagement with stakeholders. Evidence that output from engagement activities inform plans and influence change and is delivering agreed outcomes. Feedback loop in place. Track record of high performance and engagement with stakeholders.
5. Realistic and Deliverable: A sensitivity analysis, risk assessment of deliverability with reference to track record of delivery. Plan is sustainable and affordable.	No evidence that plan is credible and deliverable.	IMTP articulates how the vision will be achieved over a three year period, with reference to what outcomes will be delivered by when and how.	Key risks (quality, service, access, workforce, finance) identified in plan with evidence of controls and assurance.	Both track record and current performance illustrates achievement on a wide range of issues and themes. Evidence of plans for delivery and Implementation.	Forward look risk assessments anticipates problems to assure resilience.	Ability to modify plans and actions to keep on track is recognised by others.
6. Assurance: Clarity on monitoring/assurance and delivery mechanism.	Insufficient assurance on the local monitoring/assurance and delivery mechanism.	Board clear on roles and accountabilities.	Board demonstrates how it will ensure effective leadership, governance with adequate capacity and process in place to deliver goals.	Board has track record of dealing successfully with difficult issues. Delivery, monitoring and evaluation mechanisms in place.	Succession planning and external independent assurance provides confidence of resilience. Delivery of plan objectives managed effectively through core processes.	Board members are recognised advocates of good governance. Clear and robust arrangements for tracking delivery.