



North Powys Wellbeing Programme Stage 2 Engagement

December 2019 to January 2020

During last summer, we worked with residents and staff across towns and communities to understand what keeps people safe and well in their home and community of choice. We also wanted to know what health and wellbeing services our residents use, what that experience is like, and what they feel could be improved nearer home, across north Powys and outside of the county in more acute/specialist surroundings?

The first stage of engagement from June to September 2019 gave the programme team a very rich and diverse insight to what keeps people safe and well in their communities, and what services they use currently, and would like to see improved. There were common themes throughout; transport, mental health services, GP practices, services for children and young people, community hospitals, libraries, access to green space, and cultural experiences. It also showed us how diverse and unique each area can be, meaning that no single Model of Care could fit all.

The feedback we received was then coded and sub-coded against the draft Model of Care, further strengthening the earlier work carried out by health and social care professionals, including third sector and primary/secondary care input.

With an updated Model of Care, we were ready to enter a second stage of engagement to see whether or not the public and staff felt their insights and experiences had been reflected in the draft document.

On December 13, we officially launched our website www.powyswellbeing.wales as our front door to information on the North Powys Wellbeing Programme. The site gives a high-level overview of the local and national ambition of improving health and care services, detail of the multi-agency campus and location, FAQs, and key documents that support the programme and journey to date.

It was also an ideal platform in which to place an online survey via citizen space. Key information such as the Model of Care, Case for Change and Engagement Report were placed at www.powyswellbeing.wales/keydocuments. The page was promoted via email to key stakeholders and staff, as well as social media updates to guide people to the page. Results of the survey can be found at the bottom of this report, including the qualitative comments received.

In addition to the website and online survey, the Model of Care and engagement feedback has been shared with a number of key stakeholders. This has included staff, partner organisations, respective governance boards, and wider networks.

This included:

- North Powys Adult Social Care Leads (Welshpool/Newtown/Machynlleth)

- North Powys GP Cluster meeting
- Age Well Forum – Regional Partnership Board
- PTHB Staff – Montgomery County Infirmary
- PTHB Staff - Welshpool
- Local Members – Newtown x 5
- PTHB Staff – Llanidloes War Memorial Hospital
- PTHB Staff – Bro Ddyfi Community Hospital
- Community Health Council – Montgomeryshire Meeting
- Llanidloes Patient Forum
- Machynlleth Patient Forum
- Clinical Advisory Group
- Local Medical Council
- Local Partnership Forum
- Social Services Extended Leadership Team Session
- Joint Partnership Board
- Regional Partnership Board
- Newtown Patient Forum

Further scheduled meetings to share the updated draft Model of Care include:

- Programme Board
- Oversight Group
- Public Service Board
- Innovative Environments Group – site engagement
- Llanfyllin Patient Forum
- Health and Social Care Scrutiny
- PTHB Execs
- PCC Executive Management Team
- PCC Cabinet/Management Team
- PCC Cabinet
- PTHB Board Development
- Transformation Board
- Welsh Government Reviews

In late January, we had an informal workshop with Nick Duffin from the Consultation Institute at Ladywell House, Newtown. Engagement leads from PTHB, PCC, RPB, PAVO, and members of the programme team were in attendance. The workshop was based on co-production, what that means to us as an organisation, and how that term could be interpreted by residents in Powys.

The session was very valuable in challenging us to think about co-production vs. co-participation, and ultimately whether our development of a Model of Care has shared decision making as it moves to a design phase, or that we were simply gathering information to help us shape the plan.

Nick also gave us assurance that the work undertaken to date in relation to engagement, materials and frequency was a very good standard. Engagement techniques and sessions were shared, and discussed some very good, and fun, ways of delivering future engagement workshops.

Looking ahead, we will ask the Consultation Institute to carry out a Quality Assurance report later this summer, and advice on next steps before we enter service design and delivery. Engagement and consultation best practice design and planning workshops to be commissioned later this summer.

During early February, we will be drafting an 'everyday read' of the Model of Care. This involves turning the current Model of Care into a narrative that the general public would find easier to understand with less clinical/social care jargon. This draft of the full document can then be edited down to a more manageable bilingual summary as the Model of Care nears its final version.

A 'plan on a page' is also underway in draft form with Scarlet Design to tell the story through a visual landscape that is inline with our branding of the Health and Social Strategy. This Powys 'utopia' of health and wellbeing services will show how the home, community, region and borders are interlinked across Powys. (note a draft may be available today)

We suggest the 'plan on a page' is strengthened and agreed at a workshop made up of a small task group from execs and programme board with Scarlet Design at an agreed date during February. This direct input and ownership will help guide and ensure the final MOC is designed inline with the previous Health and Care Strategy branding.

Stage 2 engagement results and feedback on the draft Model of Care.

Online Survey – satisfaction results, draft Model of Care based on 35 responses.

Question 1: To what extent do you agree or disagree with how health and wellbeing services will look in the future at home?

Strongly agree 5 14.71% (2)

Agree 23 67.65% (1)

Disagree 5 14.71% (2)

Strongly disagree 1 2.94% (3)

Question 2: To what extent do you agree or disagree with how health and wellbeing services will look in the future in the community?

Strongly agree 4 11.76% (2)

Agree 25 73.53% (1)

Disagree 4 11.76% (2)

Strongly disagree 1 2.94% (3)

Not Answered 0 0%

Question 3: To what extent do you agree or disagree with how health and wellbeing services will look in the future across our region of north Powys?

Strongly agree 5 14.71% (2)

Agree 24 70.59% (1)

Disagree 3 8.82% (3)

Strongly disagree 2 5.88% (4)

Question 4: To what extent do you agree or disagree with how health and wellbeing services will look in the future from out of county specialist services?

Strongly agree 4 11.76% (3)

Agree 24 70.59% (1)

Disagree 5 14.71% (2)

Strongly disagree 1 2.94% (4)

Survey qualitative comments via Citizen Space Survey:

Is there anything else you feel could be missing from the Model of Care? If so, please share your thoughts in the box below. - Comment box
The need to share with mid Powys so communities could gain not sure they are aware especially for put patient services for those on Shropshire borders
Mental health - more available talking therapies. Investing in support worker to enabled people with mental health to integrate into the community.
I found the model of care quite difficult to understand, whilst I appreciate it is a strategy, I would have expected to see more tangible items other than we will ask out of county specialist to do clinics in-county. Personally I don't think this is a model of care, it's just a bunch of words on a page that tells us professionals the problems that us professionals understand. I would have expected a simpler document with more details on what people would see and experience on the ground.
It's very medically-based, too little emphasis on individuals' ecology - support systems, social opportunities, practical advice e.g. financial, Third Sector resources.
Not everyone will want to use Apps so should be alternative methods
Care for younger disabled adults (younger as 60 years).
I think there needs to be more emphasis on making the public aware of these 4 goals and they need to be aware of the help available for them. It all sounds great to move forward with - but if the public aren't aware of these services then unfortunately it doesn't help as much.
There is no mention of the integrated systems and processes that helps tie all these elemnst together - it may be planned for in the future but does need a mention because that is where the challenges lie.
more prentative work in menal health
More preventative services. Sexual Health Clinic's or services.
Think the plans are totally lacking in joining up statutory services with third sector providers and the incredible preventative work (against the big four) that arts organisations and other social

charities are doing. How are you reaching out to these organisations to see how they can facilitate your plans?

Not enough information on out of county, little detail on dementia services

linking council services such as countryside services and partners to provide green prescribing

More intervention services in the home. Put more money into tackling issues at an early stage so they don't escalate. Recognise that people need face to face contact not online services to help improve wellbeing and overcome low level mental health issues. Tackling this as early as possible reduces the cost if it escalates and they become an inpatient. Accessible services in villages/rural areas as well as towns. Hand holding/befrienders to attend such services with community members required - people with low level depression or anxiety will not attend otherwise, provide childcare for parents and consider the various barriers present.

The model is heavily weighted towards medical issues with insufficient recognition of social support services to wellbeing. The contribution of wider statutory and non-statutory services to wellbeing is insufficiently recognised, and existing and currently-piloted services such as Home Support are not referenced. There is no recognition of the importance of respite services. The spiritual component of overall wellbeing is ignored. Overall, the model is excessively medicalised.

Reference to achieving more holistic wellbeing outcomes as well as health prevention.

It is a very good model, However it doesn't cover "how" it will be implemented

- Very health focussed, needs to be greater involvement and mention of the social services that are provided to the community. - Need an understanding of what services will be provided within the 'complex', will cross-cutting services also be able to be sited? E.g. substance misuse services, information & advice and the likes?

I've chosen agree to all of the questions above. However there are a number of things I wish to raise. I understand that you are aiming for a high standard within this but this doesn't sound achievable under this Westminster government (I refer to funding levels, not responsibility). I appreciate that a lot of this will fall away during the project. A few minor things - Newtown's GP practice is terrible in accepting email correspondence. Admin staff request that you drop off prescription requests rather than email them. They have worries about a full email inbox!!! Affordable housing - I think this is largely beyond the remit of this project apart from some supported housing work. Your document may be raising hopes. Also... what does MDT mean? Why aren't you referring to the project as containing a community hospital facility? There are a lot of people in Newtown who don't realise that it will be getting a new hospital facility. Largely, though, I really welcome the project - it'll be a great boost for the town.

How to ensure residents have the skills to access digital support or it will create another barrier and leave people in a worse situation.

Need to ensure that we build on what is already working and focus at all times on the social determinants of health. This may result in a very different staffing skills mix. Would also be good for the programme to explore the concept of self organising teams (see Buurtzorg model of care: <https://www.kingsfund.org.uk/blog/2019/09/buurtzorg-model-of-care>) as a means to more personalised care with less hierarchical structures in place.

Additional comments received directly during stage 2:

In view on the nature of my comments I will find it easier to express my views by way of this e-mail . You will note that I am not a resident of Powys and you may on that count alone be ready to ignore my comments.

Having spent some six years closely scrutinising the Welsh Governments aspirations for transformation of the delivery of Health Care,the efforts towards integrating services,and redistributing responsibility for personal health back towards the individual and away from the state, there appears to be little innovation in your Model of Care that I have not seen suggested before.It is remarkable how after consulting with the public and various stakeholders,the suggested models across Health Board regions are clones with slightly different clothes.

Doubtless most members of the public will come to all this for the first time and find most of the proposals acceptable. Whilst recognising you are in no way responsible for the organisation of public sector administration in Wales I would ask you to consider whether such reinvention of the wheel is proper use of public money.

In your documents you mention 'There is a strong base of volunteering in Powys' and go on to give the figures for informal care effort as an example of this. Given that the vast majority of unpaid care is delivered by spouses,children of the patient,and other relatives,all of whom doubtless feel they have a moral responsibility towards the patient, it is surely unreal to suggest that they find themselves in the role from choice. To call them volunteers is to say the least disingenuous. The truth is they take on the role because they see no viable alternative and the evidence is that care homes and nursing homes are virtually non existent in some areas even if they can be afforded.

The question of just how quality of care delivered at home is to be ensured ,as far as I am aware,has not been addressed. The large numbers of patients spread relatively sparsely over large rural areas will render inspection by CIW ,HIW, and CHC(or the new body if it gains access rights) collectively,without doubt, impossible. Considerable numbers of patients presenting at A&E have community acquired pressure ulcers which with adequate care should be largely avoidable, and 21% of patients presenting with malnutrition are being cared for at home. Both of these indicate present inadequacies with potential for much greater incidence as care at home increases.

I presume that in recognition of the Wellbeing of Future Generations Act ,you will provide early help and support: 'As a child and young person I have the opportunity to experience the best start in life' That will come to an abrupt and well documented damaging end if ' I ' has the misfortune to become a young carer. This is glaring exposure of double standards.

It is inconceivable that Powys Council do not know that young carers have 50% greater chance of developing mental health issues than those enjoying normal family lives;that their education(with an average of 48 days schooling lost or shortened each year) and by extension their life chances are likely to suffer; that their social development may suffer

because of reduced leisure interaction; that they may have poor diets due to lack of time and cooking skills; and their general health may suffer due to lack of sleep and exercise. From what I know of other counties it would be remarkable if Powys council have a system which enables them to readily identify young carers and at least provide them with an assessment for support may lead at its best, the evidence demonstrates, to inadequate support.

The return from Statswales dated 11/11/19 'Assessments by local authority and measure 'reveal that 26 young carers in Powys had an assessment of their needs for support during the year, and it appears that their needs for their health, well-being, to help meet their educational needs, and to develop skills to fulfill their personal goals must be exceptionally well catered for because only 2 received a support plan. I suspect that a significant number of young carers are between 5 and 9 years old and have little notion of the implications of undertaking the carer role or their own aspirational goals. Yet according to the Social Services and Wellbeing (Wales) Act 2014 carers must be **willing and able** to fulfill the role.

Despite conversations with Assessors (not in Powys) and others involved in the identification of young carers I remain unconvinced that the assessment conversations are conducted free of bias towards the young carer 'volunteering' to help look after Mummy, Daddy, or other loved one; enslaved to support a failing social service, making a considerable payment in kind to their own detriment, the totality of which they have insufficient knowledge or experience to recognise and evaluate.

I am all in favour of endeavouring to facilitate small groups in local communities to help support the vulnerable including carers of all ages, patients being cared for at home, old elderly whatever their circumstances, and anyone living alone in an emergency or crisis. The Public Services Board led efforts have been pathetically slow, apparently not 'understanding communities' until 2021 at earliest. I feel that the need for such groups to provide support at home and non-invasive 'warden' like well-being surveillance to these groups remains unaddressed and of unknown quantity. It is likely to prove difficult to recruit reasonably sustainable numbers of volunteers to these groups unless Councils and Health Boards are prepared to admit to the fragility of commissioned domiciliary care and their collective inability to provide sufficient consistently reliable support.

There will be very considerable resentment and resistance should government seek to normalise support by such groups, into providers of free ongoing long-term support, which would allow them to withdraw their support even further on the grounds that they must provide support only if it is not available elsewhere.

There has been some visible improvement in well-being facilities for healthy pre-elderly people provided from various funding streams. Some additional facilities for the mobile gregarious elderly have also been seen in some places. Further resilience should be achievable by providing first aid courses, particularly to children from the youngest practicable age, and the promotion of Self Care apps. If delivered with enthusiasm such initiatives may well promote more interest in careers in medicine.

I have focused here on Care at Home and the resilience to support that because whatever else is provided in the community ,in the region,or outside the region,each visit will be relatively short duration and I suspect because service failure on any given day will tend to impact the working convenience of professionals and administrators remedial action will be taken without undue delay.Poor service to individual patients and their carers, even considerable numbers of them spread widely in the countryside will receive attention at much slower pace.

Whilst I would not wish to prolong the discussion I would appreciate some feedback to my comments.

Kind regards,

Bill Parker.

I saw your draft model for consultation and I would like to make some remarks myself. First point was the idea to offer "online CBT" for mental health. It is a great idea to do this as additional support, but be aware that this only for a small group. First they need to have already access to internet and it is not something which most people want to do in public. There are still many who do not know how to work with a computer at all. If you would do it in person, the therapist might recognise any reactions. CBT is often used for anxiety and depression. What if someone becomes suicidal, a person recognises that far earlier as a computer.

Your delivery model on cancer care, to be blunt it looks like that cancer charities are taking over most of the support if I look at it right. Who will be responsible if something goes wrong? Is there a social worker of Powys who takes the end responsibility?

What is totally missing is specialist care and support for disabled people under 60. This is totally not addressed and we really need far more care and support for this group in the North of Powys.

There is also a lot of things which I like to see, in particular the early help and support. Help and support at the moment takes far too long and I really like the initiative to improve that.

Kind regards,

Folkert Veenstra

I was pleased to see the North Powys Wellbeing Programme draft model of care and associated documents. I was reminded that we have yet to provide you with the data from the Place Plan survey from the health & wellbeing questions you requested. I am including it below. I hope it can be of some use in your ongoing consultations.

I will be back in touch shortly re. next steps / reviewing drafts of Place Plan.

2. Health, care and wellbeing

Satisfaction with facilities to support health, care and well-being in Newtown:

Extremely Satisfied: 2.8%

Satisfied: 23.6%

Neutral: 23.6%

Dissatisfied: 33.0%

Extremely Dissatisfied: 14.2%

What facilities that support your health, care and well-being do you particularly value?

- Access to medical centres and hospitals: Emergency hospital close by and able to get a doctor's appointment when needed. (9)
- Dentists: dentists in town, Dentist (NHS). (8)
- Local Doctors' surgery e.g. Newtown Doctors Surgery, RSH Shrewsbury, Medical practice, Park street clinic and Newtown medical practise. GP services are vital but appointment waiting times are not acceptable (8)
- Ponthafren do a fantastic job but needs more funding. (4)
- Green spaces and open areas: (5)
e.g. walks, river, cycle / pushchair friendly walks, park runs, walking Newtown's efforts to make it much easier to go for local walks from town.
- Midwifery-led birth unit e.g. Newtown Birth Centre and it's midwives (4)
- Mental health services: e.g. Montgomery GPs, Community mental health team, good access to mental health charities and volunteering opportunities in the community. (4)
- Newtown Hospital: X-ray and physio dept, Specialists who visit Newtown Hospital, other visiting consultant (4)
- Nurses and doctors, decent waiting times. (3)
- Pharmacy (3)
- GP surgery (2)
- The Sports centre/ Leisure centre (2)
- NHS but they are so limited (2)
- walking opportunities (2)
- None (2)
- Opticians (2)
- Quick access to doctors/medical advice. (2)
- Quick and effective services if there is an urgent reason e.g. Ambulance service. (2)
- Physiotherapy self-referral facility. (2)
- LHB looking at hubs is good.
- Leisure activities: Squash courts, yoga and leisure activities.
- We have most of the facilities that we need.
- Underused hospital.
- The health Centre is amazing and even health visitors example NIFC.
- The mummy and me gym classes at Maldwyn are great. And the health visitors follow up care is great.

- Cognitive Behaviour Therapy, Drama therapy, yoga, counselling and CMHT.
- Places for children to play that are safe.

Suggested improvements / other comments on facilities to support your health, care and well-being:

- A proper hospital and GP's surgery with short waiting times. (8)
- More outdoor activities / leisure facilities to encourage exercise e.g. health spas, active travel, outdoor activities for schools, a central cafe hub in the park, better waterside access , clean air zones and dark skies at night, better playground facilities, riverside relaxing areas and GPs should prescribe time to join the walking / park run groups. (7)
- More NHS Dentist/ Dentist to reduce waiting time. (7)
- A&E in hospital with 24-hour minor injuries unit (6)
- More / better access to Doctors surgeries with less waiting time. (6)
- More Doctors and more and better access to health services in Newtown. (5)
- More funding to local services. (4)
- More and better access to mental health services especially for young people e.g. mental health support groups, community clubs such as walking, arts and games clubs. (4)
- Closer access to services like in Gobowen. (3)
- Town centre provisions with more meeting places / activities for young people. (3)
 - Newtown development by the North Powys Wellbeing Team.
- Hospital for the area (2)
- LGBTQIA support services / groups. (2)
- Closer access to A&E and Doctors Surgeries with a range of specialists. (2)
- Collaboration between public and third sector and more support groups. (2)
- More low-cost facilities to be made available. (2)
- Community ambulance for appointments with improved waiting time.(2)
- More elderly outreach services and activities to tackle social isolation - like the Open Doors at Hope Church. (2)
- Alternative Therapy Centre on NHS - homeopathic, osteopath, reflexology - preventative medicine & dietary advice.
- Develop Rural Regional Health Centre & Wellbeing Hub. Develop social prescribing network.
- Focus on prevention.
- Sustainable energy and community energy schemes e.g. electric bike schemes, electric charging points EVERYWHERE, biofuels and battery swapping stations.
- Stop rollout of 5G internet for health reasons.
- Health services those are accessible to disabled people. Community transport for health services. Better support services / groups.
- More mum and baby health/exercise classes or events and also sexual health clinic.

Feedback on North Powys Wellbeing Programme

Nicola Ruck, Machynlleth

January 2020

My understanding is that the main aims of the N Powys Model of Care are to reduce inequalities in access to care, increase the proportion of care provided in county and to promote “independence and self care where possible”.

I support the first two aims wholeheartedly, but the third with reservations.

Reducing inequalities in access to health care.

The Model says that this will be done by influencing transport, housing, education, leisure and in-work poverty and generally tackling the social causes of ill health. And that this will be done through working in multi-disciplinary teams and multi-agency cooperation. This has been the aim of the Health Board and Powys County Council since about 2010. And the third sector are involved - there are now Community Connectors who are doing a lot to connect different services.

Is there an analysis of why inequalities are persisting at the moment? What will happen in the new Wellbeing programme that is not happening already?

The Rural Health & Care Academy sounds a very good idea and the knowledge and skills it will develop are obviously key to improving multi agency work. For example: one activity of Home level delivery (slide 13) is to provide or enable “Good quality affordable accommodation which enables healthy living and supports self care and independence”. What is needed from staff to put this into practice?

Slide 9 of the “Local committee update” presentation shows “Well-being 12 steps”. Step 3 is to improve transport, 4 is to improve digital infrastructure, 9 is to support more outdoor activities and 10 is to promote investment in Powys. These are all glaring needs in the county and essential to tackling the social causes of ill health, but there is no mention in the anticipated activity changes (Model of Care slide 23) of how they are going to be put into practice.

Increasing the proportion of health care being delivered in county.

This will be very welcome and will help in reducing inequalities as well as reducing stress and cost for patients.

Mental health care in county is an urgent need. “All age integrated mental health service delivered in county”, and 3 day maximum stay crisis house - will these be in North Powys?

“Less complex pre and post operative care delivered locally with links to consultants in acute hospitals “ – this will be a great improvement if it applies to as many specialities as possible.

Is the case for a new centre in Newtown that it will increase specialist appointments in county? I am not clear about what the new building will be for.

Promoting independence and self care where possible

There are various citizen pledges proposed. It is vital that the health services encourage and support people as pledged on their side, otherwise this is not going to work.

I could not sign up to “ I am responsible for my own health and well-being” because of the social and environmental factors that affect me over which I have no control, and because it makes me feel I am signing up to our public services having no responsibility for protecting the population.

And I won't sign that “ I will take ownership of my wellbeing journey” as it is in a language I don't recognise.

I am happy to “Make best use of the wellbeing opportunities and services being provided to maximise my health and wellbeing and reduce the risk of illness developing. “