

# CYLCHLYTHYR IECHYD CYMRU



Dyddiad Cyhoeddi: 20 Medi 2019

Llywodraeth Cymru  
Welsh Government

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**CATEGORI: CYNLLUNIO**

**Teitl:** Fframwaith Cynllunio GIG Cymru 2020-23

**Dyddiad dod i ben / Adolygu:** Medi 2020

**I'w weithredu gan:**

*Byrddau Iechyd  
Ymddiriedolaethau'r GIG  
Sefydliadau cymorth y GIG  
Awdurdodau Iechyd Arbennig y GIG*

**Camau i'w cymryd erbyn:**

Cyfnod cynllunio 2020/23

**Anfonir gan:**

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## **Amgaeir Fframwaith Cynllunio GIG Cymru 2020-23 gyda'r Cylchlythyr Iechyd Cymru hwn.**

Annwyl gydweithwyr,

Yn unol â phwerau Gweinidogion Cymru o dan adran 175(2) o *Ddeddf y Gwasanaeth Iechyd Gwladol (Cymru) 2006*, mae byrddau iechyd lleol yn cael eu cyfarwyddo i gynhyrchu'r Cynlluniau Tymor Canolig Integredig (IMTP) fel y'u nodir yn Fframwaith Cynllunio GIG Cymru 2018/21 sydd wedi'i atodi.

Nid yw'r gofyniad yn adran 175 o Ddeddf 2006 yn ymestyn i ymddiriedolaethau'r GIG. Er hynny, yn unol ag adran 19(1) o Ddeddf 2006, mae Gweinidogion Cymru wedi cyfarwyddo ymddiriedolaethau'r GIG i baratoi'r cynlluniau (IMTPs) fel y'u nodir yn Fframwaith Cynllunio GIG Cymru ac i gyflwyno'r cynlluniau hynny i Weinidogion Cymru eu cymeradwyo.

Newidiodd *Deddf Cyllid y GIG (Cymru) 2014* ddyletswyddau ariannol byrddau iechyd lleol (BILI) o ofyniad i gynhyrchu cynllun o fewn terfynau adnoddau blynyddol i ddyletswydd ariannol i gynhyrchu IMTP dros gyfnod o dair blynedd.

**Mae'r cylchlythyr hwn yn cyfeirio at Fframwaith Cynllunio GIG Cymru 2020-23**, sy'n nodi'r Cyfarwyddydau Gweinidogol ar gyfer y cylch cynllunio nesaf.

Mae Fframwaith Cynllunio GIG Cymru yn cadarnhau nad yw blaenoriaethau'r Gweinidogion wedi newid. Er hynny, gwelir newid yn y pwyslais a osodir ar y meysydd blaenoriaeth hyn, yn ogystal â thrwy roi'r camau gweithredu yn *Cymru lachach* ar waith.

Y llynedd oedd y cylch cynllunio cyntaf i weithredu o dan y broses gyflwyno sengl. Roedd y broses newydd yn llwyddiant, wrth i fwy o IMTPs nag erioed gael cymeradwyaeth weinidogol. **Y disgwyl yw i sefydliadau gyflwyno IMTP a gymeradwywyd gan fwrdd erbyn 31 Ionawr 2020.** Bydd swyddogion yn parhau i ymgysylltu â sefydliadau i sicrhau bod y lefel gywir o her a chefnogaeth yn cael ei rhoi wrth ddatblygu'r cynllun. Fel yn y blynyddoedd blaenorol, rhaid i gynlluniau darparu manylion cyflenwi cadarn ar gyfer 2020/21, manylion dangosol ar gyfer 2021/22 ac amlinelliad o weithgarwch ar gyfer 2022/23.

Pan gaiff yr IMTPs terfynol eu cyflwyno i Lywodraeth Cymru, mae'n orfodol bod y cynlluniau hyn yn cael eu cydbwyso'n ariannol gyda'r templedi gorfodol wedi'u llenwi ynghlwm wrthynt. Nid yw'r templedi yn gymwys i bob sefydliad ac o drafod yn rheolaidd gyda'r tîm cynllunio byddwch yn deall pa wybodaeth y mae angen i bob sefydliad ei chyflwyno.

Dechreuodd llawer o gynlluniau y llynedd ddefnyddio'r dull gweithredu trawsnewidiol y mae ei angen i gyflawni newid yn unol â'r hyn a gyfarwyddir yn *Cymru lachach*. Er hynny mae'r fframwaith yn galw i raddfa'r newid parhau ac i hyn fod yn amlwg drwy'r IMTPs.

Er bod nifer uwch nag erioed y llynedd o gynlluniau a gymeradwywyd gan Weinidogion Cymru, roedd amrywiadau'n parhau, hyd yn oed rhwng cynlluniau a gymeradwywyd. Dylai sefydliadau allu nodi'n glir ble y mae angen gwaith pellach wrth symud at 2020-23. O ganlyniad i'r dadansoddiad a'r archwiliad cenedlaethol, rwyf yn awyddus i weld yr amrywiadau yn gostwng, a gweld cynlluniau symlach a chadarn yn cael eu cynhyrchu.

Eleni caiff Fframwaith Cynllunio GIG Cymru ei gyhoeddi ochr yn ochr â'r Cynllun Tymor Canolig Integredig cyntaf. Mae'r cynllun IMTP cenedlaethol yn dod â'r 15 IMTPs a'r cynlluniau blynyddol ar draws y GIG ynghyd, gan ddarparu archwiliad o ble mae sefydliadau'r GIG arni o ran darparu blaenoriaethau Gweinidogol allweddol - mae **WHC/2019/030** yn cyfeirio at hyn.

Bydd y ddwy ddogfen yn llywio ei gilydd. Mae'r IMTP yn nodi arferion da, meysydd sy'n achosi her ac yn darparu safbwynt cenedlaethol; mae Fframwaith Cynllunio GIG Cymru'n tynnu ar yr IMTP Cenedlaethol ac yn nodi'r safbwynt strategol, blaenoriaethau, gofynion llywodraethiant a chanllawiau technegol, y dylai sefydliadau eu defnyddio i ddatblygu eu IMTPs eu hunain.

Yn gywir



Dr Andrew Goodall



Llywodraeth Cymru  
Welsh Government



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WALES



# NHS Wales Planning Framework

2020/23

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The following templates are for **mandatory completion**:

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**NB:** The C1 performance template covering profiles for the year 2020-2021 will be issued separately. The Performance and Delivery team, Welsh Government, will provide these directly, in the near future.

## Message from the Minister for Health and Social Services

Welcome to the NHS Planning Framework for the 2020-23 integrated planning cycle.

I was pleased to be able to provide Ministerial approval to seven Integrated Medium Term Plans (IMTPs) this year, more than in any previous year, and I am looking to maintain and improve on this position through the 2020-23 planning cycle.

IMTPs produced by organisations for 2020-2023 must build on the good work already underway in regards to the Well-being of Future Generations (Wales) Act five ways of working:

- prevention,
- long term planning,
- integration,
- collaboration,
- involvement

These are key enablers that must underpin plans. Improving the health and well-being of people, including our staff, remains central to our ambition for a healthier Wales.

Whilst we are making good progress, particularly in the area of collaboration, there will always be more to do. I want to see more long term planning and involvement of our stakeholders in the design and implementation of new service models that matter to them as individuals. We must also take a wider focus on prevention.

The health and care system is made up of a wide range of organisations, and learning to work across traditional organisational boundaries is paramount to ensuring quality services are delivered to our population. Working both locally and regionally is key to delivering a value and prudent based approach. I expect to see how organisations are maximising this approach within their plans.

Continuous improvement in the quality of care and treatment that we provide to our population is a clear expectation of *A Healthier Wales: Our plan for Health and Social Care*. Integrated planning in Wales must reflect an inclusive, whole system approach to the quality agenda. NHS organisations must ensure quality is monitored at board level and throughout the entirety of services, partnerships and care settings.

*A Healthier Wales* sets out our ambition for rapid service redesign to ensure the improvement of population outcomes. One year on, I can see that NHS bodies, and their partners, are embracing that challenge. The Transformation Fund has supported progress on the journey, and the ability to support scale and pace is delivering real benefit. Ensuring new models of care can be sustained is fundamentally important, and I expect IMTPs to provide assurance that immediate and lasting changes are being implemented.

We are building on the discipline of developing IMTPs and this year, for the first time, are extending this methodology to primary care clusters. The cluster IMTPs produced in September will be used to inform organisational plans. I am looking forward to seeing the primary care agenda further progressed through this approach and I expect to see the shift from secondary care to primary and community care accelerated.

When publishing last year's Framework, I alluded to the creation of a Planning Academy. This has begun to take shape and the 'Planning Programme for Learning' encapsulates a holistic approach to building integrated planning skills and capacity. A new Postgraduate Diploma in Healthcare Planning welcomes its first cohort of students in October 2019, and these successful participants will be part of the next generation who will have responsibility for further improving our NHS.

Our system in Wales is based on planning rather than competition. Strong planning arrangements are essential to developing the NHS to be sustainable and fit for the future. Thank you for your contribution to the progress we have made so far and I look forward to seeing the next round of IMTPs setting out the next steps on that journey.

A handwritten signature in black ink, reading "Vaughan Gething". The signature is written in a cursive, flowing style.

**Vaughan Gething**  
**Minister for Health and Social Services**



## **Message from Andrew Goodall, Director General Health and Social Services and NHS Wales Chief Executive**

*A Healthier Wales: Our plan for Health and Social Care* set out the ambition for rapid service redesign focussed on 'what matters' to individuals. To respond to this challenge NHS organisations, and their partners, must continue to plan and redesign their services to embrace and this aim.

It is essential that we are innovative, building upon the pace and purpose that has been generated through local partnerships across sectors. Strong cross-sector partnerships, such as those with housing and education are critical to accelerating the transformation that is needed.

New approaches that include commitment to decarbonisation and biodiversity continue to emerge and seizing these opportunities offers a unique and direct contribution to the sustainability agenda. The First Minister has made clear his own ambition to strengthen and expand this environmental agenda within the public sector. In addition, it is important to ensure an even greater emphasis on reducing health inequalities and take advantage of the wider impact that new partnerships and services can have on achieving the seven Well-being Goals set out in the Well-being and Future Generations (Wales) Act.

Quality in the delivery of all care and services is imperative. Plans must drive the provision of good quality care for those that need it. We need pace and agility to build on what works to make the changes we need to create sustainability for the future.

As ever the coming year presents significant challenges, particularly in relation to Brexit, and in maintaining quality, performance and resources at the levels that we all expect to see. I know that every organisation will make the step changes needed and that we can count on the commitment of staff in the NHS who work day in and day out to care for those who need it. We must ensure that the Quadruple Aim remains central to our approach, guiding and testing our work.

The advent of the NHS Executive will generate new opportunities, and provide strengthened national leadership to support all NHS organisations. By the time IMTPs are submitted the new body will be taking shape and I will continue to update you as progress is made.

I look forward to working with you at this pivotal point for the NHS in Wales.

Thank you for the leadership and commitment that you continue to provide.



**Andrew Goodall CBE**  
**Director General and Chief Executive of NHS Wales**

## Introduction

The NHS Planning Framework provides specific guidance for NHS bodies in the development of Integrated Medium Term Plans (IMTPs), including priority areas and additional guidance from national programmes and new policy requirements. This document supersedes the 2019-2022 NHS Wales Planning Framework and applies to health boards, trusts, Health Education and Improvement Wales (HEIW), and supporting organisations.

The Framework has taken account of the feedback from national engagement events, stakeholder and learning sessions, as well as valuable contributions from Directors and Assistant Directors of Planning over the past few months. This feedback reported the need for:

- greater clarity on what is expected in response to priority areas;
- streamlining of the planning process, with greater emphasis on continuous planning;
- more collaborative working and integrated planning, which is essential to transformation and the introduction of new models of care.

This is the seventh annual planning cycle and this framework covers the period 2020-2023. **For this year only the submission date will be deferred to 31 January 2020.** In subsequent years this will revert to a December deadline.

Where 'IMTP' is referenced through this framework, these requirements will also apply to annual plans, noting there will be specific requirements for some organisations that will be defined through their escalation arrangements.

The Framework provides a template developed specifically for health boards. However, the expectation is that all other NHS organisations will tailor their submissions in line with their functions and responsibilities, while maintaining the spirit of the Framework requirements. These expectations will be discussed with individual organisations during the development phase of their IMTPs.

In *A Healthier Wales* the Welsh Government committed to producing a [National IMTP](#) by December 2019 as part of the drive for continuous improvement and planning development. In order to add value and maximise the opportunities to learn from the last planning round, the Welsh Government has brought forward its publication to support the next IMTP submissions. The first National IMTP is issued in conjunction with this Framework.

For this year, the National IMTP sets out to identify areas of good practice, key developments and innovation across the health system, as well as identifying areas for further development where there is a clear need for additional focus. This is an interim approach that will be refined as the functions of the NHS Executive are finalised.

## Strategic Priorities

Quality is the watchword for the NHS in Wales, and it is a clear expectation in *A Healthier Wales*. Quality must act as the foundation for our thinking, in the commissioning and delivery of services, and in all our engagement with partners, service users, carers and citizens, in whatever the setting.

Wales has set high quality as a key priority that must underpin all aspects of services, settings and contacts with the NHS in Wales. The Quadruple Aim is central to this approach. This quality foundation should run through every element of the health and social care fabric. Every activity must be underpinned by explicit consideration of quality, and the expectation is that everyone that works in and for the NHS, will have 'quality' at the forefront of their minds.

Primary and community care providing 'care closer to home' is the bedrock of the Welsh Government vision for NHS Wales. Primary care clusters will take the next step to planning this transformation by developing their first cluster level IMTPs this autumn. They will provide a solid foundation on which to plan local services to meet local needs and will dovetail into health board IMTPs as these are refreshed or developed.

Ministerial key priorities remain extant:

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

IMTPs must demonstrate how organisations will respond to the Ministerial priorities as individual bodies and how they will deliver their joint commitments through partnership plans, including Area Plans and Well-being Plans. IMTPs must demonstrate that organisations are delivering *A Healthier Wales* through a seamless health and social care system which is tangibly equitable.

The NHS in Wales must ensure equity and improved access to services, whether at local community level or in acute hospital settings. Organisations must utilise the improvement opportunities offered by the national programmes, for example planned care, unscheduled care, endoscopy, mental health, primary care, value and efficiency etc. These national programmes provide tools and advice to embed preventative and sustainable approaches into operational delivery.

Detailed requirements in relation to priorities are set out in PART 2.

## Financial Allocations

The Welsh Government's draft budget for 2020-21 will be published later than in previous years due to the national comprehensive spending review and Brexit. Welsh Government will work with NHS Directors of Finance to provide advice, resource planning assumptions, and guidance as soon as information becomes available. This does not preclude

organisations from continuing to develop their overall plans within reasonable assumptions and scenarios.

The resource planning assumptions will provide an interim resource planning context to enable organisations to develop their own planning assumptions and scenarios. It is anticipated that details of organisation's financial allocations will be provided in the 2020-21 allocation letter which will be issued in early 2020.

## **PART 1 - STRATEGIC AND POLICY CONTEXT**

This section explains the policy context within which organisations must operate and how they are expected to work. This includes partnership relationships, legislation and cross-cutting enablers.

### **Legislative Landscape**

Wales has a unique legislative landscape which has a strong emphasis on collaboration, co-production and integration. IMTPs must ensure they are compliant with both the duties and the spirit of relevant legislation and should pay close attention to the following Acts.

The NHS Finance (Wales) Act 2014 provides for directions to be issued to health boards, trusts and special health authorities requiring IMTPs to be prepared. In preparing IMTPs, NHS organisations must pay due consideration to the wider legislative landscape in Wales.

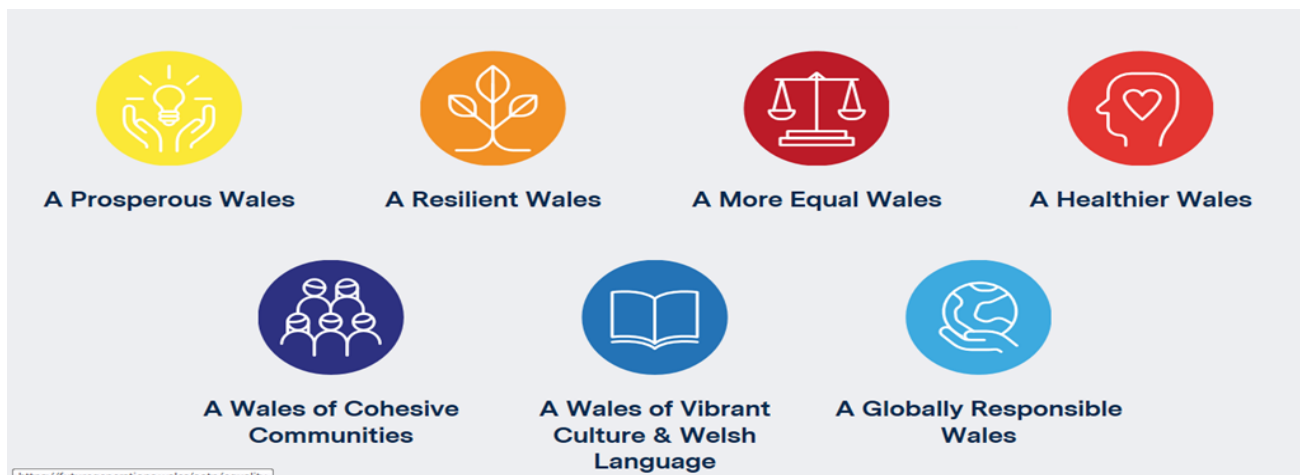
The Well-being of Future Generation (Wales) Act 2015, the Social Services and Well-being (Wales) Act 2014 and most recently, the Public Health (Wales) Act 2017 provide the legislative backdrop to the development of IMTPs. Together, these three pieces of legislation place a firm emphasis on reducing health inequalities through long-term prevention and the delivery of sustainable, outcome focused services.

Other specific pieces of legislation that are highly relevant to NHS planning are the Nurse Staffing Levels (Wales) Act 2016, Regulation and Inspection of Social Care (Wales) Act 2016, Welsh Language Measure 2011 and the Equality Act 2010. These provide important direction and expectations that must underpin IMTPs.

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

IMTPs must demonstrate a particular focus on the Well-being of Future Generations (Wales) Act 2015. It is the most significant strategic legislation launched in Wales, and is the overarching context for Welsh public bodies. It challenges us to think and behave differently and it is encouraging to see a growing maturity in response to the Act. The NHS in Wales can go further in seizing the opportunities the Act provides. There are significant benefits from applying sustainable approaches to service, corporate, financial and workforce planning and focussing on long term planning rather than short term responses or process.

Organisations must consciously consider how they are contributing to the seven Well-being Goals, and how they are developing organisational leadership to maintain visibility and progress on a daily basis.



Sustainable development must be a way of doing things rather than an end in itself. The five ways of working should be used to shape what organisations do, how they do it, and how progress towards achievement of the Well-being Goals is communicated.

The Future Generations Commissioner continues to support and challenge both Welsh Government and the NHS to ensure that they are doing everything they can to respond to the requirements of Act. IMTPs provide an opportunity to demonstrate that the NHS in Wales is committed and responding to this challenge.

Adopting and applying the Act will help generate opportunities to support people to have better health and well-being throughout their lives. This requires a shift in thinking to how a 'wellness' system would work, one that supports and anticipates health needs, prevents illness, and reduces the impact of poor health, exemplified by the Act.

IMTPs should reflect the progress made to date and provide an update on:

- **delivering the organisation's well-being objectives** including how the five ways of working have been applied, and what has changed as a result. As part of this it would be beneficial to consider where organisations are on their 'journey' to fully reflecting the requirements of the Well-being of Future Generations Act. It may be helpful for organisations to review the outcomes of their self-reflection exercises.
- how organisations are maximising their **contribution to the seven Well-being Goals** and providing an appraisal of where more could be achieved; and
- establishing **preventative approaches** across all care and services and in particular how they plan to shift services, workforce and resources to support them.

## Social Services and Well-being (Wales) Act 2014

The Act was designed to transform the way in which services were delivered, putting the four fundamental principles of voice and control, prevention and early intervention, well-being and co-production at the heart of everything. The Act:

- promotes the integration of health and social care,
- encourages people to become independent,

- gives people greater freedom to decide what matters to them and what support they need, and
- promotes consistent, high-quality services across the country.

In fulfilling the requirements of the Act, RPBs must drive changes to services in order to meet the needs identified in their Population Assessments and the priorities in their Area Plans. IMTPs should evidence their alignment with Area Plans, including specific actions and milestones and the outcomes being achieved.

## **Nurse Staffing Levels (Wales) Act 2016**

The Nurse Staffing Levels (Wales) Act 2016 sets out the overarching duty to have regard to providing sufficient nurses to allow nurses time to care for patients sensitively in both provided and commissioned services.

The statutory guidance was issued on 2 November 2017, setting out the necessary duties from April 2018 to calculate and maintain nurse staffing levels within acute medical and surgical wards. IMTPs should reflect these requirements.

Further to the existing legislation, interim nurse staffing principles for paediatric in-patient wards were published in July 2019. The aim of these principles is in part to prepare paediatric inpatient wards for the inevitable full extension of the Nurse Staffing Levels (Wales) Act to that setting before the end of this government term. IMTPs should demonstrate workforce planning which aims towards compliance with these principles.

## **Welsh Language (Wales) Measure 2011**

IMTPs must demonstrate that organisations are meeting the statutory requirements set out in the Welsh Language (Wales) Measure 2011 and comply with the Welsh language standards agreed with the Welsh Language Commissioner.

Organisations must deliver on the objectives and actions set out in the *More than just words Action Plan for 2019/20*. These include ensuring that:

- the Welsh language profile, and needs of the population, fully inform service and workforce planning;
- leadership and ownership are demonstrated in delivering the 'Active Offer';
- Welsh language provision is improved across services, including involvement of independent contractors in primary care; and
- organisations actively support staff, and develop their skills and confidence to use the language.

## Strategic Context

### A Healthier Wales: Our Plan for Health and Social Care – one year in

The last 12 months have built a solid foundation for transformational change, securing early indications of change and accelerating delivery of new models of care that *A Healthier Wales* advocates:

A number of *A Healthier Wales* actions will have a particular impact in the coming year and beyond, and will need to be considered in IMTPs. These include:

- NHS Executive – the governance model and scope for the new NHS Executive has been confirmed. Detailed work on the resourcing and delivery arrangements is continuing, alongside a review of the governance of strategic national programmes.
- Health and Social Care Workforce Strategy – this is cutting across traditional professional and sector boundaries. Emerging priorities recognise the need for shared leadership, changed behaviours and culture, staff, citizens and carers working together as partners in care and parity of esteem across sectors. Consultation will conclude by mid -September 2019, with the final strategy being formulated towards the year end.
- National Clinical Plan – the clinical plan being developed will embed prudent healthcare philosophy into how clinical services are designed, planned and developed across Wales for the next ten years.
- Levers for Change – work continues to create the conditions for systems and behaviour change which incentivise ambition and the delivery of sustainable transformation.
- Joint Inspection – options are being developed that consider how Health Inspectorate Wales, Care Inspectorate Wales and the Wales Audit Office will work. This will require integrated working practices that can assess the progress of local new models of health and social care.
- Health and Social Care Engagement - all partners will need to demonstrate co-production is at the heart of their planning arrangements. Such arrangements will need to underpin a new national “offer of involvement” through which people can participate in decisions about the future of services.
- Regional Co-ordination Hubs – aligned to RPB footprints, the hubs will co-ordinate intelligence across health, social care, third sector, private sector to lead research, innovation and improvement activity, accelerating the drive towards better quality and value.
- Intensive Learning Academies – these academies will be focussed on the professional capacity and system leadership needed in the future. They will be university led and work collaboratively both with academia and the services to provide a health and social care focus.



## **Longer Term Planning and Clinical Services Strategies**

NHS organisations must have a clinical services strategy, approved by their Boards. They must set out their long-term vision for how they will meet the needs of the communities they serve.

A longer term strategy is critical for setting the direction of travel and providing the context within which key strategic decisions about the shape of services and the use of resources can be taken. These include population projections and analysis to inform decisions about service models, pathways, workforce planning, finance and infrastructure investment. The NHS must consider how it reflects strategic and delivery planning in the 25 year context as part of the Well-being of Future Generations five ways of working, and achievement of the seven Well-being Goals.

Each NHS organisation must ensure that its IMTP is consistent with its longer-term vision, reflects the progress expected during the term of the 3 year plan and how the transition to future integrated service models will be realised.

## **Commissioning**

As population health focused organisations, Health Boards are responsible for the healthcare of their resident populations, and must plan and commission services and care based on their population needs and outcome analysis.

Wales has adopted a planned system to deliver health and care services. This maximises the potential of the relationships and partnerships that exist locally and should underpin all future commissioning arrangements, ensuring that quality features strongly. To realise the benefits of an integrated health and care system in Wales, it is vital to secure the best possible services through effective commissioning. Services must also be decommissioned where they are no longer needed, could be better provided elsewhere, or are not providing the expected outcomes or value.

Some of the areas for further development include:

- greater commitment by NHS organisations to planning regionally;
- greater maturity in commissioning arrangements; and
- an expanded approach to prevention that applies to all areas of healthcare.

There is also a particular need to respond to health inequalities, including social gradient and inverse care issues. Improving consistency, equity and value of Welsh commissioning whether locally or nationally, is a significant measure of maturity and must be demonstrated through IMTPs and supporting plans. Recognition of the Government's commitment to decarbonisation is also required. IMTPs should begin to reflect the milestones that need to be achieved in order to achieve the goal of being carbon neutral by 2030.

NHS Wales has established a number of organisational arrangements in order to support collaborative commissioning, notably WHSSC and EASC. As health boards and trusts develop integrated care and services with local authorities, collaborative approaches based on evidence must play through in the joint commissioning arrangements with partners.

In relation to the Social Services & Well-being (Wales) Act, the National Commissioning Board has agreed a programme of work to support Regional Partnership Boards in joint commissioning activity. Key priorities include developing commissioning skills and capability, assessing and supporting market balance and stability as well as promoting new models of commissioning. Organisations should be aware that while this board has in the past been orientated to social care, it is being re-constituted to reflect the integration agenda as set out in *A Healthier Wales*.

## **Relationship with Partners and Plan Alignment**

Regional Partnership Boards should be engaged throughout the IMTP development process to ensure that an integrated, whole system approach is taken.

IMTPs should set out how the NHS will work together with its partners, to continuously improve services for the people of Wales. Regional Partnership Boards continue to have a strong role to play, bringing together a range of stakeholders, including health, social care, the third sector, the independent sector, education, housing, service users and carers.

An unprecedented level of investment, including the Transformation Fund and the Integrated Care Fund (ICF), has been committed by Welsh Government to a range of partnership projects, driven by RPBs, to deliver the change envisaged in *A Healthier Wales*. All regions have approved projects underway as part of the Transformation Fund.

Learning from local innovation about new models of seamless care will help improve ways of working across regions. IMTPs should demonstrate the progress being made and the outcomes achieved, together with plans for mainstreaming and embedding new, sustainable models of care.

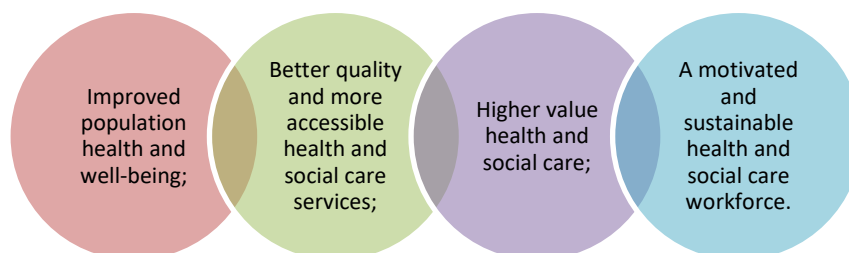
The Transformation Fund represents only a small amount of the total funding across the care system. Activity consistent with the spirit and ambition of *A Healthier Wales* should not be limited to those proposals being supported by the Transformation Fund alone. The ambition must be to do more within the context of the overall allocations for health and social care in order to optimise outcomes.

An integrated approach to planning, which involves partners across sectors, must be evident through IMTP alignment with Area Plans and Well-being Plans. IMTPs must make clear the implications for, and commitments of, individual NHS organisations in delivering jointly agreed priorities across regional or sub-regional footprints.

NHS organisations must demonstrate the effectiveness of their collective partnership working. IMTPs will need to identify actions that can be taken by relevant local partnerships to improve alignment of plans, and show impact.

## Policy Context

### The Quadruple Aim and Ten Design Principles



The Quadruple Aim and the Ten Design Principles from [\*A Healthier Wales\*](#) provide a clear context linked to the well-being agenda. These are tools to shape expectations about how services are developed to ensure quality in all aspects of care, pathways and workforce planning and delivery.

The Quadruple Aim and the Design Principles are entirely consistent with the Well-being Five Ways of Working, Value Based and Prudent Health and Care and the Social Services & Well-being (Wales) Act. NHS organisations must demonstrate they fully understand the extent to which they are applying these aspects of *A Healthier Wales* in their plans.

### Value Based and Prudent HealthCare

In an environment where there is a need to be ever more efficient, it is critical that consideration is given to the impact that the provision of a service will have. Value Based and Prudent Health and Social Care go hand-in-hand with quality when measuring the effectiveness of services provided. Value is about achieving desired outcomes that matter to individuals whilst considering the impact and cost that achieving those outcomes would have.

IMTPs should reflect the progress made to date on Value Based and Prudent HealthCare and set out the organisation's approach, programme and priorities. Crucial to the implementation of Value Based HealthCare is the measurement of outcomes, including patient-reported outcomes. IMTPs should illustrate the organisational approach to addressing this work, how Value Based Healthcare supports implementation of the digital strategy, and enables NHS organisations to work with patients to utilise evidence-based practice.

There is a clear opportunity and expectation that NHS organisations apply prudent principles. Each organisation should maximise the contribution it can make in partnership with the public and patients, ensuring the services that are offered stand the greatest chance of improving quality of life. This is consistent with the Quadruple Aim and the Ten Design Principles set out in *A Healthier Wales* and should be used to guide transformation and delivery plans.



## Cluster-led Planning

Delivery of the Primary Care Model for Wales, the reform of national primary care contracts and cluster level IMTPs offer significant opportunities to accelerate progress, introduce new approaches and influence wider system planning. Health board IMTPs must demonstrate how they have been shaped and informed by cluster level IMTPs, setting out how services can be delivered as close to home as possible.

Multi-disciplinary teams, in their widest sense, link to other stakeholders through the cluster model. This brings many opportunities to deliver the ambition of *A Healthier Wales* and IMTPs must reflect this transformational planning. The *Strategic Programme for Primary Care* provides national tools and approaches to facilitate the development of clusters. Health boards and trusts need to consider how to embed them in local arrangements.

There is an opportunity to transform health outcomes with a purposeful shift to prevention and early intervention. Focusing on what works, with maximum impact on health and well-being and greatest return on investment should be evidenced in IMTPs.

Directly linked to clinical services strategies is the expectation that all plans for service change are grounded in evidence and are informed and shaped by effective collaborative arrangements with patients, carers, clinicians, staff, local communities and wider partners.

## Horizon Scanning - New Legislation

In June this year, the Health and Social Care (Quality and Engagement) (Wales) Bill was introduced by the Welsh Government. While the powers will not be in effect in 2020, organisations should begin to take account of the changes when preparing their three year plans.

The legislation is aimed at improving and protecting the health, care and well-being of the current and future population of Wales. It contains provisions in respect of health and social care policy.

The Bill provisions build on the assets we have in Wales to strengthen and future proof our health and social care services for the future; facilitating a stronger citizen voice, improving the accountability of services to deliver improved experience and quality of care for people in Wales and contributing to a healthy and prosperous country. Taken together the

provisions will have a cumulative positive benefit for the population of Wales, and to put in place conditions which are conducive to improving health and well-being.

The planned timescale for the various provisions are set out below:

- **Duty of Quality** – summer 2021 - Reframing the duty of quality to require NHS bodies and the Welsh Ministers to exercise their functions with a view to securing improvements in the quality of services they provide will shift the focus of decision making and represent a further step on the journey towards ever higher standards of person-centred health services in Wales.
- **Vice Chairs Role** – summer 2021 - The creation of a power for the Welsh Ministers to appoint a Vice Chair to NHS Trust Boards will ensure consistency across LHBs and Trusts, and strengthen leadership and governance arrangements.
- **Citizen Voice Body** – autumn 2021 - The creation of the new Citizen Voice Body for Health and Social Care in Wales will underpin our commitment to driving forward the integration of health and social services by establishing, for the first time in Wales, a single body that will represent the voice of citizens in relation to both health and social services matters.
- **Duty of Candour** – spring 2022 - Placing a duty of candour on NHS bodies will improve service user experience, communication and engagement between the NHS and its service users. It will build on the work that has already been undertaken to ensure NHS bodies in Wales are open and honest when things go wrong, and support the drive towards a system that is always learning and improving and has the trust and confidence of patients and service users.

## **Social Partnership Act**

The development of a Social Partnership Act (being taken forward by the Minister for Housing and Local Government) recognises the importance of a working partnership of equality between government, trade unions and a wide range of partners.

This will not only impact on people using the NHS, but also on the workforce. It will establish a legal framework within which public procurement in the NHS will ensure ethical employment practices, and achieve better socio-economic outcomes. Organisations should be mindful of this direction of travel in their longer term planning. Further information on this legislation will be provided as it becomes available.

## PART 2 – DELIVERY EXPECTATIONS AND NATIONAL IMTP DIRECTION

Part 2 sets out specific requirements and expectations of NHS organisations as they develop and deliver IMTPs, including learning from the National IMTP and policy expectations.

### The Statutory Duty

Health boards have a statutory duty under the *NHS Finance (Wales) Act 2014* to prepare a three year IMTP for approval by the Minister for Health and Social Services. A Ministerial direction, through WHC/2016/054, placed the same statutory duty on NHS trusts. IMTPs are also developed and submitted by non-statutory NHS organisations, following approval by their respective committees and Boards.

IMTPs should be shaped and informed by population needs assessments, the long-term strategy, partnerships plans, previous rolling IMTPs and cluster plans to set out the actions for the next three years in the organisation's 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 - Firm:** should clearly describe, through both narrative and completed mandatory templates, the actions, milestones and resourcing for the coming year.

**Year 2- Indicative:** should indicate priorities, actions and risks for the second year. Details should be provided on key plans including performance trajectories. Major challenges or opportunities should be signalled, for example remodelling a critical service or significant workforce challenges.

**Year 3 - Outline:** should show how the organisation proposes to make continued progress towards its strategic objectives.

Organisations that decide that they are unable to develop a balanced and sustainable 3 year IMTP **by 31 January 2020** will have failed in their statutory duty.

In these circumstances the Chief Executive must send an accountability letter to the Chief Executive of NHS Wales confirming the decision of the Board and indicating the intention to develop an annual plan to comply with its own governance requirements to set a budget. These organisations will be escalated in line with the established governance and escalation arrangements.

Where Boards are unable to submit a balanced 3-year plan, organisations will need to submit a very clearly defined annual plan for 2020-21 while continuing to work on a medium term plan.

A detailed annual plan will need to provide assurance about the focus of the organisation and delivery of key commitments, including actions and timescales to develop a future balanced and sustainable IMTP. An annual plan will be required until such time as a Ministerial approved IMTP is achieved. The Board has a crucial role in ensuring compliance with the governance arrangements in relation to their IMTPs or annual plans.

It is important that IMTPs continue to build on the opportunities presented by *A Healthier Wales* and demonstrate a truly integrated planning approach. This approach must link local population need to quality, service delivery and outcomes, set within the context of the organisation's longer-term clinical services strategy.

IMTPs must demonstrate how organisations are:

- implementing and assessing the impact of the priorities set out in *A Healthier Wales*
- delivering their well-being objectives and contributing to the overarching Well-being Goals from the Wellbeing and Future Generations (Wales) Act;
- fully reflecting the Quadruple Aim;
- ensuring quality and safety across all services;
- embracing Value Based and Prudent HealthCare;
- supporting integration and seamless models of care in line with the duties under the Social Services & Well-being (Wales) Act and *A Healthier Wales* expectations
- adopting maturity of planning, engagement and continued improvement across all service areas;
- working regionally across sectors through collective and collaborative approaches; and
- implementation of *More than just words* and complying with the Welsh language standards for the health sector to further improve Welsh language services in the care provided to patients.

## **Priority Areas Reflected in the National IMTP**

The first National IMTP has been issued alongside the NHS Planning Framework. For this year the National IMTP brings together evidence from the 15 NHS organisations in Wales on how they are delivering on key ministerial commitments. The National IMTP acknowledges areas of good practice and identifies areas for further development, where there is a clear need for additional focus.

This is an interim approach that will be refined as the functions of the NHS Executive are finalised.

Some of the areas for further development include: greater commitment by NHS organisations to planning regionally; greater maturity in commissioning arrangements; and an expanded approach to prevention that applies to all areas of healthcare. There is also a particular need to respond to health inequalities, including social gradient and inverse care issues.

## **Ministerial Priorities**

The following priority areas for improvement, as directed by the Minister and set out in the National IMTP, should be embedded throughout IMTPs.



There is a critical interrelationship between the five priorities. In developing IMTPs, organisations need to show how each of these areas are addressed, not in separate silos but recognising the cross-cutting nature and how services have been shaped accordingly.

Organisations taking a patient centred approach may find it easier to demonstrate how their services can work more effectively together to meet the multifactorial needs of their population.

### Prevention

The National IMTP indicates that while there is a continued and helpful focus on a traditional public health approach to prevention, this needs to be broadened and accelerated. This should include preventative approaches to all areas of health and care. 'Prevention' in the context of the Well-being of Future Generations Act and five-ways of working is well defined:

*"A public body must take account of how deploying resources to prevent problems occurring, or getting worse may contribute to meeting the body's wellbeing objectives, or another bodies objectives"*

The Welsh Government budget defines prevention as:

*'Prevention is working in partnership to co-produce the best outcomes possible, utilising the strengths and assets people and places have to contribute. Breaking down into four levels, each level can reduce demand for the next:*

**Primary prevention** - building resilience – creating the conditions in which problems don't arise in the future. A universal approach.

**Secondary prevention** – targeting action towards areas where there is a high risk of a problem occurring. A targeted approach which cements the principles of progressive universalism\*.



***Tertiary prevention*** – *intervening once there is a problem, to stop it getting worse and prevent it reoccurring in the future. An intervention approach.*

***Acute spending*** – *spending which acts to manage the impact of a strongly negative situation but does little or nothing to prevent problems occurring in the future. A remedial approach.*

\* **progressive universalism** is a determination to provide support for all, giving everyone and everything a voice and vested interest, but recognises more support will be required by those people or areas with greater needs.

### Building A Healthier Wales

Public Health Wales is leading the Building a Healthier Wales Co-ordination Group, established to support the transformational shift to prevention. Partners have recognised the need to address the following:

- wider determinants - in particular health, housing and employability;
- ensuring the best start in life – optimising early years; and
- enabling healthy behaviours, supporting self-management and well-being including smoking prevalence, physical activity and healthy eating; and reducing the burden of disease through managing chronic disease risk factors and effective management of blood pressure, glucose, cholesterol, BMI

There needs to be a specific focus on healthy weight and early years. To deliver this there should be a tangible read across to integrated working between health boards, Regional Partnership Boards, Public Service Boards and Public Health Wales to deliver against joint priorities for prevention.

Through their IMTPs, NHS organisations will also be expected to place a greater emphasis on:

- sexual health and contributions to eliminate HIV by 2030;
- immunisation plans for improving the uptake of influenza, pneumococcal and shingles vaccines and how to implement the measles elimination strategy;
- preparing to optimise bowel screening over the next 4 years;
- tackling obesity through the Healthy Weight Healthy Wales strategy;
- strengthening Health Protection Services: focusing on preventing and tackling the spread of infections and Anti-Microbial Resistance in the community as well as ensuring that our hospitals have robust and rapid testing facilities to enable prompt action in secondary care; and
- the elimination of hepatitis B and C as a significant public health threat by 2030 at the latest.

### **Reducing Health Inequalities**

Reducing health inequalities requires the NHS to reach out across sectors, working for example with education, housing and local authority partners to maximise opportunities to identify and address areas of inequity. This means that organisations must consider how they are using their population health information to identify the impact of the social gradient

and inverse care to ensure that there is a clear focus on creating opportunities to reduce health inequalities.

Organisations, through their IMTPs, need to articulate their broad strategic ambition for translating needs in relation to inequalities in health into specific measurable actions across all functions and services.

Carers are one group that often suffers inequalities, dedicating themselves to those they care for and often neglecting their own health and care needs. In Wales there are at least 370,000 carers, and their health and well-being is critical to ensure that they, and those they care for, receive the best opportunities for independent living. Primary and secondary care services must support the critical contribution of carers, of any age.

### **Primary Care Model for Wales**

[The Primary Care Model for Wales](#) sets out a whole system approach from a health perspective. It has an emphasis on prevention and seamless and timely care and support that is delivered collaboratively by all partners through the primary care clusters. The cluster model is critical to a transformed system in Wales, and its implementation is a priority for all NHS organisations.

The Strategic Programme for Primary Care is undertaking a range of work to support local delivery, including developing tools for population risk segmentation and analysing demand and capacity; planning the effective use of the multi professional workforce.

IMTPs should evidence how these tools can be used to accelerate cluster development and how the various components of the primary care model are being adopted locally. Critical to this will be demonstration of the shift of services and investment into primary and community care (to be detailed in both IMTPs and the supporting C2 template)

### **Timely Access to Care**

People in Wales rightly expect an appropriate and effective response from its NHS. This includes access to services across the whole pathway of care from prevention, diagnostics, treatment, care, rehabilitation and ongoing support. Welsh Government expects everyone to be treated in order of clinical priority and in a timely manner to optimise experience and outcome. Delays to any part of the pathway can have a 'knock on effect' on subsequent parts and lead to detrimental impact on the individual's treatment and recovery.

Timely access can be improved by increasing the capacity and capability of integrated multi-professional primary and community care and making effective use of, and investing in, third and community sector services. IMTPs must evidence systematic action to shift funding and workforce out of hospitals to re-provide more preventative care and support at or as close to home as possible in line with the primary care model and agreed care pathways. There are mandatory templates for setting out plans to rebalance the use of financial and workforce resources.

Delivery of access targets for planned care and urgent and unscheduled care are important to support optimal outcome and experience. This includes primary care as well as planned and acute care, for example there are national standards for access to in-hours General Medical Services and for 111/out of hours services. Patients need to feel that they are valued as individuals and are involved in decisions about their care. Clinical pathways need

to provide assurance to patients that they are able to have timely tests and receive appropriate treatment in a systematic way, while still ensuring that those with the greatest needs are treated promptly and appropriately.

Wales has made a commitment to roll out of the 111 service across all health boards by 2021. The 111 service provides a simple easy to 'access entry point' for the public, and in some instances professionals, to find the appropriate service and receive the first level of care they need. For those health boards that have rolled out the 111 service, their IMTPs must describe the development of the 111 service at a local and regional level within the context of the national service. Health boards that have not yet implemented 111 should include milestones and actions relating to the roll out of the service.

In terms of urgent unscheduled care, the NHS is becoming an increasingly complex place to navigate for both public and professionals, with multiple access points. Wales has made a commitment to roll out the 111 service across all health boards by 2021. The 111 service provides a simple easy 'access entry point' for the public, and in some instances professionals, to find the appropriate service and receive the first level of care they need. For those health boards that have rolled out the 111 service, their IMTP must describe the development of the 111 service at a local and regional level, while acknowledging the intent of the national service. For those health boards that have not yet implemented 111, their IMTPs should include milestones and actions related to the roll out of the service.

Given the complexity of, and variation in, services offered to the public across health and care in Wales, it is essential that all services are accurately captured on the Shared National Directory of Services. Working with partners, including NHS Direct Wales and DEWIS Cymru, all health boards are expected to take ownership of the accuracy of details relating to local services contained in the Shared Directory of Services, and outline their approach to this in their IMTP.

Providing alternatives to emergency admission to a hospital bed for people who would benefit from remaining at home is a crucial part of modernising the NHS in Wales. However, there is considerable variation across Wales in achieving this. There remains significant opportunity to improve delivery in this respect through integration and collaboration.

Organisations are expected to describe how they will deliver and sustain same day emergency care (ambulatory emergency care) models in district general hospitals to help people to return home following observation and assessment. Keeping people away from their homes in acute hospital beds for long periods can result in deconditioning and harm, and all LHBs need to describe how they will deliver discharge to assess pathways to limit the time spent away from home unnecessarily.

## **Mental Health**

Mental illness affects 1 in 4 of people and is responsible for a considerable burden of disease. It is important that NHS organisations demonstrate an understanding of the mental health and emotional well-being needs of their populations, and across all ages, including perinatal, CAMHS, and dementia services.

Mental health services have been improving across all areas in Wales, and it remains a Welsh Government priority to ensure parity with physical health. In terms of prevention

there is a need for a greater emphasis on well-being across pathways. The holistic approach to support early intervention/preventative approaches, complexities arising from co-morbid physical health conditions, co-occurring substance misuse and homelessness, are all areas for attention.

IMTPs should demonstrate progress against the actions in the 3 year delivery plan that underpins *Together for Mental Health*. The proposed 2019 to 2022 delivery plan is the final plan which will support the strategy.

Recent consultation has confirmed the priority areas for this delivery plan:

- improving access to mental health support for children and young people
- further improvements to crisis and out-of-hours provision
- improving the access and range of psychological therapies
- supporting vulnerable groups

IMTPs need to provide assurance that organisations have clear actions and measureable milestones for implementation. This should include analysis of risks to delivery, and measures of success that ensure quality services are delivered for individuals, their families and carers. It is imperative that all parties are involved in determining what matters to them and how they best receive their care.

IMTPs should demonstrate the links across services and sectors. Individuals with complexities arising from co-morbidities with physical health conditions, co-occurring mental and substance misuse issues, as well as other addictions such as gambling and smoking, and other factors such as homelessness, must also receive appropriate and timely support.

## **Delivery Framework**

The Delivery Framework sets out the standards, measures and outcomes that health boards and trusts are required to deliver to reflect these priorities. A Single Integrated Outcomes Framework is being developed in response to *A Healthier Wales*, mapping and refining national outcomes and indicators against the Quadruple Aim. This will be issued in 2020.

In the meantime, the new NHS Delivery and Outcomes Framework for 2020/21 is being finalised, in line with the emerging work on a new Single Integrated Outcome Framework (SIOF). This work will represent the first phase of outcome development and will be built on in future years. The NHS Delivery Framework for 2020/21 will be issued shortly after the NHS Planning Framework to assist those planning and preparing their IMTPs.

## **Key Enablers**

### **National Programmes**

IMTPs should respond to requirements agreed collectively for Wales through the national programmes. The national programmes have been developed to support local action to deliver sustainable, accessible, cost-effective and efficient services at or as close to home as possible. Working across the patient pathway, organisations must maintain a clear focus on efficiency, consistency, collaboration and quality. The programmes are developing whole system approaches, to encourage a proactive, prudent and value based health and social care environment.

IMTPs must demonstrate a full commitment to standardising approaches, methodologies and services. IMTPs should evidence commitment and compliance with the national programmes and provide assurance on what actions are being taken. Areas of non-compliance must be highlighted including the remedial actions adopted.

### **Digital and Data**

Digital and data systems and applications are key enablers of transformational change, which can provide a shared platform for safe and effective joint working between organisations. They can support care models that work directly with patients.

Excellent examples of digital systems sharing information across primary, community secondary and social care already exist. The Welsh Community Care Information System (WCCIS) is a national programme for the safe sharing of information, and the ability to share in this way is essential for enabling the multidisciplinary workforce that supports the new models of care.

The Welsh NHS must fully engage with and exploit the opportunities that digital and data offer and ensure that their plans support the national approach. This will ensure that the benefits are realised with pace across Wales. Organisations must ensure that their Strategic Outline Plan (SOP) is updated and that their IMTPs demonstrate how they are working collaboratively so that clinical care and services are increasingly data driven, and how informatics will support this.

The NHS must maximise the use of technology, and adopt a 'Once for Wales' approach whenever appropriate to do so. Organisations that share information effectively and efficiently will realise the full benefits of a multidisciplinary workforce and adopt new innovative models of care that will deliver high quality, sustainable and outcome based services for the people of Wales. IMTPs must demonstrate investment in these critical areas of development.

Online digital platforms and systems should include Welsh language considerations from the outset. Wherever possible improvements should be made to the Welsh language capacity of current systems.

### **Workforce Planning**

A strong workforce is critical to our healthcare system.

There are many layers of workforce planning from departments to clusters, organisations, regions and all Wales services.

Effective workforce planning is critical to the delivery of high quality services for patients and nationally agreed strategic priorities. NHS organisations should develop integrated workforce plans to achieve a sustainable workforce of the right size, with the right skills and diversity, organised in the right way, within an affordable budget, delivering the services needed to provide quality patient care.

Workforce analysis is an essential part of the planning process and a key aspect of evidence that informs the assessment of plans including their sustainability and capacity to deliver.

Whilst maintaining progress and alignment with priority areas set out in *A Healthier Wales*, IMTPs will also require a particular focus on ensuring well-being at work and a healthy workforce.

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

### **Sustainable Funding**

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

*A Healthier Wales* described a number of actions being taken forward centrally to achieve a sustainable funding basis for health and social care in the long term. This included commissioning new evidence on future health and social care cost projections, and exploring longer term options for paying for social care. The expectation for NHS organisations was that they were able to demonstrate in their plans increased investment in preventative activities, and also a commitment to implementing pooled budget arrangements around client groups.

Potential developments and changes to the 2020-21 allocations include:

- new needs based weighted population formula to distribute the 2020-21 discretionary hospital & community healthcare services allocation (HCHS) growth funding;
- Value Based HealthCare funding around priorities of Record (measure), Report and Reward
  - Lung Cancer
  - Heart Failure
  - Cataracts
  - Hips and Knees

## **Innovation & Research**

Innovation means a purposeful approach to finding and applying new and better ways of delivering health and care services, increasing healthcare value through improved patient outcomes, improved patient experience and increased resource efficiency. It should be organisationally aligned with and follow research, translating new knowledge into better practice. Innovation should also align with improvement to fully exploit the potential value of new products, processes and technologies. Some developments will come from our own invention and application, but more will come from identifying, adopting and up-scaling good practice from elsewhere. Working with others, particularly universities and industry partners, must be a key part of our approach to innovation. Innovation should be a distinguishing character of University Health Boards and NHS trusts, and a key enabler for NHS Wales to deliver '*A Healthier Wales*'.

Evidence indicates that research active organisations provide better care and can achieve better patient / public outcomes than those NHS organisations that conduct less research. As well as the benefits conferred to patients, research generates evidence which ultimately transforms practice. Everyone working in the NHS should therefore regard research as an integral part of their role.

High quality research can help break the legacy of ill health, develop a prosperous society through collaborative engagement with universities, industry and the third sector and create a highly skilled workforce. Organisations will be expected to demonstrate how the workforce are being supported to undertake research and how research and development is informing their planning, financial and decision making.

Health Technology Wales (HTW) is supporting the NHS in undertaking high quality health technology assessments to support informative decision-making and optimising health gain. HTW provides a strategic co-ordinated approach to identify, appraise and adopt medical technologies into mainstream practice in Wales. Organisations should focus in procuring health technology solutions and ensure that technological investment is based on best available evidence.

## **Brexit**

IMTPs remain the vehicle for providing certainty for medium term planning. In the meantime, it is vital that NHS organisations update their business continuity plans. Plans, and Brexit scenarios, should be kept under constant review. Updates on risks and issues will be provided via the NHS Wales Executive Board.

## **Specific Policy Requirements**

There have been policy changes in some specific areas and the following issues will require attention and assurance from NHS organisations within the IMTPs.

### **Healthy Weight**

NHS Organisations will be expected to place greater emphasis on their approach to tackling obesity. *Healthy Weight: Healthy Wales* is being designed to draw on local assets and opportunities to drive forward change. It will require leadership across all sectors and IMTPs should evidence how this new approach is being adopted.

## **Dermatology**

In the last few months, considerable work has been undertaken to specify the requirements to develop services, which are safe and sustainable, addressing the current capacity shortfall. The Welsh Dermatology Board has set out in its recommendations that health boards need to identify opportunities for junior doctors in Wales to pursue a career in Dermatology. Health boards in their IMTPs should describe how they will respond and outline their plans to cover the shortfall in capacity whilst developing a sustainable service.

## **Multi Parametric MRI pre biopsy**

In June 2019, the National Institute for Health and Care Excellence (NICE) issued updated guidance on the diagnosis and management of prostate cancer. The guidance recommends pre-biopsy multi-parametric MRI for the investigation of suspected prostate cancer and mpMRI as an option for people who require active surveillance to monitor the cancer. IMTPs should describe the actions in place ensure that the pathway is delivered in a sustainable manner.

## **Single Cancer Pathway**

The single cancer pathway is being implemented in Wales. Clear guidance has been issued on the suspicion of cancers and the implementation of new clinically led pathways for the major tumour sites. Support has been provided in respect of demand and capacity analysis for the single cancer pathway, and learning from this work should be reflected in IMTPs as well as robust plans for implementation of the new measures.

Health boards must ensure that their plans for the delivery of cancer services against the 62 and 31 day cancer targets, and the single cancer pathway, take into account the latest position on demand and capacity; and that they respond fully to the gaps identified within the demand and capacity assessment undertaken in the summer of 2019.

## **Ophthalmology**

IT systems have been developed in order to identify patients who will not be seen by their target review date. IMTPs must set out the further work that will be undertaken to comply with the national programme requirements, to implement the cataract pathway and increase the number of glaucoma patients seen by multi-disciplinary clinicians.

## **Urology**

The Welsh Urology Planned Care Implementation Plan aims to reduce unnecessary follow ups across health boards and to deliver a prudent service for urology across Wales. The Planned Care Programme Board has recommended the implementation of a supported self-management pathway in order for all cancer team specialists in Wales to support the large number of patients living with prostate cancer to remain in the community without the need for face to face follow up. Health boards should develop effective implementation plans to implement this proposal and ensure that this is included within IMTPs.

## **Follow Up Action Plans**

The Planned Care Programme has agreed four priorities aimed at reducing follow ups in urology, ophthalmology, ENT and orthopaedics. Health board IMTPs should reflect how these will be delivered and sustained. These actions to reduce follow ups should be implemented at pace and rolled out to other specialities. Welsh Government continues to expect that both overdue follow up appointments and new follow up appointments are managed effectively.



On the 17 June, the Welsh Government made a commitment to the Public Accounts Committee to support health boards to implement the actions of the Planned Care Programme and to make reductions in the number of people waiting over their due date for follow-up appointments. Targets for the reduction of follow ups have been agreed with health boards and these should be evidenced in IMTPs. Investment was made available through 2019-2020 NHS performance funding. Health boards submitted proposals that would implement transformational changes to current methods of delivering outpatient activity in order to deliver sustainable improvements to follow up waiting list volume and waiting times across all specialties during 2019-2020 and beyond. Such activity should be incorporated into IMTPs.

### **Nationally Directed Approach to Critical Care**

The nationally directed approach to the phased development of services for adults who are critically ill was published on 2 July 2019. It sets out the allocation of £15 million to boost critical care services. This additional funding provided by Welsh Government does not replace the need for health boards to continue to invest in critical care services. IMTPs should demonstrate a phased approach to the delivery of all of recommendations with an immediate focus on the areas prioritised within the funding allocation.

### **Nationally Directed Approach to Endoscopy**

Health boards are to develop plans to deliver sustainable endoscopy services.

### **Persistent Pain**

Long term conditions such as [persistent pain](#), arthritis and musculoskeletal conditions affect huge number of people, with approximately one in three GP appointments relating to one or more of these conditions. The Welsh Government published guidance on *Living with Persistent Pain in Wales* in May 2019. NHS organisations must use this guidance to review their pain services to enable people to live independently for as long as they can.

### **Sexual Health Services**

There are five priority areas for sexual health in Wales over the next five years. These have been clinically identified and seek to reduce social and healthcare costs by:

- Increasing accessibility to contraception by way of innovative services, in particular Long-acting reversible contraceptives (LARC). By focusing on client groups where unplanned pregnancies are likely to incur, this approach seeks to reduce the associated social and healthcare costs;
- Increasing accessibility and decreasing turnaround times for diagnosis and treatment of bacterial Sexual Transmitted Infections (STIs), with a focus on new technologies;
- Improving local and timely access to abortion care for women in Wales, at all gestations, to comply with national guidelines;
- Adopting strategies to eradicate new HIV transmissions and prevent late diagnosis; and
- Facilitating collaborative approaches through the adoption of a Wales-wide case management system, and needs based workforce planning.

Organisations need to consider these priority areas as they plan their sexual health services.

## **Learning Disabilities**

The cross-government *Learning Disability Improving Lives* programme was launched in 2018. The programme made clear recommendations in terms of the health of people with learning disabilities which are aimed at improving health outcomes and reducing inequalities in health.

Organisations are required to support implementation of the service changes identified in the Improving Lives programme. The actions for health services fall under the following headings:

- To reduce health inequalities for people with a learning disability and reduce avoidable and premature deaths through early detection
- To improve secondary care services and address diagnostic overshadowing to reduce health inequalities, premature and avoidable deaths
- To increase well-being, community engagement and quality of life for people with a learning disability
- Meeting specialist health care needs throughout the lifespan to ensure a good quality of life.

IMTPs should be aligned to these specific recommendations including community based services and services for children and young people. Plans should reflect the actions health organisations will take in conjunction with social services, third sector organisations and the dedicated programme leads funded by Welsh Government and situated in Public Health Wales. Plans should be linked to priorities and actions for learning disabilities set out in RPB Area Plans.

## **Autism**

A national integrated autism service has been rolled out together with additional resources for children's neurodevelopmental services. A code of practice, under the NHS (Wales) Act and the Social Services and Well-being (Wales) Act, is being developed for autistic people which will place duties on health boards and local authorities in relation to the delivery of autism services.

Rising demand and capacity issues in children's neurodevelopmental services and adult autism services is a challenge and IMTPs must state clearly how organisations are addressing these and what actions they are taking to ensure autistic people and their carers are able to access assessment services and care through good quality services.

## **Loneliness and Social Isolation**

Loneliness and social isolation have well-documented detrimental impacts on people's mental and physical well-being. Following an extensive public consultation and with strong political support, the Welsh Government will be publishing its strategy to tackle loneliness and social isolation later in 2019.

A key focus of the strategy will be on approaches that focus on early intervention and prevention and seek to reduce the risk of loneliness and social isolation, before both become entrenched. IMTPs need to recognise the impact that health and public service organisations can have on preventing and reducing these debilitating experiences across all of its services. Loneliness and isolation is a particular issue for carers, of all ages, affecting their own mental health and well-being.

## PART 3 – TECHNICAL DOCUMENT

Part 3 has been compiled following feedback and review of commonly asked questions relating to the IMTPs and the process surrounding them. This section is intended to provide further clarity and detail on specific aspects of the IMTP, and must be read in conjunction with the strategic and policy context and the advice on key deliverables set out in parts 1 and 2.

A set of [operational and policy requirements](#) have been developed, which set out Welsh Government policy expectations. These should inform IMTP planning, and should be evidenced within local delivery planning mechanisms.

NHS organisations are expected to demonstrate within their IMTPs how they meet Welsh Government expectations.

### Structure and Presentation of IMTPs

IMTPs are NHS organisations' plans that set out their commitments for the services or functions they commission and/ or deliver for the people of Wales. Whilst IMTPs need to be owned locally by individual organisations, there must be sufficient consistency in presentation and content to allow Welsh Government to have a clear picture across Wales. This is particularly important in the context of development of the National IMTP.

Organisations need to build on the National IMTP provided this year to ensure that their own plan sets out what areas are important and how these areas link to overall strategic direction of Wales.

Organisations can choose how to develop and present their IMTPs. However, in order to facilitate the development of the National IMTP, organisations must ensure the following aspects are covered and can easily be extracted:

- organisational and partnership priorities and the key developments/actions the organisation is planning to take;
- What developments/actions will be delivered;
- When the benefits of such actions will be realised, including improvement trajectories where relevant;
- The key risks and dependencies that are inherent in the IMTP, and how these will be managed or mitigated;
- Where more detail is provided on specific services i.e. providing links to local delivery plans to provide assurance to policy leads that progress is being delivered; and
- Enabling requirements (workforce, digital, capital, finance).

The IMTPs are organisations' summary, corporate documents which should be no more than the recommended 100 pages long. Plans should be supported by more detailed underpinning service plans, with signposting included where appropriate.

The IMTP must be supported by a set of mandatory templates, to be completed and included as part of the plan submission. The C1 templates requiring profiles for the year 2020-2021 will be issued separately by the Welsh Government Performance and Delivery Team, Welsh Government.

Welsh Government recognises that not all NHS organisations have the same set of responsibilities. Powys teaching Health Board, HEIW, the three NHS trusts and the four supporting organisations each have specific portfolios or organisational features which mean that the “standard” framework will need to be adapted and tailored. Welsh Government will work with organisations to clarify potential issues through the regular planning engagement meetings.

## **GOVERNANCE - Timetable and Process**

### **Strengthening Governance and Accountability**

The Welsh Government has committed to streamlining planning processes. To date, the governance requirements set out in the NHS Planning Frameworks have centred mainly on the Board role of approval and monitoring of the delivery of plans.

This year, there is much broader emphasis on the need for Boards to consider their corporate and quality governance arrangements, which they must have in place to ensure identification of risks, delivery of the plan and the robustness of the assurance arrangements to inform their decision making.

Evidence from previous failures, and identified weaknesses in delivery of care, underline the importance of effective quality and governance arrangements. Boards have accountability for the delivery of plans and they must be confident that:

- They understand how their plan delivers the Quadruple Aim;
- There has been a robust quality, governance and risk analysis of key areas and commitments;
- There is sufficient infrastructure and resources are dedicated to the quality governance risk and planning requirements;
- There is sufficient resilience within the organisation’s corporate and service functions and be confident that assurance mechanisms ensure they are fully informed and sighted on issues that emerge.
- There is clear read across to the relevant risk registers including quality, workforce, finance and service risks.
- Internal and clinical audit plans and functions are risk based, and are appropriately resourced to allow them to provide assurance that processes and functions are quality and governance led; and
- They gather and use intelligence and information from, people that use their services and organisations that strive to improve and uphold quality serviced.

### **Governance and Engagement**

The Welsh Government NHS Planning Team and policy experts commenced engagement meetings with NHS organisations in July 2019, earlier than previous years. These regular meetings with all NHS organisations will continue through to the submission of IMTPs. These meetings are designed to ensure continuous dialogue, including advice and feedback from policy experts to agree local priorities and to identify key risks and mitigation early as plans are being developed.

The onus will be on individual organisations to contact Welsh Government colleagues as soon as they become aware of difficulties in developing an approvable IMTP, in order that the key risks can be discussed openly. There should be 'no surprises' by the time the IMTPs are submitted.

The intention is to encourage plans to be produced earlier in the process, and to ensure that plans are fully developed and subject to internal scrutiny for Board approval prior to submission. All organisations are encouraged to share drafts, or outline plans, with the Welsh Government planning team, to provide initial advice in advance of the formal submission; and with each other by way of peer support.

Plans for the NHS supporting organisations need to be approved by their own relevant governing body or their joint committees in a timely manner and in advance of individual health board or trust Boards approving their own respective IMTPs. Joint priorities and funding decisions must be agreed and confirmed, and then reflected in the jointly agreed plans, which should then be incorporated into the statutory NHS organisations' IMTPs for Board approval.

### **IMTP Deadline**

Whilst the deadline for submission of IMTPs was brought forward to December 2019 for the 2020-2023 planning round; a number of competing factors has led to the deadline being deferred until January 2020. These factors include planning for Brexit. Subsequent IMTP cycles will revert to a December deadline.

The decision has been taken to require organisations to submit their IMTPs **by 31 January 2020**. This is the latest date for submissions, and IMTPs can be submitted at any point prior to this date.

When submitted, IMTPs must be fully complete and financially balanced. IMTPs must include:

- workforce and finance profiles;
- fully populated mandatory templates; and
- clearly identified issues or risks.

Performance profiles will be required in accordance with instruction issued with the C1 performance template in due course.

IMTPs must be submitted to NHS Boards for approval. Organisations must be able to demonstrate how they have liaised with partner and supporting organisations such as HEIW, WHSSC, EASC, WAST, Public Health Wales, Velindre, Shared Services and NWIS to ensure that commissioned work is funded, and that there is read across between organisational plans.

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 not be assessed and will be returned to the organisation.

## Plan Assessment and Approval

Welsh Government officials will conduct a full assessment of plans and provide advice to the Minister for Health and Social Services, based on the criteria set out in the NHS Finance (Wales) Act 2014 and the requirements set out in this Planning Framework. The assessment process will be undertaken as quickly as possible with approval letters being issued by the end of March 2020.

## Non-Compliant Organisations

Incomplete IMTPs will be returned to organisations for revision with a complete plan expected to be resubmitted within a defined timescale – and with the associated risk of losing IMTP approval.

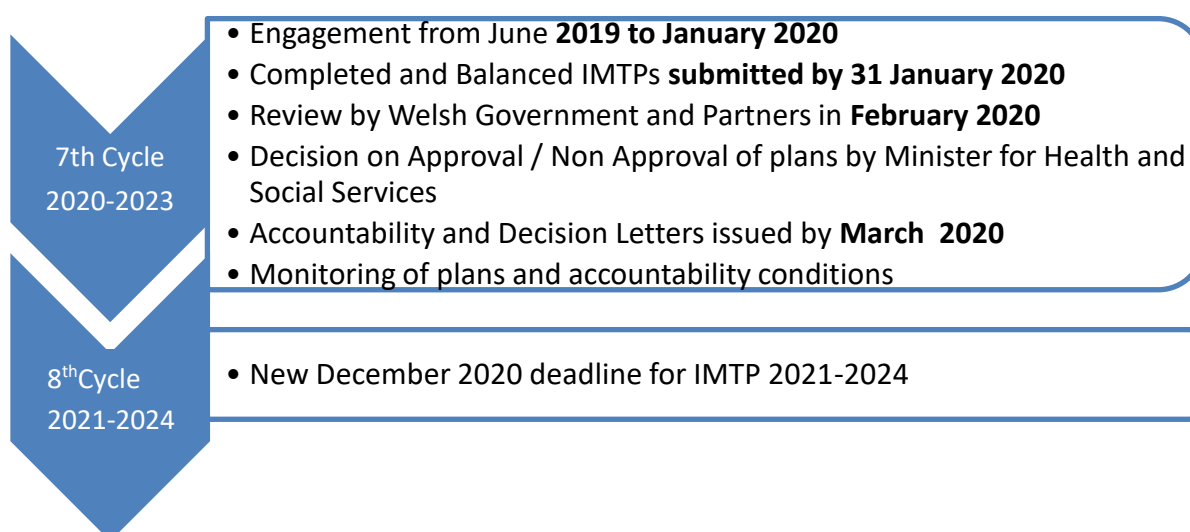
Any delay in submission may result in escalation and/or increased performance management arrangements.

Organisations with non-approved plans will be placed under increased monitoring arrangements and are likely to be escalated. Activity will include:

- Minister for Health and Social Services formally writing to the organisation's Chair seeking immediate assurance;
- Accountable Officer letter being issued from the NHS Wales Chief Executive; and
- Minister and Chair to discuss Board Governance.

The Chief Executive of any organisation that is unable to submit an IMTP which meets the required criteria will be required to write, no later than 31 January 2020, a formal Accountable Officer letter to the Director General/Chief Executive of NHS Wales, copied to their Chair, explaining the position, the action they are taking and when their IMTP will be completed.

## IMTP Timeline



## **Performance Management by Boards**

Welsh Government will expect each organisation's internal mechanisms to provide visible and robust assurance to the Board on delivery and any necessary corrective action. The following arrangements must be in place:

- clear arrangements through which the Board, and Board Committees, assures themselves about the quality of services commissioned, including from other LHBs, NHS Trusts and other providers in Wales or England. This should include assurance about the work of WHSSC and EASC as joint sub-committees of all Health Boards;
- robust arrangements for monitoring and intervening at organisational, directorate, divisional, cluster, and corporate department levels;
- effective risk identification and mitigation arrangements;
- monitoring arrangements to hold NHS support organisations, such as NHS Wales Shared Services Partnership, to account for timely delivery of agreed activities; and
- monitoring arrangements to assess quality and delivery against the IMTP 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.

## **Performance Management by Welsh Government**

Welsh Government has regular engagement and monitoring meetings to ensure accountability conditions set-out by the Minister are adequately assured and that plan delivery is on track.

All health boards and trusts must deliver their plan commitments, including agreed delivery profiles. 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; and
- Joint Executive Team (JET) meetings to include progress against plan delivery.

Organisations in higher levels of escalation can expect significantly increased engagement, meetings and scrutiny from Welsh Government.

## **Integrated Performance Management and Levers for Change**

The benefits of having an approved plan are reflected in a number of ways, including the clear correlation with local autonomy across a number of areas that reflects the trust and confidence that an approved IMTP creates.

Failure to develop an approved IMTP creates a significant governance and operational concern, and breaches at least one of the two duties of a health board or NHS trust. Any NHS organisations that cannot provide a Board approved IMTP must provide a one-year operational plan **by 31 January 2020**. In these circumstances, the organisation should 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;
- Delivery Unit, Finance Delivery Unit and other relevant mechanisms to support, challenge and provide assurance;
- more frequent Quality & Delivery meetings; and
- greater frequency and intensity of Joint Executive Team meetings.

Additional levers have been considered to drive and support improvement, service transformation and sustainability further and faster. A range of incentives and sanctions will continue to be adopted and applied equitably and transparently to recognise sustainable improvements and to prevent poor performance.

### **Performance Management by the NHS Executive**

The creation of an NHS Wales Executive function will have implications for the way performance is directed, managed and scrutinised. Over the coming months the NHS will be kept informed of developments.

In the intervening period the requirements set out in this Framework should be adhered to and the systems and processes referred to, will be monitored and reported in line with the guidance.