


**THE CASE
FOR CHANGE
(DRAFT)**



1. VISION AND PRINCIPLES

Our vision for a healthy, caring Powys:

- We will put the people of Powys first
- We will make best use of the 'Powys Pound'
- People will choose Powys as a place to train, work and live
- Powys will be a leader in effective, integrated rural health and care
- We will be 'first in class' for improving health and wellbeing
- We will focus on inequalities in Powys and people with greatest need
- We will deliver health and care services in Powys wherever possible



Based on what we heard during the Health and Care Strategy development in 2016, we have identified six principles that will guide us as we create a healthy, thriving future for the people and communities of north Powys. Achieving our vision means finding the right balance between these six principles.

- **Do what matters** – We will focus on 'what matters' to people. We will work together to plan personalised care and support, focusing on the outcomes that matter to the individual.
- **Do what works** – We will provide care and support that is focused on 'what works' based on evidence, evaluation and feedback. We will have honest conversations about how we use resources.
- **Focus on greatest need** – We will focus resources on those with greatest need for help and support, in a way that looks ahead to future generations.
- **Offer fair access** – We will ensure that people have fair access to specialist care and to new treatments and technologies, helping to deliver a more equal Powys and recognising rural challenges.
- **Be prudent** – We will use public resources wisely so that health and care services only do those things that only they can and should do, supporting people to be equal partners and take more responsibility for their health.
- **Work with people and communities** – We will work with individuals and communities to use all of their strengths in a way that maximises and includes the health and care of everyone, focusing on every stage of life – Start Well, Live Well and Age Well.

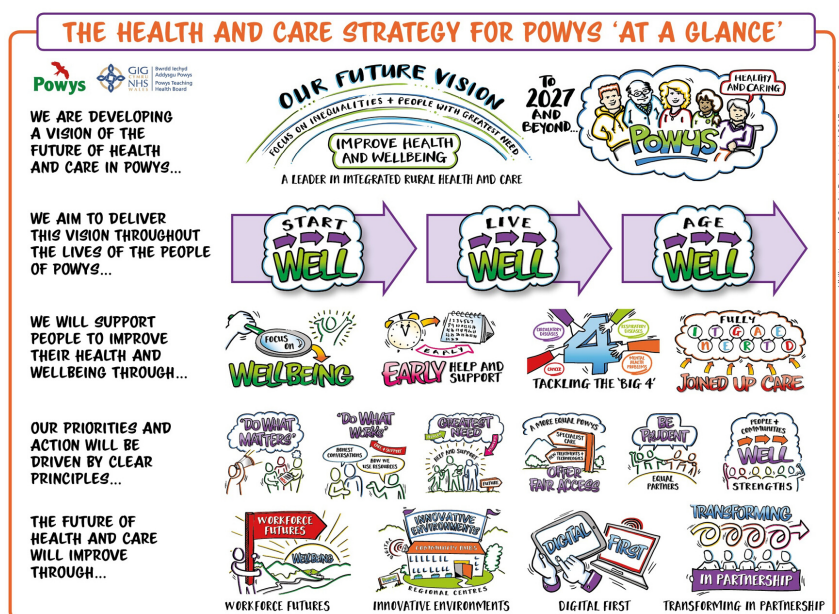
2. INTRODUCTION

The Social Services and Wellbeing (Wales) Act for Wales 2014, the Wellbeing of Future Generations (Wales) Act 2015 and A Healthier Wales: Our Plan for Health and Social Care 2018-2030 represent the strategic drivers for health and social care transformation in Wales. Powys has taken this forward with A Healthy Caring Powys: A Vision to 2027 and Beyond, published in 2017. This Strategy was developed after extensive public and professional engagement and begins to add more detail as to how Powys will deliver its part of the A Healthier Wales Strategy.

As a result of the work that informed the development of its Health and Care Strategy, Powys already knows that it faces several significant challenges for future years ahead. Its rurality affects every element of service development and delivery. The indicators are already clear that the workforce of Powys is shrinking. This is in all areas of the Powys economy, not just the health and social care sector. The population is ageing both because older people see rurality as a retirement dream (only to see it become challenging as frailty begins to manifest itself) and the younger age groups see moving away as the route to achieve their own ambitions. Increasing frailty and age related illness will further stretch our services which are already working above capacity. In addition, the infrastructure that supports our residents to live well in their communities is also challenging in some areas. This includes a digital network and improved connectivity within Powys, public transport links, suitable housing options for residents and families, and good quality teaching for educating our children and young people.

This also includes the health board and councils estate property portfolio that currently delivers health and social care services which would need significant investment over the coming years ahead.

This document sets out some of the detailed information that describes the challenges we face. It will serve to confirm that if we do not respond now to the challenges across the whole system, it is almost inevitable that we will fail to deliver the future services that the citizens of Powys need and deserve.



3. POWYS: THE RURAL COUNTY

Powys is predominantly rural in character, covering a quarter of the land mass of Wales and being the most sparsely populated county in England and Wales, with just 26 persons per square kilometre. Many people tell us they do not want to leave their established communities and that access to services and social isolation can be a problem for some older residents in more remote locations.

The geography of the county presents a challenge in delivering all front line services, but especially so in the case of health and social care. Given that over half of Powys residents live in villages and small hamlets, access to services are challenging and in some areas limited.

NORTH POWYS

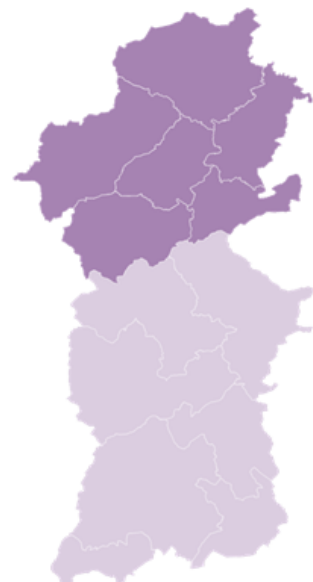
Montgomeryshire is wholly mountainous, with the highest point standing at 832 metres. Its main rivers are the River Severn, flowing east in Shropshire, and the River Dyfi, flowing west into the Irish Sea. Lake Vyrnwy is a reservoir supplying Liverpool.

The population of north Powys is 63,271; 31,818 female and 31,453 male. The largest population in north Powys is in the Welshpool and Montgomery locality, which is 18,243; the population of the Newtown locality is 16,928; Llanfyllin locality 9,182; Llanidloes locality 6,504; Llanfair Caereinion locality 6,228; and Machynlleth locality 6,186.

The main towns that make up north Powys are Machynlleth, Llanidloes, Montgomery, Newtown, Llanfair Caereinion and Welshpool. The main industries are agriculture (mainly hill farming) and tourism, though there is also some forestry and light manufacturing. The human health and social work employment industry is the second largest in north Powys, with 3,786 people employed within the industry.

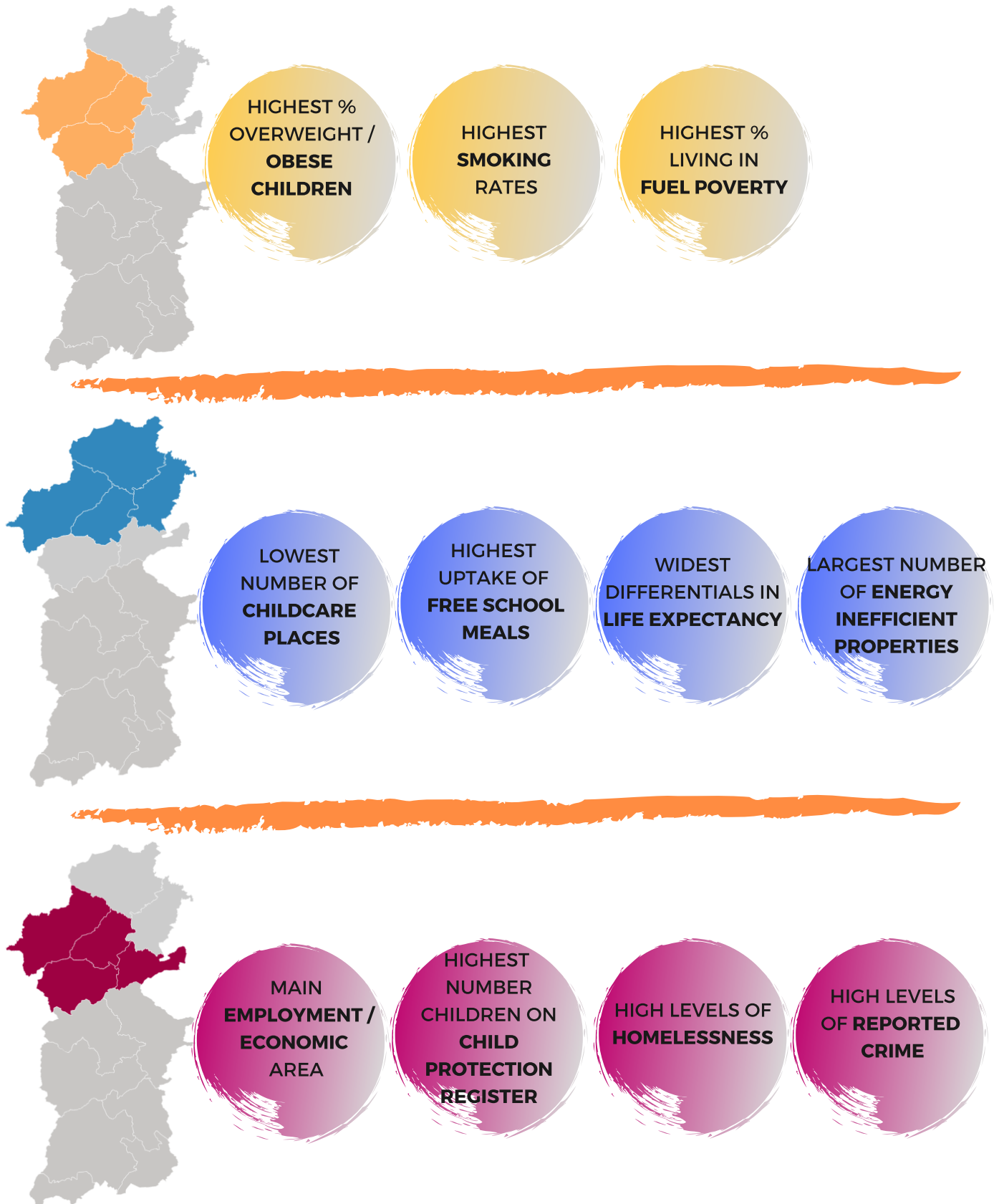
The population density is highest near the border with England and along the Severn Valley. North Powys is closely linked into Shropshire, with many essential services for residents of north Powys being located in more densely populated towns across our borders, such as acute health services at the Shrewsbury and Telford Hospitals NHS Trust (SaTH) and can result in onward travel to Telford depending on which services individuals are accessing.

There are 27,557 households across north Powys, and the average number of persons per household in north Powys stands at 2.3. There are on average 29 people per square kilometre across north Powys, with Newtown being the most densely populated town with 78 people per square kilometre. Machynlleth is the most sparsely populated town in north Powys with just 12 people per square kilometre.



4. WHY NORTH POWYS?

The Population Wellbeing Assessment identified some stark figures across each of the localities within north Powys when comparing with other localities throughout mid and South Powys, making it a priority for investment and more innovative and effective health and care delivery.



5. WHY NEWTOWN?

Largest Town in Powys

Population base for Newtown is 11,319



High Levels of Deprivation

According to the Welsh Index of Multiple Deprivation (WIMD), some small parts are severely deprived, with poor scores relating to both health and the economy.



Strategically Important

In strengthening health and care services for mid Wales and providing an opportunity to reduce the likely impact of reconfiguration proposals around our borders. Our geography poses significant challenges in Powys; we cover a quarter of the land mass of Wales, but have >5% of the population.



Some Buildings in Poor Condition

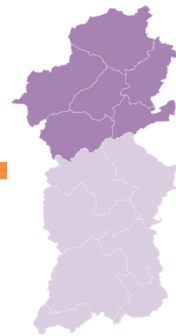
Potential for an innovative, integrated health and care model within a fit for purpose environment



Broader Partnership Opportunity

A number of partners are investing in the area, possibly presenting opportunity to integrated health, care, education, third sector and housing through a campus style approach.





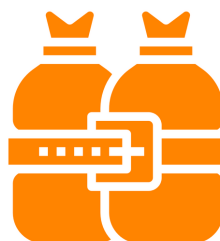
6. WHERE ARE WE NOW?



Technology has developed so much. This means the way in which health and social care can be provided, the way that people can be supported, is changing. Rurality and accessibility to services is a key challenge in the planning and delivery of services. Greater use of technology enabled care can enable more people to be able to access health and social care support closer to home, and with many technologies being accessible directly from people's homes. Technology enabled care should be considered in the way we commission and deliver all future services to ensure we meet individual needs as close to people's own homes as possible. Technology Enabled Care is being implemented and rolled out across north Powys.



There are increased opportunities to **support people in their own homes and communities.**



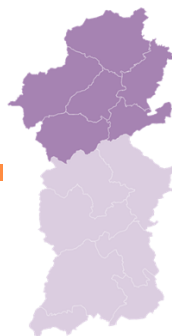
Austerity, and the affordability and sustainability of current services, is a real issue – services cannot stay the same if we are to meet future demand.



Services around the county's borders are changing. Some District General Hospital services are becoming more concentrated whilst others can be delivered more locally. There are timely opportunities to respond to the reconfiguration of services in the Shrewsbury and Telford Hospital NHS Trust which is the main acute hospital provider for many north Powys communities. After a period of consultation, the preferred option has been confirmed; this will see emergency services centralised at the Shrewsbury site and planned care services centralised at the Telford site. This presents opportunities for more collaborative working through the Mid Wales Clinical Advisory Group to strengthen local planned care services via the development of a Rural Regional Centre in Newtown and reduce the number of people travelling even further onto Telford. We have started to engage and have positive clinical discussions under the Clinical Advisory Group meeting as part of the Mid Wales Joint Health and Social Care Committee.



There is a strong base of volunteering in Powys which brings amazing benefits, but this is vulnerable if we don't take action to sustain it. For example, there are 7,348 unpaid carers in north Powys, with the majority of these (4,655) delivering between 1 and 19 hours unpaid care per week. 939 deliver between 20 and 49 hours unpaid care, and 1,754 deliver 50 hours or more unpaid care per week.



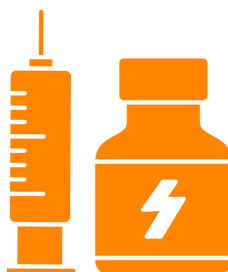
There is variation in service provision across the county. Some services are not provided in Powys, and people rely on services around the county's borders. Access can be challenging. In north Powys there is currently no local service provision for day cases; approximately 5,000 people travel out of county each year for relatively straight forward operations that could be undertaken in a day case facility in north Powys, as per the service model which is currently provided in Llandrindod and Brecon. There are also approximately 60,000 outpatient appointments which take place each year outside of Powys, a large proportion of these could be delivered more locally if we had access to the right digital infrastructure, diagnostic, workforce and facilities.



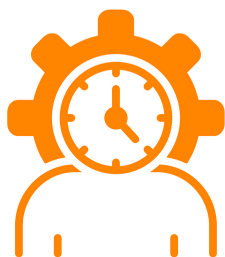
Population changes mean that there will be **more older people and fewer younger people** in Powys in the future (see page 14 for demographic detail).



People are living longer, however those years are not always healthy ones

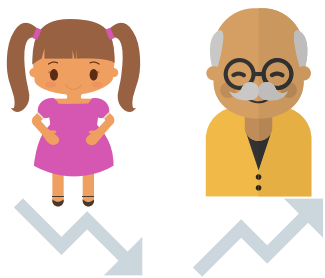


New treatments are being developed, which could help more people but they are costly.

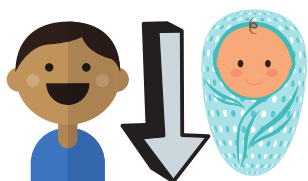


People have different life expectancies depending on their income and where they live, which is unfair. For example, the average female life expectancy in the Guilsfield Brook MSOA is 88.8 years, whereas in Welshpool MSOA the average is 80.1 years, which is also lower than the Powys average of 83.5 years. In the Ffridd Faldwyn area MSOA, the average male life expectancy is 83.2 years, whereas in Newtown South-West this is just 74.3 years. The average male life expectancy in Powys is 79.9 years. These figures correlate with the percentage of children living in poverty, with Newtown South-West having the highest percentage (31%) and Welshpool having the third highest (25%). Guilsfield Brook has the lowest percentage of children living in poverty (7%) and Ffridd Faldwyn has just 8%.

7. DEMOGRAPHICS



Population changes mean that there will be more older people and fewer younger people in Powys in the future. Although it is good that people are living longer, those years are not always healthy ones.



In the next 10 years, the population of children and young people in Powys is predicted to decrease, this is mainly due to an on-going trend for young people to leave the county in favour of more urban areas, as well as a reduction in birth rates across Powys. This is likely to have a negative impact on the future service provision as costs of service provision may increase.



In Powys, there are currently 15,571 people aged 65+ predicted to be living alone, this figure is set to rise to 22,063 by 2035. Among older people generally, there are estimated to be between 1,697 and 4,261 people who would consider themselves often or always alone. Loneliness and isolation are common problems amongst older people and efforts to reduce social isolation are likely to have positive outcomes for wellbeing and mortality rates.



Overall the population of Powys is set to decline by 8% by 2039.



Over the next 20 years there is a significant projected increase in older people (aged 75+), and for people aged 85+ it is expected to more than double. Whilst the projected increase in older people is positive, it will undoubtedly increase demand on health and social care services across north Powys. People who are living longer often have multiple diseases and complex care needs, and currently they are not receiving the most effective help and support to meet their needs as the way we organise the health and care system is not designed in this way. New approaches such as assistive technologies, mobile working and integration of services will help to bridge the gap between needs and available resources.

8. INEQUITY OF SERVICE

In north Powys, people have different life expectancies depending on their income and where they live, which is unfair. In north Powys, people in the most deprived areas live more years in poor health compared to people in the least deprived areas.

By growing up in a deprived area, children are more likely to have poorer health which will impact on the rest of their lives. Evidence shows that over a period of 10 years, cognitive outcomes for children in high and low socio-economic status diverge over time. In Powys, just over 1 in 5 children are estimated to be living in poverty after housing costs are taken into consideration. Across Wales, there is a clear correlation between levels of deprivation and rates of overweight or obesity, ranging from 28.4% of children living in the most deprived areas being overweight or obese to 20.9% in the least deprived. This is a particular concern in the Newtown and Welshpool areas which both score high on a number of factors associated with the Welsh Index of Multiple Deprivation (WIMD). With a reducing child population, we need to ensure we focus our resources on both universal and targeted support to those families with the highest needs or risk.



Health and care interventions that do not reach those at greatest risk are likely to increase the inequity in health outcomes. Reducing inequalities can be achieved through effectively working across health, local authorities, schools and other agencies by upstream interventions throughout the life course, but with particular emphasis on the first 1000 days, adverse childhood experiences and on well-being and independence. We need to work much more closely with our communities to plan and deliver effective care and support to everyone including those who need it most.



Supporting healthy lifestyles will be a key contributor, as unhealthy lifestyles place greater demand on health and social care services and reduce people's opportunity to live fulfilling lives. In Powys although rates of physical activity are above the Wales average, nearly 6 in 10 adults are overweight or obese, this is predicted to continue to rise. Just under 1 in 5 adults currently smoke and 4 in 10 adults drink in excess of guideline amounts.

The impact of unhealthy lifestyles on individuals and wider health and social care services means that prevention and early help and support is a key strategic focus for us moving forwards in relation to delivery a new model in north Powys.

9. WORKFORCE

Powys is faced with some significant workforce challenges, some of which are specific to Powys and some are common across the nation. We recognise the working population in Powys is shrinking faster than the Wales average, with inward migration at its highest in the age bracket of 55 – 64, and outward migration at its highest between 15 -19. These factors relate to people retiring into the area and the young population leaving the county to access education opportunities.

Our workforce faces significant challenges that cross the breadth of demand and capacity, social & economic and staffing issues.

Demand and Capacity

- The working population in Powys is shrinking
- We have an ageing population who will require more care. including improving services to our population aged 65+
- We need to improve equity of access to health and care services across our region
- Developments in technology mean we will need to provide health and care in different ways
- The provision of care is moving away from hospital and residential settings to settings that are closer to people's homes
- We sometimes have delays in getting people back to their homes following a hospital stay

Staffing

- Many people working in our health and care services are due to retire soon
- We have shortages in several professions, such as care workers and doctors, which are likely to persist for some time to come
- Some services rely heavily on agency staff, e.g. medics, nursing and social workers
- Though there are more professional educational placements becoming available on a national basis, the rural nature of Powys means we are not seeing a significant benefit from this
- 10% of people across Powys do not hold any qualifications

Social and Economic

- Though employment rates in Powys have improved, in June 2019 there was a significant spike in the number of people claiming benefits
- The average annual salary in Powys is lower than the national average
- There is a strong base of volunteering in Powys, which we need to support and sustain
- Some of our unpaid carers are now providing 50+ hours of care per week and need more help and support
- The number of young carers is increasing
- We commission a large number of services out of county
- There is limited infrastructure and assistive technology

9.1 WORKFORCE CHALLENGES

COUNTY WIDE: RETIREMENT PREDICTIONS

Health



Predicted 25% retirements in the next 5 years; highest areas are Nursing and Midwifery, Admin and Clerical, Estates and Facilities, and Additional Clinical Services

Social Care



8% of the social care workforce are expected to retire within the next 8 years.

General Practice



5% of GPs are predicted to retire within the next 5 years

Independent Sector



Predicted a 15% gap in internal care providers and a 10% gap in external providers in the next 5 years

NORTH POWYS

The Adult Social Work team in north Powys remains relatively stable with additional roles increased within the team to provide additional capacity. There is a national shortage of senior social work roles and therefore this remains a challenge. The Reablement service have had to diversify their offer in order to create additional capacity to absorb some of the domiciliary care demand.

Children's Services undertook a complete restructure in April 2019; the focus has been on recruitment of new staff alongside training, development and upskilling of existing staff. There were a number of work strands not previously picked up specifically in the structure that now have robust teams around them; e.g. Child Sexual Exploitation, Edge of Care, Early Help. There has been an increase in demand across the service nationally.

There are plans in place to develop and grow the existing workforce to bridge the gap and bring to life the long term plan for a more sustainable, stable workforce in the future.

9.2 OUR WORKFORCE

"Your workforce is your most valuable asset. The knowledge and skills they have represent the fuel that drives the engine of business - and you can leverage that knowledge."



35,570

working population in north Powys

2,694

estimated health and social care paid workforce in north Powys

21,295

estimated formal volunteering roles 16+ in health and social care in north Powys

NORTH POWYS HEALTH & SOCIAL CARE WORKFORCE PROFILE*

*Estimated figures



Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board



21,295 formal Volunteering roles

57 Estates & Ancillary (43 WTE)

518 Adult Social Care (317 WTE)

104 Additional Clinical Staffing (75 WTE)

266 Nursing and Midwifery (228 WTE)

1011 Independent Care Sector

261 Children's Social Care (108 WTE)

150 Bank Staff

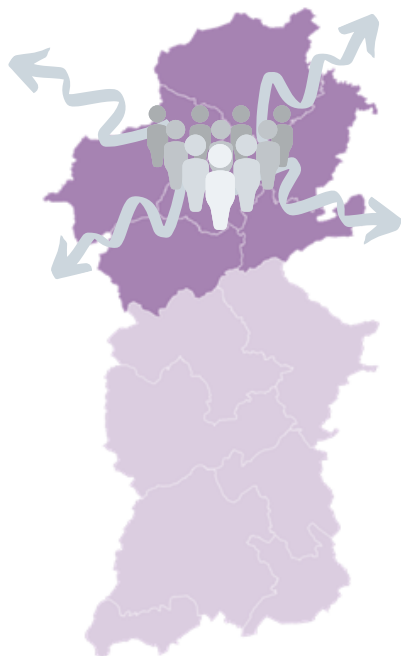
17 prof Scientific and Technic (7 WTE)

57 Domiciliary Carers

26 visiting Medics (1 WTE)

17 contracted Medical and Dental (11 WTE)

10. CROSS-BORDER OPPORTUNITIES AND CHANGES



People in Powys rely on health services around the county's borders. Many of these services are changing. Improving access to services is a strong issue being fed back by our local population.

The Health Board currently spends nearly half its annual budget on commissioning services from across its borders in England and Wales through five main health systems. Each of these systems link into their own wider health economies which means people can travel further away from Powys for specialist care.

Due to the geography and population size of Powys it is not feasible to develop our own District General Hospital in the county, and as a result most specialist care has continued to be provided through the five health systems around our borders. There are however opportunities to work in partnership with these health systems and to upskill our local workforce to provide some of these services more locally in north Powys. Within the five health systems, there are a number of potential changes which could impact on the population of north Powys. We are working closely with each of the organisations below to see how we can provide as much care locally as possible. As part of the Mid Wales Joint Committee, there are opportunities to strengthen services for the mid Wales rural population and this has brought together a strategic discussion with regard to services for North and North East Powys between SaTH, Hywel Dda, Betsi Cadwallader and Powys Health Boards.

Working with our external partners, we must review and transform the way we currently provide services so we can deliver care closer to home where possible and safe to do so. One option to overcome travel distances and multiple visits to District General Hospitals could be to commission specialist services utilising technology to provide remote consultations to people in north Powys. The future service model in north Powys also needs to address the variation in service provision – currently people can access different services depending upon where they live. We need a Rural Regional Centre which strengthens local service provision, provides a fair service to all and minimises the impact of the strategic changes taking place around our border.

11.1 THE ESTATE: POWYS TEACHING HEALTH BOARD

Our estate has served us well, however many local buildings are old and not fit to deliver modern health and care services.

HOSPITALS



Llanidloes

Original building pre-1948 with later extensions. Backlog maintenance £4,105,787.

Newtown

Original building pre-1948 with later extensions and the ward built approx. 1980s. Backlog maintenance £3,256,121.

Machynlleth

Original block built in 1920s. Ward area built in 1991. Backlog maintenance £4,637,764.

Welshpool

Largely rebuilt in 2004. Backlog maintenance £2,057,913.

NEWTOWN CLINICS



Ynys Y Plant

Built in 1980. North Powys Children and Young People's Family Centre. There are some significant concerns regarding structural issues and subsidence.. Backlog maintenance £486,906.

Bro Hafren

Built in 1991. Mental health services, however this is currently unoccupied due to the building condition/suitability and is functioning as an archive store only. However, staff have been temporarily moved in due to the unexpected closure of PCC Robert Owen House. Backlog maintenance £405,667.

Park Street

Built in 1970s. Currently providing the following services:

- Dental
- Macmillan Nursing Service
- Psychology
- Speech Therapy
- Chiropody
- Diabetic Nurse Specialists
- Health Visitors

Backlog maintenance £520,156.

11.2 THE ESTATE: POWYS COUNTY COUNCIL

SCHOOLS



Hafren and Ladywell Green

Both schools are at end of life and require replacements. The schools have both been identified within the Band B schools improvement programme for replacement, and a new school is currently being designed to meet education needs in the 21st century. A new single through school will be constructed on the wellbeing campus site (subject to consultation) and is within scope of the North Powys Wellbeing Programme. Hafren school was built in 1969. The majority of Ladywell school was built in 1952, with an additional block constructed during the 1980s and a further additional block built in the 1990s. A mobile block was also added in 2000.

SOCIAL CARE



Old College

Provides office accommodation and a small area for delivering contact with service users. It cannot be adapted well for service users with a physical disability and cannot be extended. Changes to service delivery are likely to mean the building becomes unfit for purpose in the coming years.

Park Office

Currently operating as a front facing social services facility providing contact, interview and back office administrative accommodation. The building is not easily adapted. Changes to service delivery requires significant remodelling of the building to provide a 'fit for purpose' space where service users can be met in a safe and mutually beneficial environment. Anticipated spend on the building in the coming years to maintain the structure is circa £250,000. Built during the 1950s.

Park Day Centre

The building is a single storey structure and needs substantial improvement works to ensure it is 'fit for purpose' for delivering day services. The service has indicated the building is not sufficient for its current use and there is significant concern in regards to the roof structure. The roof requires replacement at a cost of circa £75-100,000. A similar figure would be required to update the internal fabric of the building. Built during the 1970s.

Flying Start

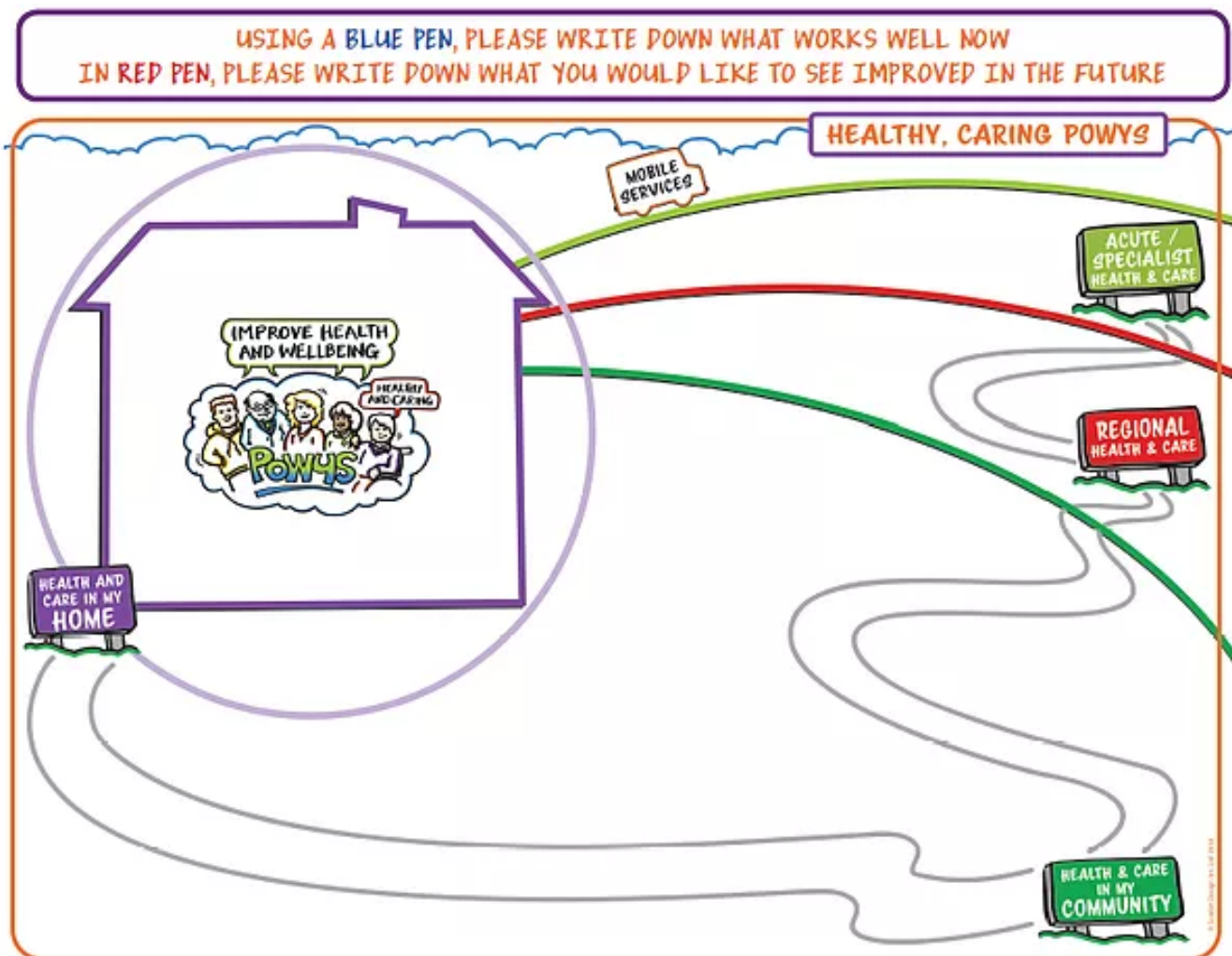
In need of significant improvement. The building had circa £250,000 improvement works undertaken to maintain the facility for current use but it remains unviable longer term. It is not ideal for its current use of delivering flying start services. It lacks toilet provision and is not fit for purpose for delivering multi-agency support. One block was built during the early 1980s and the other late 1980s.

12. ENGAGEMENT

On 14th June 2019, we officially launched the North Powys Wellbeing Programme at two events in north Powys; one in Llanidloes (rural) and one in Newtown (urban). These two launch events started a series of engagement sessions with residents, staff and partners to learn about what matters most to people in our local communities across north Powys.

In order for us to start a conversation about the 'what matters most' to our own health and wellbeing, we developed a 'road map' (see below) to help take people on a journey to their own home; their wider community; north Powys; and finally access to more acute specialist services that are provided outside of the county. Using the road map enabled us to start a conversation by firstly asking a few simple questions, for example:

- What type of things/services/factors in your home, your local community, your region (north Powys) or outside of the area that help to keep you and your family well?
- Please list a number of ways that could improve your health and wellbeing - in your home, in your local community, in your region, or outside the area.



12.1 WHAT THE PEOPLE OF NORTH POWYS HAVE TOLD US SO FAR

"I learned about managing my lifestyle, relapse prevention and early intervention through being aware of triggers and early warning signs. This programme changed my life and I'm almost certain it has saved my life. I have gone from copying to managing my bipolar disorder"

Improve access and transport – "Travel to town or to hospital isn't easy for me" "I don't have a car and public transport is difficult for me to access" "Most hospital services are outside the county" "I find it hard to access healthcare around my own work and care commitments" "There needs to be improved access to walking paths"

GPs - "The triage system in Newtown does not work effectively" "GPs should be encouraged to undertake more social prescribing" "I am very happy with the service I receive at my GP surgery in Llanidloes"

Local services – "Deliver services locally wherever is possible" "Consider putting a district general hospital in Powys" "Bring services together in community hubs" "Connect health and care with community activities" "Help me to prevent health and care problems arising"

Mental Health - "Remember that when a young person comes for help, they are often scared." "Mental health services need strengthening locally, especially for children and young people."

Improve the use of technology – "Better connections needed in services and in the home through Broadband, 4G etc." "Use technology more and use it better" "We need support to use technology"



"To be able to go to some organised gentle exercise aimed at older people in the community, would help. It would keep you moving"

Access to green space - "Our children need plenty of green space in order to help them to thrive and grow." "Green space has a positive impact on mental health."

Co-ordinate and join up services – "Allow information to be shared safely" "Locate services in ways that reduce multiple appointments and allow me to see health and care professionals in one place" "Design services in ways that help people to work together"

"Services need to be available in Welsh without having to ask, as well as the principle that people aren't discriminated against because they live in a rural area"

Put people first – "Attend to the needs of carers" "Put the needs of citizens, and people using services, at the heart of your plans" "Overcome barriers for people with sensory loss, disabilities and other access needs" "Provide services in the Welsh language" "Listen to and respect us"

Improve access to information and advice – "Let people know about the things they can do to keep themselves healthy" "Raise awareness and guide people to the right information and support for earlier help" "More needs to be done to promote Community Connectors, their service is invaluable but people don't know about it."

13. GEOGRAPHICAL PROFILES

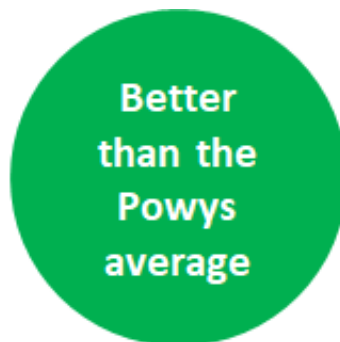
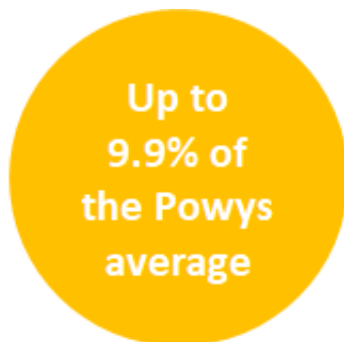
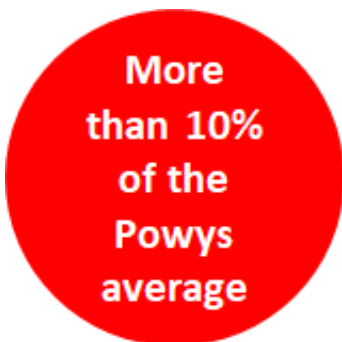
Geographical profiles have been developed in order to summarise households and populations within specific geographical boundaries. The profiles are split by PSB Locality Areas and focus on the following localities within north Powys:

- Llanidloes
- Newtown
- Welshpool & Montgomery
- Machynlleth
- Llanfyllin
- Llanfair Caereinion

Each geographical profile contains a focused page on community statistics relating to the main town within the locality boundary. In order to highlight differences in needs between lower level community areas within the localities, a number of statistics have been produced at Middle Super Output Area (MSOA) level which align to the following priorities within the Health and Care Strategy:

- Focus on Wellbeing
- The Big Four
- Joined Up Care

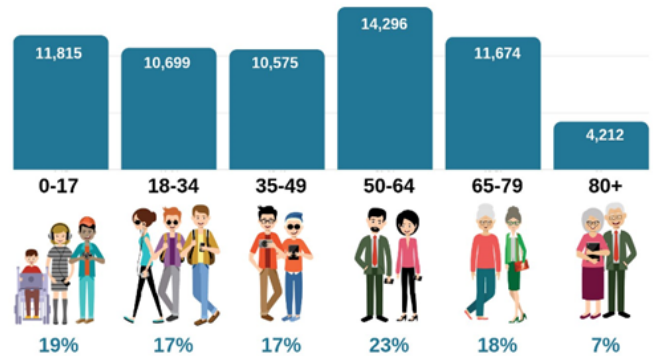
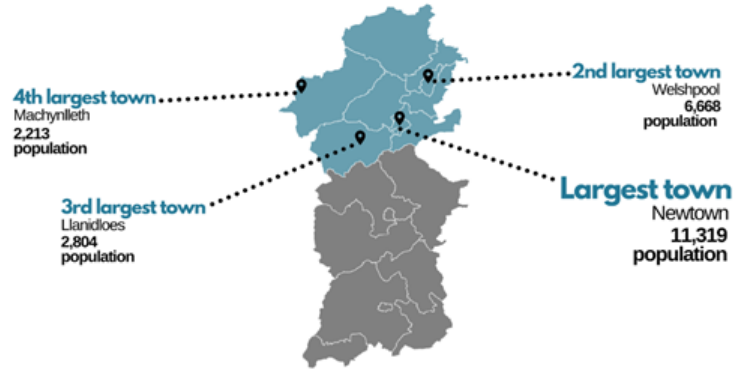
Some of the statistics are colour coded with red, amber or green text or icons based on the following methodology:



The two following localities are classed as small towns and therefore less data is available in relation to their communities:

- Llanfyllin
- Llanfair Caereinion

North Powys Population 63,271

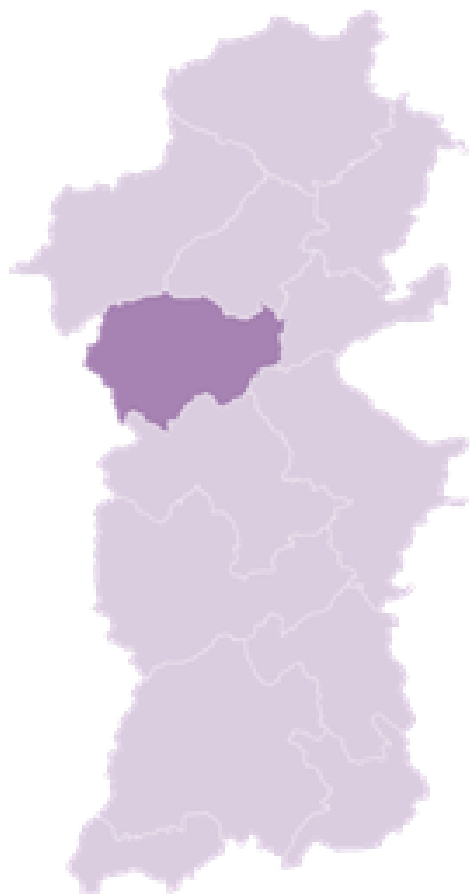


Age bandings across north Powys

13.1 LLANIDLOES

Llanidloes is a town and community on the A470 and B4518 roads in Powys, within the historic county boundaries of Montgomeryshire. It is the third largest town in north Powys.

TOWN OVERVIEW



People and Communities

- 2,804 people
- -4.3% change in population from 2011 to 2017
- 1,416 households
- 11% of population considered to be income deprived



Community Safety

- 0.4 recorded burglary per 100 buildings
- 0.14 fire incidences per 100 residents
- 1.89 anti-social behaviour incidences per 100 residents
- 1.1 recorded violent crimes per 100 residents
- 0.1 recorded thefts per 100 residents
- 0.38 recorded criminal damage incidences per 100 residents



Households by Tenure



- 40% owned outright
- 20.5% owned with a mortgage
- 18.4% social rented
- 18.4% private landlord or letting agency



Population by Age

- 0-15 years: 15.6%
- 16-64 years: 58.6%
- 65+ years: 25.8%
- 16-24 years: 10.9%



Local Economy

- 8% working age population receiving employment related benefits
- 20 people claiming Job Seeker's Allowance for the purposes of unemployment, 5 of which are aged 16-24



Qualifications

- 65% key stage 4 pupils achieving Level 2 threshold including a GCSE in Mathematics and English/Welsh
- 28.1% people with no qualifications



Travel and Commuting

- 78.11% households with access to cars or vans
- 1.7% residents travel to work by bicycle
- 16.1% residents travel to work on foot
- 33.5% residents travel to work by car
- 2% residents travel to work by public transport

WHAT THE PEOPLE IN THE LLANIDLOES AREA HAVE TOLD US WORKS WELL

Dial A Ride works well, helping to get people to hospital

Excellent workforce in the hospital

Health centre very good, Llanidloes pharmacy is excellent

GP surgery works well

Health and care services here are brilliant, especially Drs and DN etc.

Hafal, Crossroads: caring for carers, providing blocks of time to support unpaid carers, excellent

Llanidloes chemist provides good service, identifying and prescribing

Llani doctors, have no problem getting an appointment when I need one

Some years ago only time needed ambulance first responders arrived very quickly and both they and ambulance people were very good



WHAT THE PEOPLE IN THE LLANIDLOES AREA HAVE TOLD US COULD BE IMPROVED

Having to travel to Shrewsbury for treatment. A centre or Llanidloes hospital could provide treatments closer to home.

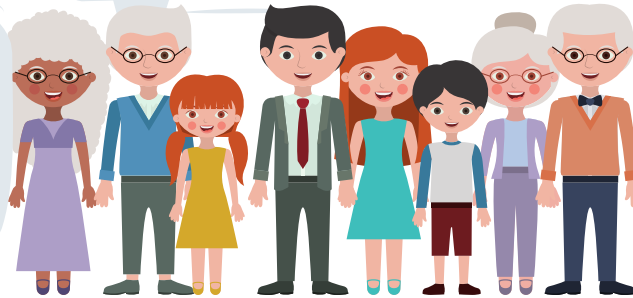
My son has autism, we have to fight for everything.

Consultants to come to Llanidloes hospital as opposed to patients travelling. Lack of communication PTHB/Llanidloes hospital

Don't want to lose Llanidloes hospital, league of friends own it, it has been given to the community. Telemedicine could provide more access to services via Llanidloes hospital

More motor traffic calming and exclusion measures to reduce pollution and make walking and cycling safer. BIOPHILIA - impact of nature on wellbeing - fund more woodland activities.

Better public transport, particularly to hospitals and cut down on car use.



Let's have a 'flexible checking' service for the elderly in their own homes backed up by a local response service.

Lack of mental health support for teenagers aged 16 - 18. Progressive collaboration health and social care.

Proactively 'flag' up individuals in MST/virtual wards who may be vulnerable following life event such as bereavement.

MSOA: CLYWEDOG



46.5 general fertility rate per 1,000 females aged 15-44



116 (estimated) people aged 30+ with dementia



66.4% people employed



71.1% home ownership



12% children living in poverty



86.9% people keeping up with bills



77.1% two-parent households



0.6 rate of Children Looked After per 1,000 child population



77.4% local area satisfaction



279 premature deaths per 100,000 population



91.8% vaccination rate



2.8% low birth weight



82.4 average male life expectancy



84.1 average female life expectancy



82.8% people assess their health as "good" or "very good":



83% people whose day to day activities is not limited by a long term health problem or a disability



83.3% people feeling safe after dark



98.6% people with adequate living space



90.6% population not in receipt of income benefits






2954 households



 <p>76.9 unpaid carers per 10,000 population</p>	 <p>92.7% satisfaction with GP surgery*</p>	 <p>724 hip fractures per 100,000 population</p>
 <p>189 domiciliary care clients per 1,000 population</p>	 <p>189 domiciliary care hours per 1,000 population</p>	 <p>86 sheltered housing provision per 1,000 population</p>

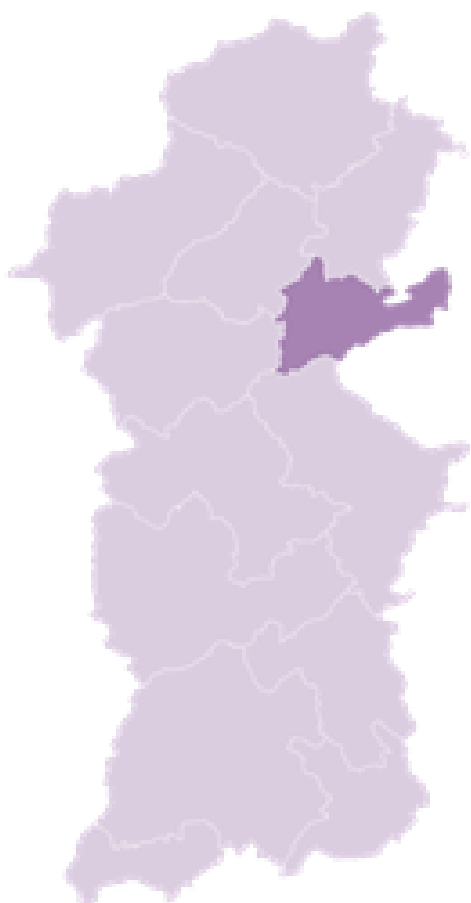


 <p>Respiratory</p>	 <p>Cancer</p>	 <p>Circulatory</p>
<p>Rate of respiratory disease hospital admissions per 100,000 - 214.7</p> <p>Rate of respiratory inpatient admissions per 100,000 - 13.9</p> <p>Standardised rate of respiratory outpatient admissions per 100,000 - 15.5</p> <p>% patients with asthma* - 5.9%</p> <p>% patients with COPD* - 1.5%</p>	<p>Cancer mortality rate per 100,000 - 130.8</p> <p>Rate of cancer mortality inpatient admissions per 100,000 - 30.65</p> <p>Rate of cancer mortality outpatient admissions per 100,000 - 29.91</p>	<p>Rate of CVD hospital admissions per 100,000 - 649.3</p> <p>Rate of circulatory disease inpatient admissions per 100,000 - 11.82</p> <p>Mortality rate for all circulatory disease per 100,000 - 218.2</p> <p>Rate of circulatory disease outpatient admissions per 100,000 - 15.36</p> <p>% of patients with coronary heart disease* - 4.1%</p>

13.2 NEWTOWN

Newtown, the largest town in the county of Powys, lies on the River Severn in the community of Newtown and Llanllwchaiarn, within the historic boundaries of Montgomeryshire. It was designated a new town in 1967 and saw a large population growth as firms settled, changing its market town character.

TOWN OVERVIEW



People and Communities

- 11,319 people
- -0.3% change in population from 2011 to 2017
- 5,015 households
- 18% of population considered to be income deprived



Community Safety

- 0.77 recorded burglary per 100 buildings
- 0.29 fire incidences per 100 residents
- 5.71 anti-social behaviour incidences per 100 residents
- 2.65 recorded violent crimes per 100 residents
- 0.3 recorded thefts per 100 residents
- 1.31 recorded criminal damage incidences per 100 residents



Households by Tenure

- 28.3% owned outright
- 23.7% owned with a mortgage
- 30.7% social rented
- 15.6% private landlord or letting agency



Population by Age

- 0-15 years: 21.4%
- 16-64 years: 62.1%
- 65+ years: 16.5%
- 16-24 years: 11.7%



Local Economy

- 12% working age population receiving employment related benefits
- 190 people claiming Job Seeker's Allowance for the purposes of unemployment, 55 of which are aged 16-24



Qualifications

- 55% key stage 4 pupils achieving Level 2 threshold including a GCSE in Mathematics and English/Welsh
- 27.5% people with no qualifications



Travel and Commuting

- 73.72% households with access to cars or vans
- 2.2% residents travel to work by bicycle
- 15.21% residents travel to work on foot
- 42.5% residents travel to work by car
- 1% residents travel to work by public transport

WHAT THE PEOPLE IN THE NEWTOWN AREA HAVE TOLD US WORKS WELL

Being able to keep people at home with support from health provisions e.g. Doctors, District Nurses, Carers

Lots of green spaces to play and wildlife clubs, Open Newtown. Good kids clubs - Beavers, Brownies.

Nerve specialist at the leisure centre

Ponthafren - chair based exercise groups

PAVO - dinner club/men's club - just 4 of us but have to travel to Welshpool. Third sector support, e.g. Dial A Ride, Kaleidoscope, Ponthafren, Wellbeing First, Dementia Friendly

Access to home visits by DNS etc. reducing the need to travel

Open spaces - important due to hip problems. Referral to gym for exercise. Swimming - use of leisure centre.

Cochlear implant services in Newtown hospital, patients used to have to travel to north Wales. Good links with hearing loss charities/drop in sessions across Powys in local libraries etc.

Age Concern are excellent for over 60s, have a wealth of free experience available at the Newtown office.

Powys local health board provide WG child measurement programme - vision and audio testing and children referred to opticians and audiology if needed



WHAT THE PEOPLE IN THE NEWTOWN AREA HAVE TOLD US COULD BE IMPROVED

Move to Telford of specialist outpatient appointments means a longer, regular journey. We need a hospital and for consultants to come to us.

Testing for glaucoma - opticians to undertake this rather than hospital eye clinics.

Housing issues are huge, however councils don't take into account what people say, e.g. new buildings in Maesyrrhandir, large housing needed but they are built small

Waiting for a GP appointment can be months!
Children's dental services are poor, long waiting and no new admissions.

Should have a life skills club at schools with an after school club that has a wellbeing officer to do groups of kids to learn to cook, pay taxes, write cheques, do a CV, apply for a job, clean a house, learn to live.

Local regular reliable transport links, to and from hub town. Regional centre is not good if you do not have transport.

Adults and children services need to share and talk to each other. Improve transitions. More support needed on support staff, need up to date training on mental health to help adults to help families to get back on track.

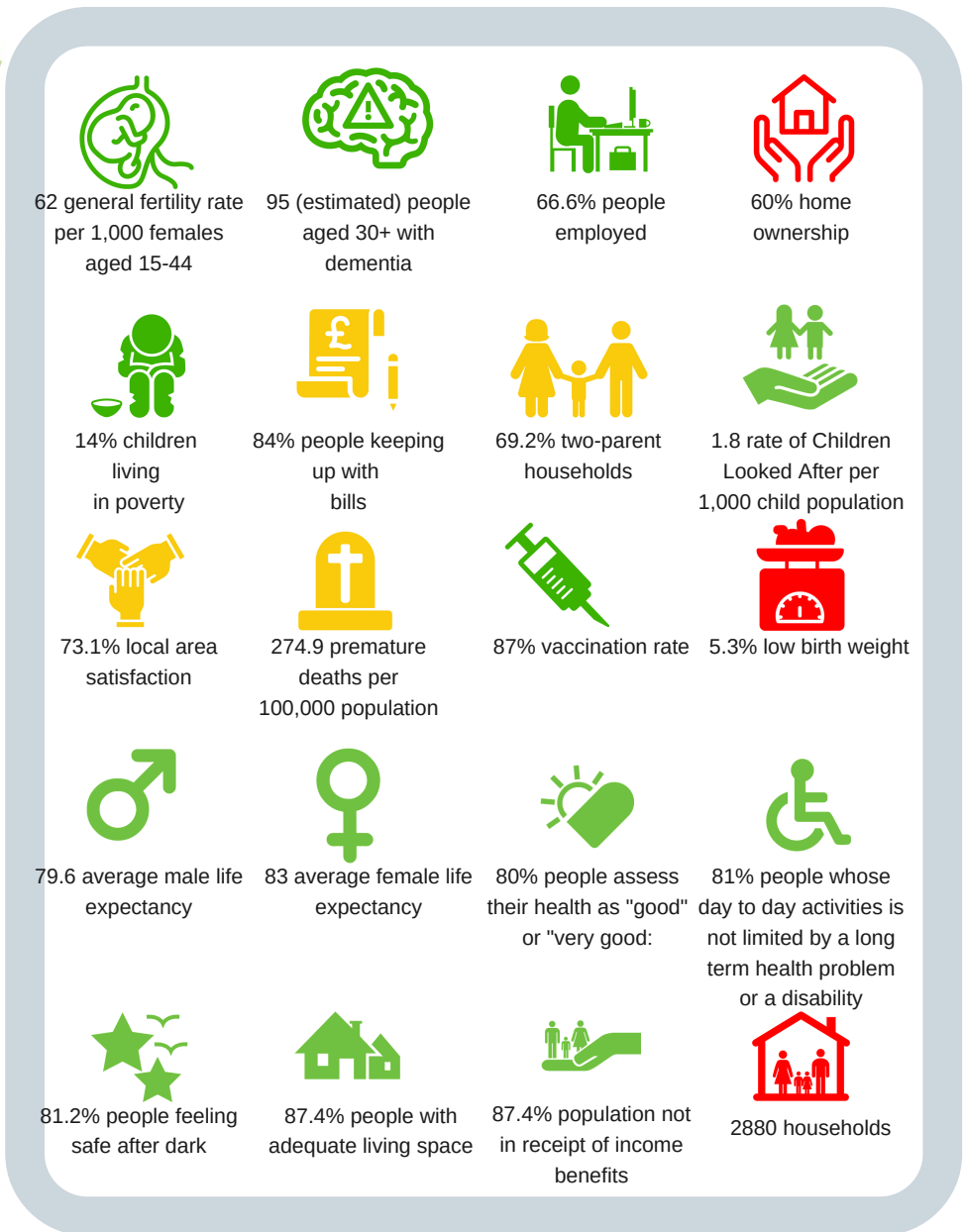


Hospitals in Powys are small and doesn't have many services.

Minor injury service is bad. We need a Minor Injury Unit in Newtown.

Too long for appointments in Newtown GP. Not enough NHS dentists. Takes a long time for x-ray to get to GP, 2 weeks.




MSOA: NEWTOWN NORTH EAST



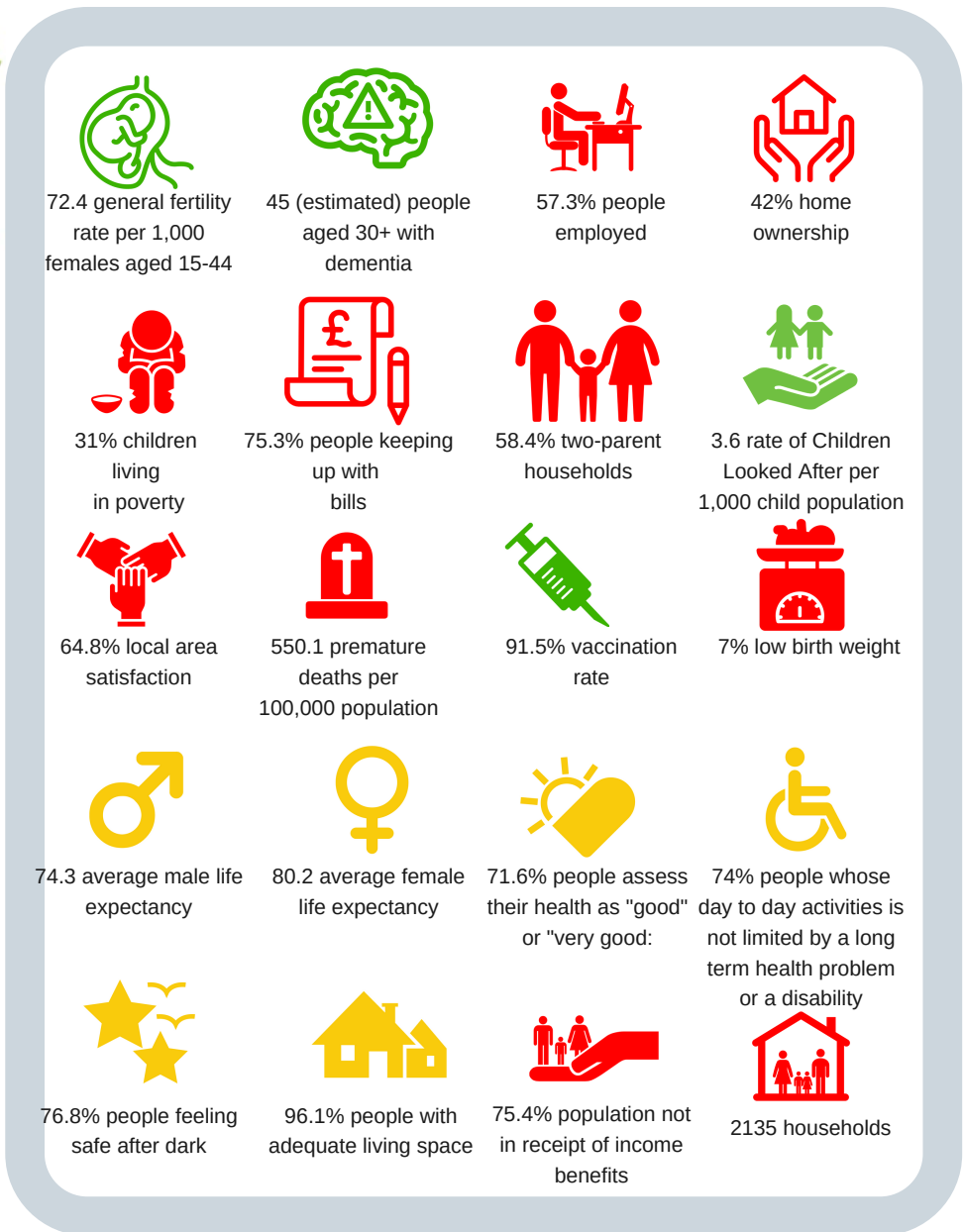


 <p>74.3 unpaid carers per 10,000 population</p>	 <p>92% satisfaction with GP surgery</p>	 <p>432.9 hip fractures per 100,000 population</p>
 <p>9.3 domiciliary care clients per 1,000 population</p>	 <p>146 domiciliary care hours per 1,000 population</p>	 <p>105 sheltered housing provision per 1,000 population</p>








 <p>Respiratory</p>	 <p>Cancer</p>	 <p>Circulatory</p>
<p>Rate of respiratory disease hospital admissions per 100,000 - 371.7</p> <p>Rate of respiratory inpatient admissions per 100,000 - 18.2</p> <p>Standardised rate of respiratory outpatient admissions per 100,000 -19.9</p>	<p>Cancer mortality rate per 100,000 - 137</p> <p>Rate of cancer mortality inpatient admissions per 100,000 - 24.58</p>	<p>Rate of CVD hospital admissions per 100,000 - 678.8</p> <p>Rate of circulatory disease inpatient admissions per 100,000 - 15.09</p> <p>Mortality rate for all circulatory disease per 100,000 - 271.4</p> <p>Rate of circulatory disease outpatient admissions per 100,000 - 21.55</p>




MSOA: NEWTOWN SOUTH WEST

























 <p>52 unpaid carers per 10,000 population</p>	 <p>90.6% satisfaction with GP surgery*</p>	 <p>971 hip fractures per 100,000 population</p>
 <p>9.3 domiciliary care clients per 1,000 population</p>	 <p>117 domiciliary care hours per 1,000 population</p>	 <p>239 sheltered housing provision per 1,000 population</p>









 <p>Respiratory</p>	 <p>Cancer</p>	 <p>Circulatory</p>
<p>Rate of respiratory disease hospital admissions per 100,000 - 413.3</p> <p>Rate of respiratory inpatient admissions per 100,000 - 24.7</p> <p>Standardised rate of respiratory outpatient admissions per 100,000 - 20.1</p>	<p>Cancer mortality rate per 100,000 - 203.4</p> <p>Rate of cancer mortality inpatient admissions per 100,000 - 28.42</p>	<p>Rate of CVD hospital admissions per 100,000 - 426.2</p> <p>Rate of circulatory disease inpatient admissions per 100,000 - 16.22</p> <p>Mortality rate for all circulatory disease per 100,000 - 290.7</p> <p>Rate of circulatory disease outpatient admissions per 100,000 - 20.61</p>

MSOA: WANTYN'S DIKE



 50.1 general fertility rate per 1,000 females aged 15-44	 98 (estimated) people aged 30+ with dementia	 68% people employed	 77.9% home ownership
 10% children living in poverty	 87.8% people keeping up with bills	 83.5% two-parent households	 3.7 rate of Children Looked After per 1,000 child population
 79.6% local area satisfaction	 229.4 premature deaths per 100,000 population	 71.4% vaccination rate	 4.3% low birth weight
 83 average male life expectancy	 84 average female life expectancy	 83.1% people assess their health as "good" or "very good:"	 82% people whose day to day activities is not limited by a long term health problem or a disability
 84.6% people feeling safe after dark	 98.1% people with adequate living space	 92.3% population not in receipt of income benefits	 2349 households

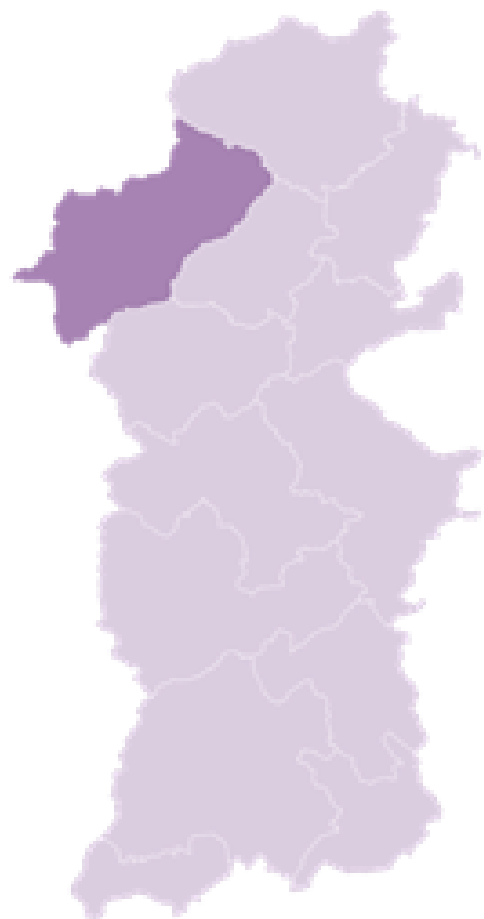


 74.8 unpaid carers per 10,000 population	 92.8% satisfaction with GP surgery*	 489.4 hip fractures per 100,000 population
 9.3 domiciliary care clients per 1,000 population	 101 domiciliary care hours per 1,000 population	 101 sheltered housing provision per 1,000 population

13.3 MACHYNLLETH

Machynlleth, sometimes referred to colloquially as 'Mach', is a market town, community and electoral ward in Powys and within the historic boundaries of Montgomeryshire. It is in the Dyfi Valley at the intersection of the A487 and the A489 roads.

TOWN OVERVIEW



People and Communities

- 2,213 people
- -1% change in population from 2011 to 2017
- 1,033 households
- 13% of population considered to be income deprived



Community Safety

- 0.63 recorded burglary per 100 buildings
- 0.16 fire incidences per 100 residents
- 5.3.27 anti-social behaviour incidences per 100 residents
- 1.32 recorded violent crimes per 100 residents
- 0.1 recorded thefts per 100 residents
- 0.64 recorded criminal damage incidences per 100 residents



Households by Tenure

- 31.8% owned outright
- 22.6% owned with a mortgage
- 27.9% social rented
- 15% private landlord or letting agency



Population by Age

- 0-15 years: 18%
- 16-64 years: 61.3%
- 65+ years: 20.7%
- 16-24 years: 9.7%



Local Economy

- 8% working age population receiving employment related benefits
- 30 people claiming Job Seeker's Allowance for the purposes of unemployment, 5 of which are aged 16-24



Qualifications

- 54% key stage 4 pupils achieving Level 2 threshold including a GCSE in Mathematics and English/Welsh
- 27.3% people with no qualifications



Travel and Commuting

- 70.67% households with access to cars or vans
- 4.7% residents travel to work by bicycle
- 21.3% residents travel to work on foot
- 32.7% residents travel to work by car
- 3.4% residents travel to work by public transport

WHAT THE PEOPLE IN THE MACHYNLLETH AREA HAVE TOLD US WORKS WELL

I go to a weekly singing group which I think of as cheap therapy, mix with lots of nice people

Residential home is excellent

The community hospital is a bonus, good for recuperation

Have good shops in Mach, can access healthy food, also there are allotments.

Bus service to Dolgellau and Aberystwyth really good.

Good walking, lots of local footpaths. Mountain biking - great for locals and tourists.

It's good to talk and sing, to bolster sense of wellbeing/psychological, especially important for those who live alone.



Asthma checks by GP practice work well and are reassuring.

Good access and quality of care from GP.

Outpatients good but need to be expanded. Good physio dept - quick service and can self-refer.

WHAT THE PEOPLE IN THE MACHYNLLETH AREA HAVE TOLD US COULD BE IMPROVED

GP surgery - long waiting times for appointments.

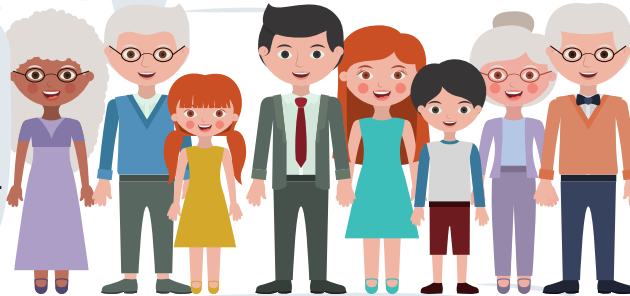
Consider 'key ring' housing scheme - worked well in England. Keep the West Wales/Mid Wales advice centres.

Better access to mental health services in Machynlleth. Enhanced services locally - Machynlleth.

GP surgery - appointments that are available, not waiting 2 weeks

Transport issues in Machynlleth especially with few family members to support.

Problems with the Glantwymyn surgery; lack of transport, distance, need to inform people of any changes.



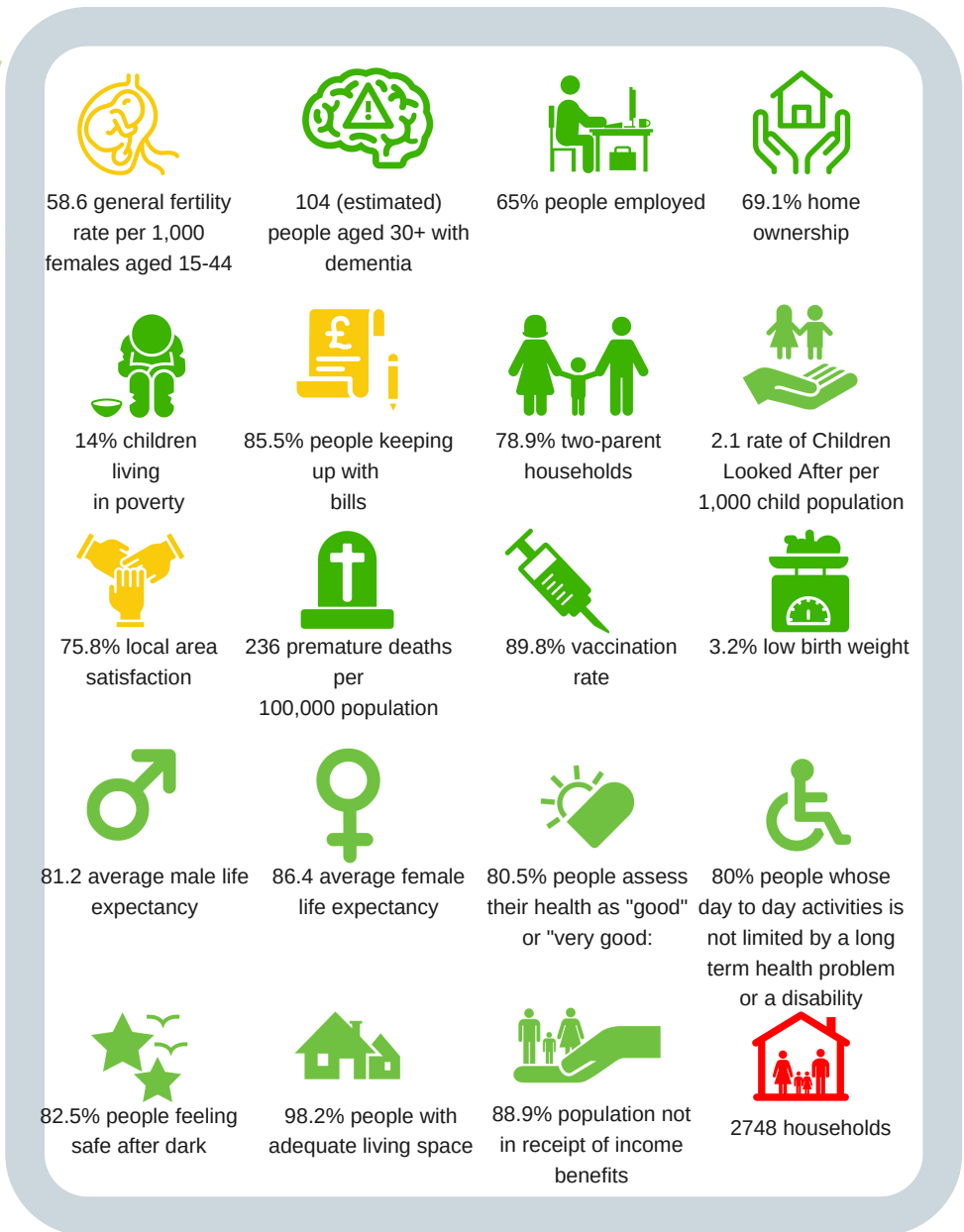
Need strong links between RRC and the home/communities.

Cross border issues; services working together in Gwynedd, Ceredigion and Powys.


Mental health - avoid paying lip service - need to be proactive, psychological therapies, avoid medication, explain side effects, NICE licensing drugs with major but rare side effects.

More PAVO volunteers/befrienders needed to tackle loneliness. All those with dementia need routine audiology checks to help with communication.




MSOA: DYFI





 <p>70.9 unpaid carers per 10,000 population</p>	 <p>92.3% satisfaction with GP surgery*</p>	 <p>592 hip fractures per 100,000 population</p>
 <p>9.3 domiciliary care clients per 1,000 population</p>	 <p>86 domiciliary care hours per 1,000 population</p>	 <p>98 sheltered housing provision per 1,000 population</p>



 <p>Respiratory</p>	 <p>Cancer</p>	 <p>Circulatory</p>
<p>Rate of respiratory disease hospital admissions per 100,000 - 307.8</p> <p>Rate of respiratory inpatient admissions per 100,000 - 14.9</p> <p>Standardised rate of respiratory outpatient admissions per 100,000 - 16.7</p> <p>% patients with asthma* - 7.6%</p> <p>% patients with COPD* - 3.6%</p>	<p>Cancer mortality rate per 100,000 - 156.2</p> <p>Rate of cancer mortality inpatient admissions per 100,000 - 34.52</p> <p>Rate of cancer mortality outpatient admissions per 100,000 - 33.58</p>	<p>Rate of CVD hospital admissions per 100,000 - 788.4</p> <p>Rate of circulatory disease inpatient admissions per 100,000 - 12.26</p> <p>Mortality rate for all circulatory disease per 100,000 - 289.5</p> <p>Rate of circulatory disease outpatient admissions per 100,000 - 20.24</p> <p>% of patients with coronary heart disease* - 4.3%</p>

13.4 WELSHPOOL AND MONTGOMERY

Welshpool is a town and community, historically in the county of Montgomeryshire, but currently administered as part of the unitary authority of Powys.

WELSHPOOL TOWN OVERVIEW



People and Communities

- 5,934 people
- -0.2% change in population from 2011 to 2017
- 2,661 households
- 17% of population considered to be income deprived



Community Safety

- 0.59 recorded burglary per 100 buildings
- 0.43 fire incidences per 100 residents
- 0.43 anti-social behaviour incidences per 100 residents
- 1.54 recorded violent crimes per 100 residents
- 0.1 recorded thefts per 100 residents
- 1.2 recorded criminal damage incidences per 100 residents



Households by Tenure

- 29.9% owned outright
- 23% owned with a mortgage
- 26.3% social rented
- 17.4% private landlord or letting agency



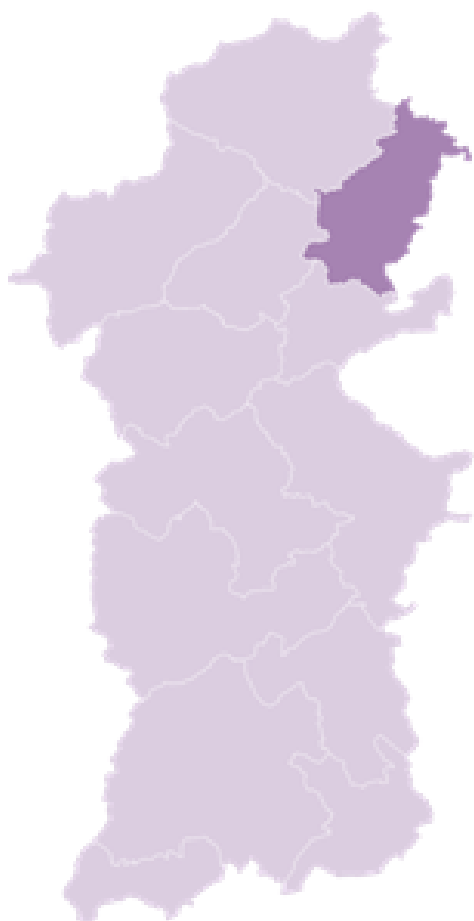
Qualifications

- 54% key stage 4 pupils achieving Level 2 threshold including a GCSE in Mathematics and English/Welsh
- 33.5% people with no qualifications



Travel and Commuting

- 71.03% households with access to cars or vans
- 1.5% residents travel to work by bicycle
- 20.8% residents travel to work on foot
- 38.2% residents travel to work by car
- 1.1% residents travel to work by public transport



Population by Age

- 0-15 years: 17.8%
- 16-64 years: 60.8%
- 65+ years: 21.4%
- 16-24 years: 11.2%



Local Economy

- 10% working age population receiving employment related benefits
- 85 people claiming Job Seeker's Allowance for the purposes of unemployment, 15 of which are aged 16-24

WHAT THE PEOPLE IN THE WELSHPOOL AREA HAVE TOLD US WORKS WELL

Caring and supportive friends and neighbours.

Breast cancer and cervical cancer screening provided regularly.

Library, recreational spaces - parks for children - needs to be maintained though.

Read, dog walking, see friends in town socially, started running to de-stress during GCSEs.

Local library fabulous place to work, users love to come here and have made some great new friends.

Welshpool hospital do a brilliant job of meeting the needs of the local community, even offering recovery beds for Shrewsbury patients.

Can't fault Welshpool GP practice to recommending patients for referral.



Local Drs surgery very good for emergency appointments.

Care packages provided - the majority of carers excellent.

Excellent range of fitness services and pool at Flash leisure centre, Pilates, spinning etc., gym facilities.

WHAT THE PEOPLE IN THE WELSHPOOL AREA HAVE TOLD US COULD BE IMPROVED

Powys CC in order to spend millions of pounds in giving away Neuadd Maldwyn impacting on the Library, museum, Ponthafren, Bryntirion, Montgomeryshire Wildlife and Rivers trust, local car parking etc. so how does this tie in with Powys Health and Caring? Powys is as health and caring as it is 'open and enterprising'

One bus per day from home village to Welshpool. Train unreliable - need better transport.

No longer can sit and wait to see a GP.

Love to have iron infusions in Welshpool rather than Shrewsbury.

Home care - mistreatment of carers - poor care of customers. Mental health/addiction - lack of support in the area.

Worried about lack of library facilities and shortening of opening hours.

A community funded exercise class with advice on keeping healthy.























Difficult to get a GP appointment.

Most carers never abide by the time dictated by the agency to issue the basic care needed, I would love this to change







Transport services poor - difficult to get into town from nearby villages.

MSOA: GUILDSFIELD BROOK

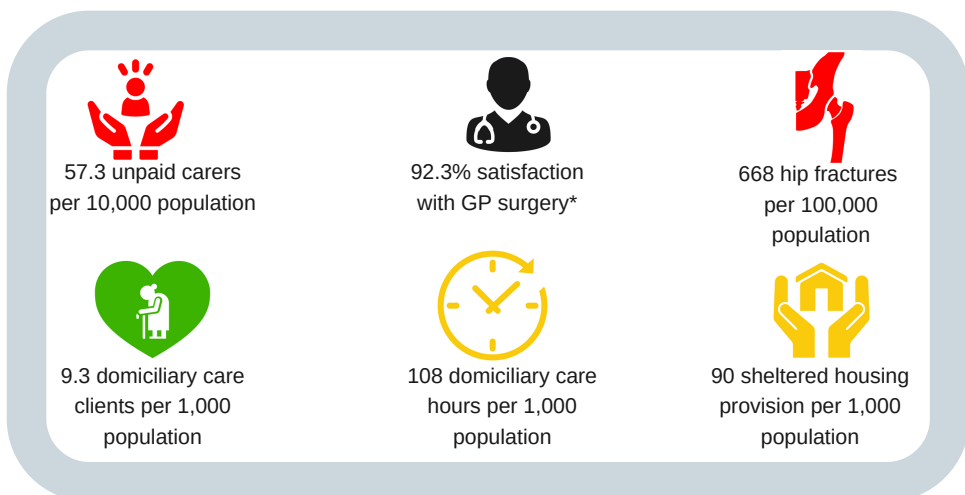
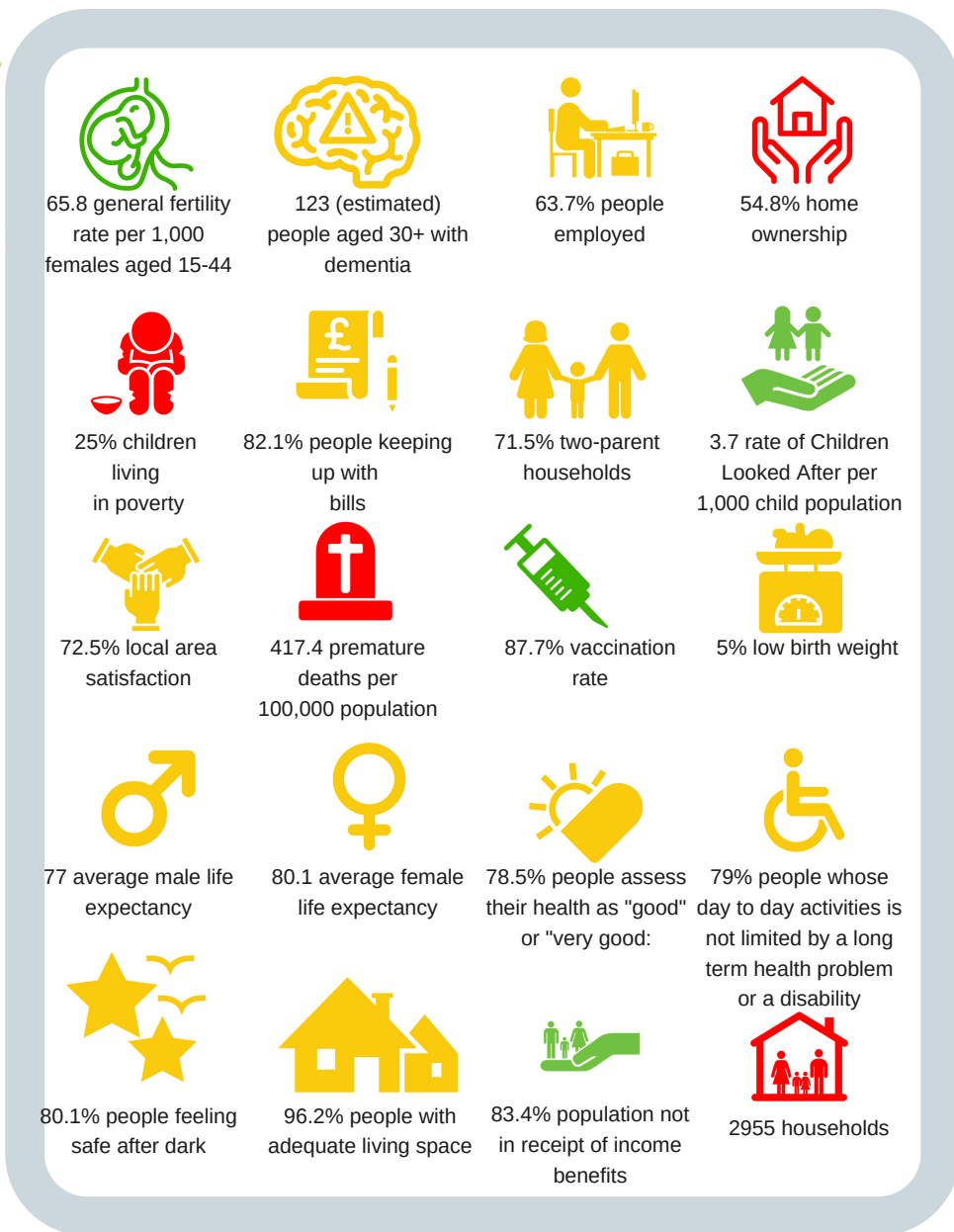


 <p>51.2 general fertility rate per 1,000 females aged 15-44</p>	 <p>107 (estimated) people aged 30+ with dementia</p>	 <p>68.3% people employed</p>	 <p>79.7% home ownership</p>
 <p>7% children living in poverty</p>	 <p>88% people keeping up with bills</p>	 <p>84.9% two-parent households</p>	 <p>2.6 rate of Children Looked After per 1,000 child population</p>
 <p>80.1% local area satisfaction</p>	 <p>247.1 premature deaths per 100,000 population</p>	 <p>88.6% vaccination rate</p>	 <p>5.9% low birth weight</p>
 <p>82.8 average male life expectancy</p>	 <p>88.8 average female life expectancy</p>	 <p>83.4% people assess their health as "good" or "very good"</p>	 <p>83% people whose day to day activities is not limited by a long term health problem or a disability</p>
 <p>84.7% people feeling safe after dark</p>	 <p>98.6% people with adequate living space</p>	 <p>92.2% population not in receipt of income benefits</p>	 <p>2641 households</p>

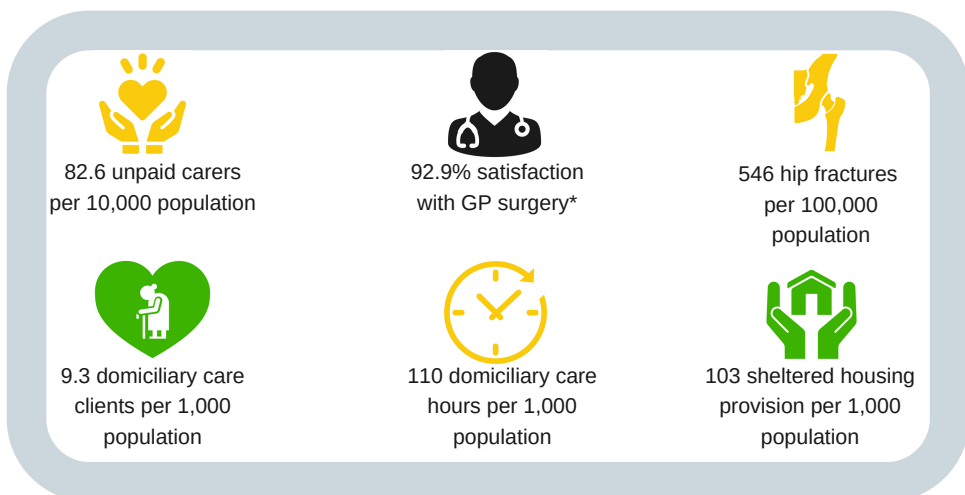
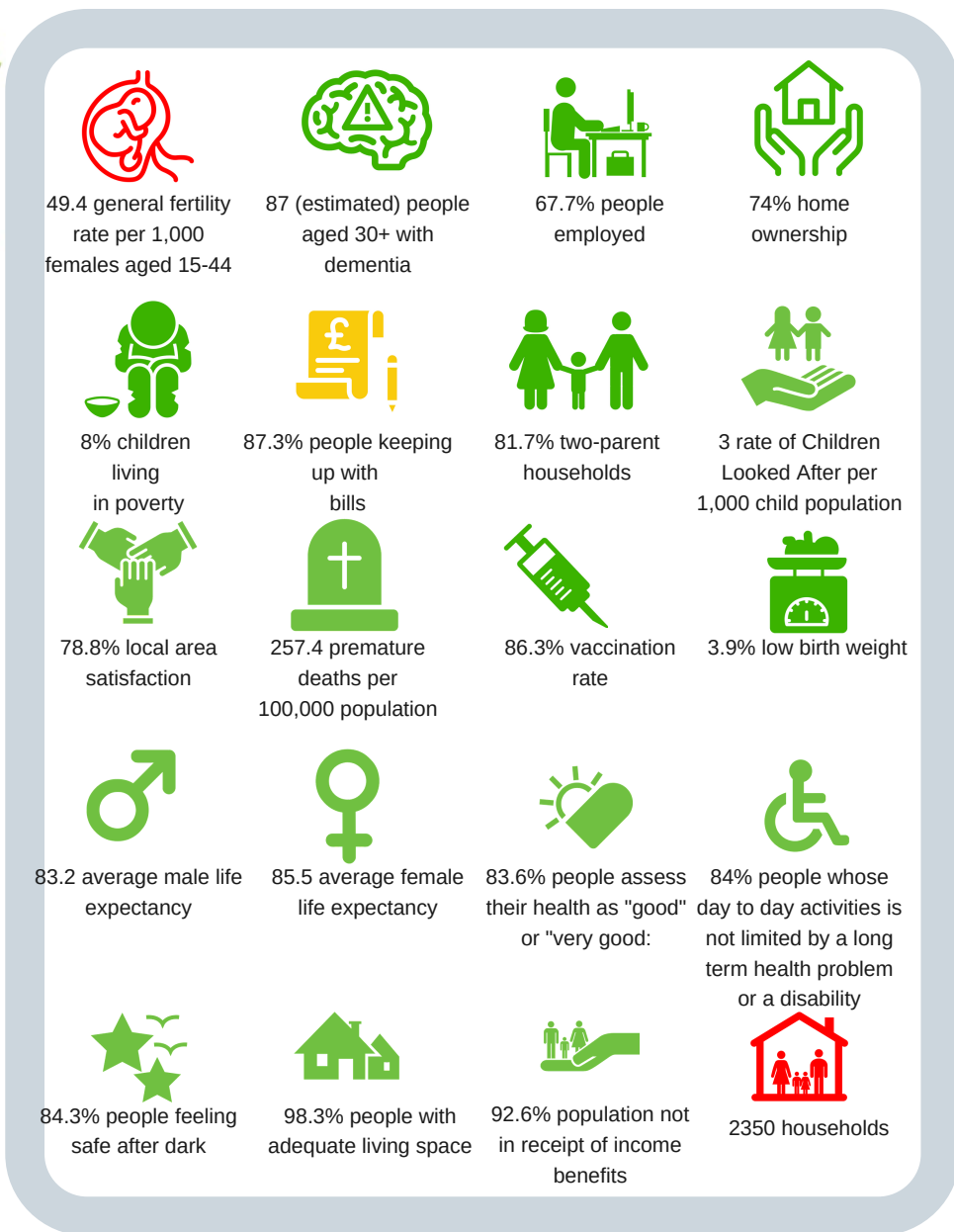


 <p>75.4 unpaid carers per 10,000 population</p>	 <p>92.9% satisfaction with GP surgery*</p>	 <p>512 hip fractures per 100,000 population</p>
 <p>9.3 domiciliary care clients per 1,000 population</p>	 <p>106 domiciliary care hours per 1,000 population</p>	 <p>91 sheltered housing provision per 1,000 population</p>

MSOA: WELSHPOOL



MSOA: FRIDD FALDWYN



13.5 LLANFYLLIN

Llanfyllin is a small market town, community and electoral ward in a sparsely populated area in Montgomeryshire, Powys, lying in the valley of the River Cain near the Berwyn Mountains.

LLANFYLLIN TOWN OVERVIEW



People and Communities

- 1529 people
- 41% population born in Wales
- Ranked 959 out of 1896 overall on the Welsh Index of Multiple Deprivation



Community Safety

- 0.6% population recorded burglary incidences
 - 0.3% of population adult offenders aged 18+
- 2.2% of population young offenders aged 10-17
- 0.6% population recorded violent crime incidences
- 0.5% population recorded theft incidences
- 0.4% population recorded criminal damage incidences



Households

- 675 households
- 2.2 average household size
- Settlement type: rural village and dispersed in a sparse setting



Qualifications

- 6.3% primary school lessons missed
- 7.7% secondary school lessons missed
- 28% people aged 16-74 with no qualifications



Population by Age

- 0-15 years: 17.7%
- 16-29 years: 15.4%
- 30-44 years: 16.4%
- 45-64 years: 27.4%
- 65+ years: 23.2%



Local Economy

- Average 21 people claiming Income Support during a 12 month period (2012 - 2013)
- Average 75 people claiming Disability Living Allowance during a 12 month period (2012 - 2013)
-



Employment

- 67% employees work full time
- 33% employees work part time
- 18% employees self employed
- 17% of the workforce employed in health and social work

WHAT THE PEOPLE IN THE LLANFYLLIN AREA HAVE TOLD US WORKS WELL

Home schooled children really value being able to access the sessions provided at the library, some sessions can include whole families and is a great way for whole families to feel included.

Services in the library; yoga, tai chi, creative writing, men's shed, singing, Mencap, Art for Health, Kaleidoscope, Mind, library service, housing, POBL, art club.

Llanfyllin library and community centre is based on the same site as the primary and secondary school.

Local library; valuable resource as difficult to get to Welshpool by bus, also vital to have medical centre here in Llanfyllin

In Llanfyllin we find it useful to use people of our community to lead on local activities, i.e. patients with a condition leading an activity session.

Leg club very good. Local, meet, chat.

Strengthen and support Llanfyllin's present community hub which is working surprisingly well.



Local health and care in the immediate community has always been pretty good for me over 40 year period

Communal singing for pleasure in St Myllins - Sunday

We have an active town council to support new investment.

WHAT THE PEOPLE IN THE LLANFYLLIN AREA HAVE TOLD US COULD BE IMPROVED

I would like to see community wellbeing services in the local area - things that people can access e.g. yoga, meditation and other proven improvers of health and wellbeing.

Approaches in rural areas - need different planning to urban areas - be realistic. Newtown is impossible to reach from Llanfyllin for the elderly.

It is a mistake to think that Newtown is a natural or actual centre servicing the people of Llanfyllin - therefore so very important to have a hub in Llanfyllin

Many services are currently available over the telephone only, it can be hard getting through to someone, most people like to be able to speak to individuals face to face. It is very hard to access services; council tax, housing benefit, often the best way of getting through is by email which can be problematic and a worry for the elderly.

Wellbeing courses need to be run more often in our communities.

Transport is a problem, in Llanwyddyn there is one bus service a week. People who don't drive find it hard to access GPs due to poor transport links in remote areas.



More services, e.g. yoga, tai chi in order to keep the person active and then healthy.





















We need a day activity centre for older people in Llanfyllin rather than expect people to go to Welshpool day centre

It feels like those living in the rural areas are deprived of services being developed in outreach areas, over those group of people who either choose or are placed in areas of deprivation; the balance of services at present doesn't seem fair.







Need for dementia social group in Llanfyllin, there is a Neuro café run by Stroke funded by PTHB but they do not welcome people with dementia, only those with stroke related conditions.

MSOA: VYRNWY



 53.8 general fertility rate per 1,000 females aged 15-44	 158 (estimated) people aged 30+ with dementia	 67.3% people employed	 73.2% home ownership
 13% children living in poverty	 87.6% people keeping up with bills	 80.9% two-parent households	 2.3 rate of Children Looked After per 1,000 child population
 79.1% local area satisfaction	 226.4 premature deaths per 100,000 population	 78.7% vaccination rate	 2.9% low birth weight
 82.55 average male life expectancy	 84.3 average female life expectancy	 83.5% people assess their health as "good" or "very good":	 83% people whose day to day activities is not limited by a long term health problem or a disability
 84.4% people feeling safe after dark	 97.9% people with adequate living space	 90.6% population not in receipt of income benefits	 3893 households

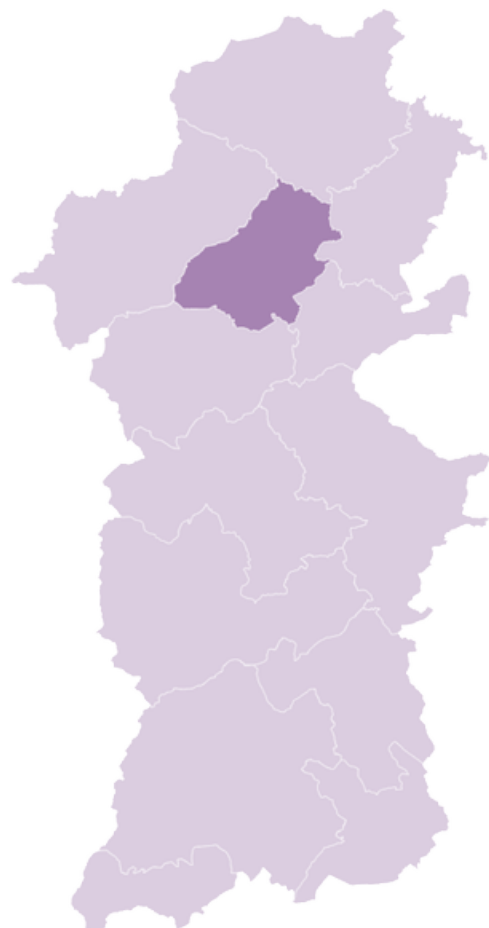


 82.9 unpaid carers per 10,000 population	 92.8% satisfaction with GP surgery*	 525.1 hip fractures per 100,000 population
 9.3 domiciliary care clients per 1,000 population	 106 domiciliary care hours per 1,000 population	 64 sheltered housing provision per 1,000 population

13.6 LLANFAIR CAEREINION

Llanfair Caereinion is a small town and community in Montgomeryshire, Powys upon the River Banwy. The town is built upon the site of an old Roman fort.

LLANFAIR CAEREINION TOWN OVERVIEW



People and Communities

- 1769 people
- 45% population born in Wales
- Ranked 959 out of 1241 overall on the Welsh Index of Multiple Deprivation



Community Safety

- 0.5% population recorded burglary incidences
- 0.5% of population adult offenders aged 18+
- 1.6% of population young offenders aged 10-17
- 0.7% population recorded violent crime incidences
- 0.3% population recorded theft incidences
- 0.8% population recorded criminal damage incidences



Households

- 728 households
- 2.48 average household size
- Settlement type: rural village and dispersed in a sparse setting



Population by Age

- 0-15 years: 19.6%
- 16-29 years: 14.7%
- 30-44 years: 15.1%
- 45-64 years: 30.4%
- 65+ years: 20.2%



Local Economy

- Average 14 people claiming Income Support during a 12 month period (2012 - 2013)
- Average 85 people claiming Disability Living Allowance during a 12 month period (2012 - 2013)



Education

- 5.3% primary school lessons missed
- 7.3% secondary school lessons missed
- 21% people aged 16-74 with no qualifications



Employment

- 73% employees work full time
- 27% employees work part time
- 22% employees self employed
- 13.5% of the workforce employed in health and social work

WHAT THE PEOPLE IN THE LLANFAIR CAEREINION AREA HAVE TOLD US WORKS WELL

The NHS have helped me with a number of health issues, mental and physical - spot on.

Experienced extremely good care and help from NHS locally during a crisis and ongoing care.

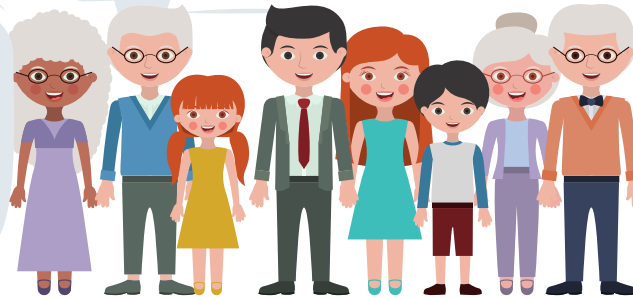
People receive care in their own homes, direct payments for personal care gives continuity of care and flexibility, better pay

Close family and neighbours, ability to drive

People care for one another and look out for them.

Doctors very good.

I walk and run as much as possible, yoga and Pilates.



The bus service is good, friendly and reliable.

Llanfair has sufficient shops for general day to day living.

Most referrals for myself to date have been local at Welshpool hospital.

WHAT THE PEOPLE IN THE LLANFAIR CAEREINION AREA HAVE TOLD US COULD BE IMPROVED

A main hub in Newtown with smaller ones in the community may work but not at the detriment of the outside green space.

It would be lovely/beneficial to see mindfulness in our health/education system as a first stop to help improvement. Teachers would benefit from mindfulness too.

No car, no access to anywhere on a Sunday unless I get a taxi, bus service is restricted.

Care provided by care agencies is often lacking, low pay, poor working conditions, lack of continuity of care, lack of flexibility.

Mental health services extremely poor, communication between doctor and Kaleidoscope non existent.

Communication between patient, wife and continue plan of care very poor, no written plan of care for patient resulting in a failed suicide attempt resulting in severe head injury, still in Stoke 11 months later

Public transport in rural areas poor, Newtown 2 days a week, Welshpool nil.























I live alone and have 3 storeys, I am a known sleepwalker and suffered a few falls.

More use of outside space would be beneficial.

Transport and car park charges poor.

MSOA: GREGYNOG



 72 general fertility rate per 1,000 females aged 15-44	 85 (estimated) people aged 30+ with dementia	 67.1% people employed	 76% home ownership
 12% children living in poverty	 87.1% people keeping up with bills	 80.3% two-parent households	 0.6 rate of Children Looked After per 1,000 child population
 78.4% local area satisfaction	 175.7 premature deaths per 100,000 population	 86.8% vaccination rate	 2.2% low birth weight
 81.8 average male life expectancy	 85.4 average female life expectancy	 81.9% people assess their health as "good" or "very good"	 82% people whose day to day activities is not limited by a long term health problem or a disability
 84.3% people feeling safe after dark	 98% people with adequate living space	 90.6% population not in receipt of income benefits	 2652 households



 76.6 unpaid carers per 10,000 population	 92.7% satisfaction with GP surgery*	 661 hip fractures per 100,000 population
 9.3 domiciliary care clients per 1,000 population	 137 domiciliary care hours per 1,000 population	 107 sheltered housing provision per 1,000 population

14. PERSONA 1: START WELL

Andrew is a typically lively 13 year old boy living in Newtown with his mother and father. He also has a brother who has recently left home for university. He has a healthy lifestyle, engages in outdoor activities (football, mountain biking) and makes use of his local library in Newtown. Both his parents work. The family has one car.



From around 10 years old, Andrew has suffered with enlarged adenoids, causing Andrew discomfort and interfering with his daily life causing breathing difficulties when undertaking physical activities. He also suffers frequent middle ear infections as a consequence of his enlarged adenoids. This has resulted in his having to miss some school. It has not affect his academic performance but it does impact on his parents who have occasionally had to take short notice, unpaid leave from work.

He has been referred by the family GP to an ENT specialist in Royal Shrewsbury Hospital for a consultation. Andrew was asked to complete a sleep study at a given date. Andrew's mother had to drive him to Shrewsbury to collect the sleep study equipment to use overnight, and then return it the following day. Following this appointment Andrew was advised he would need to undergo an adenoidectomy. Andrew has been for a pre-operative assessment in Telford where he was deemed fit to undergo the surgery.

However Andrew's adenoidectomy has been postponed a number of times, and now more than six months have passed since his pre-operative assessment which has now expired. Andrew had to travel back to Telford to undergo a further pre-operative assessment, again deemed fit to undergo surgery.

The delays have caused Andrew great upset as he has not been able to take part in many outdoor activities, including missing sports day due to the delays with his surgery. The visits to and from Telford have also been difficult for his mum and dad who have each had to take time away from work, sometimes taking unpaid leave which has put further pressure on the house hold purse.

Andrew is still awaiting a date for his surgery.

PERSONA 2: START WELL

Carol is a single parent of three children; two boys (Charlie 12, Tom 17) and one girl Thea, aged 4 living in Caersws. Thea had a convulsion at the age of 2 which has left her with mild learning difficulties. There was a delay in her admission 2 years ago due to ambulance availability and Carol has been left feeling angry at the system and guilty that she did not take Thea directly to hospital. As a result, she is seen only rarely by the Primary Care Team where her anger is barely contained. This has led to some confrontations with various members of staff.

Tom has issues with drug and alcohol abuse and has been caught in possession of marijuana at sixth form in Shrewsbury. As a result, Tom has received a warning from both the police and college. Carol is worried about the effect college/city life is having on Tom and would prefer Tom to attend a sixth form closer to home rather than travelling to Shrewsbury each day on the train. The train from Caersws is also costly, and whilst some of this can be claimed back, it puts a financial pressure on Carol every week. There is some community intelligence that Carol is locked into a cycle of debt associated with short term loan use.

The nearest drug and alcohol support is at Kaleidoscope in Welshpool, and public transport is again costly and unreliable for Tom to travel there. Carol often works during the day as a domiciliary care worker for a local care company, so she's unable to drive him to access support and has to trust that he will attend on his own. Carol took the care job on a zero hours contract to be flexible around Thea's needs, but is sometimes called in at times when it is not convenient.

Thea attends pre-school at Caersws during the day, but Carol feels pressured to do more to meet her needs, whilst balancing the needs of her wider family and bring in a small amount of extra income to support them, but not at the detriment of her social care allowance.

Charlie attends school in Llanidloes and is transported to school via bus. He is very sporty, and has been asked to train and play football for Llanidloes under 13s. Training is in the evening, and has caused a few issues with transport, however another parent has offered to share lifts.

Carol is also a little concerned that Charlie might follow Tom's recent behaviours as he is a role model to his younger sibling, and she has concerns about drugs in the local area following an article in the local newspaper about County Lines.



PERSONA 3: START WELL

Osian is a 9 year old boy born with Pierre Robin Syndrome. As a result, he is globally delayed with visual impairment, significant hearing impairment, non ambulant and has a severe learning disability. His condition is life limiting and means he has a number of underlying complex health ailments and respiratory difficulties. He lives at home with his parents and younger sibling in the Welshpool area (Guilsfield Brook). The family access the following services within the Powys boundaries in order to manage Osian's condition:

- Attends special school and uses PCC school transport
- Paediatric Physiotherapy
- Paediatric Occupational Therapy
- Paediatric Speech and Language
- Portage
- Community Paediatric Nursing Team
- Community Paediatricians
- Health Visitors
- Orthotics (External provider from Cardiff but comes in to the local Children's Centre)
- Hydrotherapy (in special school)
- Rebound Therapy (in special school)
- GP Practice
- Welsh Ambulance Service (when emergency transfers are required to a specialised Paediatric Centre in Birmingham)
- Social Services Disability Team
- Action for Children
- NRS (to provide equipment, e.g. profiling beds, standing frame, hoists, specialised cutlery, mattresses, seating)



Osian's family spend most days attending both scheduled appointments and unscheduled hospital admissions. Mum has had to give up her employment to commit to attending appointments, and Dad has a job in a local construction company. There is limited childcare available in the area and so Mum has to take the younger sibling to most appointments with her and therefore she is worried about social interaction and developmental milestones for the younger sibling. Transport is an issue due to the size of Osian's equipment. The family have interventions from a number of health, social care and third sector professionals entering the home on a daily basis which can be disruptive for the younger sibling.

Services accessed out of county include:

- Consultant appointments mostly in Birmingham, sometimes in Shrewsbury and Telford
- Surgical appointments in Birmingham
- Consultant Paediatrician appointments in Birmingham
- Open access to Telford Children's Ward
- ALAC in Wrexham (equipment provider)
- Hope House (to allow respite for Mum and Dad)

Mum feels a one stop shop approach would be beneficial to families experiencing similar levels of intervention.

15. PERSONA 1: LIVE WELL

David is a 26 year old farmer, living alone in a remote location in Llanwddyn, one of the most sparsely populated areas of the county. His family live on another farm in Llanfyllin, north Powys. The family purchased the farm approximately five years ago for the additional grazing land, and an opportunity for David to have a home of his own and be more independent.

Since moving to the farm, David has experienced rural isolation and a lack of social interaction due to the demands of farming on his personal time. He has no mobile reception at home due to the location in a valley, and Broadband connectivity limited with only satellite broadband available which is costly and not unlimited.

Due to the work, he rarely engages in social activities and can go days without seeing anyone. Before moving to the farm, David previously enjoyed using the gym and swimming pool at his local leisure centre. Now his nearest leisure facilities are a 40-minute drive away in Welshpool. He also used to enjoy attending the Young Farmers Club, however is finding it difficult to go back because of competing priorities on the farm.

Sometimes David's only social interaction is with family, and then it only consists of work, and finance talks. Money flow concerns David, and wants to please his father that he can manage a farm, but market prices have been low, giving him a sense of failure. He is struggling with maintenance costs on a number of vehicles required to operate the farm. The farm house he lives in is rated Council Tax Band F at a cost of £2,330 per year.

David feels very low in the evening, and tends to work late in the knowledge that he has very little to do when home. He is also suffering from aches and pains in his neck and shoulders.



PERSONA 2: LIVE WELL

Catherine is a 35 year old lady living in Garthmyl, a few miles from Newtown. She discovered a lump in her left breast, and a visit to her GP saw her referred on to Royal Shrewsbury Hospital where she was diagnosed with Stage 3 breast cancer, with 12 of the lymph glands also affected.

Catherine was referred for a lumpectomy in Princess Royal Hospital, Telford, which required an overnight stay. Catherine's husband is a farmer and found difficulty in securing the running of the farm whilst supporting Catherine at her appointments.

Once healed, Catherine underwent a course of Chemotherapy once every 3 weeks at Royal Shrewsbury Hospital which made her extremely poorly, exacerbated by the travel involved with attending this treatment. On a number of occasions, Catherine's temperature spiked following her temperature which meant hospital admissions and further travel to Shrewsbury on each occasion.

Following her Chemotherapy, Catherine then had to undergo 23 sessions of Radiotherapy. Each session was only 15mins, however again Catherine had to travel 40 miles each way to access the treatment. This impacted her recovery due to exhaustion.

Catherine still attends regular appointments in Shrewsbury, sometimes these have been verbal only and therefore did not need to be face to face.



PERSONA 3: LIVE WELL

Adam is a 48 year old man living in social rented accommodation in Welshpool.

Adam was in the armed forces and served in Iraq during the first Gulf conflict. Since returning home, he has had a number of different occupations, unable to settle in anyone of them. He is currently employed on permanent night shifts and therefore isolated as he is mostly asleep during the day. The environment Adam works in is negative, with low staff morale due to long hours and difficult shifts but low wages. Adam has on occasion experienced flashbacks from his time in Ira.

Out of work, Adam likes to go to his local pub, and has recently increased his alcohol intake and now depends on alcohol to be able to sleep during the day time. Together with his work related issues, Adam has had some mental health related difficulties in recent months.

Having moved from town to town, Adam has no family locally, and no close friends. On a night out, Adam suffered severe chest pains. Adam was rushed to Shrewsbury Hospital by the Wales Ambulance Service and seen by A&E. He was diagnosed as having a heart attack, and immediately transferred to Stoke where he underwent keyhole surgery to insert stents.

Adam has as a car, and uses it to drive to work in a car share. Since having the heart attack, he is now unable to drink which was one of his highlights of the week. Adam is concerned about the effect of the stress in his work place on his heart as well as his mental health. A number of his colleagues worry that Adam may be suffering from PTSD as he often describes his flashbacks to them in detail.

Adam has not sought any advice for his mental health difficulties because he sees it as a weakness to his masculinity.



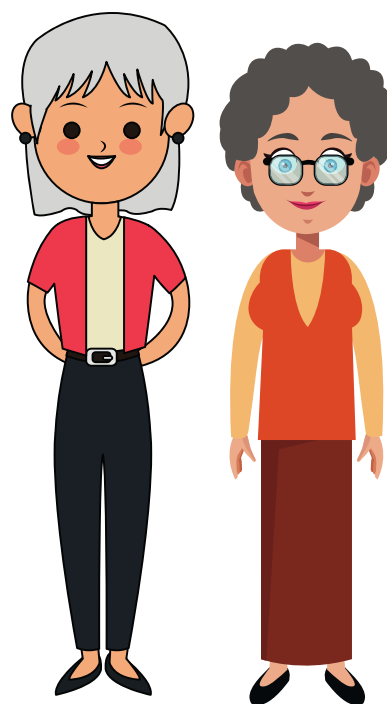
16. PERSONA 1: AGE WELL

Marie is a 65 year old woman living in Machynlleth. She is an unpaid carer for her 87 year old mother who has COPD, and lives in a second floor flat of a sheltered housing complex near to the town centre.

Marie's mother has become increasingly frail and short of breath of late, unable to move up and down the stairs to her flat particularly with her oxygen equipment. She is dependable upon Marie to do her shopping and house chores. Marie also has a part time job working in the local supermarket, travels to work on foot and she does not drive.

Recently, Marie was leaving her mother's flat, and suffered a fall down the stairs, resulting in a fractured hip. Marie was admitted to Bronglais Hospital for nearly a week. Luckily, an elderly neighbour has been able to get limited shopping for her mother, but has not been able to help her care needs or house work. Whilst Marie was happy in the knowledge her neighbour was calling by, she has become increasingly concerned about her mother's care.

Marie lives in social rented accommodation, and has been told she would not be able to go back to work for at least 9-12 weeks. This has given her further cause for concern and is worried about keeping on top of her bills and rent, as well as losing her job. She has a weekly appointment at the fracture clinic and is finding it difficult to book hospital transport.



PERSONA 2: AGE WELL

John is a 65 year old retired tenant farmer living in Llangurig with his wife Anne who is 66, and daughter Katherine who is 42. John was a successful and contented hill farmer, and loved nothing more than tending to the farm he leased with his family. Unfortunately, due to the nature of the work, John started to experience disabling back pain in his early 50s, forcing an early retirement, and a move to a small bungalow in the local village.



Anne also had health issues. She has had numerous episodes of Urinary Tract Infection and was admitted to Royal Shrewsbury Hospital as an emergency due to sepsis. She also has raised blood pressure and type 2 diabetes. While highly motivated to lose weight, she has been unable to do so and she also has some mobility issues. Their daughter Katherine has learning difficulties and is fully dependent on her parents support. She also has agoraphobia, causing social isolation. Moving from the farm into the village caused some stress with all the change.

Once settled into village life, John continued to visit the local GP and Physio but this gave little benefit. John was referred to Gobowen some 50 miles away for a scan. They discovered John had a prolapsed disc with a degenerative disease of the vertebrae. In addition to the extreme pain, John reports that he has cold and numb feet and is not reporting neck pain with tingling in his hands. John continues to be prescribed non-steroidal anti-inflammatory drugs but also regularly takes over the counter paracetamol and codeine which gives him limited relief and is expensive. A series of meetings and consultations took place with very little progress made. Time went by and there was no word from the specialist. John booked an appointment again with his GP and was referred back to Gobowen where they could not find his notes. This caused a considerable amount of stress to John and his family, and further delays to finding a solution and targeted treatment.

As John was now unable to drive very far, he was dependent on family and friends to take him to appointments as Anne did not drive. This often caused further stress and anxiety due to feeling he was putting people out and frustration at being dependent on others.

During a consultation, they discovered John had early onset Parkinson's and was referred to a Parkinson's Nurse in Shrewsbury. John's tremors caused further delay in starting his treatment plan while the pain team and the neurology team debated which issue should be treated as the priority. John was not consulted on this debate leaving John feeling as if he does not count.

John's mental wellbeing has declined given his physical issues not being addressed. As a result of his back pain and his Parkinson's Disease, he is not able to get outside as much, or drive to his favourite fishing spot along the River Wye or even get out for a walk in the hills outside the village.

PERSONA 3: AGE WELL

Frank is 80 years old. He lives with his wife of 55 years, Sarah (78), in a large house in Welshpool which they own outright, however it is now becoming cold and damp and they are experiencing difficulties in maintaining the property in respect of general household duties including cleaning, decorating and gardening.

Frank worked as a spray painter for a local factory but had to take early retirement because of occupational asthma brought on by exposure to spray paints. While he has no cognitive or mental health issues, he is finding it increasingly difficult to get to the local shops because of his worsening breathing difficulties. He was recently investigated for coughing blood and was diagnosed with lung cancer for which he has been offered a therapeutic pathway rather than palliative. His treatment, however, will require hospital admission and an 80-mile round trip.

Sarah, however, has dementia which is characterised by confusion and night time wandering. They have no children; their only child was killed in a road traffic crash 15 years ago and while Frank and Sarah are well liked by their neighbours, they do not have a reliable family or friend support network.

Frank is concerned about what might happen to his wife should he have to go into hospital or should his condition deteriorate quickly. Last night, Sarah, while wandering, tripped and fell and has been admitted to Royal Shrewsbury Hospital with a fractured neck of Femur.

