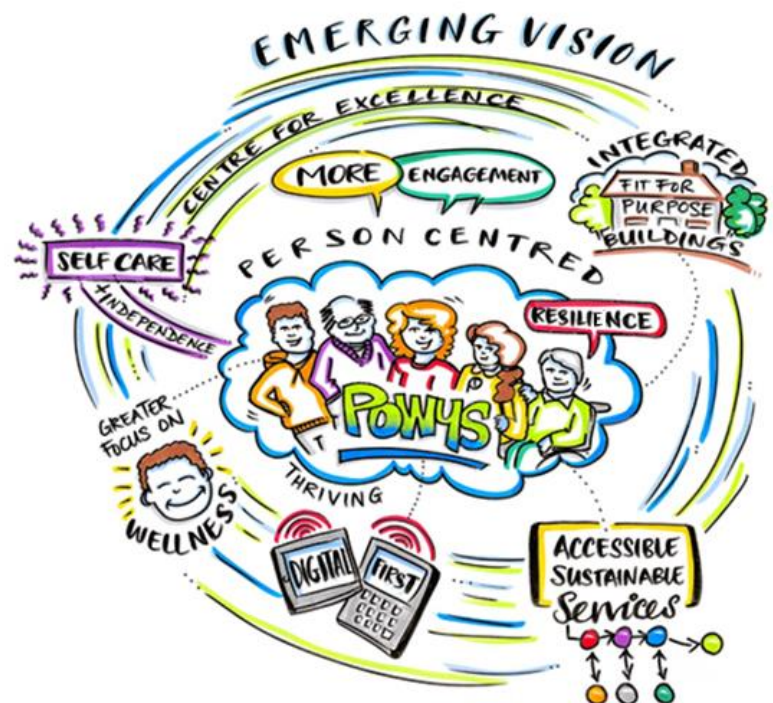


# Developing a Health and Care Strategy for Powys

Stage 2 Engagement Report  
March 2017

10 March 2017



# Introduction and Welcome

Welcome to the Engagement Report for Stage 2 of the development of the Health and Care Strategy for Powys to 2027 and beyond.

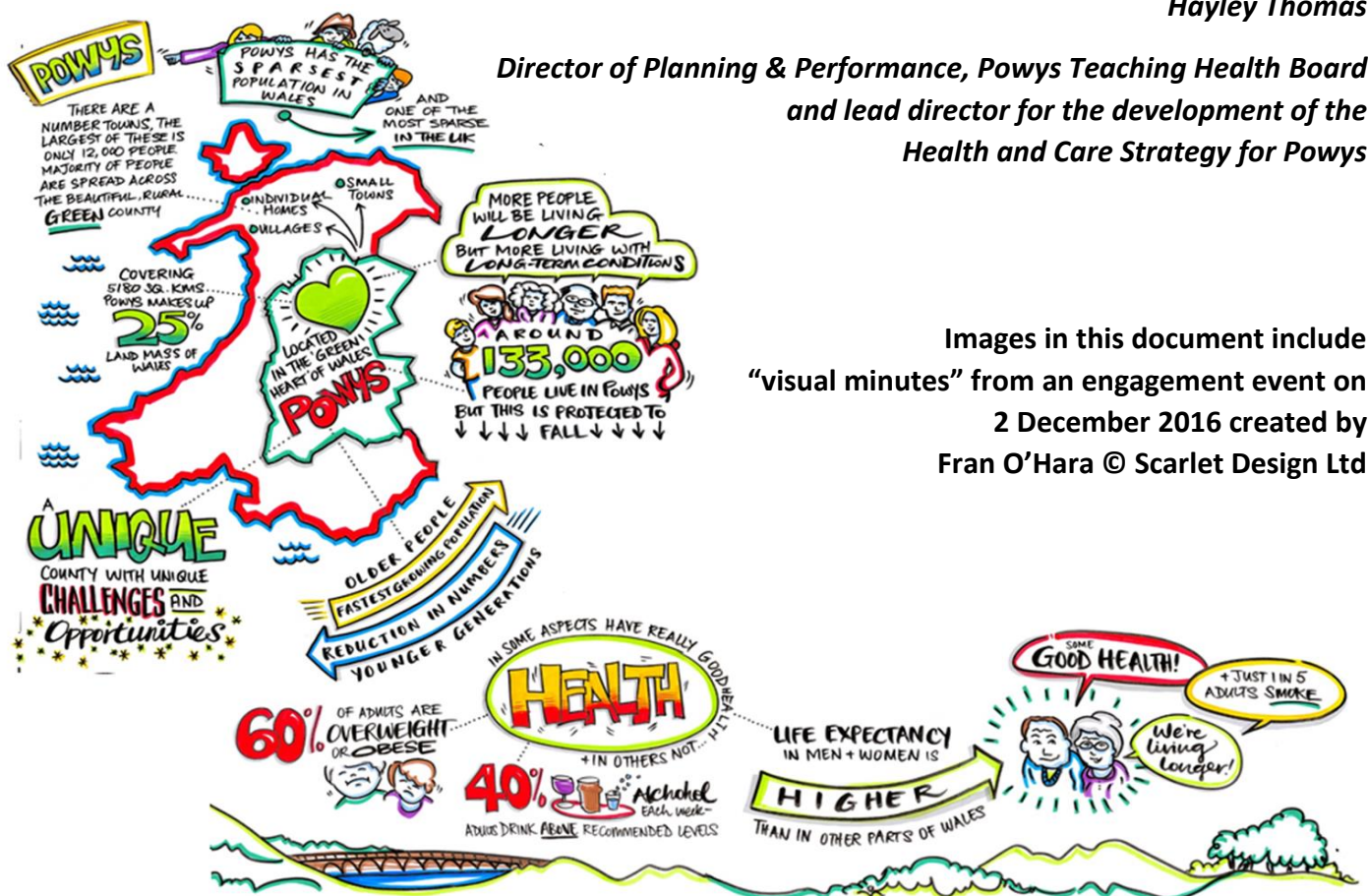
This reflects thousands of conversations between the people of Powys, key partners, Powys County Council and Powys Teaching Health Board over the last year.

I would like to thank everyone who has contributed to this important debate so far, and for your continued involvement which will help us to achieve our vision for a Healthy, Caring Powys.

The strategy that you have helped to create is a significant step towards the important journey ahead. We look forward to working with you in 2017/18 to develop detailed plans to translate this into practice in towns and communities across Powys.

*Hayley Thomas*

*Director of Planning & Performance, Powys Teaching Health Board  
and lead director for the development of the  
Health and Care Strategy for Powys*



Images in this document include “visual minutes” from an engagement event on 2 December 2016 created by Fran O’Hara © Scarlet Design Ltd

1. Example of Visual Minutes from engagement event on 2 December 2016 (c) Fran O’Hara Scarlet Design

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# 1. Executive Summary

Powys County Council and Powys Teaching Health Board are working together to develop a strategy for the health and care in the county to 2027 and beyond.

The Health and Care Strategy is an important step towards the journey ahead. This journey will involve working together to understand and improve health and care for our population and future generations.

The aim is to create the best possible health and care outcomes for our population, by pooling our expertise and truly putting the people of Powys at the heart of everything we do. The Strategy will:

- Set out a clear vision for the future
- Be ambitious about our potential
- Rethink what and how we currently do things
- Create a health and care service fit for future generation
- Understand and act on the needs and expectations of our population
- Build on what we do well, learn from others and address our challenges

Strong foundations have been built through a programme of Stage 1 Engagement from June to December 2016, which is summarised in Section 2 of this document. This culminated in the publication of the draft Health and Care Strategy accompanied by a suite of “Theme Summaries” summarising the case for change and the opportunities for the future.

This report sets out the approach and findings from the engagement following publication of the draft Health and Care Strategy, that took place in January and February 2017 (Stage 2 Engagement). Significantly, much of this work was undertaken through a partnership of consultation and engagement officers through the Powys Public Service Board. This took the form of an integrated programme of engagement and community events across the county encompassing the Health and Care Strategy, the Wellbeing Assessment and the Population Assessment. More information about the engagement approach can be found in Section 4 and in the Appendices.

Feedback during Stage 2 Engagement has found a high level of resonance of the themes in the draft Health and Care Strategy. Valuable feedback has also been received about people’s aspirations for how this is translated into practice. This will help us to continue to work with communities and stakeholders during 2017/18 to translate the strategy into practice.

Key areas reinforcing what we have heard include:

- There was strong support for the Case for Change, and generally people recognise the issues listed on page 3 of the strategy as being significant issues for the county.
- There was strong support for the vision for the future, although with some recommendations for changes to the language used (and particularly the wording of “Powys First” having new and unexpected resonances shortly after publication).
- Our feedback showed high levels of support for the “life course” approach, setting out what we plan to do to help people Start Well, Live Well and Age Well.
- The priority areas – Focus On Wellbeing, Early Help and Support, Joined Up Care – resonated well, although further work is particularly needed around “Tackling The Big Four”.

- Generally people liked the simple and visual style of the document, particularly where they had been involved in the previous engagement activities that had helped to develop the images used in the document – although understandably people were keen to understand more of the detail and how it will be implemented in communities across Powys. This more detailed work will take place in the next phase of the development of the strategy.
- The integrated approach to engagement – encompassing the Health and Care Strategy, Wellbeing Assessment and Population Assessment was also positively received, particularly as it enabled engagement conversations to be person-centred with the issues they raised being fed back into the most relevant programme area.

Key areas needing further consideration include:

- Review of the way we described our vision of “Powys First” given the additional resonances that have emerged since the strategy was published.
- Strengthening of the core principles – particularly “Only Do What Only We Can Do” (e.g. update this to “Be Prudent” – to make both their individual impact and their interrelationships clearer).
- Greater acknowledgement of the views and perceptions of the people of Powys regarding there not being a District General Hospital in the county.
- Further clarification of the intent for “Tackling the Big Four” throughout the life course, and particularly the activities that will be delivered within this strategic domain as opposed to “Focus On Wellbeing”, “Early Help And Support” and “Joined Up Care”.
- Continue to build on the emerging integration agenda in Powys to ensure that this provides a truly integrated vision for health **and** care.
- The images within the current document are an authentic representation of the engagement that has taken place to date, as they are visual minutes of engagement events. When the Strategy is finalised for publication and launch it is recommended that updated visuals are produced that directly reflect the principles and wording in the final document – and ideally that common approaches to visual identity are developed across the Wellbeing Assessment and Population Assessment work to help us “make sense” of these developments for our communities and partners.
- Linking the understanding of the challenge of transport and accessibility with wider plans and strategies to improve this (e.g. the forthcoming development of the Powys Wellbeing Plan).

This Stage 2 Engagement Report will inform the updated Health and Care Strategy for consideration by Powys County Council and Powys Teaching Health Board in March 2017. We anticipate an official launch of the strategy through a community and stakeholder event by June 2017, along with a wider awareness and engagement programme.

It is recommended that this continues to build on the integrated approach across Public Service Board partners that encompassed the Wellbeing Assessment and Population Assessment. This will help us to deliver our vision for a healthy, caring Powys within the context of the development of the first Wellbeing Plan for Powys by the Public Service Board.

## 2. Overview of Stage 1 Engagement

Stage 1 of our engagement took place from June to December 2016. It informed the development of our Case for Change and the draft Health and Care Strategy.

Activities included:

- Presentations at events and meetings across Powys to hear views from members of the public, partners, and health and care staff
- “Mini Workshops” to review the strengths, weaknesses, opportunities and threats in a series of service areas including:
  - Cancer / Canser
  - Carers / Gofalwr
  - Care, Support and End of Life/ Gofal, Cymorth a Diwedd Oes
  - Children, Young People and Families / Plant, Pobl Ifanc a Theuluoedd
  - Diabetes / Diabetes
  - Heart Health / Iechyd Y Galon
  - Maternity / Mamolaeth
  - Mental Health / Iechyd Meddwl
  - Musculoskeletal Conditions / Cyflyrau Cyhyrsgerberdydol
  - Neurological Conditions / Cyflyrau Niwrolegol
  - Older People with Frailty and Complex Needs / Pobl Hyn sy'n Eiddil ac sydd ag Anghenion Cymhleth
  - Pharmacy and Medicines Management / Fferylliaeth a Rheoli Meddyginiaethau
  - Physical Disabilities and Learning Difficulties / Anableddau Corfforol ac Anableddau Dysgu
  - Planned Care / Gofal Cynlluniedig
  - Primary Care Dental / Gofal Sylfaenol Deintyddol
  - Primary Care General Practice / Ymarfer Cyffredinol Gofal Sylfaenol
  - Primary Care Optometry / Optometreg Gofal Sylfaenol
  - Primary Prevention and Early Intervention / Atal Sylfaenol ac Ymyrraeth Gynnar
  - Respiratory Conditions / Cylflyrau Anadlol
  - Stroke / Stroc
  - Unscheduled Care / Gofal Heb Ei Drefnu
- Desktop review of existing evidence and insights – for example from resident, service user and patient surveys
- Partnership working to ensure an integrated approach with the development of the first Wellbeing Assessment and Population Assessment for Powys

**Datblygu Strategaeth Iechyd a Gofal I Bowys**

**Gofal Cynlluniedig**  
Crynoded o'r Thema (Fersiwn 1, Ionawr 2017)

**Beth yw'r ddogfen hon?**  
Mae'r ddogfen hon yn rhoi crynodeb lefel uchel o'r gwaith hyd yma i adolygu iechyd a gofal ar gyfer **Gofal Cynlluniedig**, fel rhan o ddatblygu Strategaeth Iechyd a Gofal ar gyfer Powys. Nod y briff hwn dros ddwy dudalen yw rhoi crynodeb lefel uchel yn unig, er mwyn annog dadl a thrafodaeth a fydd yn helpu i lunio system iechyd a gofal sy'n addas ar gyfer y dyfodol.

**Beth yw ystyr "Gofal Cynlluniedig"?**  
Gofal cynlluniedig yw'r enw ar y gwasanaethau, y gweithgareddau a'r triniaethau hynny nad ydyn nhw'n cael eu cwblhau mewn argyfwng, ac yn aml y rheiny y mae meddyg teulu neu weithiwr iechyd a gofal proffesiynol arall ar y rheng flaen yn atgyfeirio defnyddwyr gwasanaeth a chleifion atyn nhw.

**Pam y mae angen i Ofal Cynlluniedig newid?**  
Rydyn ni wedi bod yn siarad â chymunedau a chydweithwyr ledled Powys, ac yn dysgu o brofiad ledled Cymru a'r DU a thu hwnt. O'r gwaith hwn, rydyn ni wedi nodi amrywiaeth eang o resymau pam y mae angen newid.  
Mae'r rhain yn cynnwys:

- Mae llawer o'r adeiladau iechyd a gofal presennol ar ôl yr oes ac mae angen eu gwella'n sylweddol i fodloni safonau yn y dyfodol.
- Fel defnyddwyr gwasanaeth a chleifion rydyn ni'n dod i ddisgwyl mwy a mwy o bersonoli a dewis, gan gynnwys apwyntiadau ar gael y tu allan i oriau 9-5 o ddydd Llun i ddydd Gwener, a defnydd mwy o dechnoleg i ddarparu gofal a thriniaeth ar adeg ac mewn lleoliad sy'n fwy cyfleus i ni. Mae hyn yn cynnwys archebu a chngor ar-lein yn ogystal ag apwyntiadau teleiechyd a theleofal.

(Yn parhau ar dudalen 2)

**Ynglŷn â'r Strategaeth**  
Mae Powys yn sir hynod arbennig. Yma yng nghalon werdd Cymru, mae gennym ni olygfeydd bendigeiddig, trefi marchnad hyfryd a chymunedau cefnogol.  
Ond mae gennym ni ein heriau hefyd. Mae hyn yn cynnwys gwneud yn siŵr ein bod ni'n darparu profiad a chanlyniadau iechyd a gofal o'r radd flaenaf i fwy na 130,000 o bobl ar draws y sir deneuaf ei phoblogaeth yng Nghymru a Lloegr—yn estyn o Lansantffraid-ym-Mechain i Lanandras, o Grughywel i Ystradgynlais, o Lanwrtyd i Fachynlleth a phobman rhyngddynt nhw.  
Mae angen eich help arnom ni i ddeall beth yw'r heriau hynny, a sut gallwn ni eu trechu gyda'n gilydd. Gyda'ch cymorth a'ch mewnwleidiadau chi, gallwn ni sicrhau system iechyd a gofal sy'n addas ar gyfer y dyfodol.  
Erbyn mis Mawrth 2017, ein nod yw manylu ar weledigaeth lefel uchel ar gyfer dyfodol iechyd a gofal ym Mhowys dros y deng mlynedd nesaf a thu hwnt.  
Yna, yn ystod 2017/18, fe fyddwn ni'n parhau i weithio gyda chi i sefydlu cynllun manwl i wneud i hyn ddiagwydd.  
Mae mwy i'w weld ar ein gwefan isod a thryw ein sianeli cyfryngau cymdeithasol.

www.biapowys.cymru.nhs.uk/strategaeth-iechyd-a-gofal #PowysHCS

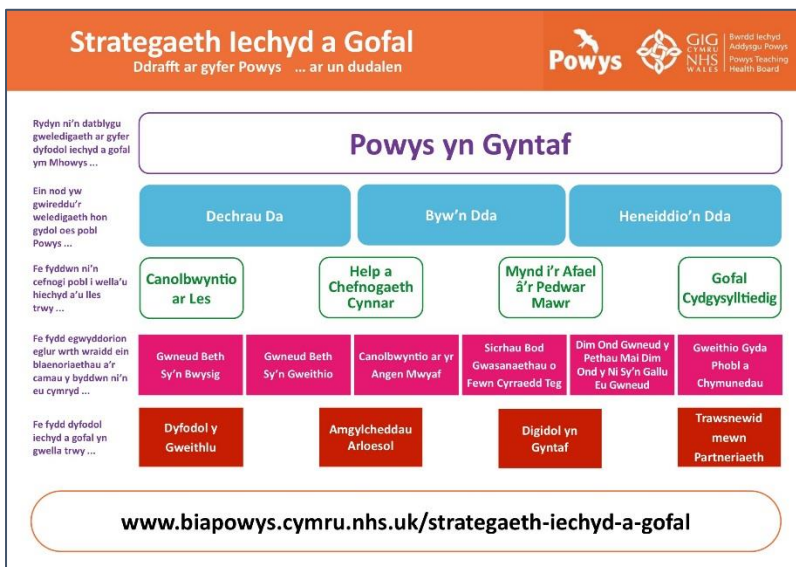
2. Example of Theme Summary output from Stage 1 Engagement





The main outputs of this work include:

- Stage 1 Engagement Report.
- A suite of “technical briefings” providing an overview of the strengths, weaknesses, opportunities and threats for different services in Powys.
- A suite of “Theme Summary” documents providing a two-page overview of the opportunities and challenges in each of the service areas listed above.
- A draft Health and Care Strategy.
- Engagement and Communication Plan for Stage 2 Engagement from 25 January 2017 (Board approval of the draft Health and Care Strategy) to 21 February 2017.



7. Extract from draft Health and Care Strategy

The main outputs of this work are available online at <http://bit.ly/powyssig> (Cymraeg) and <http://bit.ly/powyschcs> (English).

### 3. Our Stage 2 Engagement Approach

Stage 2 of the engagement of the Health and Care Strategy for Powys took place from 25 January 2017 to 21 February 2017.

Our main focus during this stage of engagement was:

- To continue to raise awareness of the development of the Health and Care Strategy for Powys.
- To share the work so far and seek feedback.
- To test the emerging themes and identify any gaps and issues that have not been raised through Stage 1 Engagement.
- To gather views to help shape the final version of the Health and Care Strategy for approval in March 2017.
- To build involvement and support for the work ahead in 2017/18 to translate the strategy into implementation.

Activities included:

- Publication of an “Everyday” version of the Health and Care Strategy in Welsh and English.
- Publication of a suite of “Theme Summaries” covering issues such as Maternity, Pharmacy, Stroke, Carers, Early Intervention and other areas relevant to the strategy – in both Welsh and English.
- Online information and syndicated articles to share across local networks and communities.
- An online survey to invite views on the draft Strategy.
- A focused programme of social media activity to raise awareness and encourage people to take part in the online survey.
- A joint programme of events and activities encompassing the Health and Care Strategy, Wellbeing Assessment and Population Assessment including drop-in event across the county (see Appendix 1). These are delivered in partnership through an alliance of consultation and engagement officers from the partners in the Powys Public Service Board and Powys Regional Partnership Board including Powys Association of Voluntary Organisations, Powys County Council, Powys Teaching Health Board, Brecon Beacons National Park Authority, Age Cymru, Mid and West Wales Fire, Natural Resources Wales and Dyfed Powys Police.
- Attendance at a range of community, stakeholder and staff events to present the draft strategy, promote discussion and encourage feedback.



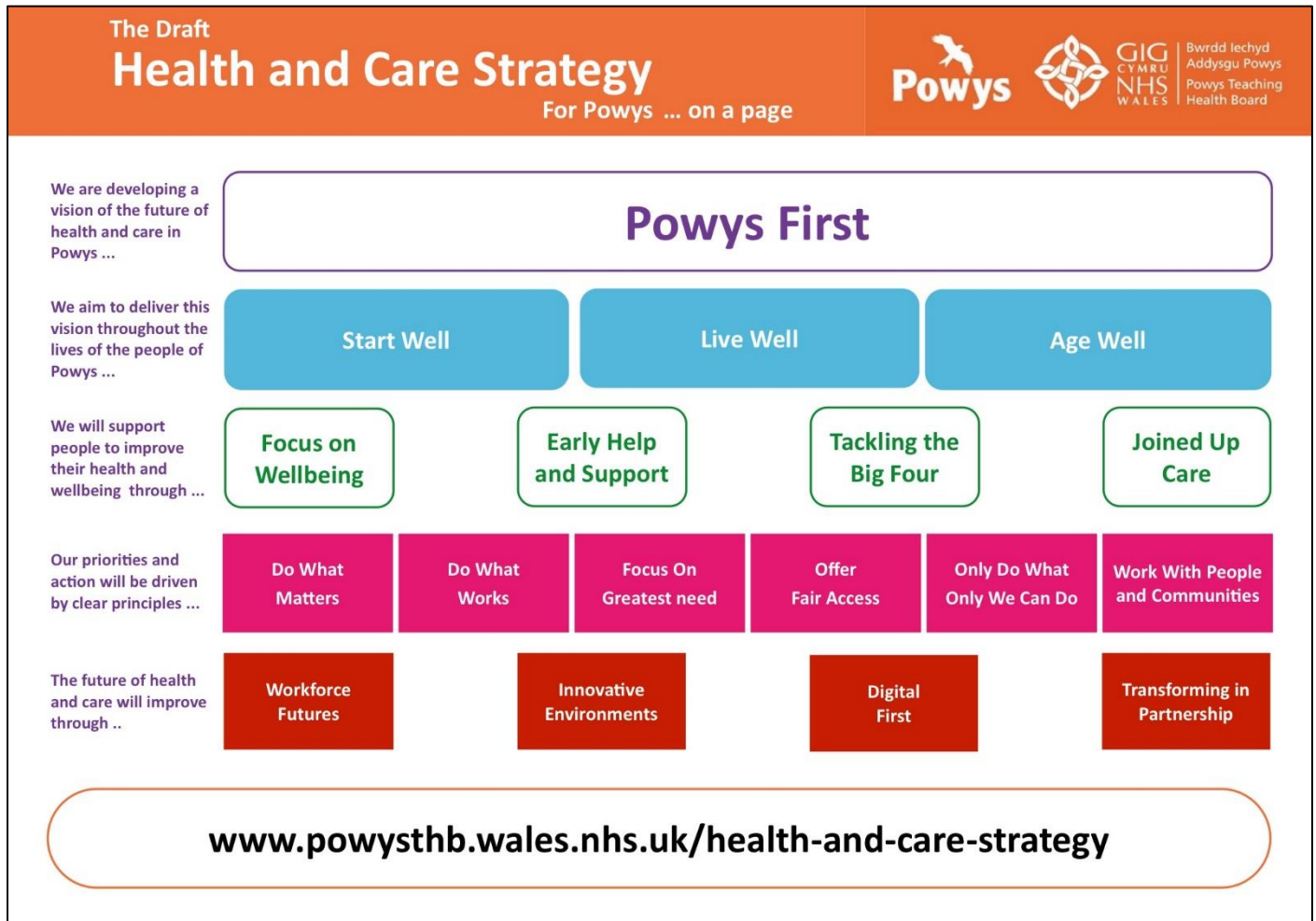
8. Social media engagement during a drop-in event at Newtown Library on 14 February 2017

There were no direct costs of Stage 2 Engagement. Indirect costs were incurred through staff costs, translation contract and use of existing channels (e.g. online survey platform). Information about the events held, social media approach, distribution of strategy documents etc. is included in the Appendices to this report.

# 4. Insights from Stage 2 Engagement

## 4.1 Overall

The insights we gathered during Stage 1 Engagement helped us to develop our overall strategy, which was summarised within the document through our Strategy On Page.



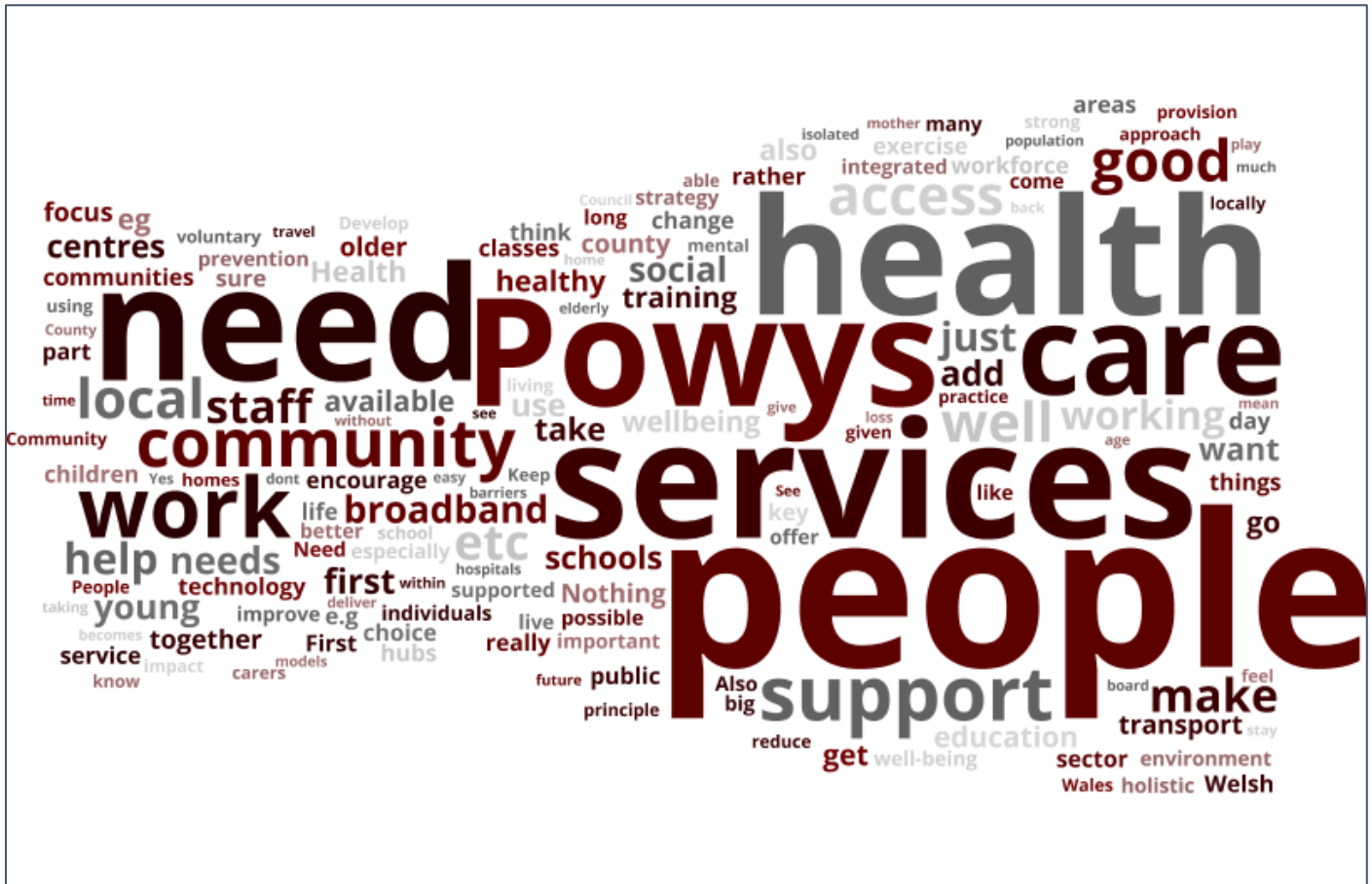
9. "Strategy On A Page" from the "Everyday" version of the Health and Care Strategy (January 2017)

General feedback included:

- There was positive feedback about the simple and visual style of the “Everyday” version of the Health and Care Strategy. However, some respondents aspired to a high level of detail, which will be published in the technical version of the Strategy in March 2017.
- Many respondents highlighted that the “visual minutes” included within the document were appealing. However, it was also pointed out that these capture the engagement in the *development* of the strategy rather than being a visual representation of the strategy itself. Updated images could be procured to reflect the approved strategy in time for formal launch of the document. This would also enable the visuals to be available in both English and Welsh (the visual minutes reflected the language used by participants at the Visioning Event on 2 December where they were created).

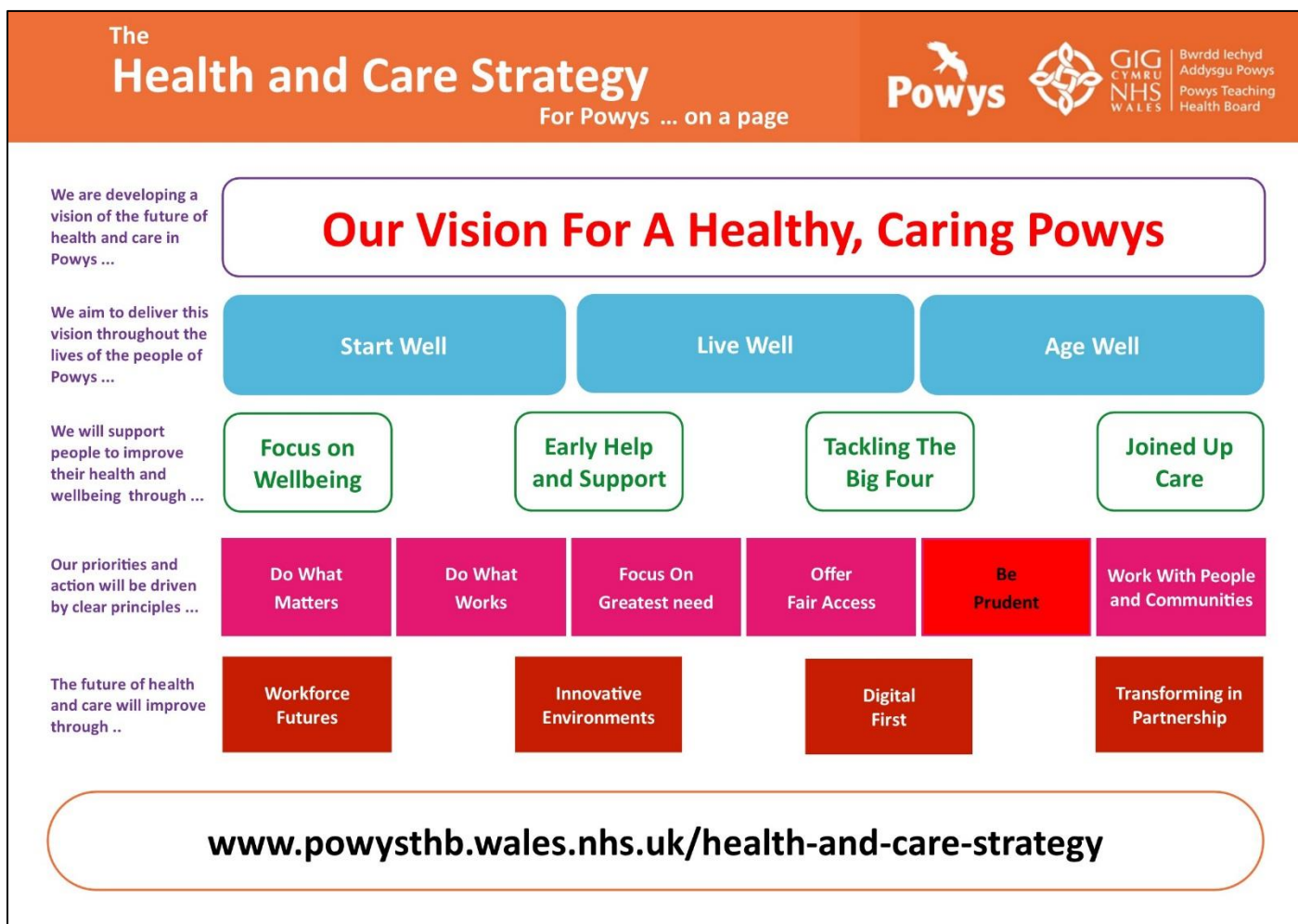
- Several respondents highlighted that at this stage there isn't much that is measurable within the draft Health and Care Strategy. This will be part of the detailed work in 2017/18.
- The 21 Theme Summaries were positively received where they were used, although in two pages these could only provide a snapshot of the issues raised.

The Word Cloud below has been generated from the consolidation of all responses to all questions in the online survey.



10. Word Cloud encompassing all survey responses

The feedback we received has helped us to update the “Strategy On A Page”, as indicated below. Changes in red show how the “Strategy On A Page” has been amended as a result of engagement. More information about the changes to each section of the document is provided in the following pages.



11. Updated “Strategy On A Page” indicating the changes made as a result of Stage 2 Engagement

## 4.2 About the Case for Change

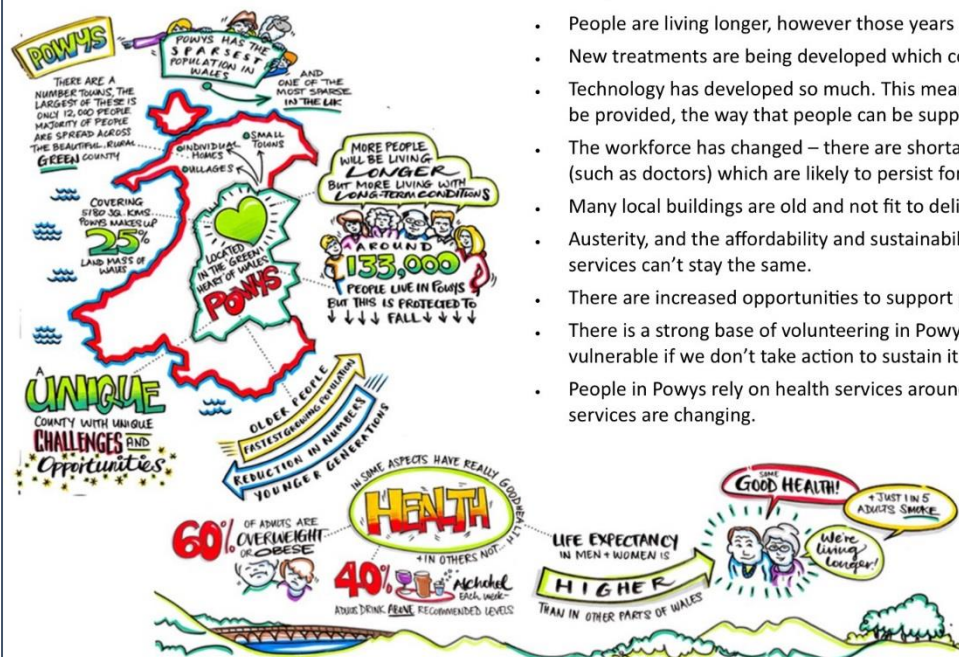
The insights we gathered during Stage 1 engagement helped us to develop our “Case for Change” – in other words, the main reasons we had heard during Stage 1 about why health and care needs to change in the future.

### Why do we need a strategy for the future?

So much has changed in the last ten years—drones, smartphones, austerity. The next ten years will see even more change. Some changes we can predict. Others will take us by surprise. One thing is certain is that we need to work together to create a future where everyone in Powys has the best opportunity to live healthy, full and independent lives.

#### Where are we now?

- People are living longer, however those years are not always healthy ones.
- New treatments are being developed which could help more people but they are costly.
- Technology has developed so much. This means the way in which health and social care can be provided, the way that people can be supported, is changing.
- The workforce has changed – there are shortages in several of the traditional professions (such as doctors) which are likely to persist for some time to come.
- Many local buildings are old and not fit to deliver modern health and care services.
- Austerity, and the affordability and sustainability of current services, is a real issue – services can't stay the same.
- There are increased opportunities to support people in their own homes and communities.
- There is a strong base of volunteering in Powys which brings amazing benefits, but this is vulnerable if we don't take action to sustain it.
- People in Powys rely on health services around the county's borders. Many of these services are changing.
- Population changes mean that there will be more older people and fewer younger people in Powys in the future.
- People have different life expectancies depending on their income and where they live, which is unfair.

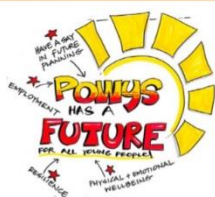


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12. Case for Change from the draft “Everyday” version of the Health and Care Strategy (January 2017)

It also provided an overview of the main issues and themes we had heard from the people of Powys, including our service users and patients, in developing the draft strategy.

## What the people of Powys have said



This strategy builds on what the people of Powys have said about their health and care— in service user surveys, complaints, compliments, engagement events, service user forums and conferences. This includes a Health and Care Futures event in December 2016, and the “visual minutes” from this event are included throughout this document.



**Put people first:** “Listen to us” “Communicate with us” “Treat us with respect” “Attend to the needs of carers” “Put the needs of citizens, and people using services, at the heart of your plans”

**Improve the use of technology:** “Use technology more and use it better” “Better connections are needed in services and in the home through Broadband, 4G etc.” “We need support to use technology”



**Local services:** “Deliver services locally wherever as possible” “Bring services together in community hubs” “Connect health and care with community activities” “Help me to prevent health and care problems arising”

**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”



**Co-ordinate & 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”

**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”

4

13. “What the people of Powys have said” from the “Everyday” version of the draft Health and Care Strategy

Through our engagement we have been seeking views on the degree of support for the case for change, and whether anything significant was missing.

Our online survey asked respondents to indicate how strongly they agreed or disagreed with the case for change. There was an overall high level of agreement with the case for change.

Strongly Disagree	Disagree	Neither Disagree	Agree Nor Disagree	Agree	Strongly Agree

Through engagement events and our online survey we captured people’s views and ideas about the case for change – what they liked and what was missing.





The main themes from the Stage 2 Engagement feedback include:

What else did we hear?	Examples
There was positive reinforcement of many of the themes in the “case for change” with useful clarifications that will help us develop the detail in the full technical version of the strategy	<p><i>“Workforce is a really big issue here”</i></p> <p><i>“The age profile is shifting – as well as more older people there is projected to be a smaller population of children and working age adults in future”</i></p> <p><i>“Address variation in access”</i></p>
There was a strong theme in the responses about services that are not available in Powys.	<p><i>“Scope to develop a DGH in Powys”</i></p> <p><i>“There are very few (if any) sexual health clinics in Powys”</i></p>
Challenges in accessing services in neighbouring areas, and a desire for more services to be provided closer to home were highlighted	<p><i>“The people living in sparsely populated areas are just as important as the people in Cardiff”</i></p> <p><i>“Bring the service to us not us to the services”</i></p> <p><i>“Better access to specialist treatments locally for the disabled”</i></p>
This particularly included cross-border issues with England.	<p><i>“Cross border health services are becoming more geographically challenging ... increasing transport challenges”</i></p> <p><i>“the muddled divide between Welsh/English provision”</i></p> <p><i>“Services provided in English hospitals fall short of acceptable”</i></p> <p><i>“Health board needs to show more leadership than just let England call the tune”</i></p> <p><i>“[English] hospital has a different strategy for Powys patients – usually a poorer provision”</i></p>
Some respondents highlighted difficulties in accessing services in Welsh	<p><i>“We need to make sure that services are in Welsh for [my mother]”</i></p>

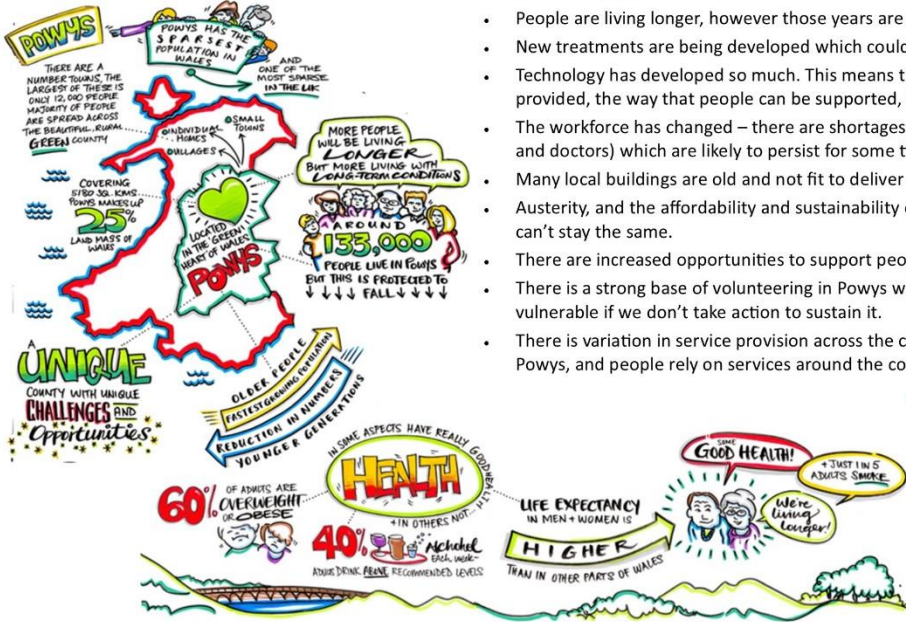
The themes highlighted during Stage 2 Engagement in general reinforced those that had been raised during Stage 1 Engagement. The issue of there not being a District General Hospital needs to feature more visibly within the Health and Care Strategy, along with the theme of access & transport.

The below pages of the document reflect the changes to the strategy following the engagement period. Additions and amendments are highlighted in ‘red’ text.

# Why do we need a strategy for the future?

So much has changed in the last ten years—drones, smartphones, austerity. The next ten years will see even more change. Some changes we can predict. Others will take us by surprise. One thing is certain is that we need to work together to create a future where everyone in Powys has the best opportunity to live healthy, full and independent lives, **where people aspire to live, learn and prosper**. You have been sharing your thoughts on the changes ahead and here are the main themes.

## Where are we now?



- People are living longer, however those years are not always healthy ones.
- New treatments are being developed which could help more people but they are costly.
- Technology has developed so much. This means the way in which health and social care can be provided, the way that people can be supported, is changing.
- The workforce has changed – there are shortages in several professions (such as care workers and doctors) which are likely to persist for some time to come.
- Many local buildings are old and not fit to deliver modern health and care services.
- Austerity, and the affordability and sustainability of current services, is a real issue – services can't stay the same.
- There are increased opportunities to support people in their own homes and communities.
- There is a strong base of volunteering in Powys which brings amazing benefits, but this is vulnerable if we don't take action to sustain it.
- There is variation in service provision across the county. Some services are not provided in Powys, and people rely on services around the county's borders. Access can be challenging.
  - Many services around the county's borders are changing. Some District General Hospital services are becoming more specialised or whilst others can be delivered more locally.
- Population changes mean that there will be more older people and fewer younger people in Powys in the future.
- People have different life expectancies depending on their income and where they live, which is unfair.

3

# What the people of Powys have said



This strategy builds on what the people of Powys have said about their health and care— in service user surveys, complaints, compliments, engagement events, service user forums and conferences. This includes a Health and Care Futures event in December 2016, and the “visual minutes” from this event are included throughout this document.

**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 the use of technology:** “Use technology more and use it better” “Better connections are needed in services and in the home through Broadband, 4G etc.” “We need support to use technology”

**Local services:** “Deliver services locally wherever as 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”

**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”

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

**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”



4

### 4.3 About our Vision for the Future

The draft strategy set out a high level vision for the future, based on “Powys First”.

## Powys First: A vision for the future

The vision for the future is **Powys First**.

**We will put the people of Powys first**

**We will make best use of the Powys Pound**

**We will be the first choice employer for health and care staff**

**Powys will be a leader in effective, integrated rural health and care**

**We will be “first in class” for improving health and wellbeing**

**We will focus on inequalities in Powys and people with greatest need**

**We will deliver health and care services in Powys wherever possible**

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16. Powys First vision from the "Everyday" version of the draft Health and Care Strategy

Through our engagement we have been seeking views on the degree of support for a vision of “Powys First”.

Our online survey asked respondents to indicate how strongly they agreed or disagreed with this vision. There was an overall high level of agreement.

Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree
Strongly Disagree			Strongly Agree

Through engagement events and our online survey we captured people’s views and ideas about the vision for the future – what they liked and what they disliked.



The main themes from the Stage 2 Engagement feedback include:

What did we hear?	Examples
<p>Whilst the on average survey respondents “agreed” with the proposed vision there was considerable debate about the idea of Powys First.</p> <p>After the strategy was published the phrase “America First” became prominent and understandably people interpreted the vision in this context.</p>	<p><i>“This is in danger of being seen in the same light as America First”</i></p> <p><i>“America First ... Powys First. Does this make Powys inward-looking and isolated.”</i></p> <p><i>“Not sure about an alternative - maybe ‘Powys Foremost’ instead?”</i></p> <p><i>“The word ‘Powys’ seems quite selfish, maybe a more community focused phrase might be more appealing”</i></p>
<p>There were also strong messages that welcomed the broad intent</p>	<p><i>“It is important that we have a strong Powys at the heart of a prosperous Wales.”</i></p> <p><i>“The clue is in the name – POWYS citizens should be put first by POWYS County Council and POWYS Local Teaching Health Board”</i></p> <p><i>“Love it. We need the Council and the NHS to be proud of Powys.”</i></p> <p><i>“Absolutely ... not sure how realistic it is though”</i></p> <p><i>“Bring services back to local level”</i></p> <p><i>“We want services in Powys”</i></p>
<p>Other issues of discussion included:</p>	<p><i>“Does ‘Powys First’ mean a local hospital?”</i></p> <p><i>“Build a district general hospital in Powys”</i></p> <p><i>“Educate people to delight in taking responsibility for their own health and wellbeing”</i></p> <p><i>“Empower people to be responsible for their own health and take ownership of unhealthy habits to initiate change”</i></p> <p><i>“Lead the way in commissioned to address variable service and approach by providers around our borders”</i></p> <p><i>“Improve arrangements with English hospitals where they are used”</i></p> <p><i>“Work with cross-border services to ensure they realise the commute and implications of taking days off work [for appointments], reliance on transport etc.”</i></p> <p><i>“Use the strong volunteer base”</i></p> <p><i>“the term ‘employer’ doesn’t reflect the independent or third sector”</i></p>

The below page of the document reflects the changes to the strategy following the engagement period. Additions and amendments are highlighted in 'red' text.

## Our vision for a healthy, caring Powys



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18. Updates to our Vision as a result of Stage 2 Engagement

## 4.4 About our Principles

The draft strategy set out a series of principles that should drive our decisions about the future of health and care in Powys.

# What principles should guide us?

Based on what we have heard we believe that the following principles should guide us as we create a healthy, thriving future for the people and communities of Powys:

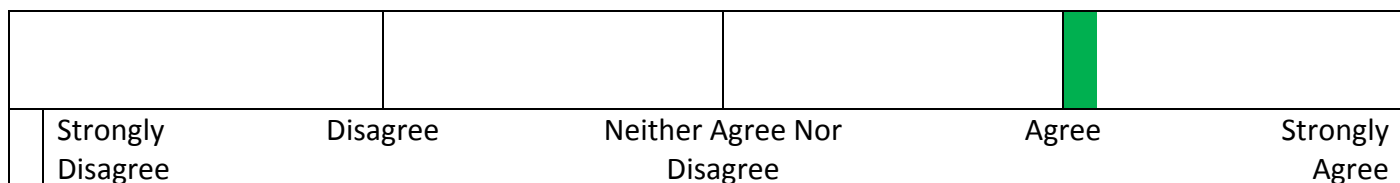
	<b>Do What Matters</b>	<p>We will focus on 'What Matters' to people. We will work together to plan personalised care &amp; support, focusing on the outcomes that matter to the individual.</p>
	<b>Do What Works</b>	<p>We will provide care and support that is focused on 'what works' based on evidence, evaluation and feedback. We will have honest conversations about how we use resources.</p>
	<b>Focus On Greatest Need</b>	<p>We will focus resources on those with greatest need for help and support, in a way that looks ahead to future generations.</p>
	<b>Offer Fair Access</b>	<p>We will ensure that people have fair access to specialist care and to new treatments and technologies, helping to deliver a more equal Powys.</p>
	<b>Only Do What Only We Can Do</b>	<p>We will use public resources wisely so that health and care services only do those things that only they can and should do.</p>
	<b>Work With People and Communities</b>	<p>We will work with individuals and communities to use all of their strengths in a way that maximises and includes the health and care of everyone, focusing on every stage of life—Start Well, Live Well and Age Well.</p>

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19. The draft Principles in the "Everyday" version of the draft Health and Care Strategy

Through our engagement we have been seeking views on the degree of support for these principles

Our online survey asked respondents to indicate how strongly they agreed or disagreed with the principles. There was an overall high level of agreement.



Through engagement events and our online survey we captured people's views and ideas about the principles – what they liked and what they disliked.











The main themes from the Stage 2 Engagement feedback include:

What did we hear?	Examples
Much of the feedback continued to be in line with the principles that had been developed through Stage 1 Engagement:	
Do What Matters	<p><i>"Hear, listen, understand"</i></p> <p><i>"Yes"</i></p>
Do What Works	<p><i>"Will patient evidence be taken into account"</i></p> <p><i>"Invest in prevention and early intervention to avoid spending larger amounts later on"</i></p>
Focus on Greatest Need	<p><i>"'Greatest need' needs defining"</i></p> <p><i>"Balance between need and fairness is often challenging"</i></p>
Offer Fair Access	<p><i>"Services need to be available in Welsh without having to ask"</i></p> <p><i>"Ensure referrals take place within the time limits given"</i></p> <p><i>"A principle that people are not discriminated against because they live in a rural area"</i></p> <p><i>"What does 'fair access' mean for Powys?"</i></p>
Only Do What Only We Can Do	<p><i>"Don't privatise"</i></p> <p><i>"Not sure about the 'only do' one – could be interpreted as privatisation"</i></p> <p><i>"Use local resources and suppliers to the greatest extent possible"</i></p> <p><i>"Only do what is financially viable – offer only a real service not box ticking services"</i></p>
Work with People and Communities	<p><i>"What does this mean?"</i></p> <p><i>"Use community strengths"</i></p> <p><i>"Involve preventative measures"</i></p> <p><i>"Use modern communication systems wherever possible – pressure WAG to improve these"</i></p>
Key areas and suggestions included:	<p><i>"The sustainable development principle i.e. making decisions based on the long term impact is the most obvious omission from the list"</i></p> <p><i>"How do you strike the balance between them? Which principle is the first among equals?"</i></p>

The picture below reflects the changes to the strategy following the engagement period. Additions and amendments are highlighted in 'red' text.

## What principles should guide us?

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

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

21. Updates to the Principles as a result of Stage 2 Engagement

## 4.5 About the Life Course

Our engagement Stage 1 led to the development of a draft strategy based on three stages of the Life Course (Start Well, Live Well and Age Well) and four strategic domains (Focus on Wellbeing, Early Help and Support, Tackling the Big Four, Joined Up Care).

Overall, the three stages of the life course resonated strongly, with suggestions made that as the work develops the age span for these stages could be more clearly defined in an integrated way across health and care.

Discussion around the four strategic domains was also generally positive, with the main area of debate being “Tackling The Big Four”:

- *“I don’t really understand the Big Four. Not really sure what each of these domains is focusing on – is it a continuum”*
- *“Does the focus on the Big Four mean less emphasis on other conditions – I couldn’t support this as my nephew has autism”*
- *“These feel like health issues rather than health and care issues. For health AND care might there be a bigger emphasis on sensory impairment, physical disabilities, learning difficulties, dementia or frailty rather than these?”*
- *“It is difficult to make these resonate at every stage of life - in childhood aren’t childhood injuries and accidents a bigger issue?”*
- *“Tackle the big five with frailty being the fifth”*

Generally the examples given for each stage of the life course provided a reasonable balance across health and care with the exception of “Live Well” where the examples predominantly related to health issues.

Individual feedback about the different life stages is provided overleaf.

## 4.5.1 About Start Well

The draft strategy set out our aspiration to enable people to Start Well in Powys.

Start Well

Here are some examples of how we will support people to Start Well ...

Focus on Wellbeing

- We will provide integrated community hubs with education, communities & voluntary sector, ensuring local accessible services.
- We will develop a holistic programme with communities to support play, mental and physical activity, utilising outdoor green space.

Early Help and Support

- We will invest in emotional and behavioural support for families, children and young people to build resilience and support transition to adulthood.
- We will make the maximum positive impact within the first 1000 days of a child's life, focusing on preventing adverse childhood experiences.
- We will target resources towards disadvantaged families.


Tackling the Big Four

- We will support children and families to create the foundations of good health throughout their life. This includes healthy weights, positive diet & activity, personal resilience & relationships and other steps that will reduce the risk of developing the main four causes of ill health and premature mortality (cancer, circulatory diseases, respiratory diseases and mental health problems) in their later life.

Joined Up Care

- We will offer young people and families a fully integrated experience of health and care.

"Remember that when a young person comes for help, they are often scared. You may know what's going to happen next, but they don't" (Service User)



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22. "Start Well" from the "Everyday" version of the draft Health and Care Strategy

Several of our Theme Summaries also had particular relevant to Age Well stage of the life course, e.g. "Maternity", "Children, Young People and Families".

Through engagement events and our online survey we captured people's views and ideas about how to enable people to Start Well.

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The main themes from the Stage 2 Engagement feedback include:

What did we hear?	Examples
The feedback suggest that the themes in the strategy had strong resonance:	<p><i>“Education is key”</i></p> <p><i>“Make the healthier choice the easier choice”</i></p> <p><i>“Assistance to children and young people who have hearing and sight problems”</i></p> <p><i>“Extra input for disadvantaged families”</i></p> <p><i>“This is an excellent set of examples”</i></p>
Other feedback included:	
Equality and inclusion	<p><i>“Do not separate disadvantaged families from those who are not – give everyone equal access to services and to work together”</i></p> <p><i>“Reduce mental health stigma”</i></p>
Ideas for the delivery of the strategy	<p><i>“Work better with schools on school meals”</i></p> <p><i>“Include ‘healthy living’ in the school curriculum”</i></p> <p><i>“Practice mindfulness from a young age”</i></p> <p><i>“Health and wellbeing needs to be part of education”</i></p> <p><i>“Children should be encouraged to play more sport”</i></p> <p><i>“Use social media and apps to give accessible advice to young people and parents”</i></p> <p><i>“Make sure nursery schools are accessible.”</i></p> <p><i>“More nursery places”</i></p> <p><i>“Strengthen youth services”</i></p> <p><i>“Don’t spend large quantities swamping people with information – the ones who really need will ignore anyway”</i></p>

The image below reflects the changes to the strategy following the engagement period. Additions and amendments are highlighted in 'red' text.

Start Well

Here are some examples of how we will support people to Start Well ...

Focus on Wellbeing

- We will provide integrated community hubs with education, communities and voluntary sector, ensuring local accessible services.
- We will develop a holistic programme with communities to support play, mental and physical activity, utilising outdoor green space.

“Remember that when a young person comes for help, they are often scared. You may know what’s going to happen next, but they don’t” (Service User)

Early Help and Support

- We will invest in emotional and behavioural support for families, children and young people to build resilience and support transition to adulthood.
- We will make the maximum positive impact within the first 1000 days of a child’s life, focusing on preventing adverse childhood experiences.
- We will target resources towards disadvantaged families.
- We will support and assist young carers.

Tackling the Big Four

- We will support children and families to create the foundations of good health throughout their life. This includes healthy weights, positive diet & activity, personal resilience & relationships and other steps that will reduce the risk of developing the main four causes of ill health and premature mortality (cancer, circulatory diseases, respiratory diseases and mental health problems) in their later life.

- We will offer young people and families a fully integrated experience of health and care.
- We will ensure health and care work closely with education providers to support young people and develop healthy behaviours.
- We will work with partners to ensure young people are safeguarded.

Joined Up Care

- We will ensure health and care work closely with education providers to support young people and develop healthy behaviours.
- We will work with partners to ensure young people are safeguarded.

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24. Updates to the “Start Well” section of the strategy as a result of Stage 2 Engagement

## 4.5.2 About Live Well

The draft strategy set out aspirations to enable people to Live Well in Powys that had emerged from Stage 1 Engagement.

Live Well

Here are some examples of how we will support people to Live Well ...

Focus on Wellbeing

- We will empower people to make informed choices based on tailored information that enables them to manage their own health and well-being.
- We will make best use of community strengths and the physical environment to support people to maintain their health and wellbeing.

Early Help and Support

- We will identify people earlier who are at risk of developing a disease, and we will help them to reduce the risk and impact.
- We will focus on activities which reduce the need for operations and improve post-operative outcomes.

Tackling the Big Four

- We will support people to take positive steps during mid life to address the risk and impact of the four main causes of ill health and premature mortality:
  - Cancer
  - Circulatory Diseases
  - Respiratory Diseases
  - Mental Health

Joined Up Care

- We will offer a more co-ordinated approach to managing long term conditions that gives everyone an opportunity to build on their strengths.
- We will develop services that fit around peoples' busy lives – providing choice, accessible & equitable services more locally.

"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 coping to managing my bipolar disorder".  
(Service User)

25 "Live Well" examples from the "Everyday" version of the draft Health and Care Strategy

Through engagement events and our online survey we captured people's views and ideas about how to enable people to Live Well.

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The main themes from the Stage 2 Engagement feedback include:

What did we hear?	Examples
<p>The feedback suggest that the themes in the strategy had strong resonance:</p>	<p><i>“Educate and encourage re good food and exercise.”</i></p> <p><i>“Educate people about their conditions”</i></p> <p><i>“Earlier identification of people at risk”</i></p> <p><i>“The health and social care workforce needs to be considered as the health and wellbeing workforce.”</i></p>
<p>Other feedback included:</p> <p>Highlight challenges to delivery and creating an environment to enable positive choices</p>	<p><i>“People need to be willing to engage in order to effect change”</i></p> <p><i>“It is not always easy to make an informed choice”</i></p> <p><i>“The majority ... expects people o make changes to their lifestyle but we need to tip the balance so that we are doing more to address people’s environment so that the health choice becomes the easy choice”</i></p> <p><i>“Be aware that some people – me – have a long term condition and struggle to use screens e.g. laptop and these days everything is on technology”</i></p> <p><i>“Need to ensure a strong focus on enabling and removing barriers to participation e.g. disabilities, sensory loss etc.”</i></p> <p><i>“How do you give equal access to these services for people with sensory loss”</i></p> <p><i>“The public haven’t spent years training to be medics so how can they possibly be in the best position to choose”</i></p> <p><i>“Decent jobs, affordable rents”</i></p>
<p>Suggestions for specific actions or activities that could be considered for delivering the strategy</p>	<p><i>“Given that the Heath Board and Local Authority are the largest employers, think about how those staff are supported to manage their health”</i></p> <p><i>“Work with colleges and other organisations to offer free or nominal-charge classes in nutrition, health and well-being”</i></p> <p><i>“Consider approaches like a TimeBank”</i></p>

The image below reflects the changes to the strategy following the engagement period. Additions and amendments are highlighted in 'red' text.

Live Well

Here are some examples of how we will support people to Live Well ...

Focus on Wellbeing

Early Help and Support

Tackling the Big Four

Joined Up Care

- We will empower people to make informed choices based on tailored information that enables them to manage their own health and well-being, and focus on creating an environment that makes the healthier choice an easier choice.
- We will make best use of community strengths and the physical environment to support people to maintain their health and wellbeing.

"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 coping to managing my bipolar disorder".  
(Service User)

- We will focus on early intervention to support the independence and participation of people with sensory loss, physical disabilities, learning difficulties and other conditions.
- We will support people to be independent and active in their communities.
- We will support carers.
- We will identify people earlier who are at risk of developing a disease, and we will help them to reduce the risk and impact.
- We will focus on activities which reduce the need for operations and improve post-operative outcomes.
- We will develop effective services to treat and support people suffering from the four main causes of ill health and premature mortality in Powys:
  - Cancer
  - Circulatory Diseases
  - Respiratory Diseases
  - Mental Health
- We will also develop support to reduce the incidence and impact of the diseases in later life.
- We will offer a more co-ordinated approach to managing long term conditions that gives everyone an opportunity to build on their strengths.
- We will develop services that fit around peoples' busy lives – providing choice, accessible & equitable services more locally.
- We will work with partners to safeguard residents.

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27. Updates to the "Live Well" section of the Strategy as a result of Stage 2 Engagement

### 4.5.3 About Age Well

The draft strategy set out the aspiration to enable people to Age Well in Powys that had emerged through the Stage 1 Engagement.

Age Well

Here are some examples of how we will support people to Age Well ...

Focus on Wellbeing

- We will support older people to be as active as possible, through volunteering, physical and mental exercise.
- We will help people to overcome loneliness and social isolation.
- We will encourage people to plan for their future.

Early Help and Support

- We will utilise technology so older people can self-care and remain independent, and to encourage greater social inclusion.
- For carers we will continue to develop services to meet the holistic needs of the family and provide adequate respite care.

Tackling the Big Four

- We will ensure that we support people in later life to take positive steps to address the risk and impact of the four main causes of ill health and premature mortality:
  - Cancer
  - Circulatory Diseases
  - Respiratory Diseases
  - Mental Health

Joined Up Care

- We will support health and care teams to work seamlessly with older people to get things right first time and prevent needs from escalating.
- We will review existing health and care services and invest in health and care environments that meet future needs – providing choice, accessibility & co-ordinated services.

“To be able to go to some organised gentle exercise aimed at older people, in the community, would help. It would keep you moving” (Service User)

28. "Age Well" examples from the "Everyday" version of the draft Health and Care Strategy

Several of our Theme Summaries also had particular relevant to Age Well stage of the life course, e.g. "Older People with Frailty and Complex Needs", "Care, Support and End of Life".

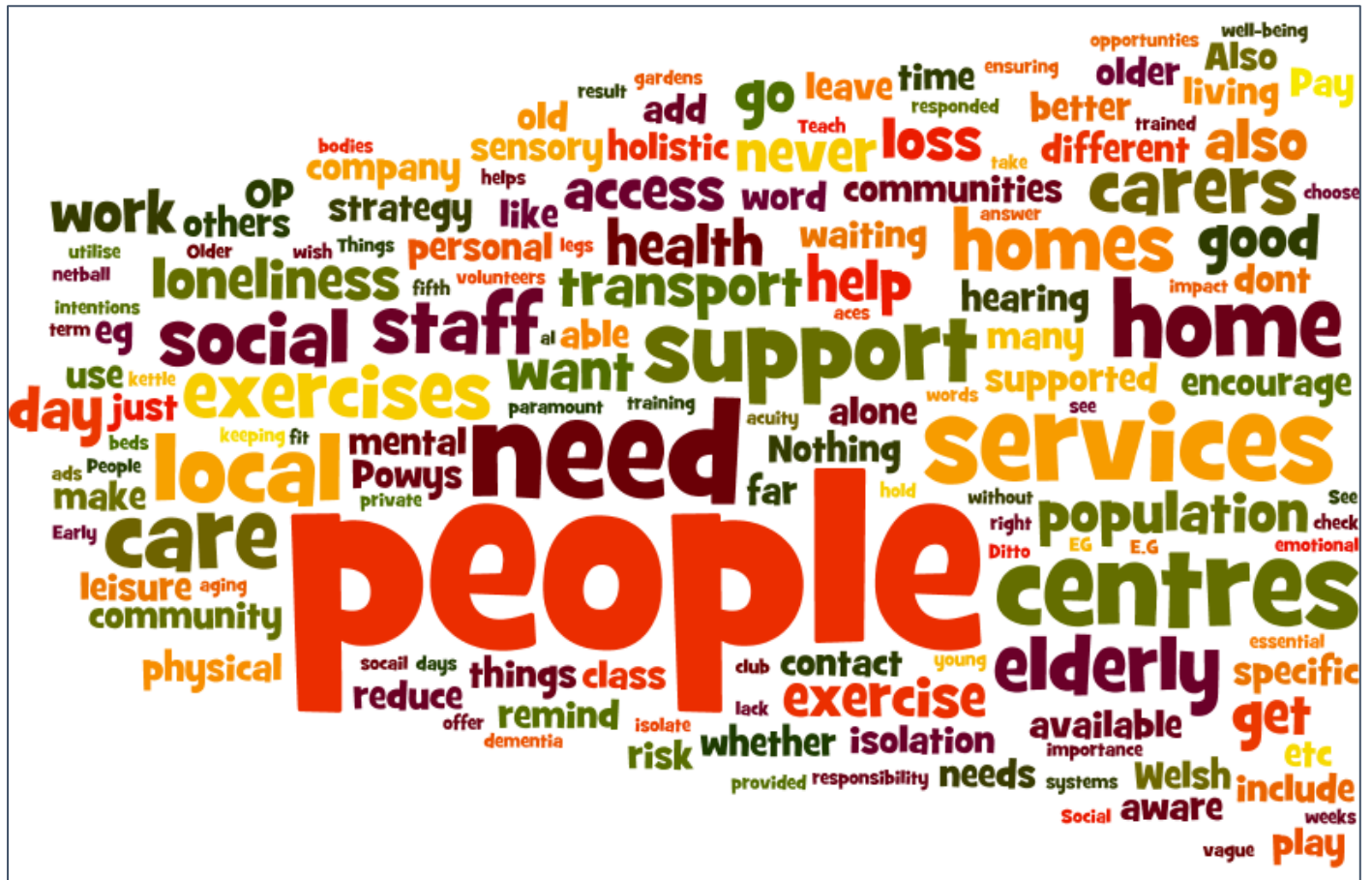
Through engagement events and our online survey we captured people's views and ideas about how to enable people to Age Well.

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The Word Cloud below summarises some of the words and issues that featured strongly during our engagement.



29. Word Cloud of feedback about Age Well

The main themes from the Stage 2 Engagement feedback include:

What did we hear?	Examples
The feedback suggest that the themes in the strategy had strong resonance:	<p><i>"We need local services for our ageing population"</i></p> <p><i>"Have a system where they are contacted to check on wellbeing"</i></p> <p><i>"Teach them to keep using their minds and bodies, diet, exercise, mindfulness"</i></p> <p><i>"Hold physical activity taster days"</i></p> <p><i>"Addressing loneliness is key"</i></p> <p><i>"If the people of Powys don't have access to [hearing aid] services then solution and lack of support has a negative impact on wellbeing"</i></p>
Other feedback included:	
The impact of issues that are not explicitly mentioned in the "Everyday" strategy such as dementia and sensory impairment	<p><i>"I'm surprised there is no mention of dementia in this strategy"</i></p> <p><i>"More emphasis on support for sensory loss e.g. hearing and sight loss"</i></p> <p><i>"Tackle the big five with frailty being the fifth"</i></p>
The impact of transport on access and social isolation	<p><i>"Without transport older people will not be able to access the opportunities being suggested"</i></p> <p><i>"Work with transport providers to offer access to leisure centres"</i></p> <p><i>"Keeping fit is a personal responsibility but mental acuity depends on personal contact which requires transport"</i></p> <p><i>"Many of the current elderly population are reluctant to leave their homes. They want company but cannot or will not leave their homes"</i></p>
The importance of Welsh language both as a core offer but also for people with cognitive impairment (e.g. for people for whom English is their second language)	<p><i>"Things need to be in Welsh for people like my mother. It's almost impossible to have Welsh-speaking help here."</i></p>
Proposing certain types of services	<p><i>"Keep our day centres open"</i></p> <p><i>"We need our community hospitals"</i></p> <p><i>"Pay a proper amount to carers"</i></p> <p><i>"Don't assume that volunteers will solve all the problems. There aren't enough people willing or able to volunteer"</i></p>

The image below reflects the changes to the strategy following the engagement period. Additions and amendments are highlighted in 'red' text.

Age Well

Here are some examples of how we will support people to Age Well ...

Focus on Wellbeing

- We will support older people to be as active as possible, through volunteering, physical and mental exercise.
- We will encourage people to plan for their future, and to take action that reduces the incidence and progression of life-limiting conditions such as dementia.
- **We will support a range of accommodations options and access to them for people in older life.**

“To be able to go to some organised gentle exercise aimed at older people, in the community, would help. It would keep you moving” (Service User)

Early Help and Support

- We will utilise technology so older people can self-care and remain independent, and to encourage greater social inclusion.
- For carers we will continue to develop services to meet the holistic needs of the family and provide adequate respite care.
- We will help people to overcome loneliness and social isolation **and be and active member of their community.**

Tackling the Big Four

- **We will develop effective services to treat and support people suffering from the four main causes of ill health and premature mortality in Powys:**
  - Cancer
  - Respiratory Diseases
  - Circulatory Diseases
  - Mental Health
- **We will also develop support to reduce the incidence and impact of the diseases in later life.**

Joined Up Care

- We will support health and care teams to work seamlessly with older people to get things right first time and prevent needs from escalating.
- We will review existing health and care services and invest in health and care environments that meet future needs – providing choice, accessibility & co-ordinated services.
- **We will work with partners to safeguard residents.**

30. Updates to the “Age Well” section of the Strategy as a result of Stage 2 Engagement

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## 4.6 About Our Foundations

The draft strategy set out four foundations that needed to be in place to enable us to deliver the strategy: Workforce Futures, Innovative Environments, Digital First and Transforming In Partnership.

### Improving through...

#### Workforce Futures

Support people to work longer, ensuring transfer of knowledge and skills.

Invest in education, research, training and recruitment to deliver new models of care in a rural setting.

Empower individuals thus reducing dependency on health and care.

Grow the Powys workforce through local training and development.

The health and care workforce will be agile to respond to people's needs in a timely way.

We will promote well-being within the workplace.



#### Innovative Environments

Develop integrated "community hubs" that provide a "one stop shop" for local people, also using community facilities and assets to strengthen local health and care delivery.

Tackle poor quality facilities for health and care services, providing a modern care environment and working environment that makes people proud.

Take advantage of the physical and natural environment to maintain and improve

people's health and wellbeing.

Develop regional centres to enable more care to be delivered in-county wherever possible.



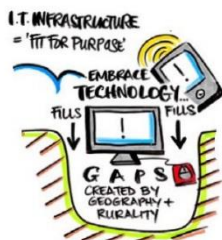
#### Digital First

Technology will support people to be independent and live in a safe environment, supporting carers.

Telemedicine and webcam communication (e.g. Skype) will bring specialist skills and expertise remotely to people in Powys.

Knowledge and access to information will enable people to take greater responsibility and make informed choices.

New advances in technology will enable more local diagnostic tests to be undertaken in Powys.



#### Transforming in Partnership

Strengthen relationships with individuals, families, communities and partners across the voluntary, statutory and business sectors through area-based planning.

Remove historic barriers between organisations, working in a more integrated way to respond to people's holistic needs.

Transform services based on what matters most.

Improve commissioning to deliver more services in-county, and offer greater continuity of care with services delivered out of county.



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31. Foundations from the "Everyday" version of the draft Health and Care Strategy

Through engagement events and our online survey we captured people's views and ideas about these foundations. These are summarised on the following pages.

Overall the feedback supports the need for action in these four areas in order to create the future of health and care for Powys.





The main themes from the Stage 2 Engagement feedback include:

What did we hear?	Examples
<p>The feedback suggest that the themes in the strategy had strong resonance:</p>	<p><i>“Education and apprenticeships”</i>  <i>“Invest in education and training”</i></p> <p><i>“Work health checks”</i>  <i>“Actively promote wellbeing in the workplace”</i></p> <p><i>“Keep a strong public sector as a major employer”</i></p> <p><i>“Grow the workforce through local training”</i>  <i>“Encourage local work placements so that young people have a reason to stay in Powys”</i></p> <p><i>“Children need viable options in school. Close failing schools, small schools and employ more teachers”</i>  <i>“Need to do a lot more to give young people a reason to stay here”</i></p> <p><i>“Be more proactive in schools, give more information on jobs in Powys to young people and consider offering money towards training costs for those who want to work in Powys”</i></p>
<p>Other feedback included:</p>	
<p>The need to also highlight the role of individuals and volunteers, not just “employed” staff</p>	<p><i>“Make good use of expert patient”</i></p> <p><i>“Empower individuals”</i></p>
<p>The need for support or action by bodies outside Powys</p>	<p><i>“Find ways to persuade governments in Cardiff and Westminster to invest in making Powys accessible.”</i></p>



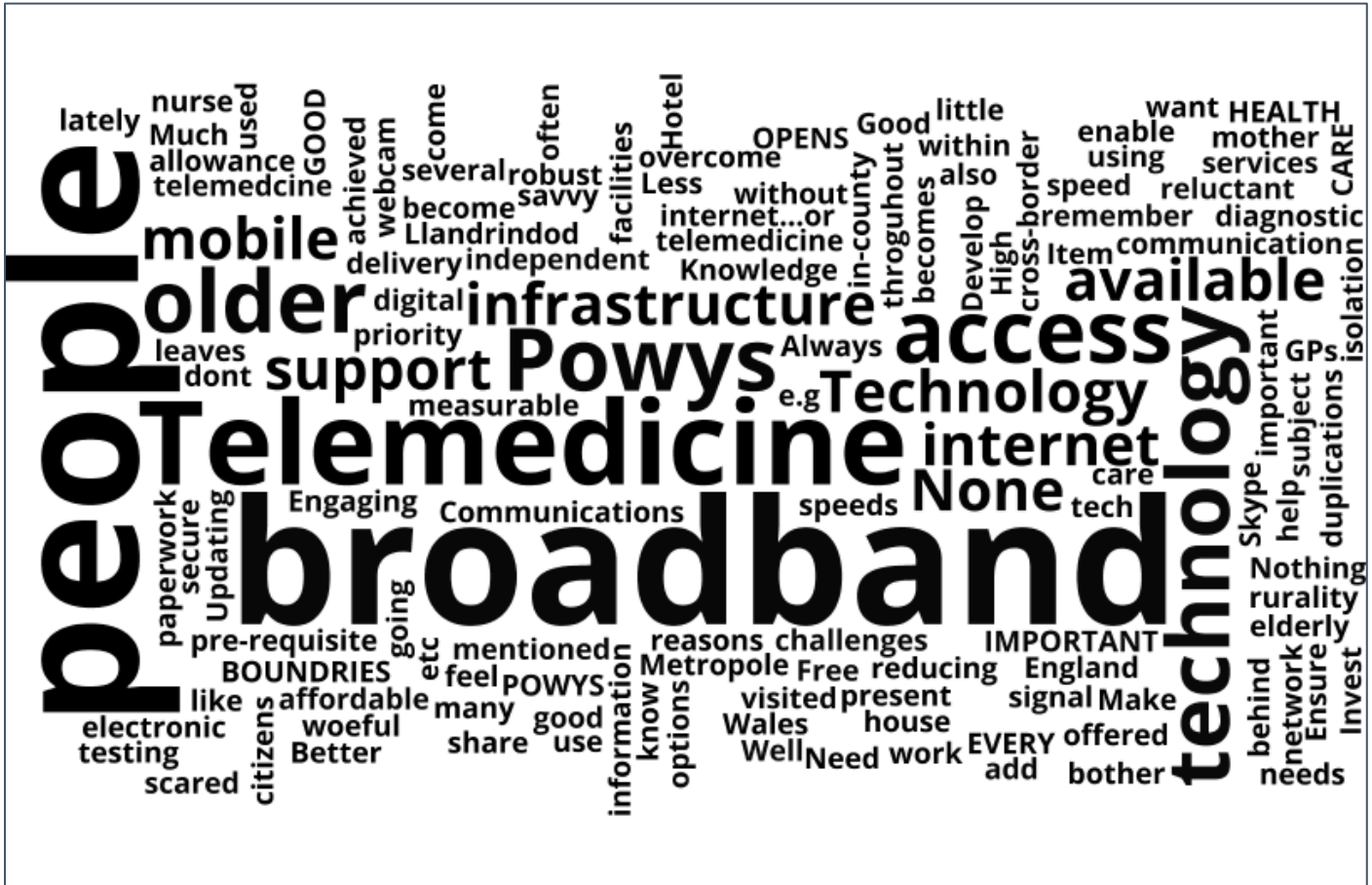
The main themes from the Stage 2 Engagement feedback include:

What did we hear?	Examples
The feedback suggest that the themes in the strategy had strong resonance:	<p>As highlighted by the word cloud, the issue of “community” was a strong theme across the survey responses.</p> <p><i>“Need to improve old hospitals and services”</i></p> <p><i>“Need better physical environments for health and care”</i></p>
Other feedback included:	
Opening up community assets	<p><i>“A lot of excitement about this – access to buildings by the third sector is a key issue and rates for hire etc. Want to be part of an innovative environment offer”</i></p> <p><i>“Where will the community hubs be – in closed schools? In closed village halls?”</i></p> <p><i>“Fund local community centres in order that ‘community hubs’ can be what they once were”</i></p>
The impact of housing on health and care was also highlighted by several respondents	<i>“Build more social housing”</i>

### 4.6.3 About Digital First

Through engagement events and our online survey we captured people’s views and ideas about Digital First.

The Word Cloud below summarises some of the words and issues that featured strongly during our engagement.



34. Word Cloud of feedback about Digital First

The main themes from the Stage 2 Engagement feedback include:

What did we hear?	Examples
The feedback suggest that the themes in the strategy had strong resonance:	<p><i>"Technology becomes more important"</i></p> <p><i>"Telemedicine"</i></p> <p><i>"Telemedicine and webcam"</i></p> <p><i>"Very important to Powys as it opens up boundaries to health care"</i></p> <p><i>"Technology to support people to be independent"</i></p>
Other feedback included:	
Need to highlight the significant inequalities and barriers to digital access	<p><i>"This won't help my mother"</i></p> <p><i>"Most older people do not have access to internet and if they do they do not feel secure using it"</i></p> <p><i>"Engaging older reluctant people to become tech savvy when they are scared of it"</i></p> <p><i>"Technology often leaves older people behind"</i></p> <p><i>"Always have options for people who aren't on the intranet ... or who don't want to be"</i></p>
Highlighting the need for a robust data infrastructure in Powys to enable this to happen	<p><i>"None of this will work without a robust broadband and mobile infrastructure – that's the priority"</i></p> <p><i>"the communications infrastructure is a pre-requisite and isn't mentioned"</i></p> <p><i>"Free good broadband"</i></p> <p><i>"Better broadband speeds so we can access services"</i></p> <p><i>"Broadband is woeful"</i></p> <p><i>"Ensure a mobile signal throughout Powys"</i></p> <p><i>"If technology isn't available in people's homes then develop in community centres, clinics and technologically-enabled community hubs"</i></p>
Importance of better data communication cross-border and between primary and secondary care	<p><i>"My GP and hospital don't communicate very well with each other"</i></p> <p><i>"Need to overcome challenges of cross-border IT (both with England and within Wales) to support in-county delivery of care"</i></p>

## 4.6.4 About Transforming in Partnership

Through engagement events and our online survey we captured people’s views and ideas about Transforming in Partnership.

The Word Cloud below summarises some of the words and issues that featured strongly during our engagement.



35. Word Cloud of feedback about Transforming in Partnership

The main themes from the Stage 2 Engagement feedback include:

What did we hear?	Examples
The feedback suggest that the themes in the strategy had strong resonance:	
High level of support for increased integration and a holistic approach	<p><i>“Truly integrated services between health, social care and community &amp; voluntary sector”</i></p> <p><i>“Remove the ‘boxes’ and responding to the holistic needs of the individual is essential”</i></p> <p><i>“Amalgamate some services and have one health and social care body – we don’t need lots of public bodies”</i></p> <p><i>“Have only warm hand-offs between organisations”</i></p>
Reinforcing the need for partnerships to include “out of county” services and to deliver more services in-county	<p><i>“Liaising more efficiently with out of county services”</i></p> <p><i>“Out of county partnerships”</i></p> <p><i>“Deliver more services in county”</i></p> <p><i>“Each of our [out-of-county] partners has different standards and service models meaning we have to deliver bespoke approaches within each locality (e.g. Llandrindod with Hereford, Machynlleth with Bronglais)”</i></p>
Reinforcing the need for stronger commissioning	<p><i>“Ensure commissioned services are working to best practice and their work is evidenced”</i></p> <p><i>“Services based on what matters most”</i></p> <p><i>“Greater continuity of care”</i></p>
Examples of further feedback include:	
Reinforcing the role of the voluntary sector whilst being realistic about capacity, including a desire to see the Powys Association of Voluntary Organisations has an official partner in the Strategy	<p><i>“Felt it was a shame that PAVO not explicitly referenced in the document”</i></p> <p><i>“Not pushing everything on to the voluntary sector”</i></p> <p><i>“Embrace the enormous value the voluntary sector brings to Powys”</i></p>
Highlighting that the language of “in county” and “out of county” feels more about health than care	<p><i>“To deliver more services in county: this wording is less applicable to care where it is more about close to home as a principle.”</i></p>
Some people were not clear what was intended by this section	<p><i>“I don’t understand this.”</i></p>





The image below reflects the changes to the strategy following the engagement period. Additions and amendments are highlighted in 'red' text.

## Improving through...

### Workforce Futures

Support people to work longer, ensuring transfer of knowledge, skills **and experience**.

Support our workforce to develop innovative models of care in a rural setting through education, research, training and technology.

**Support a thriving third sector and core economy.**

Grow the Powys workforce through local training and development.

The health and care workforce will be agile to respond to people's needs in a timely way.

Promote well-being within the workplace.



### Innovative Environments

Develop integrated and technologically-enabled "community hubs" that provide a "one stop shop" for local people, also using community facilities and assets to strengthen local health and care delivery.

**Accommodation that is appropriate and meets need.**

Tackle poor quality facilities for health and care services, providing a modern care environment and working environment that makes people proud.

Develop rural regional centres in Powys to enable as much integrated health & care to be delivered in-county as possible.



### Digital First

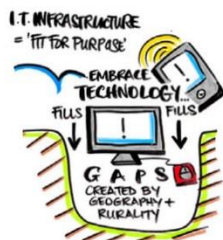
Technology **and telecare** will support people to be independent.

Telemedicine and webcam communication (e.g. Skype) will bring specialist skills and expertise remotely to people in Powys.

Knowledge and access to information will enable people to take greater responsibility and make informed choices.

New advances in technology will enable more local diagnostic tests to be undertaken in Powys.

**Work together to support people to use technology.**



### Transforming in Partnership

Strengthen engagement of individuals, families, communities and partners across the voluntary, statutory and business sectors through **area-based planning**.

Remove historic barriers between organisations, working in a more integrated way to respond to people's holistic needs.

**Improve services based on evidence of what works well.**

Improve commissioning to deliver more services in-county, and offer greater continuity of care with services delivered out of county.



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37. Updates to the Foundations section of the Strategy as a result of Stage 2 Engagement

## 5. Evaluation and Review

Some of the key strengths have included:

- An engaging suite of documents was distributed in a range of formats in both Welsh and English. This included online articles and content, the draft Health and Care Strategy, social media posts and a suite of 21 two page briefings.
- Given the size and rural nature of Powys, the integrated approach to engagement by Public Sector partners through the Powys Public Service Board has enabled a wider reach for a co-ordinated message encompassing Health and Care Strategy, Population Assessment and Wellbeing Assessment. This has enabled partners to take a more “locally-led” approach to engagement – going where people are, being led by the issues that are important to them, and feeding these back into the most relevant programme (i.e. Health and Care Strategy, Population Assessment and/or Wellbeing Assessment). As this is the first year for both the Population Assessment and Wellbeing Assessment, and the first time an integrated Health and Care Strategy has been developed for Powys, this experience will provide valuable learning for integrated engagement going forward.

Challenges and weaknesses include:

- Capacity and co-ordination has proved challenging at times. During Stage 2 Engagement, Powys Teaching Health Board has not had substantive engagement personnel in post. This has affected capacity, delivery and continuity. A fixed term secondment commencing in February 2017 which assisted with facilitating the conclusion of the engagement period and this report. An internal audit of stakeholder engagement in Powys Teaching Health Board is under way, which will help us to identify priorities for strengthening our approach to engagement going forward.
- The aspiration for integrated engagement was commendable. However the fact that 2016/17 represented the first Wellbeing Assessment, first Population Assessment and first Health and Care Strategy for Powys meant that there was considerable requirement to create the approach in real time.

A review and consolidation event for the Consultation and Engagement Officers across the Powys Public Service Board partners will be arranged during Spring 2017 to identify the key learning and build this into the development of the first Wellbeing Plan and the detailed planning and delivery for the Health and Care Strategy.

# 6. Conclusions and Next Steps

## 6.1 Conclusions

The main issues raised through Stage 2 Engagement include:

- The themes in the draft Health and Care Strategy generally had a high level of resonance with our communities and stakeholders.
- Valuable feedback has been received about people’s aspirations for how this is translated into practice. This will help us to continue to work with communities and stakeholders during 2017/18 to translate the strategy into practice.
- Key areas needing further work include:
  - Review of the way we described our vision of “Powys First” given the additional resonances that have emerged since the strategy was published.
  - Strengthening of the core principles – particularly “Only Do What Only We Can Do” (e.g. update this to “Be Prudent” – to make both their individual impact and their interrelationships clearer).
  - Greater acknowledgement of the views and perceptions of the people of Powys regarding there not being a District General Hospital in the county.
  - Further clarification of the intent for “Tackling the Big Four” throughout the life course, and particularly the activities that will be delivered within this strategic domain as opposed to “Focus On Wellbeing”, “Early Help And Support” and “Joined Up Care”.
  - Continue to build on the emerging integration agenda in Powys to ensure that this provides a truly integrated vision for health and care.
  - The images within the current document are an authentic representation of the engagement that has taken place to date, as they are visual minutes of engagement events. When the Strategy is finalised for publication and launch it is recommended that updated visuals are produced that directly reflect the principles and wording in the final document – and ideally that common approaches to visual identity are developed across the Wellbeing Assessment and Population Assessment work to help us “make sense” of these developments for our communities and partners.
  - Linking the understanding of the challenge of transport and accessibility with wider plans and strategies to improve this (e.g. the forthcoming development of the Powys Wellbeing Plan)

## 6.2 Next Steps

This Stage 2 Engagement Report will inform the updated Health and Care Strategy for consideration by Powys County Council and Powys Teaching Health Board in March 2017.

We anticipate an official launch of the strategy through a community and stakeholder event by June 2017. This will initiate a programme of discussion and development across Powys to develop the more detailed plans for individual areas and for the county as a whole to translate this into practice.

# Appendix 1: Examples of Engagement Activities

This document summarises the engagement during Stage 2, from the publication of the draft Strategy in January 2017 to the presentation of the final Strategy in March 2017.

Information about the engagement activities during Stage 1 (the development of the draft Strategy) can be found in the Stage 1 Engagement Report.

## An Integrated Approach to Engagement

Partners in the Powys Public Service Board arranged a series of drop-in events across Powys to share the Health and Care Strategy, Wellbeing Assessment and Population Assessment with local communities and gather feedback.

These included:

- Brecon Library ongoing display until Sat 18 Feb
- Rhayader Leisure Centre – Fri 3 Feb, 10am-1pm
- Welshpool Library: Mon 6 Feb, 10am-2pm
- Rhayader Library, Mon 6 Feb, 2pm-4.30pm
- Presteigne Library: Tues 7 Feb, 10-11am and 12-1pm
- Coed Y Dinas, Welshpool: Wed 8 Feb; 12-4pm
- Montgomery Town Market: Thurs 9 Feb, 10am-12.30pm
- Llandrindod Leisure Centre – Mon 13 Feb, 11am-1pm
- Ystradgynlais Library – Monday 13 February 10am-Noon
- Newtown Library: Tuesday 14 February 9.30am-11.30am
- Knighton Library: Tues 14 Feb, 10am-1pm
- Llanidloes Library: Tues 14 Feb, 4-6pm
- Llanfair Caereinion Library: Tues 14 Feb, 10am-1pm
- Builth Wells Library: Thurs 16 Feb 2pm-3pm
- Hay-on-Wye Library: Thurs 16 Feb, 10am-12pm
- Co-op supermarket, Hay-on-Wye: Thurs 16 Feb, 2.30-6pm
- Llanfair Caereinion Library: Thurs 16 Feb, 4pm-7pm
- Llandrindod Wells Library, Thurs 16 Feb, 9.30am-1pm
- Co-op supermarket, Builth Wells: Sat 18 Feb, 11am-2pm
- Guildhall, Brecon: Sat 18 Feb, 10am-3pm
- Llanidloes Town Market, Great Oak Street: Sat 18 Feb, 10am-1pm
- Llandrindod Wells Hospital – Mon 20th Feb, 2pm-4pm
- Talgarth Town Hall - Mon 20 Feb - 2pm-5pm
- Talgarth Town Hall - Mon 20 Feb - 6pm-7:30pm
- Llanwrtyd Wells Garage Thurs 23 Feb 9am – 10am
- Llanwrtyd Wells Library Thurs 23 Feb 10am – 11am

This list to include any additions from the Wellbeing Assessment list at [www.powys.gov.uk/haveyoursay](http://www.powys.gov.uk/haveyoursay)

## Engagement Events and Presentations

In addition, members of the Health and Care Strategy Programme Team and other partners attended events across the county to provide presentations, promote debate and discussion, raise awareness and seek feedback.

### North locality Patients Forum,

- Machynlleth Hospital , 17 Jan 6.30pm
- Llanfyllin Medical Centre, 23 Jan 6.30pm
- Newtown Patient Group, 26 Jan 7pm
- Llanidloes Hospital, 22 Feb 6pm

### South Locality Patients Forum

- Miners Welfare Hall, Ystradgynlais, 24 Feb 10.30am-12.30pm

### Locality General Meeting North

- Newtown Hospital, 24 Jan 9am-12pm

### GP Cluster North

- Ladywell House, Newtown 19 Jan 2.30pm

### GP Cluster Mid

- Antur Gwy, Wye Valley Conference Room, Builth Wells 26 Jan 2pm

### Locality Therapy Leads, North

- Llanidloes Hospital, 17 Jan 9.30-10am

### Dentistry

- Council Chambers, Llandrindod Wells, 23 Jan 10.45am

### Women's and Children's

- Hafren Training Room, 23 Feb 11am

### North Powys Children & Family Centre

- Ynys Y Plant, Newtown, 1 Feb 1.30-2.30pm

### Acute Providers Partnership Meeting

- PAVO, Llandrindod Wells, 3 Feb 9.30-10.30am

### PAVO Trustee Board

- PAVO, Llandrindod Wells, 27 Jan 11.30am

### Scoping & Mapping for Cancer and End of Life Care

- PAVO, Llandrindod Wells, 22 Feb, 9am

### CREDU, Carers champion event

- Metropole Hotel, Llandrindod Wells, afternoon

### Falls Prevention event

- Metropole Hotel, Llandrindod Wells, morning

### Public Service Board

- County Hall, Llandrindod Wells, 02 Feb, 10.30am

### Joint Partnership Board

- County Hall, Llandrindod Wells, 19 Jan, 10.30am

### Regional Partnership Board

- PAVO, Llandrindod Wells, 13 Feb, 12.00-12.30pm

### CHC Executive Committee & Full Council

### Montgomeryshire area, Committee of Powys CHC

- Newtown football club, 24 Jan 10:30am

### Brecon & Radnor area, Committee of Powys CHC

- Subud Hall, Brecon, 9 Feb 10.30am

### Adults Social Care, Senior Management Team

- County Hall, Llandrindod Well, 26 Jan

These meetings are after the engagement window (ending 24<sup>th</sup> February) and the feedback from these events will not be included in the documents; however it is important to keep people informed.

#### Midwifery

- Ysgol Trefronnen, Llandrindod Wells, 28 Feb 11am

#### All Powys Specialist & District Nursing Forum

- Glan Irfon, Builth Wells 28 Feb 2pm

The below table details the attendance at facilitated events:

<b>Date</b>	<b>Event</b>	<b>Number of attendees</b>	<b>Facilitator</b>
23/02/17	Women's & Childrens Service	8	Mandy Mills
23/02/17	Prudent Health Falls Prevention	100	Julia Toy
23/02/17	Powys Carers Event	70	Julia Toy and Mandy Mills
28/02/17	District/ Specialist Nursing Forum	30	Mandy Mills
21/02/17	Powys Youth Forum	14	Julia Toy
24/02/17	South Patients Forum - Ystradgynlais	14	Neil Miles
24/01/17	North Locality Management Team Meeting	12	Neil Miles (and Carly Skitt)
03/02/17	Acute Providers Partnership Meeting - PAVO	16	Neil Miles
13/02/17	Regional Partnership Board	22	Hayley Thomas
17/01/17	North Locality Therapy Leads	7	Yvonne Owen-Newns
19/01/17	North GP Cluster	13	Carly Skitt
26/01/17	North Patients Forum – Newtown	10	Adrian Osborne
17/01/17	North Patients Forum - Machynlleth	16	Julia Toy

23/01/17	North Patients Forum – Llanfyllin	10	Mike Griffiths took copies
22/02/17	North Patients Forum - Llanidloes Hospital	9	Julia Toy
26/01/17	GP Cluster Mid	12	Adrian Osborne
23/01/17	Dentistry - Llandrindod Wells	31	Adrian Osborne
01/02.17	North Powys Children & Family Centre -Ynys Y Plant, Newtown	12	Adrian Osborne
27/01/17	PAVO Trustee Board PAVO	14	Carly Skitt
22/02/17	Scoping & Mapping for Cancer and End of Life Care	25	Freda Lacey Ruth Middleton referred to Carol Hay for sign in sheet.
02/02/17	Public Service Board - County Hall, Llandrindod Wells	16	Carol Shillabeer and Vivienne Harpwood Attended from PTHB
19/01/17	Joint Partnership Board - County Hall, Llandrindod Wells	13	Hayley Thomas
24/01/17	CHC Executive Committee & Full Council Montgomeryshire area, Committee of Powys CHC - Newtown football club	16	Adrian Osborne (Lisa Foster from Brecon CHC takes minutes)
09/02/17	Brecon & Radnor area, Committee of Powys CHC Subud Hall, Brecon	14	Adrian Osborne (Lisa Foster)
26/01/17	Adults Social Care, Senior Management Team - County Hall, Llandrindod Wells	9 People were sent the draft strategy, meeting did not go ahead.	Carolann James
	<b>TOTAL</b>	<b>513</b>	



# Appendix 2: Summary of Social Media Reach

## Social Media

**Twitter** - **88,868** accounts reached/ **233,891** impressions

**Facebook** -**12,720** posts reached