

Public Document Pack



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CABINET

Tuesday, 8th March, 2022

S U P P L E M E N T A R Y P A C K

1.	NORTH POWYS PROJECT STRATEGIC OUTLINE CASE
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Appendices C - K
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RURAL REGIONAL CENTRE AND COMMUNITY WELL-BEING HUB
Including School and Associated Buildings

Pages 3

1 Project Brief

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Existing Routes and Permeability

Services and Amenities

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5 Proposals

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PROJECT BRIEF

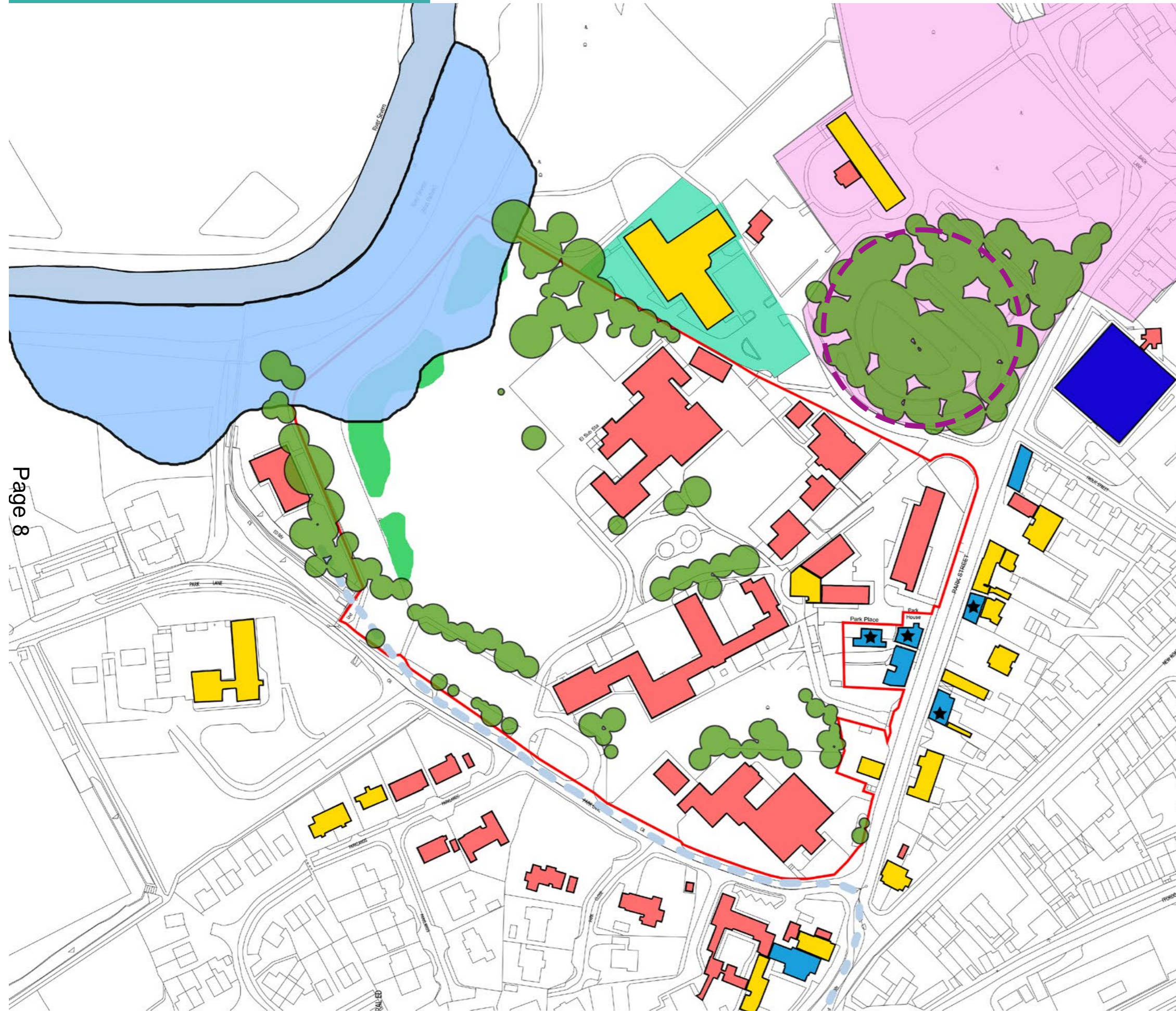
1

- Create a high quality modern development with an Identity designed for Newtown
- Consider Place-making at the town level
- Integrate the new development, open up the site. No walls or boundaries
- Develop a new public realm, creating new spaces and routes for the community
- Use opportunities to enhance existing amenities
- Sustainable principles to be woven through all aspects of the scheme

OPPORTUNITIES ANALYSIS

2

Existing Physical Context



Key:

Building Heights:

- 1 Storey: ■
- 2 Storey: ■
- 3 Storey: ■
- Over 3 Storey: ■

Listed Building: ★

Existing Vegetation: ●

Existing Culvert: ---

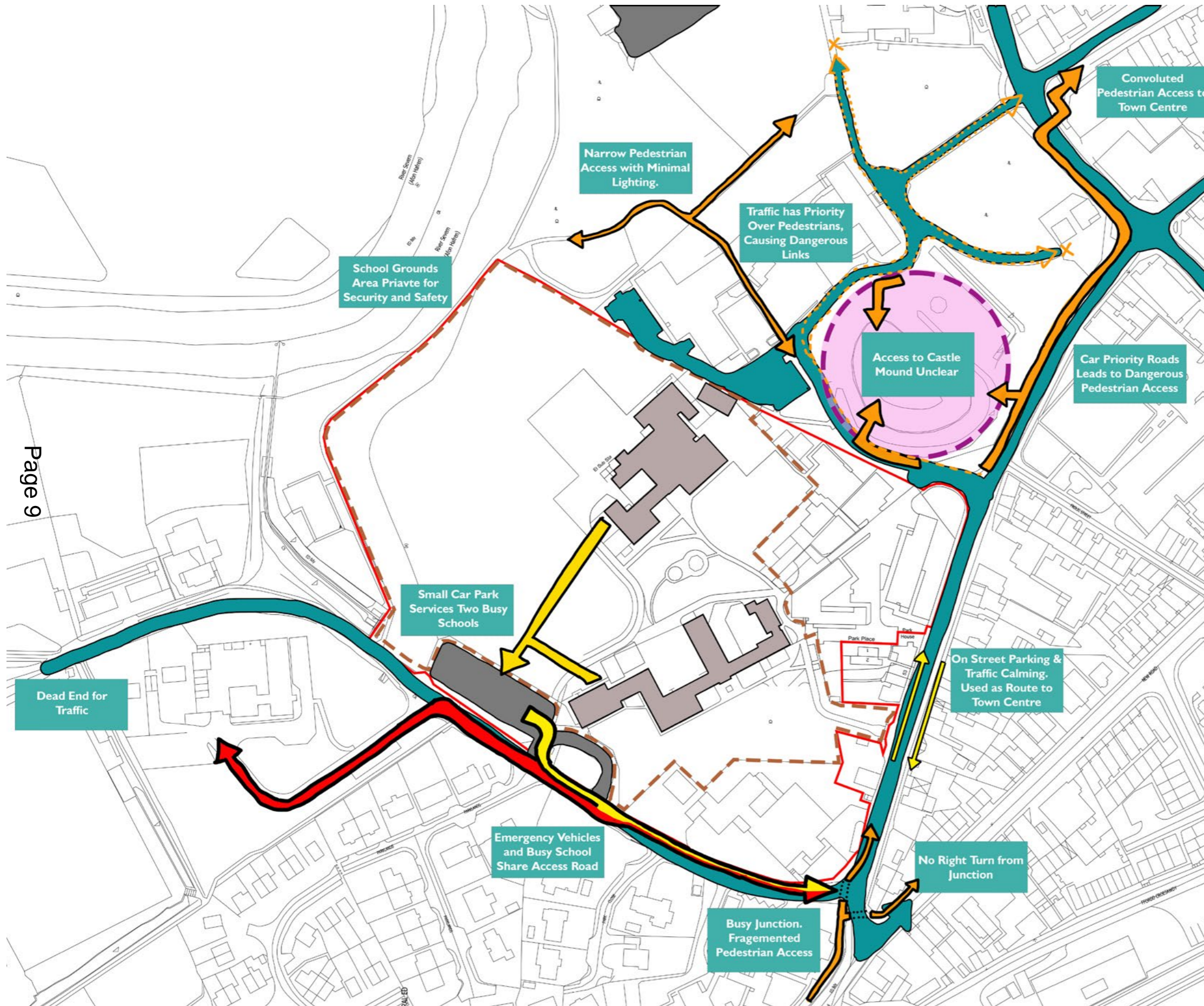
Scheduled Ancient Monument: ○

Flood Plain: ■

Land in Private Ownership: ■

Conservation Area: ■

Existing Routes and Permeability



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Access Road to Town Hall



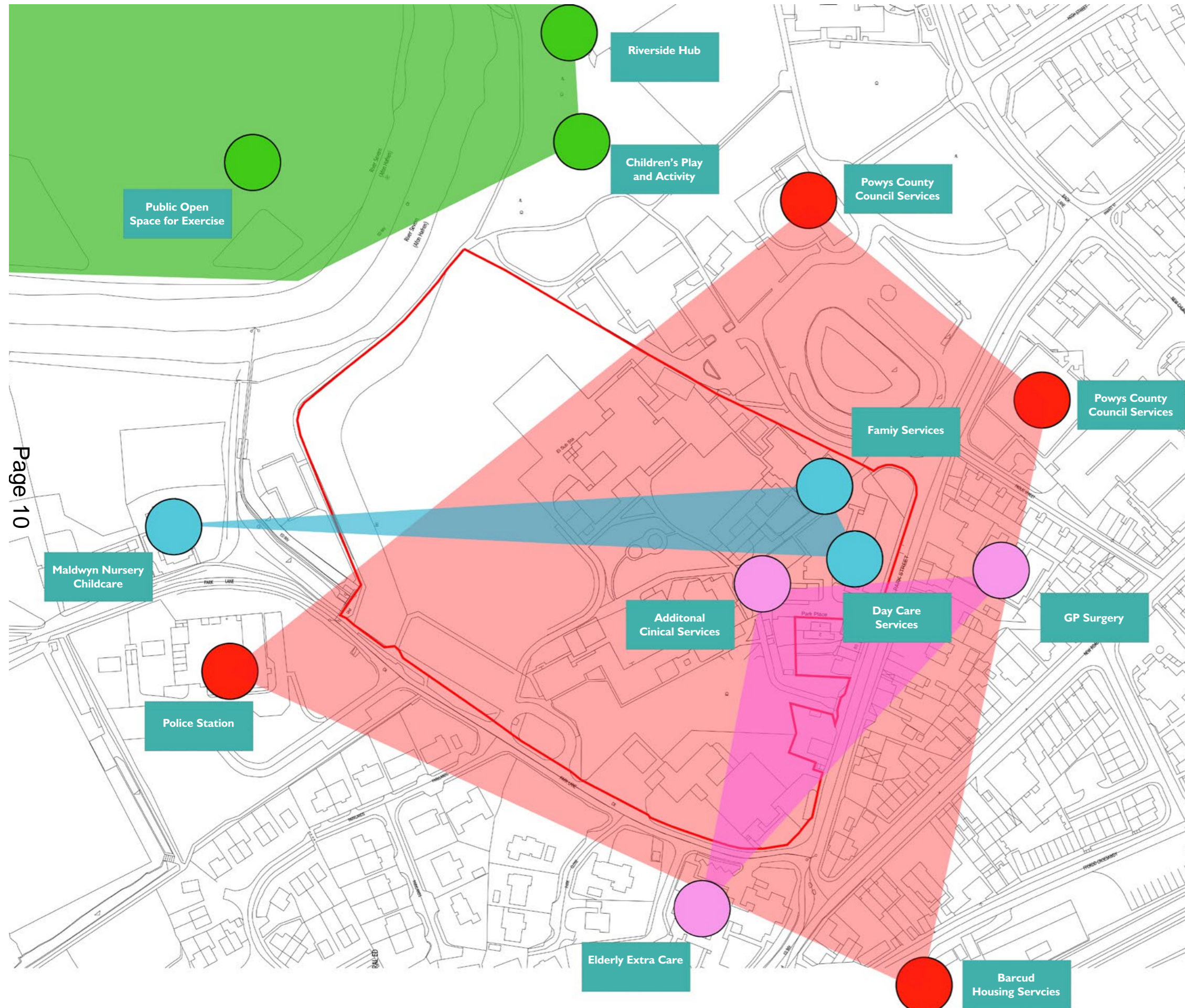
Park Lane



Park Street



Services and Amenities



Sustainability Opportunities

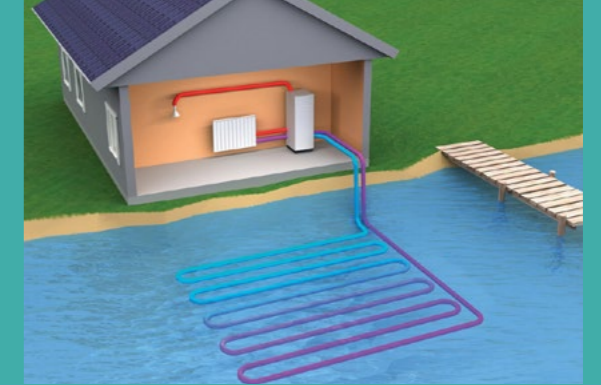


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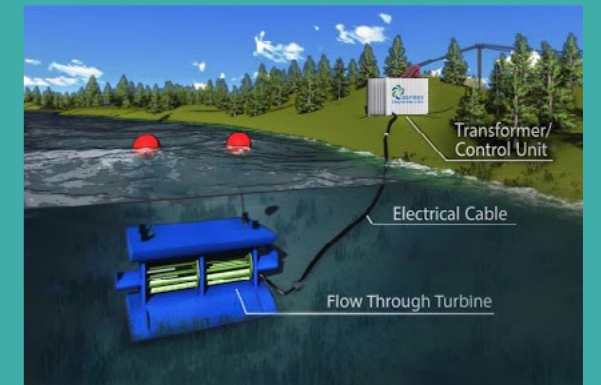
Solar EV Charging Points



Water Source Heat Pump



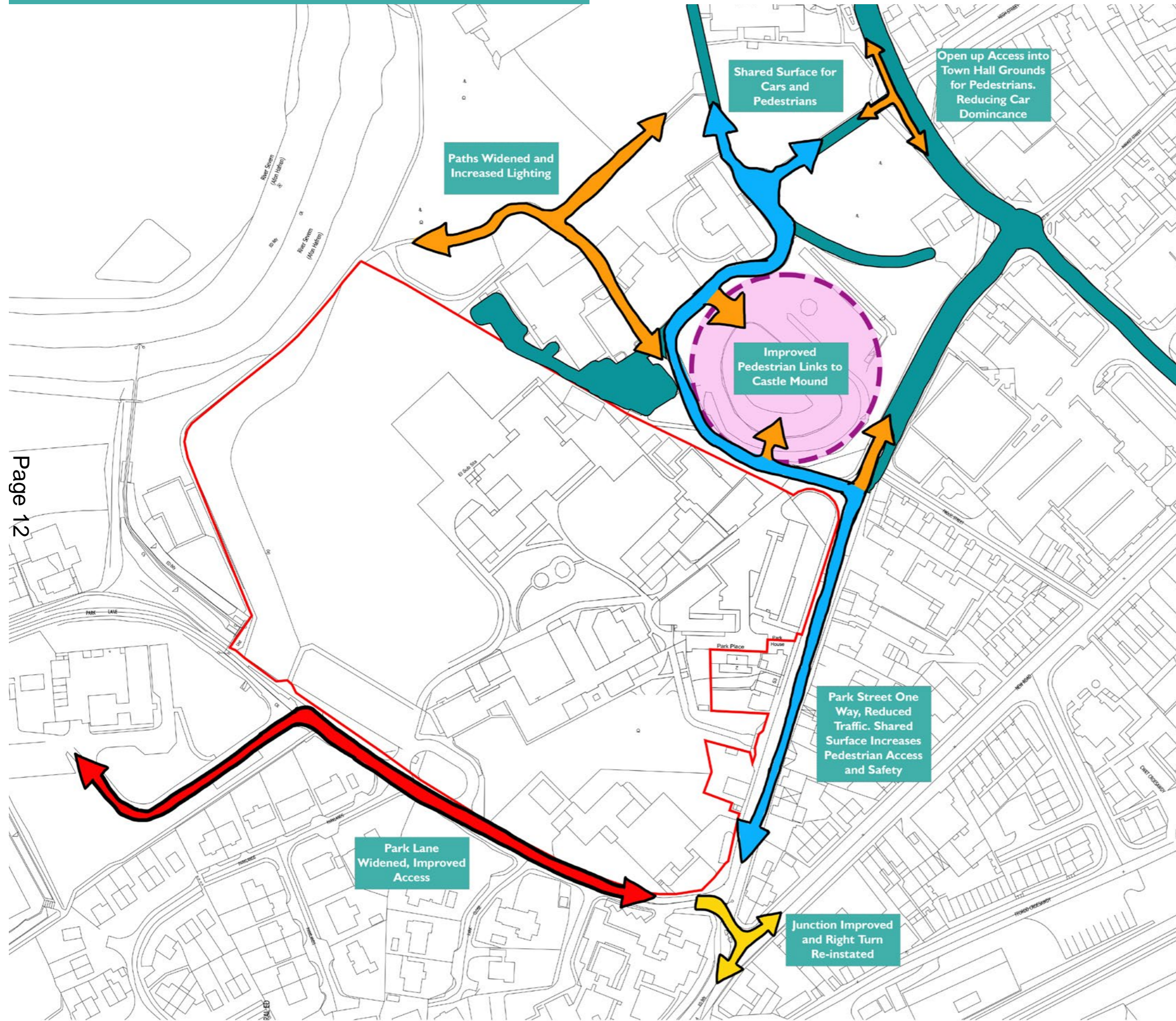
Water Turbine



Wild Flower Meadow



Wider Improvement Opportunities



Key:

Narrow Roads, with Minimal protection for Pedestrians: 

Pedestrian Links: 

Shared Surface: 

Vehicle Access: 

Emergency Vehicle Access: 

Scheduled Ancient Monument: 

Shared Surface Examples



School Sequencing Options



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Option 1

- Difficulty in maintaining security of school site.
- Restricts pedestrian access to wider site.
- Proposed Entrance would clash with service vehicles.

Option 2

- Proposed entrance would clash with vehicles for other uses i.e. police vehicles.
- Located close to awkward junction
- Maintaining security of school difficult.
- Size of school playing fields would be limited.

Option 3

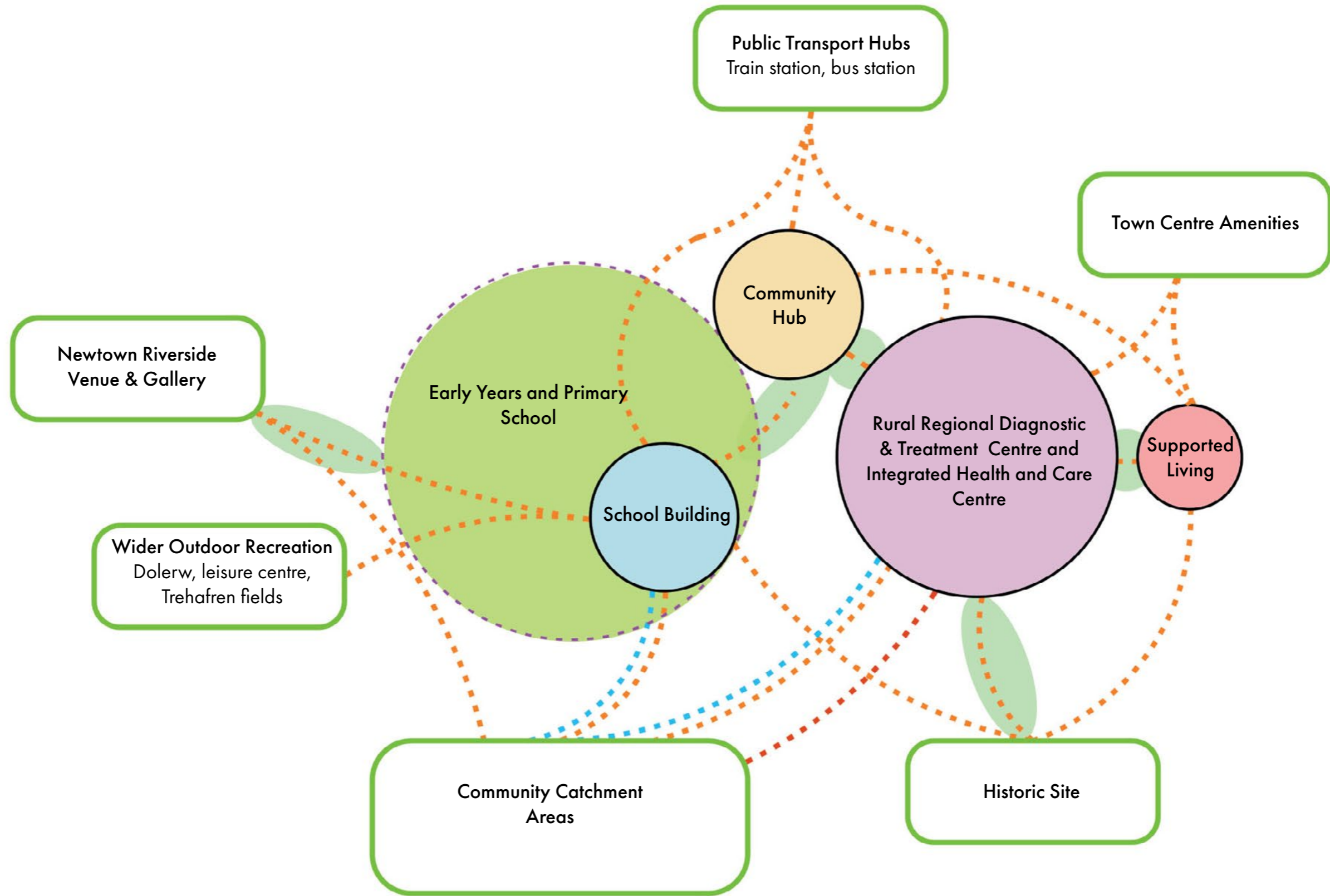
- Construction traffic would conflict with existing school operation.

INITIAL DEVELOPMENT

3

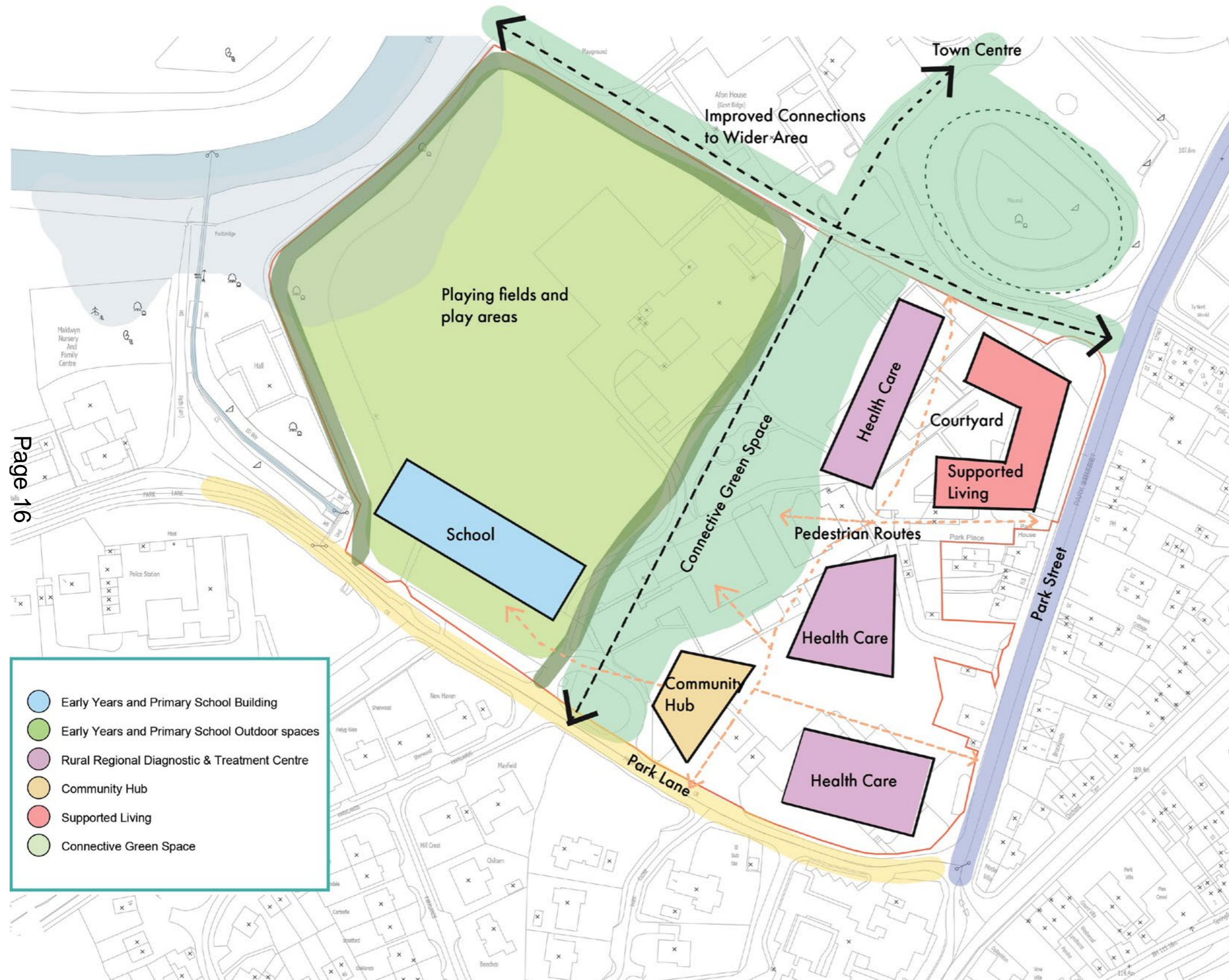
Adjacency Diagram 1

Connections needed between the Rural Regional Centre and Community Well-Being Hub and Wider Area



- | | |
|---|---|
| — Rural Regional Centre Buildings | ● Early Years and Primary School Building |
| — Wider Local Amenities | ● Early Years and Primary School Outdoor spaces |
| - - - Pedestrian Links to be established / improved | ● Rural Regional Diagnostic & Treatment Centre |
| - - - Private Vehicular Links | ● Community Hub |
| - - - Ambulance Access | ● Supported Living |
| - - - Secure Area Boundary | ● Connective Green Space |

Initial Concept Sketches



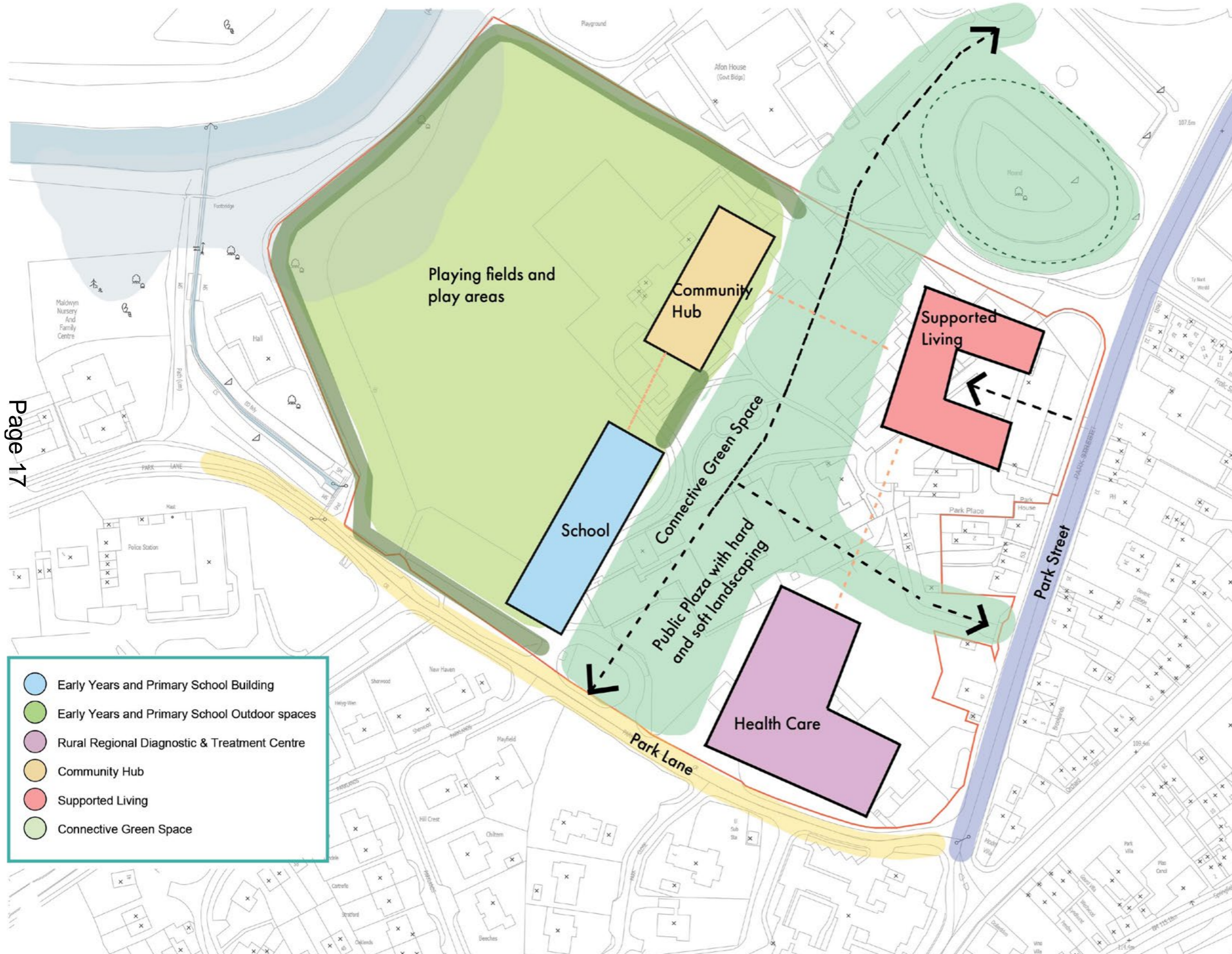
Page 16

- Existing hedge around school is well developed and provides a good privacy barrier to play areas.

- A connective green space can be used to half the site and provide better pedestrian access into the town centre.

- Access to school remains from park lane which could be widened to better support traffic at peak times.

- Health care separated into different buildings which are well connected. However, might be better for access and parking if they are grouped closer together.



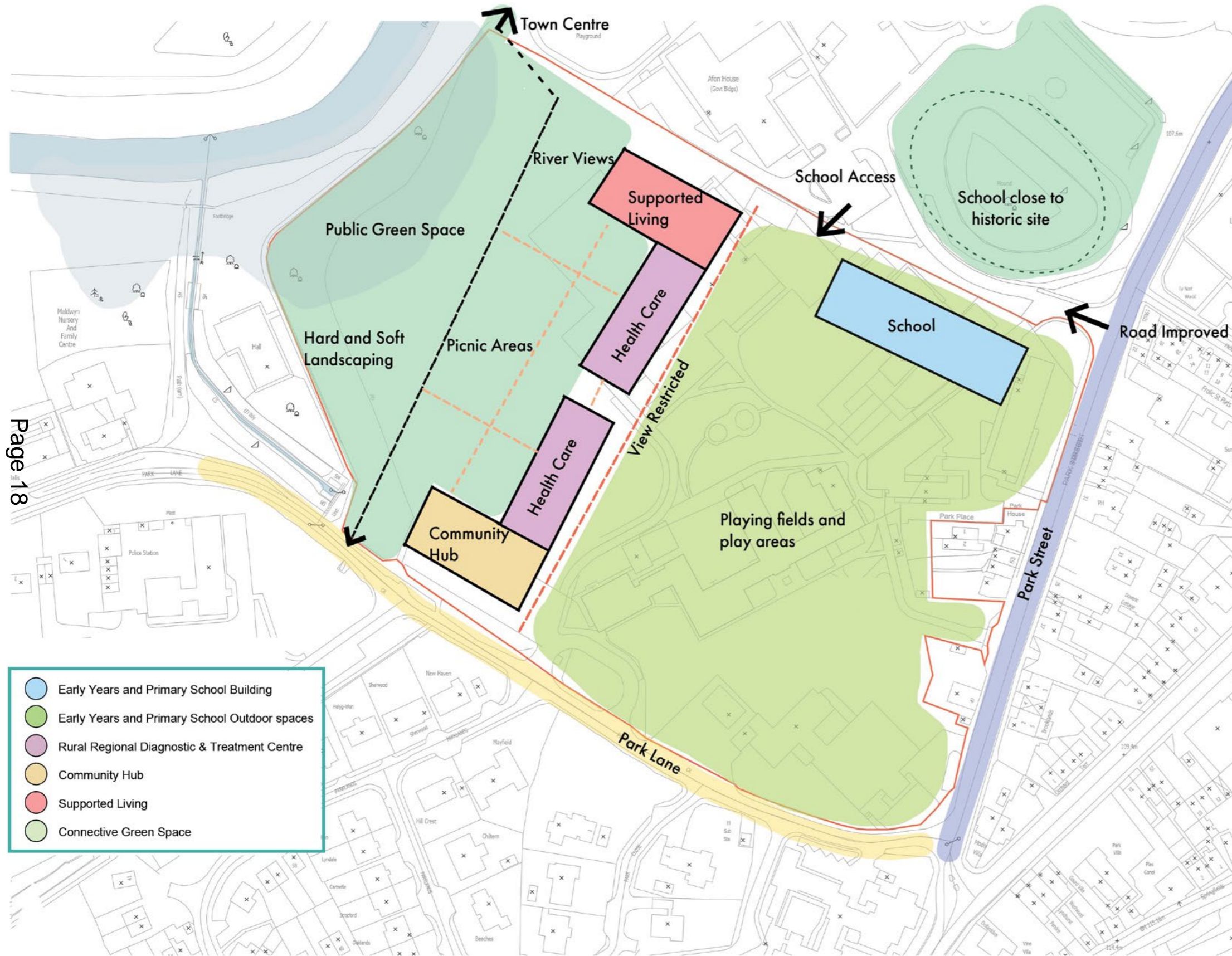
- Early Years and Primary School Building
- Early Years and Primary School Outdoor spaces
- Rural Regional Diagnostic & Treatment Centre
- Community Hub
- Supported Living
- Connective Green Space

- A C-shaped specialist housing block would allow for private parking or a private courtyard.

- All parts of the Rural and Regional Diagnostic & Treatment Centre is integrated in one larger building on corner of site. New vehicle access off Park Street so it doesn't add to congestion on Park Lane.

- Strong link between library and school.

- Large connective green space between the two halves of the site could have hard and soft landscaping, different seating areas and could be used for events.



- The Rural Regional Diagnostic and Treatment Centre and housing look out to the river and create a physical barrier between school.
- Makes use of green space by the river.
- However, vehicle and emergency service access to the health care, housing and library would be difficult to resolve.
- The playing fields and play areas would be very visible and require barriers.

Precedent Images

Public Realm and Place Making



DEVELOPED CONCEPTS

4

RURAL REGIONAL & DIAGNOSTIC TREATMENT CENTRE *Total 9000m²*

In Patients, Staff Facilities 1800m²

Out Patients, Diagnostics, Day Cases 1800m²

Minor Injuries and Emergency Care 600m²

Integrated Health and Care Centre

General Medical Services 600m²

Mental Health, Sexual Health, Women's Services, Well-being and Training 1800m²

Children and Young Persons Care 1000m²

(Additional Services, Facilities and Circulation 1400m²)

SUPPORTED LIVING

1245m²

COMMUNITY HUB *incorporating Health and Care*

Academy and Public Library

1700m²

EARLY YEARS & PRIMARY SCHOOL *Total*

16,000m² including 2250m² School Building

Teaching 1000m²

Hall and Social Hub 500m²

Learning Resources 375m²

Staff and Admin 375m²

Outdoor Teaching Areas 1750m²

Habitat 200m²

Soft Play 800m²

Hard Play 400m²

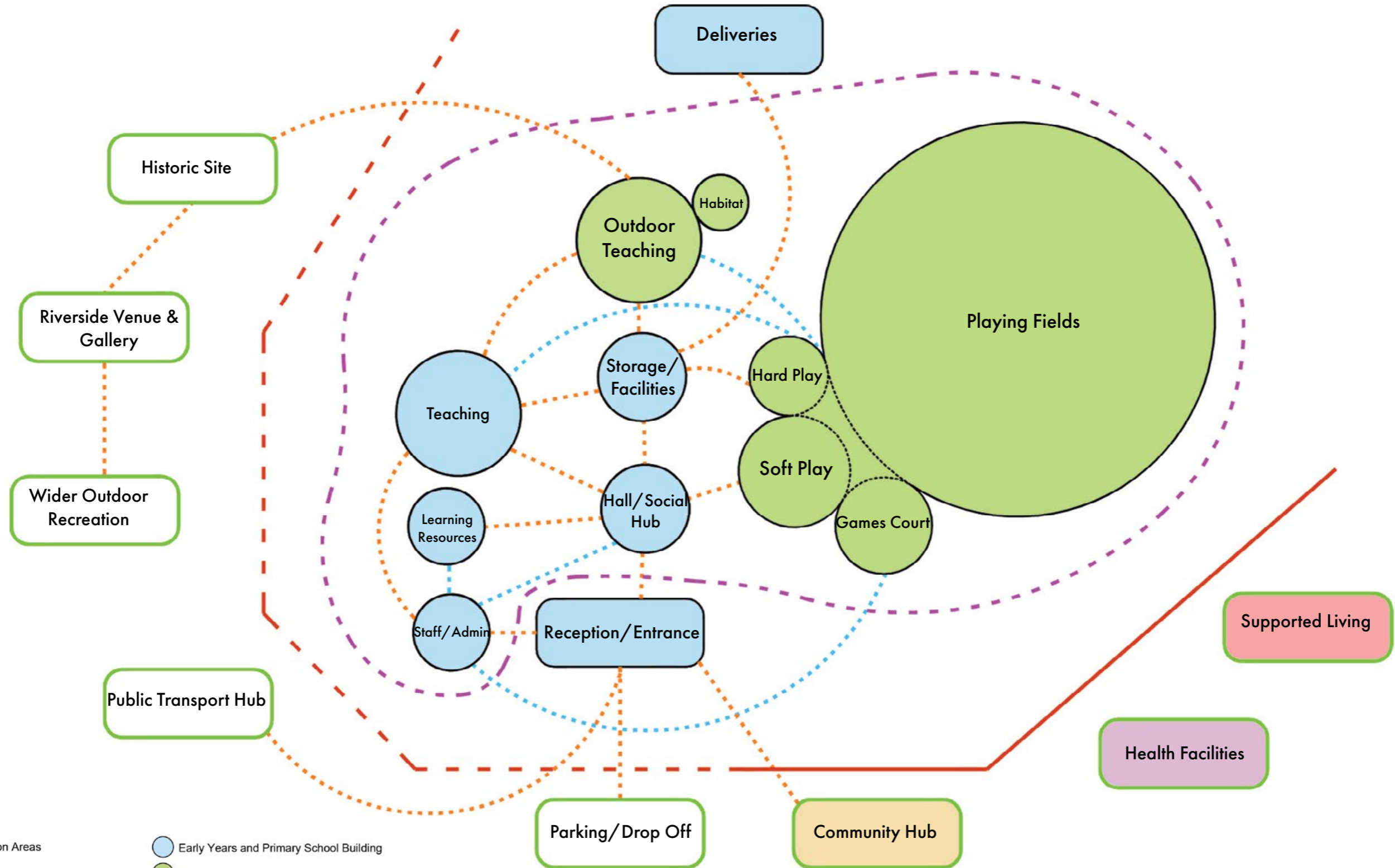
Games Courts 600m²

Playing Field 10,000m²

Total Areas as Specified in Programme Business Case June 2021, Table 4.

Adjacency Diagram 2

Early years and primary school adjacency links



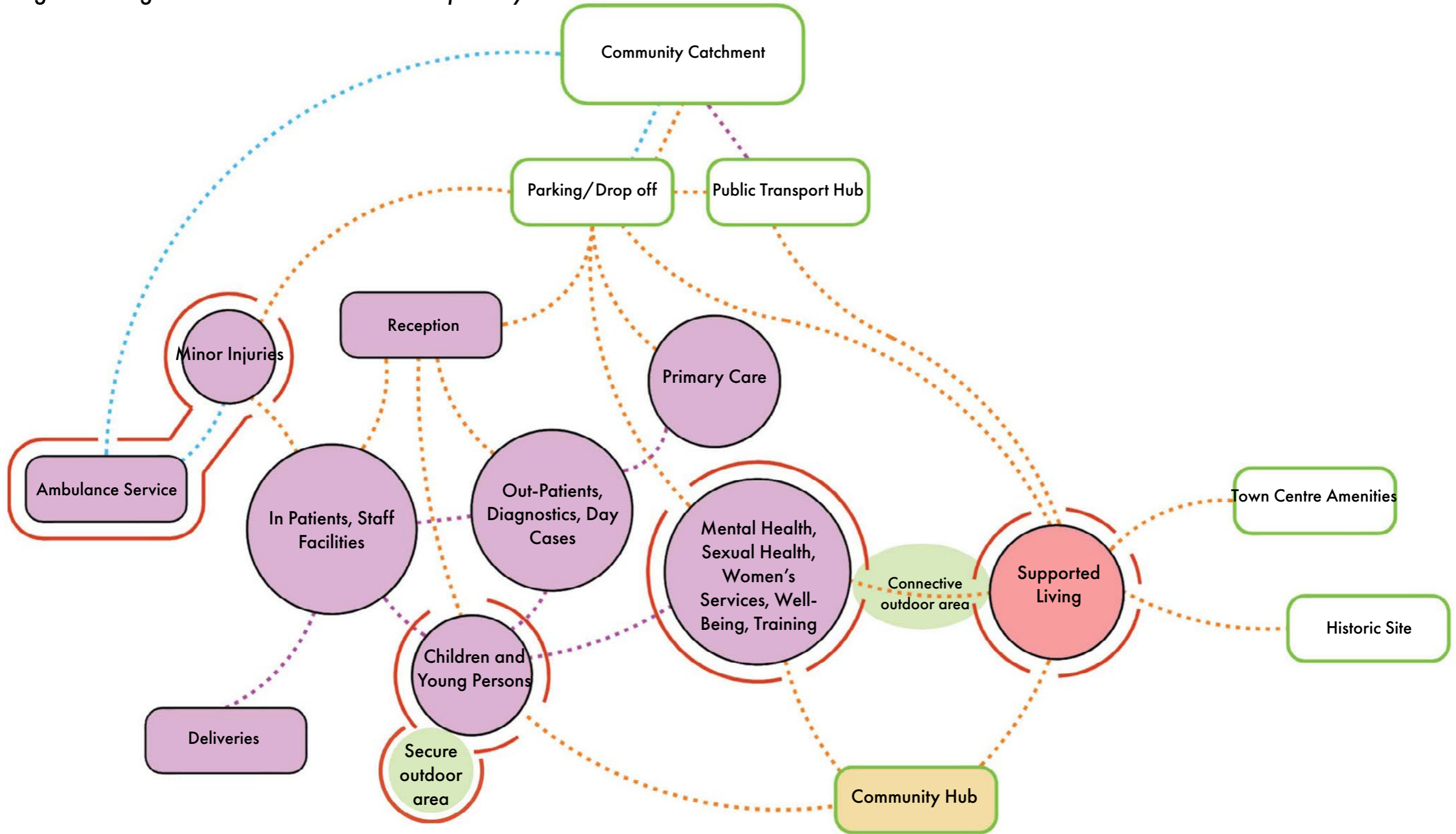
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- Education Areas
- Wider Amenities
- - - Physical Links
- · · Visual / Supervisory Links
- Full Visual Screening
- - - Soft / Partial Visual Screening
- - - Physical Security Boundary
- Early Years and Primary School Building
- Early Years and Primary School Outdoor spaces
- Rural Regional Diagnostic & Treatment Centre
- Community Hub
- Supported Living

Adjacency Diagram 3

Rural Regional Diagnostic & Treatment Centre Adjacency Breakdown

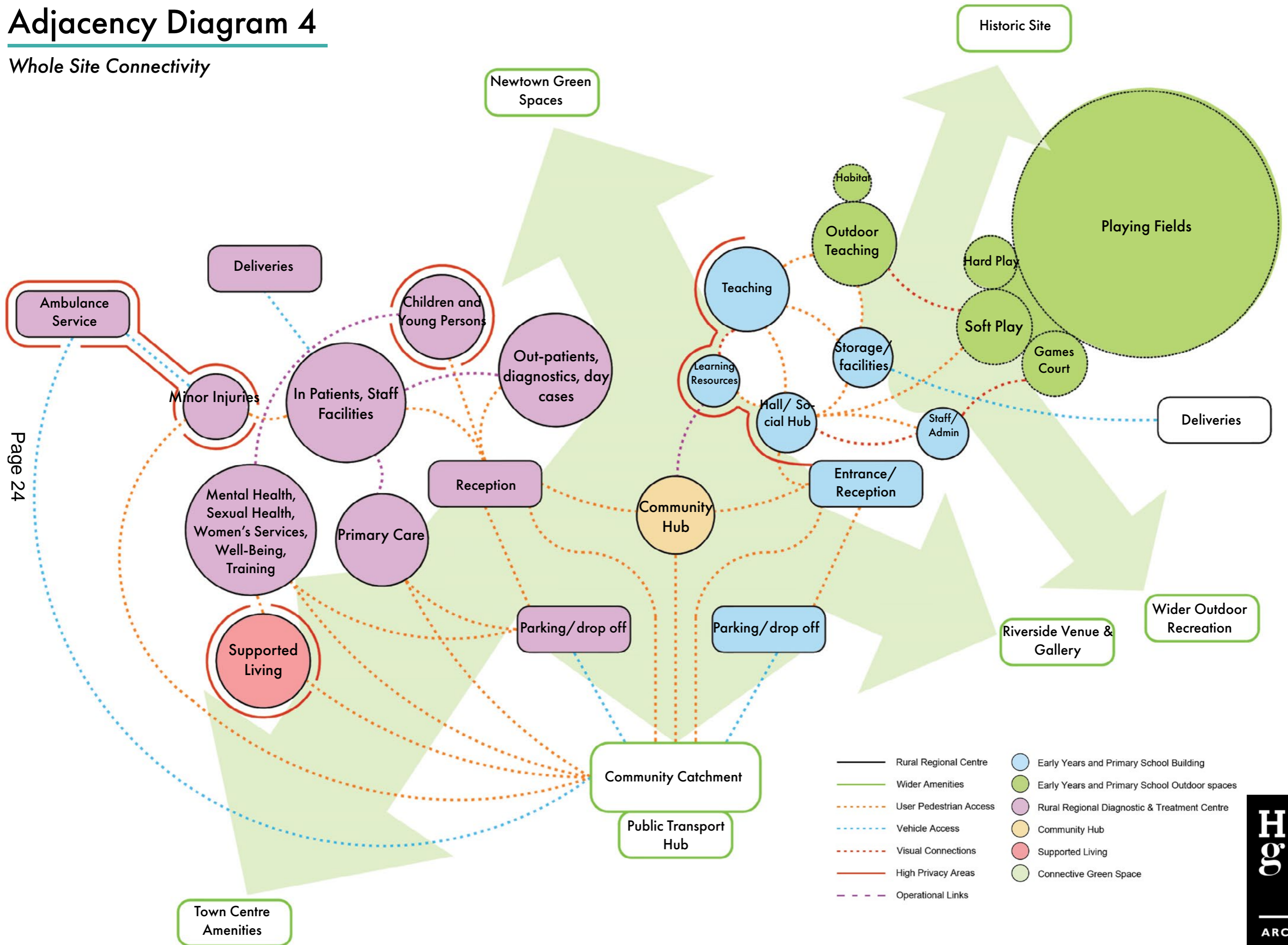
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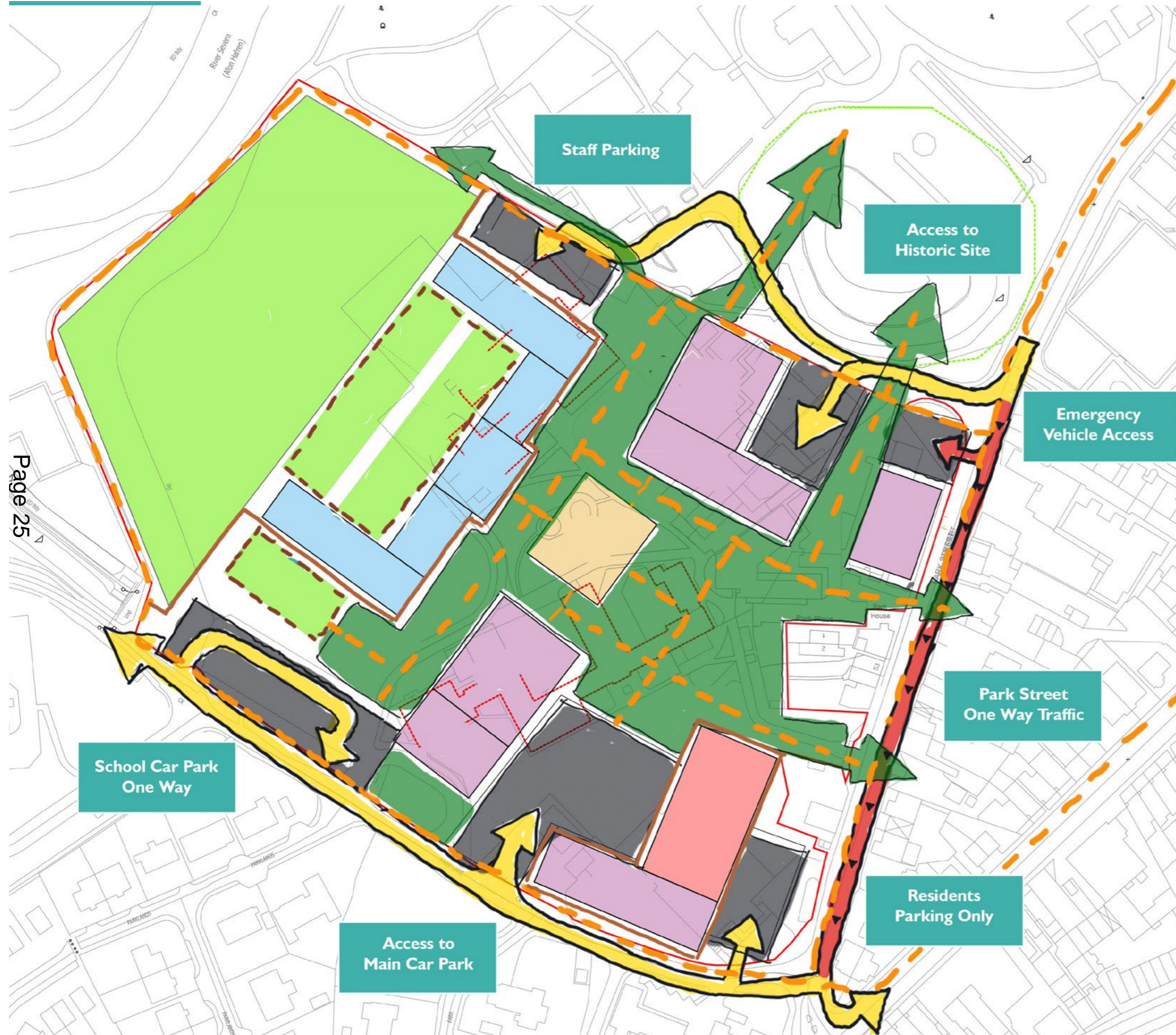
- Health & Care Areas
- Wider Amenities
- - - User Access
- - - Vehicle Access
- High Privacy Areas
- - - Operational Links
- Early Years and Primary School Building
- Early Years and Primary School Outdoor spaces
- Rural Regional Diagnostic & Treatment Centre
- Community Hub
- Supported Living

Adjacency Diagram 4

Whole Site Connectivity



Option A



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Advantages

- + Position of School Building allows controlled views of specific areas.
- + Strong link between school and community hub
- + Vehicular access routes separated to both sides of site could reduce congestion on Park Street.
- + Increased permeability of site through multiple 'green avenues' and improved connection to wider area.
- + Open frontage to site adds to existing urban fabric and benefits wider community rather than being an insular development.

Disadvantages

- Connection between two halves of the site could be better improved to allow more cross flow of people (however this could also be a benefit).
- The school would need to be demolished before work could start.
- Existing library building not retained.
- 3 Car parks along Park Lane could result in too much congestion at junction onto New Road.

KEY

- Early Years and Primary School Building
- Early Years and Primary School Outdoor Spaces
- Rural Regional Diagnostic & Treatment Centre
- Community Hub
- Supported Living
- Connective Green Space



Option B



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Advantages

- + Existing library is retained and becomes a gateway to the site, making it a key feature.
- + Large area of public open space around the community hub which presents opportunity for landscaping, events and pavilions etc.
- + Position of school controls views into playing fields, play space etc.
- + Vehicular Entrances to the site minimised to create a campus feel and reduction of traffic at peak times.
- + Higher density allows for more open space.

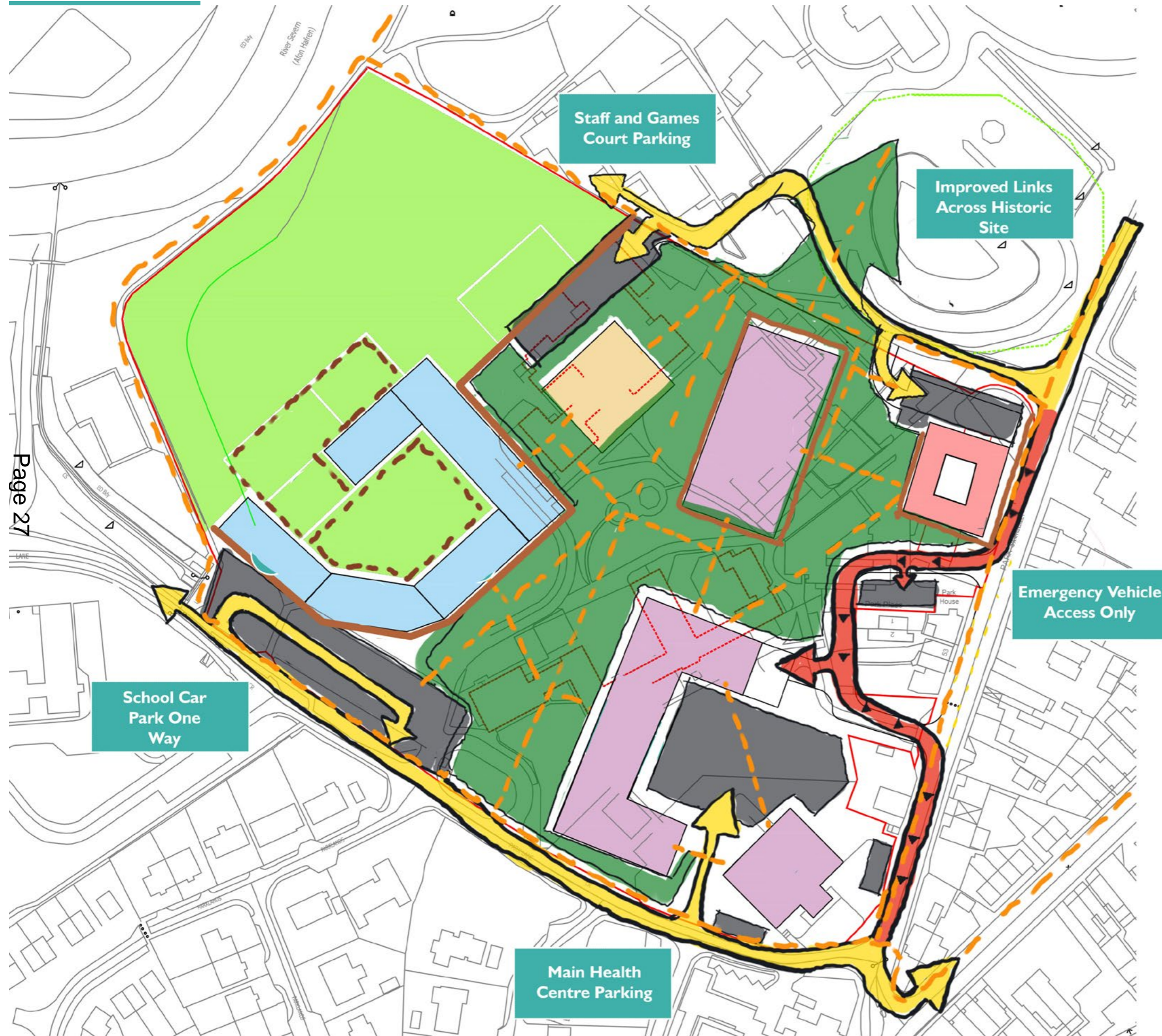
Disadvantages

- Higher density development.
- Weak link between school and library building.
- Existing school would need to be demolished before the new school could be built.

KEY

- Early Years and Primary School Building
- Early Years and Primary School Outdoor Spaces
- Rural Regional Diagnostic & Treatment Centre
- Community Hub
- Supported Living
- Connective Green Space

Option C



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- ### Advantages
- + Phasing would allow the two schools to remain operational whilst the new school is built.
 - + The existing library building will be retained and its use converted.
 - + The community hub has a close link to the school and also forms a hub in the green space for the public.
 - + Green routes through the site minimises traffic and supports good quality place-making.
 - + Accesses are separated to minimise congestion during peak times.
 - + Park Street to have no through road access, greatly reducing traffic.

- ### Disadvantages
- Vehicle access needs more refinement to reduce congestion further and to aid emergency services access.

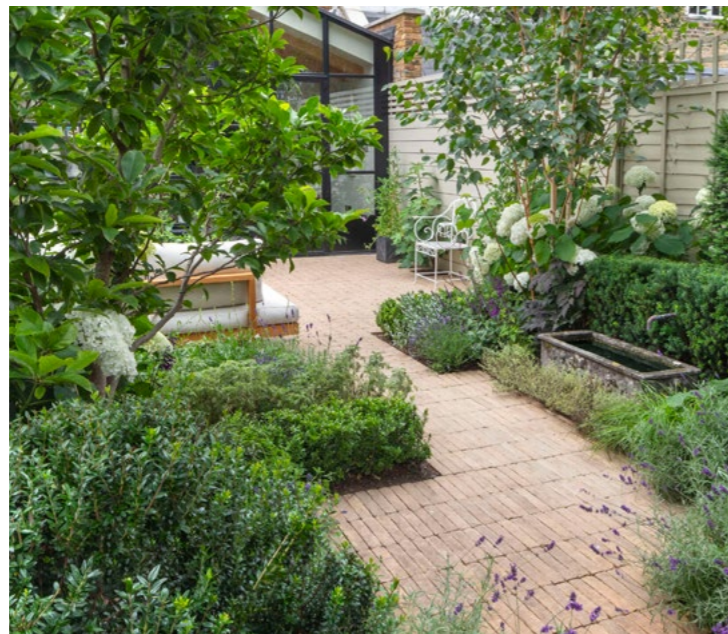
KEY

- Early Years and Primary School Building
- Early Years and Primary School Outdoor Spaces
- Rural Regional Diagnostic & Treatment Centre
- Community Hub
- Supported Living
- Connective Green Space



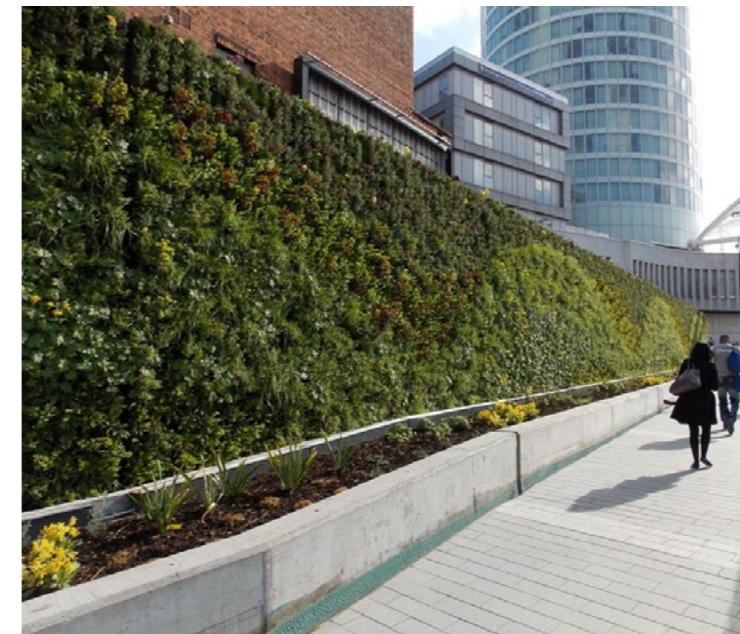
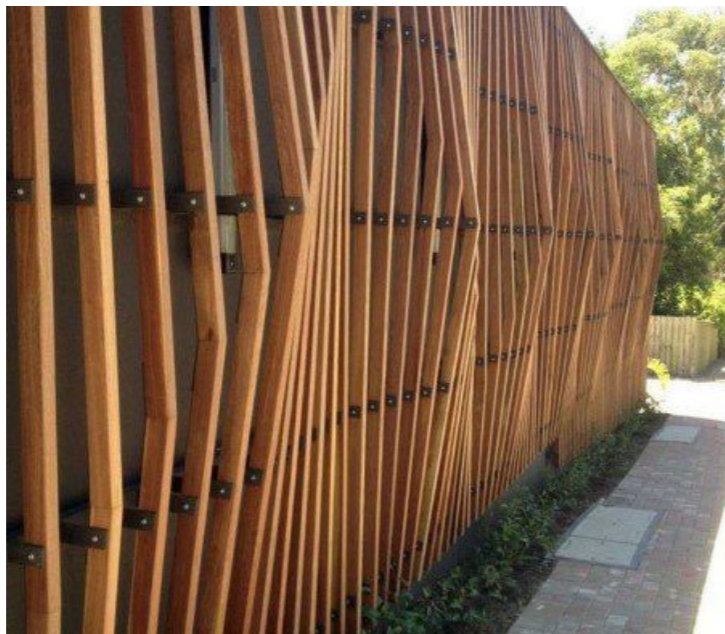
Precedent Images

Public Realm and Place Making



Precedent Images

Physical Boundaries and Security



PROPOSALS

5

Option Comparison



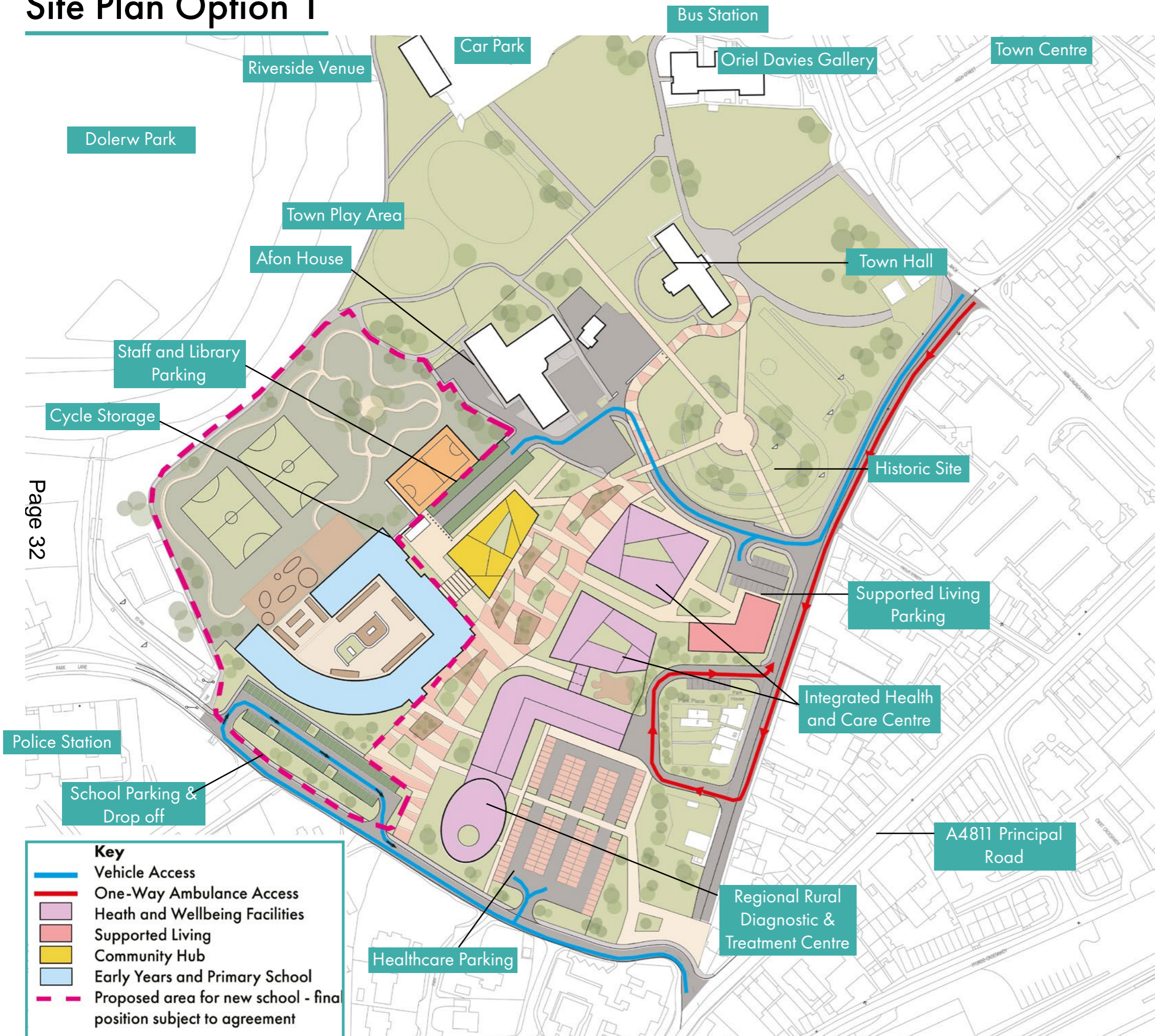
Option 1

- The school is 1 storey and so has a larger footprint.
- Primary Care is its own building and acts as a gateway to the site.
- The Rural Regional Diagnostic and Treatment Centre and the Integrated Health and Care Centre are close to each other. Can be physically connected.
- The Integrated Health and Care Centre is split into two buildings so there is a physical divide between different departments. They can still have close outdoor connections.
- Supported Living adjacent to the Mental Health and wellness services in the Integrated Health and Care Centre - opportunity for shared space between these.
- Potential for close connections between Community Hub building, School and Integrated Health and Care Centre.

Option 2

- School is 2 storey so has a smaller footprint.
- Primary Care is integrated into the Rural Regional Diagnostic and Treatment Centre.
- Integrated Health and Care Centre departments are in one building.
- B Supported Living adjacent to A5 Mental Health and wellness services - opportunity for shared space between these.
- Close connections between Community Hub building and the Integrated Health and Care Centre, and between the Community Hub and School.

Site Plan Option 1



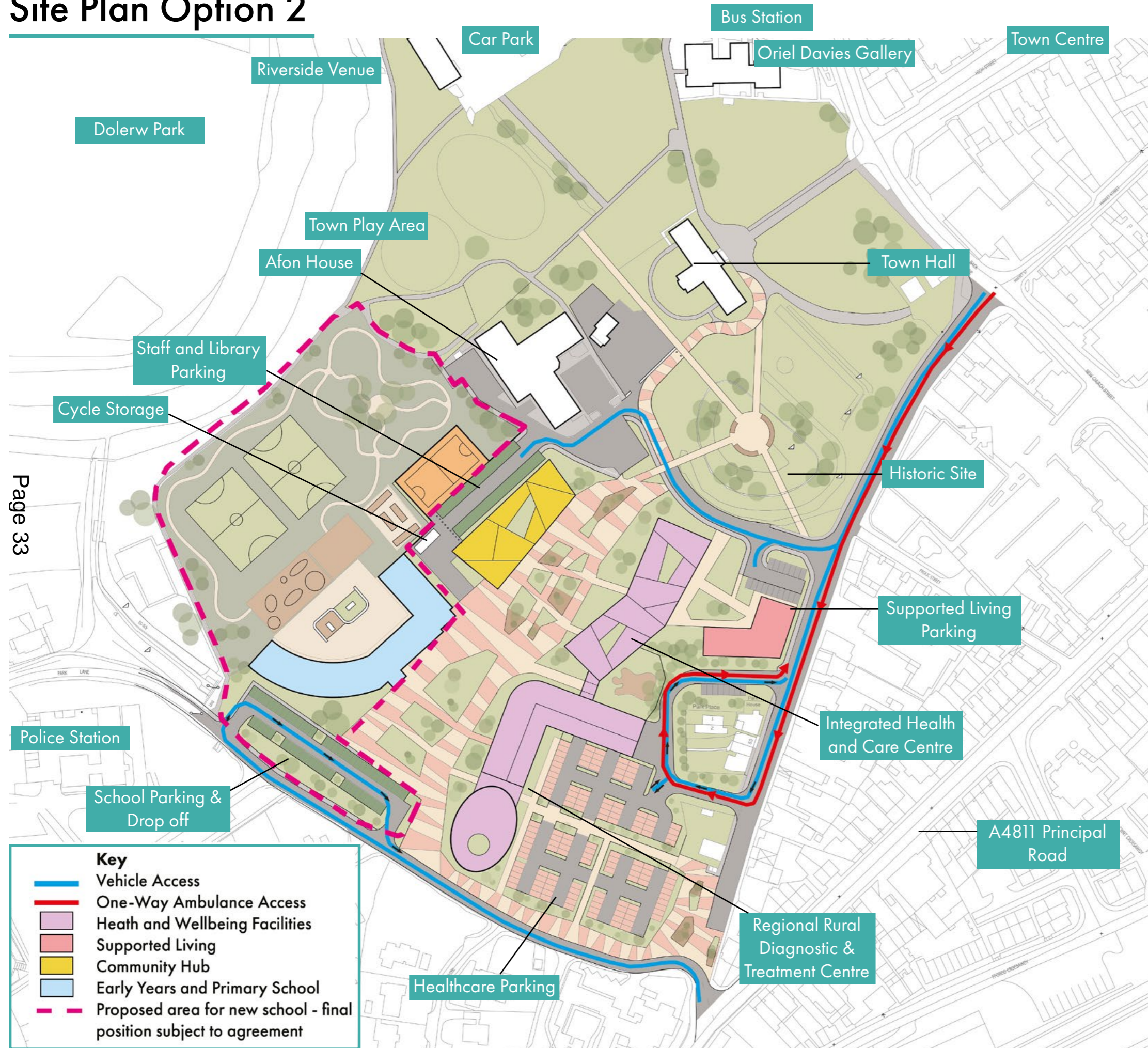
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Key Points

- Primary Care is incorporated into the larger Diagnostic and Treatment Centre
- The Mental and sexual health, women's services, well-being and training department of the Integrated Health and Care Centre and Supported living are well connected.
- The single storey school shields much of the outdoor door areas and offers security.
- Park Street no longer a through road to ease congestion at junction onto New Road.
- Park Lane widened to accommodate more traffic.
- Pathway through site extends to Town Hall, creating a clear pedestrian connection to the town centre.
- Roadway to Town Hall changed to a shared surface and widened to improve route for pedestrians.
- The Community Hub is two storeys to accommodate the Health and Care Academy and additional public sector offices and meeting rooms.



Site Plan Option 2



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- ### Key Points
- + Primary Care is located in the larger healthcare building.
 - + All departments of the Integrated Health and Care Centre are combined into one building.
 - + The Rural Regional Diagnostic and Treatment centre and the Integrated Health and Care Centre services are all well connected.
 - + Widened pedestrian access and improved links from the corner of the site, up Park Lane and through car park.
 - + Access to healthcare car park from Park Street, less congestion on Park Lane.
 - + Two storey school has smaller footprint, building will be more energy efficient.
 - + Reduced footprint of school also results in a widened public area with larger green spaces.
 - + The community hub has a larger footprint to support more public sector offices/meeting rooms, Health and Care academy and library services on the ground floor.



New School and Playing Fields

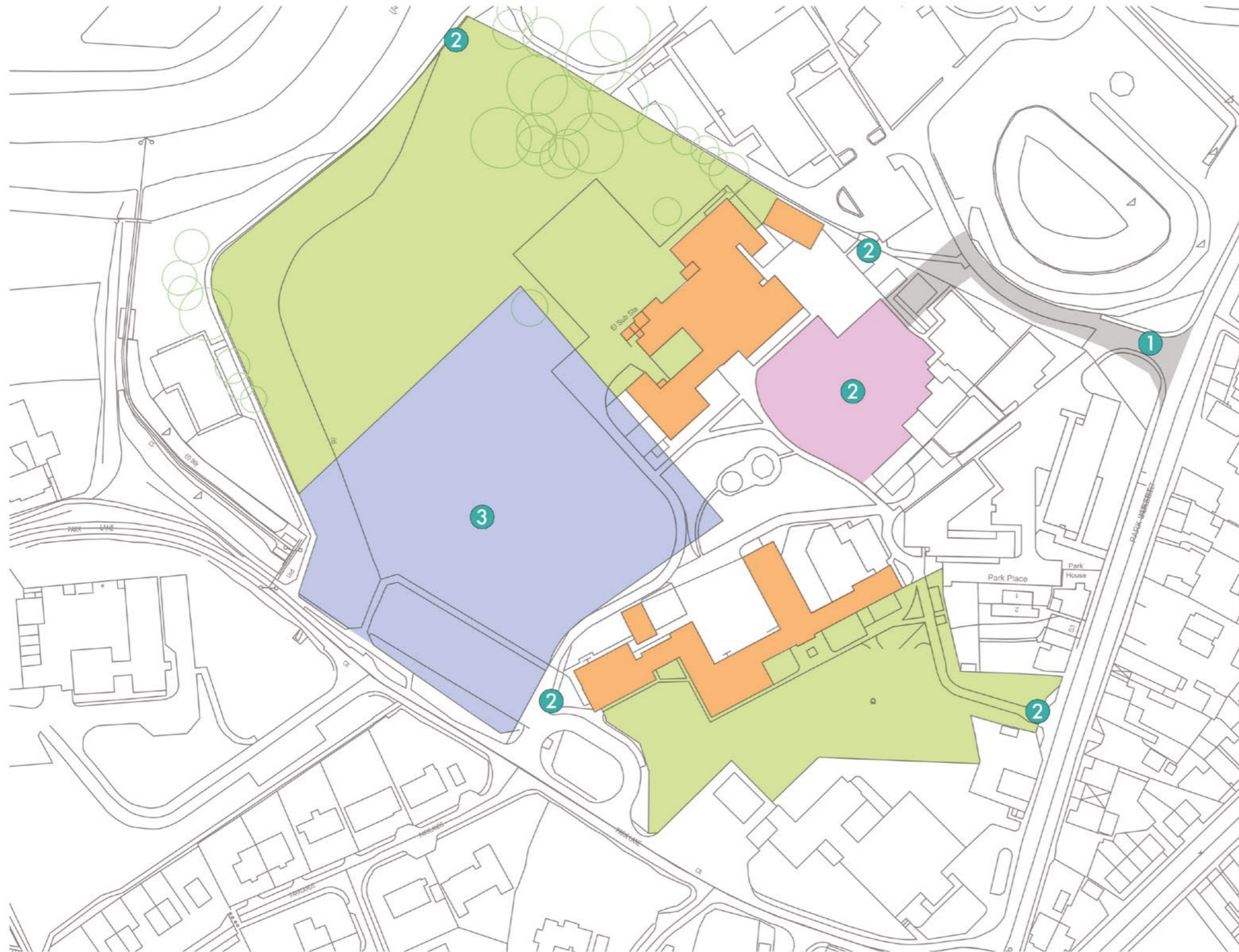


Option 1 - Single Storey School Design



Option 2 - Two Storey School Design

Construction Sequencing and operation of School



KEY

- Existing Ysgol Calon y Dderwen buildings
- Retained Ysgol Calon y Dderwen playing fields
- Secure Site Compound
- Temporary Car Park

Phasing

- 1 Improve Park Entrance and roads
- 2 Form Temporary Car Park and Define Pedestrian routes into Schools
- 3 Form Secure Site Compound

Public Realm with Seating Areas



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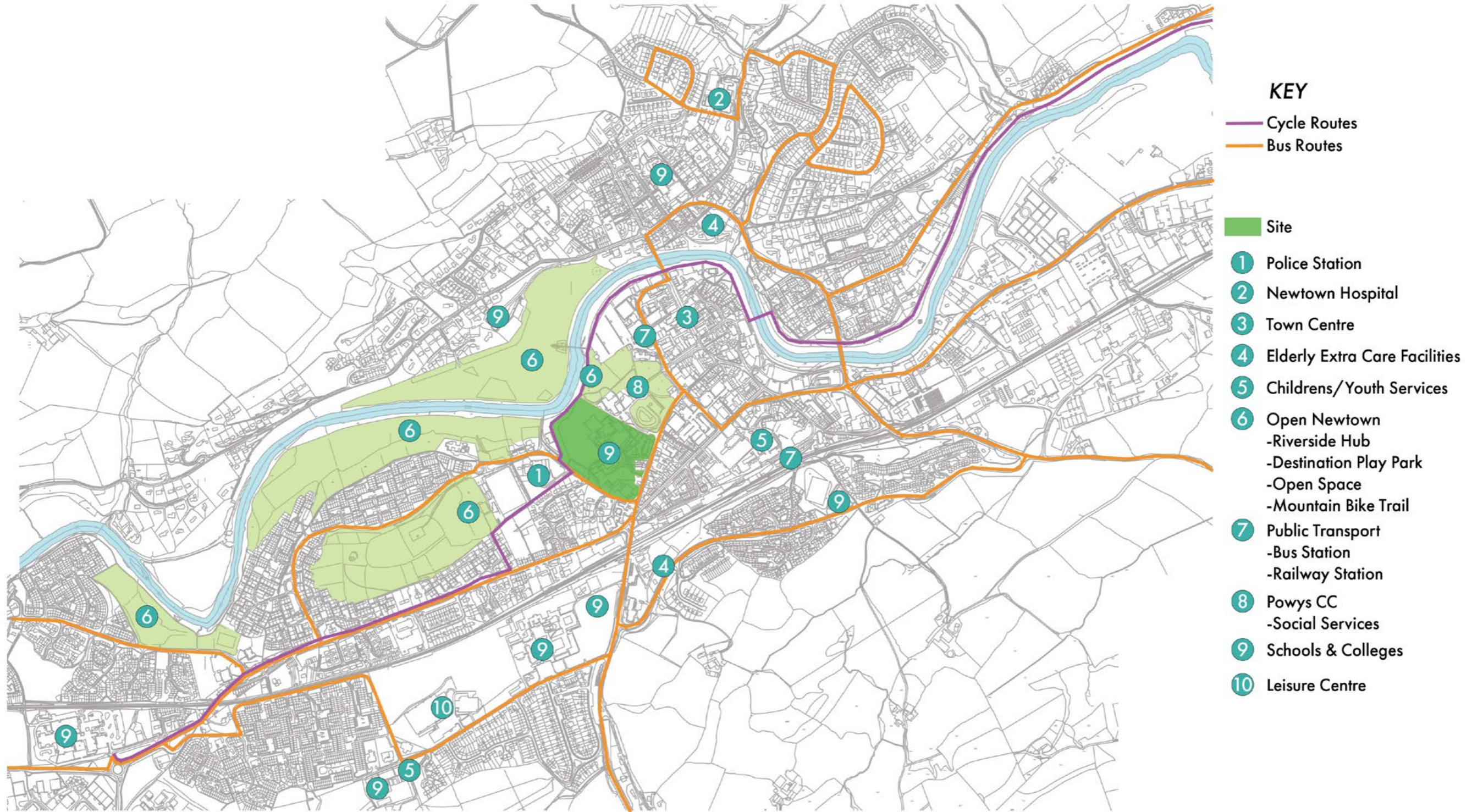
Community Well-Being Services



Connective Public Realm



Wider Community Network



Masterplan



Appendix D: Pictures of current assets

The following are pictures of all the property assets

Figure 1: Park Street Integrated Family Centre



Figure 2: Park Day Centre



Figure 5: Bro Hafren Mental Health Resource Centre



Figure 6: Ynys y Plant



Figure 7: The Old College Powys County Council



Figure 8: Newtown Library



Appendix E: Memorandum of Understanding (MOU)

Draft Heads of Terms

Memorandum of Understanding

North Powys Multi-Agency Well-being Programme

Organisations	<p>This Memorandum of Understanding (MOU) sets out the terms and understanding between the following organisations ('the Organisations'):-</p> <ul style="list-style-type: none">• Powys Teaching Health Board• Powys County Council
Purpose	<p>The MOU describes how the Organisations will work together in creating a high quality, purpose-built multi-agency wellbeing campus development, accommodating a new school and playing fields, regional rural centre for health, community health & wellbeing centre, specialist housing, library and health and care academy in Newtown. Shared and linked space and facilities will be an essential underpinning commitment.</p>
Principles	<p>The Organisations agree to observe the following principles for the MOU and campus development:</p> <ul style="list-style-type: none">• Cost effective public purse• 'Do once' with no duplication• Commitment to decarbonisation and biodiversity• Deliver benefits from synergies and shared approach• Engage will all key stakeholders, e.g. School Governing Body
Actions	<p>The Organisations will work together to create the proposed development through:</p> <ul style="list-style-type: none">• Agreeing details of any required property transactions using the established Land Transfer Protocols, releasing agreed areas of the site between the Organisations at market value, to support the dedicated healthcare elements of the Multi-Agency Well-being Campus.• Facilitating the timely transfer of the Properties to support each other's service objectives.• Agreeing a joint approach to site surveys and site investigations to inform and enable subsequent development activity.• Structuring the project into manageable and buildable steps, in line with RIBA stages, with phasing for infrastructure, school, health and care and other facilities across the six-year time horizon, while developing a flexible and unified approach to the overall design, carbon net zero planning and various procurement needs including construction.• Agreeing a strategic definition for the wider campus and commitments in terms of shared space.• Committing to supporting the delivery of the 21st Century School build to meet the required timescales whilst also

	<p>recognising the balance of safeguarding and campus ethos.</p> <ul style="list-style-type: none"> • Committing to a building programme that allows the existing school and other council services [Children and Young People's Partnership / Library] to remain operational until the new facilities are completed and are able to be fully occupied. • Committing to a building programme that enables the Park Street Clinic to remain operational until the new facilities are completed and able to be fully occupied. • Developing governance and project management arrangements for the Multi-agency Wellbeing Campus project within the overall programme, including formalising SRO appointments and delegated authorities. If deemed appropriate, this may include arrangements for the appointment of a Project Director to lead the Campus project. • Continuing to develop the Partnership Approach which will consider, at the appropriate time, arrangements for shared space management across the proposed development. • Agreeing responsibility for Multi-Agency Well-being Campus maintenance liabilities / risks / costs, prior to completion to ensure these are understood, clear and documented. • Carrying out feasibility studies into the proposed developments & transactions. • Committing to a cohesive design philosophy and principles for the built estate on the campus, as far as funding and statutory regulations allows. • Committing to a joint decarbonisation and biodiversity strategy for the site in terms of achieving carbon net zero and protecting and enhancing the natural resources of the site. • So far as practicable, the Organisations shall have regard to environmental good practice and employ measures to promote energy / water efficiency and waste reduction when designing the building(s) / when carrying out works / when delivering services from the completed Multi-Agency Well-being Campus. • To develop an energy strategy / a waste strategy / a water strategy/an environmentally friendly strategy (or policy) for the Building/Campus. • Embedding principles of good stakeholder management and communication in terms of the site users and 'neighbours' to the campus site including Town Centre, Open Newtown, etc. - to be managed through the broader programme management arrangement.
<p>Commitments</p>	<p>The Organisations will ensure negotiations or agreements with third parties will align with the objectives of this MOU.</p>

Sharing Information & Confidentiality	<p>The Organisations will share information [compliance with UK GDPR / DPA 2018 to the extent that any information shared is 'personal data'] and reports on their respective properties but will not be liable for any inaccuracies.</p> <p>Each Partner undertakes not to disclose any confidential [to be defined by the parties] information to third parties for any purpose other than for supporting the negotiations and completing the property transactions.</p>
Costs	<p>Unless alternative arrangements for specific areas / projects / cost sharing are agreed by the Organisations in advance, the Organisations will bear their own costs when contributing to activities directly connected with this MOU.</p> <p>If an Organisation requires assistance relating to costs / additional work / resources / outsourcing / legal or technical advice or similar, it should first make a request to the other Organisation. The other Organisation will consider it. Dependent on circumstances, the Organisations could, if approved, then work together to reach agreement on any appropriate cost recovery / funding arrangements / alternatives. These arrangements will need to be specific about the costs defined in any agreement, the contributions to be made by each organisation, together with the charging mechanism and payment terms.</p>
Duration	<p>This MOU will become effective upon signature by the relevant Organisation's authorised officials. It will remain in effect until modified or terminated.</p> <p>At any time, an Organisation can terminate this MoU by notifying the other Organisation in writing; a reasonable notice period of a minimum of three calendar months shall apply.</p> <p>This MOU can be modified, provided any modification(s) required are first agreed in writing by the Organisations.</p>
Organisation Leads & Reporting	<p>Each Organisation will appoint a senior member of staff to lead on the work of the partnership. The designated lead member of staff for each will report to its management teams and Boards as necessary to support the objectives of this MOU.</p>
The Council's Contact	TBC
The Council's Solicitor	TBC
The Health Board's Contact	Hayley Thomas / Wayne Tannahill
The Health Board's Solicitor	TBC
Further Conditions	<ul style="list-style-type: none"> • Formal approval from the Organisations' management teams, Boards / Cabinet; • Formal approval from Welsh Government;

	<ul style="list-style-type: none"> • Planning & other Statutory Consents; • Contract
Dispute resolution	Dispute resolution is to be arbitrated by the Chief Executives of both organisations.
Disclaimer	<p>By signing this MOU and/or participating in the Project, the Organisations hereby irrevocably agree that their intentions are not to create any legal relations because the provisions of this MOU are not intended to be legally binding.</p> <p>The collaboration between the parties does not constitute a 'partnership' and there is no authority for either party to make commitments on behalf of the other.</p>

(Partner signature)

(Partner name)

(Partner organisation, position)

.....

Date:

(Partner signature)

(Partner name)

(Partner organisation, position)

.....

Date:

Appendix F: National Drivers

Nationally, the programme aligns with the key principles of The Well-being of Future Generations (Wales) Act 2015 and The Environment (Wales) Act 2016, with particular reference to the National Climate Change Emergency and how the proposed works will contribute to carbon reduction.

A Healthier Wales: Our Plan for Health and Social Care (2019)

This document sets out a level of ambition to bring health and social care services together, working seamlessly across the whole system, designed and delivered around the needs and preferences of individuals, with much greater emphasis on keeping people healthy and well. It sets out ten national design principles for change and transformation.

Prudent Health Care (2015)

The principles of prudent health and care informed and influenced the Health and Care Strategy and the local principles for Powys. They will be a core part of the design framework that have underpinned the process for developing a new integrated model for north Powys.

The Social Services and Wellbeing Act (2014)

This Act imposes duties on local authorities, health boards and Welsh Ministers to promote the wellbeing of those who need care and support, or carers who need support. It seeks to ensure people have greater control over what support they need with an equal say in the support they receive; partnership and co-operation underpin service delivery and prevention of escalating needs.

This Act has been fundamental to the design of the new integrated model, shifting the focus of the current system to wellbeing and early help. It will prevent people from becoming ill in the longer term, reduce people being admitted to hospital, help people to remain independent at home and to enable people to live a fulfilled life.

For those people who continue to need to access services, these will be joined up through effective care coordination and integrated multi-disciplinary teams which provide seamless care in the community and at home. These teams will be supported via Integrated Health and Care Centres and Rural Regional Diagnostic and Treatment Centres.

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

Wales faces several challenges both now and in the future. These include climate change, poverty, health inequalities, jobs and growth. To tackle these issues the National Assembly for Wales passed legislation in 2015 which requires a range of public bodies across Wales to work together to give current and future generations a better quality of life.

The Act places a duty on all public bodies to carry out sustainable development - the process of improving the economic, social, environmental and cultural well-being of Wales. It requires all public bodies to change the way they work in order to improve well-being for the whole population, by acting in accordance with the sustainable development principle, and meeting the 7 Well-being Goals.

By considering the 7-well-being goals, PTHB can better meet the needs of its current population without compromising the ability of future generations to meet their own needs. Sustainable developments connect the environment in which we live, the economy in which we work, the society which we enjoy and the cultures that we share to the people that we serve and their quality of life. The Act places duties on public bodies to consider how key decisions impact on the longer term. It sets out 5 key ways of working.

During 2019, the programme was audited by the Future Generations Commission against its

ability to deliver the five ways of working under the Act; the outcomes of the audit demonstrated that there was alignment and some aspects were identified as good practice for other regions to consider.

National Development Framework 2020-2040

The National Development Framework (2020-2040) (NDF) identifies a range of important regional centres which, through specific policies in Strategic and Local Development Plans, should retain and enhance the commercial and public service base that make them focal points in their areas.

The Welsh Government supports the role of the regional centres of Carmarthen, Llandrindod Wells, Newtown, Aberystwyth and the four Haven Towns (Milford Haven, Haverfordwest, Pembroke and Pembroke Dock), recognising that these places play important sub-regional roles, providing jobs; leisure and retail; education and health services; and connectivity infrastructure that is used and relied on by both their own populations and communities around them. It is important that these settlements maintain their regional role and support a managed growth approach that allows their roles to be enhanced.

The Environment (Wales) Act 2016

The Environment (Wales) Act 2016 aims to promote the sustainable management of Natural Resources through ensuring the use of, and the impacts on, our natural resources, do not result in their long-term decline. The Act aims to achieve this through sustainably managing natural resources in a way and at a rate that meets the needs of the present generation without compromising the needs of future generations and which contribute to the seven well-being goals in the Well-being of Future Generations (Wales) Act 2015.

NHS Decarbonisation Strategic Delivery Plan 2020/2030

The Well-being of Future Generations Act places a duty on us to act today in a way that will preserve the planet for future generations. Decarbonisation has a critical role to play to meet our duty to achieve a resilient, prosperous, cohesive, more equal, globally responsible and healthier Wales. NHS Wales Decarbonisation Strategic Delivery Plan was written by the Carbon Trust with NWSSP in response to the Welsh Government's declared climate emergency in 2019 and to allow public sector to be "net zero" by 2030. NHS Wales will need to reduce emissions by 34% to meet our contribution to the public sector's combined goal of net zero by 2030. This relies on minimising waste, increasing efficiencies, and investing heavily in decarbonisation of buildings, vehicles, procurement and healthcare. Low carbon must be core to the decisions and embedded into everyday processes so that it becomes integral to the decision making. The Delivery Plan records 46 initiatives to decarbonise NHS Wales. The Initiatives are decarbonisation activities, or projects, that NHS Wales will undertake to contribute to the public sector achieving carbon net zero position by 2030.

The Public Health (Wales) Bill (November 2016)

The Public Health (Wales) Bill was introduced into the National Assembly on 7th November 2016. Whilst health is improving, Wales still faces a number of specific and significant challenges. These range from challenges such as an ageing population, high levels of chronic disease and differences in the health of people in different areas.

The Bill brings together a range of practical actions for improving and protecting health. It focuses on shaping social conditions that are conducive to good health, and where avoidable health harms can be prevented. If passed, the Bill will, amongst other things, restrict smoking in school grounds, hospital grounds and public playgrounds, require local

authorities to prepare a local strategy for toilet facilities for public use, require public bodies to carry out health impact assessments in specified circumstances and change the pharmaceutical list of health boards to a system based on the needs of local communities.

Taking Wales Forward (2016-2017)

More recently the Welsh Government document, Taking Wales Forward (2016-2017) affirms the NHS needs to reflect the needs of the modern society, with closer links between health and social services, strengthened community provision and better organisation of general hospital and specialised services. The document emphasises that more care and services will move from hospitals into communities, supported by integrated and sustainable Health and Care Services capable of meeting current demand and future need. Services will deliver timely care and treatment to patients when they need it. Key priorities for delivering improvements include:

- Improving our Healthcare Services
 - Continuing to improve access to GP surgeries, making it easier to get an appointment
 - Investing in community pharmacies to take pressure off our GP surgeries
 - Increase investment in facilities to reduce waiting times and exploit digital technologies to help speed up the diagnosis of illness
 - Invest in a new generation of integrated health and social services centres alongside the transformation of our hospital estate
- Healthcare Staff
 - Take action to attract and train more GPs, nurses and other health professionals across Wales
 - Ensure more nurses, in more settings, through an extended nurse staffing levels law
- Healthy and Active
 - Implement the Healthy Child Wales programme to ensure consistent delivery of universal health services up to age seven
 - Work with schools to promote children and young people's activity and awareness of the importance of healthy lifestyle choice
 - Continue to promote exercise and good nutrition, reduce excessive alcohol consumption and cut smoking rates in Wales to 16% by 2020

Prosperity for All: The National Strategy (Wales) 2017

The four key themes of this strategy are the same as those in Taking Wales Forward. Each theme consists of a vision, showing how they will contribute to prosperity for all, and how delivering in a more integrated and collaborative way can enhance the well-being of the people of Wales.

The strategy identifies five cross-cutting themes as having the greatest potential contribution to long-term prosperity and well-being, where fully integrated services and early intervention will have the greatest impact.

The Housing (Wales) Act 2014

The Housing (Wales) Act 2014 introduced several new duties in relation to homelessness for local authorities. It brought into law the “prevention of homelessness” focus which had been the key direction of national policy development over recent years. This approach focussed on providing services which focussed on finding housing solutions for all households in housing need, rather than processing people through the legal “homelessness” process. This reflects a broader national policy direction around areas such as health and social services which aim to put prevention at the heart of services to avoid more costly options.

There is also increasing evidence through international research that the usual approach to managing homelessness is focussing too much on the point of crisis, rather than on prevention and longer-term support. A recent Welsh Audit Office report concluded that “Local Authorities continue to focus on managing people in crisis rather than stop it from happening”.

21st Century Schools and Education Programme

The 21st Century Schools and Education Programme is a unique collaboration between Welsh Government and Local Authorities. It is a major long-term strategic capital investment programme with the aim of creating a generation of 21st Century Schools in Wales. The Programme represents the largest strategic investment in Welsh educational infrastructure since the 1960s and has been designed to end the piecemeal “patch and mend” approach to investment in educational infrastructure that characterised earlier funding packages. Key Criteria of the programme include:

- Improving the condition of educational assets;
- Reductions of surplus capacity and inefficiency in the system;
- Expansion of schools and colleges in areas of increased demand for educational services
- Provision of sufficient places to address growth in demand for Welsh medium education

Additional Welsh Guidance

Other significant national policy drivers which have influenced this PBC are listed below:

- The Welsh Government’s Tackling Poverty Plan
- The Welsh Language Measure (Wales) 2011
- The Housing (Wales) Act 2014

Appendix G: Service Transformation

Service	Sub-Service(s)	Currently provided?	Relocation to campus?	Integration and Collaboration Opportunities
				and promote a person centred, integrated support care model for self-management, pre-rehabilitation, rehabilitation and recovery programmes to maximise value and improve patient outcomes.
Day Cases (Medical)	IV therapies Blood transfusion Chemotherapy	N N N	Y Y Y	Promoting healthy lifestyles will be key - the service will be closely linked to community assets to provide advice, guidance and education and promote a person centred, integrated support care model for self-management, pre-rehabilitation, rehabilitation and recovery programmes to maximise value and improve patient outcomes.
Urgent Care and Minor Injuries	MIU Urgent care GP Out of Hours	Y (<i>daytime hours only from GP surgery</i>) N Y	Y Y Y	The development of multi-agency integrated pathways of care will enable the service to care for patients referred from GP, Community Nurses, WAST (to prevent out of county travel when safe to do so) and other agencies to provide same day urgent care assessments in line with the Directory of Ambulatory Emergency Care (DAEC). Links to short stay assessment beds for rapid assessment, treatment and proactive turnaround times and inpatient step-up beds will deliver prudent health care at the right time and in the right place. Links to Integrated Health and Care Centres for GP services, Integrated community teams including Health, Social care and 3 rd Sector and harnessing the virtual ward concept will be vital to the success and rapid response of this model of

Service	Sub-Service(s)	Currently provided?	Relocation to campus?	Integration and Collaboration Opportunities
				care. Access to local enhanced diagnostics will be key to delivery.
Inpatients	Short stay assessment beds Step up beds Step down (D2RA pathway 3) beds Level 2 rehabilitation beds Palliative care beds	N N Y N Y	Y Y Y Y Y	Links to a range of wellbeing activities, education and psychology services located within the Community Hub and Integrated Health and Care Centre on the campus will optimise rehabilitation and recovery.
Integrated Community Model	Community nursing Adult social care Reablement Domiciliary care Older people's teams Home support District nursing Specialist nursing	Y Y Y Y Y N Y Y	Y Y Y Y Y Y Y Y	Need to integrated with therapies and third sector services to achieve successful delivery of integrated community model. Primary and community care services to be integrated.
Mental Health	CAMHS Adult LD team CMHT OP Team Dementia home treatment team Crisis resolution Local primary mental health support service Adult mental health Psychology Memory assessment services Integrated autism service Perinatal mental health Eating disorder service Substance misuse	Y Y Y Y Y Y Y Y Y Y N N N Y	Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Integrate MH and LD services. Integration of MH services with women's & children services and therapies. Fully integrated network of care, based on early support, recovery and enablement of people using the services throughout the life course. In partnership with housing, social care, education, policing and third sector. Increase opportunities to work with Social Care, Midwifery, Older Adult physical health services, Pharmacy, Therapies, Primary care. CAMHS the whole school approach.
Children's Services (Social Care)	Fostering Adoption Care leavers CWD Children's locality teams Youth justice service Early help	Y Y Y Y Y Y Y	Y Y Y Y Y Y Y	Work closely with corporate partners, external partners and collaboration between the teams within Children's Services.

Service	Sub-Service(s)	Currently provided?	Relocation to campus?	Integration and Collaboration Opportunities
	Integrated family teams Front door	Y Y	Y Y	
Children's Services (Health)	Community paediatric nursing Health visiting School nursing Safeguarding LD Therapies (inc. in-reach wheelchair services) Portage (play therapy) Parenting classes Paediatric Ophthalmology	Y Y Y Y Y Y Y Y Y	Y Y Y Y Y Y Y Y Y	CAMHS to be located with family & children services. Integrated child, young person & family model which provides a one stop approach to care and health promotion. Integrated model with social care and women's/maternity services.
Women & Sexual Health Services	Early pregnancy care Antenatal care Birthing centre Family planning Contraception Cystoscopies Biopsies Pessary Test and post (STI) Home termination service	N Y Y Y Y Y Y Y Y Y	Y Y Y Y Y Y Y Y Y Y	Synergy with ultrasound. Close collaborative relationships with perinatal mental health, CMHTs, psychology and third sector.
Primary Care	GPs Dental Optometry Pharmacy	Y Y Y Y	TBC Y N TBC	
Social model for health	Third sector services Library	Y (<i>not through a consistent framework or in a joined-up way</i>) Y	Y Y	All-age inclusive offer to north Powys citizens that includes advice, signposting, training, resources, on-going engagement to aid all aspects of their wellbeing, delivered in a multi-disciplinary way by statutory and 3 rd sector providers working together. An agile, adaptable and collaborative approach open to partnership working opportunities, co-creating with third sector and health organisations, businesses, volunteers and residents to deliver services and activities that citizens within Newtown

Service	Sub-Service(s)	Currently provided?	Relocation to campus?	Integration and Collaboration Opportunities
				and surrounding areas ensuring that we can provide the right services at the right time.
Therapies	Physiotherapy OT Speech & language Nutrition & dietetics Neuro service Orthotics Podiatry Audiology MSK CMATS Pulmonary rehab Pre-habilitation Physiology	Y Y Y Y Y Y Y Y Y Y N Y	Y Y Y Y Y Y Y Y Y Y Y Y	An integrated multi-disciplinary community-based team that is able to provide advice, supported self-management in north Powys, plus education and advice to family, carers, all health and social care professionals and third sector practitioners involved with them.
Homelessness	Triage 24/7 Supported accommodation Critical Time Intervention support	Y N Y	Y Y Y	Co-location of services, for example, Police, Probation, Education, Health and disability services will aid support offered. Combined resource to triage, assess and accommodate high need cases utilising existing services would provide an opportunity to deliver combined integrated services to the benefit of the households presenting as homeless and deliver effective long-term support plans.
Health and Care Academy	Practical, academic and digital learning opportunity	N	Y	

Appendix H: Rural Regional Diagnostic Treatment Centre Specification

North Powys Multi-Agency Wellbeing Campus Rural Regional Diagnostic & Treatment Centre Specification (DRAFT)





1. **Version Control**

Version	Date	Author	Issued to	Reviewer comments
V1.0	02/11/21	SCT	Programme Team Members	

Service area	Rural Regional Diagnostic and Treatment Centre
--------------	--

Service Lead		
Name:	Designation:	Email address:
Jason Crowl		

Sub-Services included within this specification		
Service Area	Lead:	Designation:
Diagnostics (Cardiorespiratory)		
Diagnostics (Imaging)		
Diagnostics (Pathology / Point of Care Testing)		
Diagnostics (Endoscopy)		
Urgent Care and Minor Injuries		
GP Out of Hours		
Outpatients		
Day Cases - Surgical and Pre-Operative Assessment		
Day Cases – Medical		
Inpatients (Intensive Rehab & Stroke)		



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2. **Strategic Fit**

There are opportunities that lend themselves as key drivers for transformation post Covid. These include:

- A evidence based and value-based and outcome-focussed approach to all clinical pathways of care that impact at a local community level - including better access to clinical diagnostics and expertise.
- An adoption of new ways of working across the system - with challenge to current workforce pressures and medical model and the digital enablement of care provision closer to home
- A new clinical approach which places maintenance of health and well-being, and also prevention, at the heart of the discussion with social measures of health improvement.

All service developments and transformation will be in line with the strategic direction of the organisation; transformation, value and metrics.

3. **Purpose**

This service specification sets out the high-level service requirements for a Rural Regional Diagnostic and Treatment Centre. It is aligned with the agreed planning framework for the North Powys Wellbeing Programme and is set in the context of the latest policy, guidance and best practice evidence base.

Stakeholder engagement into developing this specification has been via the Clinical and Professional Group and other one off clinical and professional engagement sessions.



It is also based on an amalgamation of various service specifications developed by operational managers and has been informed by the strategic demand, capacity and financially modelling work.

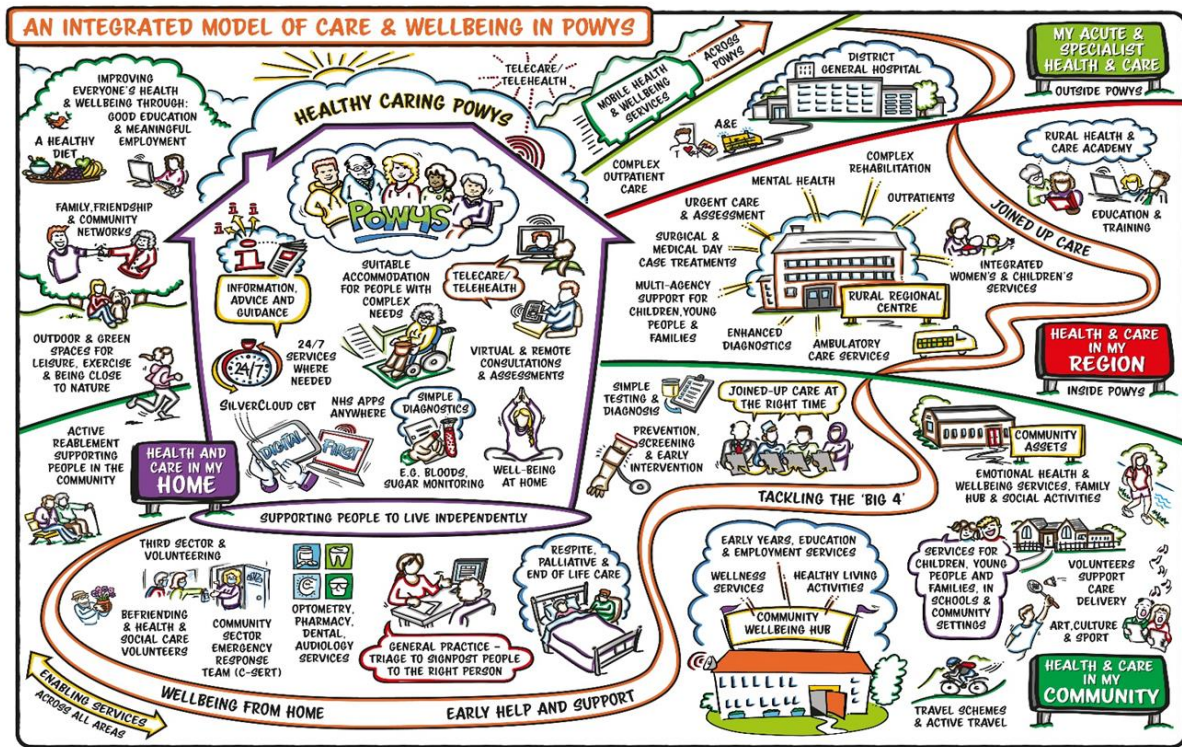
4. **Context**

The Health and Care Strategy in 2017, set out a change in the way services would be provided in the future, introducing and distinguishing between different levels of service provision for the future, to be provided from home, Community Wellbeing Hubs and Rural Regional Centres. It outlined Rural Regional Centres would be developed to:

- Provide the services currently provided separately in facilities, as well as some secondary care services from within our neighbouring District General Hospitals
- Include strong relationships with providers of services that cannot be delivered currently in Powys
- Provide additional services to Community Wellbeing Hubs and provide the opportunity of delivering more services e.g. same day case surgical services, rehabilitation services and a community diagnostic service.

The North Powys Wellbeing Programme was established to deliver the strategy, an Integrated Model of Care and Wellbeing was developed based on what the community felt was important to them in terms of their health and wellbeing. Discussions have taken place in relation to the concept of a Rural Regional Centre and it was agreed the definition / naming needs amending to reflect this and 'Rural Regional Diagnostic and Treatment Centre' was agreed.

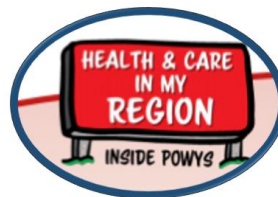
The Integrated model of care and wellbeing provides a framework for all future plans and service change across Powys and demonstrates what services will be provided at home, community, region and out of county.



Home First – Where safe and effective to do so



Network of Integrated Health and Care Centres and Community Hubs linked to Rural Regional Diagnostic and Treatment Centres



Enhanced community services currently in an acute setting that can be safely provided locally in the region



Emergency, complex care and specialist treatment regimes in secondary and tertiary care centres

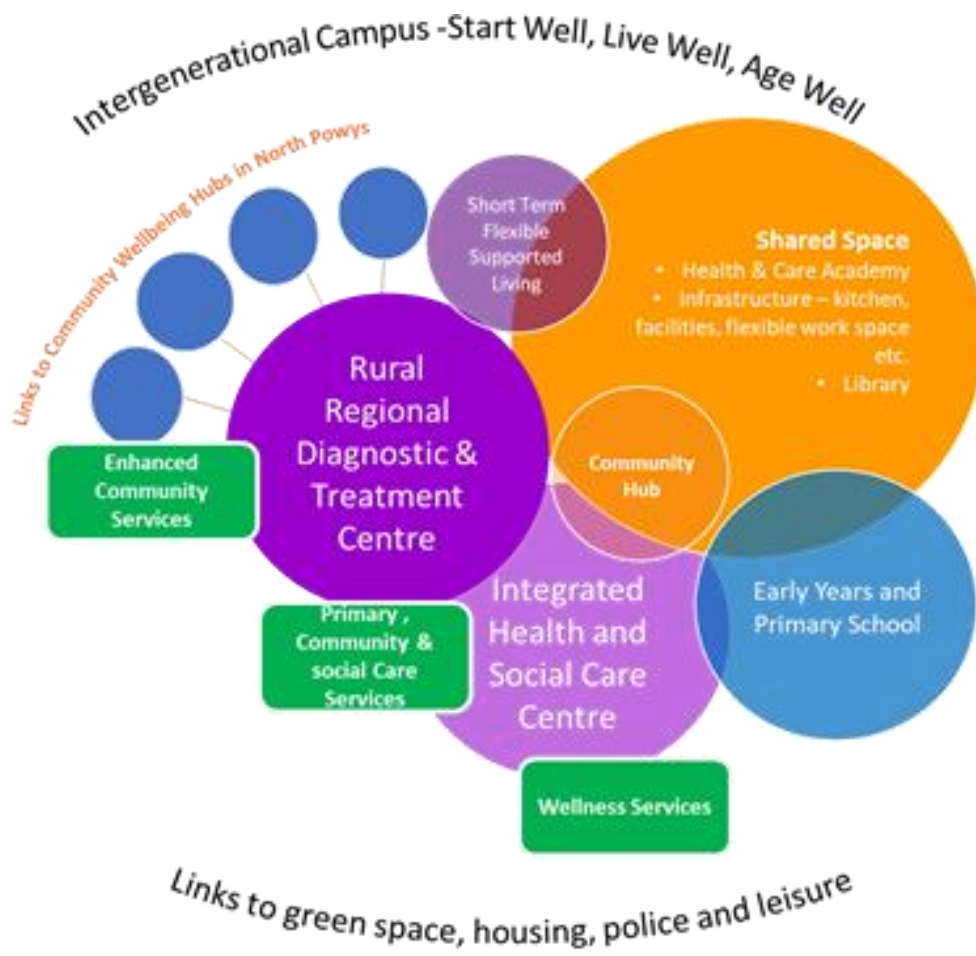
The development of a multi-agency wellbeing campus in the centre of Newtown is a key enabler to delivering the integrated model of care and wellbeing.

The **concept of the Multi-agency Wellbeing Campus** is to support a **community first** approach by bringing together the community, local partners and statutory organisations to work together to provide a **more social model for health** which **addresses and prevents needs both now and in the future**.

The campus will also provide more care closer to home and reduce the need for people to travel out of county to access some services in an Acute Hospital.

The diagram below shows the concept of the campus. The principles are:

- Community first approach, focusing on improving wellbeing and holistic needs.
- Fit for purpose estate, zero carbon, making best use of space and resources,
- Integrated digitally enabled services in the home, or as close to home as possible.
- Ensure children and young people get the best start in life.

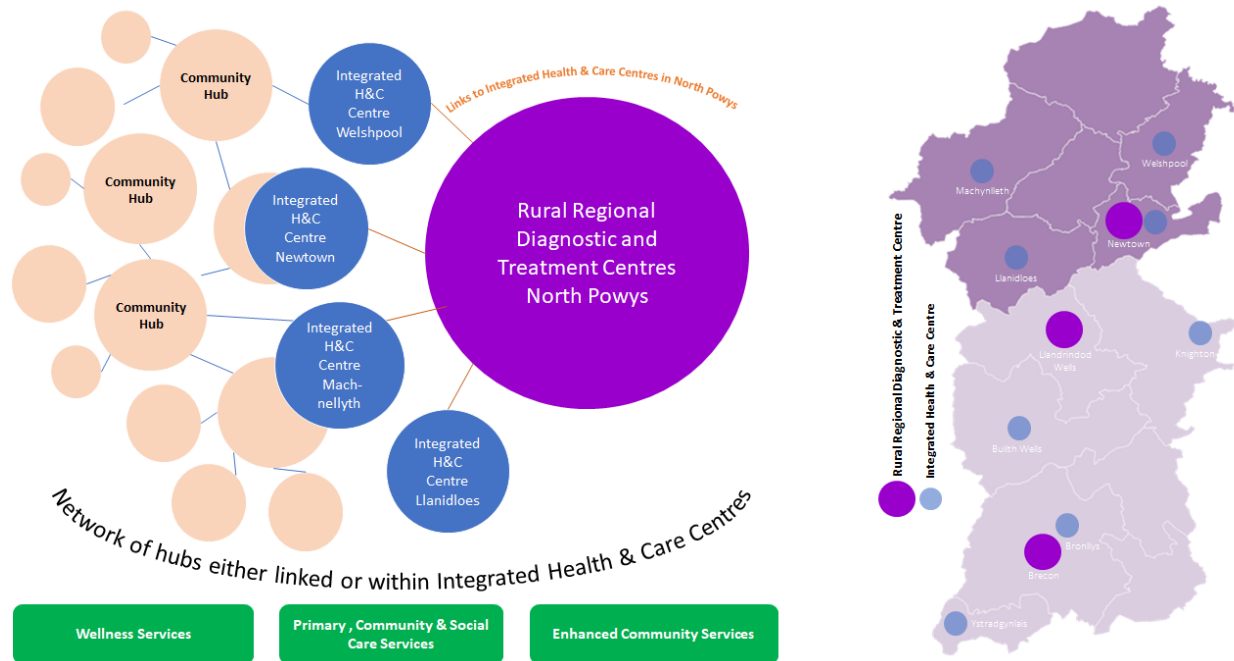


5. **Service Vision - Rural Regional Diagnostic and Treatment Centre**

The Rural Regional Diagnostic and treatment centre aims to lead the way in rural diagnostic and ambulatory care practice through a new state-of-the-art innovative centre, linked to a Rural Health and Care Academy and Integrated health and social care centre.

It will provide enhanced community services on a centralised regional footprint to ensure sustainability of future services – this will include re-commissioning

services to support a shift away from acute hospital care to provide care closer to home. The Centre will form part of a network connecting Community Hubs, Integrated Health and Care Centres and Secondary Care providers via the Rural and Regional Diagnostic and Treatment Centre – see diagram below.



The Rural Regional Diagnostic and Treatment Centre will provide the following opportunities for repatriation of activity from Acute to Community:

- Surgical Day case in line with BADS directory of procedures
- Medical Day case procedures – Transfusion, Chemotherapy etc.
- Urgent Care and Minor Injuries
- Outpatients including Attend Anywhere (digital)
- Diagnostics – Imaging, Cardiorespiratory, Endoscopy, Pathology
- Renal dialysis

6. Service Context

The Rural Regional Diagnostic and Treatment Centre serves a population of circa 65,000. It offers an opportunity to adopt best practice and increase short term capacity through new ways of working. There is evidence that demonstrates Diagnostic and Treatment Centres are an efficient and effective way of providing patient care; its aim will be to improve local access to scheduled care, ensuring value for money by stimulating new models of service delivery.

The Centre will be supported by timely access to a range of wellbeing, advice, guidance and support services. Direct access to local diagnostics and ambulatory care services will enable earlier identification of people who are at



risk of developing a disease and also prompt local diagnosis, one-stop services including counselling and psychology. The Centre will support GP’s to better manage patients in a primary and community care setting with access to a regional network of specialist advice and guidance when needed. This will reduce the demand for secondary care referrals and enable more people to be treated at home or in the community; thus, reducing unnecessary travel for people and families. The partnership aspirations for the diagnostic, ambulatory and planned care model is articulated below:

Future Model: Multi-agency one stop shop, supporting all children and young people to meet their individual needs.

Population groups: North Powys: Children and Young People

Access to Advice & Support.	Early Help	Education	One Stop shop
<ul style="list-style-type: none"> • Directory of services to understand the range of local service provision and locality. • Link service providers and utilise technology to share key messages and information sharing. • Signpost and improve access to information enabling children and young people to know where to go. 	<ul style="list-style-type: none"> • Clear and co-ordinated early help pathway for children and young people who have a variety of needs or risk factors, links to Education, Health, Social Care, 3rd Sector. • All children’s services to work together in a multi-agency way to focus on early childhood, 1st 1000 days. • Strengthen skill mixing amongst staff/ teams. 	<ul style="list-style-type: none"> • Develop training packages that aid children - diet, healthy eating – use local expertise, Cultivate Grow and Eat. • Create with children and Young People pathways that make sense to them to support healthy lifestyles. • Utilise green spaces – the importance of exercise/ being healthy including relationships. • Establish pathways between Education, Health, Social Care and 3rd Sector 	<ul style="list-style-type: none"> • Multi-agency service for children, young people and families to tell their story once. • Joined up teams, agencies, sector with positive impacts for children and their families. • Support families to stay together if safe, consistent approach. • An out of hours service accessible and consistent. • Create services in county for children with complex needs, seamless pathways and referral systems.

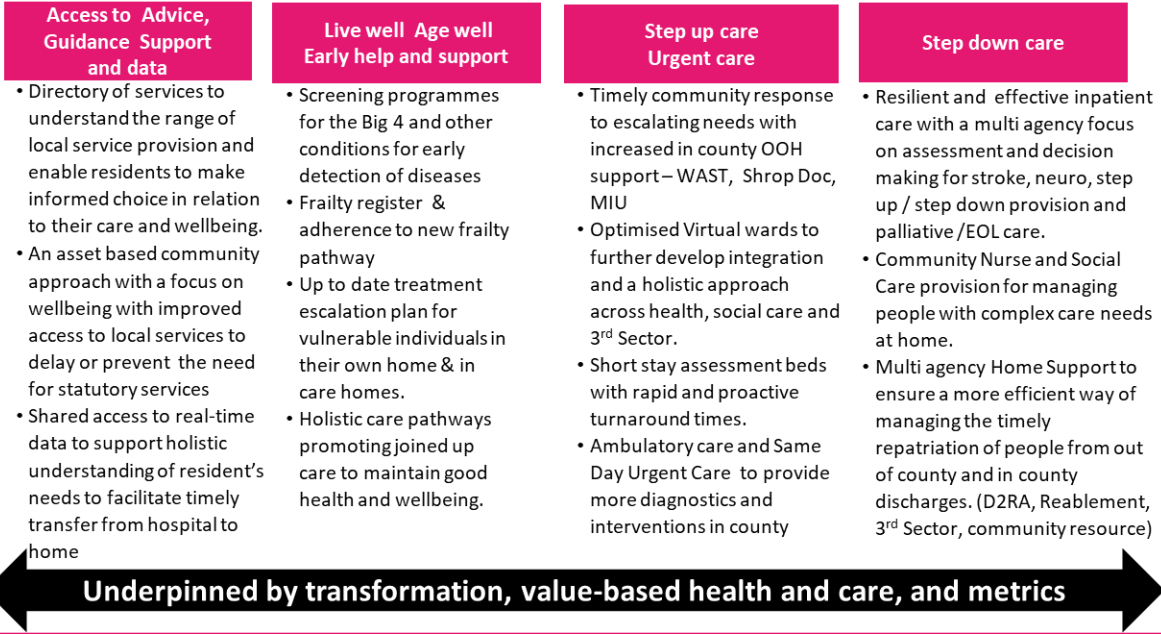
Underpinned by transformation, value-based health and care, and metrics

The Centre will also provide a regional Level 2 rehabilitation service for patients with complex needs following a stroke or major trauma requiring prolonged treatment in a specialist Level 2 rehabilitation centre. It will also provide same day urgent care service with rapid access to short stay assessment beds. The partnership aspirations are articulated below as part of the broader thinking around the future Integrated Community Model:



Future Model: An Integrated Community Model providing timely access to care, adopting a proactive, person-centred, community-based approach

Population groups: North Powys: general population, targeted groups Elderly, Long term conditions, carers



The third sector and social care element will be as important as the clinical component in the centre focusing on the principles of prudent healthcare and capitalising on the key adjacencies on the campus to support prevention and early help and support and what matters to the people of North Powys.

The Centre will strongly depend on the Rural Health and Care Academy to provide rural professional and clinical education through modern physical and virtual spaces, combined with a leadership and management talent operating at all levels across systems. This will enable leaders to develop innovative models of care through technology, education, research and innovation, making sure the health and care workforce including volunteers and carers can respond to people's needs in a timely way. The education offer on-site alongside cutting-edge technology, will support in attracting a future highly skilled workforce to deliver advanced health and care services to the population of north Powys.

The facilities and services need to be digitally enabled and flexible through provision of generic space which can respond to changes in service needs and also have an ability to expand and contract. It will be supported by good IT, which will link up with primary and secondary care so in the future GPs will be able to book diagnostics or treatments for patients, direct to pre-assessment process and straight on to theatre lists. The GP's will also be able to utilise step up ambulatory care and short stay assessment beds as a way to support



patients who need a period of observation and are not safe to remain at home on the virtual ward.

The Centre will be designed with a patient centric focus which will determine its functionality whilst meeting all current building regulations and accessibility requirements.

7. National, Local Policy and Best Practice Guidance

The service specification aligns and supports with delivery of:

- A Healthier Wales and the Quadruple Aim
- Social Services and Wellbeing (Wales) Act – ‘what matters to individuals’
- Wellbeing of Future Generations Act – Sustainable Development Principle
- National Clinical Framework: A learning health and care system.
- National Rehabilitation pathways and guidance
- British Association of Day Case Services - Directory of Procedures
- Directory of Ambulatory Emergency Care
- Transforming the way we deliver outpatients in Wales –WG (April 2020)
- Nuffield Trust, London School of Economics and the universities of Leicester, Newcastle and Southampton created a Hospital Frailty Risk Score (HFRS)
- Diagnostics: Recovery and Renewal, October 2020 (the "Richards report")
- National Programme for Primary and Community Care and Primary Care Model for Wales
- NICE guidance (where applicable)

The local policy context includes alignment and supporting delivery of:

- Powys Health and Care Strategy
- PTHB Annual Plan
- PCC Vision 2025
- Integrated Model of Care and Wellbeing
- RPB Strategic Outcomes Framework

8. Population and Service Needs

Powys is a rural county offering plenty of green space, however one disadvantage is that many residents often live a long way from services, particularly in the sparsely populated areas of north Powys.

Rurality and accessibility to services is a key challenge in the planning and delivery of services across north Powys, with variation in service provision across the county. Powys is unique in that it does not have a district general hospital and residents must travel out of county, to other parts of Wales or over the border to England, to access certain types of health services. Some services such as day cases, diagnostics and outpatient appointments are not provided in north Powys meaning people rely on services around the borders of north Powys



requiring travel out of county. Approximately 5,000 people travel out of county each year for relatively straight forward day case operations that could be undertaken in a day case facility in north Powys, as per the service model which is currently provided in the mid and south of the county. 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 and workforce facilities.

Working with our external partners in neighbouring health and care systems, we must review and transform the way we currently provide services to enable us to deliver care closer to home where possible and safe to do so. The future service model in north Powys will address the variation in service provision, meaning people will be able to access the same services regardless of where in Powys they live.

In north Powys, people have different life expectancies depending on their income and where they live, which is unfair. People living in the most deprived areas of north Powys live more years in poor health compared to people in the least deprived areas. Health and care interventions that do not reach those at greatest risk are likely to increase the inequity in health outcomes.

Extensive engagement was undertaken during 2019, the image below demonstrates the most prominent feedback that was gained from members of the public during the engagement sessions, with strong messages around accessibility to services, providing services more locally, capitalising on the expedited upscaled use of technology and providing health and care services in a more coordinated and joined up way.

"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."

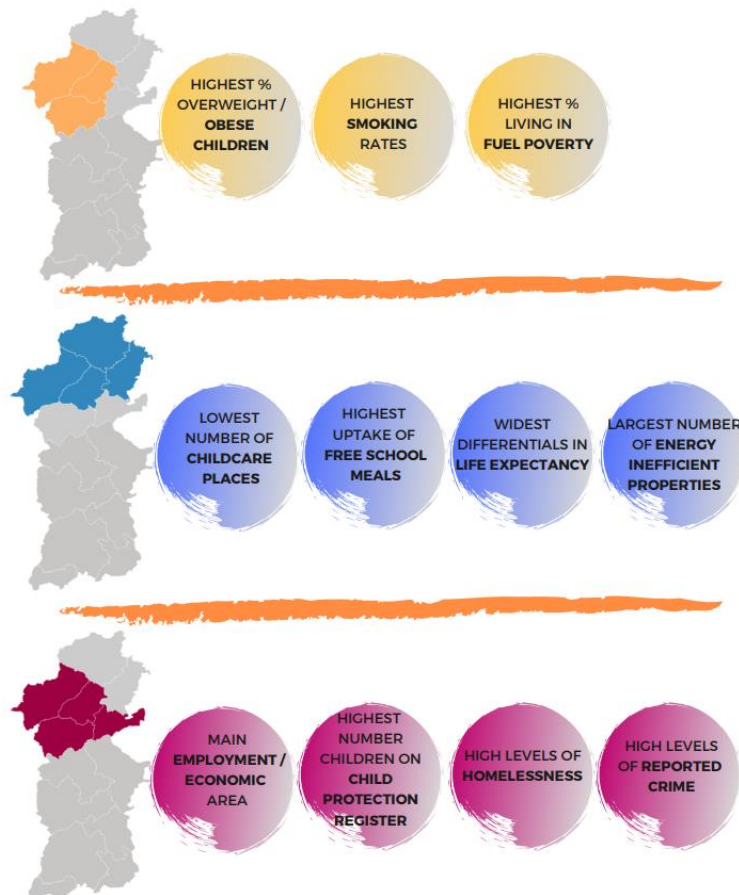
Co-ordinate and join up services – "Allow information to be shared safely" "Locate services in ways that reduce multiple appointments and allow me to see health and care professionals in one place" "Design services in ways that help people to work together"

"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."

The Population Needs Assessment for Powys (2017) highlighted some stark figures for various areas across the north of the county when comparing with other localities throughout mid and south Powys, as highlighted below. This makes north Powys a priority for investment and more innovative and effective health and care delivery.



9. Demand for Services

Phase one modelling outputs:



Powys DC modelling
- summary for SOC D

10. Service Scope and Description

The Rural Regional Diagnostic and Treatment Centre will provide a regional service to the population of north Powys (circa 65,000 population) for

1. Diagnostics
2. Outpatients



3. Surgical and Medical Day Cases
4. Urgent Care & Minor Injuries
5. GP Out of Hours
6. Inpatients including Level 2 Stroke and Neuro Rehabilitation

1. Diagnostics

Vision

A state-of-the-art community diagnostics suite serving patients with diagnostic imaging solutions to provide earlier diagnosis, prevent long waits and support provision of one stop clinics (when needed).

Diagnostic provision is an essential enabler for this service redesign and to the long-term recovery of the Covid 19 pandemic. Demand for diagnostics was rising markedly before the pandemic and for some tests this has outstripped capacity. There is a clear need to increase capacity and streamline diagnostic services with acute (A&E and inpatients) and elective (GP and outpatient referrals) diagnostics being separated wherever possible to address the current backlog and aid the longer-term recovery of services.

A community diagnostic suite will provide an opportunity for the provision of a broad range of diagnostics outside of acute provision in non-traditional locations, supporting equity in access to the population of North Powys and reduce unnecessary out of county travel. It can achieve better outcomes, deliver an improved patient experience and provide sufficient capacity to enable the service to meet the growing demands.

There are major opportunities to reconfigure the service model in a way that improves care pathways, is sustainable and cost-effective. The service will provide increased primary care access to imaging and the improved availability of services such as screening programmes. Imaging is a substantial part of Breast Test Wales, Bowel Screening Wales, Wales Abdominal Aortic Screening Programme and Antenatal Screening Wales. The UK National Screening Committee (NSC) are currently reviewing the evidence on Low Dose CT (LDCT) screening and Lung Health Checks (LHCs) with a view to making recommendations on whether a national programme should be developed.

Service Description

The provision will provide a broad range of services to increase and optimise diagnostic capacity providing benefits in terms of efficiency and quicker access to testing and convenience for patients:

- **Imaging:** Plain x-ray, ultrasound, CT, MRI
- **Cardio-respiratory:** Echocardiography, ECG and rhythm monitoring, Spirometry and Lung function tests, sleep apnoea studies, blood pressure monitoring, oximetry and Blood gas analysis
- **Pathology:** Phlebotomy, Point of Care testing (POCT)



- **Endoscopy Suite:** Investigative and diagnostic service to JAG accreditation standards
- **Consulting and reporting rooms.**

It will support local service provision for the 'BIG 4' pathways, Clinical Musculoskeletal Assessment and Treatment Service (CMATS), Orthopaedic, Dental, Podiatry, Audiology vascular, non-obstetric ultrasound (NOUS), Obstetric clinics, enabling more patients to be seen and treated locally in north Powys.

2. Outpatients

Vision

To provide an innovative flexible service for consultations, diagnosis and treatment, enabling the repatriation of outpatient consultations and procedures from acute sites, reducing the need for patients to travel out of county unnecessarily and thus reduce demand on hospital services.

Evidence shows that the traditional way of delivering outpatients cannot keep up with increasing demand for health care services. The current model of 10-15 minutes one-to-one consultations is not working for clinicians or for patients.

The future service will provide cutting edge technologies to enable virtual and remote services which are flexible to meet the needs of the individual. Promoting healthy lifestyles will be key - the service will be closely linked to the Community hub which will provide multi-agency advice, guidance and education programmes to promote self-management to maximise value and avoid waste.

Service Description

The service will be supported by an active wellbeing, advice and pre-habilitation service which promotes education, self-management and reduce the number of referrals for unnecessary surgical interventions that does not improve patient outcomes.

It will deliver a significant proportion of all medical and surgical outpatient appointments and procedures in north Powys through a hub and spoke model, with specialist outpatients provided regionally within the Centre and remote access to Secondary Care consultants providing specialist advice and guidance.

A triage process will provide options to streamline referrals to alternative services when appropriate and safe to do so. Better access to enhanced diagnostics, Clinical Musculoskeletal Assessment and Treatment Service (CMATS), National Education Referral Schemes (NERS) and Social prescribing will improve patient outcomes and experience.

Follow up appointments will be reduced by maximising the potential for 'See on Symptoms' (SOS) and 'Patient Initiated Follow up' (PIFU) as prudent and value-based options for follow up care.



A one stop service to improve patient experience, unpinned by robust pathways to tackle the big four (respiratory, cancer, mental health, circulatory).

3. Surgical and Medical Day Cases

Vision

To provide a state-of-the-art day case unit which provides both surgical and medical interventions and supports local pre-operative assessment. It will enable repatriation of activity from acute sites where safe and efficient to do so; reducing the need for patients to travel out of county unnecessarily and thus demand on hospital services.

The service will be delivered in line with the INNU (Interventions Not Normally Undertaken) policy, British Association of Day Surgery (BADs) and 'Powys Basket of procedures.' Promoting healthy lifestyles will be key - the service will be closely linked to community assets to provide advice, guidance and education and promote a person centred, integrated support care model for self-management, pre-habilitation, rehabilitation and recovery programmes to maximise value and improve patient outcomes.

Service Description

The service provision will support the repatriation of services into North Powys and support the vision of care closer to home:

- **Pre-operative assessment:** Virtual and face to face
- **Medical Day Care:** Procedures and treatments such as IV therapies, blood transfusion, chemotherapy etc.
- **Surgical Day Care:** Clean procedure rooms and operating theatre for patients requiring GA/heavy sedation.
- **Recovery room:** Adjacent to operating theatre.
- **First aid / Resuscitation room:** Observation, stabilisation with access for ambulance pick up.

Innovative planning and design to the adjacencies of services i.e. OPD, clean procedure rooms, diagnostics, within the Centre will ensure effective throughput of patients and efficiency in workforce job planning and time.

4. Urgent Care & Minor Injuries

Vision

The key principle is to support people in their own homes adopting a social model for health and asset-based community approach focusing on wellbeing services to delay or prevent the need for statutory services. For those people needing additional support for assessment, observation and treatment the provision of an urgent care service in the Centre will support a reduction in hospital admissions through a hub and spoke model.



The development of multi-agency integrated pathways of care will enable the service to care for patients referred from GP, Community Nurses, WAST (to prevent out of county travel when safe to do so) and other agencies to provide same day urgent care assessments in line with the Directory of Ambulatory Emergency Care (DAEC). Links to short stay assessment beds for rapid assessment, treatment and proactive turnaround times and inpatient step-up beds will deliver prudent health care at the right time and in the right place.

Links to Integrated Health and Care Centres for GP services, Integrated community teams including Health, Social care and 3rd Sector and harnessing the virtual ward concept will be vital to the success and rapid response of this model of care. Access to local enhanced diagnostics will be key to delivery.

Service Description

To provide a 24-hour urgent care and Minor Injuries Unit (MIU) service in Newtown to reduce admissions to acute sites.

- **MIU:** Triage, See and Treat facility with Plaster room and links to diagnostics and Primary care. Focused on prevention and early intervention and promoting health behaviours via MECC (Making Every Contact Count) & referral pathway.
- **Urgent Care:** Step up care – via triage & alternative pathways to divert from acute services in neighbouring HB's when safe to do so and provide care closer to home.
- **GP Out of Hours:**

Further work is needed to define and understand the future model of care for urgent care, including minor injuries, GP Out of Hours and step up care - Home First, D2RA Pathway 1 to include a wider integrated community response.

5. Inpatients including Stroke and Neuro Rehabilitation (Level 2)

Vision

Only those with a clinical need or those with escalating needs who cannot be managed in a community setting will be admitted into an inpatient bed.

Patients will travel out of county to secondary and tertiary centres for inpatient care when their clinical condition cannot be managed in Primary and community care settings. Hospital admission will be a last resort.

Repatriation will be efficient, timely and supported by the 'discharge to recover and assess' model and 'home first' ethos.

Inpatient facilities will flex between 4 sites in North Powys. A person-centred place-based approach which acknowledges the complexity of people's lives in rural communities will safeguard timely access to appropriate inpatient facilities.

A Specialist level 2 rehabilitation centre providing intensive treatment and therapy for Stroke patients and those who have suffered a life changing event



will be provided in the Rural Regional Diagnostic and Treatment Centre. It will support the Powys population and commissioning of services from neighbouring counties [to be confirmed]. Links to a range of wellbeing activities, education and psychology services located within the Community Hub and Integrated Health and Care Centre on the campus will optimise rehabilitation and recovery.

Service Description

Inpatient provision for North Powys will have a diverse bed configuration to provide the right care at the right time by the right people:

- **Short stay assessment beds:** rapid assessment, treatment and proactive turnaround times (<48hrs)
- **Step up beds:** Admission from home for treatment, rehabilitation with shared decision making and robust discharge planning
- **Step down (D2RA Pathway 3) beds:** Repatriation for those requiring overnight nursing support, rehabilitation needs and recovery plans.
- **Level 2 Rehabilitation beds:** Providing intensive treatment and therapy for patients who have complex needs following a stroke or other life changing event.
- **Palliative care beds:** Treatment, care and support for patients with life limiting illness and end of life care.

The development of a multi-agency skill mix model that works across inpatient and community services and access to early diagnostics will be key to optimising patient flow, efficiency and value-based healthcare.

Our value-based approach to new workforce arrangements will be data driven based on detailed activity and referral data and evidence-based approaches to new ways of working. This will include understanding re-imagining the new workforce model, their training needs in a modern integrated setting, and how we re-tool the workforce to work in an agile and flexible way.

Care closer to home matters to the people of North Powys, providing appropriate resources and suitable infrastructure will improve patient experience, outcome and reduce unnecessary travel and carbon emissions to support the decarbonisation agenda.

11. Service Transformation

The proposed Multi-Agency Wellbeing Campus in the heart of Newtown will underpin successful service transformation and act as an enabler for collaboration and integration of services, enhancing and transforming the way health and care services are delivered to the population of north Powys. Current services are disparate and delivered from buildings and facilities which are no longer fit for purpose, which acts as a barrier to delivering effective integrated health and care to our population. Relocation of existing and additional services

				provide advice, guidance and education and promote a person centred, integrated support care model for self-management, pre-habilitation, rehabilitation and recovery programmes to maximise value and improve patient outcomes.
Day Cases (Medical)	IV therapies Blood transfusion Chemotherapy	N N N	Y Y Y	Promoting healthy lifestyles will be key - the service will be closely linked to community assets to provide advice, guidance and education and promote a person centred, integrated support care model for self-management, pre-habilitation, rehabilitation and recovery programmes to maximise value and improve patient outcomes.
Urgent Care and Minor Injuries	MIU Urgent care GP Out of Hours	Y (<i>daytime hours only from GP surgery</i>) N Y	Y Y Y	The development of multi-agency integrated pathways of care will enable the service to care for patients referred from GP, Community Nurses, WAST (to prevent out of county travel when safe to do so) and other agencies to provide same day urgent care assessments in line with the Directory of Ambulatory Emergency Care (DAEC). Links to short stay assessment beds for rapid assessment, treatment and proactive turnaround times and inpatient step-up beds will deliver prudent health care at the right time and in the right place.

				Links to Integrated Health and Care Centres for GP services, Integrated community teams including Health, Social care and 3 rd Sector and harnessing the virtual ward concept will be vital to the success and rapid response of this model of care. Access to local enhanced diagnostics will be key to delivery.
Inpatients	Short stay assessment beds Step up beds Step down (D2RA pathway 3) beds Level 2 rehabilitation beds Palliative care beds	N N Y N Y	Y Y Y Y Y	Links to a range of wellbeing activities, education and psychology services located within the Community Hub and Integrated Health and Care Centre on the campus will optimise rehabilitation and recovery.
Therapies	Physiotherapy OT Speech & language Nutrition & dietetics Neuro service Orthotics Podiatry Audiology MSK CMATS Pulmonary rehab Pre-habilitation Physiology	Y Y Y Y Y Y Y Y Y Y N Y	Y Y Y Y Y Y Y Y Y Y Y Y	An integrated multi-disciplinary community-based team that is able to provide advice, supported self-management in north Powys, plus education and advice to family, carers, all health and social care professionals and third sector practitioners involved with them.
Homelessness	Triage 24/7 Supported accommodation Critical Time Intervention support	Y N Y	Y Y Y	Co-location of services, for example, Police, Probation, Education, Health and disability services will aid support offered. Combined resource to triage, assess and accommodate high need cases utilising existing services would provide an opportunity to deliver combined integrated services to the benefit of the

				households presenting as homeless and deliver effective long-term support plans.
Health and Care Academy	Practical, academic and digital learning opportunity	N	Y	

12. Workforce Implications

The workforce baseline has been updated to show where the current key challenges are, this includes the following in relation to the development of the Centre:

The Health and Care Academy and innovative practice which the new development will bring, is key to addressing the workforce challenges. Workforce planning will be undertaken in line with the development of new pathways, however an initial assessment of the implications is provided below.



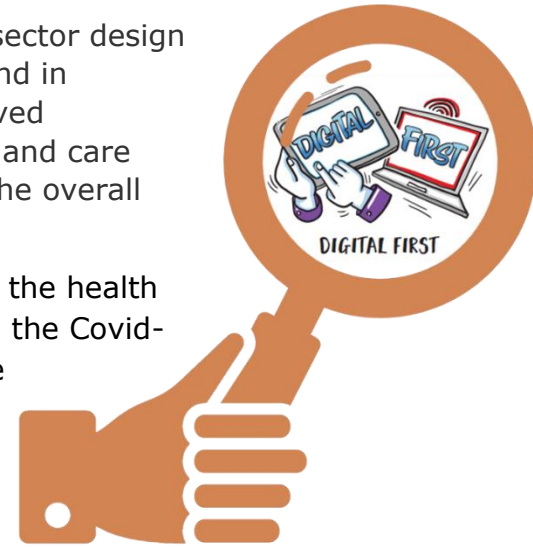
Service	Requirements
Diagnostics	<p>Expansion of Imaging team to include Radiographers and Sonographers and Consultant Radiologist input. Advanced practice radiographers for Sonography, reporting, mammographers, vascular scientist. Administration support.</p> <p>The Health & Care Academy on the campus development could link to the WG proposed NHS Wales Imaging training academy to be sited in South Wales to help with future workforce training. The Academy will focus on training radiologists to perform tasks that only a radiologist can competently undertake, but rapidly extend this to radiographers and other professionals who will be critical to ensuring a sustainable imaging workforce for the future</p>

	Expansion of Respiratory MDT Service to consider clinical lead physiologist roles for Sleep studies, ECHO, Spirometry physiologist and Band 3 / 4 apprenticeship role or health care scientist assistant that could perform, ECG, phlebotomy and other lower skilled diagnostics that could be shared by all services.
Outpatients	Potential for joint appointments to some specialities i.e. Ophthalmology and Respiratory, COE Consultant. Strategic partnerships with neighbouring Health Boards / Trust to develop medical model. Upskilling of nurses and GP's with special interest
Surgical and Medical Day Cases	Potential for joint appointments to some specialities i.e. Ophthalmology, Anaesthetists etc. Strategic partnerships with neighbouring Health Boards / Trust to develop medical model. Expansion of theatre and endoscopy team and looking at upskilling and alternative models. Potential issue with recruitment - key will be to link with HEIW to support training in line with development.
Urgent Care & Minor Injuries	New staffing model required. Potential to be led by Advanced Nurse Practitioners with medical input from GP's. Nurse Practitioner could be challenging to recruit. Option could be for developmental nurses to be recruited into band 5 post & trained on ENP course with training links to neighbouring A&E's. Would need some existing ENP's to support & mentor through this process. Anticipated timescale of maximum of two years for each ENP from commencement of post to qualifying. Health Care Support workers. Band 7 MIU Team leader – 1 FT WTE Emergency Nurse Practitioners – 9 FT WTE HCSW, Band 3 – 2 FT WTE
Stroke and Neuro Rehabilitation	Existing Consultant therapist led service would need expanding to include medical input. Comprising of clinicians with specialist knowledge and skills in neurological conditions, including stroke, comprising; nursing, OT , physiotherapy, psychology, speech and language therapy, supported by a Community Neuro Service Coordinator.
GP Out of Hours	To be updated. Presume no change

13. Digital Implications

Digital technology has become an integral part of public sector design and is all set to revolutionise the practice of healthcare and in particular medicine. Digital technology has greatly improved operational efficiency with respect to standards of health and care services. The transformation has significantly enhanced the overall experience of both healthcare professionals and patients.

In Powys, the potential of digital technology to transform the health and social care system has still not been realised, though the Covid-19 pandemic has caused a rapid shift towards the remote delivery of care through online technologies. Some of the areas where digital technology has made an enormous impact in healthcare include:



- 1. Improved Lines of Communication:**
- 2. Telemedicine/Telehealth**
- 3. Health Apps:**

This will be key to delivering the innovative practice we wish to see in the Rural Regional Diagnostics and Treatment Centre.

Service	Requirements
Diagnostics	One system for radiology to enable imaging to be reported from any site Pan Powys RadIS/ CRIS/ PACS/ IEP/ ICT connections/equipment/ reporting workstations/ CD burner/ Scanner/Printer Cross border information sharing system to share diagnostic results
Outpatients	Access to WCCIS & WPAS. Use of Attend Anywhere or assessment /consultations via Teams and e-learning platform.
Surgical and Medical Day Cases	Access to WCCIS & WPAS. Video links with Acute Hospitals and Cross border information sharing system
Urgent Care & Minor Injuries	Access to all NHS systems. Computers and Video link connections. Tablets for pt feedback & use of liaising with commissioned partners for clinical referrals. Digital assessment of patients. Technological solutions to improve access to information through e referrals to specialist services via MIU.
Stroke and Neuro Rehabilitation	Good wi-fi, access to ipads, tablets, smart screens for bed management, etc. Video link connections

14. Design Considerations

Healthcare facilities should provide a therapeutic environment in which the overall design of the building contributes to the process of healing and reduces the risk of healthcare-associated infections rather than simply being a place where treatment takes place.

The healthcare planning and design process therefore needs to be correspondingly broad enough to include not only the issues surrounding the treatment of disease, but also the promotion of health and prevention of disease, creating a safe and therapeutic health and care environment.

Health Building Notes guidance sets out evidence-based design considerations for a therapeutic environment based around activities undertaken in health and care facilities, as set out below.

Inpatient rooms¹:

Evidence	Considerations
Activity studies have been conducted and have established minimum sizes of the space around the bed	<ul style="list-style-type: none"> Carers must have access to eat least one side of the bed Doorways and circulation space must allow for trolleys and wheelchairs
Evidence suggests that where adequate provision is made for relatives to stay with the patient there are many benefits including reductions in nurse-call button activity, inpatient falls etc.	<ul style="list-style-type: none"> Creating zones for patients, visitors and carers within the bed place helps each feel a greater sense of ownership and belonging Providing a sofa or sofa bed for visitors to sleep on encourages them to stay with the patient for longer periods Providing facilities (such as a desk) for visitors while the patient may be resting encourages them to stay Every bed place should have handwashing facilities
Patients and staff like to be able to control their privacy and their interaction with others	<ul style="list-style-type: none"> Personal space and a feeling of privacy is crucial to avoiding distress, discomfort and upset to patients in bed Visual and audible privacy for patients undergoing treatment are crucial to maintaining patient dignity

¹ [Health Building Note 00-01: General design guidance for healthcare buildings \(england.nhs.uk\)](https://www.england.nhs.uk/healthbuildingnotes/00-01-general-design-guidance-for-healthcare-buildings/)

	<ul style="list-style-type: none"> • Single patient bedrooms provide the highest levels of privacy and dignity • Furniture, screens and the positioning of beds can create a more personal space in multi-bed rooms • Providing opportunities for displaying pictures and other personal possessions is important
<p>Studies show that when daylight is available, many building occupants like to reduce artificial lighting to allow the daylight to take effect.</p> <p>During the day, the seasons' natural light levels vary enormously and people generally like to be aware of this.</p> <p>Patients and staff express the need to be able to arrange for a range of lighting effects to avoid glare, to offer bright light for reading, to dim lights for night-time rest etc.</p> <p>They dislike direct and institutional lighting provided by high even levels of fluorescent lighting.</p>	<p>Daylight</p> <ul style="list-style-type: none"> • All bed places should ideally be exposed to daylight. • Daylight is important for confined patients to maintain a sense of time and natural body rhythms. A lack of daylight will depress confined patients and could add to despondency. • Direct sunlight should be avoided or shaded as it can be uncomfortable and irritating for patients in bed who cannot avoid it. Bedside controls of blinds and curtains helps reduce frustration and restores a sense of independence. <p>Artificial lighting</p> <ul style="list-style-type: none"> • Patients should be able to control their own lighting. • Artificial lighting should be of a variety of types and levels to provide for different activities. • Low level task lighting should be provided for reading and watching TV. • Soft indirect lighting is comforting.

Consultation Areas²:

Evidence	Considerations
<p>While being the most medically technical of all our places, these rooms should nevertheless be designed as much to make the</p>	<ul style="list-style-type: none"> • In places where patients may be undergoing stressful or lengthy treatment, art and views can offer calm distraction

² [Health Building Note 00-01: General design guidance for healthcare buildings \(england.nhs.uk\)](https://www.england.nhs.uk/healthbuildingnote/00-01-general-design-guidance-for-healthcare-buildings/)

<p>patients feel at ease as for the efficiency of operation by clinicians.</p> <p>Research shows that scenes of nature whether actual or reproductions help to reduce stress.</p>	
<p>Patients are increasingly in dialogue with the consultant rather than just receiving information. The consultant is very likely to interact with a computer and may want to show the screen to the patient at times. It may feel discourteous to patients if the consultant has to turn away to work at a computer.</p>	<ul style="list-style-type: none"> • Being able to see computer screens and look at images will make the patient feel more comfortable
<p>Patients show general consensus, as do staff, about wanting light and airy hospitals. This can be achieved by the use of materials, colour, natural light and artificial light.</p>	<ul style="list-style-type: none"> • Domestic-style materials, finishes and décor help patients relax and feel more at ease • Soft materials help absorb sound and reduce noise • Natural materials such as wood feel more reassuring and human • Hiding, disguising or designing-in the necessary medical equipment makes it less obtrusive and unfriendly and prevents a feeling of clutter and disorganisation.
<p>Research shows the benefits of views when people spend long periods of time in a space.</p>	<ul style="list-style-type: none"> • Being able to see the sky and nature gives people a feeling of wellbeing. It can even counteract the feeling of being temporarily cut off from the normal world. This will also be important to consultants who may spend long periods in these spaces.
<p>Research shows that people not only like to feel comfortable but also like to control their environment.</p>	<ul style="list-style-type: none"> • Patients may sometimes feel vulnerable or faint. Being able to open windows, change lighting and shut out background noise are important.

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Appendix I: Integrated Health and Care Centre Specification

North Powys Multi-Agency Wellbeing Campus Integrated Health and Care Centre Specification (DRAFT)





1. **Version Control**

Version	Date	Author	Issued to	Reviewer comments
V1.0	02/11/21	SCT	Programme Team Members	
V2.0	20/01/22	SCT	Programme Team Members	

Service area	Integrated Health and Care Centre
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Service Lead		
Name:	Designation:	Email address:

Sub-Services included within this specification		
Service Area	Lead:	Designation:
Integrated Community Team – Adult Social Care/ Health / District Nursing		
Mental Health		
Children’s Services – Social Care.		
Children’s Services – Health.		
Inpatients.		
Women’s Services		
Sexual Health		
Medicines Management & Pharmacy.		
Wellbeing Offer – Reference to Library and Health & Care Academy.		
GP practice		
Therapies		
Disabilities		



Homelessness		
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2. **Strategic Fit**

There are opportunities that lend themselves as key drivers for transformation post Covid. These include:

- A evidence based and value-based and outcome-focussed approach to all clinical pathways of care that impact at a local community level - including better access to clinical diagnostics and expertise.
- An adoption of new ways of working across the system - with challenge to current workforce pressures and medical model and the digital enablement of care provision closer to home
- A new clinical approach which places maintenance of health and well-being, and also prevention, at the heart of the discussion with social measures of health improvement.

All service developments and transformation will be in line with the strategic direction of the organisation; transformation, value and metrics.

3. **Purpose**



This service specification sets out the high-level service requirements for an Integrated Health and Care Centre. It is aligned with the agreed planning framework for the North Powys Wellbeing Programme and is set in the context of the latest policy, guidance and best practice evidence base.

Stakeholder engagement into developing this specification has been via the Clinical and Professional Group and other one off clinical and professional engagement sessions and extensive engagement with wellbeing partners, public and 3rd sector.

It is also based on an amalgamation of various service specifications developed by operational managers and has been informed by the strategic demand, capacity and financial modelling work.

4. **Context**

The Health and Care Strategy in 2017, set out a change in the way services would be provided in the future, introducing and distinguishing between different levels of service provision for the future, to be provided from home, Community Wellbeing Hubs (Integrated Health and Care Centre) and Rural Regional Centres (Rural Regional Diagnostics and Treatment Centre)

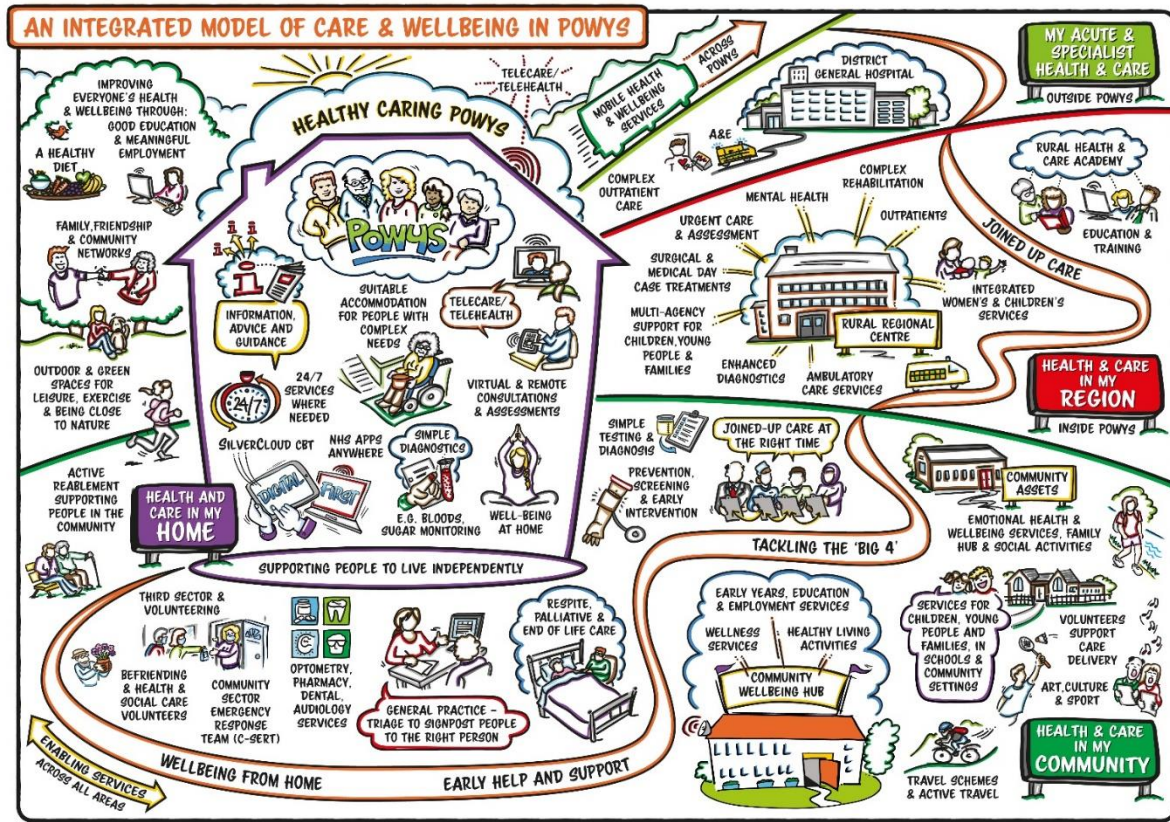
The Health and Care Strategy identified that Integrated Health and Care Centres can:

- Provide a means for alternative approaches to service delivery underpinned by the principles of community involvement and partnership, linked to RRCs
- Provide services for the community, but also by the community
- Be run and managed by a dedicated community organisation or can be owned or managed by a public agency such as health, local authority or a housing authority but still retains substantial input and influence from the community.
- Operate out of buildings, from which multi-purpose, community-led services are delivered
- Host other partners and access to public services, of which co-location can be an efficient and effective use of resources.

The North Powys Wellbeing Programme was established to deliver the strategy, an Integrated Model of Care and Wellbeing was co-produced based on what the community felt was important to them in terms of their health and wellbeing. The Integrated Health and Care Centre will be situated on the multi-agency wellbeing campus alongside the Rural Regional Diagnostic and Treatment Centre, Rural Health and Care Academy, Learning, Innovation & Community Hub, Primary School and other facilities.

The Integrated model of care and wellbeing as set out below provides a framework for all future plans and service change across Powys and

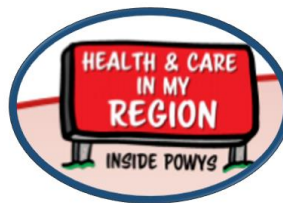
demonstrates what services will be provided at home, community, region and out of county.



Home First – Where safe and effective to do so



Network of Integrated Health and Care Centres and Community Hubs linked to Rural Regional Diagnostic and Treatment Centres



Enhanced community services currently in an acute setting that can be safely provided locally in the region



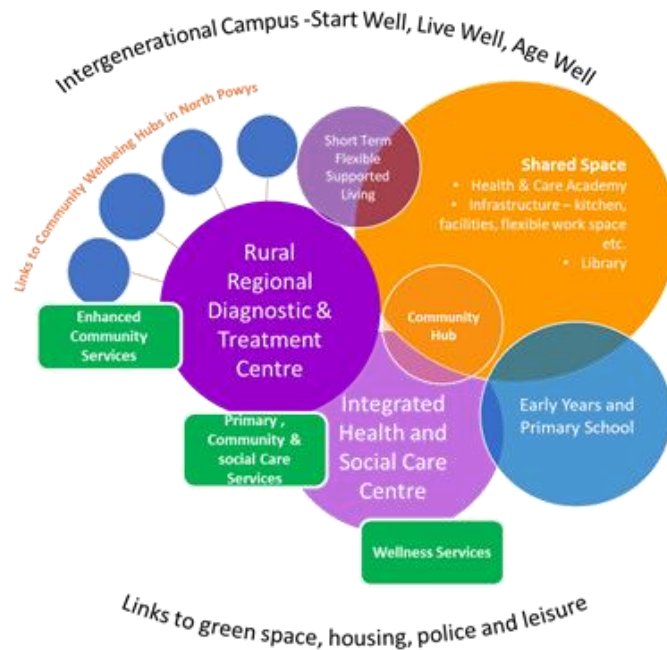
Emergency, complex care and specialist treatment regimes in secondary and tertiary care centres

The development of a multi-agency wellbeing campus in the centre of Newtown is a key enabler to delivering the integrated model of care and wellbeing.

The **concept of the Multi-agency Wellbeing Campus** is to support a **community first** approach by bringing together the community, local partners and statutory organisations to work together to provide a **more social model for health** which **addresses and prevents needs both now and in the future**.

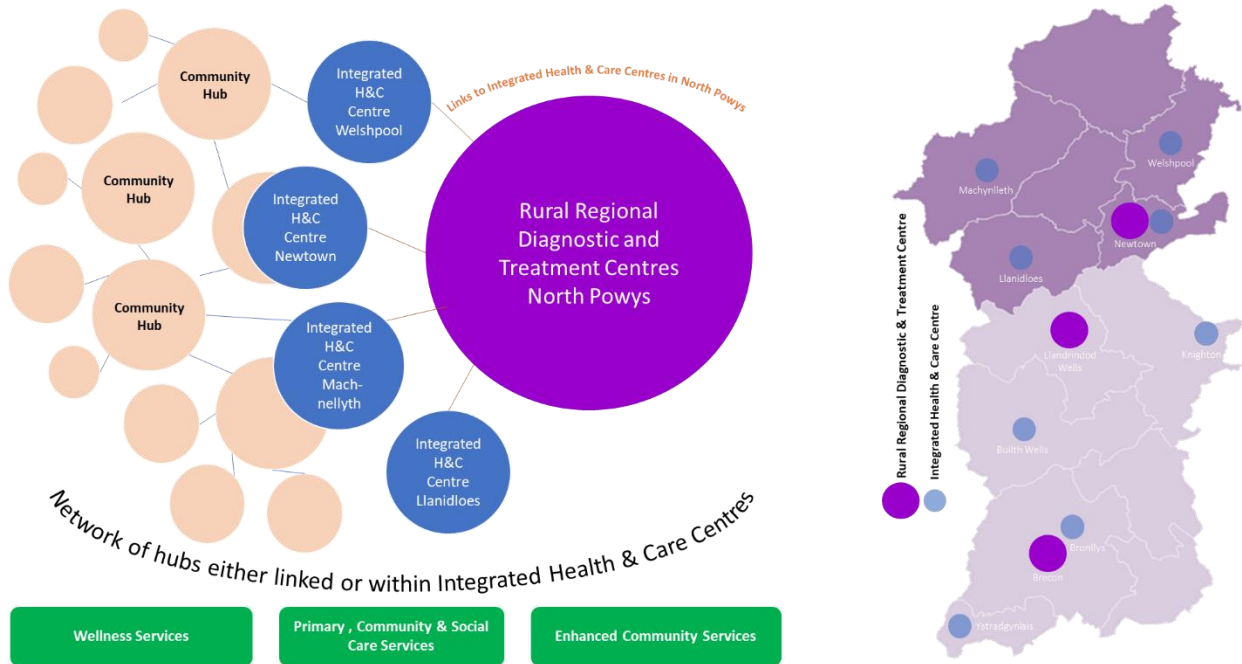
The diagram below shows the concept of the campus. The principles are:

- Community first approach, focusing on improving wellbeing and holistic needs.
- Fit for purpose estate, zero carbon, making best use of space and resources,
- Integrated digitally enabled services in the home, or as close to home as possible.
- Ensure children and young people get the best start in life.



5. Service Vision – Integrated Health and Care Centre

The Integrated Health and Care Centre will serve a purpose for delivering statutory health and care services supporting improved access to services, Services will be provided from the Integrated Health and Care Centre, to support the community and ensure sustainability of future services. The Centre will form part of a network connecting Community Hubs and other Integrated Health and Care Centre’s within North Powys, with close links to the Rural Regional Diagnostic and Treatment Centre – see diagram below.



The Integrated Health and Care Centre will aim to break down the silos which exist between public services that can lead to isolated decision making and a narrow focus to delivery.

Collaboration will be at the core of the Integrated Health and Care Centre, with a collective focus on prevention rather than crisis intervention, promoting a model of seamless service delivery that is truly preventative and person-centred. This will require a new relationship between public services and communities that enables shared decision making, voice, genuine co-production and joint delivery of services. An asset-based approach will be supported by the Integrated Health and Care Centre, recognising and building on the strengths of individuals, families and communities rather than focusing on the deficits.

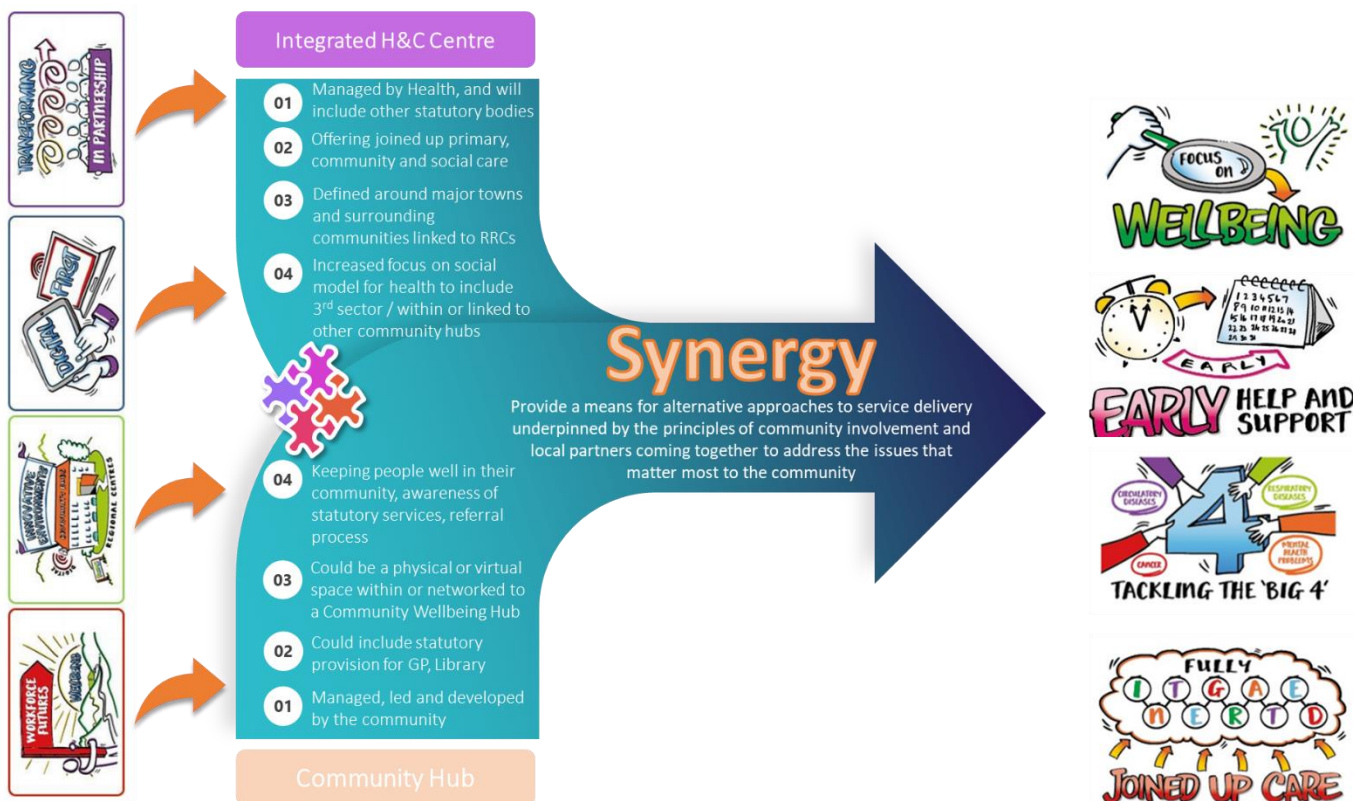
Recognising the specific needs of the populations across north Powys, the Integrated Health and Care Centre will include provision of bespoke information, advice and assistance via the Community Hub, targeting wider determinants of health to provide a valuable contribution to improving health and wellbeing of the present and future generations living in Newtown.

6. Service Context

The Integrated Health and Care Centre will support delivery of a social model of health and wellbeing for the population of Newtown by maximising the opportunities created by the synergies that will exist within the Integrated Health and Care Centre and Community Hub as well as the broader multi-agency wellbeing campus.

The social model of health and wellbeing considers a range of factors influencing the health and wellbeing of the population, and is a community approach to preventing diseases and illnesses. The Integrated Health and Care Centre will support this approach by:

- **Empowering individuals and communities:** allow communities to participate in decision making about their health. People will be more likely to participate in healthy behaviours if they feel they have a sense of power and control over their situation.
- **Acting to enable access to health care:** as health care is a significant determinant of health and health status, the Integrated Health and Care Centre will enable all people to receive appropriate access to health care regardless of their social situation.
- **Involve intersectoral collaboration:** this involves a range of statutory and non-statutory organisations working together to promote health and wellbeing, implement programmes and encourage people to manage their own health and care needs.



The collaborative approach of the Integrated Health and Care Centre offers open access services in one place, at one time, enabling organisations to provide services efficiently and cost effectively whilst meeting the needs of the local



population. There is a key role for statutory services to play in Newtown, an area of multiple deprivation and economic instability, in creating the foundations for a healthy community.

The size, scale and reach of statutory services means that they have a significant influence on the health and wellbeing of local populations. But how they choose to function and leverage their resources will determine the extent of that impact. The North Powys Wellbeing Programme aims to embrace the statutory roles of Powys Teaching Health Board and Powys County Council as anchor institutions and maximise the social and economic value they bring to the local community through:

- **Working more closely with local partners.** The combined assets of PTHB, PCC and broader third sector services will be significant; working collaboratively under the Integrated Health and Care Centre will give more reach into the community than they would have individually, using their collective influence to encourage other organisations in local economies to adopt similar practices. If harnessed correctly, the emphasis on place could provide the conditions needed to support greater collaboration to develop communities and take collective action to tackle inequalities and improve the socioeconomic environments needed for good health and wellbeing.
- **Using buildings and spaces to support communities.** Communities are more resilient when people are connected through social networks, using the Integrated Health and Care Centre for community use or supporting the development of surrounding green spaces can provide vital opportunities for social interaction and intergenerational activities. There are a diverse range of third sector groups and organisations who have expressed a strong desire to operate from or link into the Community Hub, offering wellbeing and preventative services to minimise the reliance on statutory services and enhance the health and wellbeing of the local population.

The development of the Integrated Health and Care Centre will create a whole system change to move from a focus of illness to a focus on wellness. This means embracing a social model of health, addressing every aspect of life that can impact on a person's health and wellbeing and mobilising all the available information, advice and assistance to not only manage presenting conditions but to create the foundations for tackling their root cause to improve outcomes in both the short and the longer term.

There will be focus on developing an integrated care pathway which promotes health and wellbeing through prevention and community resilience, creating social value. The Integrated Health and Care Centre will enable this by



integrating health, wellbeing and social care services and maximising the natural existing synergies across education, housing, health and social care. The innovative approaches that the Health Board is developing strategically in order to develop a systems approach to value lends itself to integrated approaches to health-related problems – with building the development and measurement of outcomes generated by patient and user groups being vital to measuring what matters.

Development of the Integrated Health and Care Centre, combined with use of digital technologies will support:

- **A 'one stop shop' for the local community offering a range of services closer to home** with a focus on multi-agency and cross-sector working to support wellbeing, prevention, early help and support, information and advice. It is envisaged that this will lead to a greater uptake of services as this will provide a convenient, social 'destination' for people. In focusing on wellbeing there are also benefits in relieving pressure on the health and social care system, helping to build community resilience through social and green prescribing and will encourage cultural wellbeing, physical activity and social interaction leading to improved mental and physical wellbeing.
- **Co-location of housing support, social care, health and wellbeing/third sector** – Opportunities to support vulnerable groups will be created through integration of housing, health, social care and wellbeing services within the Integrated Health and Care Centre. This will further build on good practice already developed during the pandemic of multi-agency working and provide access to a range of holistic services to support the most vulnerable within the local population.
- **Effective and efficient utilisation of assets** – By sharing spaces effectively, the building footprint becomes more efficient and therefore potentially smaller as there is a lack of duplication across multiple sites.
- **Better communication** – anecdotally referred to as the 'water cooler moment' - staff across different departments/organisations working in close proximity enhances innovation, staff morale and networking opportunities, leading to improved outcomes for individuals and communities.

The partnership aspirations for Children and Young People is articulated below:

Future Model: Multi-agency one stop shop, supporting all children and young people to meet their individual needs.

Population groups: North Powys: Children and Young People

Access to Advice & Support.	Early Help	Education	One Stop shop
<ul style="list-style-type: none"> • Directory of services to understand the range of local service provision and locality. • Link service providers and utilise technology to share key messages and information sharing. • Signpost and improve access to information enabling children and young people to know where to go. 	<ul style="list-style-type: none"> • Clear and co-ordinated early help pathway for children and young people who have a variety of needs or risk factors, links to Education, Health, Social Care, 3rd Sector. • All children's services to work together in a multi-agency way to focus on early childhood, 1st 1000 days. • Strengthen skill mixing amongst staff/ teams. 	<ul style="list-style-type: none"> • Develop training packages that aid children - diet, healthy eating – use local expertise, Cultivate Grow and Eat. • Create with children and Young People pathways that make sense to them to support healthy lifestyles. • Utilise green spaces – the importance of exercise/ being healthy including relationships. • Establish pathways between Education, Health, Social Care and 3rd Sector 	<ul style="list-style-type: none"> • Multi-agency service for children, young people and families to tell their story once. • Joined up teams, agencies, sector with positive impacts for children and their families. • Support families to stay together if safe, consistent approach. • An out of hours service accessible and consistent. • Create services in county for children with complex needs, seamless pathways and referral systems.

Underpinned by transformation, value-based health and care, and metrics

The partnership aspirations for Social Model for Health is articulated below:

Future Model: Citizen Led Place Based Community approach to preventing diseases and illnesses, improving wellbeing and reducing social isolation

Population groups: general population, all ages.

Access to Advice, Guidance & Support	Leadership/Governance and Commissioning	Co-production	Leadership and Cultural Change
<ul style="list-style-type: none"> • Work collaboratively to create a directory of services that support wellbeing. • Promote and signpost a range of third sector services including available green and blue spaces as vital opportunities for social interaction. • Build on strengths of communities to support wellbeing and address local needs, alternative medical intervention. 	<ul style="list-style-type: none"> • Develop Powys Social Model for Health Framework utilising National Guidance. • Develop performance indicators • Comprehensive evaluation toolkit implemented to measure impact. • Pathways generated with recognised evidence bases clinical / self referral to Social Prescribing. • Training for volunteers 	<ul style="list-style-type: none"> • Engage with communities, establish community partnerships. • Establish with communities shared vision and goals, principles, aims and ways of working to empower community, • Create ways to identify good practice, supporting learning and sharing wider. • Empower communities to manage their local needs, work with providers to support and meet needs identified. 	<ul style="list-style-type: none"> • Smarter ways to provide services that make best use of resources in their communities and deliver outcomes that matter to people. • Promote independence and self care including advice, wellness services, community support. • Strong leadership to bring Cultural change. • Meet the needs of each individual in a joined up, holistic response, co-production focusing on what matters to individuals.

Underpinned by transformation, value-based health and care, and metrics

The partnership aspirations for diagnostic, ambulatory and planned care model is articulated below:

Future Model: Regional Planned Care and Diagnostic network providing access to advice and guidance, diagnostics and planned care in the community setting

Population groups: North Powys: general population, targeted groups Long term conditions, carers

Wellbeing, Advice, Guidance & -Prehab	Screening and Primary & Community Diagnostics	Outpatient Reform	Medical and Surgical Day cases
<ul style="list-style-type: none"> Improved access to multi agency advice, guidance and education to promote self-management. Treat accordingly to minimise the number of unnecessary surgical interventions that does not improve patient outcomes. Person centred, integrated support care model in peoples own home and community venues to support self management, Patient education programmes, NERS, Pre-habilitation, rehabilitation and recovery programmes 	<ul style="list-style-type: none"> Clinical validation of waiting lists so patients 'wait well' for treatment. Increased diagnostic capacity closer to home POCT. Additional modalities (MRI CT), Mammography, Cardiorespiratory, Dental to respond to increasing demand and offer equitable access to diagnostics Support National screening programmes including Lung Health (CT), Breast Cancer screening, Stroke, Dementia, Prostate screening (MRI) for early identification of disease 	<ul style="list-style-type: none"> Modernised Outpatient service with one stop clinics to improve patient experience and forge robust pathways to tackle the Big 4 and other conditions. Effective referral guidance based on clinical need to reduce unnecessary demand on OPD Improved pathways with access to e-clinics and Specialised Consultation advice. Maximise the pathway for SOS & PIFU as prudent and value based options to Follow up outpatient care. 	<ul style="list-style-type: none"> Local pre-operative assessment service. Rural Regional centre with modern day case facility appropriate to support ambulatory high volume cases when safe to do so in line with BADS directory of procedures. Same Day Ambulatory care and Endoscopy suite to provide diagnostics and treatments such as chemotherapy and transfusions closer to home.

Underpinned by transformation, value-based health and care, and metrics

The partnership aspirations are articulated below as part of the broader thinking around the future Integrated Community Model:

Future Model: An Integrated Community Model providing timely access to care, adopting a proactive, person-centred, community-based approach

Population groups: North Powys: general population, targeted groups Elderly, Long term conditions, carers

Access to Advice, Guidance Support and data	Live well Age well Early help and support	Step up care Urgent care	Step down care
<ul style="list-style-type: none"> Directory of services to understand the range of local service provision and enable residents to make informed choice in relation to their care and wellbeing. An asset based community approach with a focus on wellbeing with improved access to local services to delay or prevent the need for statutory services Shared access to real-time data to support holistic understanding of resident's needs to facilitate timely transfer from hospital to home 	<ul style="list-style-type: none"> Screening programmes for the Big 4 and other conditions for early detection of diseases Frailty register & adherence to new frailty pathway Up to date treatment escalation plan for vulnerable individuals in their own home & in care homes. Holistic care pathways promoting joined up care to maintain good health and wellbeing. 	<ul style="list-style-type: none"> Timely community response to escalating needs with increased in county OOH support – WAST, Shrop Doc, MIU Optimised Virtual wards to further develop integration and a holistic approach across health, social care and 3rd Sector. Short stay assessment beds with rapid and proactive turnaround times. Ambulatory care and Same Day Urgent Care to provide more diagnostics and interventions in county 	<ul style="list-style-type: none"> Resilient and effective inpatient care with a multi agency focus on assessment and decision making for stroke, neuro, step up / step down provision and palliative /EOL care. Community Nurse and Social Care provision for managing people with complex care needs at home. Multi agency Home Support to ensure a more efficient way of managing the timely repatriation of people from out of county and in county discharges. (D2RA, Reablement, 3rd Sector, community resource)

Underpinned by transformation, value-based health and care, and metrics



The partnership aspirations for mental health, learning disabilities and wellbeing is articulated below:

Future Model: Transform Mental Health, Learning Disabilities & Well-being services into a well-designed, seamless and fully integrated network of care

Population groups: North Powys: general population, targeted groups Mental Health, homeless, Learning Disabilities, carers

Access, Advice and Support	Holistic Approach	Children and Young people Learning Disabilities (LD)	Crisis Management
<ul style="list-style-type: none"> Integrated and technology enabled community hubs that provide a one stop shop to support the local population. Supported living accommodation with linkage to health, social and 3rd sector to support and promote recovery. Pathways of care to include proactive Assessment, Triage, Intervention, Signposting and follow up Support. Advice and support for families and carers Support for bereaved families of suicide victims. Support for those with dementia 	<ul style="list-style-type: none"> Asset based community approach with close partnership working to strengthen the local offer working with pharmacy, therapists, housing 3rd sector, Ponthafren, Kaleidoscope, Dementia organisations.. Smooth transitioning between services according to individual needs with rapid access to GP, Social workers, Police etc. Improved services for – Eating disorders support, Perinatal and new mothers Complex needs – People in contact with the criminal justice system, Substance misuse issues, Homeless and rough sleepers 	<ul style="list-style-type: none"> Improved access and integration with early years transformation services Universal services within schools to provide Tier 1 emotional wellbeing and mental health support Support links to CAMHS services or pathways to early intervention and support Support read well book scheme Greater access to talking & psychological therapies. Individuals with LD will be supported to reach their maximum potential by promoting independence and exercising choice 	<ul style="list-style-type: none"> Referrals received via the single point of contact for mental health crisis (currently in development with 111) Enhanced crisis response as an alternative to admission. Effective collaboration between Statutory and 3rd sector agencies. Sanctuary provision to provide a calm safe space for adults and young people in mental health crisis delivered in partnership with Health, Social care, 3rd sector, WAST, Police and other agencies, to provide timely support and de-escalation of care needs.

Underpinned by transformation, value-based health and care, and metrics

The third sector and social care element will be as important as the clinical component in the centre focusing on the principles of prudent healthcare and capitalising on the key adjacencies on the campus to support prevention and early help and support and what matters to the people of north Powys.

The Centre will strongly depend on the Rural Health and Care Academy to provide rural professional and clinical education through modern physical and virtual spaces, combined with a leadership and management talent operating at all levels across systems. This will enable leaders to develop innovative models of care through technology, education, research and innovation, making sure the health and care workforce including volunteers and carers can respond to people’s needs in a timely way. The education offer on-site alongside cutting edge technology, will support in attracting a future highly skilled workforce to deliver advanced health and care services to the population of north Powys. This combined with the information and research available from a library service on site will allow all ages to quickly access whenever required.

7. National, Local Policy and Best Practice Guidance

The service specification aligns and supports with delivery of:

- A Healthier Wales and the Quadruple Aim
- Social Services and Wellbeing (Wales) Act – ‘what matters to individuals’



- Wellbeing of Future Generations Act – Sustainable Development Principle
- National Rehabilitation pathways and guidance
- Nuffield Trust, London School of Economics and the universities of Leicester, Newcastle and Southampton created a Hospital Frailty Risk Score (HFRS)
- National Programme for Primary and Community Care and Primary Care Model for Wales
- NICE guidance (where applicable)
- Nest Framework.
- New Curriculum for Wales
- United Nations Convention on the rights of Children.
- The Children Act 2004

The local policy context includes alignment and supporting delivery of:

- Powys Health and Care Strategy
- PTHB Annual Plan
- PCC Vision 2025
- Integrated Model of Care and Wellbeing
- RPB Strategic Outcomes Framework

8. Population and Service Needs

The social determinants of health are the non-medical factors that influence health outcomes amongst the population. They are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. The social determinants of health have an important influence on health inequities, the unfair and avoidable differences in health status seen within and between geographical areas. At all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.

These determinants of health are of particular prominence in the Newtown area, an area of multiple deprivation and poor health outcomes as evidenced in each of the sections below.

Evidence tells us that those living in poor housing conditions or suffering homelessness experience poorer physical and/or mental health outcomes. The situation surrounding Coronavirus and the subsequent lockdowns intensified the homelessness presentations, and at the height of the initial lockdown in March 2020, the Homelessness Team in Powys County Council reported that homelessness enquiries and applications increased by 300% compared to the same point in the previous year. The sharp increase was driven by several factors, primarily:

- A reduction in opportunities for individuals who were previously staying temporarily with friends or family members
- An increased rate of relationship breakdowns



- The early release of prisoners into the community at the beginning of the pandemic.

In 2021, up to October there were 341 recorded cases of homelessness in Powys, with 24% of these in the Newtown and Llanidloes Local Housing Market Area (LMHA), the highest case rate in the county.

People have different life expectancies depending on their income and where they live, which is unfair. For example, in the Ffridd Faldwyn MSOA area, the average male life expectancy is 83.2 years, whereas in Newtown South-West this is just 74.3 years, whilst 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%) compared with other areas in north Powys – Ffridd Faldwyn (8%) and Guilsfield Brook (7%).

The Welsh Index of Multiple Deprivation (WIMD) is the Welsh Government's official measure of relative deprivation for small areas, LSOAs, in Wales. It identifies areas with the highest concentrations of several different types of deprivation in relation to:

- Income
- Employment
- Health
- Access to Services
- Education
- Housing
- Physical Environment
- Community Safety

The LSOAs of Newtown East and Newtown South are ranked in the top 20% most deprived areas in all Wales, whilst Newtown Central 1 and Newtown Central 2 are ranked in the top 30% most deprived in all Wales. While the life expectancy in Powys compares favourably with that in Wales overall, inequalities persist within Powys and Newtown itself between the most and least affluent along the social gradient:

- A girl born in the least affluent parts of Powys can expect to live 5.6 years less than if born in the most affluent areas
- A boy brought up in the least affluent areas can expect to live 6.5 years less in good health.

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. 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 locality area which scores high on a number of factors associated with the WIMD.



Out of the 13 localities of Powys, Newtown locality has the highest rate of crimes with 3,180 per 10,000 population. Data provided by Mid and West Wales Fire and Rescue Service for the time frame 4th April 2018 to 18th July 2021 shows; There was a total of 358 fires reported during this period. 48% grass fires, 82% arson. Out of our 13 Localities in Powys, with 14% (51) Newtown locality has the second highest number of Grass fires and Arson incidents. Notably, Newtown East ranks 31st of all 1,909 LSOAs in Wales for most deprived for community safety.

Free School Meal eligibility is a key proxy measure of household income. At all key stages, learners eligible for free school meals tend to perform significantly less well than those not eligible, leading to a decrease in educational attainment. Poor educational attainment is likely to harm children and young people's future life chances and perpetuate the cycle of poverty. Over the past two years from 2018/19 to 2020/21, Powys has seen the second largest increase among all Welsh Local Authorities in the number of children eligible for free school meals (increase of 46%). The number of children eligible increased from 1,820 to 2,651 children. In Powys Primary Schools, 15% of all pupils are receiving free school meals, the highest being Maesyrrhandir C.P. School in Newtown catchment area with 46% of pupils receiving Free School Meals. Newtown catchment has the highest free school meals take up with 23%. In Powys Secondary Schools, 14% of all pupils are receiving free school meals, Newtown High School has the second highest up take with 19% of pupils receiving free school meals.

Childhood poverty is an important driver of population health for two reasons:

- Adverse effects on health in childhood can be very powerful in setting children on a trajectory towards poor health throughout the life course
- Poverty itself is associated with a range of adverse risk factors, sometimes being thought of as a 'risk factor for risk factors', meaning that it can bring many negative health effects.

Reducing inequalities can be achieved through effectively working across health, local authorities, schools and other agencies by implementing 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.

Since June 2019, as a result of Coronavirus, unemployment has risen sharply in Powys. The Annual Population Survey (ONS) results show that between December 2019 and June 2021 unemployment in Powys has doubled. The unemployment rate increased from 3.1% to 6.3% (+3.2%) in Powys, compared with the Welsh average from 4.2 to 4.4% (+0.2%). As a result of this increase Powys went from ranking 12th out of 22 for the lowest rate of unemployment in Wales, to 6th lowest, and (as seen above) for the first time Powys'



unemployment rate exceeded the Welsh average. The Claimant Count data shows the number of people who are claiming Jobseeker's Allowance and those claiming Universal Credit who are required to seek work as an indicator of unemployment. Between March 2020 and September 2020, Newtown locality saw the highest overall increase in the number of claimants with 405 new claimants during the same period, equating to an increase of 140%. As of September 2021, Powys has 2,340 claimants. Newtown locality has the highest number and the highest % of claimants out of all 13 localities across Powys. Newtown locality contains 16.5% of all Powys' claimants (385).

Extensive engagement was undertaken during 2019, the image below demonstrates the most prominent feedback that was gained from members of the public on Newtown specifically during the engagement sessions. Development of the Integrated Health and Care Centre and broader campus will address many of the issues currently faced by the population of Newtown.

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.



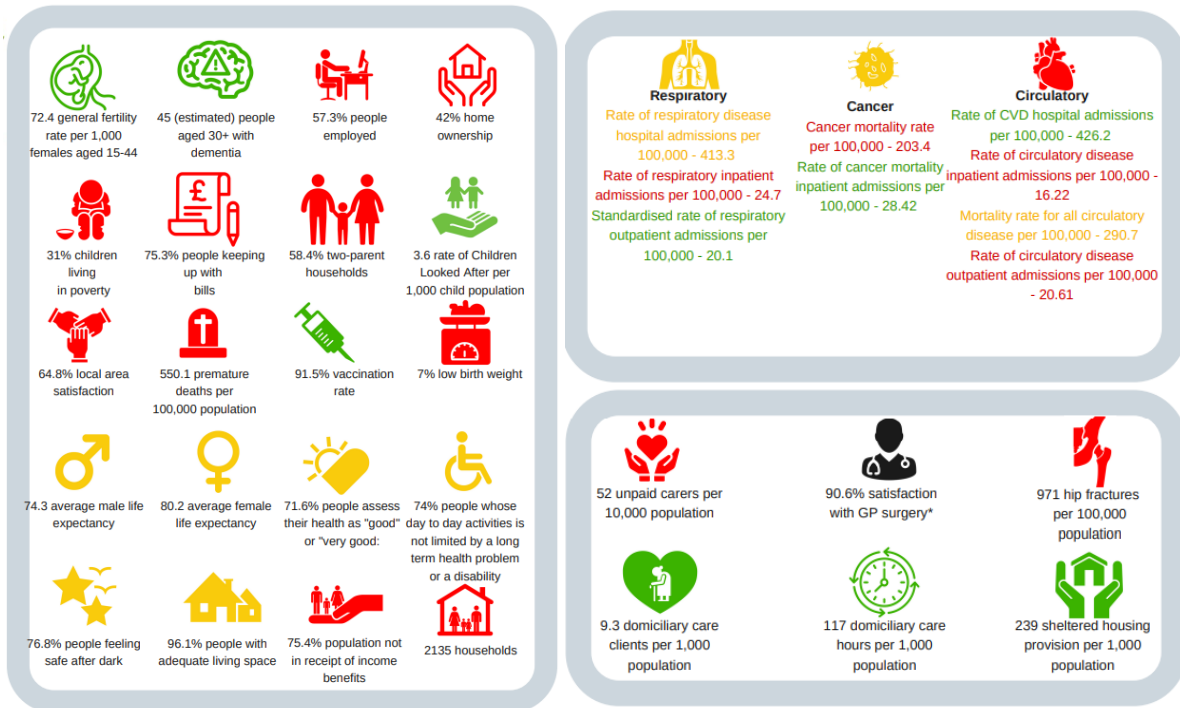
Adults and children services need to share and talk to each other. Improve transitions. More support needed on support staff, need up to date training on mental health to help adults to help families to get back on track.

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.

The statistics below relate to the area within the Newtown locality boundary. Statistics have been colour coded red, amber or green text or icons based on the following methodology:



9. Demand for Services

Phase one modelling outputs:



Powys DC modelling
- summary for SOC D

10. Service Scope and Description

The Integrated Health and Care Centre will provide a service to the population of Newtown and surrounding North Powys area for:

1. Integrated Community Teams – Social Care, Health, District Nursing.
2. Mental Health.
3. Children’s Services – Social Care.
4. Children’s Services – Health.
5. Inpatients
6. Women’s Services
7. Sexual Health.
8. Medicine Management & Pharmacy.
9. GPs.
10. Therapies.
11. Disabilities.
12. Homelessness.

1. Integrated Community Teams

Vision

An effective front door which provides information, advice and signposting enabling residents to make informed choices in relation to their care and wellbeing. Rapid transfer of people from hospital, to achieve the best possible outcomes adopt and reinvigorate a recovery approach to all health and social care services.

Timely, targeted and effective use of reablement, rehabilitation and support that has a focus on enabling independence and self-management and avoiding the over-prescription of care.

Coupled with a Neighbourhood Nursing model which is a nurse-led model of care which focuses on person-focussed care closer to home, utilising both health and social disciplines. Key aims of the Model to prevent unnecessary admissions to hospital and meet the expectation that people can receive care close to their home or community.

Service Description



Achieved by:

- Improved integration of services, partnership working between **Health, Social Care and 3rd sector**. Strengthen citizen's ability to manage their own health, promote independence and self-care wherever possible through a "strengths-based approach."
- A rapid homebased support service that brings together **social care, homecare, therapy services, reablement** and advice/guidance during an emergency or poor health. The objective is to stop people from having to go into care or acute hospitals.
- **Domiciliary/ voluntary services** that are flexible giving more of the right type of support for that person, stopping people losing their skills and independence.
- Broadening the skills of the extended **District Nurse service**, so early nursing support is available when local people really need it, stopping any health problems getting worse.
- Rapid Response - Following a medical assessment of the patient by a G.P. or community nurse, staff respond to emergencies to avoid unnecessary admittance to hospital. **Integration of teams** within the Centre from **Specialist Nurses: Parkinson's, Respiratory, Continence, Lymphoedema, Tissue Viability, Palliative Care, Heart Failure** will be key to success.

2. Mental Health

Vision

To transform services using evidence-based medicine, value based and social care research approaches into a well-designed, fully integrated network of care, based on early support, recovery and enablement of people using the services throughout the life course, helping people to live as fulfilled and independent lives as possible. Achieved in partnership with housing, social care, education, policing, third sector.

Together for Mental Health' supports approaches to develop integrated and technologically-enabled "community hubs" that provide a one stop shop for local people, using community facilities and assets to strengthen local health and care delivery as close to home as possible.

Service Description

Achieved by:

- Improvements to crisis and out-of-hours provision for children, working age and older adults – moving to a common, multiagency offer across Wales.
- Improving the access, quality and range of psychological therapies for children, working age and older adults.
- Improving access and quality of perinatal mental health services.



- Improving quality and service transformation for example, eating disorder support, people in contact with the criminal justice system, co-occurring mental health and substance misuse issues.
- Integrate MH and LD services including **CAMHS, Adult LD team** and satellite team for North Powys which includes **Local Primary Mental Health Support Service, Psychology service, Adult and Older Adult Community Mental Health Team** in Newtown, **Crisis Resolution Team(CRHTT)** North Powys, **Dementia Home Treatment Team(DHTT), Outpatients, Memory Assessment Service,** and **Integrated Autism Service.**
- To develop supported living in Newtown (sanctuary style- being connected to a wellbeing campus would mean that individuals with complex needs could be provided with a support package) which could include - housing, employment, educational, physical health and social and emotional needs, supported by appropriate medical intervention.
- **24/7 Sanctuary Style Provision** – residents experiencing a MH crisis in order to provide a holistic package of support in a safe, comfortable, recovery orientated environment without the stigmatising effects and restrictions of hospital admission. The service would receive in reach from the CRHTT, DHTT with 24-hour facilitation commissioned through the third sector, we would require an estimate of 4 crisis beds in an anti-ligature environment.

Additionally, with partners:

- Provide a calm safe space for adults in mental health crisis.
- Provide opportunity for safe space for young people in mental health crisis.
- Receive referrals via the single point of contact for mental health crisis (currently in development with 111).
- Provide practical and emotional support as an alternative to admission.
- Be available out of hours and at times that meet local demand and priorities.
- Be delivered in partnership with the third sector, WAST, the police and other agencies, providing initial support and signposting into appropriate support.

Staff included:

Administrators, Medical Secretaries, Healthcare support workers, Learning Disabilities, Mental Health Practitioners, CPNs, Crisis Team Practitioners, Social Workers (PCC already currently co-located), Dementia Home Treatment Practitioners, Psychologists, Psychiatrists, Occupational Therapists, CAMHS Practitioners including Co-ordinated Intensive Treatment Team (CITT), Integrated Autism Service, LPMHSS practitioners, Service Managers, Team Leads, Ward Staff.



3. Children's Services Social Care

Vision

Ensure that Powys children and young people are safe, healthy, resilient, learning, fulfilled and have their voices heard and acted on. Focus on Early Help, Intervention and Prevention services. Integration and Collaboration – work closely with our corporate partners, external partners and collaboration between the teams within Children's Services.

Service Description

Achieved by:

- Promoting a range of **early help services**, which families can access preventing the need for statutory intervention.
- Focus on early intervention and prevention ensuring access to the right support at the right time to keep families together, where possible, and children safe; intervening at the earliest opportunity to ensure that children and young people do not suffer harm.
- 'Work with' children, young people and their families rather than 'do to', to co-produce plans which will bring about the changes children need as quickly as possible.
- Provide and commission a flexible and affordable mix of high-quality placements for children who are looked after to meet the diverse range of their needs and circumstances, keeping children as close to home as possible
- Achieve the best possible outcomes for those children in our care by providing good parenting, **specialist support** and clearly planned journeys through care into adulthood
- Ensure that the service has a **skilled, supported workforce**, equipped to provide a high-quality service to children, young people and their families, which is compliant with the legislative framework and in line with best practice.

4. Children's Services Health

Vision

An Integrated child, young person & family service model which provides a one stop shop approach to care and health promotion sessions. Improve integration of services, partnership working and confidence in leadership. Ensure our population are safeguarded throughout their lives.

Service Description



Achieved by:

- Physical activity **multi-professional groups** facilitated in and outside the building enabled by the building and surrounding area, design and virtual offer for inclusivity.
- **Parenting classes** facilitated in and outside building where applicable.
- An integrated model providing **Community Paediatric Nursing, Health visiting** including Flying Start, **Occupational Therapy, Speech and Language Therapy, Physiotherapy, School nursing, Dietician, Portage, Social care, Paediatric Ophthalmology, Audiology, Safeguarding, Learning disabilities, Sexual health, outpatients/Paediatrician services, Orthotics, Podiatry and in reaching Wheelchair services. CAMHS** (incorporated within mental health but to be located with family/children services.)
- Facilities that are accessible, suitable for babies, children and young people, enabling relationships, networks of support to build and flourish.
- A **community space** that is used by multi-agency teams all sectors working with families, children and young people.

5. Women's Services

Vision

To increase the number of women birthing in Powys. Improve accessibility to services, co-location and collaboration and ensure our population are safeguarded throughout their lives.

Service Description

Achieved by:

- Developing a **Serenity Women's Health model** with facilities for **family planning, sexual Health, Early pregnancy care, USS and day assessment.**
- **Birth environments including water birth facilities** and equipment that actively supports women to achieve a natural birth.
- **One stop shop' approach** to reproductive health and co-location and links with ultrasound and outpatients.
- **Perinatal Mental Health** - close collaborative proactive Perinatal Mental Health Steering group facilitated by PTHB midwifery services, plus Nursery Nurses, specialist practitioners, Community MH Teams, Psychology, 3rd Sector and Primary Care.

6. Sexual Health

Vision



A hub and spoke model to be developed that builds further upon Women's Health and Sexual Health services and links with DGH's.

Service Description

Achieved by:

- Providing services locally for example - **cystoscopies, biopsies, pessary, contraceptive advice** and **LARC** (long-acting reversible contraception), **STI testing and HIV blood tests** for all ages, access to home termination of pregnancy service.

7. Medicine Management and Pharmacy

Vision

Chief Pharmacists are required to ensure staff and medicines are managed in line with relevant legislation and regulations, and that national and professional guidance on medicines governance is followed within their organisations. Their team provide medications to patients based on prescriptions from their doctor, whilst the Community pharmacist offers advice and support to many on a daily basis.

Service Description

Achieved by:

- Good access along with **promotion of self-care**, aiding capacity in general practice to deal with more complex cases which in turn will improve patient outcomes.
- **Patient Education** – empower patients to take responsibility for their health and long-term conditions by providing access to learning (face to face and online)
- Routine promotion and use of **health apps** to support disease management.
- Improved access to **on-line information** and resources.
- Improved access to **pharmacist prescribers** – egs, to manage minor ailments, where self-care isn't possible.
- **Joined up care** - Joined up pathways to support patients with long-COVID.
- Collaborative pathway development with seamless transfer of care across pathways.
- Value based health care - Strong focus on evidence-based, cost-effective prescribing to ensure that NHS resources are being used appropriately, supported by regular multidisciplinary protected learning time.
- **Medicines management** support to **patient participation groups**
- **Dedicated drug information support** to health and social care in North Powys.



- Joined up working with public health to drive the population health management agenda
- **Work with local industries/work places to promote self-care** and health monitoring (e.g. BP, pulse).
- **Dedicated medicines management** support to **care homes** and **domiciliary care** in North Powys to improve safe and secure handling of medicines and to optimise medicines to reduce hospital admissions.

8. GP

Vision

To follow.

Service Description

Achieved by:

11. Therapies

Vision

An integrated multi-disciplinary community-based team that is able to provide advice, supported self-management in North Powys, plus education and advice to family, carers, all health and social care professionals and third sector practitioners involved with them.

Therapies included – **Physiotherapy, Occupational Therapy, Speech & Language, Nutrition & Dietetics, Neuro Service, Orthotics, Audiology.**

Service Description

Achieved by:

- A **fully equipped Enabling Centre** to provide face to face specialist rehabilitation and access to **digital platforms** for **virtual Health Education Programmes**
- Therapies e.g. Speech & Language Therapy, OT/ PT, specialist nursing, and other services e.g. diabetes, obesity, oncology, rehabilitation, & Womens' and Childrens' services for joined- up care.
- **Clear links** with **Inpatient facilities, Diagnostic Centre, Urgent Care Centre** - Same Day Urgent Care (SDUC), Minor Injuries unit (MIU) and link to D2RA to provide first line advice and prevent hospital admissions.
- Provide service users with timely, focussed and evidence-based advice in a **clinical or home setting** working collaboratively as part of the



Integrated Community team to deliver **Step up care** and **Step-down care** through the **D2RA** Model and '**Home first**' ethos

- **Embracing IT** where appropriate to **minimise unnecessary travel** and make services accessible
- Provide equitable service across Powys
- Meet the **National Professional Standards** for each discipline.

12. Disabilities

Vision

To transform services into a well-designed, fully integrated network of care. Based on early support, recovery and enablement of people using our services throughout the life course, helping people to live as fulfilled and independent lives as possible.

This vision is shared with partners of the Live Well, Mental Health Planning and Development Board, it absolutely cannot be achieved in isolation of the other key agendas such as housing, social care, education, third sector that are wholly intertwined.

Service Description

Achieved by:

- Clarifying the relationship between **primary and secondary community services** and national guidance to achieve improved integration, effectiveness and outcomes in line with prudent health care principles.
- Ongoing work to focus on **smooth transitioning** between services according to individual needs.
- **Integrate MH and LD services** including CAMHS, Adult LD team and satellite team for North Powys which includes Local Primary Mental Health Support Service, Psychology service, Adult and Older Adult Community Mental Health Team in Newtown, Crisis Resolution Team North Powys, Dementia Home Treatment Team, Outpatients, Memory Assessment Service, and Integrated Autism Service.
- Assess the health needs of service users and **develop care packages** with them to meet these needs, jointly with our service users and their carer's. **Support individuals to reach their maximum potential** by promoting independence and exercising choice.
- **Increase opportunities** to work with Social Care, Midwifery, Older Adult physical health services, Pharmacy, Therapies, Primary care. CAMHS the whole school approach.
- Draw standards into a framework to incorporate all SLAs.



13. Homelessness

Vision

The complex needs of those presenting as homelessness is considered and reviewed by the Accommodation Steering Group who in turn report to the Live Well Partnership under Powys Regional Partnership Board. Welsh Government introduced "Everyone in" meaning every local authority, need to accommodate all households who have nowhere to stay through a partnership, multi-agency process along with an assertive outreach approach.

The Dyfed-Powys Homelessness Strategy, has a specific action plan to be delivered in Powys that prioritises exploration of the partnership approach to improving the response for people with complex needs.

The NPWP multi agency campus will facilitate a best practice approach to joined up care for residents. With specialist services, GP surgery, Health and Care academy all on the campus, all accommodation and support will be based on what matters to residents, with a view to promoting their independence and supporting individuals to live their best life.

Service Description

Achieved by:

- Establishing a **triage and supported accommodation provision** on the North Powys Wellbeing Campus.
- Refurbishing / re-purposing existing Housing Revenue Account (HRA) accommodation, acquiring additional accommodation/facilities for the HRA, which will be based around existing temporary accommodation provided by the HRA.
- The provision of **24/7 supported accommodation**, mainly in Newtown and Llandrindod Wells centres. The centres will sit within the HRA, as it will be providing services to its tenants, in either temporary accommodation or secure Council homes via Housing First.
- Establishment of **supported accommodation / assertive / sticky support and Critical Time Intervention (CTI) support**. Required for a short period (6 months) to assist those currently occupying temporary accommodation provided during COVID19, the remainder will be used to develop additional supported accommodation and assertive /sticky support, which will enable the implementation of Housing First as stated in the Powys Housing Strategy.
- Develop and manage the Triage Centres and if necessary, to lease accommodation from the private sector, if acquisition is not feasible.
- Acquisition of **digital devices to develop greater awareness between agencies**, (including the voluntary sector) of a person-centred approach, developing a psychologically and trauma informed **multi agency approach**, legislation training and the development of multi-agency information sharing protocols in accordance with the respective legislative

frameworks. In order to provide multi-agency planning linking together multiple agencies in one common purpose and sharing single protocols for integrated working.

- Certain cohorts need to be dealt with separately and their accommodation, assessment and support needs to cater to that need, for example 16/17 years olds, complex cases and general homeless households.
- **Combined resource to triage, assess and accommodate high need cases** utilising existing services would provide an opportunity to deliver combined integrated services to the benefit of the households presenting as homeless and deliver effective long-term support plans.
- **Co-location of services**, for example, Police, Probation, Education, Health and disability services will aid support offered.

11. Service Transformation

The proposed Multi-Agency Wellbeing Campus in the heart of Newtown will underpin successful service transformation and act as an enabler for collaboration and integration of services, enhancing and transforming the way health and care services are delivered to the population of north Powys. Current services are disparate and delivered from buildings and facilities which are no longer fit for purpose, which acts as a barrier to delivering effective integrated health and care to our population. Relocation of existing and additional services on to the Multi-Agency Wellbeing Campus will support development of new models of care, enable an enhanced service offer, and support statutory and third sector health, care and wellbeing services to operate in a joined-up way, reducing the burden of increasing demand on statutory services whilst delivering better outcomes to our residents.

Service	Sub-Service(s)	Currently provided?	Relocation to campus?	Integration and Collaboration Opportunities
Inpatients	Short stay assessment beds	N	Y	Links to a range of wellbeing activities, education and psychology services located within the Community Hub and Integrated Health and Care Centre on the campus will optimise rehabilitation and recovery.
	Step up beds	N	Y	
	Step down (D2RA pathway 3) beds	Y	Y	
	Level 2 rehabilitation beds	N	Y	
	Palliative care beds	Y	Y	
Integrated Community Model	Community nursing	Y	Y	Need to integrated with therapies and third sector services to achieve successful delivery of integrated community model. Primary and
	Adult social care	Y	Y	
	Reablement	Y	Y	
	Domiciliary care	Y	Y	
	Older people's teams	Y	Y	
	Home support	N	Y	
	District nursing	Y	Y	

	Specialist nursing	Y	Y	community care services to be integrated.
Mental Health	CAMHS Adult LD team CMHT OP Team Dementia home treatment team Crisis resolution Local primary mental health support service Adult mental health Psychology Memory assessment services Integrated autism service Perinatal mental health Eating disorder service Substance misuse	Y Y Y Y Y Y Y Y Y Y N N N Y	Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Integrate MH and LD services. Integration of MH services with women's & children services and therapies. Fully integrated network of care, based on early support, recovery and enablement of people using the services throughout the life course. In partnership with housing, social care, education, policing and third sector. Increase opportunities to work with Social Care, Midwifery, Older Adult physical health services, Pharmacy, Therapies, Primary care. CAMHS the whole school approach.
Children's Services (Social Care)	Fostering Adoption Care leavers CWD Children's locality teams Youth justice service Early help Integrated family teams Front door	Y Y Y Y Y Y Y Y Y	Y Y Y Y Y Y Y Y Y	Work closely with corporate partners, external partners and collaboration between the teams within Children's Services.
Children's Services (Health)	Community paediatric nursing Health visiting School nursing Safeguarding LD Therapies (inc. in-reach wheelchair services) Portage (play therapy) Parenting classes Paediatric Ophthalmology	Y Y Y Y Y Y Y Y Y	Y Y Y Y Y Y Y Y Y	CAMHS to be located with family & children services. Integrated child, young person & family model which provides a one stop shop approach to care and health promotion. Integrated model with social care and women's/maternity services.
Women & Sexual Health Services	Early pregnancy care Antenatal care Birthing centre Family planning Contraception Cystoscopies	N Y Y Y Y Y	Y Y Y Y Y Y	Synergy with ultrasound. Close collaborative relationships with perinatal mental health, CMHTs,

	Biopsies Pessary Test and post (STI) Home termination service	Y Y Y Y	Y Y Y Y	psychology and third sector.
Primary Care	GPs Dental Optometry Pharmacy	Y Y Y Y	TBC Y N TBC	
Therapies	Physiotherapy OT Speech & language Nutrition & dietetics Neuro service Orthotics Podiatry Audiology MSK CMATS Pulmonary rehab Pre-habilitation Physiology	Y Y Y Y Y Y Y Y Y Y N Y	Y Y Y Y Y Y Y Y Y Y Y Y	An integrated multi-disciplinary community-based team that is able to provide advice, supported self-management in north Powys, plus education and advice to family, carers, all health and social care professionals and third sector practitioners involved with them.

12. Design Considerations

The healthcare planning and design process needs to be correspondingly broad enough to include not only the issues surrounding the treatment of disease, but also the promotion of health and prevention of disease, creating a safe and therapeutic health and care environment.

Attention should be given to the use of facilities over time and the potential to share accommodation. Universal designs and standardisations must be used to allow multiple uses for room functionality, creating a sense of shared space amongst multiple sectors to enable the level of flexibility required in the facility to best support population needs and wellbeing. For additional flexibility, conference-centre style room dividers should be considered to create variability in space needs.

Generic rooms will be designed to accommodate a range of activities rather than being tailored for a single function/specialty or narrow range of functions.

There is a growing body of research material indicating that the design of the healing environment impacts on patient recovery and on staff, and that good quality environments impact positively on patient care.

Socialising/Meeting:

Evidence	Considerations
This covers a wide range of places from those that are for specific meetings or events to those that are places simply to go to find company. The former need to be designed	<ul style="list-style-type: none"> Create seating arrangements that bring people together (sociopetal) in appropriate sized groups. People further than 3 metres apart are likely to feel

<p>quite functionally whereas the latter are often more successful if they provide other reasons for being there (such as views, refreshment, reading materials etc). By contrast televisions often tend to kill the social qualities of places.</p> <p>Research has shown that a richer quality of life can be led by less mobile patients when tables are immediately next to seats enabling them to keep magazines, books, knitting and other materials close to hand without having them tidied away. This saves them having to call for help or leave their seat.</p> <p>Research shows that rooms with all movable seating tend to be controlled by cleaners who habitually arrange seats in rows or around the edge creating an unsympathetic environment. People prefer a protected back with a view of what is going on.</p>	<p>communication is unnatural or forced.</p> <ul style="list-style-type: none"> • Formal meeting places will almost certainly require free-standing furniture to allow for many arrangements. Informal places can often be created more easily by using a combination of fixed and movable seating.
<p>Research shows that chairs in informal social meeting places will inevitably be more popular if they are near windows with views out.</p>	<ul style="list-style-type: none"> • Being able to see computer screens and look at images will make the patient feel more comfortable
<p>Patients show general consensus, as do staff, about wanting light and airy hospitals. This can be achieved by the use of materials, colour, natural light and artificial light.</p>	<ul style="list-style-type: none"> • In-patients and longer term residents may spend considerable amounts of time here and they generally express a wish for such places to feel "light and airy" • For formal meeting places, avoid glare from natural light at either the front or back of the space. • Consider seating that feels located in the place and remains in the same location to create a sense of belonging. • Unless these places are for very large formal meetings, they should be at a domestic scale

Sanctuary (outside)

Evidence	Considerations
<p>Nature and gently moving objects are shown to induce a sense of calmness.</p>	<p>Simple calm forms and spaces can be very effective when complemented by a focus through colour and texture, either man-made or natural Avoid overt symbolism of a kind that speaks strongly of one religion or a set of beliefs unless this is offered in various alternatives in parallel Forms that are calm and orderly and yet invite subtle interpretations help to create a sense of quiet wellbeing. Carefully chosen art can be helpful</p>
<p>Scenes of nature are found to induce calm if it is not possible to see the real thing.</p>	<p>Gardens have been shown to be highly therapeutic and can support intergenerational wellbeing.</p>
<p>People like to sit with a protected back and watch gently changing scenes of nature and life going on</p>	<p>An interesting but calm view helps therapeutic contemplation</p>

13. Digital Opportunities

The use of digital technology in health and social care can improve quality, efficiency and patient experience as well as supporting more integrated care and improving the health of a population.

New technology is promising to transform a health and social care sector that is increasingly struggling with the need to do more with less funding. Powys Teaching Health Board and Powys County Council are looking for opportunities to use technology to improve services and cope better with the long-term demographic pressures that the system is under.

Technology has played a significant role in supporting the work of Powys Teaching Health Board and Powys County Council in collaboration with local partners and communities, particularly in response to the Covid-19 pandemic. We are starting to see people experience 'virtual' care in their community as well as continued collaboration between statutory services and care and wellbeing providers to support digital adoption, building on existing progress in this area. We are also realising the value of technology for connection, wellbeing and bringing communities closer together.

Digital technology can be used in creative ways to initiate, maintain and sustain relationships to meet the emotional and therapeutic needs of people who use services. The inherent ethical and therapeutic value of social relationships are recognised in Powys and digital infrastructure will seek to support those social relationships.



Service	Requirements	Opportunities
Adult Social Care	Shared Digital conferencing suite	Engaged in digital discussions through the Health and Care Academy developments key aspect would be having a truly integrated data management system across health and social care so that we are not in a

		position of referring to and drawing data from different systems when trying to determine the efficiency and effectiveness of our interventions across the whole system
PTHB Integrated Community Team	Good WIFI Charging facilities laptops / phones.	
District Nursing	Laptops Intranet Availability of phones and internet cable EMIS access	
Mental Health	A strong telephony and broadband infrastructure as WCCIS is the health and social care integrated system (we are majority services paper free) and there are significant risks to service if systems down. already utilising attend anywhere and offering online solutions that have gained momentum during the pandemic.	Some therapies and digital technology could be explored as part of innovation moving forward.
Children's Social Care	Video Conferencing facilities PCC network link Agile work stations with monitor, keyboards etc.	Child protection case conferences have moved to a virtual format and we anticipate that we will continue with blended conferences with both representation in the room and some connecting virtually.
Children's Services (Health)	Technology enabled facility, building on our post covid digital improvements, Put digital first Transforming in partnership. I.T can offer Real time patient experience capture	Use technology to engage children and young people in its design, communication and interface, Using futuristic technology from check in ,

	<p>information resources, booking and appointments, virtual reality tours of out of county resources such as district general hospitals IT enabled to offer a flexible informed patient choice virtual offering that can be tailored to the individual, using virtual technology to inform patient pathways eg Hope House palliative care. As well as supporting flexible working patterns for staff well being and patient experience and choice. Information Technology will be at the heart of making this a suitable environment, enabling Tele health eg for in reaching consultants for healthy weights care pathway Level 3., staff areas to support virtual appointments, with correct sound proofing. Large screens in group rooms and some single offices for virtual larger groups enabling virtual offer of attendance and inclusivity, Training suites and potential doubling up as an accessible cinema. Digital capability will be important for services such as gait/movement analysis, filming is likely to be an important medium of the future.eg Analysis of early baby movements leading to earlier diagnosis and</p>
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		support for Early intervention for ND conditions.
Inpatients		
Women's Services: Maternity & Sexual Health		Develop workforce futures, Technology enabled facility, building on our post covid digital improvements
Dental		
Medicines Management & Pharmacy	Controlled access (preferably via finger print pad) CCTV? Alarm	Digital first - Technology to support e-prescribing Facilities to support self-medication in in-patient setting Shared access to patient records to support seamless care Medicines Management/pharmacy advice line for patients and members of the public to improve medicines concordance and patient outcomes.

Appendix J: Report on the Strategic Outline Case Engagement

1. Summary

Engagement on the Strategic Outline Case for the North Powys Wellbeing Programme's plans for a multi-agency Wellbeing Campus in Newtown took place throughout the end of 2021 and early 2022, asking stakeholders for their views on the programme's early plans, building on the previous engagement work undertaken in 2019.

Engagement sessions (predominately online using Teams), attendance at scheduled meetings and a survey (online and offline) have been used to inform stakeholders of the latest proposals as well as to obtain feedback on the strategic direction of the programme.

This has been delivered in an environment where there has been considerable pressure on the public sector to cope with the Covid-19 pandemic and has resulted in some delays – often as a result of the, wholly understandable, limited availability of senior officers within Powys County Council and Powys Teaching Health Board as they worked to manage these pressures on services.

Stakeholders who have been engaged with include:

- The general public (including neighbours of the proposed site);
- Staff (Powys County Council, Powys Teaching Health Board and PAVO);
- Newtown and Llanllwchaiarn Town Council;
- County Councillors on the Health and Care and Learning and Skills Scrutiny Committees of Powys County Council;
- Pupils, staff and governors of Ysgol Calon y Dderwen;
- The third sector in general (via PAVO);
- 'Wellbeing providers' (i.e. third sector groups who are interested in being involved with the project');
- Site stakeholders (i.e. representatives of services likely to have a presence on the campus);
- Powys Community Health Council;
- Members of Powys County Council's People's Panel;
- The Mid Wales Joint Committee for Health and Care;
- Schools in North Powys outside of Newtown;
- Town and Community Councillors in North Powys outside of Newtown.
- The Primary Care Cluster Group;
- MPs and MSs;
- The Newtown School Heads Cluster meeting;
- Rural Health and Care Wales Conference 2021;
- Neighbouring acute health service providers.

This Engagement Report looks at the responses in more detail but in summary there was widespread support for the aims of the campus amongst respondents with the potential investment in health and care services in the north of the county widely welcomed. The potential regeneration benefits for the town are also recognised as well as the opportunity for

the public and voluntary sector to work closely together to develop services for the Newtown (and North Powys) communities.

There have been some concerns raised by the school community; worries that the non-education elements of the campus would significantly take away from the land available for education (particularly outdoor education), safeguarding concerns and that the building of the new school could be held back by the development of the wider campus. We continue to listen and to respond to these concerns and are keen to work together to look at how we can resolve these through the campus design. There is also more work to be done to outline the benefits to healthcare and wellbeing providers from the school being co-located.

The Health and Care Academy proposals have gained general support although from the survey there appears to be a need to provide more information about this element of the programme. The development of the Bronllys provision will help in this respect. And although a majority of respondents agreed that incorporating the library on the programme is a good idea, there were a number of comments received relating to leaving the library as it is. Further work is required to explore the benefits further with the community, staff and partners. In terms of the shared community space and garden; again, there is overall support but some concerns about duplication with other organisations.



In terms of the supported housing element, whilst there was a good level of support for this, some concerns were raised about the safeguarding issues in respect of the primary school and this has been reflected in the initial site master plan drawings in respect to the local of the accommodation away from the school and near other residential elements of the site.

These and other issues will be explored in the next stage of engagement as the team develops the Outline Business Case (OBC) during 2022 and 2023. There will also be increased focus on those stakeholders where more and deeper engagement is required and a wash-up review session will be held prior to the development of the next engagement plan.

Ongoing engagement has been undertaken throughout the service design process to ensure appropriate level of input from clinicians, professionals and strategic leaders across the partnership. Due to the ongoing pressures of the pandemic, engagement with clinical and professional staff has been challenging however has been achieved via two mechanisms:

- Establishing a Clinical and Professional Reference Group – this group was established to provide advice, clinical and professional expertise and interpretation of best practice policy review in order to inform the demand, capacity and financial modelling.
- Bottom-up approach to development of service specifications. Front line and middle management staff were engaged to develop service specifications, these were further refined by the Programme Team and shared back with operational staff via 1:1 sessions for further input and sign off.

In addition, letters of support are being sought from a number of neighbouring acute providers over the coming weeks, with a view to submission with the SOC to Welsh Government. A meeting to co-ordinate this is being scheduled for February, 2022.

2.Methodology

The engagement process used the following methods:

Teams meetings.

Primarily, these were meetings established with stakeholders for the purpose of discussing the programme although some saw the team obtain a presence on scheduled meetings. Some of these had to be rearranged due to the pressures of Covid-19 and will see the team develop deeper engagement as we move onto the OBC stage.

Face to face meetings

Due to the ongoing Covid-19 Pandemic few face-to face-engagement sessions took place but the team did meet in person with the staff and pupils of Ysgol Calon y Dderwen. The group took precautions (masks and social distancing) to limit the risk to all.

Survey

Online and paper versions of the 'Early Plans for a Multi-Agency Wellbeing Campus in Newtown' were produced. Paper copies were distributed to all of Powys County Council's libraries in the north of Powys (with the exception of Montgomery which was closed during the engagement period). Respondents were asked to return the paper copy to either their local library or to the NPWB office in Ladywell House, Newtown. (Note: Only Newtown library received any completed copies). The survey was created on Engagement HQ, the RPB-purchased software which is currently used by Powys County Council, Powys Teaching Health Board, PAVO and ourselves.



Early plans for a Multi-Agency Wellbeing Campus in Newtown

You may remember that prior to the Covid-19 pandemic the North Powys Wellbeing Programme carried out a great deal of engagement with the people of north Powys to find out what you consider important to maintain good health and well-being.

Well, we listened to that and this led to the development of our Integrated Model of Care. This document, which was published recently sets out what the integrated model look like: 2027 and beyond.

Now we'd like to bring you up to speed with our thoughts on how we can develop the Multi-Agency Wellbeing Campus in the centre of Newtown and also seek your views on these ideas.

The proposed campus will be based on the site currently occupied by Ysgol Calon y Dderwen (the former Hafren CP and Ladywell Green Infants) the Park Street Clinic, the Newtown Integrated Family Centre and the town's library. Plans for the campus include:

- a new school building for Ysgol Calon y Dderwen;
- health and care facilities, including the potential to carry out some outpatient diagnostic services and day-surgery as well as in-patient beds and services currently delivered at the Park Street Clinic;
- a health and care academy;
- library provision;
- shared community space;
- community garden space;
- short term supported living accommodation.

We anticipate that, if the funding bids to the Welsh Government are successful, we would see the campus up and running in the second half of this decade although we anticipate that the new school building would be developed earlier than that.

In the questions that follow we'd like to hear from you on our initial ideas.

Please return your completed survey to your library in Newtown, Welshpool, Llandiloes, Machynlleth, Llanfair Caereinion or Llanfyllin by December 10th, 2021.



Powys

www.powyswellbeing.wales

Paper copies of the survey were distributed (by hand) to residential properties adjoining the campus on Park Street, Park Lane, Parklands and Park Close. Community council and town council members were given until January 10th to respond as there was a delay in directly notifying those in North Powys (but outside Newtown).

Social media – and traditional media – was used to direct north Powys residents to the survey, rather than inviting responses on social media. This was designed with the aim of giving respondents all as much information as possible.

Modelling development

It should be noted that members of the team had numerous meetings with clinical. Social care and other specialists in their development of the SOC. This was not directly part of this engagement work – but has helped shape the SOC document.

3. What we heard!

Survey

Almost 250 people responded to this survey and the full results are available on page 11. Some headline figures were:

- 86% of respondents supported (i.e. Strongly agreed or Agreed) the proposal that bringing together more of Newtown's health and care facilities on the proposed campus site would improve services for the people of north Powys;
- 92% supported the proposal that the provision of more health and care services (including some day surgery and diagnostic services) on the proposed site would be an improvement for the people of north Powys;
- 76% would like to see the campus incorporate a Health and Care Academy. 19% were not sure;
- 57% felt that moving Newtown's library services more centrally on the proposed site would offer more opportunities for joined-up services. 19% weren't sure;
- 75% supported the proposal that providing a shared community space would be a benefit to the area. 7% weren't sure;
- 71% supported the proposal that providing a community garden space would be a benefit to the area. 7% weren't sure.
- 71% agreed that providing short term supported living accommodation would be a benefit to the area with 10% not being sure;
- 55% of respondents felt that there could be benefits for the school, its pupils and their families from being part of the campus with 24% not being sure;
- 44% felt that there could be benefits to healthcare and wellbeing service providers by the school being part of the campus. 28% weren't sure.

Points raised at engagement sessions:

Staff (Powys County Council, Powys Teaching Health Board and PAVO) – 19/10/21

- Staff asked, in terms of e-learning, how digital poverty would be addressed to ensure equity of access. Also, how would people who didn't wish to interact digitally be supported?
- A call for mobile counselling service to be introduced for people with a cancer diagnosis. Could this be provided alongside the Silvercloud provision?
- Staff called for more detail on how the programme would maximise the wider regeneration and economic benefits and opportunities for the Newtown area;

- They also called for pharmacy involvement in the development of the plans as they can play a key role in ensuring people are taking the right medicines, avoiding medicine interactions and reducing unnecessary medication and prescriptions. Pharmacy staff can also play a large role in helping manage minor ailments.

Site Stakeholder Group – 14/10/21

- Members of the group asked if mental health and learning disability services would sit side by side.
- Members asked how the replacement school development fitted in with the programme as it is further ahead in the business planning cycle.
- They also asked if the campus was definitely going to be on the proposed site.
- The group also asked if Afon House was going to be included in the footprint of the campus, referring to historical scoping work carried out by the health board, which looked at premises in Newtown.
- Members of the group asked for assurances that the buildings were financially sustainable – could withstand any future budget reductions - and that they would not sit empty alongside the school.
- Members also felt that they would not like to see a reduction in library or Integrated Family Centre services as a result of the programme.

Wellbeing Providers Group – 20/09/21 and 23/11/21

At the two meetings of this group representatives of third sector groups were asked how they would like to be involved in potentially delivering services from the shared community space and gardens.

Discussions focussed on:

- Outdoor and green spaces;
- Working space;
- The design of the site;
- Process (before and after opening);
- How people access support;
- Resources;
- Services;
- Communications;
- Funding.

There was widespread support amongst the group for the ambitions of the campus, even amongst some representatives would not, at this stage, see themselves regularly offering services from the site.

There was also discussion around the barriers which challenges group supporting in the community i.e. insurances, DBS checks, food hygiene certificates etc which COVID allowed for those barriers to be removed. A suggestion was made around circles of support as a potential model moving forward.

Powys County Council's Health and Care Scrutiny Committee - 16/12/21 (with

attendance from members of Learning and Skills Scrutiny Committee members)

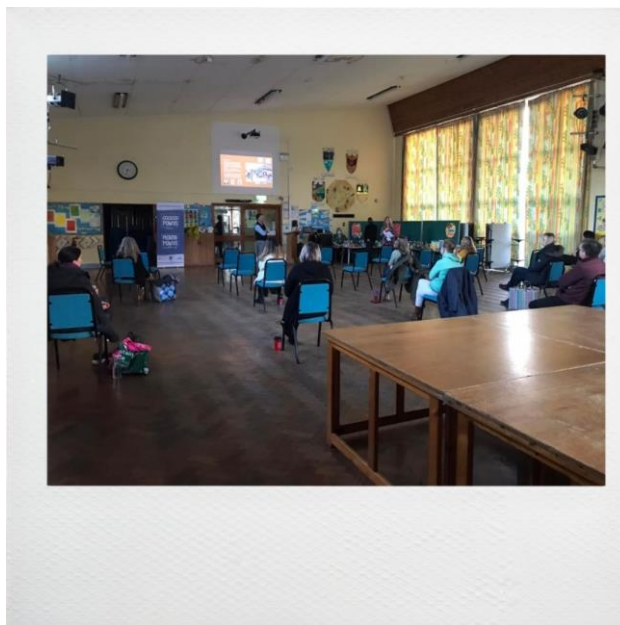
- Members requested an opportunity to scrutinise the draft SOC before it is submitted:
- Long term evaluation of the Bach a lach scheme should take place as children continue their education to monitor long-term impacts;
- A call for satellite health provision in other towns through partnership working with the health board and the council's education team, particularly in light of potential new school builds across the county.;
- A call for wide engagement with the public and with DGHs that Powys works with.

Newtown and Llanllwchaiarn Town Council – 22/11/21

- Members called for more detail and were looking forward to seeing plans for the campus;
- Members made a call for safe and active travel provision to be built into the plans for the campus (e.g. cycle parking);
- Members asked when the first spade in the ground was likely to happen and called for it to happen as soon as possible. On the theme of timelines, members questioned whether the complexity of the scheme is (or potentially would) slow progress).
- Members expressed concerns about staffing the health and social care elements of the campus.
- The Mayor acknowledged the potential benefits of the programme for the town and welcomed the opportunity for the Council to work with the programme's Community Development Officer.

Ysgol Calon y Dderwen – Staff – 25/11/21

- Staff asked what would happen to the Newtown hospital site afterwards?
- They also asked if the campus would be linked into the new curriculum?
- Staff queried what would happen to the school element of the programme if the PBC was not approved;
- An ALN staff member noted the benefits of bringing children's services/health and education into one space but expressed the need to for closer working between the health and education sectors;
- Staff noted the positive working relationships with the library and Newtown Integrated Family Centre currently in place.
- They asked why the campus couldn't be built on the site by the side of the by-pass and use public transport from the town centre to access services.



- There was concern that Newtown offered little in terms of prospects for young people and how could we encourage them to stay for us to 'grow our own'.
- There were concerns about safeguarding of the pupils, particularly in respect of the variety of client groups likely to use the supported housing. They noted that some junior children walk home alone. They also raised issues regarding safeguarding of staff when they are working in the school during the evenings and weekends.
- Green Space – staff noted a large proportion of the children who attend the school have little or no green space at home. The outside space currently available to Ysgol Calon y Dderwen is a selling point of the school currently and staff were concerned that the school would lose this asset;
- Staff raised concerns about the difficulties of recruiting to staff the health/social care elements of the campus – there were concerns that the proposed campus buildings would remain empty and unused;
- The school brings animals into its grounds to support with the children's learning – the staff asked how would this be possible if they were to lose the green space.
- Staff raised concerns about traffic congestion on Park Street reporting that this is already congested on Friday afternoons; They also said that there is a lot of demand for car parking for the school, especially at drop off and pick up times.
- They also had concerns that if there was to be an increase in pupil numbers, there would be no room to extend the school. On a similar point if health were wanting to expand in the future there would be no scope for this on the site, staff felt.

Ysgol Calon y Dderwen – Governors – 25/11/21

- Governors expressed concern that the new school build development was being pushed back, considered frustrating after going through the recent merger of Ladywell Infants and Hafren Junior;
- They called for sight of concept drawings to see how the space on the site would be used;
- Governors also had concerns that the campus footprint would not be big enough to house all of the services planned;
- They also called for more information on the modelling work being carried out, to see how the demand for health and care services was being calculated as well as calling for more information on how the planned services would work together;
- Governors expressed their concern about the use of Welsh Government's Building Bulletin 99 to design the new school building, arguing that these were old regulations which didn't recognise modern school design and was not attuned to the new curriculum, particularly in regards to access to outside space. They also called for the school design team to take on board the impact of Covid-19. They expressed the view that Wales could be pioneers in terms of fit for purpose school design.

Ysgol Calon y Dderwen – Pupils – 25/11/21

NPWP team members met with the school's Learning Council council to ask a range of questions listed below along with the children's responses. (Note: This was designed as a first meeting with the pupils, which will lead on to more detailed engagement re the school (and campus) design.)

What do you like to do in your spare time?

What does your family like to do in their spare time?

When you are not in school what is your favourite thing to do with your friends?

Make up games, Support Liverpool FC, Reading, Exercise, Swimming, Bike rides, Baking, Den Building, Football, Caring for pets, Cinema, Park, Beach, Playing Sports, Going to town with friends, Cooking, Sleepovers, Shopping, Theme parks, Playing Xbox, Collecting flowers, Art, Photography, Painting rocks, Movie nights, Walks, Visiting restaurants, Watch wildlife, Making up stories, Holidays – visiting family, playing with family, brothers, sisters, camping, Parties.

Pupils also reported how they valued the town's library;

They also asked how the campus would be designed to protect all against the spread of Covid-19.

Primary Care Cluster (North) – 18/11/21

Members of the group noted the transformative potential of the programme and the opportunity to shift resource from secondary care to primary care in the community.

The Chair thanked the team's presenters and stated that he was sure all would be happy to support the programme, adding that the planning for 5 and 10 years ahead was also very encouraging.

Members of the group suggested visiting a centre in Bristol which operated on a similar model to Bromley by Bow (one of the establishments being looked at by the team).

The Mid Wales Joint Committee for Health and Care (Clinical Advisory Group) – 2/11/21

Members commented that this (the programme) was a good demonstration of how health care could shift and a massive invitation for health boards across Wales to work together

They added that this was a recipe for the partnership working across mid- Wales and a huge catalyst for change and partnership working.

The meeting also called for discussions with neighbouring health boards to take place as soon as possible and that these needed to be clinically driven.

Local Partnership Forum – 20/1/22

Members asked what assurances that the development of the campus was affordable and also called for the team to work with universities in Wales as part of the Health and Care Academy. There was also a call for more work to raise the profile of the programme.



4.Survey – Full results

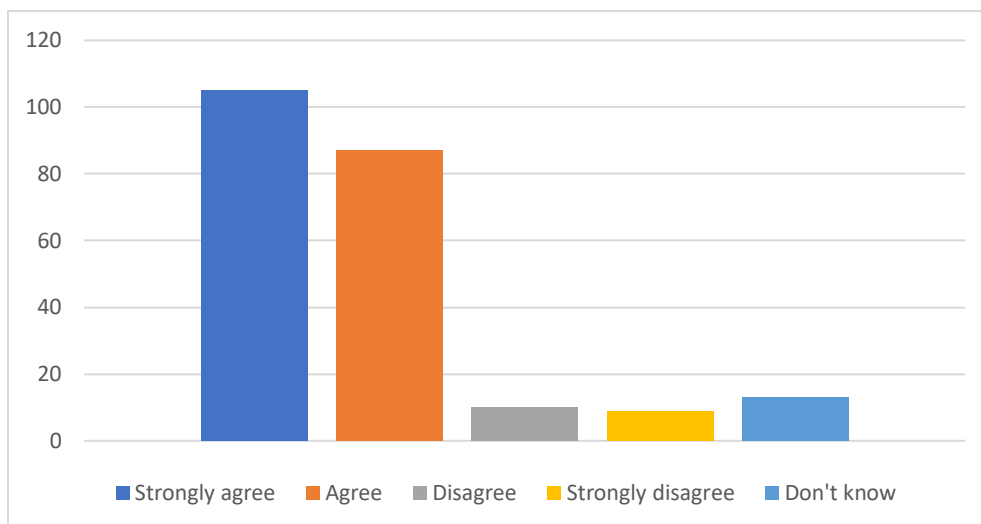
This survey ran from Wednesday November 10th, 2021 until midnight on Sunday December 12th, 2021 (although town and community councils were offered the opportunity to complete up until January 10th, 2022). The survey was available online and paper copies were available from libraries in Newtown, Welshpool, Llanidloes, Machynlleth, Llanfyllin and Llanfair Caereinion.

233 responses were received. Of these:

- Four were received in Welsh
- Nine were received in paper form (all but one of the paper copies were returned to Newtown library).

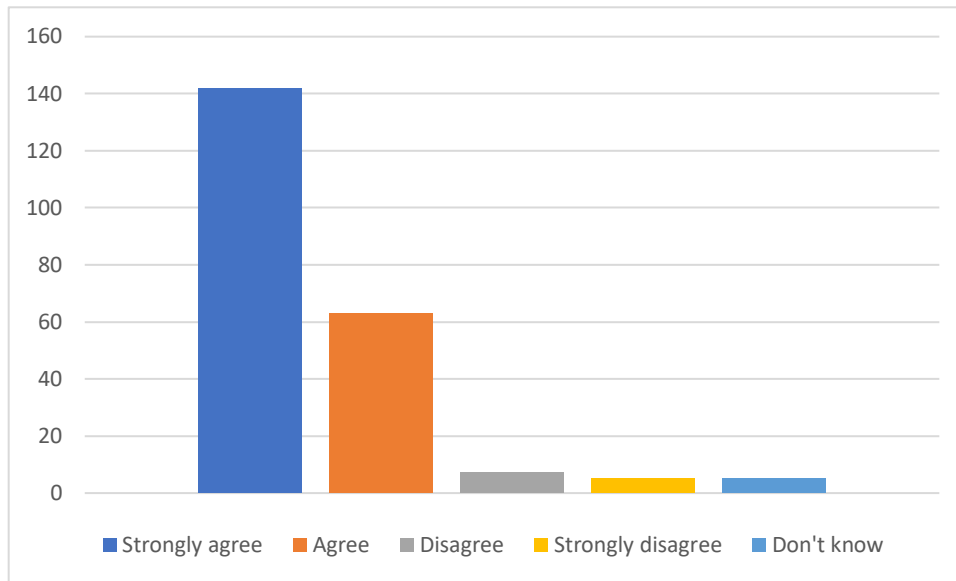
The responses were as follows:

Q1. Do you agree that bringing together more of Newtown's health and care facilities on the proposed campus site would improve services for the people of north Powys?



	Number	%
Strongly agree	105	46.88
Agree	87	38.84
Disagree	10	4.46
Strongly disagree	9	4.02
Don't know	13	5.80

Q2. Do you agree that the provision of more health and care services (including some day surgery and diagnostic services) on the proposed site would be an improvement for the people of north Powys?



	Number	%
Strongly agree	142	63.96
Agree	63	28.38
Disagree	7	3.15
Strongly disagree	5	2.25
Don't know	5	2.25

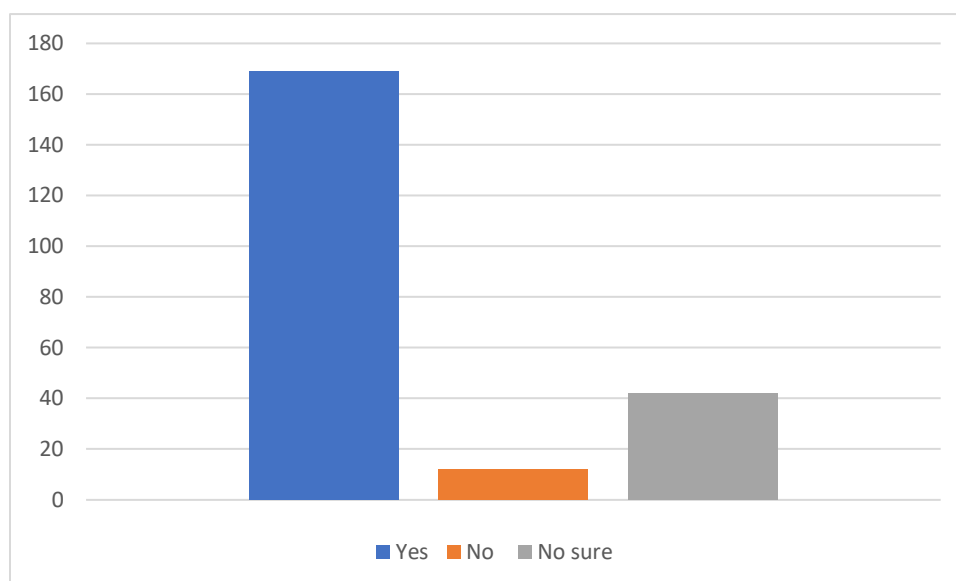
Q3 Do you have any other comments on the health and care elements of this project?

The main themes raised (in descending order of frequency) were:

- General positive support;
- Staffing concerns;
- There's a need for a District General Hospital (DGH) and/or A&E department;
- This is the wrong site;
- Comments on the current travel times to services;
- I need more information;
- Car parking concerns;
- Include mental health/counselling services as part of campus;
- Green issues/sustainable design;
- The project needs GP input;

- Traffic concerns;
- I'm too far from Newtown (would access services elsewhere);
- There's a need for better nutrition education;
- Ensure links to public transport;
- Loss of space for school;
- Safeguarding concerns;
- This is not ambitious enough;
- Equalities issues;
- Include cancer care/treatment;
- Concern over cost-cutting;
- Ensure provision of beds for elderly;
- Include palliative care;
- Expand current GP offer;
- Concern over management of contagious patients;
- Need similar projects in other towns;
- Will there be enough room on the site?
- Fear of losing services elsewhere;
- Need for hydrotherapy services;
- Provide sexual health services on site;
- Create A&E triage service on-site;
- Provide a day centre onsite,
- Offer Intravenous service;
- A larger campus will mean it's further to walk;
- Don't impact on other services in the town.

Q4 Would you like to see the campus incorporate a Health and Care Academy?



	Number	%
Yes	169	75.78
No	12	5.38
No sure	42	18.83

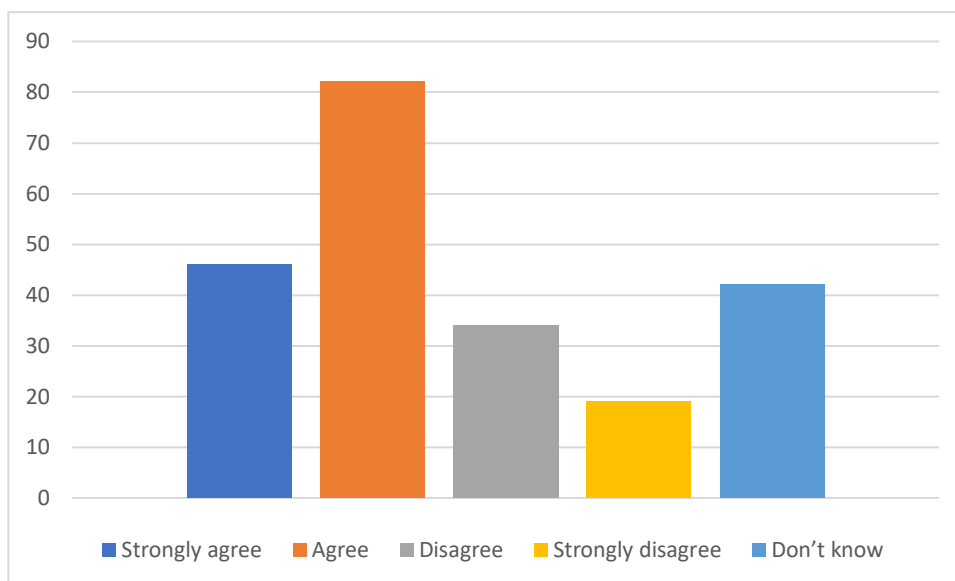
Q5. Do you have any comments on the idea of having a Health and Care Academy on the Newtown campus?

The main themes raised (in descending order of frequency) were:

- General positive support;
- Comments on the current travel times to services;
- Patient medical services are more of a priority;
- I need more information;
- This is the wrong site;
- General opposition;
- There's a need for a District General Hospital (DGH) and/or A&E department;
- Car parking concerns;
- Ensure links to public transport;
- Will there be enough room on the site?
- Safeguarding concerns;
- Terminology/naming;
- Offer wide range of therapies (including admin);
- Link up with high schools;

- I'm too far from Newtown (would access services elsewhere);
- Offer work experience on campus;
- Offer training to carers;
- Don't rely on volunteers;
- Young people leaving the area;
- Include mental health/counselling services as part of campus;
- Offer training to all;
- Offer apprenticeships.

Q6. Do you agree that moving Newtown's library services more centrally on the proposed site would offer more opportunities for joined-up services?



	Number	%
Strongly agree	46	20.63
Agree	82	36.77
Disagree	34	15.25
Strongly disagree	19	8.52
Don't know	42	18.83

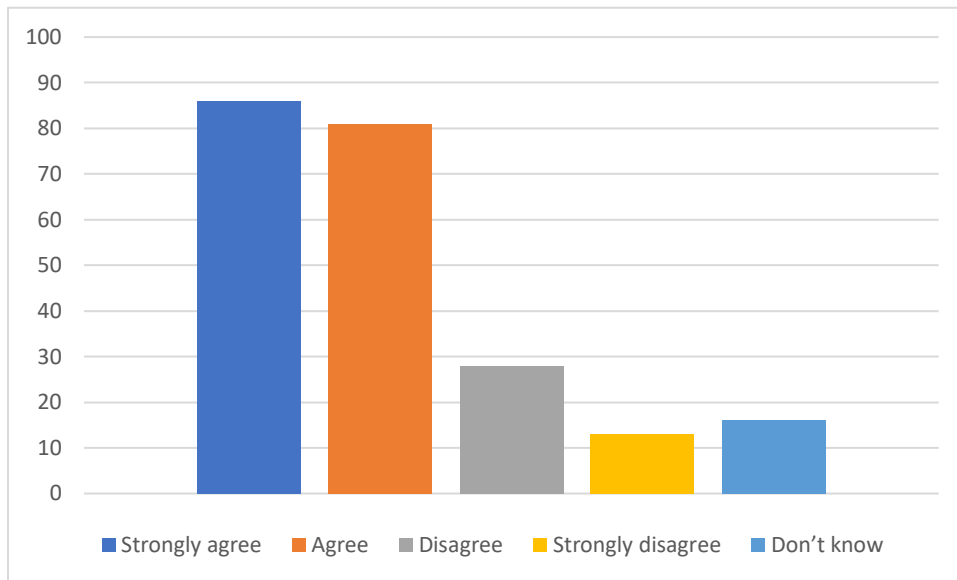
Q7 Do you have any other comments about how Newtown's library service could be provided as part of the Multi-Agency Wellbeing Campus?

The main themes raised (in descending order of frequency) were:

- Leave the library where it is;
- General positive support;

- General opposition;
- A library is not suitable in a shared space;
- Libraries are no longer required/relevant;
- I need more information;
- I'm too far from Newtown (would access services elsewhere);
- Create booths in health area for video-conferencing;
- Traffic concerns;
- Patient medical services are more of a priority;
- Ensure links to public transport;
- Concern over management of contagious patients;
- Don't touch the mobile library service;
- As long as the library is not downgraded;
- More library users would be good;
- Wrong site;
- Take a look at other examples;
- Keep stock at the same levels;
- Ensure qualified librarians;
- Car parking concerns;
- Health services should be in health environments (e.g. leg club);
- What happens to current building?
- Library better aligned with education;
- Provide books in non-Eng./Welsh languages;
- Libraries are more than internet access;
- Keep opening times the same;
- Concern over cost-cutting,
- Equalities;
- Fear of losing services elsewhere;
- Have housing services staff on site.

Q8 Do you agree that providing a shared community space would be a benefit to the area?



	Number	%
Strongly agree	86	38.39
Agree	81	36.16
Disagree	28	12.50
Strongly disagree	13	5.80
Don't know	16	7.14

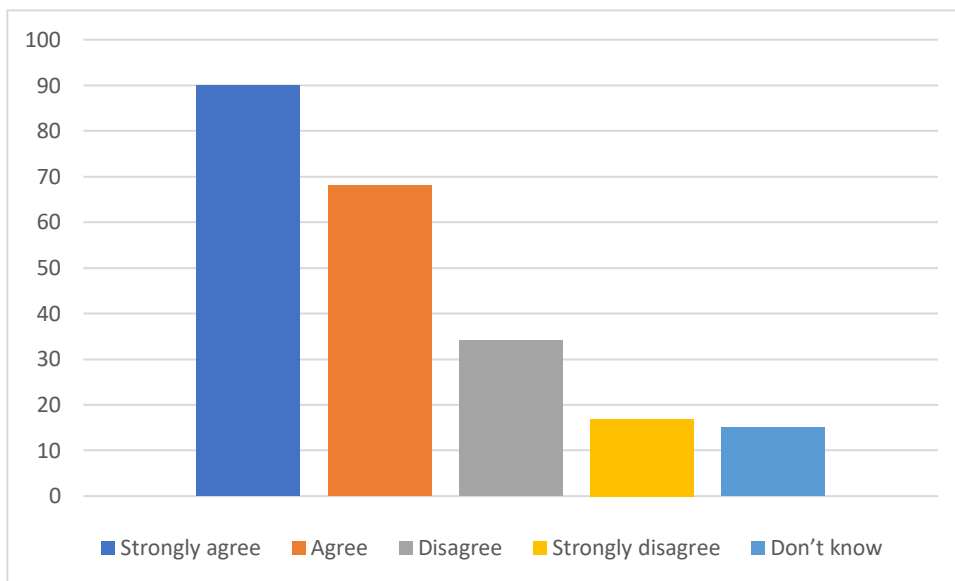
Q9 Do you have any other comments about a shared community space on the campus?

The main themes raised (in descending order of frequency) were:

- General positive support;
- Don't impact on other community resources/duplication;
- Hire costs need to be affordable;
- Patient medical services are more of a priority;
- Safeguarding concerns;
- General opposition;
- Ensure it's open to all;
- Provide a day centre onsite.
- Provide youth services on site;
- I'm too far from Newtown (would access services elsewhere);
- Make sure the shared space is available during evenings and weekends;

- Car parking concerns;
- Make sure there is sufficient storage;
- Provide early years support on site;
- There will be a need for cycle storage/parking;
- Run any book club at the library;
- There will be a need for confidential space;
- Traffic concerns;
- Wrong site;
- Include mental health/counselling services as part of campus;
- Equalities issues;
- Concern over management of contagious patients;
- I need more information;
- There's a need for a District General Hospital (DGH) and/or A&E department;
- Good reception facilities are important (signposting);
- Make school facilities available evenings/weekends;
- Ensure people with ALN are catered for;
- Ensure informal carers are supported;
- Provide a sensory room on site;
- Loss of space for school;
- Don't overlook the importance of sports playing fields to children's health,
- Who will manage this?

Q10 Do you agree that providing a community garden space would be a benefit to the area?



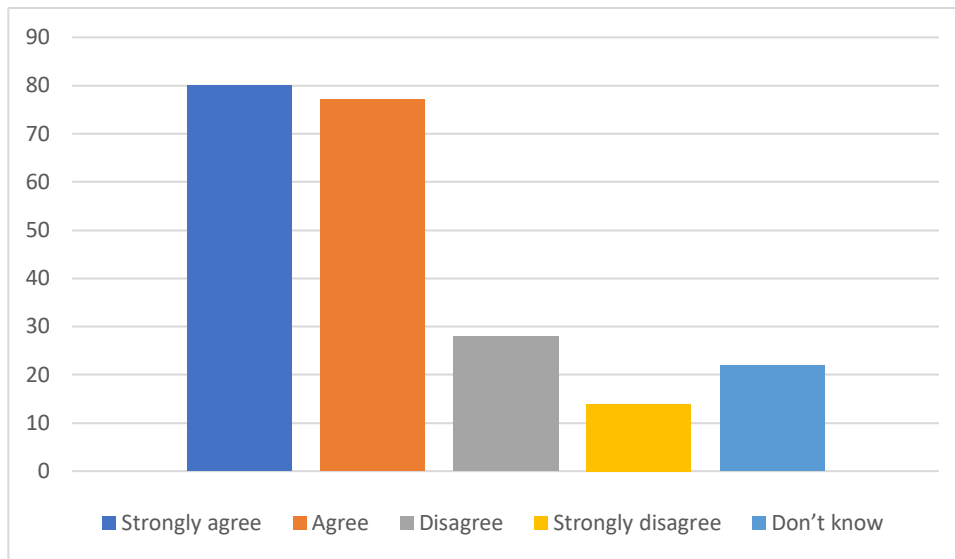
	Number	%
Strongly agree	90	40.18
Agree	68	30.36
Disagree	34	15.18
Strongly disagree	17	7.59
Don't know	15	6.70

Q11 Do you have any other comments about a community garden space on the campus?

The main themes raised (in descending order of frequency) were:

- General positive support;
- Don't impact on other community resources/duplication;
- Who will manage the garden? How will it be funded long term?
- Patient medical services are more of a priority;
- General opposition;
- Wrong site;
- This would be positive for people's mental health;
- Need similar projects in other towns;
- Trying to fit too much into the space.
- Opportunities for multi-generational activities;
- Loss of space for school;
- Opportunities for eco-therapy;
- Equalities;
- Men's Shed;
- Security/vandalism (CCTV);
- Not ambitious enough,
- I'm too far from Newtown.

Q12 Do you agree that providing short term supported living accommodation would be a benefit to the area?



	Number	%
Strongly agree	80	36.20
Agree	77	34.84
Disagree	28	12.67
Strongly disagree	14	6.33
Don't know	22	9.95

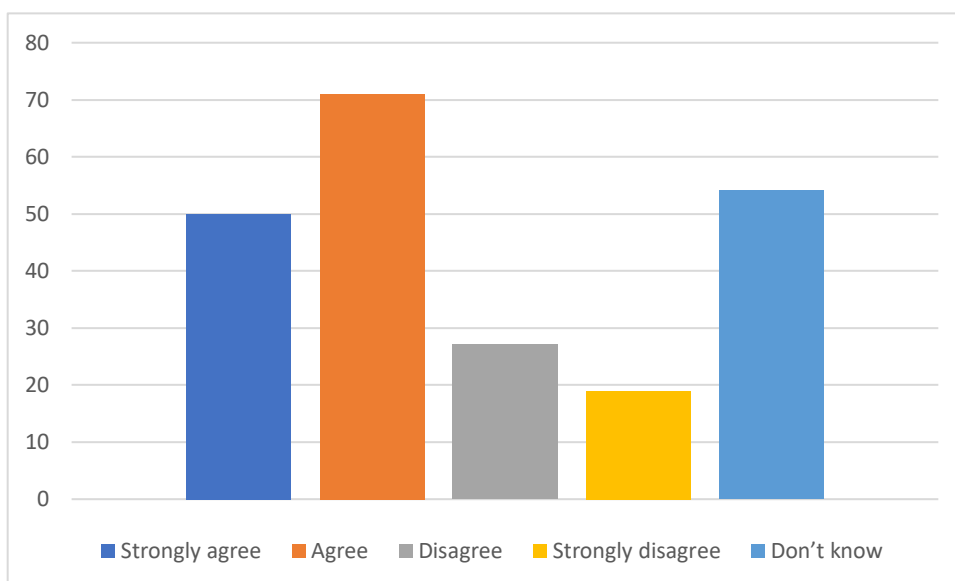
Q13 Do you have any other comments about the provision of short-term supported housing accommodation on the campus?

The main themes raised (in descending order of frequency) were:

- General positive support;
- Safeguarding concerns;
- Wrong site;
- Trying to fit too much into the space.
- Mixed housing would need careful management;
- Need for mental health support;
- Is there a need for this housing?
- General opposition;
- Staffing concerns;
- A need for support for people with ALN;

- Don't impact on other community resources/duplication;
- Equalities issues;
- Need similar projects in other towns;
- Not ambitious enough;
- Long term housing/care also needed;
- Patient medical services are more of a priority;
- Consider privacy for those using the housing;
- Step up/down housing would be ok on this site;
- I need more information;
- I'm too far from Newtown
- Make the housing as non-institutional as possible;
- The housing would need a communal area;
- Help the homeless with finding work;
- Parking concerns;
- Don't put care leavers so close to the social workers' base;
- Ensure links to public transport;
- Women's refuge?
- There's a need for a District General Hospital (DGH) and/or A&E department.

Q14 Do you agree that there could be benefits for the school, its pupils and their families from being part of the campus?



	Number	%
Strongly agree	50	22.62
Agree	71	32.13
Disagree	27	12.22
Strongly disagree	19	8.60
Don't know	54	24.43

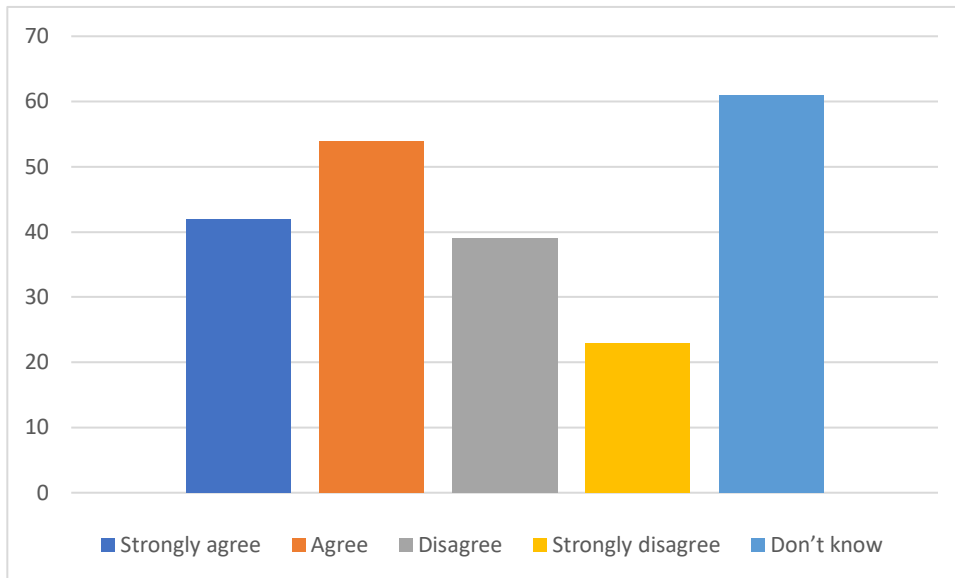
Q15 Please feel free to comment on your previous answer.

The main themes raised (in descending order of frequency) were:

- General positive support;
- Keep the school separate;
- Safeguarding concerns;
- I need more information;
- Welsh language education issues;
- Do we need a new school?
- Trying to fit too much into the space;
- Loss of space for the school;
- I'm too far from Newtown (would access services elsewhere);
- Wrong site;
- Keep early years provision as it is;
- Naming/terminology;
- Consider impact on other schools;
- General opposition;
- This concept works elsewhere (co-location);
- Traffic concerns;
- Take a look at other examples of co-location;
- Build the school out of town;
- Privacy concerns (for those using non-education services);
- The current school buildings are not fit for purpose;
- Ensure ALN support;
- Ensure school is open to all;
- Equalities issues;
- Reduce school footprint to free up space for healthcare provision;

- Opportunities for multi-generational activities;
- We need more pre-school provision,
- Mission creep.

Q16 Do you agree that there could be benefits to healthcare and wellbeing service providers by the school being part of the campus?



	Number	%
Strongly agree	42	19.18
Agree	54	24.66
Disagree	39	17.81
Strongly disagree	23	10.50
Don't know	61	27.85

Q17 Please feel free to comment on your previous answer.

The main themes raised (in descending order of frequency) were:

- Keep the school separate;
- General opposition;
- I need more information;
- Traffic concerns;
- Safeguarding concerns;
- Wrong site;
- General positive support;
- Trying to fit too much into the space;

- Opportunities for multi-generational activities;
- There's a need for a District General Hospital (DGH) and/or A&E department;
- Patient medical services are more of a priority;
- Ensure ALN support;
- There's a need for better nutrition education;
- This will provide unfair access to healthcare for Ysgol Calon y Dderwen;
- Welsh language education issues;
- Look at existing provision across north Powys (not just Newtown),
- Could be a fragmented service.

Q18 Do you have any comments regarding any potential linkages between the school and wider services provided on the campus?

The main themes raised (in descending order of frequency) were:

- Keep the school separate;
- General positive support;
- This will provide unfair access to healthcare for Ysgol Calon y Dderwen;
- Safeguarding concerns;
- General opposition;
- Traffic concerns;
- Equalities issues;
- Car parking concerns;
- Security/vandalism (CCTV);
- Opportunities for multi-generational activities;
- I need more information;
- I'm way of social services;
- Wrong site;
- Ensure support for ALN;
- Trying to fit too much into the space;
- Staffing concerns;
- Healthcare is being provided at the expense of education;
- The school is better linked to the library (than health/wellbeing elements).

Q19 Do you have any other comments on the school element of this project?

The main themes raised (in descending order of frequency) were:

- Keep the school separate;
- Safeguarding concerns;
- General opposition;

- I need more information;
- Parking concerns;
- Traffic concerns;
- Wrong site;
- Loss of space for the school;
- Trying to fit too much into the space;
- Keep early years provision as it is;
- Patient medical services are more of a priority;
- General positive support;
- Privacy concerns (for those using non-education services);
- Staffing concerns.

Q20 In the future, we will be working with the people of North Powys to give a name to the proposed Multi Agency Wellbeing Campus. We welcome any early thoughts you may have on this matter.

Suggestions included:

Naming it after:

- Robert Owen;
- Dr Julian Tudor-Hart;
- Llywelyn Fawr;
- Llewelyn Olaf;

As well as the suggestion that we shouldn't name it after a person.

In terms of language, we had:

- Use a Welsh name;
- Use an English name;
- Use a bilingual name.

In terms of general concepts, we had:

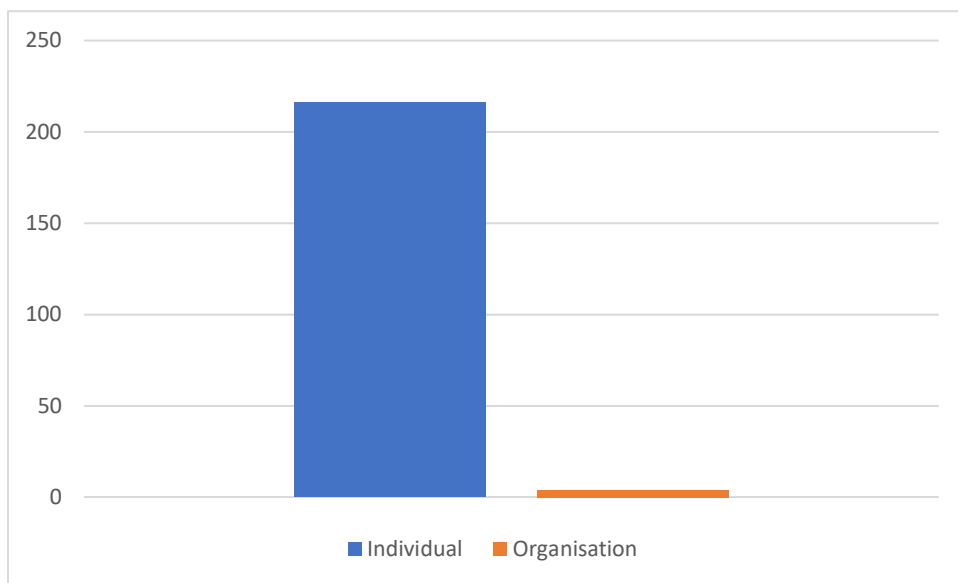
- Use a reference to Wellbeing;
- Use a reference to Progress;
- Use a reference to Ladywell.

And in terms of specific suggestions, we had:

- Fit for Life;
- Canolfan y Dderwen;
- Brighter Future(s);
- Powys Health and Wellbeing Centre;
- Newtown Park Street Campus;

- North Powys Wellbeing Centre;
- Newtown Health Centre;
- Wellbeing Campus – Newtown;
- Putting the People of Powys first;
- Mid Wales Teaching, Health and Wellbeing Campus;
- North Powys Healthcare,
- Newtown Health Hub,
- North Powys Multi Agency Wellbeing Council.

Q21 Have you responded as an individual or an organisation?

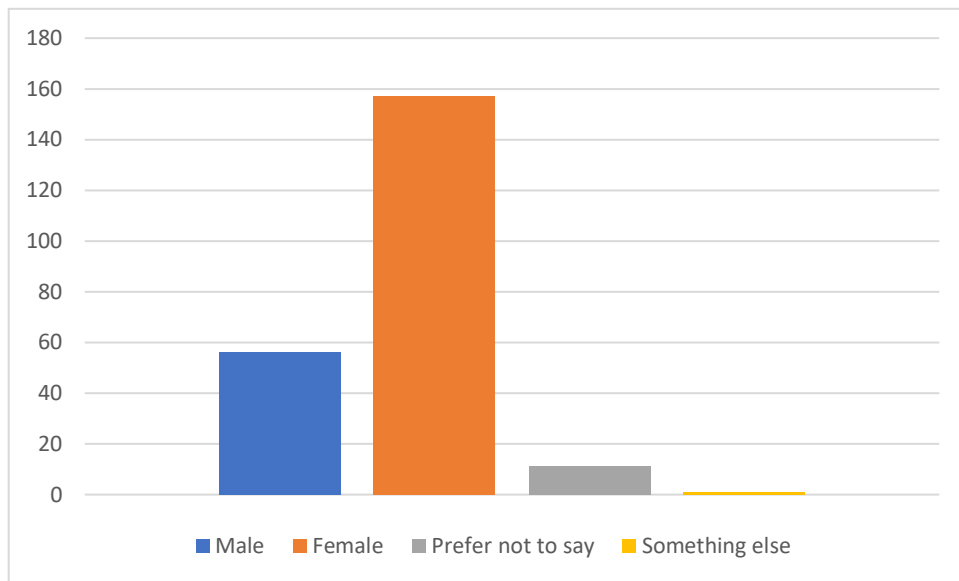


	Number	%
Individual	216	98.18
Organisation	4	1.82

Q22 If you responded as an organisation, what is its name? (Please then ignore the remaining questions on this page and go straight to the submit button at the bottom of this page).

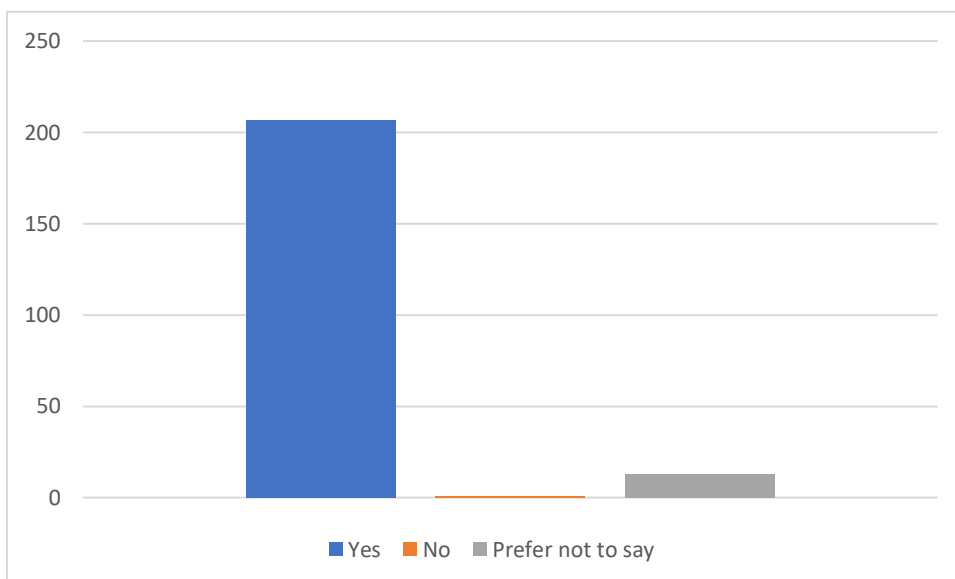
The only responses received were from Llangynog Memorial Hall and the Montgomeryshire Labour Party.

Q23 What gender do you consider yourself to be?



	Number	%
Male	56	24.89
Female	157	69.78
Prefer not to say	11	4.89
Something else	1	0.44

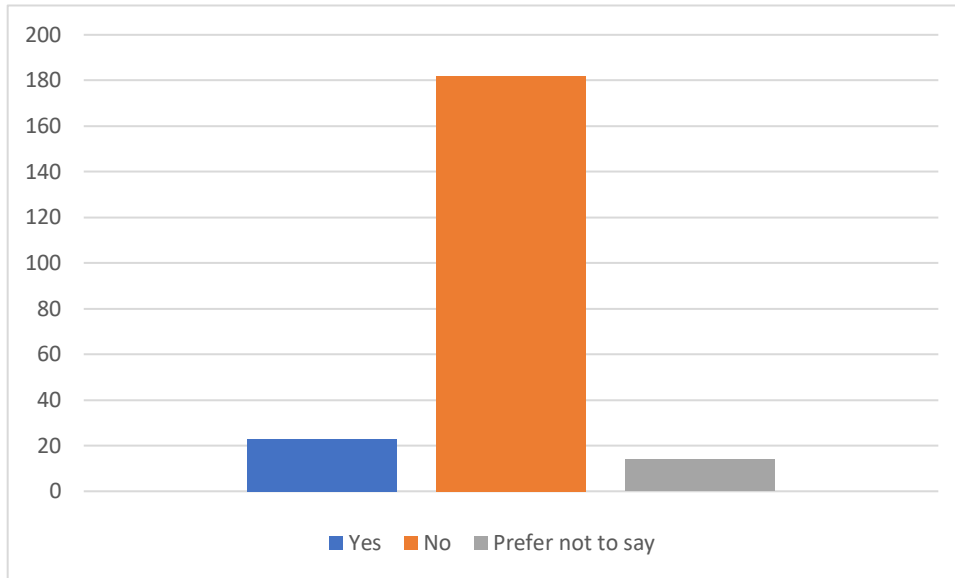
Q24 Is your response to the previous question the same as what's noted on your birth certificate?



Response	Number	%
Yes	206	94.81
No	1	0.44
Prefer not to say	11	4.89

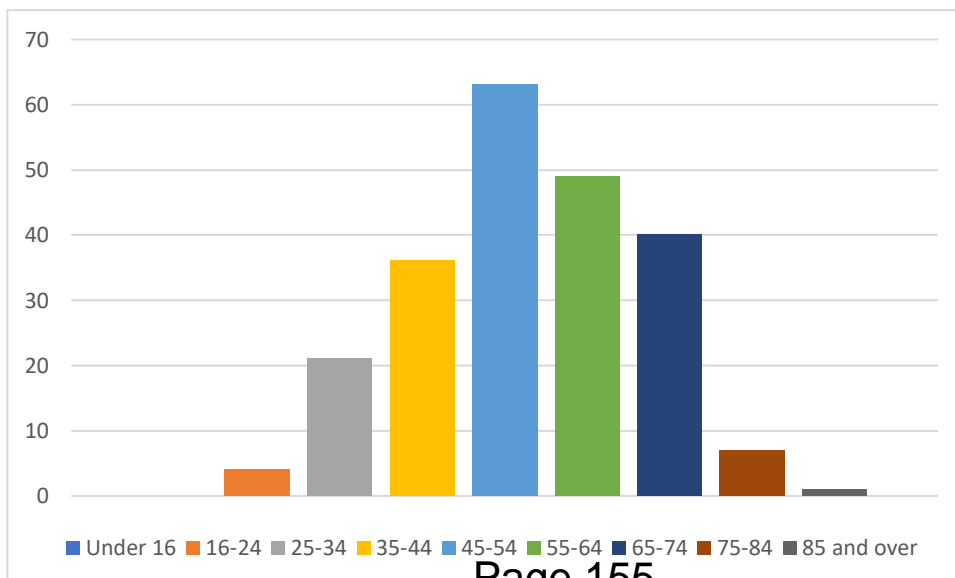
Yes	207	93.67
No	1	0.45
Prefer not to say	13	5.88

Q25 Do you consider yourself to be disabled?



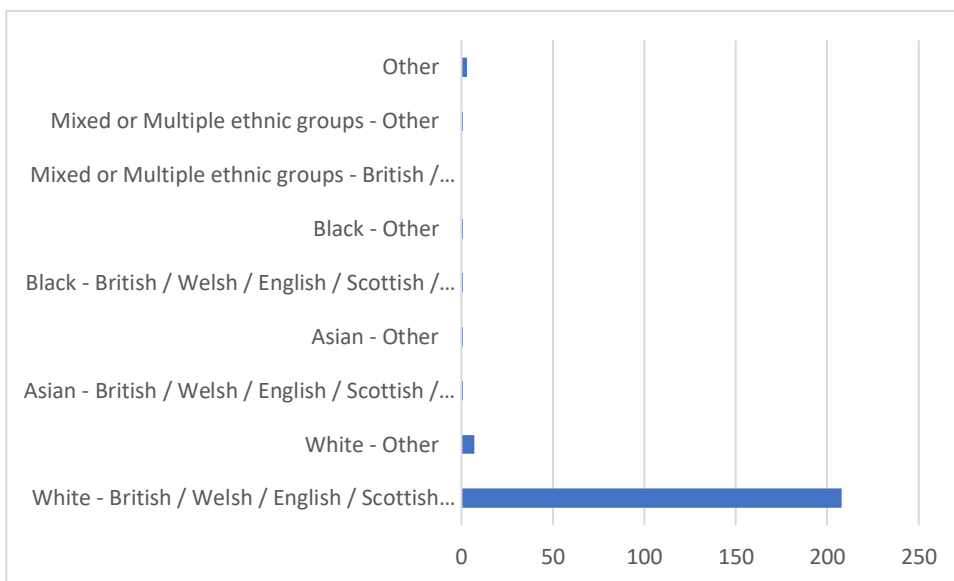
	Number	%
Yes	23	10.50
No	182	83.11
Prefer not to say	14	6.39

Q26 How old are you?



	Number	%
Under 16	0	0.00
16-24	4	1.81
25-34	21	9.50
35-44	36	16.29
45-54	63	28.51
55-64	49	22.17
65-74	40	18.10
75-84	7	3.17
85 and over	1	0.45

Q27 What is your ethnic group?



	Number	%
White - British / Welsh / English / Scottish / Irish	208	93.27
White - Other	7	3.14
Asian - British / Welsh / English / Scottish / Irish	1	0.45
Asian - Other	1	0.45
Black - British / Welsh / English / Scottish / Irish	1	0.45

English / Scottish / Irish

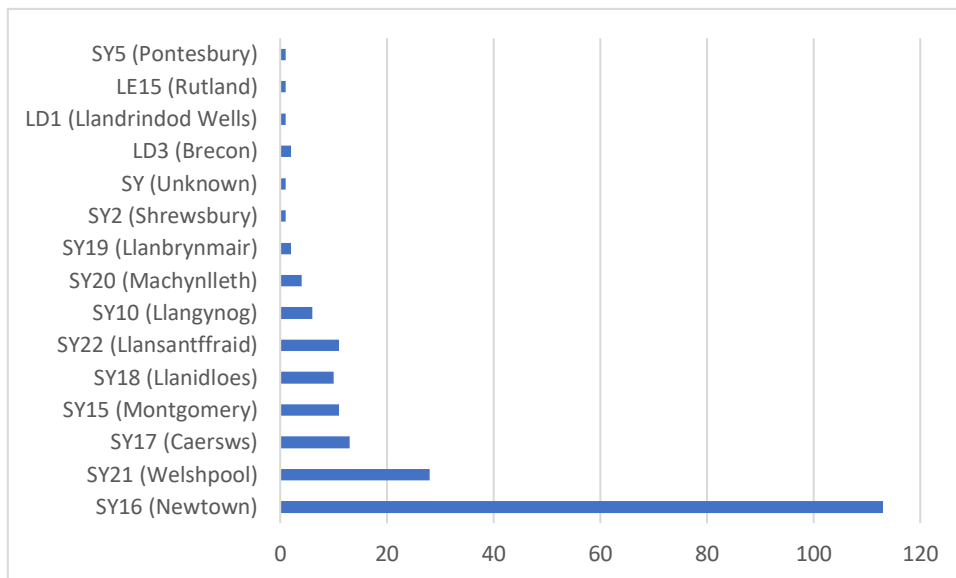
Black - Other 1 0.45

Mixed or Multiple ethnic groups - British / Welsh / English / Scottish / Irish 0 0.00

Mixed or Multiple ethnic groups - Other 1 0.45

Other 3 1.35

Q28 What is your postcode? If you'd prefer not to enter the whole postcode, please let us know the first part (e.g. SY16).



SY16 (Newtown) 113

SY21 (Welshpool) 28

SY17 (Caersws) 13

SY15 (Montgomery) 11

SY18 (Llanidloes) 10

SY22 (Llansantffraid) 11

SY10 (Llangynog) 6

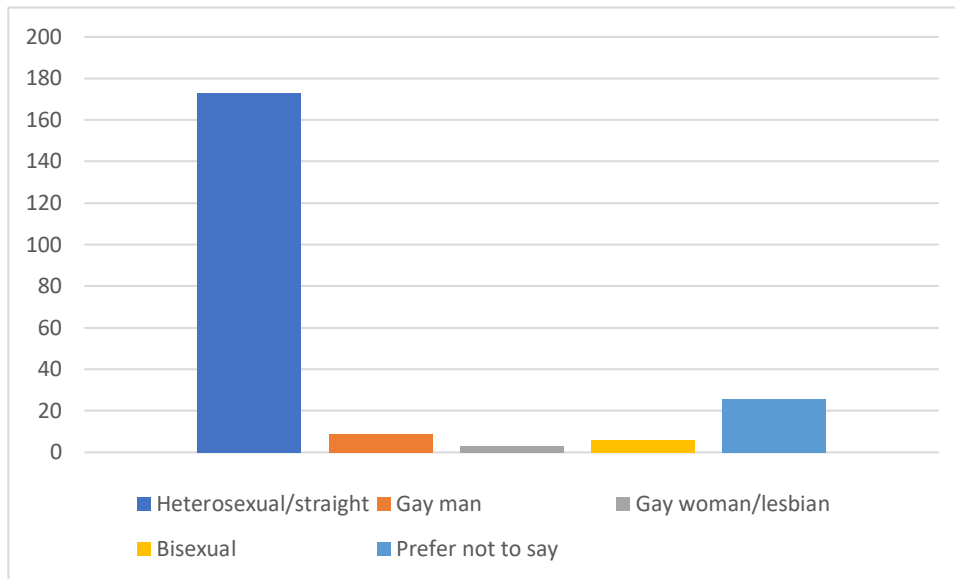
SY20 (Machynlleth) 4

SY19 (Llanbrynmair) 2

SY2 (Shrewsbury) 1

SY (Unknown)	1
LD3 (Brecon)	2
LD1 (Llandrindod Wells)	1
LE15 (Rutland)	1
SY5 (Pontesbury)	1

Q29 What is your sexual orientation?



	Number	%
Heterosexual/straight	173	79.72
Gay man	9	4.15
Gay woman/lesbian	3	1.38
Bisexual	6	2.76
Prefer not to say	26	11.98

Q30 Are you a town or community councillor?

10 respondents identified as town or community councillors.

Q31 If you answered Yes to the previous question, which council are you a member of?

- Machynlleth Town Council;
- Tregynon Community Council;
- Llanwddyn Community Council

- Llangynog Community Council
- Llandysilio Community Council;
- Caersws Community Council;
- Trefeglwys Community Council;
- Churchstoke Community Council.

To give more context to these results, particularly the information given to respondents, the following pages show the format of the survey. This was produced and distributed in Welsh as well as English.

Appendix K: Learning Innovation and Community Hub Specification

North Powys Multi-Agency Wellbeing Campus Learning, Innovation and Community Hub



1. Version Control

Version	Date	Author	Issued to	Reviewer comments
V1.0	21/02/22	SCT	Programme Team Members	

Service area	Learning, Innovation and Community Hub
--------------	--

Service Lead		
Name:	Designation:	Email address:

Sub-Services included within this specification		
Service Area	Lead:	Designation:
Third Sector (Community Wellbeing Hub)		
Library		
Health & Care Academy		

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2. Purpose

This service specification sets out the high-level service requirements for a Learning, Innovation and Community Hub situated within the Multi-Agency Wellbeing Campus in the centre of Newtown, north Powys. It is aligned with the agreed planning framework for the North Powys Wellbeing Programme and is set in the context of the latest policy, guidance and best practice evidence base.

Stakeholder engagement into developing this specification has been via the Clinical and Professional Reference Group, Workforce Futures Programme Board, Workforce Futures Oversight Group, as well as engagement with wellbeing partners, public and third sector, PCC Principal Librarian and the Joint Health and Care Strategic Workforce Planning Manager.

It is also based on an amalgamation of various service specifications developed by operational managers.

3. Context

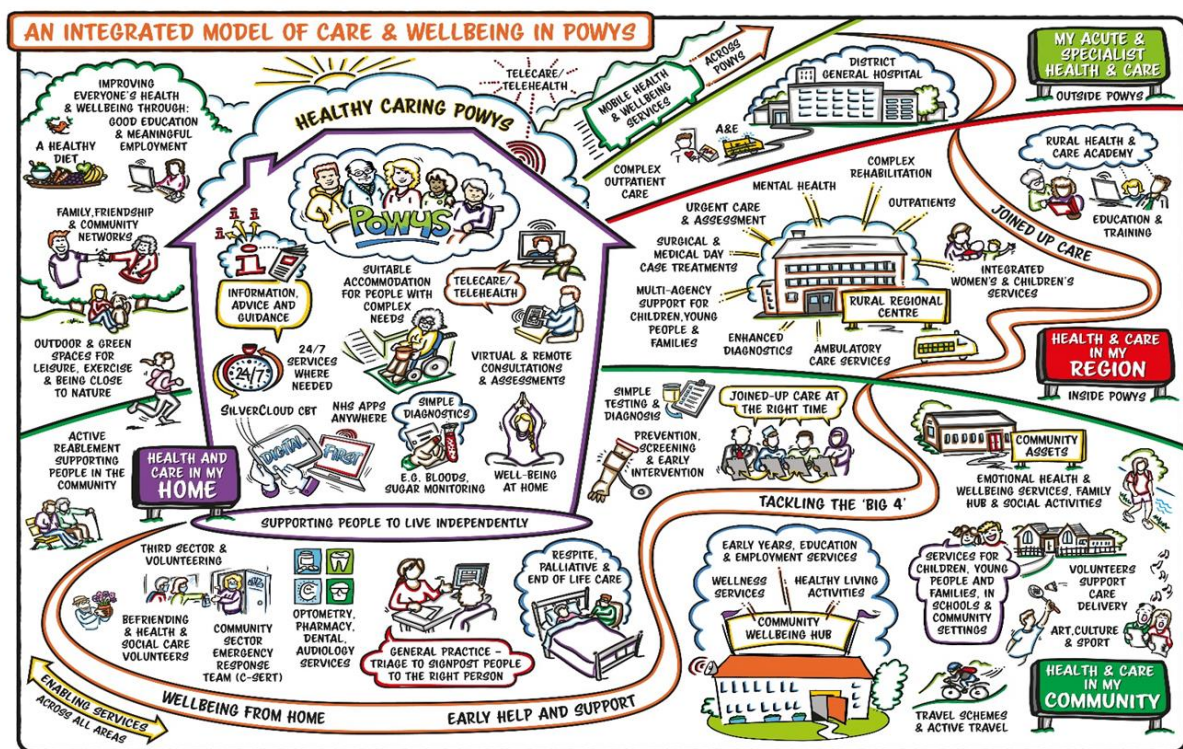
The Health and Care Strategy in 2017, set out a change in the way services would be provided in the future, introducing and distinguishing between different levels of service provision for the future, to be provided from home, Community Wellbeing Hubs and Rural Regional Centres. It outlined Rural Regional Centres would be developed to:

- Provide the services currently provided separately in facilities, as well as some secondary care services from within our neighbouring District General Hospitals
- Include strong relationships with providers of services that cannot be delivered currently in Powys

- Provide additional services to Community Wellbeing Hubs and provide the opportunity of delivering more services e.g. same day case surgical services, rehabilitation services and a community diagnostic service.

The North Powys Wellbeing Programme was established to deliver the strategy, an Integrated Model of Care and Wellbeing was developed based on what the community felt was important to them in terms of their health and wellbeing. Discussions have taken place in relation to the concept of a Rural Regional Centre and it was agreed the definition / naming needs amending to reflect this and 'Rural Regional Diagnostic and Treatment Centre' was agreed.

The Integrated model of care and wellbeing provides a framework for all future plans and service change across Powys and demonstrates what services will be provided at home, community, region and out of county.

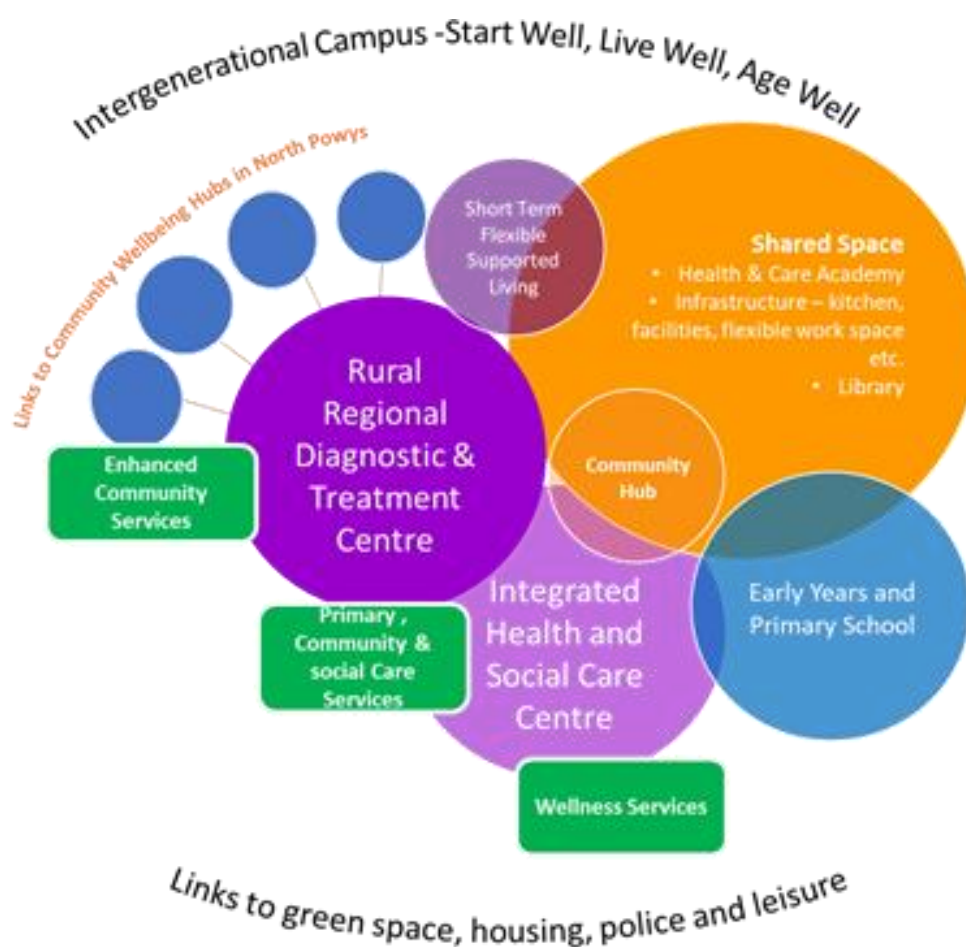


The development of a multi-agency wellbeing campus in the centre of Newtown is a key enabler to delivering the integrated model of care and wellbeing.

The **concept of the Multi-agency Wellbeing Campus** is to support a **community first** approach by bringing together the community, local partners and statutory organisations to work together to provide a **more social model for health** which **addresses and prevents needs both now and in the future**.

The diagram below shows the concept of the campus. The principles are:

- Community first approach, focusing on improving wellbeing and holistic needs.
- Fit for purpose estate, zero carbon, making best use of space and resources,
- Integrated digitally enabled services in the home, or as close to home as possible.
- Ensure children and young people get the best start in life.



4. **Service Vision**

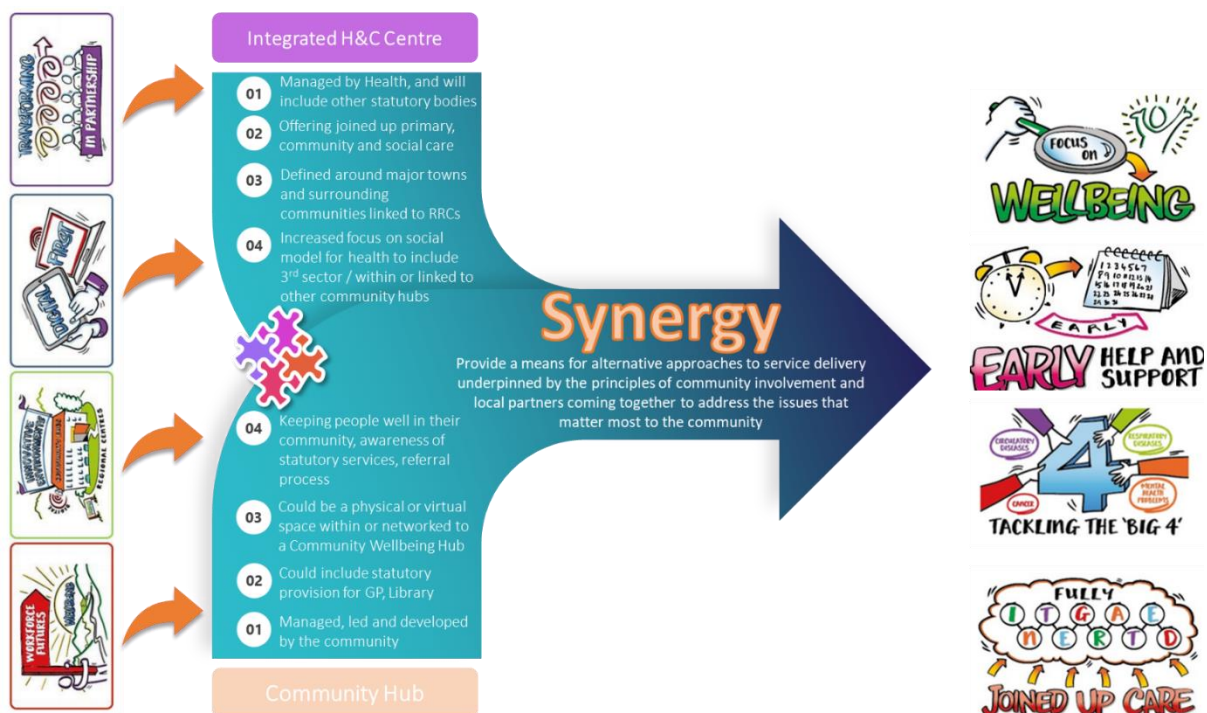
The Learning, Innovation and Community Hub will provide a community-led, purpose-built environment to enable innovation in practice and future workforce solutions, digitally enhanced facilities, and will support the prevention and wellbeing agenda for the local population.

Collaboration will be at the core of the Learning, Innovation and Community Hub, with a collective focus on prevention rather than crisis intervention,

promoting a social model of health, utilising third sector services that are truly preventative and person-centred. This will require a new relationship between public services and communities that enables shared decision making, voice, genuine co-production and joint delivery of services.

The social model of health and wellbeing considers a range of factors influencing the health and wellbeing of the population, and is a community approach to preventing diseases and illnesses. The Integrated Health and Care Centre will support this approach by:

- **Empowering individuals and communities:** allow communities to participate in decision making about their health. People will be more likely to participate in healthy behaviours if they feel they have a sense of power and control over their situation.
- **Acting to enable access to health care:** as health care is a significant determinant of health and health status, the Integrated Health and Care Centre will enable all people to receive appropriate access to health care regardless of their social situation.
- **Involve intersectoral collaboration:** this involves a range of statutory and non-statutory organisations working together to promote health and wellbeing, implement programmes and encourage people to manage their own health and care needs.



The North Powys Wellbeing Programme aims to embrace the statutory roles of Powys Teaching Health Board and Powys County Council as anchor institutions

and maximise the social and economic value they bring to the local community through:

- **Working more closely with local partners.** The combined assets of PTHB, PCC and broader third sector services will be significant; working collaboratively across the campus will give more reach into the community than they would have individually, using their collective influence to encourage other organisations in local economies to adopt similar practices. If harnessed correctly, the emphasis on place could provide the conditions needed to support greater collaboration to develop communities and take collective action to tackle inequalities and improve the socioeconomic environments needed for good health and wellbeing.
- **Using buildings and spaces to support communities.** Communities are more resilient when people are connected through social networks, the development of the Learning, Innovation and Community Hub for community use or supporting the development of surrounding green spaces can provide vital opportunities for social interaction and intergenerational activities.

The Hub is predicated on 3 main arms:

- Rural Health and Care Academy
- Library
- Community/Wellbeing Hub

5. National, Local Policy and Best Practice Guidance

The service specification aligns and supports with delivery of:

- A Healthier Wales and the Quadruple Aim
- Social Services and Wellbeing (Wales) Act – ‘what matters to individuals’
- Wellbeing of Future Generations Act – Sustainable Development Principle
- National Rehabilitation pathways and guidance
- Nuffield Trust, London School of Economics and the universities of Leicester, Newcastle and Southampton created a Hospital Frailty Risk Score (HFRS)
- National Programme for Primary and Community Care and Primary Care Model for Wales
- NICE guidance (where applicable)
- Nest Framework.
- New Curriculum for Wales
- United Nations Convention on the rights of Children.
- The Children Act 2004

The local policy context includes alignment and supporting delivery of:

- Powys Health and Care Strategy
- PTHB Annual Plan
- PCC Vision 2025

- Integrated Model of Care and Wellbeing
- RPB Strategic Outcomes Framework

6. Population and Service Needs

The social determinants of health are the non-medical factors that influence health outcomes amongst the population. They are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. The social determinants of health have an important influence on health inequities, the unfair and avoidable differences in health status seen within and between geographical areas. At all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.

These determinants of health are of particular prominence in the Newtown area, an area of multiple deprivation and poor health outcomes as evidenced in each of the sections below.

Evidence tells us that those living in poor housing conditions or suffering homelessness experience poorer physical and/or mental health outcomes. The situation surrounding Coronavirus and the subsequent lockdowns intensified the homelessness presentations, and at the height of the initial lockdown in March 2020, the Homelessness Team in Powys County Council reported that homelessness enquiries and applications increased by 300% compared to the same point in the previous year. The sharp increase was driven by several factors, primarily:

- A reduction in opportunities for individuals who were previously staying temporarily with friends or family members
- An increased rate of relationship breakdowns
- The early release of prisoners into the community at the beginning of the pandemic.

In 2021, up to October there were 341 recorded cases of homelessness in Powys, with 24% of these in the Newtown and Llanidloes Local Housing Market Area (LMHA), the highest case rate in the county.

People have different life expectancies depending on their income and where they live, which is unfair. For example, in the Ffridd Faldwyn MSOA area, the average male life expectancy is 83.2 years, whereas in Newtown South-West this is just 74.3 years, whilst 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%) compared with other areas in north Powys – Ffridd Faldwyn (8%) and Guilsfield Brook (7%).

The Welsh Index of Multiple Deprivation (WIMD) is the Welsh Government's official measure of relative deprivation for small areas, LSOAs, in Wales. It identifies areas with the highest concentrations of several different types of deprivation in relation to:

- Income
- Employment
- Health
- Access to Services
- Education
- Housing
- Physical Environment
- Community Safety

The LSOAs of Newtown East and Newtown South are ranked in the top 20% most deprived areas in all Wales, whilst Newtown Central 1 and Newtown Central 2 are ranked in the top 30% most deprived in all Wales. While the life expectancy in Powys compares favourably with that in Wales overall, inequalities persist within Powys and Newtown itself between the most and least affluent along the social gradient:

- A girl born in the least affluent parts of Powys can expect to live 5.6 years less than if born in the most affluent areas
- A boy brought up in the least affluent areas can expect to live 6.5 years less in good health.

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. 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 locality area which scores high on a number of factors associated with the WIMD.

Out of the 13 localities of Powys, Newtown locality has the highest rate of crimes with 3,180 per 10,000 population. Data provided by Mid and West Wales Fire and Rescue Service for the time frame 4th April 2018 to 18th July 2021 shows; There was a total of 358 fires reported during this period. 48% grass fires, 82% arson. Out of our 13 Localities in Powys, with 14% (51) Newtown locality has the second highest number of Grass fires and Arson incidents. Notably, Newtown East ranks 31st of all 1,909 LSOAs in Wales for most deprived for community safety.

Free School Meal eligibility is a key proxy measure of household income. At all key stages, learners eligible for free school meals tend to perform significantly less well than those not eligible, leading to a decrease in educational attainment. Poor educational attainment is likely to harm children and young people's future life chances and perpetuate the cycle of poverty. Over the past two years from 2018/19 to 2020/21, Powys has seen the second largest increase among all Welsh Local Authorities in the number of children eligible for free school meals (increase of 46%). The number of children eligible increased from 1,820 to 2,651 children. In Powys Primary Schools, 15% of all pupils are receiving free school meals, the highest being Maesyrrhandir C.P. School in Newtown catchment area with 46% of pupils receiving Free School Meals. Newtown catchment has the highest free school meals take up with 23%. In Powys Secondary Schools,

14% of all pupils are receiving free school meals, Newtown High School has the second highest up take with 19% of pupils receiving free school meals.

Childhood poverty is an important driver of population health for two reasons:

- Adverse effects on health in childhood can be very powerful in setting children on a trajectory towards poor health throughout the life course
- Poverty itself is associated with a range of adverse risk factors, sometimes being thought of as a 'risk factor for risk factors', meaning that it can bring many negative health effects.

Reducing inequalities can be achieved through effectively working across health, local authorities, schools and other agencies by implementing 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.

Since June 2019, as a result of Coronavirus, unemployment has risen sharply in Powys. The Annual Population Survey (ONS) results show that between December 2019 and June 2021 unemployment in Powys has doubled. The unemployment rate increased from 3.1% to 6.3% (+3.2%) in Powys, compared with the Welsh average from 4.2 to 4.4% (+0.2%). As a result of this increase Powys went from ranking 12th out of 22 for the lowest rate of unemployment in Wales, to 6th lowest, and (as seen above) for the first time Powys' unemployment rate exceeded the Welsh average. The Claimant Count data shows the number of people who are claiming Jobseeker's Allowance and those claiming Universal Credit who are required to seek work as an indicator of unemployment. Between March 2020 and September 2020, Newtown locality saw the highest overall increase in the number of claimants with 405 new claimants during the same period, equating to an increase of 140%. As of September 2021, Powys has 2,340 claimants. Newtown locality has the highest number and the highest % of claimants out of all 13 localities across Powys. Newtown locality contains 16.5% of all Powys' claimants (385).

Extensive engagement was undertaken during 2019, the image below demonstrates the most prominent feedback that was gained from members of the public on Newtown specifically during the engagement sessions. Development of the Integrated Health and Care Centre and incorporated Community Hub will address many of the issues currently faced by the population of Newtown.

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.



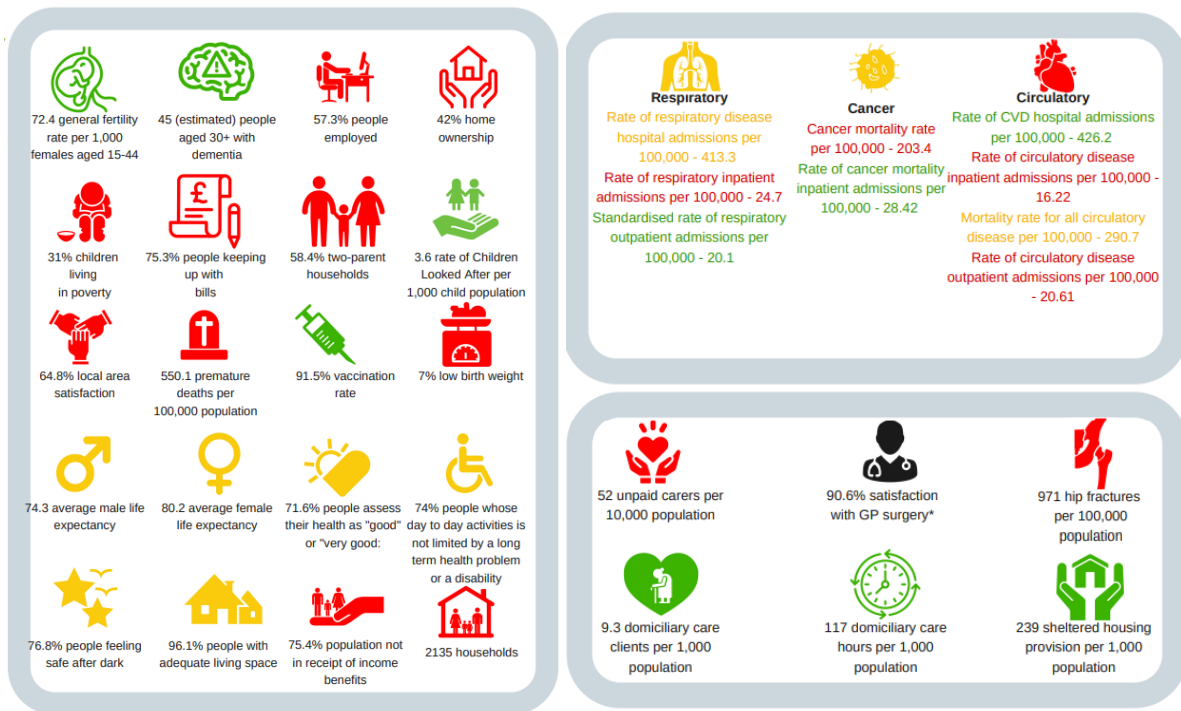
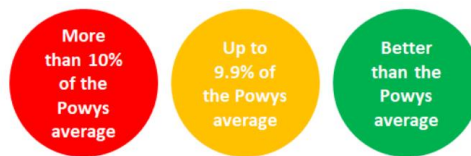
Adults and children services need to share and talk to each other. Improve transitions. More support needed on support staff, need up to date training on mental health to help adults to help families to get back on track.

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.

The statistics below relate to the area within the Newtown locality boundary. Statistics have been colour coded red, amber or green text or icons based on the following methodology:



7. Service Scope and Description

The Learning, Innovation and Community Hub will provide a service to the population of Newtown:

1. Rural Health and Care Academy
2. Library
3. Community Hub

1. Rural Health and Care Academy

Vision



The **Health and Care Academy** Model will support the health and care sector in Powys to become the sector of choice, by growing the workforce through local training and education, skills development and leadership. The sector will become an exemplar provider of rural professional and clinical education through modern physical and virtual spaces, combined with a leadership and management talent operating at all levels and across systems. This will enable

leaders to develop innovative models of care in a rural setting through technology, education, research and innovation, making sure the health and care workforce including our volunteers and carers can respond to people’s needs in a timely way.



Academi Iechyd a Gofal Powys
Powys Health and Care Academy

The Health and Care Academy Model

 <p>Ysgol Addysg a Hyfforddiant Proffesiynol a Chlinigol School of Professional and Clinical Education and Training</p>	<p>School of Professional & Clinical Education & Training – This will build a strong reputation of applied study across all health and care specialities, giving learners the opportunities to gain professional and clinical skill and expertise in modern simulation environments, whilst studying alongside other multi-disciplinary teams and professionals embedding peer support and collaborative working.</p>
 <p>Ysgol Ymchwil, Datblygu ac Arloesi School of Research, Development and Innovation</p>	<p>School of Research, Development & Innovation - The aim is to equip the County’s health and care workforce with the skills and confidence to identify improvement needs in their areas, and to systematically make those improvements, measuring and demonstrating the impact that they have on citizen patient experience.</p>
 <p>Ysgol Arweinyddiaeth School of Leadership</p>	<p>School of Leadership - Development of leaders across the whole health and care system in Powys. Investment in system and collective/compassionate leadership and Wales Intensive Learning Academy (ILA) Digital Transformational Leadership</p>
 <p>Ysgol Gwirfoddolwyr a Gofalwyr School of Volunteers and Carers</p>	<p>School of Volunteers & Carers - focus on providing education, training and development support to volunteers and carers, as a core and important part of the broader workforce. There will be a skills development portfolio on offer, including a skills matrix and a focus on wellbeing</p>

Included within the facility will be an Adaptive Simulated Living Space – providing a space whereby education and skills development required in a home setting can take place, along with the show casing the testing latest home kit that can support people to live independently and prevent increased risk of being admitted into a hospital and or community setting. Educating staff including volunteers and carers in this environment can not only act as a preventive measure of admissions but also as a ‘out of hospital’ system flow support.

Service Description

The Health and Care Academy model will operate as a hub and spoke model across the county, offer a practical solution to the geographical footprint in Powys. The North Powys Wellbeing Campus will be one of many physical sights across the county. It will offer modern, practical, academic and digital learning opportunities for staff, volunteers and carers. It will support local achievement of the aspirational health and care outcomes for the communities in Powys through in-service skills development, education and learning, and will have an important impact on the economy of Powys and Wales, by supporting improvements in employment opportunities. The work will connect with the Education Transformation programme for Powys, where there will be improved support for the 16+ Further and Higher Education.

There will be training for:

- Nurse Education (undergraduate and graduate)

- Social care professional education
- Primary care education programme prototype
- Clinical skills and education
- Medical education AHP and healthcare scientist's education
- AMP (Mental Health) Education
- Physicians Associates training
- Mandatory training
- Simulation training
- Mentoring
- Independent prescribing
- Virtual consultations competencies
- Psychology placements

2. Library

Vision

We will be leaders in the provision of a 21st century **public library**, with an agile, multi-skilled workforce that can deliver the best citizen experience against the backdrop of ongoing digital disruption. Powys Library Service is committed to developing literate communities in Powys; leading the way in an information-society, connecting communities, supporting business and innovation, providing cultural opportunities, and educating and empowering citizens to help them live their best lives.

Capitalising on advancements in AI and automation will allow us more time to innovate with new tools for customer engagement, and to spend more time connecting face-to-face with customers for that all-important human connection. Book literacy will be delivered through a multi-channel approach – by book, by person, by podcasts, videos, livestreams, signing, etc, sharing trusted, informative and entertaining content across all our platforms. As facilitators of informal learning, experiences will be varied and relevant to our times: human libraries, pop-up skill sessions, international virtual events, with residents learning valuable life skills in a setting that inspires and emboldens them.

Service Description

Experienced 21st Century librarians will be educators/trainers, champions of self-care, and digital leaders with skills and resources at their disposal used for the purpose of providing life-enhancing opportunities for residents and communities. The multi-channel approach to our services means that we can engage with our communities at any time, and in ways that suit them. We will provide an exceptional citizen experience to every visitor to our libraries, using sentiment and data analytic tools to meet changing customer demands, but with the unique human touch that a library service provides. An extensive range of partner networks will continue to ensure that we deliver to all people what they need, whenever they need it.

The latest in Open+ library technology will allow our buildings to be open 24/7. Our cultural, health and learning programmes will ensure that our communities are well informed about their options in life and positive choices, whether that be good living and the use of SMART tech to enhance health and wellbeing, the environment and sustainability, adulting, etc

3. Community Hub

Vision

Community Hub spaces will be open and flexible and can be adapted to changing community needs. As a definition, community can be defined as:

“Community as an umbrella term, to cover groups of people sharing a common characteristic or affinity, such as living in a neighbourhood, or being in a specific population group, or sharing a common faith or set of experiences¹”

The Community Hub will be led by the community supporting signposting to relevant services to meet needs of the population and reduce demand on statutory intervention. The Community Hub will need to be designed around and for the community, a facility in which they see themselves reflected.

There will be a focus on integrating wellbeing and community services across the lifespan – a hub from which communities and providers can bring children, young people and adults together to share skills and experience through a wide range of intergenerational activities. Multi-agency assessment and holistic, personalised care can reduce duplication, eliminate gaps in service provision, address equity issues and ensure the needs of an individual are shared, understood and met in a timely way.

Service Description

The Community Hub will support delivery of a social model of health and wellbeing for the population of Newtown by maximising the opportunities created by the synergies that will exist within the Integrated Health and Care Centre and Community Hub as well as the broader multi-agency wellbeing campus. We recognise that the social determinants of health and wellbeing could be better addressed by a broad range of third sector organisations rather than statutory services which would be supported by the Community Hub, preventing people from naturally deferring to statutory service support.

Tackling the social determinants of health requires a collaborative approach that the Community Hub aims to bring, with organisations coming together to provide more holistic person-centred services. There are a diverse range of third

¹ South, J (2015) A guide to community-centred approaches for health and wellbeing. Project Report. Public Health England / NHS England.

sector groups and organisations who have expressed a strong desire to operate from or link into the Community Hub, offering wellbeing and preventative services to minimise the reliance on statutory services and enhance the health and wellbeing of the local population.

Flexible generic spaces will enable agile working and reduce carbon footprint through better use of space.

8. Digital Opportunities

Digital technology can be used in creative ways to initiate, maintain and sustain relationships to meet the emotional and therapeutic needs of people who use services. The inherent ethical and therapeutic value of social relationships are recognised in Powys and digital infrastructure will seek to support those social relationships.



9. Opportunities for Co-Location / Integration

The services provided by the third sector have always been crucial in supporting service users and/or their carers. However, there is currently a huge opportunity to integrate the third sector into statutory service provision closer to the heartbeat of the communities we serve in order to better support people's health and wellbeing, whilst managing increasing demand.

By adopting a co-designed approach to the potential support that could be offered from the Community Wellbeing Hub, we are creating a framework for system change that sets a duty to collaborate not just between services, but to bring services together. As public service agencies, Powys Teaching Health Board and Powys County Council need to become catalysts and facilitators to create equitable and effective partnerships in order to radically transform the way public services are planned and delivered in north Powys. The contribution of the third sector is hugely valued in Powys, and it is recognised that the sector is much more adaptable than large scale statutory health and social care organisations; there is a vital role for them in providing informal networks of support, building community resilience, being able to respond to very specific and subtle local nuances.

The Covid-19 pandemic has been the catalyst for a significant increase in partnerships between agencies responding to the crisis and providing care and support, finding ways of working that meet people's immediate needs. This

strong foundation gives us a good opportunity to build on the work already underway in Powys in utilising the third sector to its full capacity, whilst encouraging partnership and integrated working amongst the third sector itself.

The examples of potential co-location/integration opportunities provided below have been taken from service specifications submitted by third sector partners:

- Powys Citizens Advice – be a point of contact for all support teams, third sector organisations with regards to providing advice and support for people they are supporting
- PAVO Community Connectors – opportunity for a connector to be based within the Wellbeing Campus in order to fully integrate and collaborate with other services. This would benefit the clients we support, co-production of support and sharing of information on third sector and community groups who can support individuals’ health and wellbeing
- RNRaW2 (Open Newtown) - Bringing together new nature-based partnerships at a replicable market town scale, engaging many more people & businesses (both urban & rural) in sustainably managing their natural resources alongside piloting new models of delivery. Placing young people and their role as ‘ecological observers’ at the evidence-based heart of the project, underpinning understanding and awareness. Marrying this with the piloting of viable long-term solutions for green prescribing and business wellbeing / resilience and beginning to pilot ecosystem service payments with landowners.
- Housing Solutions – co-location with Mental Health Services, Substance misuse services, Police, Probation, Education, Health and disability services. These are already located in Newtown so co-location may not be necessary however have a combined resource to triage, assess and accommodation high need cases utilising existing services would provide an opportunity to deliver combined integrated services to the benefit of the households presenting as homeless.
- PCC open Access Youth Service - Partners: CAIS, Detached team, Montgomeryshire Family Crisis, Health Visitors, School Nurse, Local Council, Open Newtown, Leisure Centre, Gallery - plus any other opportunities.
- NPTC College Newtown - Links already through the Young Persons Emotional Health and Wellbeing works steam, Already established links with support agencies like – WACADA, Caes, Dewis, Llamau, CREDU and the Princes Trust continue and are accessed when needed. The College will expand partnerships with appropriate outside agencies and individuals, for advice and active support for health promotion, protection and planning in the College
- Ponthafren - The wellbeing campus would provide opportunities for Ponthafren and statutory organisations to work together with mutual clients to support those who are hesitate to trust or fear statutory services. A blended approach between third and statutory sectors can promote the strengths of each for the benefit of the individuals and the community. Being physically close to other wellbeing organisations (both

physical and mental) but also more practical services such as CAB, JCP, and housing would benefit Ponthafren and its clients as it would reduce the friction for holding inter-organisational meetings with or about clients. Proximity would increase opportunities for learning from and with each other, including providing one another training and advice or attending training together to better understand one another's perspectives and approaches

- Powys Befriending - Access to a range of service providers on a drop in basis – emergency services, advice organisations, health professionals, Community Connectors.
- Red Cross - We work closely with the community connectors, occupational therapist, 3rd sector organisation's and health care professionals to ensure all the service user's needs are met. Being in the hub would allow for greater networking and building of relationships and having a significant presence would result in more efficient referral process. Although our service is well known in the community having a presence in this hub can only increase our 3rd sector involvement in delivering support to those in need in the community.
- Sport Powys - We are open to work with all organisations to help support and develop access and the impact this model can have on Health and Care in North Powys.
- Walking Newtown - We'd like to coordinate with a health and well-being professional who can prescribe walks and facilitate people to get walking. It would be useful to have funding for a walk guide to introduce people to walks of various difficulties according to their ability.
- Credu - Being in the same building would elevate stigma and provide a service that sees the person not the symptom. A space where people can meet socially. This will bring an ownership and belonging to the place. This is especially important for young people. It would be amazing to offer young Carers a nice place to be if their family are having treatment. Hot desk at would be great and a meeting space for Carers and their families to be able to book
- Mid & NP Mind - We would like to have a fixed presence on campus to enable people to drop in to seek information, make appointments etc, possibly 2 staff on site. We would like to run our Mums Matter courses on campus, along with specialist mental health training courses/support groups for public and professionals. We would like to offer 1:1 appointments (mental health support/counselling) to be offered on an occasional, booked basis. We are currently developing our mental health support and education services for children and young people. Our ambition is to work closely with high schools and colleges, provide support for parents and teachers and offer training.
- Salvation Army - The church leader and designated team members (chaplains support, pastoral team), sometimes need a private, confidential space in which to meet members of the public to offer a listening service, as we don't always have a suitable room available on our premises

- Salvation Army Baby Basics - Baby basics works in partnership with the midwifery team and health professionals, these being the main referring agencies. However there is greater scope to work collaboratively, getting to know families who would want to help others and those who might need help but slip through the net without networking efficiently.
- Montgomeryshire Wildlife Trust - Working with other 3rd sector groups to align funding and adhere to framework
- Bikefit - Identified need to reach out to other agencies to increase amount of referrals into service
- Cultivate - Horticultural landscaping. Indoor living walls (controlled environment agriculture). Food production areas. Horticultural recreation areas. Opportunities to collaborate with other wellbeing services such as nature, music & arts based therapies. Working with other services could increase engagement in all activities, by attracting people with different interests. Cultivate has expertise in designing and maintaining edible landscapes (at Llys Glan yr Avon, Cultivate Community Garden and the Incredible Edible trail around Newtown) so would be keep to co-design a horticultural landscape at the Wellbeing Campus, with food and wellbeing at the heart of the landscape design. Local food procurement and develop a local food hub to increase production and consumption of local produce. This would reduce food miles, and support health and wellbeing of our community through access to good food grown locally.
- Gamechange - Link with other community groups such as Radiate Arts, Change Step veterans group, Passport Rotary as well as local businesses and NCTP group of colleges to promote intergenerational volunteering opportunities and create onward referral pathways and work experience opportunities. Schools, PAVO community connectors and Digital communities Wales to deliver the Digital Heroes programme. Scope to develop Digital Heroes further using the campus as a base. We would like more opportunities to collaborate and share knowledge and experience which could be facilitated from the campus, fill gaps in provision and ultimately improve outcomes for our beneficiaries.
- Montgomeryshire Neighbourhood Policing Team - Closer partnership working with youth services, mental health services, CAMHS, counselling services etc. Bro Hafren, day centres and MFCC.
- Open Newtown - Share support with the likes of Ponthafren, PAVO and a number of other organisations in town and we assume some of these will be interested in being co-located in the new campus.
- Kaleidoscope – Homeless services, probation, CMHT and social services.
- Oriel Davies - Gallery would like to take an active role to creating welcoming, relaxing, safe and inspiring environments throughout the hub and in the outside spaces that lend themselves to curating exciting contemporary art and craft with an emphasis on Welsh culture and other cultures - making private consulting rooms and corridors welcoming with visual art, music, sound-scapes, creating versatile spaces for workshops and support groups workshops, creating outdoor areas where these workshops and activities can regularly take place e.g. community garden areas; covered outdoor areas, linking indoor and outdoor areas with

imaginative walkways, planting and artworks. Linking the hub to the wider park land and other buildings such as the gallery and the riverside development and to the town centre.

- Library - open to partnership working opportunities, co-creating with third sector and health organisations, businesses, volunteers and residents to deliver services and activities that citizens within Newton and surrounding areas require.
- Impelo - We love working with other organisations to create innovative ways to improve services which address the aspirations and challenges of individuals and communities. We know that working together has the biggest impact. This year we have worked with organisations and their users like PAVO Befrienders, Dementia Matters Powys, Credu, schools, Perthyn, Llys Glan yr Afon and MIND to co-design dance programmes to improve mental and physical health and reduce isolation. We are excited about the potential to have a Wellbeing Hub that fosters potential for collaborative working to improve services for communities and the role dance can play in this. We are also in a partnership test project with National Resources Wales, PTHB, PCC looking at creativity, wellbeing and the landscape. Artscape which is working with communities mid/north and south.

10. Current vs. Future Service Delivery (inc. alignment to Programme Outcomes): Community Hub

The tables below outline the range of responses from partners in the Newtown area –showing the potential for what future services could look like in relation to the Campus. Further work is required to confirm which partners will be based on the site.

All Saints Church

Current Service	Future Service
From Church and range of community buildings	From a community space both for groups and 1-1 at the campus

Bracken Trust

Current Service	Future Service
Welsh Government has called for local government, primary care and health boards to work more closely so that the public have access to the necessary services to enable them to lead a normal life as possible, following cancer. The services provided by the Bracken Trust can provide part of the support services needed.	Face to face services have now been reintroduced – complementary therapy, some social activities and over the next few months, we plan to reopen the hubs in Knighton, Llanidloes and Llanwrtyd Wells along with group activities, e.g., walking, Tai Chi, Exercise etc along with our Information Days which promote health and well-being. The remote service will also continue until our 'drop in' service can be reopened.

Powys Citizens Advice

Current Service	Future Service
Citizens Advice Powys are at the forefront of providing free, confidential, independent advice to all citizens.	Flexible and adaptable to need and guidance, to meet needs from citizens.

Celf Your Health

Current Service	Future Service
Our focus as an organisation is to support individuals to engage with their own mental, physical and emotional health through arts activities and practices which in turn bring community together, strengthen networks and encourage social cohesion.	Would like to see our services and similar delivered across community, bringing people together (COVID allowing) to develop new and lasting links which continue to strengthen and embed new collective ways of working with our wellbeing.

Community Connectors

Current Service	Future Service
We want to be working in a Community Centred Model of Care with fully joined up integrated services where we deliver early intervention and preventative work with clients, working to a 'What Matters' strength based model, where the support is co-produced, led by the client. Currently provide a 5 day per week, 9am to 5pm service, working across Powys.	Deliver the main Social Prescribing Service across Powys continue to develop our working relationship with care and strategy colleagues inputting into Multi-Disciplinary Teams, Virtual Wards, Patient Flow Coordination, Social Service Panel meetings and ASSIST Screening meetings to provide information on prevention and early intervention support for individuals on a weekly basis. Coordinate communication with 3rd sector, community and health & social care colleagues through a locality network to share good practice, identify the needs and work together to overcome the gaps in provision.

Dementia Matters Powys

Current Service	Future Service
Make Powys a Dementia Friendly County that fully supports the health and well being of those living with dementia, (and associated conditions) their relatives and their carers.	Being part of the Campus would make Dementia Matters in Powys well placed to be an integral part of Dementia Friendly Newtown organisations and provide an opportunity for school intergenerational activities. It would provide opportunities for further partnership working with organisations within the Campus and surrounding area, especially those that our service users are already involved with GP Surgeries, Memory Clinic, Day Centres.

ENRaW2

Current Service	Future Service
<p>5 Sub projects -Wellbeing in Green Spaces -Bring together the three leading organisations undertaking this work and develop them as a competent and confident partnership to meet the needs above. Building Resilient Businesses -To build additional resilience amongst our businesses by supporting them in these three areas of nature-based well-being. Sustainable Farming -To start rebuilding connections between the residents of the market town of Newtown and the farmers that surround – and could serve – it; One Planet Generation -To use the One Planet framework (of ecological footprinting) as an understandable way of investigating and explaining the impact our society has on the planet, and to set this in the context of Newtown to make it directly recognisable. Open Events - Cultural Events in Newtown’s Green Spaces- To run entertaining and enjoyable events that engage the public in its environment.</p>	<p>Further develop projects - if lottery funding secured</p>

NPTC College Newtown

Current Service	Future Service
<p>To embed a whole-college approach to health and wellbeing so that students and staff can reach their full potential, be successful and enjoy their time learning and working at the NPTC Group of Colleges.</p>	<p>There are many dependencies between staff and students, the College is working toward aligning approaches to staff and students’ health and wellbeing in order to bring about cultural change and lasting improvements. Develop a culture where students and staff are motivated to give constructive feedback, where they see their feedback is taken seriously, and where managers and service providers have the skills to encourage and respond positively to that feedback. Foster an inclusive culture where no individuals or groups of students or staff are left out and where the principles of equality and diversity inform all involvement activity. Be able to show students and staff how being involved makes a difference to them personally, to their peers and to the environment they are studying and working in.</p>

Montgomeryshire Family Crisis Centre

Current Service	Future Service
<p>Adult outreach team, specialised in assessing risk and need, developing safety plans, well being support. Adult group programme team, delivering a range of group based and/or 1:1 programmes including educational and building resilience, peer support groups, training, domestic abuse awareness presentations, Ask & Act delivery. Children and young people outreach team, assessing risk and need, 1:1 meetings, therapeutic play, S.T.A.R. group programmes. Intervention Hub exploring healthy relationships to improve attitudes and behaviours of those who perpetrate abuse. Full range of services for LGBTQ community.</p> <p>Child to parent abuse support, Child contact centre. Shared refuge for women and children (dedicated support team for all emergency accommodation). Shared refuge for men and children (off site) Dispersed female unit for those not able to access shared refuge accommodation. (off site)</p> <p>Dispersed unit, mainly used as a 'half way house' but also for male families where shared refuge is not suitable. (off site)</p>	<p>To deliver and lead on innovative, comprehensive and specialist domestic abuse services to vulnerable and traumatised adults and children in a rural and semi-rural community. Delivering effective and relevant services to meet the perceived client need, Raise the profile of our specialist services to the local community, ensuring domestic abuse becomes everyone's business.</p>

PCC Open Access Youth Service

Current Service	Future Service
<p>To work with young people through programmes of personal and social education, which help them gain knowledge and recognise new opportunities in the world around them. Build effective and meaningful relationships with young people through regular contact, mutual trust, respect and understanding. identify and respond to the needs and agendas of individuals and groups of young people by developing appropriate strategies for action which are both educational and fun; support and challenge young people’s attitudes and action towards issues such as unemployment, drugs, poverty, racism, sexism, disability, health, sexuality, criminality, peer, parental and community pressure; enable young people to take more control over their lives and create experiences with them which enable them to make informed choices. support appropriate action that young people take resulting from their own ideas and suggestions; to bridge the gaps in understanding between the local community and young people. to highlight issues affecting young people and act as advocates for and with them within the wider community and world.</p>	<p>The Powys Youth Service Open Access Team offers a wide range of services to young people aged 11-25. These are delivered by a dedicated team of professionally qualified youth workers throughout Powys who have a broad range of backgrounds and experiences. The service is voluntary based and is open ended in nature. Both areas of Newtown, particularly South West area, have higher than average figures in many areas of the assessment. Our service offers these young people additional support and signposting to partners. Equally importantly we provide a safe, non-judgemental and fun space for our users.</p>

Powys Befriending

Current Service	Future Service
<p>Our service is open to anyone 50 years plus, 30,182 residents over the age of 50 yrs live in Powys - . 48% in North Powys Our service is focussed on supporting older people and will continue to be delivered in all areas of North Powys - housing, employment, activities, health conditions, transport, finances, by direct intervention or referral to suitable support agencies by consent of individuals. Improving health and wellbeing by reducing loneliness and social isolation in older people through early intervention and ongoing support. We provide a 5 day per week, 9am to 5pm service, working across Powys. PBS have 4 Outreach Officers (1 full time and 3 part time), 1 Digital Outreach Officer and a Coordinator managed by a Senior Officer.</p>	<p>Continue delivering client led support for people over the age of 50 living in Powys, helping them maintain their independence, connection with their community, providing companionship and activities in peoples’ own homes, in the community, online, by telephone and by letter using clients preferred method of engaging with the service on offer contributing to their to improve health and wellbeing and reducing loneliness and isolation. A strong volunteer base who are trained, DBS checked and supported through their volunteer journey, who make home visits, arrange and support groups, assist people with digital skills to enable them to engage more confidently with the digital world.</p>

Ponthafren

Current Service	Future Service
<p>Develop relationships with specialist services and partners in the community to avoid mission drift, duplication, or outstripping capacity. With improved networking between organisations, clients who simultaneously experience various intersectional issues can be provided the holistic support that individual needs rather than having to choose to separate their issues. Delivers services with the aim “to provide a caring community, offering support to those in need and to promote positive mental health and well-being for all. Support individuals to improve their mental health and wellbeing with the aim of helping them to gain the confidence, tools, and skills to independently and sustainably maintain their own positive mental health in the future.number of mechanisms (including drop-in support, out of hours support line, informal and formal services, virtual/telephone appointments, and the referral pathway) to help an individual seek help as early as possible in the way most convenient for them.</p>	<p>Ponthafren is further exploring ways to improve accessibility to its services to as wide an audience as possible while maintaining the person-centred approach at its core. To do this, Ponthafren is moving towards a model of service delivery that provides many options to the individual for services and delivery methods so they can tailor their experience to their own needs. This process is based on our referral pathway which brings a multi-disciplinary in-house team together to discuss each referral and how best we can support that individual. Individuals can move between services/projects as required, providing flexibility but also continuity for the individual’s recovery. Ponthafren will continue to explore new projects and gaps in services to meet the demands it finds.</p>

Red Cross

Current Service	Future Service
<p>Service users require emotional and practical support post discharge from hospital to regain confidence and support to ensure they can remain living independently for as long as possible - Assistance to access services, Support to maximise income, Emotional support, Support to access community activities to reduce loneliness and isolation, Light housework, Shopping, Collection of prescriptions, Transport for appointments support is Monday to Friday 9.00 to 5.00pm and we accept referrals from; Health care professionals, Third/Voluntary sector, Community connectors, Self, Friend and family</p>	<p>Would like to see our service develop into a regulated service and deliver low level, short term personal care to individuals post hospital discharge. Deliver a high quality service that will enable the safe discharge from hospital for individuals through the preparation of their home prior to the service users discharge from hospital and, through the provision of practical and emotional support, confidence building and referral/signposting onto other services.</p>

Sport Powys

Current Service	Future Service
<p>Sport Powys contributes to and supports a variety of programmes and initiatives that champion and improve overall health and wellbeing for residents and communities in Powys. Specifically focusing on the development of inclusive, equal, accessible services, activities and opportunities. By collaborating closely with partners and stakeholders through the start well, live well and age well networks provides us with the knowledge and insight to be able to plan, facilitate and deliver appropriate programmes and signpost opportunities for our communities and residents: to support (with partners) the schools service, work collaboratively with services, partners, and other organisations to develop, support, contribute and achieve shared outcomes and objectives i.e., getting more people more active more often = Vision 2025/Vision 2040.</p>	<p>Supporting all school settings across Powys, coordinating, and facilitating workshops, training, events, and competitions. Administering and facilitating grant aid, signposting, and developing sustainable and inclusive opportunities that can be accessed by all ages and abilities. Powys provide schools with the opportunity to engage with and implement well-established programmes such as the Young Ambassadors and Active Leaders Schemes. Initiatives and programmes which run for adults with additional needs or long-term health conditions, those in residential homes, or assisted living, and people living with dementia where we can provide an important service to provide opportunities to be more active in a fun and safe environment.</p>

Walking Newtown

Current Service	Future Service
<p>Creating walks in the Newtown area for the local community. We open public rights of way, clear paths, install pedestrian gates, build steps and bridges. We describe, map and publish walks which are freely available for download on the Newtown and Llanllwchaearn Council Web site. Cater for all abilities, from "couch to walking" 1 mile town strolls to 13 mile challenge walks. We have published 3 accessible walks for mobility scooters and buggies. Footpath work on the public rights of way (PRoW) is done in conjunction with PCC, who provides tools and equipment for the gates, steps and bridges and who liaises with the landowners. Newtown Walking Festival to test community interest in our walks over 2 days we guided walks with various themes and degree of difficulty free of charge to see who would come.</p>	<p>We envisage that there could be employment opportunities for young people in the town using these walks as a means to promote walking in the town as both health and tourism activities. The outdoor festival could be taken on as a full-time job for an event organiser and could grow and grow with sport, art, culture, music, theatre included.</p>

Credu

Current Service	Future Service
<p>We have 1537 Carers in North Powys who may use the service, 1078 live in the 4 main towns. They come from all areas, the towns and more rural. First point of contact phone line that operates 09:00-17:00 Monday to Friday. People can refer themselves to Credu or can be referred in. Empowered carers and families that feel listened to, understood, able to make informed choices and able to move towards the life enhancing outcomes</p>	<p>A place that would support families in the North of Powys to receive Care for the person they look after in a clear, accessible and equal way. Powys and across our borders there are many health boards that people have to deal with. They have to tell their story many times, better communication. Families and Carers need to be at the heart of the provision, and being truly listened too. What is important to them and their own family outcome should be the driver for the support that they receive.</p>

Mid & North Powys Mind

Current Service	Future Service
<p>Provide mental health and wellbeing services for people aged 16+ in Mid and North Powys. Enabling and empowering everyone experiencing mental health problems or at risk of developing them, to live full lives and move forward on their recovery pathway. By providing facilities, services and activities designed to promote good mental health and wellbeing and to support recovery, learning and independence. increasing understanding of mental health, raising awareness and challenging stigma and discrimination.</p>	<p>Our organisation has seen a 150% increase in demand for our 1:1 Support service and a sustained level of demand for our training courses. . We expect this high demand to continue to increase. Sustain and improve the quality of our services by being responsive, proactive and innovative. Develop new services, projects and products that reach out to our rural population and enhance recovery and wellbeing of people aged 16+. Seek partnerships, collaboration and integrated working with statutory agencies, community organisations, national and other local Minds in order provide the best services for our local communities. Maintain and improve current levels of funding and improve financial sustainability.</p>

Salvation Army

Current Service	Future Service
To listen and accompany someone else to another agencies provision for the initial first few meetings. Listen well to others without judgement or offering advice which will improve emotional, mental, spiritual and possibly physical well-being.	As a church we already work in partnership and refer to many other agencies within Newtown, there have been occasions where my role has simply been to listen and then accompany someone else to another agencies provision for the initial first few meetings. If this was within, the same geographic location, this may well remove some of the barriers to people accessing other services.

Salvation Army Baby Basics

Current Service	Future Service
Baby Basics Newtown began in March 2021 -No set criteria for who receives items from Baby Basics requests come from healthcare professionals and not from individuals – rely on the health care professionals who see their clients regularly, and know what their needs are, to make the assessment for us. We trust that they know the genuine needs of their clients. Currently Monday-Friday, on call over weekend. Referrals can be made by email to newtown@salvationarmy.org.uk with Baby basics in the subject bar, or by phone on 01686 610340	A higher average of children are living in poverty in Newtown South West and Welshpool, we feel Baby Basics Newtown will help address some of this initial poverty. Newtown South West has the highest average unemployment and in general unemployment is rising steeply in Powys. A basic care package with nappies, wipes, and hygiene products will help those who might be struggling with paying bills who have new born babies. It may also alleviate pressure on single parents or on couples who are finding the pressure of a new child a strain on their relationship.

Mid Wales Arts Centre

Current Service	Future Service
<p>A space and a therapeutic environment for those suffering from isolation, depression and lack of confidence. We offer sessions to individuals and groups who have special needs, home educated children, after school classes, adult and teens, we are inclusive and also educate to a high level. Clay is a social activity with the intrinsic ability to soothe, inspire, relax, encourage creativity and conversation. This gives confidence and allows people to heal and grow. We also offer health and well being days. We have a healthy eating café, a sculpture trail and a contemporary art gallery set in accessible and uplifting landscape.</p>	<p>Desire to offer an 'Arts on Prescription' Service. We have gardens, an outdoor classroom and a new large exhibition space where concerts, talks, dance, meetings and other activities can take place</p>

Siawnsteg

Current Service	Future Service
<p>To enable 16-24 year old to move closer to accessing the labour market. Confidence/Motivation, Workshops/Employability Skills, Volunteering opportunities – working in partnership with other organisations. Active Inclusion Projects, developing and maintaining a virtual youth hub in partnership with the DWP – to incorporate key stakeholder information. Leading on 2 EU Erasmus Projects around substance mis-use and youth crime. Working with 150- 200 young people at any one time. Our main office is based in Newtown in Powys and we offer face to face support and training.</p>	<p>Continue with offering cross cutting themes to meet individuals needs and circumstances, plus unique ways in which we are able to offer a bespoke programme to individuals to include cross cutting themes, mentoring and advocacy depending on their individual needs and circumstances.</p>

Montgomeryshire Wildlife Trust

Current Service	Future Service
<p>An Eco - Therapy programme offering a non-judgmental space where people can meet and learn new skills and gain confidence. Our ecotherapy programme and ad hoc 'wellbeing sessions' serve the people of Montgomeryshire and north Powys as it is flexible to be delivered where the need is. i.e community reserve Llanfyllin, in schools, or on our 4 nature reserves we own that provide an accessible outdoor space for activity to take place. Ecotherapy programme – 12 weeks for NHS, Social Services, other 3rd sector providers such as Ponthafren & Kaleidoscope. Well being sessions ad – hoc – for families, local community, groups. for 2-3hrs a session over 12 weeks and then the participants can mentor, join the 'friends of group'</p>	<p>A Recovery college model, egs around the UK. A curriculum of activity from debt management to art based wellbeing session, to more formal ecotherapy programme, to IT skills to an appointment with an Occupational Therapist etc. A range of lifestyle skills as well as normal clinical offering such as podiatry or OC meeting. Also the development of a framework for 3rd sector providers.</p>

Bikefit

Current Service	Future Service
<p>Provide a community Bicycle Workshop, where we offer participants the opportunity to be supported in undertaking cycle repairs, so that they are able to engage positively with members of their community. The underpinning aims are to provide a constructive work space which is able to support participants mental health and well being, which can enable them to address any issues which they may carry, such as social anxiety, in order that they may contribute to their own personal growth with an ultimate objective of developing meaningful employability skills and engagement with constructive job search. Self -referral or direct from Education. Workshop is open to the public four days per week.</p>	<p>Increase referrals into service by widening knowledge of what is offered, when and to whom.</p>

Cultivate

Current Service	Future Service
Cultivate is linked to, Where the Severn Smiles nature & wellbeing programme, working in partnership with Oriel Davies, Montgomeryshire Wildlife Trust & Open Newtown. Demand - 36 workshops/year, over 2 years, plus intensive 6 week support programmes per partner. Cultivate Community Garden wellbeing workshops. Demand upto 20 participants/week. Llys Glan yr Avon garden maintenance and resident engagement – working with all residents. Cultivate Community micro-allotments demand – 50 allotments, plus waiting list. Support a cooperative of growers to provide a local, seasonal veg box scheme.	Access to outdoor spaces & nature through a programme which is systemic & measured basis offers a preventative as well as a treatment service. This would be delivered in partnership with others developed through Where the Severn Smiles project. To provide a series of horticulture and food-based wellbeing sessions in conjunction with our existing partners through Where the Severn Smiles project & Increase wellbeing of people in green spaces through a green prescribing service

Montgomeryshire Neighbourhood Policing Team

Current Service	Future Service
9:00-22:00 hrs daily, utilised by Neighbourhood Policing Team, Response officers, CID departments and School liaison officers	Working from the new building would enable existing partnership working to become closer and stronger, embedding and enhancing current practices that we have been using at present and also forging new partnerships with agencies that we may not have had the opportunity to work with previously. Mental Health services in high demand – ease of access working alongside these services should we be in the vicinity. This would assist with streamlining and expediting referrals for all concerned. Being able to pop to service providers for advice and guidance is vital.

Gamechange

Current Service	Future Service
<p>Curently deliver life skills modules for 13 -24 year olds from our base Mid Wales Off Road, Aberhafesp, Newtown. Modules include equine handling, machine operating and mechanics and rural skills and conservation. There is a strong emphasis on building resilience, confidence and self esteem so that young people who are disengaged from mainstream education can raise their aspirations and improve their life chances. Participants work towards gaining an ASDAN Employability Skills Development certificate. We work closely with other community organisations including Change Step (veterans) and Passport Rotary to create meaningful and rewarding volunteering opportunities which benefit young and old alike. 6 week programmes. Game Change Project currently provides 3 life skills modules. Each module runs one day per week for six consecutive weeks during school terms. Groups are 4-6 young people aged 13-24 years and supervised by at least 2 members of staff. Module 1 – Equine handling runs on Tuesdays 9.30-3pm., Module 2 -Rural Skills runs on Wednesdays 9.30-3pm and Module 3 – Digger driving and mechanics runs on Thursdays 9am-3pm. All modules include team building and leadership development and participants also complete the Asdan Employability Skills Development workbook to gain a certificate. These activities take place at Mid Wales Off Road, Aberhafesp, Newtown. Most of our referrals come through schools, Powys County Council children and young people’s services, youth intervention team, CAIS, CAMHS and Ponthafren Association. Others are referred by parents/carers and foster care agencies.</p>	<p>Create a flagship centre of excellence dedicated to developing the life skills of the younger generation in Powys by challenging current ways of thinking in social care and education and bringing back traditional values and practical learning experiences. This links to early years education and employment services, emotional health and wellbeing services, family hub and social activities, services for children, young people and families in community settings and volunteers support care delivery.</p>

Open Newtown

Current Service	Future Service
<p>A social enterprise looking to enhance, develop and maintain Newtown's green & blue assets to allow access to them by as many people as possible for a whole range of needs, both formal and informal. We do run specific projects focusing on health and wellbeing and are working towards developing a social prescribing model for some areas of work. Physical activities within our green space wellbeing workshops, maintenance sessions, walks, cycles.</p>	<p>Want to make sure the new campus is fully embedded within its neighbouring green spaces. We would welcome the opportunity to help influence the development on areas that are in our remit / ethos / vision and aims. These might be along Green Infrastructure and how green spaces impact on the delivery of wellbeing. It might be on green energy systems, it might be on environmental gains. By embedding us in the heart of this new development it would help to show how this development is really taking an integrated approach right across the health agenda.</p>

Kaleidoscope

Current Service	Future Service
<p>Kaleidoscope operates from the following bases: Weshpool, Newtown. Open between 9-5 Monday and Friday as well as opening on some evenings for those in employment. The service is for anyone 18 years or over who experiences problems with drugs or alcohol in the county of Powys. People can generally refer in to the service without having to go through another organisation</p>	<p>Provide an equitable service to all adult residents of Powys regardless of age, sex, sexuality or ethnicity providing a range of holistic services which are evidenced and that meets the varying treatment needs of Powys' population by closer working with other organisations where possible. determined to reduce people's consumption around drugs and alcohol but also help contribute to eliminate wider health problems that include HCCV, mental health and cardiac and respiratory problems. Kaleidoscope is also determined to support those caring for people with drug and alcohol problems and supporting the community from drug associated risks such as those from discarded needled and syringes.</p>

Oriel Davies

Current Service	Future Service
<p>Key public art gallery of Wales, provide educational opportunities that can explore healthy living choices through creativity, opportunities for volunteering that build new skills, raise aspirations, increase confidence, opportunities for social engagement, either just meeting up to experience something or actively engaging in communal activities, currently delivering art in nature activities in the green spaces and plan to deliver creative programme outdoors, encourage people to take part in active travel and leisure exercise activities. We are actively involved in developing art based walking or cycling projects, working with the PCC youth team, with charities including Rekindle and Kaleidoscope, Disability Arts Cymru, Celf Able and others to provide social spaces and creative opportunities, online workshops that explore wellbeing through creative writing with poetry therapists and writers. These safe spaces have allowed people from across the UK to meet together in a space where they feel confident, they can trust, and they feel respected. Experience of working with movement artists who could offer activities that contribute to rehabilitation and recovery. Open to the public 11-5 Tuesday to Sunday, but we operate programmes at times that meet the needs of our audiences</p>	<p>To advance the education of the general public, in particular Wales, in the understanding and appreciation of the arts, with particular emphasis upon the visual arts. Work with local people to ensure a year round programme that is relevant to their local place, while placing Newtown within an international context. Deliver an innovative, ambitious engagement programme that identifies and reaches people who might not ordinarily access the gallery programme. High quality activities that encourage tourism into the area. Work in partnership with the Integrated Family Centre, Powys Together, Open Newtown, local schools and organisations. We are also currently working with partners including Welsh Government. Social prescribing and self-referral for wellbeing workshops having close connections to the surgery, IFC and other organisations such as Mind, Pont Hafren through the hub would be highly beneficial. This could be an online network developed as part of the hub; it could be a physical connection through the hub building or wellbeing walk and digital map that links organisations across town. We'd like to see a food outlet offering (local/organic) healthy meals/takeaways/fresh produce at affordable prices. We'd like to see Walking Newtown, Bike to the Future, Sustrans and the Circular Economy have a presence in the hub.</p>

Impelo

Current Service	Future Service
<p>Impelo is a charitable organisation that seeks to share the transformational power of dance as far and wide as possible, connecting people of all ages and ways of life in joyful expression. All of our project work and evaluation is co designed with the communities and most often in partnership with other agencies we work with ensuring that the work 'puts people first. Improving outcomes for eudaimonic or functional wellbeing (i.e. self-actualisation and fulfilling potential) and hedonic or feeling wellbeing (i.e. feeling good and enjoying life) through providing a regular and inclusive programme; Current - Start Well - Big Fish Baby Fish and Big Fish Little Fish for adults and babies born in lockdown (in partnership with Flying Start) and adults and 2- 4 year olds. Also focusing work on improving physical and emotional wellbeing through dance in primary, secondary and special schools in Powys through our partnership with Powys Sports Development. Older adults with memory issues and their carers in partnership with Dementia Matters Powys and PTHB to support people to live independently for longer by improving mobility, connection and mental wellbeing which play a role in reducing falls. Live well we run a range of regular weekly dance programmes for children and adults which improve. Mental and physical health Do Your Thing (over 50's), Mojo (adult) Eneigise, spark and youth (5 -18 year old), family and young people's holiday activities. We also deliver co-designed community projects for families, children and young people in partnership with e.g Oriol Davies, Sport Powys, Credu. Sessions can be seated or standing (dependent on physical capacity), sessions can be online/face to face or blended depending on the location/digital confidence and assets/wishes of participants.</p>	<p>Plan a programme in Newtown that is responsive to local needs we will spend time building connections, working with a significant population (19%) 0 -17 year olds and through specific targeted programmes older people (58% over 50). In particular Big Four where dance has an evidence base in improving cardiovascular, circulatory and mental wellbeing and children and families in the most deprived communities. Older people - dance programmes with impacts on health and wellbeing for a) older people with memory issues b) people with a cancer diagnosis c) older people with few current health issues to retain flexibility, strength, coordination and connections. Carers - to support physical and mental wellbeing. School children. Adults with learning difficulties - improving physical, mental health and connection. Family dance - programmes such as Big Fish Baby Fish - support and wellbeing of young children and babies during this time is strongly linked to better outcomes later in life, including educational achievement, progress at work and physical and mental health.</p>

Appendix L: Supported Living Specification

North Powys Multi-Agency Wellbeing Campus Supported Living Specification (DRAFT)





1. **Version Control**

Version	Date	Author	Issued to	Reviewer comments
V1.0	02/11/21	David Moody	Programme Team Members & Accommodation Steering Group	

Service area	Short Term Supported Living
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Service Lead		
Name:	Designation:	Email address:
David Moody		



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2. Purpose and Vision

A range of accommodation units will be developed on the multi-agency wellbeing campus in Newtown to meet demand across a range of needs, including:

- Children aged 16-25 in transition to adulthood
- Learning disabilities and adult step-down provision
- Those experiencing homelessness

LD/Step-Down

Social care services can be crucial in helping people with a disability, older people, complex needs and/or mental health needs to live their life in the way they choose, and the level of support offered will depend on an assessment of an individual and their condition. Some people require very little help or support, and have little or no need to access services, whereas others require full-time care and support in every aspect of their lives. Support can be many things, including helping somebody to get up and get dressed, to develop friendships and relationships, or to do meaningful activities and be part of the local community.

Most people with a disability, older people, mental health needs and/or complex need can lead independent lives with the right support. Therefore, as resources reduce, effective planning and provision of care and support services is becoming an increasingly important aspect of public policy in Wales.

Commissioning is the process by which social care services are planned, purchased, and monitored. Effective commissioning involves putting the individual at the centre of the process of identifying needs and helping them make choices about how they are supported to live their lives.

In 2011, the Welsh Government published its ambitions for the future of social care in Sustainable Social Services for Wales: A Framework for Action. This paper puts in place a framework for meeting the challenges facing social services in the next decade and beyond and sets out the priorities for action.

Sustainable Social Services for Wales is supported in legislation by the Social Services and Well-Being (Wales) Act ('the Act') (2014) and will provide for a



system that will be centred on the well-being of people who need care and support, and for carers who need support.

The Act transforms social care in Wales and aims to improve people's well-being. Care and support services across Wales will focus on the well-being outcomes of people and carers who need support and on people's rights and responsibilities.

This is a shared vision between Powys County Council and Powys Teaching Health Board. This strategy has been developed to guide the delivery of this vision. It sets out the local and national context around accommodation, the issues that have been identified for service provision in Powys and a plan of how the outcomes will be achieved.

In 2011, the Welsh Government published its ambitions for the future of social care in Sustainable Social Services for Wales: A Framework for Action. This paper puts in place a framework for meeting the challenges facing social services in the next decade and beyond and sets out the priorities for action. Sustainable Social Services for Wales is supported in legislation by the Social Services and Well-Being (Wales) Act ('the Act') (2014) and will provide for a system that will be centred on the well-being of people who need care and support, and for carers who need support.

The 'Everyone In' requirement introduced by the Welsh Government for action by local authorities, during the Covid-19 pandemic has both increased demand and limited the ability of councils to prioritise and manage homelessness service demand.

The likely retention of the Covid-19 requirements will mean that the disparities between supply and demand will remain a feature of the Council's work with homeless households.

The housing stock across all tenures in Powys has too few smaller homes to meet the demand by homeless (and low income) people for properties with one bedroom. There is no short-term solution to this disparity.

Temporary accommodation in Powys is provided to a high standard, with homes furnished and the costs covered by social security and/or Welsh Government funding. Temporary accommodation for some can therefore be more desirable than permanent housing.

The 'Everyone In' mandate makes it difficult for the Council to discharge its duties to homeless people by means of an offer of suitable accommodation. Clients can reject offers in the knowledge that they cannot be evicted from the temporary accommodation.

The Powys Children Looked After Strategic Framework sets out Powys' aspirations, intent and vision for improving outcomes for Children Looked After. For those young people in our care we, as Corporate Parents, need to provide positive parenting and specialist support. In Powys, demand is greater than supply for quality placements for our Children Looked After aged 16+.



The ambition is to provide high quality accommodation for young people aged 16-25 years, closer to home and will be as a transition towards independent living from age 18 years. The proposal increases close partnership sharing resources and working to meet a range of young people’s needs.

By providing 16+ accommodation within the community, proximity ensures effective multi-agency co-ordinated oversight to ensure that the best interests of the young person are a primary consideration, that the voice of the young person is integral to their care and that standards of care conform with the standards established by competent authorities.

In 2017, a ‘A Healthy Caring Powys’ was launched and is the first joint strategy between health and social care in Wales. It is reliant on collaboration between the health board, Powys County Council, the Third Sector, universities, the public, patients, and carers. The strategy ensures that efforts and resources are aligned to deliver improved outcomes for the Powys population.

The following table reflects how the supported accommodation specification for the North Powys Wellbeing Campus aligns with ‘A Healthy Caring Powys’.

Focus on Well-being	Focus on Prevention
<ul style="list-style-type: none"> • By living more independently, citizens will feel more in a position to manage their own health and well-being. • The campus /community will support citizens to be connected and to maintain their health and well-being. 	<ul style="list-style-type: none"> • By having access to on-campus support, citizens will have easily access to information, advice, and assistance to remain active and independent. • Young people in transition will have the opportunity to experience the best start in life.
Integrated Services	Digital First
<ul style="list-style-type: none"> • Citizens will have timely access to equitable services as locally as possible. • The campus community and on-site support will be focused on what matters most to citizens. • Accommodation will be is safe and within a supportive community. 	<ul style="list-style-type: none"> • Citizens will be able to find and do what they need online, such as make or change appointments, pay bills, self-assess, or reach a doctor or consultant without having to travel. • Technology Enabled Care (TEC) will allow citizens residing in supported accommodation to live independently and reduce support time and associated costs.

3. **Service Context**

Powys is committed to improving opportunities for people through planning and commissioning services that work with people to meet their needs, outcomes and eligibility for care and support and fulfil their choices. By doing so, there is



an aim to; transform the health, care, and wellbeing for people with a disability or mental health needs, and their carers based on the principles of person-centred care and the promotion of independence and social inclusion.

'Powys 2025 – Our vision for the Future' (Vision 2025), sets out clear priorities to ensure that Powys County Council is an open and enterprising organisation that will:

- Have a vibrant economy
- Lead the way in providing effective, integrated health and care in a rural environment
- Strengthen learning and skills
- Support its residents and communities

Powys County Council's ambition is to make this happen through being an "innovative, agile commissioning organisation" as set out in its Commissioning and Commercial Strategy. This strategy aims to ensure that the needs of individuals, service users and community groups are at the very heart of the council's decision-making and of the services it provides.

The Corporate Improvement Plan is the Powys County Council Road Map for Vision 2025, setting out top priorities and milestones. Both sit within a wider strategic framework that seeks to draw a golden thread across all key strategic and planning arrangements.

Alongside Vision 2025, the Health & Care Strategy for Powys plays a fundamental role in delivering the Health & Care objective. This strategy seeks to enable children and young people to 'Start Well', for people to 'Live Well' and older people to 'Age Well'.

This service specification concerns the provision of accommodation and support services for young people and adults with social care needs. This vision is to be delivered through a whole system design approach to optimise the outcomes for people living within north Powys. It will enable people to experience more flexible support options with a focus on progression, resulting in people having greater control over their lives.

3.1. Alignment with the Council's strategic vision:

3.1.1. The Economy

We will develop a vibrant economy.

- Maximises social value on investment by ensuring that quality and services are commissioned in manner that is commercially viable.
- Independent supported accommodation enables people to live and work in their own community.
- Value demand increases as individual needs are addressed and 'doing what matters' from the outset.
- Supports a range of service providers (locally and nationally).



- Scope for achieving economies of scale through localised joint service delivery efforts.
- SMARTer use of resources to meet the individual needs.

The above-mentioned points support the Welsh Government's well-being goal to develop a more prosperous Wales.

3.2.2. Health and Care

We will lead the way in effective, integrated rural health and care.

- Locality-based and community support enables a preventative way of working and provides a flexible level of support to encourage independence.
- Aligns with the values of the Social Services and Wellbeing Act (2014) as well as meeting the Health and Care Strategy. This means doing what really matters to those seeking accommodation and support.
- Promotes the early promotion and response of/to the "Accommodation and Support for Living a Good Life" Service Specification and outcomes focused provision/services.
- Supports co-production across all aspect of this new development.
- Helps to meet the demand forecast for accommodation needs over the next 5 years.
- Works in partnership with internal and external housing providers, adult social care, and appropriate stakeholders.

The above-mentioned points support the Welsh Government's well-being goal to develop a healthier Wales.

3.2.3. Learning and skills

We will strengthen learning and skills.

- Supports PCC procurement and commissioning (including contract management) to meet the needs of people.
- Service providers can plan and learn to deliver against the "Accommodation and Support for Living a Good Life" Service Specification from the outset and deliver accordingly.
- Ensures diverse representation to offer learning opportunities in partnership working.

The above-mentioned points support the Welsh Government's well-being goal to develop a more *equal* Wales.

3.2.4. Residents and Communities

We will support our residents and communities.



- Provides opportunities for tenants to live more independently within the community. This supports those who seek leisure and work opportunities in within the local community.
- Includes technology to support people to live independently within the community.
- It is locality based and so optimises integration, access to and provision of services/support.
- Supports the new service specification that focuses on outcomes for individuals - personalised and local services (doing 'what matters').

The above-mentioned points support the Welsh Government's well-being goal to develop a *Wales of vibrant culture and thriving Welsh language with access to sport, art and recreation*

4. High Level Service Needs

The project is being driven by the following:

- Focuses on wellbeing as set out in the Well-being of Future Generations (Wales) Act 2015/Social Services and Well-being (Wales) Act 2014.
- Focuses on prevention which is in line with the Act but also informed by good practice.
- Seeks to enable people to consider a wide range of places to live and deliver the support people want and need.
- Ensures effective investment with the resources available by developing up-to-date and appropriate services, which are progressive and flexible in nature.
- Increases suitable accommodation and support options within Powys, thus reducing the need for citizens to move out of county and away from home to receive the appropriate support.
- Addresses the needs of those facing and/or experiencing homelessness. This is driven by 'Rapid Rehousing', 'Housing First', and 'Everyone In' approaches, which aims to house individuals immediately who face or are experiencing homelessness. These approaches are aimed at preventing homelessness for both young people (16-25 years) and adults.
- Demographic significance – the demand for supported accommodation is high throughout Powys although particularly in the North of the county.
- Addresses the increased financial pressures on public services.
- Responds to the impact of Covid-19, which has in added more pressure on the NHS and other services.



5. Demand for Services

5.1. Older People Stepdown

Currently, there are 12 individuals in interim placements in the north of the county, i.e., Newtown and surrounding area. These individuals are waiting for a package of care or home of choice.

Whilst their care needs are being met, they are not being enabled to remain independent. The care home setting does not have support of in reach services to enable reenabling ethos. Evidence supports that such individuals can become dependent of staff for all support and lose confidence to return to their own home. This can unnecessarily lead to such individuals entering long term care before they need to.

5.2. Learning Disabilities and Mental Health Needs

In 2021, the Accommodation and Support Delivery Plan was established to address the care and support needs of people in Powys who are in receipt of social care and have an identified housing need. Currently, there are 215 in-county placements for individuals with a learning disability and/or have mental health needs. There are 105 individuals placed out of county.

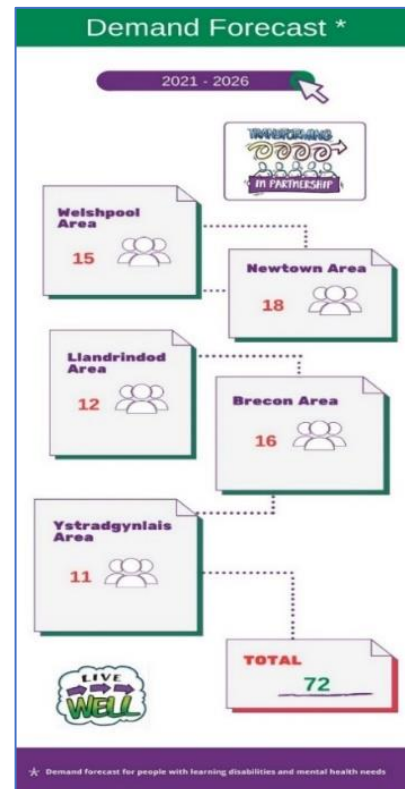
The delivery plan covers the next 5 years with a view to working alongside people from the following four categories of support, i.e.: learning disabilities, mental health needs, complex needs and physical and/or sensory disabilities. The plan also predicts the future demand for accommodation and support across Powys for those with learning disabilities and mental health needs. This forecast indicates a particularly high demand for supported accommodation in North Powys. In Newtown specifically, evidence indicates that 18 individuals will require supported independent accommodation.

Accommodation and Support Delivery Plan 2021-2026 (Draft – for reference purposes only)



Accommodation%20
and%20Support%20C

Excerpt from the Accommodation and Support Delivery Plan 2021-2026



5.3. Homelessness and Complex Needs

Currently, there are 371 live homelessness cases. Of this total, 202 individuals are being housed in temporary accommodation and 18 individuals are residing at a bed and breakfast. The remaining 151 individuals are considered hidden homeless.

5.4. Young people in transition

There are currently 72 young people with an identified housing and support need who are transitioning into adulthood and live with a learning disability and/or have mental health needs. Such individuals are identified from the age of 14 years with varying support needs. Until housed in supported independent accommodation, the young people may be supported in various ways, including: residential care, direct payment support, living with family and still in school.

6. Population Needs Assessment

<https://sway.office.com/K5dOVVrDpXhCYGcy?ref=Link&loc=play>

Needs addressed:

6.1. Joined up care and well-being

- The North Powys area with the highest level of below average measures relating to joined up care is Newtown South West and the Dyfi areas.



- The North Powys area with the highest level of below average measures relating to well-being is Newtown South-West.

Support provision, activities, treatment, and therapies will all be provided within the campus community and in collaboration with Powys County Council, PTHB, voluntary organisations, and service providers. The NPWP Campus will facilitate a best practice approach to joined up care for residents. With specialist services, GP surgery and a care academy based on-campus, the support will be offering the right support at the right time. All accommodation and support will be based on what matters to residents. This will be with a view to promoting their independence and supporting individuals to live their best life.

7. Service Scope and Description

Aim 1

Accommodation is of high quality and meets the current needs of citizens, including the prevention of homelessness.

Objectives:

- Provide quality and affordable short term-accommodation.
- Provide a safe and supportive living environment.
- The accommodation reduces the demand on services, hospital, and discharges.
- Reablement and treatment is available to tenants to increase their independence.

Aim 2

Support is person-centred and aligned with personal outcomes of people.

Objectives:

- Living in supportive, sharing, and a self-reliant community within the campus.
- Having opportunities to gain skills to pursue their ambitions.

Aim 3

The accommodation will enable citizens to live independently and receive support within and as a part of the community.

Objectives:

- To provide a joined-up approach to care and support for residents based on the individual needs of each tenant, including emergency respite accommodation.
- To ensure that residents have access to core services within the campus setting.



- Include suitable technology enabled care (TEC) to enable tenants to live more independently and be a part of their community.

Aim 4

Increasing accommodation options closer to home, through working collaboratively with health boards, local authorities, housing providers and third sector social care providers.

Objectives:

- To offer the opportunity for individuals currently living in Powys to remain in-county and closer to home. This reduces the need for local citizens to move out of county to receive support that meets their needs.
- To offer the opportunity to individuals currently living out of Powys to live in a local community environment, close to family, friends and natural support networks.

To provide accommodation with targeted support on a short-term basis within the North Powys Wellbeing Campus. Each unit will be to support a cohort to meet specific needs including:

- 3 units for supported housing/rehabilitation/training and step-down for adults. Potential emergency placement use also.
- 3 units for children and young people's (16-25 year olds) short-term accommodation.
- 6 units for short-term accommodation/triage facility for those experiencing homelessness.

The accommodation will seek to meet the needs of residents with similar levels of support complexity. However, more specialist support and therapies could be provided by on-site campus services if required.

7.1. Included

- A total of 12 flats to meet the needs of citizens.
- The option for separate buildings will be considered alongside developers. The design considerations are as follows:
 - The 3 units for children and young people will need to be separate units on the edge of the campus, as far away from other accommodation units on the campus and as close as possible to other off-campus residential areas. Safeguarding is paramount and the design will need to account for this.
 - The 3 units for supported housing will need to be on the edge of the campus as close as possible to other off-campus residential areas.
 - The 6 units for homelessness triage facility will need to be located on the edge of the campus, away from other on-campus accommodation units to prevent mixing of vulnerable groups.



- The flats will be self-contained tenancies in a cluster configuration with targeted support to meet the personal outcomes of people. This configuration gives tenants the benefit of sharing with others but with flexibility to be able to meet the needs of people who would not necessarily choose to live together.
- Staff accommodation will be provided for.

7.2. Excluded

- General housing needs.
- Long-term housing needs.
- Specialist housing scheme.
- Highly complex needs.

8. Service Description

8.1. Services relied on:

- Reablement teams.
- Mental Health teams.
- GP services.
- Occupational therapy.
- Community nurses.
- Provision of Technology Enabled Care (TEC).
- Floating support.
- Housing.
- Third sector wellbeing services.
- Women & Children's services (non-clinical).
- Substance misuse services.
- Education.

8.2. Benefits of on-campus services:

- Through on-campus support and services, there will be a focus on preventing physical and mental health challenges escalating unnecessarily.
- Citizens will be able to live and stay connected to their local community, negating the need to travel elsewhere for support and medical treatment.
- The right services can be provided at the right time.



9. Key Service Outcomes



Draft RPB Outcome
Framework single slid

Outcome 1: Improved quality of life

Measures:

- Residents feel they maintained independence, their functioning and day to day living skills.
- Feel satisfied and more connected with their family and community and less lonely and socially isolated.
- Feel a part of and that they make a valuable contribution to their own community.
- Have opportunities to engage in educational, cultural and leisure activities, gatherings and other forms of social contact and are enabled to do so.

Outcome 2: Individuals feel more empowered and in control

Measures:

- Feel safe, protected from harm, and supported to live a fulfilled life in quality accommodation.
- Greater personal control, resilience, and knowledge to solve their own problems.
- Improved self-esteem and confidence specially to deal with changed life circumstances.
- Financial and economic wellbeing and accessing all the benefits they are entitled to.
- Feel understood, reassured and on an even keel.

Outcome 3: Individuals have an improved experience of support and care

Measures:

- Feel listened to and more supported and valued.
- Feel they are treated with dignity and respect.
- Feel actively engaged in understanding and involved in addressing 'what matters' to them.
- Feel actively involved in decisions about how care and support is provided.
- Support and care provision is seamless, safe, and meets people's needs and aspirations.
- Are satisfied with the care and support they have had.
- Feel they can participate more fully in social services processes and have increased control over their care and support plan.
- Are comfortable asking for help or advice and have their health and care needs sorted before they escalate.



Outcome 4: Relevant and accessible support

Measures:

- Receive early intervention and support/treatment.
- Feel support/treatment is high quality and timely.
- Receive the right support and care as locally as possible.
- Feel able to live in their own home and/or have a choice of housing or accommodation to suit their needs.
- Taken together, the care and support provided help people to live the life they want to the best of their ability.
- Have easy local access to a range of different health and wellbeing related services in their local community.
- Have access to transport.
- Can communicate in their preferred language.

Outcome 5: People have better access to information, advice, assistance, and advocacy

Measures:

- Individuals have access to timely and clear information and support to use it, to make decisions and choices about their care and support and living well.
- Individuals have a copy of their support and care plan.
- Individuals know who to contact about their care and support.
- Individuals know where to get advice and support when things don't go as planned

Outcome 6: Improved health and wellbeing

Measures:

- Individuals feel as fit and healthy as they can be (including mental and emotional wellbeing).
- Individuals feel they have support when they need it with their own health and wellbeing and can lead a fulfilled life.
- Individuals feel supported to make the right lifestyle choices about their health and wellbeing.
- Individuals feel the environment/community they live in supports them to maintain their health and wellbeing.

Outcome 7: Improved Support and Provision

Measures:

- Increased move-on/step down opportunities from supported accommodation or are in hospital, awaiting transfer to their own home.
- Capacity to enable people who are currently residing in out-of-county or in-county residential services to move closer to home.



- Capacity to enable the people who require the level of support available in supported accommodation to have their needs met avoiding more intrusive and potential high-cost placements.
- Increased creative use of allocated support hours (including use of TEC).
- Personalised and local services (doing 'what matters').
- Safeguarding individuals who are at risk.
- Reduction in duplication and unnecessary support and care.

Outcome 8: Increase access to and uptake of TEC

Measures:

- Increased use of TEC within independent living support.
- Improved integration of TEC within social care (and health) practices.
- Social Care workforce TEC readiness.

Outcome 9: Confident and Competent Workforce

Measures:

- Quality leadership across commissioning and operational services.
- Competent and confident workforce (e.g., Social Care workforce, TEC readiness).

Outcome 10: Improved Practice

Measures:

- SMARTer approaches and best practice regarding planning, assessment and review processes, service intelligence, and procurement and commissioning practices.
- Evidenced-based practices.
- Continual learning from comments, suggestions, and complaints.
- Joined up and integrated working and co-production across key project stakeholders and, cross references and learning are made with/from key interdependent services to help realise cross cutting outcomes.

Outcome 11: Cost effective and prudent Service Model

Measures:

- Efficient and sustainable fit between needs and resources.
- Estimated/realised savings and cost avoidances.
- Value for money.

Outcome 12: Improved Systems

Measures:

- Increase in support and services that are strengths/asset based.
- Reduce impact and use of other services.
- Help prevent, reduce the needs, or delay the deterioration of health and wellbeing resulting from ageing, illness or disability.

- Reduction in isolation and loneliness.
- Increase opportunities for joined-up, co-ordinated and collaborative working to support and optimise independency.

10. **Workforce Implications**

Requirements:

- A core team of two support workers available 24/7 to support the needs of residents in the supported living block. This team will be registered on the Social Care Wales Framework.
- The core team will receive training to meet the general and varied needs of residents. The curriculum will include the following:
 - Health and safety.
 - First Aid.
 - Food hygiene.
 - Positive behaviour approaches.
 - Trauma informed support.
 - Adverse childhood experiences.
 - Managing risk.
 - Safeguarding.
 - Mental health.
 - TEC – Technology Enabled Care.
 - Any other relevant training to meet the needs of residents.
- The core team will also be upskilled to deliver support according to the principles of the Accommodation for Living a Good Life Specification, namely:
 - I choose who I live with.
 - I choose where I live.
 - I have my own home.
 - I choose how I am supported.
 - I choose who supports me.
 - I get good support.
 - I choose my friends and relationships.
 - I choose how to be healthy and safe.
 - I choose how to take part in my community.
 - I have the same rights and responsibilities as other individuals.
 - I get help to make changes in my life.



- The homelessness triage team will be based within the homelessness unit block.
- Specialist support can be accessed on-campus through the multi-agency service provision and/or the care academy.
- Community nurses.

11. Digital Requirements

11.1. Broadband and online technology

All 12 units will require broadband and internet access for residents to live independently and have access to digital communications and support.

11.2. Technology Enabled Care (TEC)

The below table provides a TEC specification to support residents and ensure that the accommodation is future proofed. The approach is sufficiently flexible to cater for a spectrum of potential needs and be responsive to any changing needs of tenants (one resident or group of tenants).



	Risks / Hazards	Comments	Equipment
Level 1	<p>Environmental TEC:</p> <ul style="list-style-type: none"> • Fire (Heat, Smoke, Gas) • Flood • Extreme Temperature • Carbon Monoxide <p>Personal TEC:</p> <ul style="list-style-type: none"> • Emergency call for help • Remote Front Door Control • Intercom within dwelling for couples 	<p>Protects the landlord's asset</p> <p>Provides reassurance to tenant and family</p> <p>Linked to 24/7 monitoring centre</p>	<ul style="list-style-type: none"> • Smoke detectors. • Temperature extreme sensors which can detect fire or low temperature. • Flood detectors.
Level 2	<p>Personal TEC:</p> <ul style="list-style-type: none"> • Falls • Loneliness 	<p>Provides reassurance to tenant and family</p> <p>Linked to 24/7 monitoring centre</p>	<ul style="list-style-type: none"> • Bed and chair occupancy sensors. • Enuresis sensors. • Epilepsy sensors.

			<ul style="list-style-type: none"> • Medication reminders. • Door sensors. • Passive infrared (PIR) movement sensors and carbon monoxide detectors.
Level 3	Personal TEC <ul style="list-style-type: none"> • Sensory Impairment • Remote Monitoring of Daily Living <ul style="list-style-type: none"> ○ Sleep ○ Movement ○ Toilet / Bathroom ○ Exit Doors ○ Kitchen Tap ○ Kettle ○ Fridge / Cooker ○ Light Levels ○ Temperature 	Provides greater reassurance for family. Family / unpaid carers involved in the monitoring.	

Considerations:

- All solutions in Level 1 fitted in new build.
- As much as possible all solutions to levels 2 and 3 also fitted in new build and 'switched on' as and when required.
- Not all risks / hazards need be a TEC solution. Some can be designed out such as not having any gas appliances, or such as open plan design so that couples are less separated such as Kitchen / Diners, windows in internal walls giving eyes on.
- All solutions to be interoperable with single monitoring centre.
- On-site local response/warden.
- Families / Unpaid carers need to be able to participate in the monitoring of level 3.
- As you go up the levels the balance of the reassurance provided by the solutions shifts from tenant to family.

Benefits:

- Broadband technology will improve the independence of residents by allowing them to communicate, book appointments, pay bills and have access to online information.
- Technology enabled care TEC promotes independence and helps to prevent, reduce and/or delay the need for long term care and support.
- TEC will allow residents to live in less restrictive manner as it is customised to the individual needs of residents.
- TEC will reduce the amount of avoidable time people spend in hospital through better and more integrated care in the campus community, outside of hospital.



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