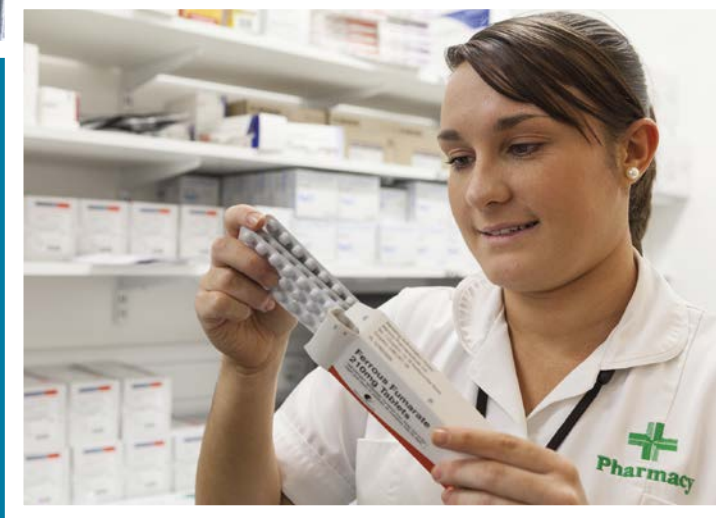




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NHS Wales Planning Framework 2019/22

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Message from the Cabinet Secretary for Health and Social Services

I am pleased to publish the NHS Wales Planning Framework for 2019-22. The Framework sets out the principles that will underpin your 2019-22 Integrated Medium Term Plans (IMTPs), as well as providing the necessary guidance to empower NHS organisations to produce approvable plans.

The production of a strong and meaningful IMTP, is one of the key enablers to achieving high-performing, timely, safe and sustainable services that deliver for the people of Wales.

With the recent publication of [*A Healthier Wales: our Plan for Health and Social Care*](#), it is vital that we see continued progression in the development of a seamless, whole system approach to the delivery of services. Regional Partnership Boards (RPBs) will have a key role to play the development of new models of care, by bringing together local authorities, health boards, the third sector and wider stakeholders. We must ensure that these new models of care are built to be fit for both the present and the future, and are developed with a prudent philosophy.

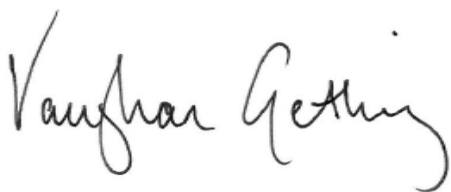
I would expect plans to focus on local and regional leadership, and to contribute to and inform national planning. Strong leadership at all levels is imperative and we must do all that we can to ensure its further development and maturity.

In addition to the requirements confirmed in *A Healthier Wales*, it remains vital that organisations continue to consider other significant pieces of uniquely Welsh legislation such as the *Well-being of Future Generations Act* and the *Social Services & Well-being Act*, as well as our national *Strategy Prosperity for All* when producing IMTPs.

As we embark on the sixth annual planning cycle, I have high expectations of our NHS to deliver. Whilst there is some evidence of the gradual maturing of the integrated planning system in Wales, we cannot shy away from the fact that there remains a significant variation between those organisations with approved IMTPs and those without.

Through the introduction of the Planning Academi, I am certain that our planning skills in the NHS will continue to grow. The Academi recognises planning as a profession and will ensure we see the continued development of highly skilled planners throughout Wales over the next five years.

I wanted to close this foreword by acknowledging that the task at hand is significant. The development of strong plans across the NHS will be critical in our ambition to provide high quality, sustainable, timely and safe services to the Welsh population. With this in mind, we must also continually review how our actions are affecting the NHS that future generations will inherit - a NHS that is resilient, transformational, innovative and thriving.



Vaughan Gething
Cabinet Secretary for Health and Social Services

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

In my role as NHS Wales Chief Executive, I was pleased to note the clarity and strong ambition the Cabinet Secretary sets out in his foreword. I believe we have continued our system progress over the past 12 months, and the high expectations the Cabinet Secretary has for the next 12 months reflect the level of confidence he has in us to continuously deliver in increasingly demanding conditions. I would not only challenge you to plan to meet these expectations, but to exceed them.

On balance, my reflections upon last year's cycle are positive. Even though it was disappointing that we did not see an increase in the number of organisations producing approvable IMTPs, we did see growing understanding of what integrated planning looks like, and how it can assist in the way we sustain and deliver services now and in the future. Whilst not all organisations have approved plans, I was encouraged to see those organisations making incremental progress in the development of their annual plans. We will work alongside them to assist them in achieving their ambition to produce an approved IMTP. I am absolutely certain that with the right plans in place, the extraordinary and exceptional workforce we possess can continue to provide the internationally recognisable services we are famous for, sustainably. We will continue to push for organisations to meet the criteria for approval, rather than lower these.

It is our responsibility to ensure the NHS is handed over safely to the generations that will follow us. Last year's Parliamentary Review described numerous challenges that the NHS and social care will have to face up to over the coming years. In short, it described a model of health and social care that was dysfunctional and unsustainable. That model represents a model that our NHS has operated for many years and can no longer continue to operate if we are to ensure its security and development both now and for future generations. For those of us who lead and work within the system it is within our gift to change this.

A Healthier Wales: our Plan for Health and Social Care has been produced in direct response to the Parliamentary Review. The plan is the first of its kind for Wales, as a joint plan which reflects our long term future vision of a whole system approach to health and social care. One that is focussed upon health and well-being, and preventing illness. To achieve this vision, it will be imperative that Regional Partnership Boards are supported to develop new models of seamless local health and social care, models that will upscale from local to national level. Our national Transformation Programme will ensure that the change needed is taken forward at pace, and I will be keen to see the influence the plan has on your IMTPs.

As part of our ongoing ambition to achieve sustainability, I believe work across health board boundaries must also develop further. I was pleased to see that plans from the last cycle stipulated clearly how organisations planned to work regionally. I cannot emphasise enough how critical this work remains. I want to see more cross-boundary working over the coming years that produces tangible outcomes.

The Parliamentary Review also called for the IMTP planning process, as the bedrock of our planned system in Wales, to be strengthened. *A Healthier Wales* therefore provides a commitment to better align IMTPs with Area Plans, and wider Well-being Plans, as well as setting out the challenge to streamline the IMTP process itself. We need to ensure the end point is not the physical development of a plan, but rather an engrained planning philosophy and process.

In response, we will move this year to a single submission of balanced IMTPs in January 2019, with no requirement for a further submission in March. This represents a challenge to both NHS and Welsh Government officials, requiring different behaviours, strengthened accountability and greater clarity of expectations from all of us. Reconfirming the status of the January submission, will not only bring NHS Wales planning in line with other public services across the UK, but will also enable us all to make earlier

investment decisions and to implement the direction set out in approved plans from the beginning of the new financial year. Submission by 31st January 2019 should however be viewed as a backstop and I look forward to receiving the first IMTPs from Boards in advance of that date.

Finally, there is a need to be evermore efficient with the money we spend and demand for services is higher than it has ever been. Therefore, a plan is only ever as good as the people who are responsible for its implementation. I would like to recognise and thank each and every member of our committed staff. It is because of the passion and desire shown by our workforce which leads me to be confident we can continue to deliver better outcomes and services for the Welsh population throughout the increasingly challenging, expectant, climate our NHS finds itself operating within.

A handwritten signature in black ink, appearing to read 'Andrew Goodall', written in a cursive style.

Andrew Goodall
Director General and Chief Executive of NHS Wales

INTRODUCTION

A Whole System Approach to the Provision of Health & Social Care

A Healthier Wales: our Plan for Health and Social Care, sets a clear ambition to bring health and social care services together for the benefit of service users. This is not a new vision, but is now supported by clear expectations, milestones and design principles to establish new models of care in every part of Wales. The overall aim is to provide services that are designed and delivered around the needs and preferences of individuals, with greater emphasis on sustaining a healthy population and preventing ill health.

To achieve this ambition, Wales must continue to break down the barriers that prevent health and social care services and their wider partners from operating across the whole system, delivering seamless care to the people of Wales. Good planning arrangements are critical to bring together multiple providers and allow the system to be pre-emptive and anticipatory, ensuring that the right level of care is provided at the right time, from the right source and in the right setting. The next year will see many of the early actions from *A Healthier Wales* set strong foundations to support the integrated planning system.

Planning Framework 2019

As we enter the sixth annual planning cycle, IMTPs must continue to demonstrate a truly integrated planning approach. This approach must link population need to quality, service models, capacity requirements, workforce development and capital and financial planning, set within the context of the organisations' longer-term clinical services strategies.

This NHS Wales Planning Framework sets the tone and direction for the next three years and focuses on the delivery of *A Healthier Wales*. This is therefore an important moment in strengthening the development of integrated planning in NHS Wales.

The overarching strategic priority remains to improve population health, focussing on prevention and reducing health inequalities based on the prudent health and care philosophy. Primary and community care, including cluster level planning, are the bedrock of the healthcare system. People access the majority of their care in their communities, supported by hospital services providing more specialised treatments and care as and when required.

Plans should set out how health boards and trusts will work together, and with their partners, to continuously improve services for the people they serve. Regional Partnership Boards (RPBs) are expected to have a strong role to play, bringing together a range of stakeholders, including social care, health, the third sector and the independent sector.

IMTPs must demonstrate evidence of and an emphasis on:

- Implementation of *A Healthier Wales*
- *The Well-being of Future Generations Act* (with a particular focus on how IMTPs are routinely utilising the 5 ways of working and contributing to the well-being goals)
- Fully reflecting the Quadruple Aim
- Quality and Safety
- Prudent and Value Based Health and Care
- Integration and seamless models of care (in line with the *Social Services & Well-being Act*)
- Collective working (including regional and *once for Wales* planning and between health boards, trusts and supporting organisations)
- Maturity and continued improvement across all service areas

Key Welsh Government delivery priorities include:

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

This document supersedes the 2018-21 NHS Wales Planning Framework and applies to NHS health boards, trusts and supporting organisations. As statutory and other duties differ for each type of organisation, there will be differences in the content of plans. It is recognised that the Framework provides a general template more suitable for health boards.

The Framework also applies this year, for the first time to Health Education and Improvement Wales (HEIW), which came into being formally on 1 October 2018 and is currently not covered by the duty under the NHS Finance (Wales) Act. The organisation will be expected to submit an annual plan for 2019/20. Health boards and trusts must therefore ensure they are fully engaged with the new body.

All NHS organisations should tailor their submission in line with their functions and responsibilities, while maintaining the spirit of the requirements. Expectations will be discussed with individual organisations during the preparation of IMTPs and these may subsequently be reflected in accountability agreements.

Financial Allocations

The Welsh Government's draft budget for 2019-20 was published in outline on 2nd October and will be published in further detail on 23rd October. The outline provides sufficient resource planning context to enable organisations to develop their own planning assumptions. Details of organisation's financial allocations will be provided in the financial allocations letter which will be published by 31st December.

Structure and Presentation of the IMTP

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 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. 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; and
- Signposting to other documents where further assurance is required (e.g. detail of local delivery plans)

The following list of headings, set out in Figure 1 below, provides an indication of areas that most organisations will need to cover. The thematic chapters will inform the all Wales plan and be used to identify areas of good practice as part of national planning development.

Figure 1

<p>Foreword</p> <p>Executive Summary</p> <p>Introduction</p> <ul style="list-style-type: none">- Brief strategic overview, encompassing organising principles- Achievements in 2018/19- Opportunities and challenges for 2019-22 <p>The above should be no more than 3 pages</p> <p>Overview of Clinical Services Strategy & Significant Service Change</p> <p>Thematic chapters</p> <ul style="list-style-type: none">- Prevention- Integrated Models of Care- Health inequalities- The Primary Care Model for Wales- Timely access at or close to home- Mental Health <p>Enabling Plans</p> <ul style="list-style-type: none">- Performance- Workforce- ICT- Capital- Finance <p>It is also expected that organisations provide a bespoke section on their proposed collective working over the plans lifespan. This should include local collaboration (e.g. with RPB's and PSBs) and regionally (e.g. cross-border with other health boards and trusts).</p> <p>NB: The body of the document should be no more than 100 pages</p> <p>Mandatory Appendices</p>
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Welsh Government recognises that not all NHS organisations have the same set of responsibilities. Powys tHB, HEIW, the three NHS trusts and the four supporting organisations each has specific portfolios or organisational features which mean that the “standard” framework applicable to health boards will need to be adapted and tailored. The principles set out within this document will apply, although supportive directions will be issued to each of these organisations separately to set out the expected coverage of their IMTP, or an annual plan in the case of HEIW.

PART 1 - STRATEGIC AND POLICY CONTEXT

A Healthier Wales: Our Plan for Health and Social Care

Relationship with Regional Partnership Boards (RPBs) and Partners

A Healthier Wales provides the response to the Parliamentary Review of Health and Care and underpins the Welsh Government strategy '[Prosperity for All](#)' both of which aim to improve health and well-being in Wales and shift the focus from treatment to prevention.

It sets out the need to accelerate the pace at which the health and social care system in Wales moves towards operating on a whole system. Relationships between NHS organisations and their partners in RPBs will need to mature rapidly, as the plan sets out a prominent role for primary care clusters and RPBs in the development and delivery of seamless whole system models of care.

The plan confirmed that IMTPs remain the bedrock of health planning. It is important that plans are developed in close liaison with partners, and are aligned with the RPBs' Area Plans, as well as wider Well-Being plans. While there will be many aspects to an organisation's IMTP that are only within the gift of the health organisation, the areas of integration provide the key to delivery of new models of health and care.

[Area Plans](#) were published by RPBs in April. These set out each region's vision, ambition and priorities, as directed by the Social Services and Well-being Act and informed by robust population needs assessments and extensive consultation. IMTPs should set out how health boards intend to deliver their individual commitments to these partnership plans over the next three years. Integration across health and social care will mean that joint priorities are agreed at RPB level, which will need to be reflected firmly within IMTPs. Clear alignment between an organisation's IMTP and RPB led Area Plan is therefore imperative.

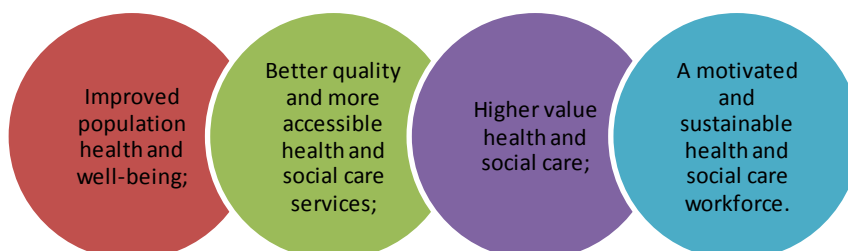
RPBs should be fully engaged throughout the IMTP development process to ensure that an integrated, whole system approach is taken. In turn, the Public Service Boards' Well-being Plans and priorities should also align and be consistent with this approach.

The National Picture

A Healthier Wales highlighted the need for the development of a 'national plan'. This will come in the form of an All-Wales IMTP that will be drawn from each NHS health board and trust plan to provide a national picture, as well as provide national direction in key priority areas.

The non statutory organisations' plans will be expected to dovetail with the health board and trust plans and demonstrate continuity across the system. With this in mind, all organisations must ensure that plans reflect the framework structure. To support this, health boards and trusts will need to be clear on whether the actions they are taking are targeted towards local, regional or national service improvements.

The Quadruple Aim and Ten Design Principles



The Quadruple Aim provides an opportunity to have a shared understanding of how we want to develop our whole system approach to the delivery of services. With the future vision of *A Healthier Wales* in mind, it is important for organisations to consider how their IMTPs incorporate the four themes.

The Ten Design Principles set out in *A Healthier Wales* provide a framework for considering how services need to be redesigned. They provide the structure and context for the work and are not intended to be a tick box exercise. It is not necessary for a potential project or innovative idea/model to demonstrate all ten of the Design Principles as this is counter productive and hinders the rapid cycle of development the plan aims to encourage.

The Design Principles are intended to reflect expectations about how services are developed. They can be used to support organisations to assist the public and their staff in understanding in tangible terms how the Quadruple Aim can be applied to drive change. They are entirely consistent with the Well-being Five Ways of Working, Prudent Health and Care and the *Social Services & Well-being Act*.

Full details of the Ten Design Principles can be seen in [A Healthier Wales](#).

Transformation Programme

To support delivery of *A Healthier Wales* a transformation programme will oversee delivery of the commitments made within the plan. This process has started and the review of the support mechanisms and programme boards will continue over the coming year to create better alignment across the system.

Early submission and approval of plans will enable organisations to identify intentions and ambition in relation to transformation. Organisations' route maps for transformation, including the basis for any proposals must be set out within IMTPs, although detailed proposals will be submitted separately via RPBs.

Legislative Landscape

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.

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

It is now 3 years since the *Well-being of Future Generations (Wales) Act 2015* came into being and this is an opportunity to reflect on the progress that has been made to date. The Five Ways of Working are a now familiar part of our thinking and a number of organisations have framed plans through the sustainable development lens, connecting them firmly to their PSBs' Well-being Plans. This approach challenges us to think and behave differently and it is encouraging to see this maturing. Applying them to service, corporate, financial and workforce planning will focus on long term planning rather than just short term responses or process.

Sustainable development must be a way of doing things rather than an end in itself and the Five Ways should be used to take stock of and shape **what** you do, **how** you do it, and how you **communicate** the difference you are making to the achievement of the well-being goals.

The Future Generations Commissioner has recognised the encouraging signs of change but has challenged the NHS to ensure that it is doing everything it can to respond to the requirements of the *Well-being of*

Future Generations Act. The Commissioner has been clear that IMTPs provide the opportunity to demonstrate NHS organisations' commitment and actions in response to this challenge. To support people to have better health and well-being throughout their lives it is recognised that a shift to a 'wellness' system is required, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.

IMTPs should reflect the progress made to date and be able to provide:

- an update on progress in 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 for you to consider where the organisation is on its 'journey' to fully reflecting the requirements of the Well-being of Future Generations Act. It may be helpful to consider the [Journey Checker](#) included in the recent report from the Office of the Future Generations Commissioner for Wales;
- an understanding of how the organisation is maximising its contribution to the seven well-being goals and, where it is not, provide an honest appraisal of why that might be the case; and
- an update on progress with prevention, particularly to shift services, workforce and resources upstream.

Social Services and Well-being (Wales) Act 2014

A Healthier Wales sets a clear expectation that RPBs will be the key driver of change in health and social care, playing an even stronger role in supporting cross boundary working, and in particular leading the introduction of seamless models of care. Each RPB will be required to identify and promote at least two models of seamless locality-based health and social care services, aligned to the Quadruple Aim and Design Principles by the end of 2018.

Primary care clusters will need to continue working closely with RPBs to promote transformational ways of working. Jointly agreed RPB priorities should be strongly reflected in health boards' IMTPs. This demands ever greater collaboration between the NHS, local authorities, the third sector, the independent sector, service users, carers and wider stakeholders.

IMTPs will be expected to demonstrate that funding, including pooled budgets, as well as joint commissioning arrangements and integrated services, have been routinely considered in response to the priorities in the joint population needs assessments.

It is imperative that in responding to the needs of patients/ service users, that carers' needs are also reflected. This means ensuring that there continues to be a clear focus on the role and contribution of carers within NHS plans. For example, plans for admission avoidance, patient flow, and care at home initiatives must all consider the needs of carers as well as patients.

Organisations should demonstrate with specific and measurable actions in their IMTPs how they are working with partners, service users and carers to create seamless services. In particular, there should be a focus on the priority areas for integration under the Act (i.e. older people with complex needs and long term conditions – including dementia, people with learning disabilities, carers - including young carers, integrated family support services, children with complex needs due to disability or illness).

Public Health (Wales) Act 2017

The Public Health (Wales) Act 2017 comprises a series of legislative provisions in a range of discrete public health policy areas.

Whilst the Act covers a range of areas, a number of elements will be of particular importance to NHS organisations. By way of example, bans on smoking in hospital grounds have been placed on a statutory footing, and there are requirements on health boards to produce a pharmaceutical needs assessment and to carry out health impact assessments in certain circumstances. NHS organisations will also have a keen interest in other areas such as the development of a national strategy for preventing and reducing obesity levels in Wales.

NHS organisations should demonstrate an awareness of the legislation and the steps they will need to respond to different parts of the Act coming into force. A summary of these actions should be included within IMTPs, and signposting provided to the relevant, more detailed underpinning plans.

Nurse Staffing Levels (Wales) Act 2016

The Nurse Staffing Levels (Wales) Act 2016 set 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 Guidelines were 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 for 2019/22 will be expected to reflect these requirements.

Welsh Language

IMTPs must demonstrate that organisations are meeting the statutory requirements set out in the *Welsh Language (Wales) Measure 2011* and the Welsh language standards agreed with the Welsh Language Commissioner. This includes the requirement that services are planned and delivered in line with the Welsh language 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.

NHS organisations should promote the use of Welsh language across all services including the primary care sector and recognise that a patient receiving care in their first language is a key patient experience and quality issue.

Organisations must have a Welsh Language Bilingual Skills Strategy in place which is monitored through local teams and 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. Health needs assessments should be designed to identify issues of language and that the population assessment is undertaken in line with the Social Services and Well-being (Wales) Act 2014.

Quality

A Healthier Wales sets clear expectation that quality must be at the centre of our thinking, in the commissioning and delivery of services and in all our engagement with partners, citizens and service users, whatever the setting.

Wales has set high quality as a key priority which underpins all aspects of services, settings and contacts with the NHS in Wales. The Quadruple Aim is central to this approach.

Value

In an environment where there is a need to be evermore efficient, it is critical that consideration is given to the impact the provision of a services will have.

Value in health and social care go hand-in-hand with quality when measuring the effectiveness of services provided. With a strong alignment to the prudent health and care philosophy, value is about achieving desired outcomes that matter to individuals whilst considering the relative impact in terms of cost that achieving those outcomes would have.

IMTPs should reflect the progress made to date on Value Based Healthcare and be able to set out approach, programme and priorities.

Prudent Health and Care

The agenda is challenging, and a step change is required in the delivery of care and services. Delivery of *A Healthier Wales* requires organisations to develop greater levels of engagement with citizens, and across health board and organisational boundaries.

Prudent Health and Care enables NHS organisations to work with patients to bring evidence-based practice to bear.



There is a clear opportunity and expectation that NHS organisations apply prudent principles to the integration of projects and priorities. For example 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 ten Design Principles set out in *A Healthier Wales* and should be used to guide transformational and delivery plans.

Health Inequalities

Organisations must place the reduction of health inequalities at the heart of their planning and delivery systems. To facilitate this, the strategic equality plan should inform the organisation's long term vision for their population, setting out how tackling inequality and barriers to access will improve the health outcomes and experience of patients, their families and carers. This should demonstrate that prevention and health improvement are understood to be the responsibility of the whole organisation and all those who work within it.

Plans should also set out a good understanding of the social gradient and recognise where there is a higher prevalence of lifestyle-related and social harms, illness and early death in more economically disadvantaged groups.

Equality Act 2010

IMTPs must demonstrate that the organisation meets the statutory requirements as set out under the Equality Act 2010 to ensure that reasonable adjustments are made to deliver equity of access to healthcare services for all individuals. This duty is anticipatory and requires public bodies to be proactive in making adjustments to ensure all access and communication needs are met.

NHS organisations must have a Strategic Equality Plan in place, which should be monitored, to demonstrate they have met the diverse needs of patients and staff when planning and delivering health services, and promote learning, collaborative working and best practice on equality and human rights across the NHS.

Longer Term Planning and Clinical Services Strategies

Development of NHS long term plans and clinical services strategies have progressed at varying rates. All NHS organisations must have clinical services strategy, approved by their Board. It should clearly set out their long-term vision for how they will meet the needs of the communities they serve. A longer term strategy of each organisation 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.

Each NHS organisation must ensure their 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 service models will be realised.

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 engagement with patients, carers, clinicians, staff, Community Health Councils, local communities and other partners.

When considering significant service change the NHS must take account of the *Guidance for Engagement and Consultation on Changes to Health Services 2011*. Health boards and trusts should have appropriate and robust 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 early and continuous engagement is more effective in helping to ensure that plans are successfully informed, developed and implemented.

Commissioning

Within the context of implementing population focused, longer-term clinical services strategies, IMTPs are required to set out commissioning intentions for their population, and delivery milestones for clinically led transformation over the next three years, including:

- Well-being: Ensuring an over-arching focus on the prevention and reduction of health inequalities utilising the principles of prudent health and care throughout the IMTP (to include social prescribing and third sector services);

- Care closer to home: Planning and delivering the majority of care closer to home, collaboration through primary care clusters and RPBs for a sustainable, accessible and integrated multi professional, multi sector primary care service;
- Independent primary care contracted services and third sector services to enable the delivery of the Primary Care Model for Wales;
- New Models of Care: Working through primary care clusters and RPBs to introduce a sustainable range of seamless services, which promote independence utilising joint commissioning and pooled budgets;
- Acute Care: Ensuring the provision of safe and sustainable secondary care services (including centralised or networked services, regional planning and inter health board commissioning).
- Tertiary and Specialised Services: Strengthening approaches to commissioning services provided for the benefit of local populations. The relationships and arrangements between health boards and with Velindre, WAST, WHSSC and EASC will be critical and should be reflected in the interfaces between IMTPs.

To realise the benefits of an integrated healthcare system in Wales, it is vital to secure the best possible services that deliver value for money 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.

Digital and Data

A Healthier Wales referred to Digital and Data as a key enabler of transformational change which can provide a shared platform for safe and effective joint working between organisations and 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 realising the multidisciplinary workforce we need for new models of care. Health boards and trusts must fully engage 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. Building on the organisation's Strategic Outline Plan (SOP), the IMTP must demonstrate how clinical care and services will be increasingly data driven and how informatics will support this.

To ensure that the NHS maximises the use of technology, it will become increasingly important that a 'Once for Wales' approach is adopted. Organisations that are able to share information effectively and efficiently will be able to realise the aim of providing a multidisciplinary workforce that is able to adopt new innovative models of care, and deliver high quality, sustainable and outcome based services for the people of Wales.

Sustainable Funding Position

The Welsh Government's outline budget for 2019-20 sets out significant new investment in health and social care next year, with £192 million being specifically allocated to take forward the implementation of *A Healthier Wales*. This funding will be 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 is in addition to the £220 million increased NHS investment for 2019-20 announced in the 2018-19 budget 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*. The budget also confirms further

investment in capital funding of £4.5 million in 2020-21 in addition to the £61 million funding announced in May.

A Healthier Wales describes the actions that are being taken forward centrally to achieve a sustainable funding basis for health and social care in the long term. This includes 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 is that they are able to demonstrate in their plans increased investment in preventative activities, and also a commitment to implementing pooled budget arrangements around client groups.

National Executive Function

A Healthier Wales set out the commitment to create a National 'Executive Function' to ensure that health boards, trusts and supporting organisations function within the context of a single national system and contribute to securing benefits for the population as a whole. It will provide leadership and direction and ensure a consistent approach across Wales. Further clarification will be provided in the New Year to explain how the relevant collaborative planning, delivery and performance activities will be brought together as an NHS Wales Executive Function reporting directly to the NHS Wales Chief Executive.

Over the course of 2019 a review will be undertaken of specialist advisory functions and other national delivery programmes to consolidate national activity and clarify governance and accountability under the NHS Wales Executive.

PART 2 – DELIVERY EXPECTATIONS

Part 2 sets out the expectations of NHS organisations to develop and deliver Integrated Medium Term Plans.

IMTPs need to reflect the strategic and legislative landscape within Wales if health organisations are to deliver high quality, prudent services that meet both the priorities and ambition of the Government and the needs of their populations.

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 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. As a new organisation, HEIW will be submitting an annual plan for 2019/20.

IMTPs must demonstrate how organisations are planning to deliver key performance areas. Not all areas will be relevant to all NHS organisations. The [NHS Delivery and Outcomes Framework](#) that accompanies this guidance sets out the overall performance requirements. Discussions will be held with all organisations, including those organisations which have specific areas of focus to agree their key deliverables, finance and workforce profiles ahead of plan submission.

The IMTP should be shaped and informed by population needs assessments, the long-term strategy, partnerships plans, earlier rolling IMTPs and cluster plans to set out the actions for the next three years in the organisations 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 are unable to develop a balanced and sustainable 3 year IMTP by 31st January 2019 will have failed in their statutory duty. These organisations will be escalated accordingly in line with the set governance arrangements.

Where Boards are unable to submit a balanced 3-year plan, organisations will need to submit very clearly defined plans for year 1, in line with their annual operating plans, and set out the indicative and outline aspects of their plans in the same way. A detailed annual plan will need to provide the additional assurance about the focus of the organisation, including actions and timescales to develop future balanced and sustainable IMTPs, and will be required until such time as a Ministerial approved IMTP is achieved.

Delivery Framework

The draft NHS Delivery Framework continues to align with a sub set of the population outcome indicators from the public health framework. Work continues to review the measures and their ongoing relevance. Current measures remain until organisations are formally notified of its removal or amendment. Performance and service teams will be involved in ongoing work to develop both the integrated indicators and delivery/ performance measures working jointly with social services to agree the definitions and data collection.

While there will remain a national delivery focus on certain target areas such as access, recent developments around eye care measures and single cancer pathways will be integrated into the framework following the agreed shadow reporting periods.

Organisations must continue to plan for and deliver improvement across all the seven domains and measures. The measures remain a mixture of qualitative and quantitative data but all reflect policy priorities to improve service delivery and support the achievement of improved outcomes for health and well-being. New measures with a clearer outcome focus will continue to be explored and the role and reporting of such measures as PROMS and PREMS will start to feature as important delivery measures going into the future.

In the meantime, work has commenced to explore the recommendation within *A Healthier Wales* to develop one integrated outcome framework for both health and social services by 2020. There is an ambition to have one integrated outcome framework going forward to further drive the integration of services across health and social care. The changes will be gradual and will also continue to explore opportunities for shared and integrated measures across the wider public sector. The aim is to reduce duplication to ensure that the delivery of outcomes becomes a shared priority across the public sector.

National Programmes

IMTPs need to reflect and respond to the national programme boards: Primary and community care; planned care; unscheduled care; and efficiency and value based healthcare.

The national programmes have been developed to deliver sustainable, accessible, cost-effective and efficient services close to people's homes to ensure improved patient experience. They are intended to support organisations to collaborate with their partners, to plan, deliver and maintain a balanced sustainable service. Working across the patient pathway, they maintain a clear focus on efficiency, consistency, collaboration and quality. The programmes seek to implement a whole system approach, to encourage a proactive, prudent health and social care environment. As all-Wales programmes, they are well placed to identify and share good practice as well as provide challenge where needed.

To drive forward the next phase of these programmes, Welsh Government is seeking further commitment to standardising approaches, methodologies and services where it is appropriate to do so on an 'adopt or justify' basis. It is expected that organisations will engage with these national programmes and demonstrate commitment and action to adopt the programme guidance to assist sustainable delivery and to reflect this in their IMTPs. Plans must identify the areas where they are non compliant, if any, and set out the action being taken to remedy this position.

These programmes are not static and health boards will be required to implement new ways of working and approaches throughout the planning period and need to ensure that their IMTPs are able to adapt accordingly. Health boards and trusts must ensure that their plans respond effectively to the priorities set

out in the national programmes supporting unscheduled care, planned care and primary and community care, and efficiency and value based healthcare

Unscheduled Care and Winter Plans

In response to *A Healthier Wales, a Policy framework for unscheduled care: when something unexpected happens* will be launched later this year. It will describe the key attributes of a high performing unscheduled care system for NHS Wales' organisations and partners to aspire, to the benefit of staff as well as patient experience and outcomes when citizens have an "unexpected need for advice, care or treatment". NHS organisations and partners should co-produce medium term plans to deliver high quality services consistently across Wales. A high level summary of seasonal plans must be integrated within IMTPs, including the management of risk, particularly over the winter period. For example, performance trajectories such as unscheduled care and RTT should reflect the predicted impact of seasonal pressures including flu and the recovery trajectory for key services. Predicted changes in bed utilisation such as "step up/step down" beds and assumptions around staffing requirements must be included within the IMTP. The detailed plan can be included via a link.

Major Health and Other Chronic Conditions

Wales has the highest rates of long-term limiting illness in the UK accounting for a large proportion of unnecessary emergency admissions to hospital. Delivery plans should set out how they:

- Contribute to the organisation's strategic approach to transforming care;
- Are developing regional and supra-regional solutions for services facing significant sustainability challenges;
- Are delivering a Value Based Health Care approach.

Issues relating to the nine major health conditions, rare diseases, organ donation and transplantation and other chronic conditions, such as capital requirements, workforce planning, service reconfiguration etc, should be referenced where appropriate and clearly linked back to the relevant local priority.

Workforce Planning

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

Changes in practice and training, recruitment and retention challenges, and new models of care all mean that innovative workforce solutions. Multidisciplinary teams at all levels are providing good, innovative care to patients in a way that allows people to be looked after closer to home. Joint working with social services meets all aspects of care for a patient and their carer, instead of separating health and social needs. Further advice and support is available from HEIW, the new statutory body which will provide strategic leadership for workforce planning.

Research and Development

High quality research can 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. As well as the benefits conferred to patients, research active organisations provide better care not least because

research generates evidence which ultimately transforms practice. Organisations will be expected to demonstrate how research and development is informing their planning, financial and decision making.

Plan Delivery

Organisations are expected to monitor and deliver their plans for innovative and integrated models of care that reflect the outcomes set out in *Prosperity for All*. Plans should deliver the Quadruple Aim in each area of service change and development.

The true test of any plan lies in its implementation and the resulting improvements in outcomes, service delivery and patient experience. It is critical that plans and transformations are evidence driven by knowledge, research, innovation, and use of data. Research should be aligned organisationally with both innovation and improvement to find new and better ways of delivering health and social care outcomes.

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.

Effective governance, 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.

BREXIT

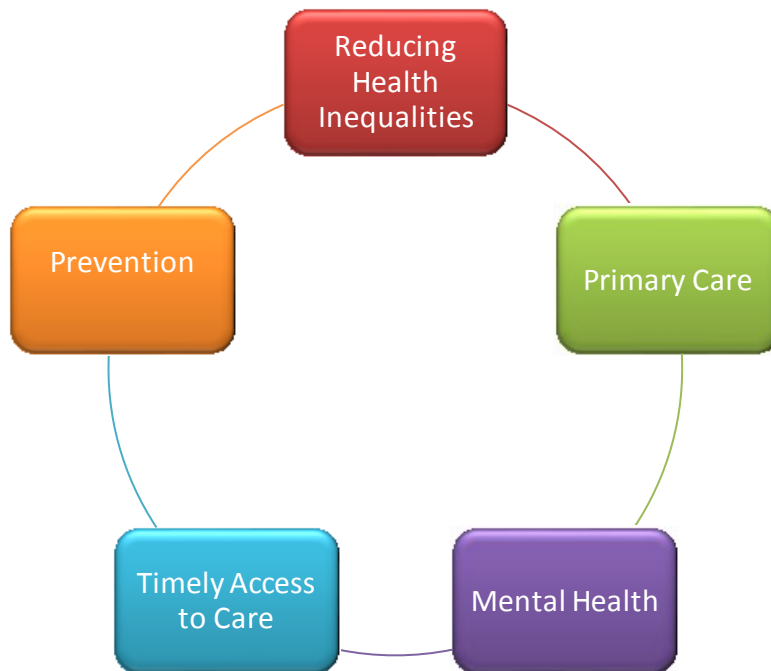
As UK Government negotiations on BREXIT continue the exact implications for NHS Wales are uncertain at this time. It is therefore vital that NHS organisations update their business continuity plans as a matter of urgency. These should be kept under constant review. In the meantime, updates will be provided and discussions will continue via the NHS Wales Executive Board.

Priority Areas

How are you delivering integrated models of care?

To support delivery of plans at pace, and within resource, organisations should by now expect their default position to reflect integrated models of care and support (whether that be across primary, community and secondary care; physical and mental health services; across health organisations; or health and social care). IMTPs should draw out the benefits and outcomes of the wider collaborative and coproduced models and describe the next stage of their development. In line with expectations of the RPBs, where joint assessments have resulted in joint priorities, IMTPs should describe how pooled budgets were, or are being, considered and put in place. RPBs will have a leadership role in agreeing priorities and supporting and integrating new integrated models of care.

The following priority areas for improvement should be woven and embedded through IMTPs.



How are you working together to focus on Prevention across the whole patient pathway to deliver better outcomes?

‘Prevention’ in the context of the *Well-being of Future Generations Act* and five-ways of working is very 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 well being 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.

This is fundamental to understanding and addressing the underlying causes of the issues that people and communities face. Taking early action rather than reacting at the point of crisis can, for example, prevent a potential deterioration in a person's health and well-being. An important aspect of this principle is that understanding the cause and effect of issues is clearly linked to integration and collaboration, and sharing of resources across sectors and boundaries can enable joint preventative approaches to be taken.

Primary prevention requires greater emphasis in plans going forward to ensure services are sustainable and incorporate preventative approaches across pathways. The prevention agenda is expected to be reflected in the National programmes work. Organisations should be looking to work with partners to improve delivery of universal preventative programmes, including obesity, childhood vaccinations, tobacco control, and support for population screening pathways. Plans should explain how they support physical and mental health resilience.

As well as consistency in high-level priorities, there should be tangible read-across in terms of integrated working between health boards and Public Health Wales to deliver against joint priorities for prevention.

How are you Reducing Health Inequalities for your local population?

Reducing health inequalities remains one of the Welsh Government's overarching aims. Issues impacting on health are much wider than the NHS alone and the work of Public Service Boards is vital to inform collaborative, cross-sector working which will drive down health inequalities.

IMTPs must be clearly aligned with the Well-being and Area Plans, as well as the Strategic Equality Plan. In addition, addressing the inverse care law will also have a significant role to play in reducing health inequalities and inform local delivery. IMTP's should take additional measures to set out their plans to reduce health inequalities for people with learning disabilities.

In order to do this effectively, organisations must be able to analyse and monitor progress against outcomes.

How are you adopting and adapting the Primary Care Model for Wales?

The Welsh Government continues to expect greater pace and scale locally in adopting and adapting the Primary Care Model for Wales to achieve its strategic aims of sustainable local care and support, improved access to information, care and support and people being able to access the majority of their care at, or close to home. This will mean organisations clearly specifying which services will be moved away from hospital settings and provided in the community,

This can be achieved by strengthening collaboration between planners and providers from across the health and care system through the 64 primary care clusters. Cluster level population needs assessment and 3 year planning needs to be strengthened rapidly and IMTPs must set out action specifically for this. Organisations will also need to evidence in their IMTPS how they are adopting the good practice which is emerging from the national primary care pacesetter programme.

A Strategic Programme for Primary Care, informed by *A Healthier Wales* and building on the delivery of the national primary care plan (2014), has been developed. This implements once for Wales work to drive greater pace and scale at a local and organisational level,

How are you providing timely, equitable access to care across the width and breadth of all services you provide for your population?

The public expects timely access to the services they require, wherever they are delivered. This includes access to services provided locally, such as the care and support people rely on from GPs, nurses, dentists, optometrists, pharmacists, community connectors, therapists, paramedics, planned care, unscheduled care and mental health services, as well as from the third sector. Preventative and well resourced primary care will meet people's needs in a timely way at or close to, home and this will support the delivery of access targets for planned and unscheduled care.

Access to timely care, whether in the community, in secondary care or as part of an integrated pathway of care, is a key indicator of quality, and delays can result in harm. Therefore, the focus must not be exclusively on those areas in which there is a national target. Each organisation must set its own expectations for timeliness through its plan. *Prosperity for All* set out the strategic integration that is necessary, so health boards and trusts must consider the wider impact of delays in care and treatment on other issues such as the financial impact and housing. In areas where there are national targets for timeliness, IMTPs must set out how the organisation plans to achieve those targets, with improvement trajectories where required.

Organisations are specifically asked to consider how a shift in focus from secondary to primary or community provision could be achieved through the remodelling of patient pathways and the implementation of the guiding principles for district nursing. Wherever possible, evidence of the anticipated shift in activity, workforce and associated resource should be provided.

How are you ensuring people receive the level of care and support that they need to maintain their well-being, and to manage their mental health conditions?

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 this proportionate consideration within IMTPs. The three year delivery plan that underpins the *Together for Mental Health* strategy sets out clear priorities and the IMTP must demonstrate the organisation is delivering against them.

IMTPs must also 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.

Key Policy Changes

Additional detail has been provided for some specific areas of delivery, where there is an imminent change or increased priority within the National programmes. The following specific issues will require attention and assurance from health boards within IMTPs.

Single cancer pathway

Over the last 24 months, considerable efforts have been made towards understanding the system requirements for implementation of the single cancer pathway. This has included clear guidance on the start of suspicion and the implementation of new clinically led pathways for the major tumour sites. Demand and capacity analysis for the single cancer pathway should be reflected in IMTPs as well as robust

plans for implementation of the new measures. A date for dual reporting of the measures will be announced in November 2018. In the meantime shadow reporting should be maintained via the Welsh Government

Ophthalmology

Health boards will be shadow reporting against the new eye care measure from 1 September 2018. This will determine what percentage of patients (both new and follow ups) have not been seen within 25% of their target review date. IT systems have been developed in order to facilitate this for the majority of health boards. IMTPs will need to demonstrate robust plans to manage the expected level of patients that will not be seen by their target review date, supported by plans to implement the cataract pathway and increase the number of glaucoma patients seen by a non-medic.

Urology

The Welsh Urology Planned Care Implementation Plan aims to reduce unnecessary follow ups across health boards to deliver a prudent service for urology across Wales. The 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 will need to develop effective implementation plans to embed this proposal and ensure that this will be 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. It is the Welsh Government's expectation that both overdue follow up appointments and new follow up appointments will be reduced considerably during the next operational planning period

Critical Care

In the last few months, considerable work has been taken toward understanding the requirements for people who are critically ill in Wales and how we can develop services to address the current capacity shortfall which are safe and sustainable. The Task and Finish Group for Critical Care will set out their recommendations in relation to the allocation of the additional £15 million funding and for the development of services early next year. This will include new critical care performance measures which will be introduced later this year. The additional funding provided by Welsh Government does not replace the need for health boards to invest in critical care services. Demand and capacity analysis for critical care should be reflected in IMTPs.

Learning Disabilities

In June 2018 the Learning Disability Improving Lives programme was launched. 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. There are also recommendations on the NHS provided specialist services for people with learning disabilities. IMTPs should be aligned to these specific recommendations including in this community based services and services for children and young people. The plans should also reflect the responsibility of health boards in terms of joint working on the wider Improving Lives recommendations.

Loneliness and Isolation

There has been a growing awareness about the impact of loneliness and social isolation and the detrimental effect they can have on our mental and physical well-being. In Taking Wales Forward 2016-2021 and in the Welsh Government's response to the National Assembly for Wales' Health, Social Care and Sport Committee's inquiry on the impact of loneliness and social isolation among Wales' older population, we confirmed our commitment to developing a nationwide and cross-government strategy to tackle these issues by March 2019.

The economic, health and social consequences of loneliness and isolation are significant, particularly in respect of their impacts on public services. The British Red Cross estimates each older person who requires services as a result of loneliness and isolation could cost £12,000 per person over the next 15 years. Health boards, working with key partners, will therefore need to set out how they plan to address these issues.

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.

The updated [guidance, enablers and service specific pages](#) which give more detailed information about expectations from Welsh Government policy leads and should inform your all year round whole system planning, and evidenced within local delivery planning mechanisms. NHS organisations are expected to demonstrate how they meet Welsh Government expectations within the IMTP by exception, and if relevant against the local key priorities identified within it.

GOVERNANCE - Timetable and Process

Engagement

The Welsh Government NHS Planning Team and policy experts will engage with NHS organisations commencing from October 2018. This will involve regular meetings with all NHS organisations through to the submission of IMTPs 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 however be on individual organisations to contact Welsh Government colleagues as soon as they become aware that they face difficulties in developing an approvable IMTP to discuss key risks. There should be no surprises in IMTP submissions in January 2019.

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

Plans for the NHS supporting 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 supporting 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.

IMTP Deadline

All plans must be submitted by 31st January 2019 at the latest (and can be submitted at any point prior). They must be fully completed and financially balanced, including:

- performance, workforce and finance profiles;
- fully populated mandatory templates; and
- identify any area of issue or risk by exception.

The plans must demonstrate how key priorities will be delivered, be financially balanced and approved for submission by NHS Boards. Organisations must be able to demonstrate how they have liaised with partner and supporting organisations such as HEIW, WHSSC, EASC, WAST 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 in February 2019 and provide advice to the Cabinet Secretary, 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 2019.

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 risk losing IMTP approval.

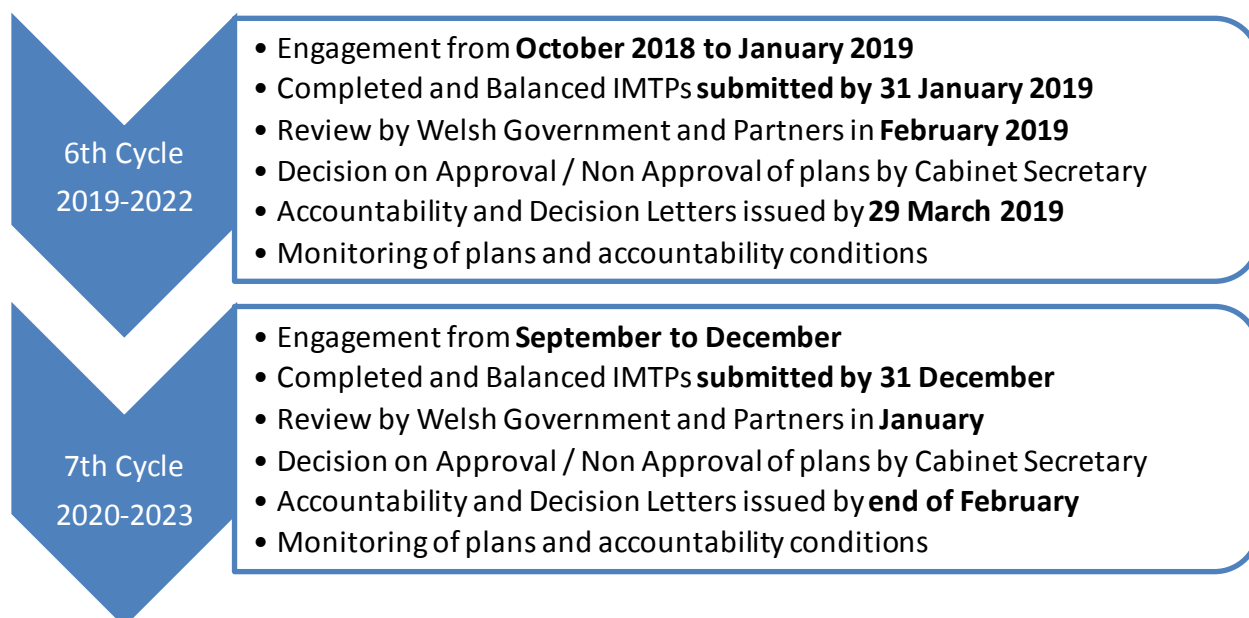
Any delay in submission may result in escalation and/or increased performance management arrangements.

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

- The Cabinet Secretary for Health and Social Services formally writing to the organisation’s Chair seeking immediate assurance;
- An Accountable Officer letter will be issued from the NHS Wales Chief Executive; and
- The Cabinet Secretary may require a meeting with the Chair to discuss Board Governance.

The Chief Executive of any organisation that 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 their Chair explaining the position, the action they are taking and when their IMTP will be completed.

IMTP Timeline



Performance Management

The creation of an NHS Wales Executive function will have implications for the way performance is directed, managed and scrutinised. Over the coming year the NHS will be kept informed of developments and the implementation of the Transformation Programme. In the intervening period the following guidance should be adhered to and the systems and processes attached to it should be monitored and reported as appropriate and in line with the guidance.

Performance Management by Boards

NHS organisations are required to produce approvable IMTPs. 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 itself 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 the 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;
- 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 arrangements for IMTP monitoring for 2019/20 onwards are currently being reviewed and streamlined. This will include the method and frequency for reporting against accountability conditions, as set out in the accountability letter. Further guidance will be issued later in the year.

As planning is a continuous process Boards should, at a minimum, undertake a Mid Year Review of the plan delivery, with particular reference to a forward look on the implications, consequences and potential changes to years 2 and 3 of the plan. With the new proposed enhanced monitoring arrangements around the delivery of plans, the Welsh Government will also look to hold mid-year reviews with organisations. These will be held annually to ensure accountability conditions set-out by the Cabinet Secretary are adequately assured and that plan delivery is on track.

All health boards and trusts will 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;
- 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. Financial flexibility, capital funding procedures and reduced performance monitoring are all examples where organisations can exercise levels of discretion that are not available to organisations without approved IMTPs.

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 health board or NHS trust that does not achieve IMTP approval will provide a one-year operational plan whilst they improve their ability to develop a three-year plan. 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;
- engagement with the Delivery Unit and other relevant mechanisms to support, challenge and provide assurance;
- more frequent Quality & Delivery meetings; and
- increased frequency 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 be adopted and applied equitably and transparently to recognise sustainable improvements and to prevent poor performance. Further detail on levers for change will be issued at the end of the year/ in the New Year.

Progress levels	0 Not achieved	1 Basic Level	2 Early progress	3 Results	4 Maturity	5 Exemplar
Key Elements	<i>No evidence</i>	<i>Principle accepted. Commitment to delivery</i>	<i>Early progress in development</i>	<i>Initial achievements evident</i>	<i>Comprehensive assurance in place</i>	<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.	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.	Plan components tailored to a clear service transformation. Impact of commissioned or supporting organisations taken into consideration.	Coherent aligned plans, including commissioning plan, are performance managed, with staff owning, recording and acting on variance.	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. May not have board approved clinical strategy.	Health strategies embedded into organisational plans. Some recognition of partnership planning. Board approved clinical strategy is in place.	Plan reflects national health and partnership priorities, long term strategy and is broader than health and social care with evidence of priorities such as transport, housing etc.	Local plans and national policy are aligned, showing contribution to wider economy and impact on health and well-being and Prosperity for All. WbFG's 5 ways of working are apparent and embedded.	Board contributes to national policies, strategies and innovation efforts. Active exporter of skills and techniques. Working across public and third sector. Has 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 and impacts of changes in technology, healthcare innovation reflecting clinical excellence.	Centres of excellence for clinical and/or teaching services. High performing across non clinical measures (eg staff survey, corporate standards).
4. Dynamic and Engaged Planning: Reflecting a dynamic, engaged and ongoing approach to planning . Process is impacting on outcomes.	No evidence that plan is owned across the organisation and within the community.	All staff and partners are aware and engaged in plan development. Organisational staff respond to corporate requirements but may 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 including health, boards, trusts, LA's and third sector. Organisation engagement is evident in practice and reflected in plan.	Plan benefits partners, neighbours and local health economy. Planning is co-ordinated across and up the organisation. Feedback from engagement influences and challenges the plan.	Engagement activities inform plans and influence change. Feedback loop in place. Track record of high performance and engagement with stakeholders