

## Pwyllgor Craffu Iechyd a Gofal

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Man Cyfarfod  
**Teams Live**

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Dyddiad y Cyfarfod  
**Dydd Mercher, 2 Mawrth 2022**

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Amser y Cyfarfod  
**10.00 am**

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I gael rhagor o wybodaeth cysylltwch â  
**Lisa Richards**

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Dyddiad Cyhoeddi

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Mae croeso i'r rhai sy'n cymryd rhan ddefnyddio'r Gymraeg. Os hoffech chi siarad Cymraeg yn y cyfarfod, gofynnwn i chi roi gwybod i ni erbyn hanner dydd ddau ddiwrnod cyn y cyfarfod

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### AGENDA

<b>1.</b>	<b>YMDDIHEURIADAU</b>
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Ymddiheuriadau am absenoldeb.

<b>2.</b>	<b>DATGANIADAU O DDIDDORDEB</b>
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Derbyn datganiadau o ddiddordeb gan Aelodau.

<b>3.</b>	<b>DATGANIAD O CHWIPIAU PLAID</b>
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Derbyn datganiadau ynglyn â gwaharddiad chwip plaid a gyflwynwyd i Aelod mewn perthynas â'r cyfarfod yn unol ag Adran 78 (3) Mesur Llywodraeth Leol 2001.

(D.S: atgoffir yr Aelodau, dan Adran 78, na all Aelodau sydd wedi derbyn gwaharddiad chwip plaid bleidleisio ar fater gerbron y Pwyllgor.

<b>4.</b>	<b>COFNODION</b>
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Awdurdodi'r Cadeirydd i lofnodi cofnodion y cyfarfod diwethaf fel cofnod cywir.

(Tudalennau 1 - 6)

<b>5.</b>	<b>RHAGLEN LLESIANT GOGLEDD POWYS</b>
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5.1. **Achos Amlinellol Strategol**

Ystyried yr Achos Amlinellol Strategol.  
(Tudalennau 7 - 504)

5.2. **Memorandwm o Ddealltwriaeth**

Ystyried Memorandwm o Ddealltwriaeth.  
(Tudalennau 505 - 508)

## MINUTES OF A MEETING OF THE HEALTH AND CARE SCRUTINY COMMITTEE HELD AT TEAMS LIVE ON TUESDAY, 1 FEBRUARY 2022

### PRESENT

County Councillors A Jenner, S McNicholas, G Morgan, L Rijnenberg, L Roberts, D Rowlands, A Williams and R Williams

Cabinet Portfolio Holders In Attendance: County Councillors R Powell and MC Alexander

Officers: Alison Bulman, Executive Director, J Coles, Head of Children's Services, M Gray, Head of Adult Services, Dylan Owen, Head of Commissioning and Jacqueline Pugh, Finance Manager

<b>1.</b>	<b>APOLOGIES</b>
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Apologies for absence were received from County Councillors S Hayes, K M Roberts-Jones, J Gibson-Watt and J M Williams

<b>2.</b>	<b>DECLARATIONS OF INTEREST</b>
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There were no declarations of interest.

<b>3.</b>	<b>DISCLOSURE OF PARTY WHIPS</b>
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There were no disclosures of party whips.

<b>4.</b>	<b>DRAFT BUDGET 2022/23</b>
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#### **Documents:**

- Draft Medium Term Financial Strategy, Draft Budget and Capital Programme
- Finance Resource Model
- Cost Reductions
- Register of Fees and Charges
- Register of Fees and Charges – report
- Capital Strategy and Treasury Management Strategy
- Reserves Policy
- Budget Survey – December 2021
- Service Impact Assessments
- Corporate Impact Assessment

#### **Discussion:**

#### **Adult Services**

#### **Pressures**

- The Head of Adult Services gave a presentation on the main pressures and proposed cost reductions
- The Service had been in business continuity since March 2020
- Demand for care was outstripping supply
- The Service was on target to deliver the majority of savings identified in the last budget
- The efficiencies expected by the Service represent 43% of the total Council efficiencies
- The biggest risk facing the Service was the workforce – there was uncertainty as to how long the pandemic would last. The Service has been operating in a crisis for two years and this is beginning to take its toll. The Powys Health Academy would be key to building resilience in the longer term.
- There had been excess deaths reported during the pandemic and it was questioned if this had been factored into the budget. This was difficult to model. Information from Daffodil, NHS and the Welsh Government had been used. The tail of demand will be felt by social care for a significant period after health services with the increase in demand for services expected to continue for some time.
- The budget reserve to address increased demand will be held corporately and only accessed if additional pressures materialise. Last year, less was drawn down than predicted as demand had been managed. Additional care requirements of 224 hours per week had been needed which would have cost over £1M. However, due to rightsizing, TEC etc the actual pressure was £786K.
- The Portfolio Holder reported that projects had been in hand to transform the service prior to the pandemic and this had helped manage pressures
- The Committee questioned the additional monies to fund legal support rather than buy in services and where the associated savings were recorded. At present there is no dedicated solicitor in the legal team and service is bought in as required. The funding will provide a dedicated solicitor in the Legal Team. The requirement for legal support is accelerating due to changes in legislation particularly around the change from Deprivation of Liberties.
- Capital Receipts had been used for transformation projects and it could be anticipated that savings would accrue from those projects. The Head of Service indicated that the main driver was to do the right thing in supporting residents and staff but that efficiencies may also be realised. Some staffing needs to be included within the mainstream budget and is shown as a pressure.
- The need for additional funding for a hospital discharge team was questioned as that work was currently being undertaken. The funding identified would be for a dedicated Team Manager and Patient Flow Co-ordinator. To date this has been managed within the community teams. but this is not sustainable. The Hospital Social Work Team needs management oversight. There is increased demand in this area and a dedicated resource is needed to deal with the pressure and will enable the service to move away from crisis management to a more sustainable and resilient system.

**Efficiencies:**

- The Chair asked for detail regarding the return on investment of match funding to Intermediate Care Funding. The Portfolio Holder indicated that ICF did not require match funding but was in place to support integrated working. A new Regional Intermediate Fund is to be put in place which will require 30% match funding. ICF has supported innovation in the service – projects have been identified through the ‘Dragon’s Den’ type approach which have developed transformation. New practices have arisen from successful pilot projects. Some certainty was now required in the base budget to enable those successful projects to continue. The Chair suggested that innovation and funding should be a topic for inclusion on the forward work programme.
- It was noted that more quality reviews were to be undertaken and Members questioned whether this would lead to more people being identified as needing more care. The strengths-based approach and moving with dignity efficiencies had been identified based on savings which have already been achieved. The risk status reflects the capacity to undertake the reviews due to increased demand at the front door and staff absence. Some funding has been identified to enable additional resource to reduce the backlog. The question of more people being identified for greater care is not out of the question, but the service is not predicting that this will happen. More opportunities for right sizing might also be identified.
- Direct Payments enable a resident to have more choice, but the process is not straight forward and some issues were identified recently. The Chair asked how the service can ensure people were paid promptly and how the market had been analysed to ensure there were sufficient micro enterprises starting up to meet demand. The Head of Commissioning noted that the scheme was to support independence. The number of double handed care calls had been reduced from 40% to less than 30%. Direct Payments had increased over recent years but had now plateaued which is attributable to the general situation in the care market. There are new providers but there are also some leaving. The recent challenge in paying Personal Assistants was no more than a temporary issue and is being addressed with People Plus. A significant amount of work has been undertaken in respect of developing micro enterprises. There have been ongoing challenges in providing domiciliary care and strategic plans, including the Powys Pledge, have been developed. Community Catalysts have proved particularly successful. The risk rating for this efficiency was ‘green’ and the Head of Commissioning confirmed he was comfortable with this status. Direct Payments allowed a resident to have more independence, more control and was the right thing to do.
- Officers were asked if there was any evidence from service users that reducing double handed care was successful. It was considered to be more dignified to have fewer people in a resident’s home and there has been overwhelming support for the initiative.
- Day Centres have been closed throughout the pandemic and the savings accruing from those closures was questioned – there have been few savings as the buildings remain and the staff redeployed to support increase in demand elsewhere. There has also been a loss of income. A Member asked if the effect of the closures on service users had been

assessed – service users have been assisted in different ways. An impact assessment had not been prepared as the closure had not been a policy decision but an instruction from the Welsh Government. The issue would be included in the forward work programme for monitoring

- Extra Care Housing – some efficiencies had been envisaged but these projects would not be coming on-line until the 2023/24

### **Children's Services**

The Portfolio Holder identified that one of the highest risks was the resilience and capacity of the workforce. The service had been on an improvement journey for three years and was still on that journey.

The Head of Service noted that grant funding had benefited the service in responding to the demand and also recognised the crisis within the workforce.

### **Pressures**

- The Committee asked how the projected increase in demand could be predicted given that the number of Children Looked After (CLA) was falling. The Head of Service reported that the number of CLA was falling year on year despite increasing demand at the front door. This shows that new practices regarding early intervention are working well. However, the increase at the front door had risen 85% in the year to December 2021. Child protection intervention had increased by 110% in the same period. There had been no increase in the number of social workers and the increased demand was being managed within existing staffing arrangements. At some point these pressures will translate into an increase in CLA. The additional pressure was not attributable to a predicted increase in the number of children in the County generally.
- The Head of Service was asked how additional monies for increased demand would be accounted for if pressures did not materialize. Further information would be provided.
- Members asked when savings would be realised following the costs of implementing the Grown Your Own initiative. The programme has been in existence for two years with the first social workers qualifying later this year. As they qualify, agency social workers will be released. However, additional support will be required for newly qualified social workers. It is proposed to introduce a dedicated Project Officer to manage placements and administrative arrangements. In addition, there are course fees to pay and backfill arrangements to be put in place for those studying.
- The additional funding for Senior Managers On Call arrangements was questioned – this was standard practice and in line with single status requirements
- A further financial pressure is in relation to Special Guardianship Orders and members asked if there would be a reduction in the fostering budget. There needs to be an alignment with Kinship Orders. There may be savings across the wider service but there is an expectation by the Family Court that this will occur. In the longer term it is hoped it will further reduce the number of CLA which will lead to a need for fewer Independent Reviewing Officers. A small team may be required to support the change.

- There was a role for a Senior Commissioning Manager – this was not a new post but had been funded by grant monies to date and should now be included in the mainstream budget.
- Additional funding was required for complex adoptions. This was a statutory duty and there was an insufficient supply of placements within the county.
- The Committee were aware that there were costs associated with legacy issues arising from the Inspection. The Chair asked that further detail on this issue be provided to a future meeting to enable an assessment to be undertaken regarding how those cases were moving through the system.

### **Efficiencies**

- Many of the proposals have a red RAG status. The Committee noted that there were a significant number of efficiencies and that historically, these had not always been achieved which had the potential to put the Council's budget at risk. Savings will always carry an element of risk and there remains considerable uncertainty around the pandemic. However, efficiencies from the previous year had been achieved. The budget process had improved significantly and plans were thought to be robust.
- There were proposals to increase support to foster carers to support their own children. A lack of support in this area can lead to placement breakdown and an improvement in support will improve the resilience of foster carers and the ability to recruit.

### **Outcomes:**

- **Issues raised will be incorporated within a scrutiny report to Cabinet and Council**

<b>5. ACCESS TO INFORMATION</b>
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**RESOLVED to exclude the public for the following item of business on the grounds that there would be disclosure to them of exempt information under category 3 of The Local Authorities (Access to Information) (Variation) (Wales) Order 2007).**

<b>6. DRAFT BUDGET 2022/23</b>
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The Committee was briefed on issues relating to debt and commissioning.

The Chair asked for Members to submit their reflections of the meeting by email.

**County Councillor A Jenner  
Chair**

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## CYNGOR SIR POWYS COUNTY COUNCIL.

### CABINET EXECUTIVE

1<sup>st</sup> March 2022

**REPORT AUTHOR:** County Councillor Myfanwy Alexander  
Portfolio Holder for Adult Social Care

**REPORT TITLE:** North Powys Wellbeing Programme – Strategic Outline  
Case for Infrastructure and Health, Care and Assisted Living

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**REPORT FOR:** Decision

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#### 1. Purpose

- 1.1 To provide the Cabinet with an update on the North Powys Wellbeing Programme.
- 1.2 To gain Cabinet approval on the Strategic Outline Case (Appendix one) ready for submission to Welsh Government following endorsement of the Programme Business Case.

#### 2. Background

2.1 The North Powys Wellbeing Programme was formally launched in May 2019 to test and deliver a new integrated model under the remit of the Health and Care Strategy. The programme has received Welsh Government Transformation Funding to support the delivery of:

- long-term change of a new integrated model of care and wellbeing which is being tested in north Powys initially; this includes a new development of a multi-agency wellbeing campus
- short term areas of acceleration of change in relation to new ways of working that can be implemented now to deliver a new integrated model

The Transformation Funding was awarded over an initial 2-year period until April 2021. In August 2020 Welsh Government announced an extension to their Transformation Funding to April 2021/22 as a result of the pandemic and the impact it had on delivery across Wales. Powys Regional Partnership Board were awarded a further £1.8m.

The Programme Business Case was submitted to Welsh Government during in November 2020 and received approval from their Strategic Investment Board in November 2021, it is awaiting ministerial approval. Endorsement of the PBC is essential in submitting the Strategic Outline Case to Welsh Government.

- 2.2 The programme team undertook extensive public and staff engagement following the formal launch of the programme in 2019. This engagement

supported the development of a new co-designed integrated model of care and wellbeing for Powys which was approved by Cabinet Member decision and PTHB Board during Q1 of 2020. Covid-19 has impacted engagement opportunities significantly and the programme had a period of time during 2020 and in to 2021 where engagement was not possible due to ongoing pressures of the pandemic.

2.3 Engagement has in recent months recommenced in order to solicit robust stakeholder engagement to support development of the Strategic Outline Case for the multi-agency wellbeing campus. The following key members of public have been targeted as part of this phase of engagement:

- **Individuals:** People in the Newtown area who make decisions about their own health and care, and that of their families
- **Health and Social Care Providers:** Public and private sector organisations who deliver health and social care services in north Powys, including primary and secondary care
- **Policy Makers:** Decision making bodies at local level with responsibility for residents' health and wellbeing, and at national level from Welsh Government
- **Education Providers:** Schools and colleges in north Powys, both staff and pupils
- **Communities:** Link with community groups and third sector around shared space, activities, and services with links to health and wellbeing. The creation of walking and exercise space within neighbourhoods, location of health facilities as close as possible to people's homes.
- **Stakeholders:** Organisations who have a strong interest in health, social care and wellbeing services in Powys outside of the public sector, for example: Joint Committee for Rural Health and Care, Powys Community Health Council, PAVO, Town and Community Councils
- **Staff:** Staff from PCC and PTHB who make decisions about health, social care and wellbeing programmes, HR, Workforce and OD, Finance, Education, Property/Estates etc.
- **Primary Care Cluster and Mid Wales Joint Clinical Advisory Committee** who continue to provide clinical input and support to the programme.

2.4 Service design work has been undertaken collaboratively with partners to understand how different aspects of the multi-agency wellbeing campus respond to delivery of the integrated model of care and wellbeing and RPB Outcomes Framework. Although there have been some challenges around operational capacity to support with the service design work, the programme has sought alternative ways of ensuring appropriate levels of input from clinicians, professionals and strategic leaders across health, social care and the third sector. A bottom-up approach was taken to developing the service specifications, working with frontline staff and middle managers on a 1:1 basis to articulate their service visions and future service requirements.

Service specifications have been developed to articulate the models of care and services that will be located on the multi-agency wellbeing campus:

- **Rural Regional Diagnostics and Treatment Centre** – *Reablement services will be integral to the inpatient facility, supporting the D2RA pathways and enabling timely recovery and discharge underpinned by a 'home first' ethos.*
- **Integrated Health and Care Centre** – *including location of Integrated Community Teams which will bring together health, social care and third sector services to strengthen citizens' abilities to manage their own health, promoting self-care and independence wherever possible through a strengths-based approach. The Integrated Community Team will also include a rapid home-based support service that brings together social care, home care, therapy services and reablement to provide input in an emergency or period of poor health to prevent people from having to go into longer term care or acute hospitals. Children's Social Care will also form a part of the Integrated Health and Care Centre, working in collaboration with PTHB Women and Children's Services and third sector services. There are also opportunities to locate the homelessness team into this building, providing a holistic offer to support them to access the services they require to live fulfilled lives.*
- **Learning, Innovation and Community Hub** – *The library will be located in this space, with librarians becoming educators and champions of self-care, with digital skills and resources at their disposal for the purpose of providing life-enhancing opportunities for residents. The Academy will provide training for social care professional education, supporting 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 community hub element of this space will support the prevention agenda, helping to tackle isolation and reducing demand on statutory social care services.*
- **Supported Living Accommodation** – *Development is being led by Social Care and Housing services, to support a range of identified needs across social care including children in transition to adulthood, step-down care for older people, and those experiencing or facing homelessness.*

These service specifications set out the service vision for each service to be included within the facilities, as well as an initial assessment of the integration opportunities, digital opportunities, spatial requirements and workforce requirements. The specifications are iterative at this stage and though have been used to support the Strategic Outline Case, they will continue to be developed as further detailed design work is undertaken to develop the Outline Business Case, at this point, they will be signed off as final versions.

2.5 Strategic demand, capacity and financial modelling has been undertaken to support with the Strategic Outline Case. Phase 1 has focused initially on the key elements of the built environment. This has helped to inform the

Schedule of Accommodation as well as providing a level of reassurance around the deliverability and affordability of the new integrated model of care and wellbeing. Due to the pressures of timescales, the modelling has been split into two phases and the first phase has focused on the highest cost areas or areas with the greatest opportunities for transformation.

Further work is required during Outline Business Case (OBC) to refine and validate the assumptions underpinning the modelling for the SOC, this will be based on development of more detailed models of care, pathways/flows and workforce planning. It is anticipated further efficiencies will be achieved and the overall space requirements will reduce.

2.6 Underpinning the work is an agreed Planning Framework, this has shaped and guided the service planning for the programme, and sets out five key areas of focus to enable the programme to deliver transformational change. These have been developed and will align with the renewals priorities in PTHB as well as the new ways of working in PCC. The five key areas proposed for transformational change are set out below:

- Children and young people (the ambition for the future model is to embed a multi-agency one stop shop, supporting all children and young people to meet their individual needs).
- Social model for health (the ambition for the future model is to embed a citizen-led, place-based community approach to preventing disease and illnesses, improving wellbeing and reducing social isolation).
- Integrated community model and frailty (the ambition for the future model is to embed an Integrated Community Model, providing timely access to care, adopting a proactive, person-centred, community-based approach).
- Mental health, learning disabilities and wellbeing (the ambition for the future model is to transform mental health, learning disabilities and wellbeing services into a well-designed, seamless and fully integrated network of care).
- Diagnostics, ambulatory and planned care (the ambition for the future model is to embed a regional planned care and diagnostic network providing access to advice and guidance, diagnostics and planned care in the community setting).

The current situation, business need and high-level vision for each of the 5 transformational areas has been articulated to support with the Strategic Outline Case and are included within the service specifications. To deliver these aspirations and level of transformation change requires investment into the multi-agency wellbeing campus as a vehicle for delivery to develop the services as set out in the service specifications.

2.7 The school element of the multi-agency wellbeing campus is being managed through a separate business case, with different timelines. The teams are working closely together to ensure alignment. To enable the schools work to proceed, further work has been undertaken on the infrastructure elements of the site and site layout options. Hughes Architects were commissioned to look at site options and have produced concept drawings to articulate

visually what the site could look like and to aid with master planning. These can be found at Appendix C. Further feasibility work is being undertaken by the Schools Transformation team who are working with the School to look at options of where the school could be located, this is being tested against the work that Hughes Architects have undertaken. The location of the school will be confirmed following completion of the feasibility works in April 22.

2.8 The location and proposed configuration of the campus will maximise mental and physical wellbeing and leisure and cultural prospects via essential links with vast outdoor green spaces through Open Newtown and to the Oriel Gallery, providing art, play and outdoor activities to help support wellbeing and leisure opportunities for children, adults and families. The location of the proposed campus also lends itself to further opportunities to enhance wellbeing, increasing collaborative working with partners such as Oriel Gallery, Police, Fire, Leisure Centre, Third Sector and local businesses. Furthermore, there are opportunities for strengthening community resilience by utilising partners' assets on the site to host community groups outside of school hours, further expanding the wellbeing offer that the campus brings as well as providing value for money.

2.9 The Third Sector has a strong presence in north Powys and there are many examples of wellbeing services that are in operation and could be enhanced and offered from the campus. By providing spaces on a wellbeing campus, that are accessible and multi- purpose; groups and wider will offer services in a more joined up way. Sharing resources, together offering and meeting the needs of individuals and groups. Building and developing their skills and transferring knowledge. When groups and teams work from the same spaces it provides opportunities to try new ways of working, to test innovative approaches.

2.10 The Strategic Outline Case has been prepared using the agreed standard and format for business cases using the Better Business Cases Five Case Model as outlined in the HM Treasury Green Book, which comprises the following key components:

- **The Strategic Case:** this sets out the strategic context and the case for change, together with the supporting investment objectives for the programme.
- **The Economic Case:** this dimension of the five cases focuses on options appraisal and demonstrates that the proposals will maximise social value to society through the selection of the optimal combination of projects and related activities.
- **The Commercial Case:** this describes the development and procurement of the potential deal, ensuring it is commercially viable and attractive to the supply side.
- **The Financial Case:** this focuses on the whole life costs of the proposed deal, confirming the programme is affordable and is fundable over time.
- **The Management Case:** this demonstrates that the scheme is achievable and can be delivered successfully to cost, time and quality and focuses on the implementation arrangements for the proposal.

2.11 The main focus of the Strategic Outline Case is to:

- Demonstrate the scheme is aligned to national and local policy.
- Define the benefits of a multi-agency wellbeing campus in Newtown.
- Provide an overview of the work PCC and PTHB have undertaken to further define and assess options for the multi-agency wellbeing campus, including detailed service design work.
- Demonstrate the desired service scope will fit on the preferred site.
- Define the economic and financial elements of the scheme and commercial intentions.
- Outline the management arrangements and indicative timescales for delivery.

The scope of the scheme includes primary school provision, a Rural Regional Diagnostic and Treatment Centre, Integrated Health and Care Centre, Learning, Innovation & Community Hub, and Supported Living. The scope of the SOC covers all aspects other than the primary school, which is being driven by the PCC Schools Transformation programme and is managed under a separate business case.

2.12 The Strategic Outline Case (Appendix one) builds on the initial feasibility work undertaken in 2018 (and approved by Cabinet in February 2019), this work appraised all the available sites in the Newtown area, identifying a preferred site of which further work was undertaken to test the level of ambition would fit on this site. It also further builds on the Programme Business Case that was developed in 2020, approved by Cabinet in October 2021, which strengthened the initial feasibility work by further testing of the level of ambition and fit on the site, identifying synergies the multi-agency wellbeing campus would bring, as well as the development of the commercial case.

2.13 A core aim of the programme is to provide significantly improved and enhanced local integrated services, delivered from a single location within sustainable and fit-for-purpose accommodation. The strategic case demonstrates the campus is fully aligned and will deliver against a number of national and local policies and strategies. It will significantly contribute to the decarbonisation agenda and Programme for Government through development of the hub, focus on wellbeing and integration of primary and community care services with pharmacy, education, housing, third sector and other community-based services.

2.14 The campus will maximise efficiency, integration and innovation across multiple sectors which will represent significant benefits for the local community, including a wider range of services being delivered in county. There has also been a strong emphasis throughout the development of the case on decarbonisation and what opportunities we can harness to reduce our carbon emissions across the public sector through the built environment, procurement and reduced unnecessary travel out of county.

2.15 The location and proposed configuration of the campus will help to support economic growth and regeneration of the area, in line with the National Development Framework, which identified Newtown as an important regional centre. The scheme will also have strong links with the town centre supporting Welsh Government's initiative "Town Centres First". Though the programme is largely health and care focused, the benefits of delivering the programme span much wider than health and care; regeneration and economic growth is recognised as one of the key benefits that the scheme will deliver. The social and economic benefits can be found within the Strategic Outline Case. Additionally, the delivery of hubs and regional centres via the multi-agency wellbeing campus is aligned to the latest Programme for Government in Wales.

2.16 The benefits of the programme have been further explored are outlined within the Strategic Outline Case, grouped under the following 5 key areas:

- **Access to health and care:** Improved sign posting and uptake of wellbeing services and activities to enable people to self-manage and live independently; reducing social isolation and hospital admissions.
- **Health and care outcomes:** Prudent healthcare and the early intervention/prevention agenda in social care
- **Workforce:** More sustainable and efficient workforce model through new ways of working co-location and collaborative working
- **Decarbonisation and environment:** Reduce miles travelled for service users and staff as a result of repatriation of services and increased use of digital technology reducing CO2 emissions
- **Regeneration:** Creating a social and economic hub making Newtown a more desirable place to live and work
- **The built environment:** A purpose-built environment to enable innovation in practice, flexible working with digitally enhanced facilities to improve efficiencies and future proof service delivery

2.17 The investment objectives have been further refined at a more granular level for the Strategic Outline Case, based on what was included within the PBC:

- **Integrated Local Services:** provide a multi-agency environment in Newtown that is conducive to wellbeing and enables delivery of integrated health, care, third sector and other public services, serving the population of north Powys.
- **Sustainable Workforce:** deliver a new and sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.
- **Innovative Environment (Fit for Purpose Estate):** An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.

- **Innovative Environment (Effective Accommodation):** To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of public sector funds and assets.
- **Decarbonisation (Infrastructure & Estate):** To support decarbonisation through the procurement and design of health and social care services and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.
- **Decarbonisation (Greener Travel):** To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.
- **Regeneration:** Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the third and voluntary sector, and through increased footfall to the area, by making Newtown a destination of choice.

2.18 The economic case assesses all the options available to support delivery of the investment objectives and to achieve the desired benefits. The short-listed options were then further subjected to a non-financial appraisal, considering the appraisal of the options in relation to the economic benefits and intended outcomes.

2.19 The preferred option at this stage identified by the partnership is to deliver the solution in one location through a new build partially integrated Campus, delivering an optimised model of care, on a site with new utilities and site infrastructure solutions. This is to be supported by a reconfiguration of the local road network to open up the Campus. The preferred scope of services delivered through the campus is proposed to include, enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Community Hub (including library & H&C academy). The site will also include assisted living accommodation, GP Primary Services and space for Highstreet Primary Care.

2.20 The commercial case has explored the following Procurement options:

- Building for Wales Framework
- Welsh Government Mutual Investment Model
- SEWSCAP Framework
- Modular Build Frameworks

2.21 The financial case has looked at the high-level capital and revenue implications appropriate at this stage. The high-level capital banding of the PBC was £89m (including £10m for the school). The capital costs for the health, care, supported living and infrastructure costs are show below (excluding the school). The schools programme currently forms part of the Band B regime, and funded in principle by both Welsh Government and the Council, although the full business case has yet to be prepared and approved.



2.22 The increase in capital costs is driven by further work on infrastructure (circa £10m) and increase in optimism bias and risk appropriate for SOC planning. It is envisaged the scheme will be fully funded by Welsh Government and there will be no impact on PCC capital.

2.23 Though the lead partner for the build elements has not been identified at this stage, if PTHB take the lead there will be VAT implications as outlined in the table below, unlike a project led by local authorities who can reclaim the VAT.

Project Costs	
Capital Cost	<b>£67,146,191</b>
Optimism Bias	<b>£16,115,086</b>
Risk	<b>£7,751,486</b>
VAT (only to be included where non-recoverable by applicant)	<b>£18,202,553</b>
<b>Total Project Cost (inclusive of optimism bias and risk)</b>	<b>£109,215,316</b>
<b>Funding Body Contribution</b>	<b>100% funded by Welsh Government</b>

2.24 The revenue costs in the long term are unknown at this stage, although requirements for the Council may not be large, and be funded within existing base budgets.

2.25 The management case is aligned to the existing programme governance arrangements. Recognising further work is required to revise these in line with the Programme Assessment Review and next stage of the programme.

2.26 Following approval of the Strategic Outline Case, each aspect of the scheme will move into the more detailed planning contained within the Outline Business Case and Full Business Case. For the health, care and infrastructure aspects of the scheme, this will also include more detailed service planning work looking at innovative practice and pathway changes, validation of demand, capacity and financial modelling and revenue business case development for major service developments.

2.27 Alongside the Strategic Outline Case, work continues to accelerate short term changes to support delivery of the integrated model of care and wellbeing and achieve 'quick wins' in achieving some of the programme outcomes. Examples include:

- **Digital Facilitators** – A digital first approach supporting improved access to advice and assistance. Digital facilitators have been providing digital support for the use of virtual health and care systems, and continue to support administrative teams to explore ways to provide digital support to service users during the continued impact of the Covid-19 pandemic and beyond. To date, 84 people

have been assisted using digital facilitators (since June 2021). The Ask SARA platform has also been utilised to bring together existing and new information systems into one place that will help transform how citizens can self-serve to help them help themselves.

- **Bach a lach** – This project aims to upskill staff in schools and early years settings in the most deprived areas in Powys in order to deliver and embed physical and emotional literacy within curriculum and other areas of school life, to support children in more deprived areas to become physically and emotionally literate.
- **Powys Together** – The Powys Together project is a locality-based project working with communities across north Powys. The Newtown Together is based on the national Children First model, creating system change in the most deprived areas of Powys through increased opportunities and reduced disadvantages for children, young people and families. The project places the voice of children and families at the centre of everything they do. Powys Together supports a number of strategic priorities including community development, prevention and health improvement, supporting carers, tackling Adverse Childhood Experiences and innovative research and development.
- **Repatriation of Children Looked After** – Bringing children looked after back to Powys will support a reduction in inequalities and an improvement in outcomes. This is being improved through creating and developing additional in-house fostering capacity, development and establishment of north Powys residential provision for mainstream children, increasing resources for placement teams, and creating and development of additional supported lodgings capacity.

### 3. Advice

### 4. Resource Implications

- 4.1 The capital costs for this scheme are to be funded 100% by Welsh Government with no Council funding required. The scheme will require the transfer of Council owned land to the health board, this will take place using land transfer protocols with the council receiving a capital receipt in exchange for the land transferred. At this stage there is no agreement on the cost to the council for the use of this facility to deliver council services, this will be explored further in the next stages of the project. There may be efficiencies released from vacating the Councils properties that are being transferred to the health board which may be able to offset these costs. As outlined earlier in the report the Calon y Dderwen school is not included in this programme, but has a key dependency within it, and separate business cases will be presented to cabinet in due course.
- 4.2 The Section 151 Officer confirms that the strategic outline case provides high level capital assumptions, that will be fully funded by Welsh Government. It is likely there will be capital receipts from the sale of land, but the detail of this along with wider revenue implications will be provided in more detail in the Outline Business Case (OBC). Due

diligence to check the robustness of the OBC will be undertaken before any financial commitments take place.

#### **4. Legal implications**

##### **5.1 Update legal implications – Clive**

#### **5. Data Protection**

6.1 No processing of personal data.

#### **7. Comment from local member(s)**

7.1 Within the North of Powys we need to provide improved and enhanced local services and through this programme there will be many benefits to enable this to happen. I am in support of this as long as there is effective communication with the school so that they too benefit from this project.

#### **8. Integrated Impact Assessment**

8.1 No Impact Assessment, to be completed during OBC.

#### **9. Recommendation**

1. To note the current position and progress made in relation to the programme.
2. To note the outputs of the demand, capacity and financial modelling.
3. To approve the draft Strategic Outline Case in Appendix one in readiness for submission to Welsh Government following endorsement of the Programme Business Case.

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Corporate Director: Alison Bulman

**Appendices:**

Ref	Document Name	Attachment
Appendix one	Strategic Outline Case	Attached separately due to file size.
Appendix two	Strategic Outline Case Appendices inc MOU, Demand Capacity Modelling and Site Master Plans	Attached separately due to file size.

Bwrdd Partneriaeth  
Ranbarthol Powys  
Iechyd a Gofal  
Cymdeithasol



Powys Regional  
Partnership Board  
Health and  
Social Care



# North Powys Regional Partnership Board Health & Care and Infrastructure Strategic Outline Case Multi- Agency Wellbeing Newtown Campus



February 2022  
Draft 6.0





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## 0. Document Control

### 0.1 Version Control

Minor versions not shown

Version	Status	Date	Author	Update
0.1	Draft	21/09/21	MH	SOC template and base information
1.0	Combined Draft (Master)	01/12/21	MH/LD/SL	Creation of combined Infrastructure + H&C Master SOC Master, will all above further refined
2.0	Combined Draft (Master)	22/12/21	MH/LD/SL	Revised draft following updated Strategic Case and feedback from client
3.0	Combined Draft (Master)	13/01/22	MH/LD/SL/RG	Revised draft following updated from SCT, LM, CS
4.0	Final Draft (Master)	21/01/22	LD/MH/SCT	Revised draft following updates from CS, SCT and LM
5.0	Final Draft (Master)	27/01/22	MH/SCT	Revised draft following updated information re Assisted Living element of scope
6.0	Final Draft (Master)	14/02/22	MH/SCT/CS	Final updates following further review prior to Programme Board



# 1 Introduction

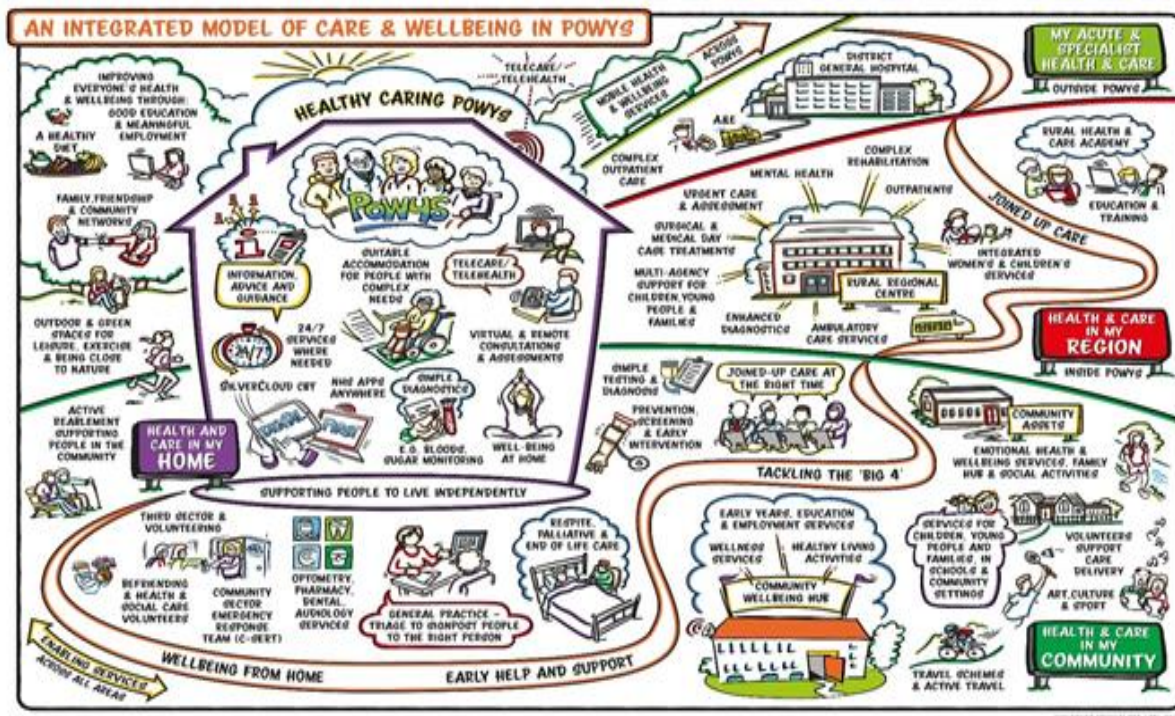
## 1.1 Purpose of this SOC

The purpose of this Strategic Outline Case (SOC) is to explore development of a new multi-agency wellbeing campus in Newtown, as a key part of the North Powys Wellbeing Programme (NPWP). This programme is a once in a generation opportunity to bring together partner organisations to enhance and transform the way health, care, community, wellbeing, library and education services are delivered in north Powys. This SOC follows the Programme Business Case, which was issued to Welsh Government in November 2020.

While this SOC focusses on the Health, Care, Wellbeing and Infrastructure elements of a new Campus in Newtown, rather than the programme as a whole, it is endorsed and sponsored by the Regional Partnership Board (consisting of Powys Teaching Health Board, Powys County Council and Powys Association of Voluntary Organisations), and recognises the dependencies, synergies and benefits as they relate to a campus.

The Regional Partnership Board are fully committed to the delivery of a new integrated model of care for north Powys which includes a new Rural Regional Treatment and Diagnostic Centre and Integrated Health and Care Centre to enhance the local service offer, while ensuring that there is a commitment to maintaining the strategic positioning of Bronglais Hospital (Hywel Dda) in Aberystwyth.

Figure 1: Integrated model of care and wellbeing in Powys





The integrated model of care and wellbeing is a once in a lifetime opportunity to transform health and care services for the population in the rural heart of Wales, as well as harnessing and accelerating the opportunities for digital advances, with new ways of working developed in response to the pandemic.

Please note that previously, in the Programme Business Case, these elements of the Campus were referred to as the Rural Regional Centre and Community wellbeing Hub (respectively).

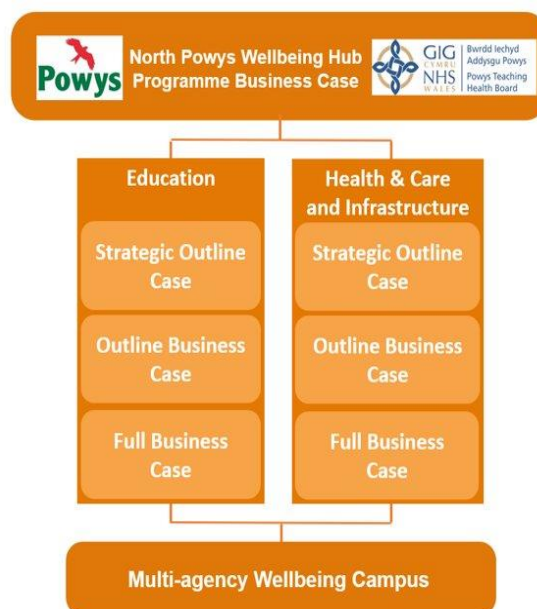
## 1.2 Programme Business Case Update

The following updates can be provided in respect of the PBC and associated SOC:

1. The North Powys Wellbeing Programme PBC was submitted to Welsh Government in November 2020.
2. The PBC was well received at the Welsh Government Committee for Strategic Investment in November 2021.
3. Currently Awaiting Ministerial endorsement.
4. Single SOC The Programme Board has changed its approach from the development of two separate SOCs (Health and Care and Infrastructure) to one combined business case to cover all aspects.
5. The SOC has been taken to a SOC+ stage, to reflect Welsh Government's priorities in better understanding the proposed site fit and the potential for development.

Please note that the SOC for Education has already been submitted to, and approved by Welsh Government, under the 21<sup>st</sup> Century Schools Programme (recently rebranded to 'Sustainable Communities for Learning').

**Figure 2: Programme Deliverables**





### 1.3 Demand and Capacity Modelling

Demand and Capacity Modelling has been undertaken based on a 10 year time-horizon, from Year 0 (2021) to Year 10 (2031) and uses detailed activity datasets, as far as these were available.

The following service areas have been included in the modelling work to support with the Strategic Outline Case:

- Community inpatient care.
- Supported living accommodation.
- Short stay assessment and diagnostics, ambulatory care, urgent care.
- Day Case and outpatient surgical and medical procedures.
- Outpatient consultations.
- Maternity.

The high level modelling outputs from this exercise are:

- **Inpatient community care** - initial analysis, based on national best practice and optimal D2RA models of care and discharges on to each pathway indicates: **32 bed inpatient unit** consisting of stepdown beds, specialist stroke and neurorehabilitation beds, step-up beds for assessment/rehabilitation/ reablement and end of life/palliative care beds.
- **Primary and Community based urgent ambulatory care and diagnostics.** Initial analysis, future demand modelled on Richards Report, OECD benchmark and repatriation from acute providers. Indicates potential demand for **CT and MRI** in Powys, with increase provision for Ultrasound and Plain Film. **Some repatriation of urgent care** requiring up to 7 consult / exam treatment rooms based on best practice Ambulatory Emergency Care along with significant potential for repatriation of some A&E minors and urgent care.
- **Short Term Flexible Supported living** - initial analysis based on population needs and other local development plans indicates **12 flats** 3 x separate children in transition, 3 x step down and 6 x homeless triage. **Student provision 6 x 3-bed flats** *is proposed as sufficient to provide for up to 18 people at any one time.*
- **Primary Care and Community Based Outpatients, surgical and medical day case and procedures** initial modelling based on BADs Directory of Procedures and 50%-90% repatriation indicates 1 operating theatre, enhanced procedure room, endoscopy room and 10 outpatient consulting rooms, with e-consulting rooms.
- **Maternity** - ambition for 45% of mothers deemed to be low risk to give birth in Powys



## 1.4 Engagement and Service Specifications

Further Engagement has been undertaken and the following Service Specifications have been developed:

- Rural Regional Diagnostic & Treatment Centre.
- Integrated Health & Care Centre.
- Learning, Innovation and Community Hub (which incorporates Library, Health and Care Academy, Community Space) plus Assisted Living.

## 1.5 Memorandum of Understanding (MoU)

The RPB has established and agreed a Memorandum of Understanding, which details:

1. The partner organisations in the RPB.
2. The purpose i.e. how the partners will work together in creating a new, purpose built, multi-agency, wellbeing Campus.
3. Principles to be followed:
  - 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.
4. The actions to deliver the campus, including any required property transactions.
5. Commitments – to ensure that negotiations or agreements with 3<sup>rd</sup> parties align with the objectives of the MoU.
6. Information Sharing and Confidentiality protocols.
7. Cost burden on respective partners – i.e. that unless agreed otherwise for specific areas/projects, partner organisations will bear their own costs when contributing to activities directly connected to the MoU.
8. Duration of agreement.
9. Details of organisational leads and reporting.
10. Dispute resolution.



## 11. Disclaimer.

### 1.6 Other SOC developments

Other developments at this stage include:

- Further work demonstrating strategic fit, refinement of investment objectives, benefits and an assessment of the options.
- Engagement of Hughes Architects to further develop concept of what development might look like and support with site master planning options, site analysis, phasing and demonstrate a 'fit' on the site, and high level infrastructure costs.
- Draft Schedule of Accommodation has been developed in line with the Service specifications and Demand and Capacity Modelling work. This has been used to inform Capital and Revenue costs
- Engagement of the Heart of Wales Property Services joint venture team to undertake site surveys, flood plain analysis and other site analyses.

### 1.7 Ministerial Priorities

This is particularly relevant due to the Ministerial priorities set out in July 2021:

- A Healthier Wales - as the overarching policy context
- Population health
- Covid - response
- NHS recovery
- Mental Health and emotional wellbeing
- Supporting the health and care workforce
- NHS Finance and managing within resources
- Working alongside Social Care

All of these priorities are addressed by the proposals within this document and the overarching scheme, addressing issues such as Health equality, digital technology and innovation, providing care closer to home and the focus on the mental health and wellbeing of people in North Powys.

### 1.8 Learning from COVID-19

The new integrated model of Care and Wellbeing we aim to deliver through this programme is also part of a Wales-wide response to the increasing demands and new challenges facing the NHS and social care, which includes an ageing population, lifestyle changes, public expectation, emerging medical technologies and the ongoing effects of the Covid-19 pandemic.



During the pandemic we have accelerated delivery of some parts of the model, through Welsh Government Transformation funding we have supported virtual clinics, implemented new ways or working to provide local Ophthalmology and Respiratory services and developed the wellbeing offer to support children, young people and families.

There are now opportunities that lend themselves as key drivers for transformation post-Covid:

- An evidence-based and value-based and outcome-focused 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 to support current workforce pressures, the medical model and the digital enablement of care provision closer to home
- A new clinical approach which places maintenance of health and wellbeing, and also prevention, at the heart of the discussion with social measures of health improvement.

Skill-mix initiatives and the establishment of new roles working across traditional boundaries with more apprenticeships and assistant practitioners and using qualified staff at the top of their licence will be essential as we learn lessons from staff flexibility and roles undertaken during the Covid-19 pandemic.

There is also learning from the built environment we will further explore through use of digitally enabled spaces, infection control and prevention and use of generic and shared spaces to ensure flexibility and best value for money.

## 2 Executive Summary

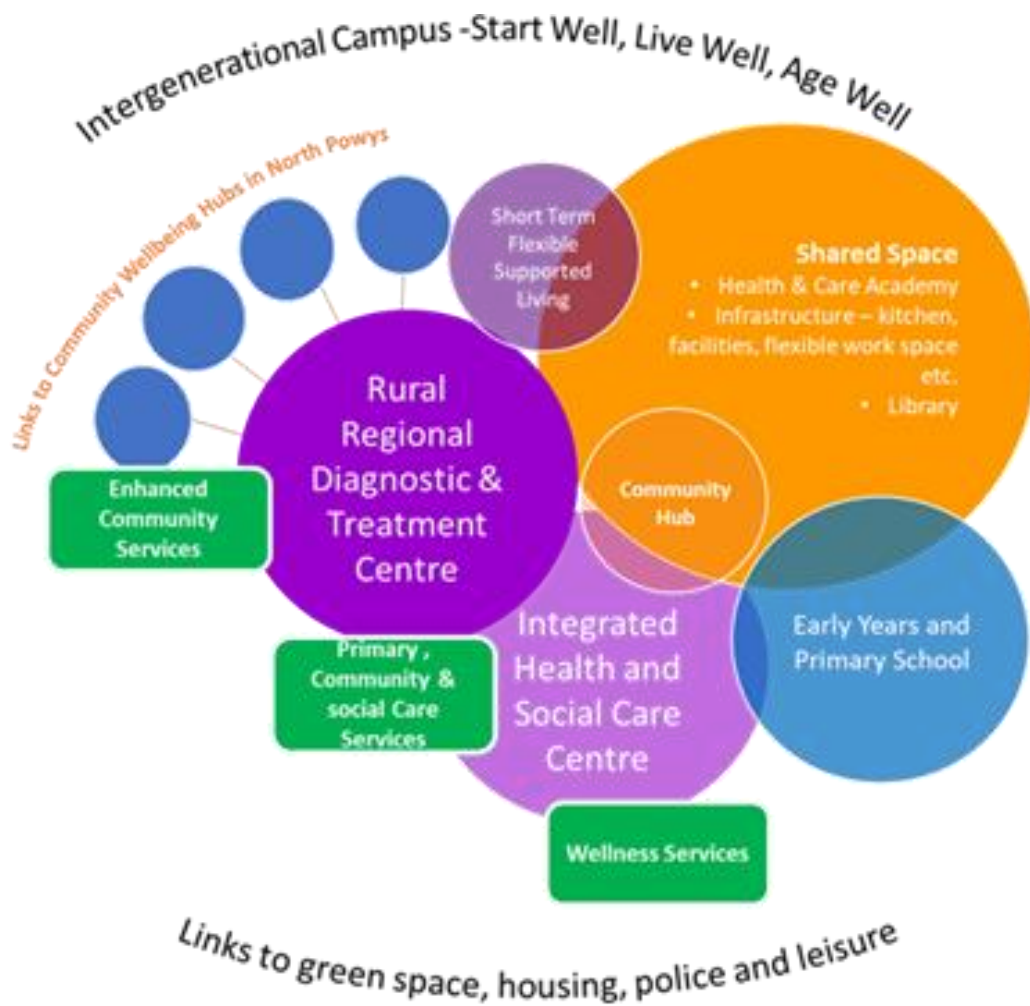
### 2.1 Strategic Case

#### 2.1.1 Working in Partnership

PCC and PTHB are key partners in the Regional Partnership and Public Service Boards. Integrated working is a key priority with a series of Section 33 arrangements bringing teams together to deliver integrated backroom and frontline services.

The impact of this integration is to shift the balance of services towards an increased emphasis of wellbeing, early help and support, and to provide more joined up care when people need to access services. This approach is being demonstrated across Powys, through developments such as those at Bro Ddyfi Community Hospital in Machynlleth as well as within Newtown where partners are already working together to improve wellbeing. There are many initiatives where the community is being drawn together in Newtown, with linkages to the school, police, the Third Sector, Open Newtown and many other organisations.

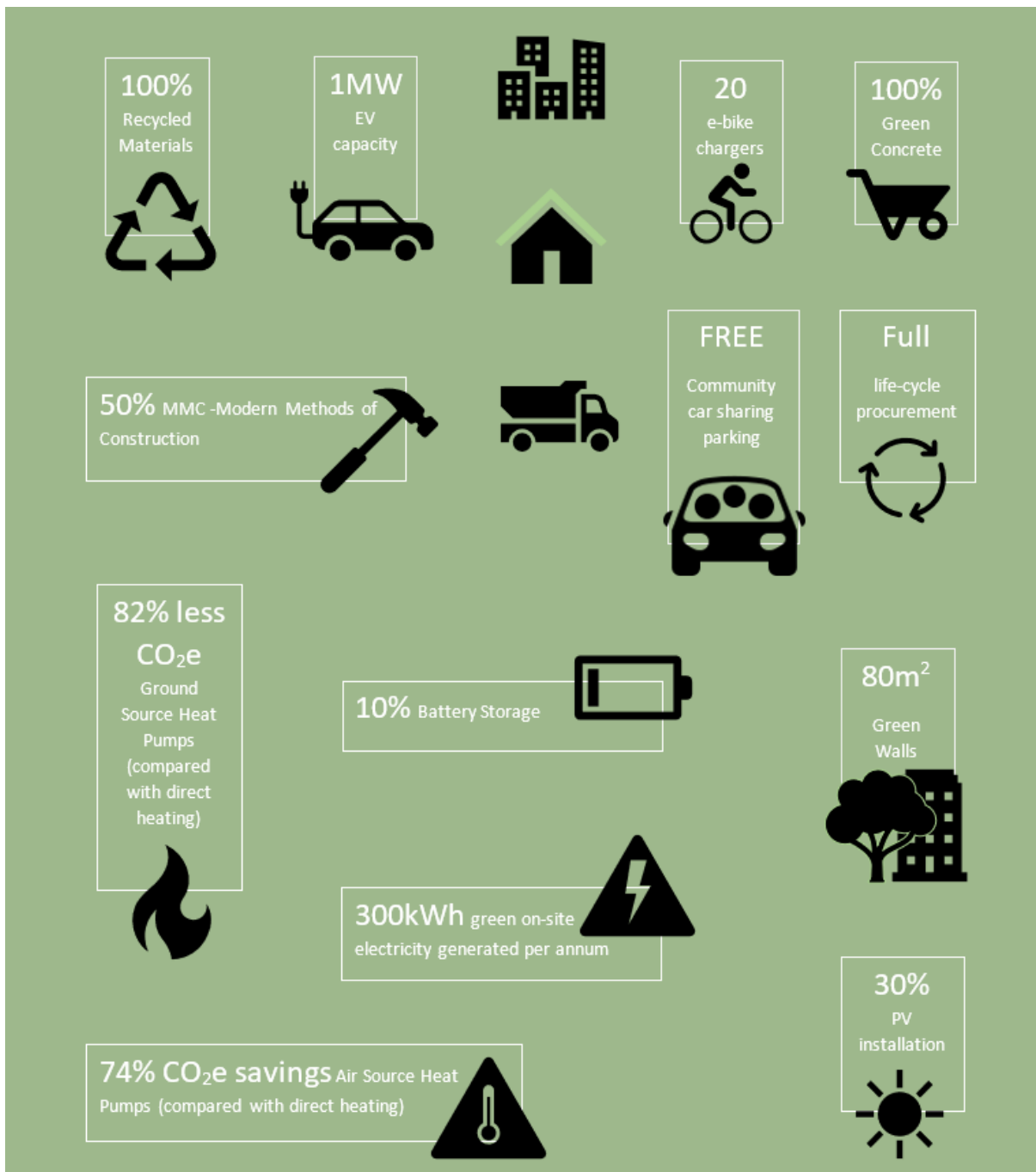
**Figure 3: Multi-Agency Wellbeing Campus Model**



## 2.1.2 Strategic Context National Policy Drivers

Nationally, this scheme 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, especially in relation to the ambition set out by Welsh Government in becoming a Net Zero Carbon Public Sector by 2030.

**Figure 4: Policy Alignment**







Specifically key policy areas this project aligns to include:

- Welsh Government: Programme for Government (2021-2026).
- Quadruple Aim A Healthier Wales: Our Plan for Health and Social Care (2019).
- The Social Services and Wellbeing Act (2014) – 5 Ways of Working.
- National Development Framework 2020-2040.
- National Clinical Framework: A Learning Health and Care System 2021.
- Primary Care Model for Wales 2019.
- NHS Decarbonisation Strategic Delivery Plan 2020/2030.
- The Public Health (Wales) Bill (November 2016).
- Taking Wales Forward (2016-2017).
- Prosperity for All: A Low Carbon Wales, 2019.
- Prosperity for All: The National Strategy (Wales) 2017.
- The Housing (Wales) Act 2014.
- Additional Welsh Guidance.

### 2.1.3 Strategic Context Local Policy Drivers

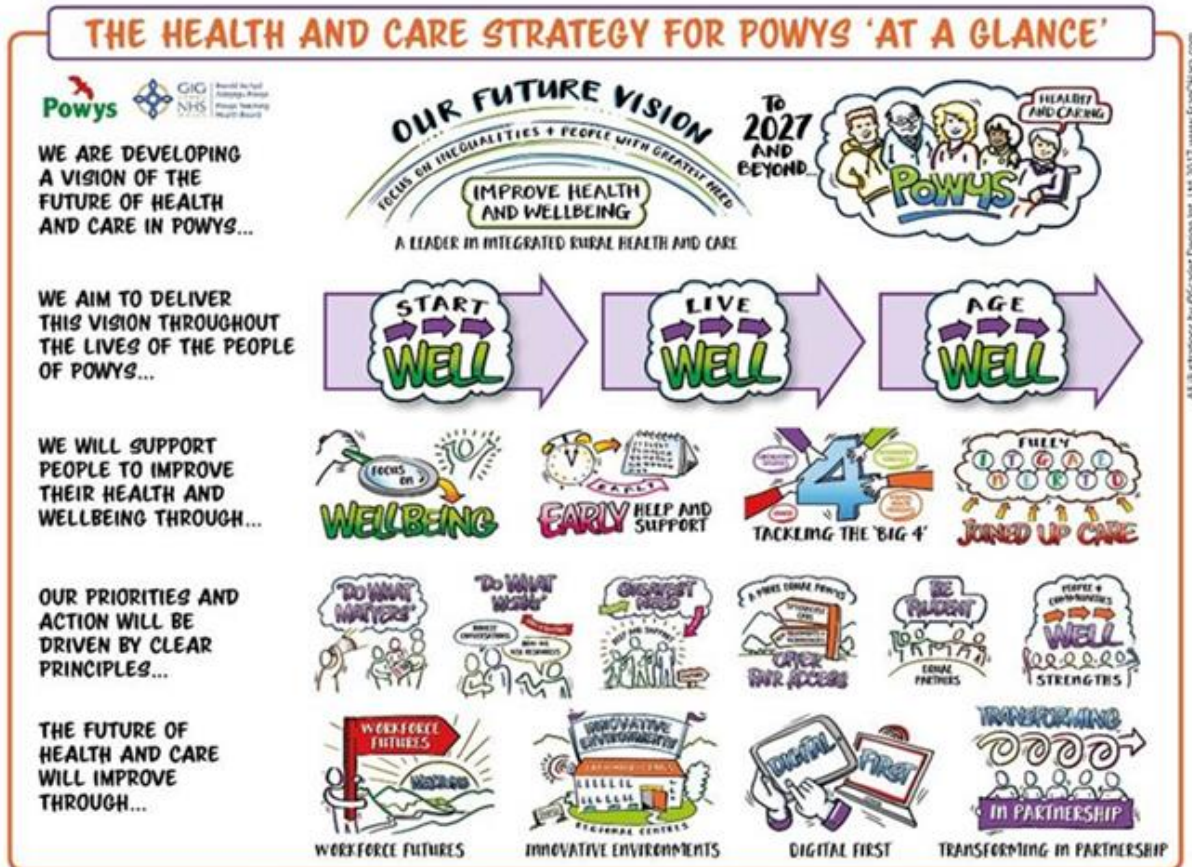
Locally, this project supports the objectives of “A Healthy Caring Powys” and supports a move to a “Carbon Positive Powys” as set out in the Public Service Boards Wellbeing Plan and the emerging Regional Energy Plan. The key local drivers for this project (and overarching programme) are:

- The Health and Care Strategy: A Healthy Caring Powys.
- Powys: Workforce Futures - Health and Care Strategic Framework.
- Powys Environmental Policy.
- Red Kite Climate Vision & Strategy.

## 2.1.4 Strategic Context - Wider Developments

Other Capital Developments relevant to the delivery of the Health and Care strategy and development of the North Powys Wellbeing Campus include:

Figure 5: Health and Care Strategy for Powys



- Brecon War Memorial Hospital Development - Rural Regional Treatment and Diagnostic Centre (South Powys) (£2M)
- Llandrindod Wells Community Hospital Development - Rural Regional Treatment and Diagnostic Centre (Mid Powys) (£10M)
- Bro Ddyfi Community Hospital Health and Wellbeing Project – Integrated Health and Care Centre (£15M)
- Powys Health and Care Academy, Bronllys (£1M)
- 21st Century School Programme Developments (£56M)

**Figure 6: Strategic Developments within Powys County**



### 2.1.5 Problems with the status quo

The key issues with current provision are:

- Inequality of access to services for north Powys population.
- The impact of COVID is widening inequalities.
- Current demand and costs for statutory services is increasing (incl. COVID) and existing practices are not sustainable. The Covid-19 pandemic has exacerbated the pre-existing problems which exist in diagnostics, urgent and planned care. The backlog of the number of patients waiting needs to be tackled with a major expansion and



reform of diagnostic services to help facilitate recovery and meet the rising demand across multiple aspects of diagnostics.

- Operate via a traditional model with majority of activity taking place in Acute settings out of county, and services also moving further away due to external hospital reconfiguration programmes.
- The full range of community assets to improve population health is currently not being realised and that transformational approaches are necessary. A value based healthcare approach needs developing, but this is prohibited in current built environments.
- Lack of joined up care (e.g. sharing of information, separate buildings, culture of silo working) .
- Significant recruitment and retention issues exist.
- Lack of infrastructure to support digital first agenda.

### **Built Estate**

The geographical distribution of PTHB's estate and its functionality has evolved around traditional patterns of care and much of the estate is now outdated.

The key issues for the Built Estate are:

- Current Backlog Maintenance, sits at approximately £7.4M.
- Services provided from multiple buildings which are not fit for purpose (in PTHB 38% pre-dating 1948) poor condition, poorly utilised, non compliant and non functional.
- Existing buildings perform poorly for energy efficiency (insulation/windows etc.).
- There are significant Compliance risks across the Estate.
- There is a risk of service closure due to poor quality environment .
- Improve accessibility
- The carbon footprint of the estate is to high.
- There is inefficient use of space and resources

PTHB has the oldest built estate with 38% predating 1948 (compared to the Wales average of 12%) as well as the 'least new' estate with only 5% being built post 2005 (compared to the Wales average of 23%). This means that the HB has some unique challenges in terms of maintaining building stock.

Similarly, much of PCC's existing estate is of poor quality, with the two existing schools being identified as condition categories C and D. As such, the Partnership is managing sites with high levels of backlog maintenance, which have significant or high risk of non-compliance or failure. By working collaboratively and combining services, the programme aims to significantly reduce the backlog maintenance across a number of sites whilst benefiting from



more efficient space utilisation. In addition, this would release surplus building stock, delivering either cash releasing benefits or potential development opportunities.

### Commissioned Services

As PTHB is primarily a commissioning organisation, the largest proportion of its budget is devoted to commissioning NHS services in the community by primary care contractors and the Third Sector. Additionally, secondary care services are provided through commissioning arrangements with other Health Boards in Wales and NHS Trusts in England.

A significant proportion of commissioning expenditure is to other organisations supporting the population of north Powys, with £23m being spent on services in Shrewsbury and Telford Hospital Trust alone.

The focus of the campus is to provide care closer to home where safe and effective to do so, as a result there will be changes in patient flows and commissioning arrangements with the following providers:

- Betsi Cadwaladr University Health Board
- The Shrewsbury and Telford NHS Hospitals Trust (SaTH)
- The Robert Jones and Agnes Orthopaedic Hospital (RJAH)
- Hywel Dda University Health Board

### 2.1.6 Investment Objectives

The Investment Objectives underlying the case for change for this project are:

1. **Integrated Local Services:** Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3<sup>rd</sup> Sector and other public services, serving the population of north Powys.
2. **Sustainable workforce:** Deliver a new and sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.
3. **Innovative Environment (Fit for Purpose Estate):** An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.
4. **Innovative Environment (Effective Accommodation):** To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.
5. **Decarbonisation (Infrastructure & Estate):** To support decarbonisation through the procurement and design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.

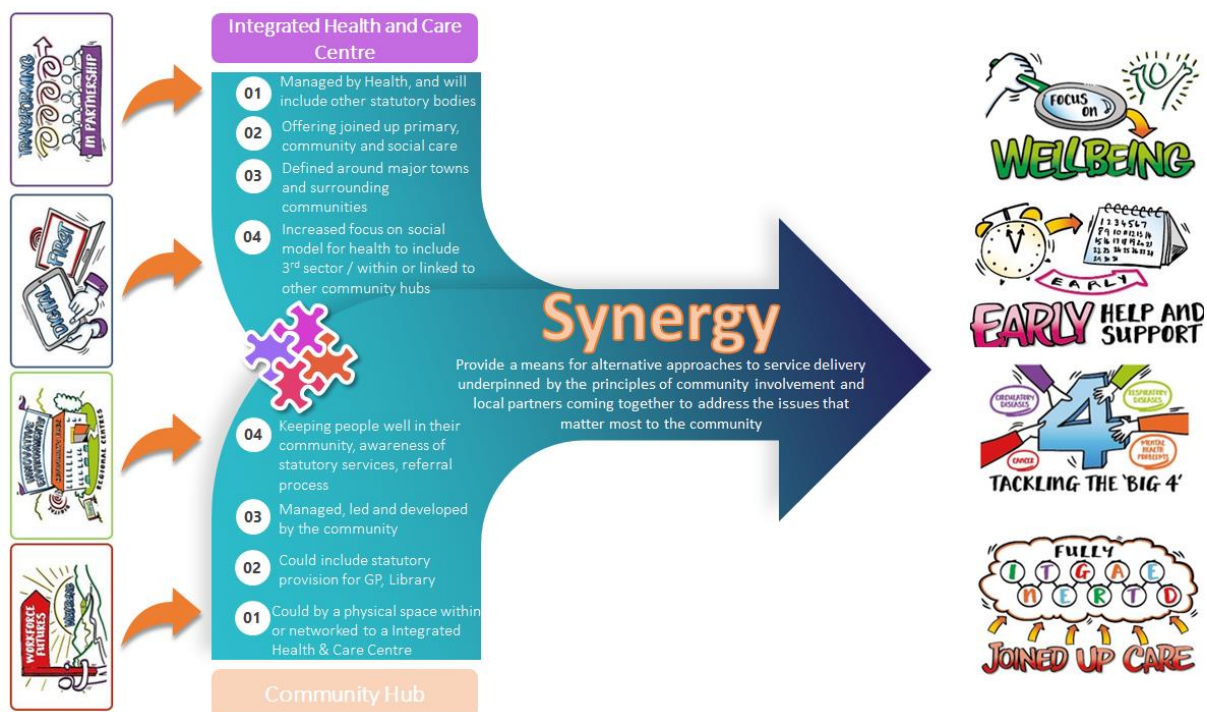
6. **Decarbonisation (Greener Travel):** To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.
7. **Regeneration:** Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3<sup>rd</sup> and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.

While these Investment Objectives may appear different to those included in the Programme Business Case, they are simply provided at a more granular level and can be linked directly back to the original Programme Business Case Investment Objectives through the prefixes shown (e.g. Integrated Local Services).

### 2.1.7 Main Benefits

The main benefits associated with the strategic case are outlined below.

**Figure 7: Campus Synergies**



#### **Benefit Category1 : Integrated Model**

- Synergies from integrated working with all partners resulting in strengthened community provision, more efficient pathways and better experience for service users.
- Improved sign posting and uptake of wellbeing services, enabling people to self-manage and live independently; reducing social isolation and hospital admissions.



- Increase the value provided by Health & Care services.
- Improve citizen experience, quality of care, reduce waiting times and speed up diagnosis.
- Offer an enhanced range of services in north Powys, improving geographical access to health and care (repatriation) and reducing inequalities.
- Contribute to improved early years health outcomes.

#### **Benefit Category 2: Sustainable workforce**

- Improved education and learning for staff and the public; upskilling staff, maximising and enhancing career opportunities through apprenticeships, employment and training – via the Health and Care Academy.
- Improved recruitment and retention rates by making North Powys a more attractive place to live and work.
- More integrated, sustainable and efficient workforce model through new ways of working co-location and collaborative working.

#### **Benefit Category 3: Innovative Environment (Fit for Purpose Estate)**

- Improved user experience, perception and confidence from accessing care in a modern, fit for purpose environment.
- A purpose built environment to enable innovation in practice, flexible working with digitally enhanced facilities to improve efficiencies and future proof service delivery.
- Environment is more conducive to the holistic experience, and wellbeing of staff, patients and visitors supporting national and local policy objectives.

#### **Benefit Category 4 Innovative Environment (Compliance)**

- Improved estate-wide energy efficiency.
- Increase in % utilisation of estate through sharing of accommodation across partners.
- Compliance with statutory and mandatory estate code and improved functional suitability and reduced backlog maintenance.

#### **Benefit Category 5: Decarbonisation**

- Achieve BREAAAM Rating Excellent.
- Reduced carbon footprint of the estate through reduced energy demand and increase in the number of sustainable products and technologies.
- More people using active travel in Newtown .
- Increased number of electronic vehicle charge points on site.

- Reduce miles travelled for service users and staff as a result of repatriation of services and increased use of digital technology reducing CO2 emissions.
- Environments are fully digitally enabled.

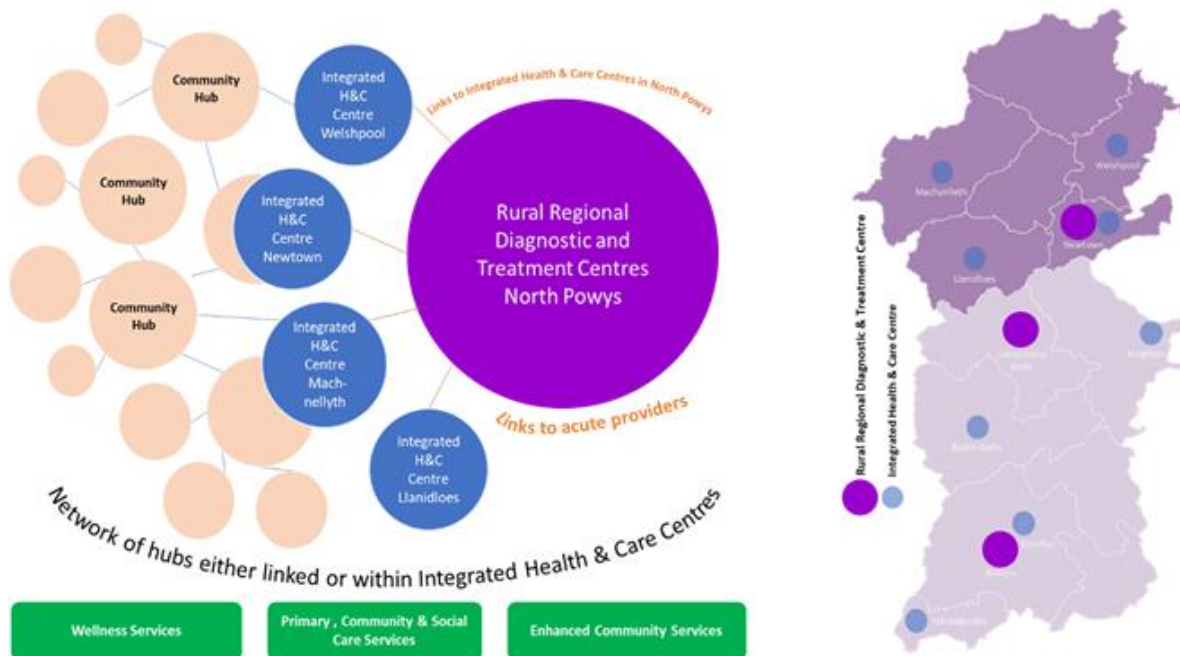
**Benefit Category 6 : Regeneration**

- Creating a 'destination' increasing footfall to the High Street and surrounding areas, with more choice for residents and visitors
- Additional Income brought into the Newtown area as a result of new jobs and opportunities linked to social value forum.

**2.1.8 Business Needs**

Having explored the existing issues facing current service delivery including; building condition and suitability, the need for more integrated joined up services and the current and future needs of service providers and users alike, the following items are the key business needs:

**Figure 8: Powys network of hubs**



- Improve population health – partners working together to deliver a social model for Health, supporting the NHS to operate as an anchor organisation through health, care, education, housing and greater employment opportunities.
- Access to real-time data and digital systems in an innovative multi-agency environment for all partners to provide seamless integrated care and wellbeing services.
- Innovative models in rural practice, with care closer to home with focus on wellbeing, local diagnostics, urgent care, planned care and supported living arrangements.





- Further utilise new technologies to support earlier diagnosis, as well as enabling rapid response to avoid hospitalisation.
- Equality of access to local services.
- Implement innovative and sustainable workforce model which attracts people to work in North Powys.
- Develop rural health and social care practice to promote Powys as a place to live, work and play.
- Fit for purpose Estate that allows specialist and integrated local service provision within a wellbeing campus, carbon neutral, efficient, digitally enabled, generic and shared space.
- Use of the full range of community assets to improve population health through a transformational approach.

### 2.1.9 Main Risks

The main business, service and environmental risks associated with the potential scope for this programme are shown below and will be developed further in each Business Case:

**Table 1: Strategic Risks & Countermeasures**

Main Risk	Counter Measures
<b>Business and Political Risks</b>	
1. Failure to secure funding / affordability.	No contractual commitments will be made until firm assurances have been given regarding the affordability and availability of funding.
2. Delays in business case process.	Plan flexibility into the options where possible and establish governance pathways early in the programme, working closely with Welsh Government to support timely process.
3. Stakeholder support.	Early engagement with all stakeholders, as part of effective stakeholder planning / mapping, to identify any potential issues.
4. Scope of the Model of Care (what's in what's out) may not be agreed.	Partnership arrangements developed early to enable detailed service design and strategic modelling.



Main Risk	Counter Measures
5. Preferred site in Newtown may not be agreed.	Site specific partnership arrangements to be developed via Strategic Outline Case; MoU will mitigate the risk in due course.
6. Potential changes in WG / local policy.	Expediated SOC ahead of next scheduled local elections and MoU will help to mitigate in due course.
7. Increase in cost.	Effective Cost Management and modelling of MoC will help to mitigate the risk.
8. Increase in timescales.	Plan flexibility into the options where possible.
9. Not having sufficient Operational resource available to support the delivery of the programme.	Ongoing assessment and controls, through effective governance and PPM, in place. Stage 2 Resource Plan to be expanded, to include wider corporate and operational teams.
10. Space requirement for the new Primary school may impact upon Campus space requirements.	Complete feasibility study for the new school and consider Building Bulletin/external space requirements ahead of OBC.
<b>Service Risks</b>	
1. Inability to deliver additional and repatriated services on the campus in Powys, due to workforce challenges.	Build strategic partnership arrangements and sustainable workforce plans developed.
2. Formal Partnership Agreements (PCC - PTHB) may not be in place in a timely manner.	Partnership arrangements with other strategic partners (e.g. commissioning model), plus partnership agreement with GMS, will be strengthened by the application of a site Memorandum of Understanding (MoU).
3. Deliverability of the Model of Care, e.g. may not be affordable/sustainable, or delivered within timescales.	Demand & Capacity financial modelling developed early and, specifically, workforce plans to support MoC further developed.



Main Risk	Counter Measures
4. Digital connectivity, data requirements and IT Infrastructure may not be adequate to deliver the programme.	Ensure alignment of business case to reflect Mid-Wales Growth Deal, user acceptability and capability, and installation of infrastructure and connectivity all addressed.
5. Inability to ensure the right workforce, is in the right place, at the right time.	Enabling Workstream established to facilitate sufficient workforce planning undertaken in good time, to enable adequate time for recruitment, and gap analysis for mitigation.
<b>External Environmental Risks</b>	
1. Issues relating to access, highways, planning permission or planning constraints.	Early engagement with the Local Authority Planning Department on the proposed site and to identify any issues relating to access, highways, planning permission or planning constraints.
2. Covid 19: <ul style="list-style-type: none"> <li>Impact on programme whilst responding to the pandemic;</li> <li>Impact on programme should there be an increase in new cases;</li> <li>Changes in working practices which underpin current thinking;</li> <li>Impact on clinical and office accommodation requirement.</li> </ul>	Early engagement with all contractors to mitigate impact. Ensure learning from COVID is applied to programme – ongoing links with renewals and recovery programmes in PTHB and PCC.
3. Response to requirements as part of the 'climate-change' agenda results in the build scheme becoming unaffordable.	Project management, governance and budget arrangements kept under constant review.
4. General market 'instability' results in the build scheme becoming unaffordable or unachievable.	Project management, governance and budget arrangements kept under constant review.
5. Brexit: <ul style="list-style-type: none"> <li>Impact on the programme caused by employment constraints</li> </ul>	Early engagement with contractors (supply-chain and construction) to mitigate impact, and with HR staff to establish an appropriate risk response.



Main Risk	Counter Measures
<ul style="list-style-type: none"> <li>Impact on the programme caused by supply chain limitations</li> </ul>	

### 2.1.10 Project Constraints

The project is subject to the following constraints:

- There is a floodplain to the north of the proposed Campus site that cannot be built upon (please note that a flood risk assessment has been undertaken against both the current and proposed TAN15 standards. The assessment indicates that a narrow area of the site alongside the River Severn can only be used for external play activities, but that the majority of the site is at a sufficiently high level that there are no constraints on development).
- The school must be constructed first, with the existing infant school and junior school open as usual until the end of the Summer term 2025 and the new Primary school opening in September 2025.
- The available site area is limited with little or no room for expansion as there are live services on site, any proposed build solution is constrained by existing site boundaries.
- The site has minimal access points (they only exist as entrances to the current buildings on site) so consideration needs to be given to access to the site and construction traffic during the build.
- The projects detailed within the programme should be flexible to respond to fluctuations in resource and available Welsh Government Funding.
- Works must be planned to have the minimum possible disruption to live services;
- A Campus will be built in phases, each phase dependent on the previous; plans will be put in place to mitigate the failure of any phase not proceeding. Each phase will be carefully planned in order to position services on the site to dovetail with the requirement to decant services and keep them operational.

### 2.1.11 Project Dependencies

The project dependencies are as follows:

- Political support at local and national level;
- Stakeholder support;
- Capital funding from Welsh Government and Powys County Council;
- Internal officer capacity;
- Capacity of other service areas to provide support;
- Planning permission and any other statutory consents that may be required;



- Broader programme, project and change management support to alter commissioning pathways.

## 2.2 Economic Case

### 2.2.1 Options Appraisals

#### 1. Scope Appraisal (the 'what')

#### 2. Service Solution Appraisal (the 'how')

- Options around utilities;
- Options around on site infrastructure;
- Options around off site highways infrastructure.
  - a. Service Solution: Model of Care**
    - No change – continue with existing models of care;
    - Optimised – redesigned models of care to deliver optimised service provision, workforce model, policies and processes e.g. Inpatient Hospital Stay: Step-up admissions - moderate or high frailty risk: average length of stay 28 days, 90% occupancy;
    - Aspirational – radically redesigned models of care to deliver best in class service provision workforce model, policies and processes e.g. Inpatient Hospital Stay: Step-up admissions - moderate or high frailty risk: average length of stay 21 days, 90% occupancy.
  - b. Service Solution: Location**
    - Multiple locations – Services not delivered in a Campus model, but delivered from a variety of different locations (at a town level);
    - Multiple Zones – Services not delivered in Campus model, but in a zoned model (i.e. a Health Zone, A Social Care Zone, A Housing Zone). These may be occur in multiple locations or in a single location (town level);
    - One location – all services provided at one granular geographical location (i.e. at a level lower than a town).
  - c. Service Solution: Organisational Integration**
    - Collocated services – A Campus where all buildings provide discreet services and there is no level of service integration;
    - Partially Integrated Campus – A Campus where some buildings have discreet use, while others form a shared space for service provision;
    - Fully Integrated Campus – A Campus where all buildings are shared spaces.



**d. Service Solution: Build**

- Refurbished – Existing buildings which have the same layout, but which have been renovated and redecorated;
- Remodelled – Existing buildings with structures changed, based on service need (e.g. existing building set up changed to best meet schedule of accommodation). May involve some new build extensions where existing footprint is not sufficient;
- New Build – Primarily or wholly new build construction.

**e. Service Solution: Utilities**

- Minimum – Use of predominantly grid services and adoption of common industry standard renewable energy generating and energy and water saving build technologies. Buildings are individually serviced.
- Intermediate – Increased provision of locally generated renewable energy and reduced grid consumptions, combined with market leading energy and water saving build technologies. Energy strategy for groups of buildings.
- Maximum – Use of predominantly localised renewable energy generation, localised energy storage and market leading energy and water saving build technologies.

**f. Service Solution: Site Infrastructure**

- Minimum – Minimum required parking for development, EV charging infrastructure deployed for 10% of all spaces. Site to include links to existing sewage network; multiple sources of energy on site.
- Intermediate – Optimised parking for development, EV charging infrastructure deployed for 20% of all spaces (plus infrastructure for increased future usage), disabled parking, limited staff parking and segregated active travel access, egress and storage facilities, plus dedicated pedestrian link through the site and public plaza. Site to include links to existing sewage network; single source of energy on site, with contingency plans in case additional energy is required.
- Maximum – Onsite multi story car park EV charging infrastructure deployed for 50% of all spaces (plus infrastructure for increased future usage), disabled parking, limited staff parking and segregated active travel access, egress and storage facilities, an access road through middle of the site, with accompanying pedestrian access and a public plaza. Site has dedicated sewage network. Wholly dependent upon a single energy source for the site.

**g. Service Solution: Highways Connectivity**

- Minimum – Maintain existing traffic networks, including blue light access.
- Intermediate – Existing traffic networks plus new entrance, linking the Campus to existing traffic networks from a new point on Park Street.



- Maximum – Reconfiguration of the local road network to open up the both the Campus site and town.

### 3. Service Delivery Appraisal

- In House – PCC and PTHB;
- Partnership – PCC, PTHB and Private Sector;
- Outsource – Private Sector partnership (PPP).

### 4. Implementation Appraisal

- Minimum – Zoned site built out in several phased developments;
- Intermediate – Zoned site built out in two phases delivering school in phase one and all other developments in phase two. School handover in 2025, remaining site handover in 2026.
- Maximum - Single construction phase delivering all units for handover in September 2025.

### 5. Funding Appraisal

- Public Funding – Existing Capital Programme and Welsh Government funding;
- Private Funding.

## 2.2.2 Options carried forward for Economic Appraisal

The mix of scope and service solution options carried forward for appraisal are:

- Option 1: Do Nothing – Status quo for existing core health and care services.
- Option 5: Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub.
- Option 6: Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre, Learning, Innovation and Community Hub, Assisted Living, Student Accommodation, GP Primary Care Services and 500m<sup>2</sup> Highstreet Primary Care Space.

In line with the service solution appraisal, options 5 and 6 are considered for delivery in one location through a new build partially integrated Campus, delivering an optimised model of care, on a site with new utilities and site infrastructure solutions. This is to be supported by a reconfiguration of the local road network to open up the Campus

The do nothing option is carried forward as a comparator only, as it does not meet the majority of either the Investment Objectives or the Critical Success Factors.



### 2.2.3 Economic Appraisal

The following table summarises key results of the economic appraisals for each option. Short-listed options were assessed over a 60 year to understand the Net Present Cost (NPC) and Equivalent Annual Cost (EAC) of each option.

**Table 2: Economic Appraisal Summary**

Discounted Cash flow (DCF) Summary Sheet		Inc. Optimism Bias		Excl. Optimism Bias	
Option No.	Option Name/Description	NPC (£m)	EAC (£m)	NPC (£m)	EAC (£m)
<b>Option 1:</b>	Do Nothing – Status quo for existing core health and care services.	163.0	11.08	161.3	10.97
<b>Option 5:</b>	Option 5: Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub.	354.4	13.51	342.00	13.04
<b>Option 6:</b>	Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre, Learning, Innovation and Community Hub, Assisted Living, Student Accommodation, GP Primary Care Services and 500m2 Highstreet Primary Care Space.	368.81	14.06	354.1	13.5

**DCF** = Discounted Cash flow, **NPC** = Net Present Cost, **EAC** = Equivalent Annual Cost

At this SOC stage the preferred option identified by the partnership is to deliver the solution:

- One location through a new build partially integrated Campus, delivering an optimised model of care, on a site with new utilities and site infrastructure solutions.
- This is to be supported by a reconfiguration of the local road network to open up the Campus.
- The preferred scope of services delivered through the campus is proposed to include, enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub (including library & H&C academy). The site will also include assisted living accommodation, with potential for GP Primary Services, space for Highstreet Pharmacy and student accommodation.



## 2.2.4 Preferred Site

Figure 9: Current site layout

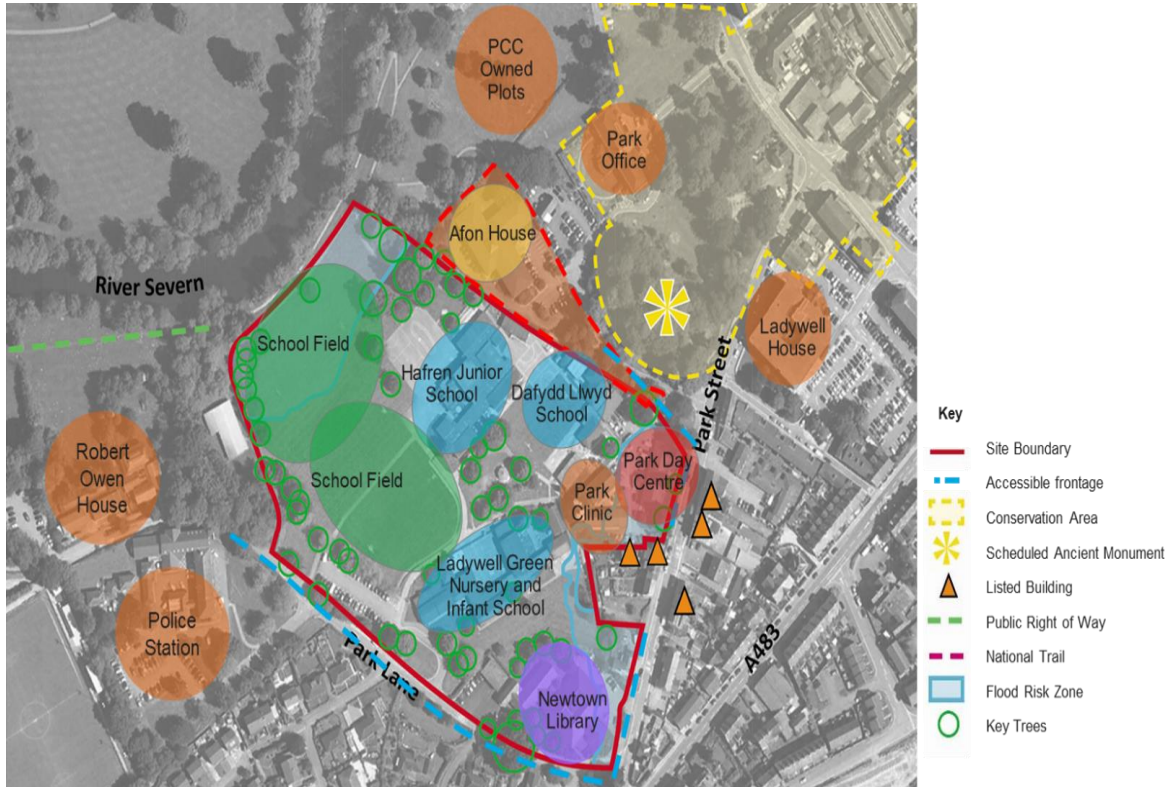


Figure 10: Components of the Campus model

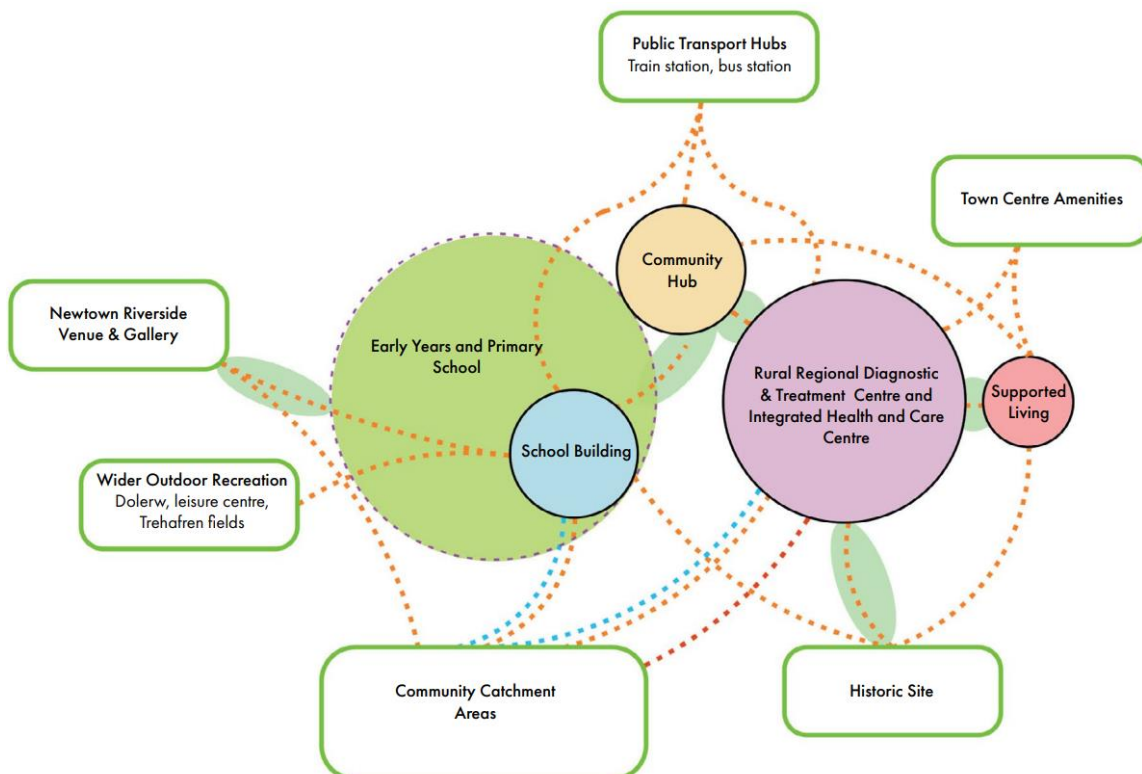


Figure 11: Proposed site plan

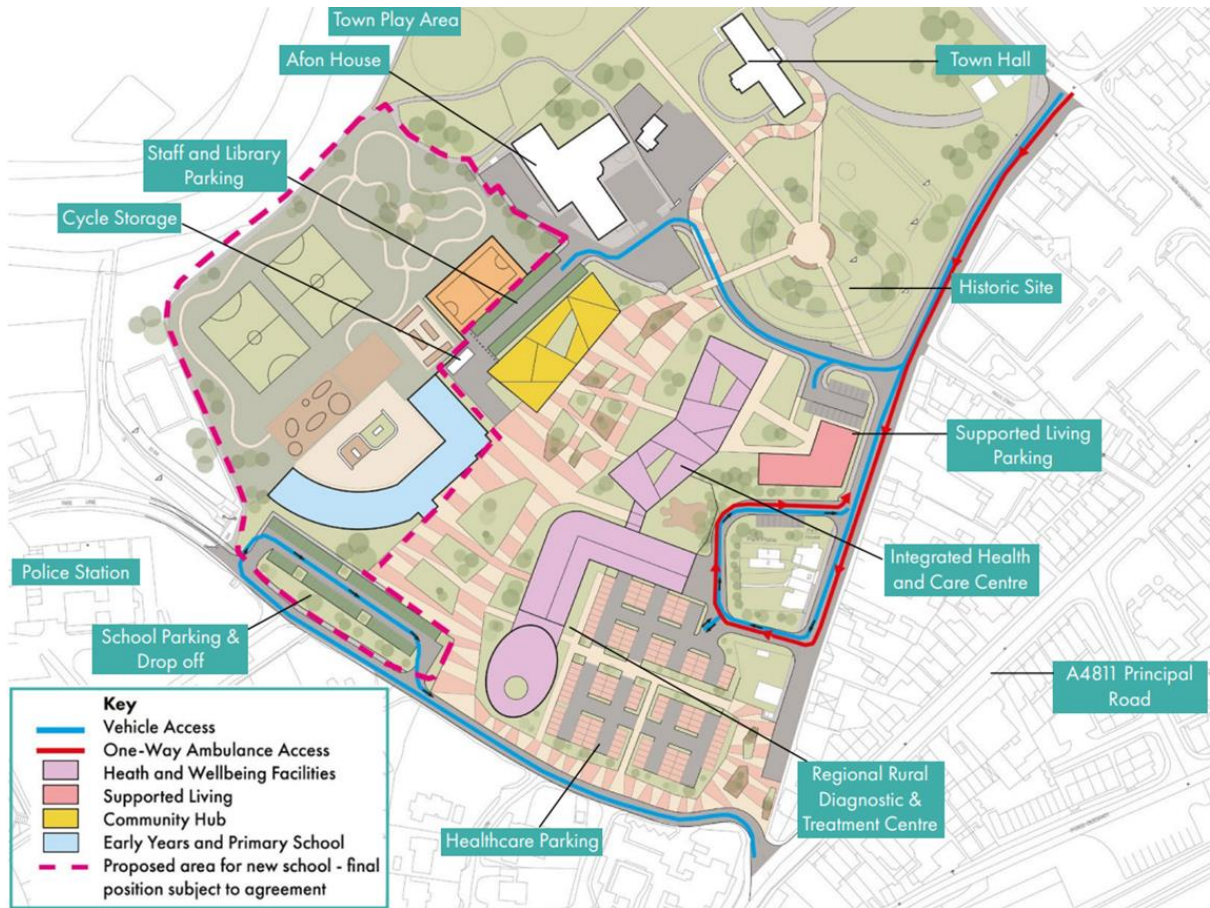


Figure 12: Potential campus renewables

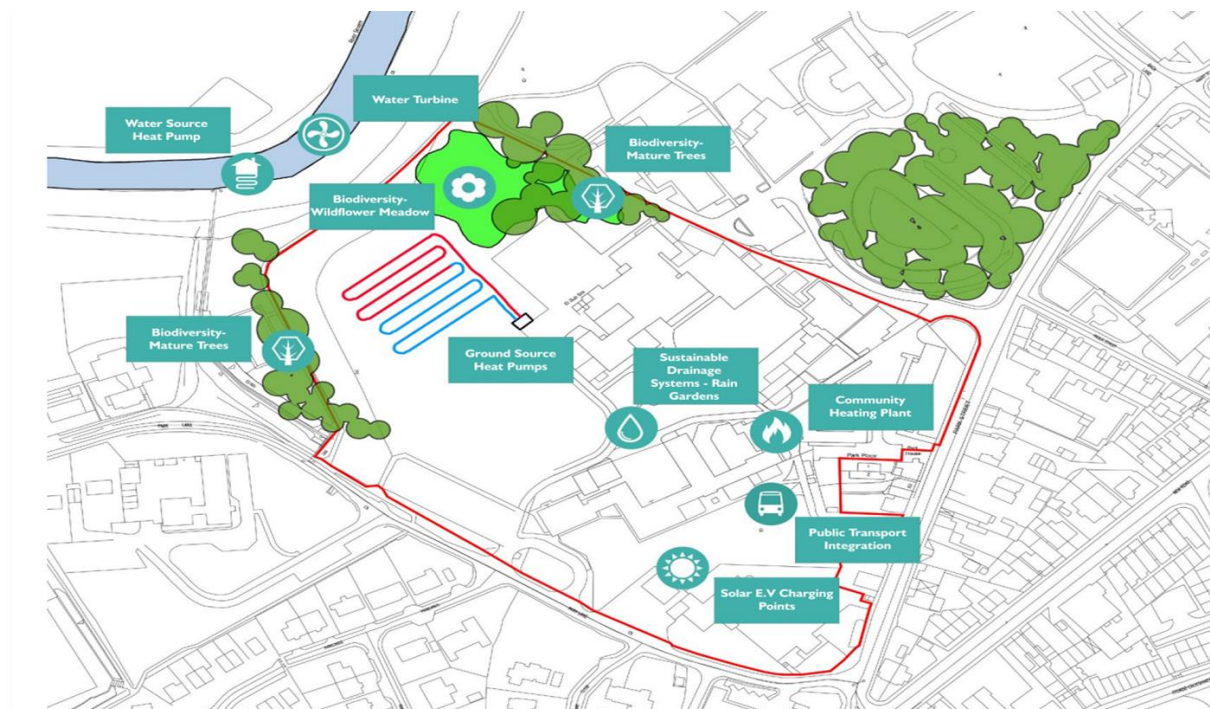


Figure 13: Illustrative arial view



Figure 14: Illustrative vista view



A core objective of the SOC is to demonstrate that the range of options above will “fit” on the site facilitating the desired campus style approach. Using the maximum scope derived from the preferred way forward, the potential configuration of the site has been tested.

Access, green and shared spaces, infrastructure and car parking are key to “unlocking” the preferred site and phasing requirements. School feasibility is underway and will shortly confirm the location of the school within the Campus.

**Figure 15: Site parcel development sequence**



## 2.3 Commercial Case

### 2.3.1 Procurement Strategy

This element of the scheme is an integral part of the overarching North Powys Wellbeing Programme and, as such, the procurement strategy needs to be agreed by all members of The Regional Partnership Board (RPB). A combined procurement exercise, to include the Health and Wellbeing elements of a Campus, as well as the Education and Library elements is the desired approach.

Discussions are underway with Welsh Government, to achieve the aim of a joint procurement, and to optimise the cost and time efficiencies resulting from avoidance of duplication of effort. The options available for a joint procurement are:

1. Building for Wales framework;
2. Welsh Government mutual investment model;
3. SEWSCAP framework;
4. Modular Build framework.



### 2.3.2 The specification of required outputs:

At this stage in the development, the following key appointments/specialist advisors are to be determined:

- Ecology surveys
- Site investigation and topographical survey
- BREEAM, Passivhaus or Zero Net Carbon alternative
- Demand and Capacity Modelling
- Masterplanning and transport planning
- Energy assessment and feasibility study
- The project team has had high level discussions with various consultants regarding the above, in order to inform the PBC, and these will be developed further as each project progresses.

## 2.4 Financial Case

**Table 3: Breakdown of Capital Costs**

Project Costs	
Capital Cost	£67,146,191
Optimism Bias	£16,115,086
Risk	£7,751,486
VAT (only to be included where non-recoverable by applicant)	£18,202,553
<b>Total Project Cost (inclusive of optimism bias and risk)</b>	<b>£109,215,316</b>
<b>Funding Body Contribution</b>	<b>100% funded by Welsh Government</b>

### 2.4.1 Capital and Revenue implications

1. Assumption at this stage, land purchase is offset by the sale of assets.
2. Increase in risk and optimism bias in response to the PBC scrutiny Grid and NHS SBS advice.
3. Increase in capital costs due general increase space required within the Schedule of Accommodation, and items that were not previously covered in the PBC (i.e. infrastructure costs and student accommodation costs).
4. Slight increase in revenue implications at this stage, which are anticipated to reduce following more detailed financial analysis at OBC stage.



## 2.4.2 Impact on the Organisations income and expenditure account

**Table 4: Impact on the Organisation's Income & Expenditure Account**

£,000s	Total Cost	Years (years 10-60) same as year 9									
		0	1	2	3	4	5	6	7	8	9
		2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31
<b>Preferred way forward:</b>											
New Build Capital	57.179		1.144	13.191	24.741	15.816	2.287				
New Build Infrastructure	9.967		4.984	4.984							
Revenue Cost	601.461	9.988	9.988	9.988	9.988	9.998	10.009	9.997	10.008	10.018	10.029
VAT	13.43		1.23	3.64	4.9	3.16	0.46				
<b>Total</b>	<b>£682.04</b>	<b>9.988</b>	<b>17.346</b>	<b>31.773</b>	<b>39.629</b>	<b>28.974</b>	<b>12.756</b>	<b>9.997</b>	<b>10.008</b>	<b>10.018</b>	<b>10.029</b>
Funded by:											
Existing Revenue	599.255	9.988	9.988	9.988	9.988	9.988	9.988	9.988	9.988	9.988	9.988
<b>Total Existing</b>	<b>599.255</b>	<b>9.988</b>	<b>9.988</b>	<b>9.988</b>	<b>9.988</b>	<b>9.988</b>	<b>9.988</b>	<b>9.988</b>	<b>9.988</b>	<b>9.988</b>	<b>9.988</b>
<b>Additional Funding Req.</b>	<b>83.024</b>	<b>0.000</b>	<b>7.358</b>	<b>21.785</b>	<b>29.641</b>	<b>18.986</b>	<b>2.768</b>	<b>0.009</b>	<b>0.020</b>	<b>0.030</b>	<b>0.041</b>
Cumulative Funding		0.000	7.358	29.143	58.784	77.770	80.538	80.547	80.567	80.597	80.638

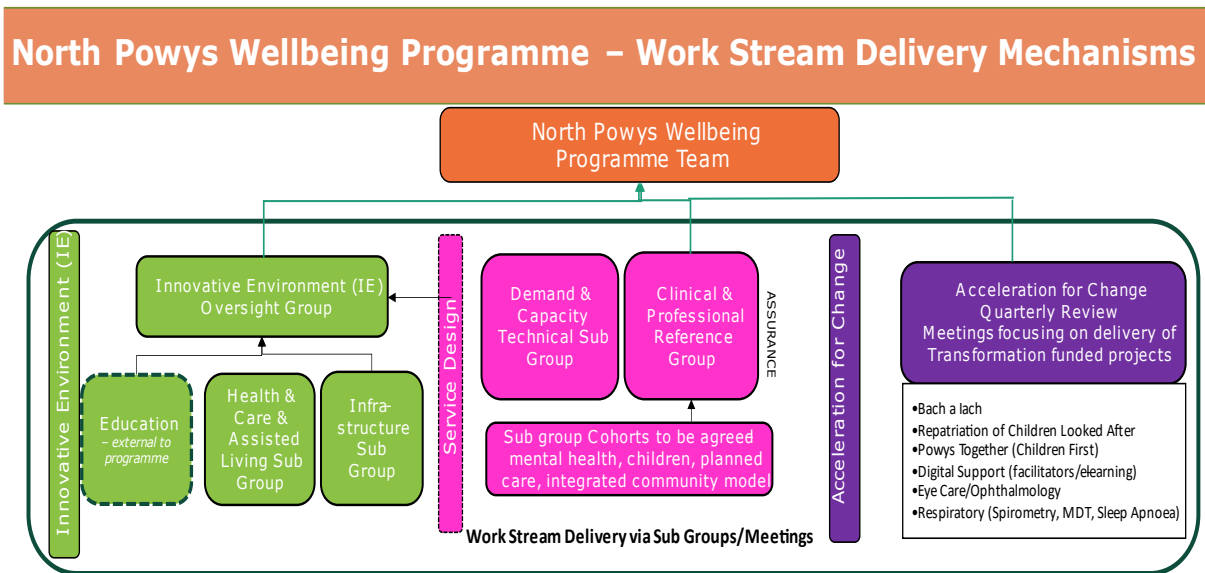
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## 2.5 Management Case

### 2.5.1 Programme Structure

The following figure details the governance regarding programme roles and responsibilities:

**Figure 16: Programme Structure**



### 2.5.2 Outline Project Plan

**Table 5: Outline Project Plan (of remaining items)**

Date	Actions (commencement)
09/2021	SOC Development
01/2022	Demand Capacity & Financial Modelling
07/2022	SOC WG Approval
07/2022	Final Integrated Model Evaluation Report
07/2022	OBC Development commences
11/2022	Ongoing Design Work in support of OBC/FBC
02/2023	OBC Sovereign body Approval
03/2023	Commence Procurement
10/2023	FBC Development



Date	Actions (commencement)
<b>03/2024</b>	FBC WG Approval
<b>04/2024</b>	<b>Phase Two</b> Construction & Implementation
<b>09/2026</b>	<b>Phase Three</b> Commission Building & Implementation

### 2.5.3 Project Management Arrangements

The project will be managed in accordance with the general principles of PRINCE2 methodology. The project management team comprises the Project Board, “Project Team”, the Project Manager and the Team Managers. This “team” is responsible for the day-to-day management and implementation of the project.

### 2.5.4 Benefits Realisation

Based on the benefits detailed in the Strategic Case, a benefits realisation plan will be developed detailing the management and delivery of benefits. This will be aligned with the Regional Integrated Fund National Outcome and Measures Framework and will ensure appropriate baseline and monitoring underpins programme delivery and is linked with the evaluation process.

### 2.5.5 Risk Management Approach

All Programmes/projects have an element of risk and there must be a proactive approach to risk management to balance risks against the potential rewards and a plan to minimise or avoid them. It is also acknowledged that taking some amount of risk will be inevitable to the success of the project.

The process for dealing with the management of risk for the preferred option follows the Health Board Risk Management Framework, which is signed up to by the partnership and supported by a Programme Risk Appetite Framework which has been developed specifically in the context of the North Powys Wellbeing Programme. This project will have a separate Risk Register with an escalation process feeding into the overarching Programme Risk Register and to Corporate Risk Registers across the partnership accordingly.

### 2.5.6 Risk Identification

Risk identification can occur at all levels of the project, whether from the project teams or the project manager regarding the sub-elements of the project, or from the Project or Overarching Programme Board (where external risks are identified). Initial risks will be identified through





structured workshops attended by the relevant experts and these risks will be captured in a formal project risk register document.

When a risk is identified, the project manager will be responsible for the day to day monitoring of the Risk Register.

### **2.5.7 Change and Contract Management**

Change management resource has been secured to support the whole system change required to underpin the delivery of the integrated model of care and wellbeing, achieve the required level of cultural change, and to ensure the outcomes and benefits of the health specific project and overarching North Powys Wellbeing Programme are achieved.

A combined programme and change management approach is being applied to delivery of the programme to support change and this is being linked with the evaluation approach to ensure transfer of learning and best practice across Powys. Independent evaluators have been appointed to support with evaluation, transfer and learning of the programme.

### **2.5.8 Stakeholder Engagement and Management**

The programme will follow the best practice guidance including that of the Consultation Institute and will utilise the quality assurance mechanisms wherever public consultation is required.

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.

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 the Third Sector);
- 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;
- 'Wellbeing providers' (ie third sector groups who are interested in being involved with the project');



- Site stakeholders (ie 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;
- Neighbouring acute health service providers.

Letters of support have been received from Campus partners, underpinning the Business Needs for the Campus.

### 2.5.9 Gateway Reviews

Generally, the programme will follow the Welsh Government Gateway Review Process.

The Partnership Board has recently completed a Programme Assurance Review (PAR), as part of an OGC Gateway 1 review. This provided an Amber rating – Demonstrating good leadership but recognised the need to re-engage since the pandemic, with funding and governance for the campus amongst the challenges raised.

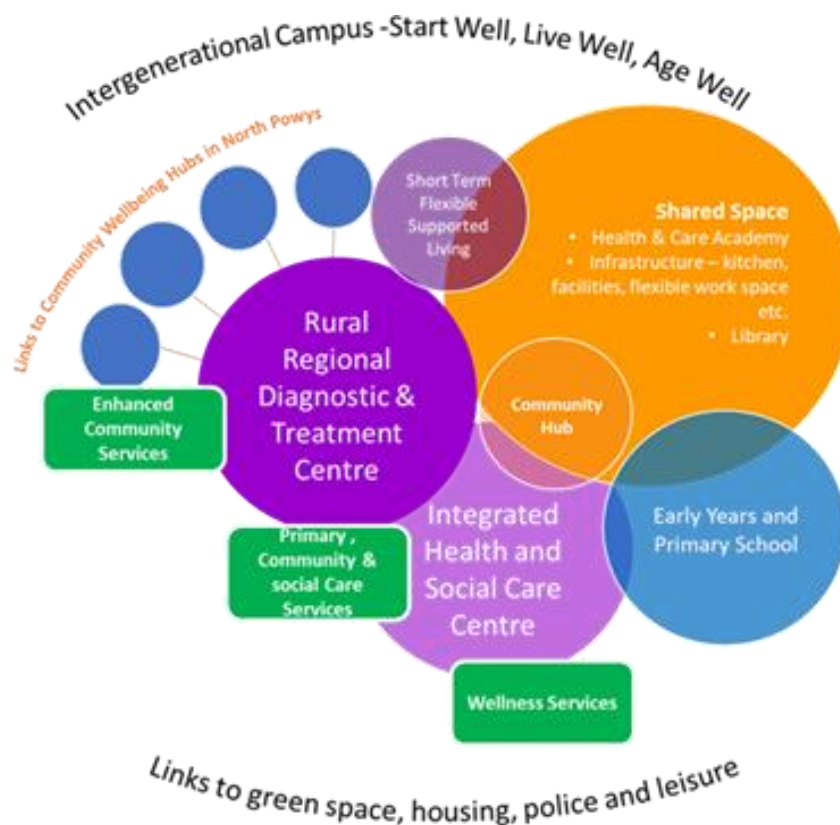
The majority of the recommend changes have been implemented and the Partnership Board confirms that it is prepared to complete the full suite of Gateway reviews as the business case moves from SOC to OBC, to FBC.

## 3 Strategic Case

### 3.1 Part A: Strategic Context

The purpose of this Strategic Outline Case (SOC) is to explore development of a new multi-agency wellbeing campus in Newtown, as a key part of the North Powys Wellbeing Programme (NPWP). This programme is a once in a generation opportunity to bring together partner organisations to enhance and transform the way health, care, community, wellbeing, library and education services are delivered in north Powys, while ensuring that there is a commitment to maintaining the strategic positioning of Bronglais Hospital (Hywel Dda) in Aberystwyth.

**Figure 17: Multi-Agency Wellbeing Campus Mode**



While this SOC focusses on the Health, Care, Wellbeing and Infrastructure elements of a new Campus in Newtown, rather than the programme as a whole, it is endorsed and sponsored by the Regional Partnership Board (consisting of Powys Teaching Health Board, Powys County Council and the Third Sector), and recognises the dependencies, synergies and benefits as they relate to a campus. The campus is a key enabler in delivering the transformational change as set out in the NPWP programme to improve wellbeing, integrate services and bring care closer to home (see Appendix F)



The Regional Partnership Board are fully committed to the delivery of a new integrated model of care for north Powys which includes a new Rural Regional Treatment and Diagnostic Centre and Integrated Health and Care Centre to enhance the local service offer. Please note that previously, in the Programme Business Case, these elements of the Campus were referred to as the Rural Regional Diagnostic and Treatment Centre and Integrated Health and Care Centre (respectively).

In addition, enhanced community and wellbeing services will be delivered through a learning, Innovation and Community hub including library services and a Health and Care academy and the provision of specialist housing. All of which are in line with the Health and Care Strategy: 'A Healthy Caring Powys' which was agreed in 2018.

"A Healthy Caring Powys" is fully aligned with PCC's Vision 2025 and PTHB's Integrated Medium Term Plan. To support delivery of the programme, Transformation Funding was secured from Welsh Government in mid-2019, enabling the delivery of the long-term change associated with the new integrated model of care, which includes a new Campus in Newtown, as well as short-term areas of acceleration of change in relation to new ways of working that can be implemented now to deliver the new integrated model of services.

The scope of the overarching programme includes:

- The testing and delivery of a new integrated model to a rural population which focuses strongly on evidence based innovative practice to deliver the highest value and efficient system.
- The development of a multi-agency wellbeing campus in Newtown, which includes education, housing, health and social care and leisure/wellbeing activities.
- Working with local communities to co-design and address the practical implementation of a new integrated model, which is based on future needs, addressing "what matters" to people, has ownership by communities, and builds the capacity of individuals and communities to develop and evolve formal and informal community services, that enable people to live independent and healthier lives.
- Effective learning, evaluation and transfer, acting as a flagship scheme to support the broader roll out of a new integrated model across Powys.

The programme aims to bring partners together across education, health and social care, housing and third sector, with opportunities for further linkages to leisure, police, fire and ambulance services. It will also maximise essential links with green spaces through Open Newtown, as well as the town centre supporting Welsh Government's initiative "Town Centres First".



### 3.1.1 Organisational overview

The **Strategic Context** provides an overview of PTHB/PCC and the current services being delivered in north Powys. This section confirms that there is a strategic fit between the proposed Campus and national/local policy and objectives and that the programme supports the proposed vision for service delivery and changes in activity.

#### 3.1.1.1 Powys County Council

PCC is responsible for delivering a range of services to approximately 132,000 residents across Powys and has a strong vision for the future, with four strategic priorities which focus on the economy, health & care, learning & skills, and residents & communities. It is one of the largest employers in Powys delivering health and social care services, education, highways and leisure. Some of the services PCC delivers include:

- Social care (including adult and children's services)
- Schools and Nurseries (Early Years Education, Childcare offer, Flying Start)
- Construction and maintenance of roads, parks and other infrastructure
- Planning and building control services
- Waste collections
- Environmental Health
- Libraries
- Housing (including homelessness)
- PCC receives money in three ways:
  - Welsh Government
  - Income raised through fees and charges
  - Council tax

Key challenges for PCC include:

- Continuing to manage demand for social care whilst achieving significant financial savings as well as improving societal outcomes in a range of areas, including health, education and the economy.
- A need for more affordable, energy efficient housing. In Powys, 3500 people are listed on the Council's housing demand register. 48% of social housing properties have a low energy EPC rating (rating D-C), focus is needed in this area to tackle climate change and affordability of energy.
- The inflated cost of living in a rural area.



- 4088 families with children are living in absolute poverty in Powys (income is below 60% of median income).
- The average household income in Powys is £33,458 with 55% of households in the county earning below the Welsh average.

The ongoing Covid-19 pandemic has already, and continues to, cause unprecedented disruption to the economy.

Key to achieving sustainable financial savings whilst improving societal outcomes will be keeping people safe and independent at home through increased use of digitally enhanced services and more integrated ways of working, as well as increased wellbeing and early help and support to reduce demands on statutory provision. This programme will support the integration of community wellbeing services, to improve health outcomes and reduce health inequalities for residents in deprived communities in north Powys, thus reducing the need for admission to hospital and care homes in the future.

Since early 2018, PCC has been working with schools in Newtown to develop plans for the development of a schools' infrastructure which will strengthen local communities. A primary aim of this programme is to integrate an "all through" primary school (which is to be developed following the merger of an infant school and junior school in Newtown) into the Campus in line with PCC's Strategy for Transforming Education in Powys 2020-2030, which states that new developments should support community-focussed schools which act as a central point for multiagency services to support children, young people, families and the community.

### **3.1.1.2 Powys Teaching Health Board**

Like PCC, PTHB is one of the largest employers within Powys and shares many of the same challenges in terms of delivering diverse services across a large and sparsely populated rural region. The population base and rurality of Powys means that it is not viable to provide secondary care services via a District General Hospital. PTHB is responsible for commissioning secondary health care and hospital services and co-ordinating the delivery of primary care services. The greatest volume of patient flows for acute care are to the neighbouring District General Hospitals around the county's borders. The rural geography of Powys and the complex commissioning arrangements are key factors in bringing care closer to home. A co-ordinated whole system approach is required to manage the complexity of these commissioned services especially in the context of increased population waiting times for District General Hospital services across Wales and England.

- PTHB also directly delivers community care services including (but not limited to):
- District nursing
- Child health (e.g. community paediatric nursing, health visiting, school nursing, safeguarding)



- Mental health (e.g. older people's, adults, CAMHS, dementia home treatment team, memory assessment services) and learning disabilities (e.g. Integrated Autism Service, adult LD,
- Women's services (e.g. antenatal care, birthing centres, family planning)
- Therapies (e.g. physiotherapy, occupational therapy, speech and language, podiatry, audiology, MSK CMATS).

### 3.1.1.3 Working in Partnership

The Partnership serves the same population, largely experiencing the same challenges and opportunities of the sparsely populated, highly rural county. The Partnership have a track record of working together to develop services for the people of Powys and have a history of working with communities and other stakeholders and partners to deliver improvements. Powys is also the first region in Wales to have an approved joint Health and Care strategy 'A Healthy Caring Powys', a ten year co-produced strategy which was published in 2017.

PCC and PTHB are key partners in the Regional Partnership and Public Service Boards. Integrated working is a key priority with a series of Section 33 arrangements embedded bringing teams together to deliver integrated backroom and frontline services including:

- Reablement
- Community equipment
- ICT
- Glan Irfon (short stay residential beds for rehabilitation)

The impact of this integration is to shift the balance of services towards an increased emphasis of wellbeing, early help and support and to provide more joined up care when people need to access services. This is being demonstrated across Powys, including developments such as those at Bro Ddyfi Community Hospital in Machynlleth as well as within Newtown where partners are already working together to improve wellbeing. There are many initiatives where the community is being drawn together in Newtown, with linkages to the school, police, PAVO, Open Newtown and many other partners across the system.

In order to facilitate this partnership, a Memorandum of Understanding has been developed and can be seen in full at Appendix E. The purpose and principles of which are as follows:

The system will work together in creating a high quality, purpose-built multi-agency wellbeing campus development, accommodating a new school and playing fields, Rural Regional Treatment and Diagnostic Centre and Integrated Health and Care centre for health, specialist housing, Library and Health and Care Academy in Newtown. Shared and linked space and facilities will be an essential underpinning commitment.

The system agrees to observe the following principles for the MOU and campus development:

- Cost effective public purse



- 'Do once' with no duplication
- Commitment to decarbonisation and biodiversity
- Deliver benefits from synergies and shared approach

Whilst services have been significantly disrupted through the pandemic, the partnership has committed to the provision of essential/business critical services. Health and care staff and patients/service users have however had to adapt quickly to different approaches to accessing and delivering services.

The use of digital technology, phone and email access and provision has increased the ability of the system to support patients. E-learning platforms are being developed to support people with long term conditions/pain management and support recovery i.e. prehab. There is an increase in use of technology to support individuals and their families, enable people to take greater control, and live independently for longer by preventing hospital admissions and preventing premature moves to residential care, and we have been providing remote treatment and care for people with mental health conditions and learning disabilities.

Where 'face to face' services have been provided, the environment of care has had to change to accommodate the safety measures required. It must be acknowledged that this has caused challenges and both staff and patients/service users have needed to be flexible and patient. It has also meant that the numbers of people being seen has been more limited, sometimes leading to longer waiting times and making access to care and support more difficult.

Learning and reflections from the ongoing pandemic demonstrate that virtual contact and remote communication has its benefits for patients/service users and staff with increased flexibility of choice and access, and easier collaboration with wider team members and partners across geographies. There was also clear learning on preparedness including PPE, IT, procedures, skills and capabilities for crisis. Great adaptability and strength has been shown across the system, with a strong and renewed sense of shared commitment and a greater sense of the word 'community'. Additionally, there is a clear drive for new ways of working, quality improvement and innovation in order to refresh and renew the system.

#### **3.1.1.4 Powys: The Rural County**

Powys is predominantly rural in character, covering 25% of the land mass of Wales with only 5% of the population making it the most sparsely populated county in England and Wales, with just 26 persons per square kilometre. This leads to many particular challenges, including those of isolation, transport demands and lack of critical mass. It is widely recognised that some of the major determinants of health such as physical and social isolation, deprivation, access to transport services, poor housing and lower than average earnings, impact disproportionately on rural communities.





### 3.1.2 National Policy Drivers

Nationally, this scheme 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, especially in relation to the ambition set out by Welsh Government in becoming a Net Zero Carbon Public Sector by 2030, as advocated within the 'Prosperity for All: A Low Carbon Wales 2019'.

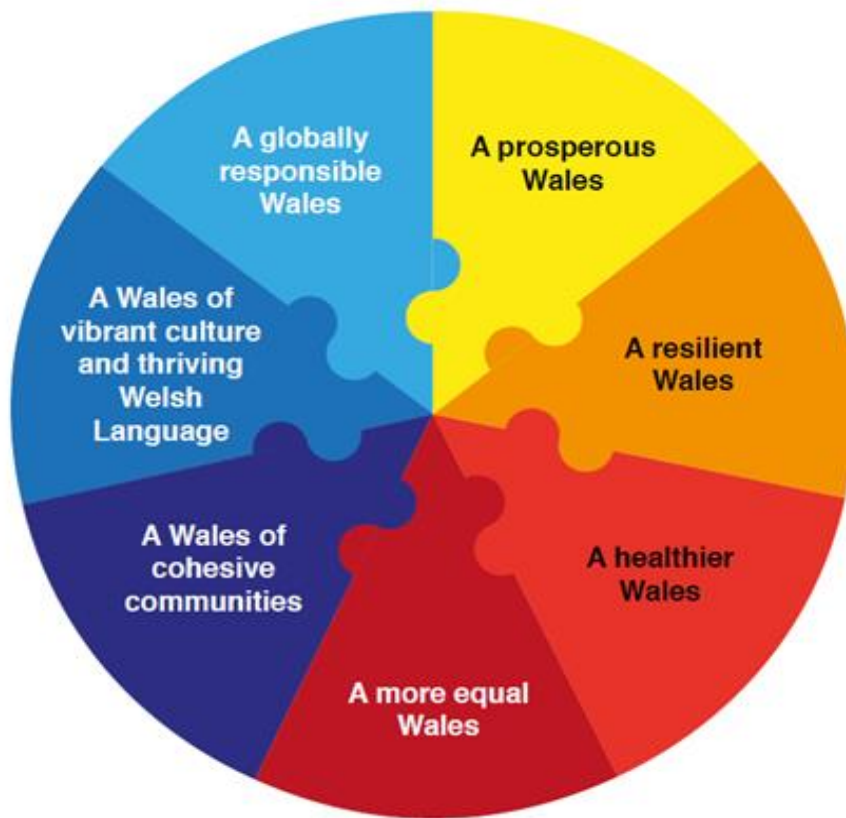
#### 3.1.2.1 The Well-being of Future Generations (Wales) Act 2015

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 (see figure 2 below).

By considering the seven 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.

**Figure 18: Well-being Goals**



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. The five ways of working will provide a framework for the programme as follows:

**Table 6: Key ways of working in the context of the NPWP**

5 Key Ways of Working	North Powys Wellbeing Programme
Long-Term	Developed within the context of the Powys Wellbeing Plan setting out what the Public Service Board wants Powys to look like in 2040
Prevention	Key focus on wellbeing and the provision of early help and support, healthy lifestyles, early years and maintaining independence
Integration	Joined up services to improve people's experiences, through new models of care, co-location and integration of services
Collaboration	Collaboration between communities, public, partners, universities and other organisations to deliver greater benefits and opportunities, involving health, care and wellbeing



5 Key Ways of Working	North Powys Wellbeing Programme
Involvement	New models of care, services and facilities co-produced with communities, public, partners, and other organisations around “what matters most to the individual”

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.

### 3.1.2.2 NHS Wales Planning Framework (2022 – 2025):

This is particularly relevant due to the Ministerial priorities set out in July 2021:

- A Healthier Wales - as the overarching policy context
- Population health
- Covid - response
- NHS recovery
- Mental Health and emotional wellbeing
- Supporting the health and care workforce
- NHS Finance and managing within resources
- Working alongside Social Care

All of these priorities are addressed by the proposals within this document and the overarching scheme, addressing issues such as Health equality, digital technology and innovation, providing care closer to home and the focus on the mental health and wellbeing of people in North Powys.

### 3.1.2.3 The other key national drivers for this project are:

- Welsh Government: Programme for Government (2021-2026)
- A Healthier Wales: Our Plan for Health and Social Care (2019)
- Prudent Health Care (2015)
- The Social Services and Wellbeing Act (2014)
- National Development Framework 2020-2040
- National Clinical Framework: A Learning Health and Care System 2021
- Primary Care Model for Wales 2019
- The Environment (Wales) Act 2016
- NHS Decarbonisation Strategic Delivery Plan 2020/2030
- The Public Health (Wales) Bill (November 2016)



- Taking Wales Forward (2016-2017)
- Prosperity for All: A Low Carbon Wales, 2019
- Prosperity for All: The National Strategy (Wales) 2017
- The Housing (Wales) Act 2014
- Additional Welsh Guidance.

There is also a link to the 21st Century Schools and Education Programme, operated by Welsh Government, as the school will form an integrated part of a campus.

More detail about each of these National Policy Drivers and how this programme will respond to these drivers can be found at Appendix F.

The Covid-19 pandemic has exacerbated the pre-existing problems which exist in diagnostics, urgent and planned care. The backlog of the number of patients waiting needs to be tackled with a major expansion and reform of diagnostic services to help facilitate recovery and meet the rising demand across multiple aspects of diagnostics. There is a national drive to encourage new facilities and equipment, together with a significant increase in the diagnostic workforce in order to support this. Skill-mix initiatives and the establishment of new roles working across traditional boundaries with more apprenticeships and assistant practitioners and using qualified staff at the top of their licence will be essential as we learn lessons from staff flexibility and roles undertaken during the Covid-19 pandemic.

### 3.1.3 Local Policy Drivers

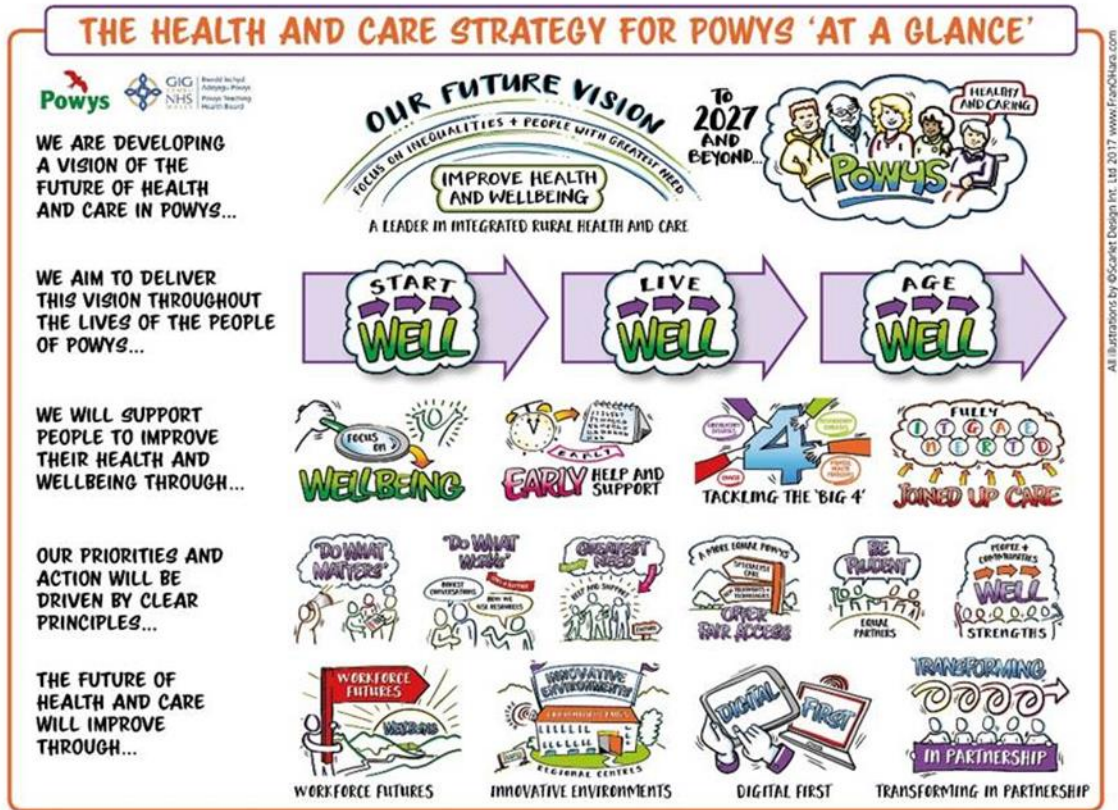
Locally, this project supports the objectives of “A Healthy Caring Powys” and supports a move to a “Carbon Positive Powys” as set out in the Public Service Boards Wellbeing Plan and the emerging Regional Energy Plan. The key local drivers for this project (and overarching programme) are:

#### 3.1.3.1 The Health and Care Strategy: A Healthy Caring Powys

The strategy builds on the early insights from the Powys Well-being Assessment and is the vision for Health and Care in Powys, which also forms a key component of the Powys Well-being Plan. The strategy sets out the direction of travel for health and care in Powys to 2027 and beyond. The vision for the future is ‘a Healthy Caring Powys’ to be delivered throughout people’s lives to enable children and young people to “Start Well”, for people to “Live Well” and older people to “Age Well”.

The Strategy sets out an integrated model of care predicated on a network approach of Care closer to home; Integrated Health and Care Centres within key market towns; three Rural Regional Treatment and Diagnostic Centres to provide more enhanced services within regions of the county; and out of county to access acute and specialist provision.

Figure 19: Health and Care Strategy

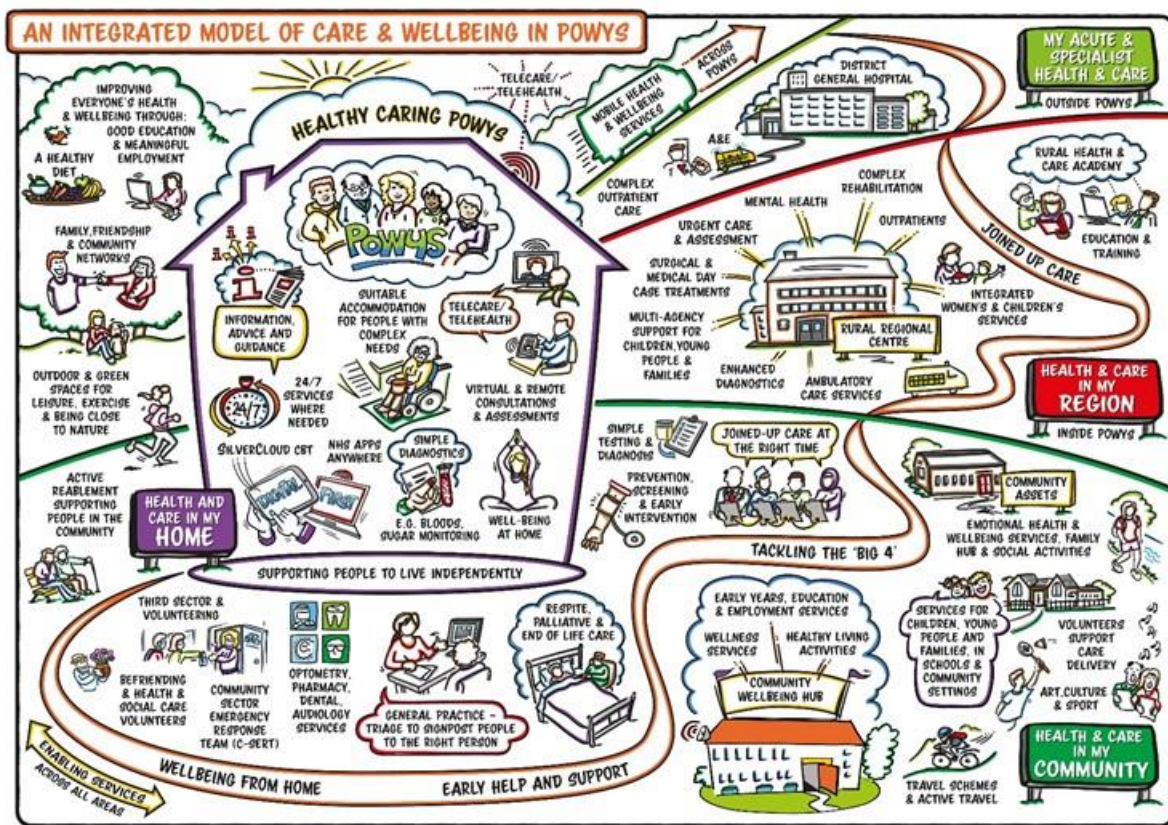


### 3.1.3.2 Integrated Model of Care and Wellbeing

The proposed scheme and associated model of care is fully aligned to delivery of the Welsh Government’s “A Healthier Wales: Our Plan for Health and Social Care”. The RPB is seeking to shift the balance of urgent care, outpatients, day cases, diagnostics and elective inpatient services to a primary and community care settings to improve access and quality of care within Powys, and reduce demand and dependence on high-cost intervention services through alternative approaches. This is becoming increasingly important and forms part of the RPB’s longer term response to the pandemic in addressing the backlog and future needs of the population for planned care services through more local and flexible provision.

The integrated model of care and wellbeing is a once in a lifetime opportunity to transform health and care services for the population in the rural heart of Wales, as well as harnessing and accelerating the opportunities for digital advances. The model is also part of a Wales-wide response to the increasing demands and new challenges facing the NHS and social care, which includes an ageing population, lifestyle changes, public expectation, emerging medical technologies and the ongoing effects of the Covid-19 pandemic. The model will deliver on the ambition for ‘A Healthier Wales’ to enable health and social care systems to work together, to help people live well in their communities, meet their health and care needs effectively and provide more services closer to or at home, so that people only need to use a hospital for treatment that cannot be provided safely anywhere else.

Figure 20: Integrated Model of Care and Wellbeing



The new integrated model of care and wellbeing will promote independence and self-care where possible, use voluntary sector and social networks and increase green and social prescribing so that people can take part in more community-based activities. It will provide one-stop universal and targeted early and primary prevention services at Integrated Health and Care Centres and Integrated Health and Care Centres bringing services together to improve health outcomes and reduce inequalities. This joined up approach will:

- increase and improve multiagency working across all sectors,
- provide early intervention, multi-agency services for families who are most in need
- provide activities that help children develop resilience as they move into adulthood
- better understand people's lifestyles so resources can be targeted to meet need and reduce the impact of clinical and social risk factors
- provide 24/7 urgent care in our communities,
- coordinate care to prevent unnecessary hospital admissions and help people return home as soon as possible after a necessary hospital admission.
- support people with complex needs to live independently for as long as possible
- provide more local accommodation so that fewer children and adults are placed out of county.



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

- An evidence-based and value-based and outcome-focused 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 to support current workforce pressures, the medical model and the digital enablement of care provision closer to home
- A new clinical approach which places maintenance of health and wellbeing, and also prevention, at the heart of the discussion with social measures of health improvement.

These drivers will be realised through the following approaches:

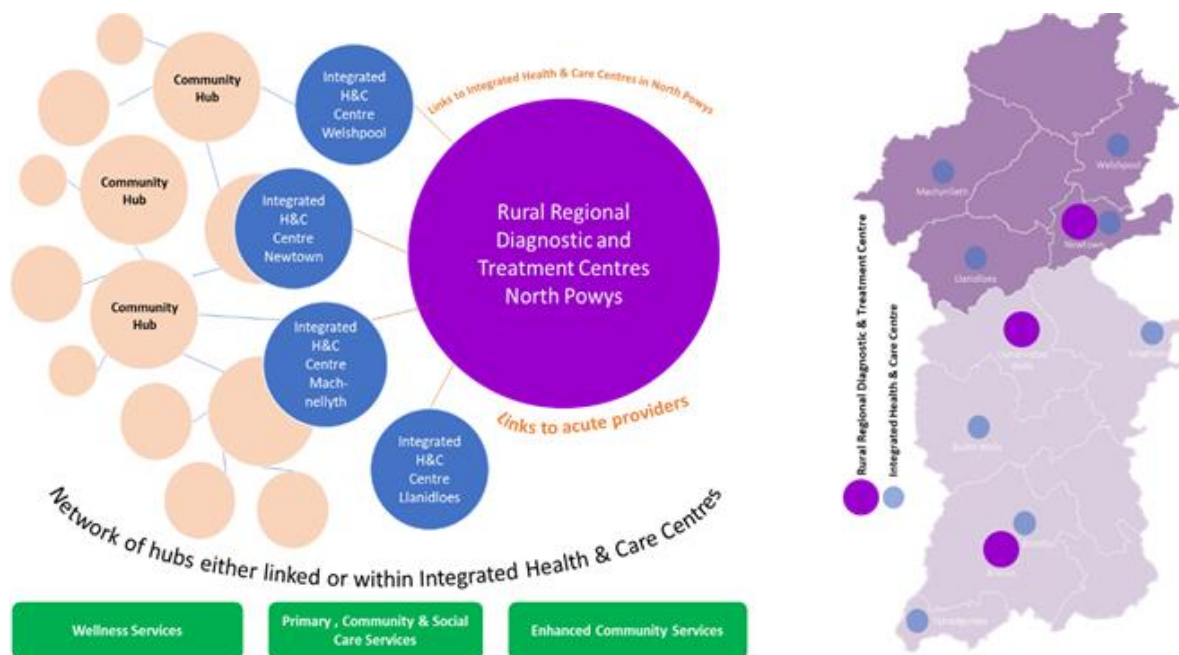
1. Diagnostics provision forms a part of all of our transformation engagement programmes and the diagnostic value challenge will focus on:
  - Diagnostics that enable care to be delivered closer to home
  - Early decision making to enable better value-based clinical decision
  - Access to local alternate clinical diagnostic and early management pathways constructed through dialogue
  - Reductions in transfer for urgent care
  - Reductions in transfer to planned secondary care pathways
  - Early diagnosis of cancer and serious chronic disease
2. We believe that the full range of community assets to improve population health is currently not being realised and that transformational approaches are necessary. New ways of working will include:
  - Organising and co-ordinating care around people's needs, via multidisciplinary teams of professionals spanning health and social care are needed to deliver better population health
  - Meeting physical health, mental health and social needs in the round. This will need consideration of agile flexible roles and to be also aligned with a national social prescribing scheme
  - "Best in class" co-ordination and utilisation of all the community's assets based on evidence – centring on an online directory of local community resources as the mechanism to signpost right care provision
  - Enable professionals to work together across boundaries utilising digital technology as an enabler
  - Build in access to specialist advice and support, e.g. specialist palliative care, psychological advice etc
  - Focus on improving population health and reducing inequalities by tackling preventable causes of ill health especially in vulnerable groups and community support for younger people
  - Empowering people to take greater control of their own health and care and certain high-risk groups to set health goals in order to help promote behaviour change
  - Design new delivery models to support and provide for older, more vulnerable adults with a high degree of frailty

- Make whole system, community-based engagement the central element of the new system. Learning from UK evidence-based examples as well as international exemplars.
- Demonstrate positive work with our third sector partners with an outcome focused approach to enable the creation of social and public value.

The multi-agency wellbeing campus is a key enabler and will facilitate the delivery of the Integrated Model of Care and Wellbeing and embed meaningful change, bringing partners together across education, health and social care, housing, community development and third sector, with opportunities for further linkages to leisure, police and ambulance service. The facility will provide early help and support for those most in need, supporting children to start well, people to live well and age well and help communities become self-sustaining and more resilient through its focus on children and young people and on wellbeing activities.

A primary aim of this programme is to support the development of a Rural Regional Treatment and Diagnostic Centre in Newtown, a key priority of the Integrated Medium-Term Plan 2019/20-2021/22 (IMTP). Rural Regional Treatment and Diagnostic Centres are already under development within existing healthcare buildings in Llandrindod Wells and Brecon, and the development of this model in Newtown will create a central spine through Powys, focussing on enhanced and extended local diagnostics, planned and ambulatory care services to reduce inequity of the current offer, improving care closer to home and maximising the range of services which can sustainably be delivered in a rural primary and community setting in county. Provision of CT and MRI capacity is a critical component of the model of care to facilitate proactive assessment and urgent care, and to support local provision of effective elective and outpatient care.

**Figure 21: Central Spine of Rural Regional Treatment and Diagnostic Centres**







Investment in new facilities and digital technology will enable significant repatriation of services from acute hospital to include additional urgent care services, outpatient services, surgical and medical day cases, enhanced diagnostics and inpatient services – support value based healthcare and care closer to home.

### **3.1.3.3 Powys: Workforce Futures - Health and Care Strategic Framework**

A Campus would support the development of a satellite Health and Care Academy which will enable Powys to “grow their own workforce” and to attract people to come and work in Powys by being an innovator in rural practice. In January 2020, the RPB approved a Joint Framework for the Powys Health & Care Workforce, this is closely aligned to the NPWP and will be key to developing a sustainable workforce to underpin the new integrated model of care.

Also in 2020, Integrated Care Funding (ICF) was secured to upgrade Basil Webb Hall (located at Bronllys Hospital) to provide a Health and Care Academy. The facility will act as a ‘hub’ for South Powys and would be supported by a further ‘hub’ which would form part of the North Powys Wellbeing Campus. Further detail can be found in paragraph 2.1.3 below.

The Powys Workforce Futures Health and Care Strategic Framework is a key enabler of the Health and Care Strategy; A Healthy Caring Powys and is designed to ensure there is a strong, cross sector workforce to help improve health and wellbeing for the people of Powys. It also responds to the Quadruple Aim of the Healthier Wales: Our National Plan for Health and Social Care in terms of achieving ‘a motivated and sustainable health and social care workforce’.

### **3.1.3.4 Powys Environmental Policy**

In line with Welsh Government’s Seven Wellbeing Goals, PTHB’s ISO14001 (2015) accredited Environmental Management System and Estates Decarbonisation Plan are both effective systems for driving through and monitoring the changes needed to help meet government ambitious environmental targets as set out in the Environment (Wales) Act 2016.

This scheme also has links with the Strategy for Transforming Education in Powys 2020-2030, as Education will form an integral part of a Health and Wellbeing Campus. The significance of Education to this scheme (and overarching programme) is that it also includes a number of Enabling Actions, which will support the implementation of the Strategic Aims, one of which (EA1) is the implementation of a major capital investment programme that will ensure that schools in Powys have inspiring, environmentally sustainable buildings that can provide opportunities for wider community activity, including where possible childcare, early years, ALN, multi-agency support and community and leisure facilities. This will also include developing a reliable high-quality digital infrastructure.

### **3.1.3.5 Red Kite Climate Vision & Strategy**

The Red Kite Vision and Strategy shows the urgency for change. Creating a region that retains talented people through high skilled and innovative projects which draw national and wider attention, including funding and building the local economy, delivering on each of Powys County Council’s four pillars in *Vision 2025* and strengthening them.

Climate is a key part of an organisation’s transformation, strengthening and enhancing the established vision and supporting a new way of working. In doing this, we achieve vital work.



We save lives, improve livelihoods, and offer a realistic and aspirational vision of sustainable living in Powys.

### 3.1.4 Response to Policy and Strategic Drivers

In summary to the strategic drivers outlined above, the RPB is working towards a model of care and Campus, which aims to:

- further develop the integrated delivery of community-based services
- reduce carbon emissions by addressing compliance and backlog maintenance issues and embracing less carbon intensive technologies
- develop an estate that is fit-for-purpose and better meets service needs
- maximise opportunities to deliver integrated services as close as possible to where people live
- make best use of the resources available
- reduce commissioning costs for out-of-county providers by striving to bring as many services back into Powys as possible
- deliver services in county where it is both safe and appropriate to do so
- extend the range and volume of services available
- ensure children and young people get the best start in life to enable them to become personally fulfilled, economically productive, socially responsible and globally engaged citizens

#### 3.1.4.1 PTHB and PCC Capital Developments

In response to the strategic objective to develop an estate that is fit-for-purpose and better meets service needs, PTHB has completed a Strategic Outline Programme to outline a five-year programme of capital investment to address the considerable concerns in respect of health and safety compliance in the health board's estate. During 2022/23, PTHB will continue to develop a long-term estates strategy building on the Health and Care Strategy to ensure the best use of the current built environment and ensuring that opportunities to deliver modern fit-for-purpose facilities across the public sector footprint is achieved for the citizens of Powys. The following capital developments are already completed/underway:

- Brecon War Memorial Hospital Development - Rural Regional Treatment and Diagnostic Centre (South Powys) (£2M)
- Llandrindod Wells Community Hospital Development - Rural Regional Treatment and Diagnostic Centre (Mid Powys) (£10M)
- Bro Ddyfi Community Hospital Health and Wellbeing Project – Integrated Health and Care Centre (£15M)
- Powys Health and Care Academy, Bronllys (£1M)



- 21st Century School Programme Developments (£56M)

While Education on the Campus will be subject to a separate SOC, it is important to understand within the broader context of the Local Authorities achievements in this area. During Phase A of the 21st Century School Programme, nine school building projects were completed in Powys, with almost £56m being invested by PCC and the Welsh Government as part of the programme's first wave of investment. One high school and seven primary schools have been built and another primary school refurbished.



### **Digital Developments**

Several opportunities are already being developed within the digital space including:

- Supporting Digital Ambulatory Care – virtual clinics for outpatients enabling enhanced connection between primary care clinicians and secondary consultants to ensure optimum clinical pathway management.
- Use of MS Teams is enabling more integrated working in a timely way (such as virtual consultation and bed management) but does not negate the need for some face to face meetings.
- E-learning platforms are being developed to support people with long term conditions/pain management and support recovery i.e. prehab.
- Increase in use of technology to support individuals and their families, enable people to take greater control, and live independently for longer by preventing hospital admissions and preventing premature moves to residential care.
- Provide remote treatment and care for people with mental health conditions and learning disabilities.



- Increase digital therapies and online support.
- Delivery of technology enabled care to support people in their homes to live independently.
- Use of immersive technologies such as augmented reality to provide health and care services
- Developing use of LoRaWAN IOT to provide connected care to people's homes
- Provision of immersive meeting technology to provide inclusive patient/client support reducing the need for experts to travel.

A digital business case is currently being commissioned alongside this SOC to ensure appropriate IT infrastructure needs and digital opportunities are identified and maximised alongside this investment to ensure a value based approach which meets service user expectations.

## 3.2 Part B: Case for Change

### 3.2.1 Existing Service Arrangements

This section will examine the existing arrangements/Business as Usual (BAU) and related business needs. It sets out detailed information describing key challenges faced and serves to confirm the potential impact of those challenges not being responded to in a cohesive manner.

**Figure 22: Newtown town centre key service locations**



The following health and social care services are currently undertaken in Newtown, serving the town and surrounding areas.

It is worth noting that there was empirical evidence of some teams beginning to work more closely together before the impact of Covid-19 realigned the focus, somewhat. The shift in focus due to the pandemic has accelerated integrated working in some areas and any campus facility will clearly enhance and further support those opportunities for integrated working.

#### 3.2.1.1 Adult Services

Adult Services works alongside people in need of support, in partnership with others to enable people to make decisions about how they can live as independently as possible.

The underpinning principles are to:

- Bring health and social care together
- Work alongside the voluntary sector



- Be about services in people's own homes
- Do as much locally as is realistic, safe and possible
- Provide a rapid home-based 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 and voluntary services that are more flexible and work around each person's needs.
- Broaden skills of the extended District Nurse support service, so early nursing support is available when local people really need it.

Social Care and Health have a number of teams working jointly, along with voluntary providers. There are also strong ties with the voluntary and independent sectors in order to build resilience within communities. Social Care Staff are based in the Park Offices, Newtown.

Community Health Care staff including District Nurses, Specialist Nurses and Therapists are based in Newtown hospital which pre-dates 1940's, is in poor condition and poorly utilised. The facility is not conducive to collaborative working, leading to variable practice between services and poorly defined models for frailty and Long-Term Conditions (LTC).

Adult Services has seen a significant increase in demand for social care and support during the pandemic and this high level of demand remains in the system. The NHS Delivery Unit and Welsh Government modelling and monitoring group have undertaken whole system modelling of the health and social care capacity required for COVID and beyond.

Projections from this work include:

1. The impact of 'long-Covid' could mean that the 'tail' of demand for intermediate care and longer-term social care may be even longer. I.e. the pressure on intermediate and social care will continue to be felt for some time after the surge in demand on the NHS has begun to decrease.
2. Even if a prompt and robust supported recovery model is implemented for individuals, we can still expect to see a Covid-related additional increase in demand for longer-term packages of care and care home placements, into 2022.

Prehabilitation is in its infancy in Powys, however is a firm direction of travel. A person centred prehabilitation approach enhances people's general health and wellbeing. Powys aims to promote healthy behaviours through prescribed exercise, nutrition and psychological intervention based on a person's needs, to help them find the best way of managing their own health. Prehabilitation has a strong evidence base in its effectiveness and helps to tackle health inequalities. It adds value to the population and to the providers of health and care by improving long term healthy lifestyle, faster rehabilitation, empowerment and person involvement and a more joined up, cohesive service approach.



### 3.2.1.2 Children's Services

To support families across Powys there are approximately 220 staff in Children's Social Care Services across a range of teams including fostering, adoption, children's locality teams (0–18), care leavers teams, children with disabilities, youth justice service, integrated family service team, Powys children's front door, safeguarding & quality assurance and children's commissioning team. Children's Social Care Services in Newtown are delivered from three different buildings in Newtown: Ynys Y Plant; Park Street Clinic; Integrated Family Centre, this does not promote and support opportunities for joined up care.

Children's health care services include community paediatric nursing, health visiting (including flying start), school nursing, paediatric ophthalmology, audiology, safeguarding, learning disabilities, outpatients/paediatrician services, CAMHS, therapies, portage (play therapy), orthotics, podiatry and in reaching wheelchair services. The present PTHB Children and Family centre accommodation for babies, children and young people is being delivered out of multiple sites which are outdated and require a lot of work to meet current delivery needs. CAMHS services are no longer located with other services supporting children and young people who are rich in shared knowledge and experience to share in networks of care for children and young people. The children with disabilities social care team are based away from other health care professionals meaning a shared neighbourhood of support for children and young people in north Powys is difficult to achieve.

There are fundamental estates issues at both sites, with many services not meeting the Welsh Health Technical Memorandum for Buildings guidance. There are also frequent Accommodation Request Forms (ARF's) being submitted to provide additional accommodation for staff, highlighting the issue further. This is exemplified in the condition surveys for the buildings, where both are rated B for condition, C for Environment, and F for space utilisation.

Newtown Integrated Family Centre (IFC) was developed following a Welsh Government grant allowing for shared office, training, family and contact spaces for professionals, children, young people and families. The IFC offers a number of examples of how increased integration can work in practice and the benefits this can bring; it has resulted in a number of teams working together in one office space, allowing for sharing of information and a joined multi-agency approach. Staff have also gained awareness of each other's roles and all that can be offered from an amalgam of teams. There are a number of examples of a multi-agency approach to working with children, young people and their families, utilising third sector support to enhance their wellbeing. These include joint art projects with third sector partners, aiding both artistic creativity and transition to high school for children, delivered in partnership; singing and rhythm to develop fluency and aid learning to read music; development of children's park and BMX track through third sector provision, and; healthy food initiatives for all ages.



However, due to the configuration of the buildings, staff are working in cramped conditions and it is not possible to maximise opportunities for joint or multi professional working centred on the individual's needs. A lack of suitable outside space also presents a barrier for children who are well enough and their siblings who may wish to play outdoors whilst waiting for their health or social care appointment.

The aim is to deliver the vision and ensure children and young people have the best start in life, facilities need to support integrated children's services in one place in Newtown for our young people and those with complex needs in a child friendly environment.

### **3.2.1.3 Primary Care Services**

Working within the Primary Care Clusters, the development of a population based approach is taken to the planning and delivery of the health and social care model, supporting development of shared services across GP cluster areas, to provide wider access to scarcer skills and the continued development of enhanced service arrangements. This work is supporting:

- Further integration of primary care with community based services to ensure focus on wellbeing, equity, early help and support, sustainability of services and joined up care.
- Continuing to strengthen local delivery of optometry and community dental services, avoiding unnecessary travel out of county to District General Hospitals.
- Providing mobile services across Powys to improve access to dental care for hard to reach groups to reduce inequity of service.

Primary care services are facing increasingly unsustainable pressures and, as such, need to transform the way services are provided to reflect these growing challenges. These include an ageing population, growing co-morbidities and increasing patient expectations, resulting in a large increase in consultations, and the need to address inequalities in access to primary care.

The GP practices close to the proposed site are Newtown Medical Practice and the Ladywell Surgery which is a branch of the Montgomery practice. The main surgery, Newtown Medical Practice, offers generic GP primary care services in addition to Baby Clinics (health visitors), Diabetic Clinics, Asthma Management, Heart Disease Clinics, Chronic Obstructive Pulmonary Disease (C.O.P.D) Clinic, Hypertension Clinic (High Blood Pressure) and Minor Surgery.

There is a dispensary adjoining Newtown Medical Practice in addition to the Superdrug, Boots, Lloyds and Morrison's pharmacies in the town and there are three optometrist practices operating from Newtown town centre. The pharmacy on Park Street provides a range of services supporting people with minor illnesses and providing health and wellbeing advice services, it is actively used by the population, there are opportunities to link or embed this further with the campus.





A locally accessible optometry service undertakes routine eye examinations in north Powys, and appropriate spectacles and other appliances are dispensed. The service also provides enhanced eye care services, for example those provided via EHEW. Minor Injuries & GP Out of Hours

Newtown Medical Practice provides a Minor Injuries service, operating 08:00-18:30 weekdays (not at the weekend or on Bank Holidays). Patients requiring this service need to report to reception and are seen by a healthcare professional within 15 minutes. There is also a Minor Injuries service currently provided from Welshpool Hospital which is about a 15-minute drive from Newtown, but further from other parts of north Powys. The GP Out of Hours service currently operates from Newtown Hospital.

#### **3.2.1.4 Community Dentistry**

The community dentist service is provided from different venues across north Powys. In Newtown, it practices from two dental surgery rooms at Park Street Clinic. Treatment and care is provided for a wide and very diverse group of patients, who are unable to obtain the more specialised and tailored care that they require within the primary dental services. The dental rooms are small, particularly for those in a wheelchair, and do not meet the requirements of the Equality Act 2010.

#### **3.2.1.5 Podiatry**

The podiatry service is delivered from one room at Park Street Clinic. The podiatry room does not have any support facilities and does not meet the recommendations of either the Welsh Health Building Notes (WHBN) or Welsh Health Technical Memoranda (WHTM).

#### **3.2.1.6 Community Hospital Services**

Whilst several services are delivered from the Montgomeryshire Royal Infirmary (Newtown Hospital) site, some patients have to contend with going out of county for services, and they are having to go to multiple sites in order to be fully assessed, diagnosed and treated, rather than having a one stop shop where most aspects of treatment can be done in one place. For some disciplines, almost all activity goes out of north Powys, particularly to Shrewsbury and Telford and some to Bronglais in Hwyl Dda Health Board, in some cases, patients can travel as far as Stoke and Cardiff for a face-to-face consultation.

Diagnostic imaging provision in Newtown hospital is currently only a plain x-ray modality with opening hours 9-5 Monday – Friday and Ultrasound (US) Scan provision.

Nationally the number of Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scans performed is increasing by over 10% each year but there is a failing to keep pace with the growth in demand (Royal College of Radiologists annual census). The Richards report, Diagnostics recovery and renewal (2020) recommends providing diagnostic facilities away from acute sites in a highly productive elective Community Diagnostic Hub (CDH) which would respond directly to increasing demands, assist with throughput and reduce the backlog following the pandemic. There are re examples in Scotland of community hospitals using CT



facilities. Having access to similar facilities in North Powys has the potential to transform PTHB's use of external services, helping to detect difficulties at earlier more treatable stages (including for suspected cancer) and to prevent multiple out of county journeys for patients.

PTHB has also strengthened health sciences, such as physiology, which can provide, for example, the majority of sleep studies locally.

### **3.2.1.7 Mental Health Services**

Mental Health Primary Care are mainly provided by GPs and by Powys Community Mental Health and Learning Disabilities service.

The Powys Community Mental Health Teams (CMHTs) are a community secondary care service for adults made up of Psychiatrists, Community Psychiatric Nurses (CPNs), Support Workers and Social Workers. Mental Health Teams also support Dementia Home Treatment; Memory Assessment Service, Crisis Resolution Support and Learning Disabilities. The team are based in Fan Gorau on the Newtown Hospital site.

Powys Child and Adolescent Mental Health Services (CAMHS) offers assessment and treatment for children and young people who have or are thought to have mental health problems or emotional health difficulties. The team includes Clinical Psychologists, Consultant Child & Adolescent Psychiatrists, Specialist Nurses, Primary Mental Health Workers, Child Psychotherapists and Counsellors. An Integrated Autism service is also available. The teams work from Ynys y Plant and Park Street Clinic.

The local approach for mental health delivers against the ministerial priority and the national strategy through Powys Together for Mental Health. Joint working with social care and other partners including the third sector is a key interdependency. The key focus of the mental health service during 2022 – 2025 is on the continued development of local, sustainable and person-centred mental health services:

- Develop sustainable models of care suitable for the needs of children and adults
- Design and deliver the Sanctuary House model with third sector partners
- Complete the roll out of 111 single point of access to mental health services
- Deliver against Dementia Plan 2018 – 2022 and new Dementia Strategy for Wales
- Implement suicide and self-harm reduction (Talk 2 me 2 strategy) and co-produced pathway for those affected by suicide
- Redesign Memory Assessment services to improve diagnosis and support
- Complete roll out of 'the missing middle' children and young people emotional health and resilience service in partnership with social care and the third sector
- Reconstruct community drug and alcohol services



### 3.2.1.8 Commissioned Services

The majority of PTHB's budget is spent on commissioning primary care delivered by local independent contractors such as GPs, dentists and optometrists; continuing health care in nursing homes and patients' own homes; third sector services; secondary care in district general hospitals; ambulance services; and specialised services.

A significant proportion of commissioning expenditure is to other organisations supporting the population of north Powys, with £28m being spent on services in Shrewsbury and Telford Hospital Trust and £10.16m on services in Robert Jones and Agnes Hunt Hospital.

The focus of the campus is to provide care closer to home where safe and effective to do so, as a result there will be changes in patient flows and commissioning arrangements with the following providers:

- Betsi Cadwaladr University Health Board
- The Shrewsbury and Telford NHS Hospitals Trust (SaTH)
- The Robert Jones and Agnes Orthopaedic Hospital (RJAH)
- Hywel Dda University Health Board

The tables below, set out the current balance of in and out of county provision for key services provided to the residents of Powys.

**Table 7: Present inpatient activity by site**

Site	Locality	Activity 2019	Beddays 2019	71Iso
Montgomeryshire County Infirmary, Newtown	North Powys	160	4,928	31
Victoria Memorial Hospital, Welshpool	North Powys	262	6,989	27
Llanidloes And District War Memorial Hospital	North Powys	113	2,630	23
Bro Ddyfi Community Hospital, Machynlleth	North Powys	123	4,761	39
Llandrindod Wells Hospital	Mid Powys	983	9,410	10
Knighton Hospital	Mid Powys	87	3,565	41
Breconshire War Memorial Hospital	South Powys	2,760	13,154	5
Bronllys Hospital	South Powys	274	10,340	38
Ystradgynlais Community Hospital	South Powys	220	8,392	38

**Table 8: Diagnostic provision by location (2019)**

Location	CT	MRI	Ultrasound	Ultrasound obstetric	Plain film
<b>Powys</b>	<b>0</b>	<b>0</b>	<b>5,283</b>	<b>4,308</b>	<b>20,051</b>
<b>Out of County</b>	<b>7,545</b>	<b>4,446</b>	<b>10,543</b>	<b>895</b>	<b>23,377</b>
Aneurin Bevan LHB	2,878	1,373	1,945	219	7,853



Location	CT	MRI	Ultrasound	Ultrasound obstetric	Plain film
Betsi Cadwaladr ULHB	216	197	210	285	264
Hywel Dda LHB	1,328	497	1,069	313	2,326
Robert Jones and Agnes Hunt	120	653	140	0	158
Shrewsbury & Telford Hospital	1,848	1,062	4,418	48	7,862
Wye Valley NHST	1,155	664	2,761	30	4,914
<b>Grand Total</b>	<b>7,545</b>	<b>4,446</b>	<b>15,826</b>	<b>5,203</b>	<b>43,428</b>
<b>% Powys</b>	<b>0.0%</b>	<b>0.0%</b>	<b>33.4%</b>	<b>82.8%</b>	<b>46.2%</b>

**Table 9: Ambulatory Emergency Care by DAEC Specialty and location (2019)**

Location	General Medicine	General Surgery	Obstetrics & Gynaecology	Trauma & Orthopaedics	Urology
<b>Powys</b>	<b>163</b>	<b>23</b>	<b>14</b>	<b>164</b>	<b>22</b>
<b>Out of County</b>	<b>3,074</b>	<b>404</b>	<b>147</b>	<b>438</b>	<b>472</b>
Aneurin Bevan LHB	364	82	51	58	72
Betsi Cadwaladr ULHB	15	8	6	5	0
Cardiff & Vale ULHB	54	3	0	3	0
Cwm Taf Morgannwg ULHB	60	12	1	3	2
Hywel Dda LHB	225	25	9	32	41
Other/Not recorded	99	23	6	33	12
Robert Jones & Agnes Hunt	9	0		114	0
Shrewsbury & Telford NHST	1,331	162	33	77	189
Swansea Bay ULHB	194	43	8	47	36
Velindre NHST	5	0	8		1
Worcestershire Acute NHST	2	4		0	1
Wye Valley NHST	716	42	25	76	118
<b>Grand Total</b>	<b>3,237</b>	<b>427</b>	<b>161</b>	<b>602</b>	<b>494</b>
<b>% Powys</b>	<b>5.0%</b>	<b>5.4%</b>	<b>8.7%</b>	<b>27.2%</b>	<b>4.5%</b>

**Table 10: Urgent Care by location (2019)**

Location	North	Mid	South	Total
<b>Powys</b>	<b>20,263</b>	<b>28,416</b>	<b>32,469</b>	<b>81,148</b>
<b>Out of County</b>	<b>48,883</b>	<b>22,523</b>	<b>40,540</b>	<b>111,946</b>
Aneurin Bevan ULHB	110	3,025	15,972	19,107
Betsi Cadwaladr ULHB	1,724	76	72	1,872
Cardiff and Vale ULHB	108	182	457	747
Cwm Taf Morgannwg ULHB	73	444	3,936	4,453



Location	North	Mid	South	Total
English Other	3,896	1,589	1,428	6,914
Gloucestershire Hospitals NHSFT	26	48	45	120
Hywel Dda ULHB	14,532	2,464	554	17,551
Shrewsbury & Telford Hospital NHST	28,134	535	34	28,702
Swansea Bay ULHB	81	113	14,362	14,555
Worcestershire Acute Hospitals NHST	47	271	57	375
Wye Valley NHS Trust	152	13,776	3,622	17,550
<b>Grand Total</b>	<b>69,146</b>	<b>50,939</b>	<b>73,009</b>	<b>193,093</b>
<b>% Powys</b>	<b>29.3%</b>	<b>55.8%</b>	<b>44.5%</b>	<b>42.0%</b>

### 3.2.1.9 Third Sector Services

The Third Sector has a strong presence in Powys, and in Newtown in particular. There are many examples of Wellbeing services that are in operation and could be offered from a Campus. By providing spaces in a wellbeing hub, that are accessible and multi-purpose; groups and wider will offer services in a more joined up way, through sharing resources, and, together, offering and meeting the needs of individuals and groups, building and developing their skills and transferring knowledge.

Third sector services are crucial in supporting service users and/or their carers. There are significant opportunities to integrate 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. 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 systems; 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.

### 3.2.1.10 Assisted/Supported Living

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 and locally in Powys. 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.

Due to changes in guidance issued during the pandemic, which Welsh Government intend to keep in place post pandemic, there has been a significant change in the number of complex homeless households who present and need to be accommodated safely. The multi-agency assessment and triage of these cases is essential in order to plan for safe accommodation provision and to agree appropriate long term support plans.



The campus will facilitate a best practice approach to joined up care for residents with a range of needs as set out below:

- **Supported housing for learning disabilities and older people step down** - 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. In Newtown specifically, evidence indicates that 18 individuals will require supported independent accommodation, with an additional 15 from the Welshpool area. The development will include 3 units on the edge of the campus as close as possible to other off-campus residential areas.
- **Homelessness triage facility** – As at October 2021 there were 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. The development will provide 6 units on the edge of the campus, as far away as possible from other on-campus accommodation to mitigate any risk of mixing vulnerable groups.
- **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 16 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. The development will provide 3 units on the edge of the campus as far away as possible from other accommodation units, and as close as possible to other off-campus residential areas.

### 3.2.1.11 Student Accommodation

The current accommodation arrangements for students on rural placements in north Powys is to stay in local bed and breakfast accommodation, where issues arise such as social isolation and difficulties accessing digital learning opportunities due to poor or no connectivity. These problems have a negative impact on student experience and result in difficulty attracting students to rural settings. A central modern facility close to the Health and Care Academy offering accommodation, a clinical skills centre, meeting facilities, reliable digital connectivity, and other resources on site would improve students' experiences, boost the reputation of rural placements and make north Powys an attractive place to study and work.

The Welsh Deanery want to work with Powys as a region to train more medics in a rural setting through credentialled programmes such as Rural Care and Palliative Care. An all-round positive experience to rural placements will inspire more students to come and experience rural Mid Wales, offer alternative training opportunities and enable North Powys to become an



exemplar provider of rural professional and clinical education through modern physical and virtual spaces.

### 3.2.1.12 Library Services

Newtown Library is the county headquarters and all books are delivered here for onward transmission to the other libraries in Powys. It welcomes an average of 500 people per day. As well as traditional library activity (reading on site, borrowing from the loan collection, and using computer workstations) it supports a range and quantity of other activities as follows:

**Table 11: Newtown Library Services**

Education
<ul style="list-style-type: none"> <li>• Book loan, including physical books, Ebooks and EAudio Books</li> <li>• PCs</li> <li>• iPads (in child area plus access to online catalogue)</li> <li>• local studies - dedicated Trysorau Maldwyn/Maldwyn Treasures room that holds the Local Studies collection for Montgomeryshire</li> <li>• school visits to support literacy and learning, i.e. learn about books, local history, finding info</li> <li>• Lego Club</li> <li>• After School homework</li> <li>• Newspapers</li> <li>• Adult Learners Wales hire meeting room</li> </ul>
Wellbeing
<ul style="list-style-type: none"> <li>• Customer service for council (pay council tax, phone and online access to Council, blue badge application, bus pass and parking permits)</li> <li>• Document scan for housing benefits and Blue Badge</li> <li>• Knit and Natter</li> <li>• Poetry Group</li> <li>• Reading Group</li> <li>• Craft activities</li> <li>• Baby Yoga and rhyme-time (Welsh Language)</li> <li>• Story times</li> <li>• Bus timetables</li> <li>• Prime Cymru group (those out of work who are aged 54+)</li> </ul>
Health
<ul style="list-style-type: none"> <li>• Books on prescription: Reading Well for Mental Health, Reading Well for Children, Reading Well for Dementia</li> <li>• Books about cancer: sets of books recommended by Macmillan health professionals</li> <li>• Dementia: singing with Ysgol Calon Y Dderwen – intergenerational friendly music group</li> <li>• Loaning of blood pressure monitors</li> </ul>



- Drop in hearing aid clinic
- PAVO – Community Connector drop-ins
- Counselling course
- Carer library cards
- Large print and audio books for visually impaired

#### Infrastructure

- Support for people who don't have their own computer (digital strategy)
- Wi-Fi
- Computer course
- One to one digital drop-in sessions
- Local job hunting
- iPad loaning scheme
- Printing facilities

The library service is underpinned by a holistic community-centric philosophy and works closely with other public services to provide for the information and learning needs of the whole community. The service promotes wellbeing and aims to counter loneliness.

By co-locating this service with education and health and social care, the library can fully realise its central role in signposting and providing resource for wellbeing services in north Powys.

The library services is already working closely with health and social care to provide support for accessing virtual clinics and educational literature for people with Cancer. By co-locating this service with education and health and social care, the library can fully realise its central role in providing and signposting wellbeing services in north Powys as well as information, advice and guidance.

### 3.2.2 Existing Infrastructure

#### 3.2.2.1 Built Estate

The geographical distribution of PTHB's estate and its functionality has evolved around traditional patterns of care and much of the estate is now outdated. PTHB has the oldest built estate with 38% predating 1948 (compared to the Wales average of 12%) as well as the 'least new' estate with only 5% being built post 2005 (compared to the Wales average of 23%). This means that the HB has some unique challenges in terms of maintaining building stock.

Similarly, much of PCC's existing estate is of poor quality, with the two existing schools being identified as condition categories C and D. As such, the Partnership is managing sites with high levels of backlog maintenance, which have significant or high risks of non-compliance or failure. By working collaboratively and combining services, the programme aims to significantly reduce the backlog maintenance across a number of sites whilst benefiting from





more efficient space utilisation. In addition, this would release surplus building stock, delivering either cash releasing benefits or potential development opportunities.

Backlog maintenance in Health and Social Care PTHB and PCC sites in Newtown currently stands at £7.4 million as follows:

**Table 12: Key asset data**

Property	Age of Building	Backlog Maintenance	Condition	Comment
Park Day Centre	1970s	£180,000	Condition C	The building needs substantial improvement works to ensure it continues to be capable of delivering day services as it is not functional for its current use, the roof requires replacing and the internal fabric requires updating
Park Street Clinic	1970	£702,211	Grade B except Facet 6 - Environmental (Grade C) and Facet 3 - Space Utilisation (Grade F - Fully utilised)	Too small and has limited facilities that support children and young people
Newtown Library	1960s	£550,000	Condition B/C	c. 1970s building that has had considerable extensions and recent refurbishment (2011).
Integrated Family Centre	1980	£70,000	Condition B	The building is in need of significant improvement. The building had circa £250,000 improvement works undertaken to maintain the facility for its current use, but it remains unviable longer term. The facility is not fit for purpose for delivering multi agency support.
Park Offices	1950	£30,000	Condition C	The building is not easily adapted. Changes to service delivery requires significant



Property	Age of Building	Backlog Maintenance	Condition	Comment
				remodelling of the building to provide a space where service users can be met in a safe and mutually beneficial environment
Montgomery County Infirmary	1911-2000	£4,783,133	Grade B except Facet 3 - Space Utilisation (Grade F - Fully utilised)	Various departments are encountering difficulties with the size and capacity of their current location and the lack of space for expansion will hinder the delivery of the new integrated model of care
Bro Hafren	1991	£405,657	Grade B except Facet 6 - Environmental (Grade C) and Facet 3 - Space Utilisation (Grade F - Fully utilised)	Had been unoccupied due to the building condition/suitability. However, staff have been temporarily moved in due to the unexpected closure of PCC Robert Owen House
Ynys Plant	Y 1980	£657,323	Grade B except Facet 6 - Environmental (Grade C) and Facet 3 - Space Utilisation (Grade F - Fully utilised)	A report undertaken in November 2016 identified several shortcomings in this accommodation and stated that "there is a clear and pressing need for the issues with the physical environment to be addressed"

A key enabler to the delivery of the eight objectives defined in 'A Healthy Caring Powys' is an 'innovative environment', which includes developing a 'fit for purpose estate'.

Properties that are no longer suitable for service delivery will be identified when progressing with the Business Case(s), resulting in an estate of better performing buildings leading to a reduction in the running costs and a more sustainable, innovative "fit for purpose" property portfolio, with no residual high or significant compliance risks across the Partnership.

In addition to the issues of building condition and suitability, services are currently being delivered from multiple sites limiting opportunities for staff integration and the provision of joined up care. Under the current arrangements there are occasions where residents need to



make multiple journeys to different locations in order to receive consultation, diagnosis and treatment.

The sharing of services and development of one-stop-shops will provide greater convenience and efficiency for the residents of north Powys. By designing more efficient pathways through integrated teams, residents can be treated holistically, improving health outcomes.

### 3.2.3 Demand and Capacity Modelling

#### 3.2.3.1 Background

Analysis has been undertaken to forecast future demand and capacity modelling to underpin new models of care, service transformation and right sizing of the multi-agency wellbeing campus. The modelling work has been underpinned by extensive stakeholder engagement including a clinical and professional reference group, and is based on best practice and evidence base.

The modelling is based on a 10 year time-horizon, from Year 0 (2021) to Year 10 (2031) and uses detailed activity datasets as far as these were available.

The following areas were included in the scope of the initial work to support with the Strategic Outline Case:

- Community inpatient care - analysis of optimal Discharge to Recover then Assess (D2RA) models of care and discharges onto each pathway:
  - stepdown reablement and rehabilitation (D2RA Pathway 3)
  - step-up admissions for assessment / reablement / rehabilitation
  - specialist stroke and neuro rehabilitation beds
  - palliative / EOL care beds
- Supported living accommodation
- Short stay assessment and diagnostics, ambulatory care, urgent care
- Daycase and outpatient surgical and medical procedures
- Outpatient consultations
- Maternity

The analysis for North Powys was undertaken in the context of a wider, whole-system exercise to develop detailed demand and capacity plans reflecting the new integrated model of health and wellbeing.

The outputs of the modelling work are summarised below. For each service, activity projections are given for a “No Change” scenario, followed by projections reflecting proposed models of care and repatriated activity.



### 3.2.3.2 Discharge to Recover then Assess (D2RA)

Detailed analysis and modelling was undertaken to understand optimal baseline and projected future stepdown pathway requirements, based on the D2RA model being used to inform the Powys Integrated Model of Care and Wellbeing (drawn from work undertaken over a number of years by Prof. John Bolton and others).

The Welsh (D2RA) Model was designed through consultation by the NHS Wales Delivery Unit with stakeholders and Regional Partnership Boards (RPBs), tailoring some of the work of Professor John Bolton and the English D2A model to suit the needs of the Welsh health and social care landscape. D2RA been specifically designed to be adaptable, and as such it continues to be adapted to respond to the challenges of COVID-19.

Key principles of the approach include:

- Optimised care pathways;
- Rapid discharge from secondary care for recovery/reablement and assessment (ie. Assessment takes place outside the acute setting, alongside recovery/reablement);
- Short as possible acute length of stay;
- No warehousing where patients will decondition and require a higher level of care on discharge.

The D2RA pathways, defined according to Prof. Boltons well-established “model”, can be subdivided as follows:

**Pathway 0:** Discharged, no further action or short-term third sector support

**Pathway 1:** Comprehensive front-door assessment to assess criteria to admit

**Pathway 2:** Supports people to recover at home before being assessed for ongoing need

- P2A: “low level” support (e.g. straightforward follow-up from therapist or district nurse) and support for self-care
- P2B: up to 2 weeks focussed package of integrated care and reablement
- P2C: up to 6 weeks package of integrated care and reablement

**Pathway 3:** bed-based care and reablement, typically for between 2 and 6 weeks

**Pathway 4:** home first when your home is a care home / long-term care home

**Table 13: Estimated D2RA activity with no change in existing pathways (Do Nothing)**

Pathway	Baseline 2021	% of Total	Forecast 2025	% of Total	Forecast 2030	% of Total
P0	2,888	24.1%	3,311	23.7%	3,733	23.4%
P2	6,891	57.6%	8,033	57.6%	9,176	57.5%
P3	1,428	11.9%	1,700	12.2%	1,972	12.4%



P4	758	6.3%	912	6.5%	1,065	6.7%
<b>Total</b>	<b>11,965</b>		<b>13,956</b>		<b>15,946</b>	

The new model of care (below) will optimise the D2RA pathway activity for service users. The significant increase in demand shown below is driven largely by the projected growth in frail and elderly people.

**Table 14: Projected D2RA activity based on optimised models of care**

Activity	Forecast Activity 2021	Forecast Bed Days 2021	Forecast Activity 2031	Forecast Bed Days 2031
<b>Step-down POA</b>	4,519	25,928	5,855	34,298
<b>Step-down POB</b>	1,633	12,075	2,098	15,784
<b>Step-down P2A</b>	2,498	22,905	3,293	30,378
<b>Step-down P2B</b>	1,242	14,154	1,645	18,529
<b>Step-down P2C</b>	1,869	24,352	2,530	33,132
<b>Step-down P3</b>	505	7,153	698	9,894
<b>Step-down P4</b>	126	1,460	177	2,056
<b>Step-up low risk of frailty</b>	148	3,763	191	4,820
<b>Step-up moderate/high risk of frailty</b>	98	4,025	132	5,412

The impact of this can be contrasted with the “Do Nothing” forecasts summarised below:

**Table 15: Comparison of D2RA activity existing model of care vs. optimised model of care**

Pathway	Actual Discharges Year 0	% of Total	Forecast Year 10 Discharges Current Model of Care	% of Total	Forecast Year 10 Discharges Optimised Model of Care	% of Total
P0	2,888	24.1%	3,733	23.4%	7,953	48.8%
P2	6,891	57.6%	9,176	57.5%	7,468	45.8%
P3	1,428	11.9%	1,972	12.4%	698	4.3%
P4	758	6.3%	1,065	6.7%	177	1.1%
<b>Total</b>	<b>11,965</b>		<b>15,946</b>		<b>16,297</b>	



### 3.2.3.3 Community Inpatient Care

Baseline (pre-covid) inpatient activity by site (2019) was as follows.

**Table 16: Baseline inpatient activity by site, 2019**

Site	Locality	Activity 2019	Beddays 2019	Average Stay
Montgomeryshire County Infirmary, Newtown	North Powys	160	4,928	31
Victoria Memorial Hospital, Welshpool	North Powys	262	6,989	27
Llanidloes And District War Memorial Hospital	North Powys	113	2,630	23
Bro Ddyfi Community Hospital, Machynlleth	North Powys	123	4,761	39
Llandrindod Wells Hospital	Mid Powys	983	9,410	10
Knighton Hospital	Mid Powys	87	3,565	41
Breconshire War Memorial Hospital	South Powys	2,760	13,154	5
Bronllys Hospital	South Powys	274	10,340	38
Ystradgynlais Community Hospital	South Powys	220	8,392	38

### 3.2.3.4 Inpatient Stepdown for Assessment, Recovery and Reablement

Projected future activity and consequent capacity requirements for stepdown care are based on D2RA Pathway 3. Based on this, the modelling has determined that stepdown bed capacity requirements for North Powys are:

- Year 0 (2021): 25 stepdown beds
- Year 10 (2031): 34 stepdown beds

### 3.2.3.5 Step-up Admissions for Assessment / Reablement / Rehabilitation

Projected step-up care activity is based on moving towards a much more proactive model of care based on D2RA Pathway 1, with an emphasis on timely diagnostics, ambulatory urgent and emergency care. With this approach, following triage, assessment and treatment, care at home should be the default, with step-up admission only when absolutely necessary.

The modelling has determined that step-up bed capacity requirements for North Powys are:

- Year 0 (2021): 5 step-up beds
- Year 10 (2031): 6 step-up beds

### 3.2.3.6 Specialist Stroke and Neuro Rehabilitation

The future model of care for specialist stepdown stroke & neuro rehabilitation in Powys is for an integrated service, covering both the inpatient beds and the community services provided in people's homes.

For stroke rehabilitation, it is known that around 40% of patients recovering following a stroke benefit from a period of bed-based rehabilitation. Demand and capacity projections have been made based on the estimated future annual number of strokes amongst the Powys population.



Stepdown neuro rehabilitation (Level 2A) would represent a new inpatient (and community) service within Powys for patients stepping down from intensive or acute care out of county. Existing services for these patients are fragmented and spread across a wide range of external providers. Funding is currently handled through individual patient funding requests. Projected future bed capacity requirements are based on British Society of Rehabilitation Medicine (BSRM) recommendations for beds in relation to population size. Besides providing for the population of Powys, the Health Board wishes to offer a Mid Wales regional service to residents of Ceredigion and to those adjacent areas of Shropshire and Herefordshire residents.

The modelling has determined that stroke and neuro rehabilitation bed capacity requirements for North Powys are:

- Year 0 (2021): 14 stroke & neuro rehab beds
- Year 10 (2031): 16 stroke & neuro rehab beds

*Note that these figures exclude wider catchment.*

### **3.2.3.7 End of Life Care**

The aim is improve bespoke services and provision of palliative / end of life care in appropriate settings. It is proposed to include provision of two beds with appropriate / bespoke accommodation, including sensitively-designed bedrooms.

### **3.2.3.8 Supported Living**

The capacity planning for Supported Living has been based on the 2021 Accommodation and Support Delivery Plan. Based on this, a 12-place development in the North Powys Multi-Agency Wellbeing Campus (as part of the wider provision across the north of Powys) would alleviate the challenge of meeting the demand for independent accommodation for 18 people with learning disabilities and mental health needs.

### **3.2.3.9 Proactive Urgent Care and Assessment (D2RA Pathway 1)**

The proposed model of care for urgent care and assessment within Powys is characterised by:

- Comprehensive assessment at the hospital front door / assess, treat and support at home
- Ready access to appropriate diagnostics
- Focus on reduction in admissions through enhanced urgent care services in Rural Regional Centres (hub and spoke model)
- Repatriation of some urgent care activity and same day urgent care from other providers



- Maintaining urgent care / treatment room services as locally to where people live as possible, recognising that much urgent care already takes place locally within primary care and community health services.

### 3.2.3.10 Diagnostics

This is a fundamental part of the new proactive urgent care model, together with ambulatory emergency care, urgent care, and proactive step-up inpatient care. It will also support increased local provision of elective care (minor procedures, outpatients etc). CT and MRI provision is a fundamental part of the new models of care - this is a new development as these modalities are currently only available to Powys residents from external providers. This will also be supported by an increasing use of diagnostics in patients' own homes, online and in community settings. A range of professionals will be increasingly involved in ultrasound such as podiatrists and physiotherapists.

Projected activity and capacity (below) includes modality-specific annual demand change , taking account of the findings of the "Richards report".

**Table 17: Projected diagnostic activity**

Activity	Baseline (2019)	Forecast 2021	Forecast 2026	Forecast 2031
<b>CT</b>	7,545	8,606	11,958	16,616
<b>MRI</b>	4,446	4,958	6,511	8,550
<b>Ultrasound</b>	15,826	17,051	20,547	24,759
<b>Ultrasound obstetric</b>	5,203	5,203	5,203	5,203
<b>Plain film</b>	43,428	44,214	46,239	48,358

This data represents total demand for services and includes diagnostics undertaken both within and outwith the County. As can be seen there is forecast to be a substantial increase in demand for certain diagnostic modalities, with a projected increase in the demand for CT scans of 120% and an increase in MRI scans of 92% within a forecast time horizon.

**Table 18: Projected diagnostic activity with proposed repatriation**

Activity	In County (2019)	Out County (2019)	In County (2031)	Out County (2031)
<b>CT</b>	0	7,545	8,308	8,308
<b>MRI</b>	0	4,446	4,275	4,275
<b>Ultrasound</b>	5,283	10,543	16,512	8,247
<b>Ultrasound obstetric</b>	4,308	895	4,756	448





<b>Plain film</b>	20,051	23,377	35,342	13,015
Percentage	In County (2019)	Out County (2019)	In County (2031)	Out County (2031)
<b>CT</b>	0.0%	100.0%	50.0%	50.0%
<b>MRI</b>	0.0%	100.0%	50.0%	50.0%
<b>Ultrasound</b>	33.4%	66.6%	66.7%	33.3%
<b>Ultrasound obstetric</b>	82.8%	17.2%	91.4%	8.6%
<b>Plain film</b>	46.2%	53.8%	73.1%	26.9%

This data represents total demand for services and includes diagnostics undertaken both **within and outwith the County for the baseline 2019 (current model of care) and 2031 forecast (preferred model of care). Projections include a repatriation assumption of 50%.**

Based on this, the modelling has determined that diagnostic capacity requirements for North Powys (Year 10, 2031) are:

- CT: 1 scanner
- MRI: 1 scanner
- Ultrasound: 3 rooms
- Plain film (digital): 3 rooms

### 3.2.3.11 Ambulatory Emergency Care

This is a fundamental part of the new proactive urgent care model, together with improved diagnostics (CT & MRI), urgent care, and proactive step-up admissions. It relates to non-elective admissions that could/should be undertaken in an ambulatory setting, ie not admitted overnight.

**Table 19: Projected ambulatory emergency care activity**

Activity	Baseline (2019)	Forecast 2021	Forecast 2026	Forecast 2031
<b>General medicine</b>	3,237	3,220	3,521	3,850
<b>General surgery</b>	427	419	455	496
<b>Obstetrics &amp; Gynaecology</b>	161	162	166	172
<b>Trauma &amp; Orthopaedics</b>	602	616	685	766
<b>Urology</b>	494	497	540	597



Table 19 above shows total demand for ambulatory emergency care undertaken both within and out of the County. Demand for DAEC specialities is projected to increase across all areas within the forecast horizon. The increase in demand is particularly acute for Trauma and Orthopaedics which it has been estimated will increase by 25%, and Urology at 20%.

**Table 20: Projected ambulatory emergency care activity with repatriation**

Activity	In County (2019)	Out County (2019)	In County (2031)	Out County (2031)
<b>General medicine</b>	163	3,074	2,035	1,815
<b>General surgery</b>	23	404	262	233
<b>Obstetrics &amp; Gynaecology</b>	14	147	94	79
<b>Trauma &amp; Orthopaedics</b>	164	438	493	273
<b>Urology</b>	22	472	314	283
Percentage	In County (2019)	Out County (2019)	In County (2031)	Out County (2031)
<b>General medicine</b>	5.2%	95.0%	52.9%	47.1%
<b>General surgery</b>	5.7%	94.6%	52.9%	47.1%
<b>Obstetrics &amp; Gynaecology</b>	8.7%	91.3%	54.4%	45.6%
<b>Trauma &amp; Orthopaedics</b>	27.9%	72.8%	64.4%	35.6%
<b>Urology</b>	4.7%	95.5%	52.7%	47.3%

Table 24 above shows projected demand for ambulatory emergency care undertaken both within and outwith the County for the baseline 2019 (current model of care) and 2031 forecast (preferred model of care, with repatriation). Future activity and capacity requirements allow for demand change and 50% repatriation

### 3.2.3.12 Urgent Care

This is a fundamental part of the new proactive urgent care model, together with improved diagnostics (CT & MRI), ambulatory emergency care, and proactive step-up admissions. Significant urgent care (A&E minors) activity already takes place locally. The modelling includes an assumption of 50% repatriation of very low risk / see and treat cases from external providers - this is reflected in the projected future activity and capacity shown in the tables below.



**Table 21: Projected urgent care activity**

Activity	Baseline (2019)	Forecast 2021	Forecast 2026	Forecast 2031
<b>North Powys</b>	69,146	70,170	74,391	79,171
<b>Mid Powys</b>	50,939	53,281	56,652	60,409
<b>South Powys</b>	73,009	79,116	84,033	89,216

**Table 22: Projected urgent care activity with repatriation**

Activity	In County (2019)	Out County (2019)	In County (2031)	Out County (2031)
<b>North Powys</b>	21,343	48,827	30,872	48,299
<b>Mid Powys</b>	29,373	23,908	34,487	25,923
<b>South Powys</b>	39,905	39,211	50,547	38,668
Percentage	In County (2019)	Out County (2019)	In County (2031)	Out County (2031)
<b>North Powys</b>	30.4%	69.6%	39.0%	61.0%
<b>Mid Powys</b>	55.1%	44.9%	57.1%	42.9%
<b>South Powys</b>	50.4%	49.6%	56.7%	43.3%

Table 22 above shows total demand urgent care undertaken both within and outwith the County for the baseline 2019 (current model of care) and 2031 forecast (preferred model of care). Forecasts include a repatriation assumption of 50% of low risk activity.

### 3.2.3.13 Surgical and Medical Procedures (day case and outpatient procedures)

The proposed model of care for minor procedures is to provide services as close to where people live as possible, taking account of clinical and financial viability considerations for each specialty / service. Thus, minor medical and surgical procedures should be undertaken in each Powys locality (North / Mid / South), with appropriate repatriation from external providers helping to ensure critical mass.

An appropriate and viable “basket of procedures” has been reviewed and agreed in detail with clinical staff, in line with British Association of Day Surgery (BADS) best practice guidance. In addition, the Powys policy on Interventions Not Normally Undertaken (INNU) has been factored in to ensure optimal outcomes and value for money.

**Table 23: Projected surgical and medical procedures activity**

Activity	2021	Forecast 2026	Forecast 2031
<b>Powys provider activity</b>	12,289	13,479	14,656



<b>Other provider activity</b>	57,687	62,249	66,543
<b>Total</b>	69,977	75,728	81,199

The above data shows total projected demand for minor procedures activity undertaken both within and outwith the County. Demand is projected to increase across all areas within the forecast horizon.

**Table 24: Projected surgical and medical procedures activity with repatriation**

Activity	In County (2021)	Out County (2021)	In County (2031)	Out County (2031)
<b>North Powys</b>	2,381	34,679	15,017	27,650
<b>Mid Powys</b>	4,642	14,051	11,461	10,205
<b>South Powys</b>	5,266	8,957	10,626	5,874
Percentage	In County (2021)	Out County (2021)	In County (2031)	Out County (2031)
<b>North Powys</b>	6%	94%	35%	65%
<b>Mid Powys</b>	25%	75%	53%	47%
<b>South Powys</b>	37%	63%	64%	36%

Table 24 presents projected demand for minor procedures undertaken both within and outwith the County for 2021 (current model of care) and 2031 forecast (preferred model of care, with repatriation). Future activity and capacity requirements allow for demand change and repatriation. Based on this, the modelling has determined that activity and capacity requirements for North Powys (Year 10, 2031) are:

- Operating theatre: 1,952 cases, 1 theatre;
- Enhanced procedure room: 2,539 cases, 1 room;
- Endoscopy room: 1,965 cases, 1 room;
- Outpatient treatment / clean room: 8,561 cases, 2 rooms.

### 3.2.3.14 Outpatient Consultations

The proposed model of care for outpatient consultation is to provide services as close to where people live as possible, taking account of clinical and financial viability considerations for each specialty / service. Thus, outpatient services should be provided within each Powys locality (North / Mid / South), with appropriate repatriation from external providers helping to ensure critical mass.

There may be significant changes in model in some specialities such as respiratory where it is planned that outpatient activity will be repatriated, including level 1-3 sleep studies.



Detailed consideration has been given to in-county delivery potential for each specialty through a comprehensive series of Clinical Network Sessions held in 2019, and involving both clinicians from Powys and also from neighbouring Health Boards and NHS Trusts. In addition, the potential future role of digital and remote consultation and use of technology has been factored in.

**Table 25: Projected outpatient activity**

Activity	2021	Forecast 2026	Forecast 2031
<b>Powys provider activity</b>	12,289	13,479	14,656
<b>Other provider activity</b>	57,687	62,249	66,543
<b>Total</b>	69,977	75,728	81,199

Table 25 shows total projected demand for outpatient activity undertaken both within and outwith the County. Demand is projected to increase across all areas within the forecast horizon.

**Table 26: Projected outpatient activity with repatriation**

Activity	In County (2021)	Out County (2021)	In County (2031)	Out County (2031)
<b>North Powys</b>	18,096	54,272	40,613	41,687
<b>Mid Powys</b>	15,017	20,260	25,304	15,402
<b>South Powys</b>	19,826	26,650	35,432	17,842
Percentage	In County (2021)	Out County (2021)	In County (2031)	Out County (2031)
<b>North Powys</b>	25%	75%	49%	51%
<b>Mid Powys</b>	43%	57%	62%	38%
<b>South Powys</b>	43%	57%	67%	33%

Table 26 shows projected demand for outpatient undertaken both within and outwith the County for 2021 (current model of care) and 2031 forecast (preferred model of care, with repatriation). Future activity and capacity requirements allow for demand change and repatriation.

Based on this, the modelling has determined that capacity requirements for North Powys (Year 10, 2031) are:

- Outpatient Consulting (face to face): 10 rooms
- Outpatient eConsulting: 4 rooms / e-consulting spaces



### 3.2.3.15 Maternity

The service vision for maternity services is for 45% of mothers deemed to be low risk to give birth outside of a DGH, in Powys. To support this model of care, locally-provided obstetric appointments will use “Attend Anywhere” to link with obstetricians in acute hospitals. Postnatal care will continue to be community-based, and there will be improved local provision of early pregnancy and miscarriage support – it is estimated that 70% of early pregnancy assessment activity can be repatriated.

The birth rate is not projected to change from current levels. Baseline deliveries in (215 deliveries in 2020) equates to 35% of low risk deliveries for Powys residents. The future target is 45% of low-risk deliveries, which equates to 280 deliveries per year in Powys, around 260 of which are likely to be in local Midwife Led Units, together with around 20 home births.

Capacity requirements for North Powys have been determined based on discussion concerning functional requirements, informed by review of the recently developed unit in Llandrindod. Based on historical delivery patterns across Powys, around half of future projected deliveries (140) could be expected to take place in North Powys.

## 3.2.4 Problems with the status quo

### 3.2.4.1 Current Operating Arrangements

Current health and care services are delivered in a way that is not conducive to collaborative working across organisations and fails to achieve successful integration. Services are disparate and predicated on a model that focuses on illness rather than wellness and prevention, which is outdated and unsustainable particularly in light of demand pressures currently being experienced across the system. This is leading to less favourable health and wellbeing outcomes for our population.

There are a number of barriers that exist between organisations. Often health and social care services have to rely on referring to and drawing data from different systems when trying to determine the efficiency and effectiveness of interventions across the whole system, which in turns presents difficulties in planning effective future service provision. Additionally, there are barriers that exist between community teams across the partnership with variation of service provision, inhibiting a proactive approach to care delivery. The use of D2RA pathways is inconsistent and often too many people are defaulting to pathway 3, meaning people are ending up in bedded facilities when they may not need to be there.

The shift in focus on illness to wellness and prevention needs to be supported by a robust social model of health, placing an emphasis on the importance of third sector service delivery in order to mitigate against demand for statutory intervention. Currently pathways are developed independently of the third sector and therefore unnecessary demand is traditionally placed upon statutory services. This is a new concept for Powys and to date there has been a lack of shared vision across the partnership, however work has commenced on embedding a joined up strategic approach to underpin the success of implementing a social model of health.



The majority of health care activity for the north Powys population is predicated on a traditional model of service delivery in acute settings out of county. Though there has been a shift to virtual clinics since the onset of the Covid-19 pandemic, more can be done to deliver services more locally and reduce the travel time and cost burden for patients. Hospital reconfigurations around our borders mean that some services are moving even further away. There is currently no day case or ambulatory care provision in north Powys, and limited diagnostic provision which is not in line with the offer available in other parts of the county, creating inequity of service for the north Powys population.

Workforce challenges have been increasing over recent years, with the ongoing Covid-19 pandemic further exacerbating the issues. Change needs to be embedded into the fabric of the organisations in order to radically transform the health and care workforce, harnessing opportunities to train and upskill staff to maximise and enhance career progression and job satisfaction.

#### **3.2.4.2 Built Environment**

The geographical distribution of PTHB's estate and its functionality has evolved around traditional patterns of care and much of the estate is now outdated. PTHB has the oldest built estate with 38% predating 1948 (compared to the Wales average of 12%) as well as the 'least new' estate with only 5% being built post 2005 (compared to the Wales average of 23%). This means that the HB has some unique challenges in terms of maintaining building stock.

Similarly, as shown in table 16 above, the majority of PCC's estate is based on outdated models of delivery and requires significant investment to transform the way care is provided.

Backlog maintenance in Health and Social Care across PTHB and PCC sites in Newtown currently stands at **£7.4 million**, as also shown in table 16.

Properties that are no longer suitable for service delivery will be addressed as part of the Business Case development, resulting in an estate of better performing buildings leading to a reduction in the running costs, and a more efficient and sustainable property portfolio, with no residual high or significant compliance risks across the Partnership.

Developing an estate with innovative environments is a key enabler to the delivery of the eight objectives defined in 'A Healthy Caring Powys'. The current estate presents significant challenges when addressing decarbonisation. Existing buildings perform poorly in terms of energy efficiency (insulation/windows etc.). Most buildings feature gas fired boilers and other carbon intensive technologies and present little opportunity to incorporate modern innovative low carbon technologies due to the cost prohibitive nature of retrofitting existing facilities. The layout of the physical environment also constrains opportunities for head zoning

Developing an estate with innovative environments is a key enabler to the delivery of the eight objectives defined in 'A Healthy Caring Powys'. These consist of four Well-being Objectives: Supported by four Enabling Objectives:

Figure 23: Four well-being objectives



### 3.2.4.3 Wellbeing Assessment

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 and wellbeing have an important influence on health inequities. 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.

The full extent of the Covid-19 pandemic on general wellbeing is not yet known, however initial analysis from the Powys 2021 Population Wellbeing Assessment clearly demonstrates the societal factors contributing to our health and wellbeing are getting worse across Powys. It also identified that the health and social care need was greater in north Powys compared to mid and south Powys, with several indicators highlighting Newtown as a challenging area in terms of social determinants of health and wellbeing. This makes north Powys and Newtown specifically a priority for investment to improve wellbeing and access to more innovative local health and social care services, as well as being a key area that requires investment in children and focus on the early years and education.

The Powys PSB Population Wellbeing Assessment undertaken in 2017 highlighted a range of stark statistical analysis across north Powys, placing localities across the regions at the forefront of poor scoring wellbeing and public health factors, as demonstrated in figure 5 below.



Figure 24: Summary of North Powys 2017 Wellbeing Assessment

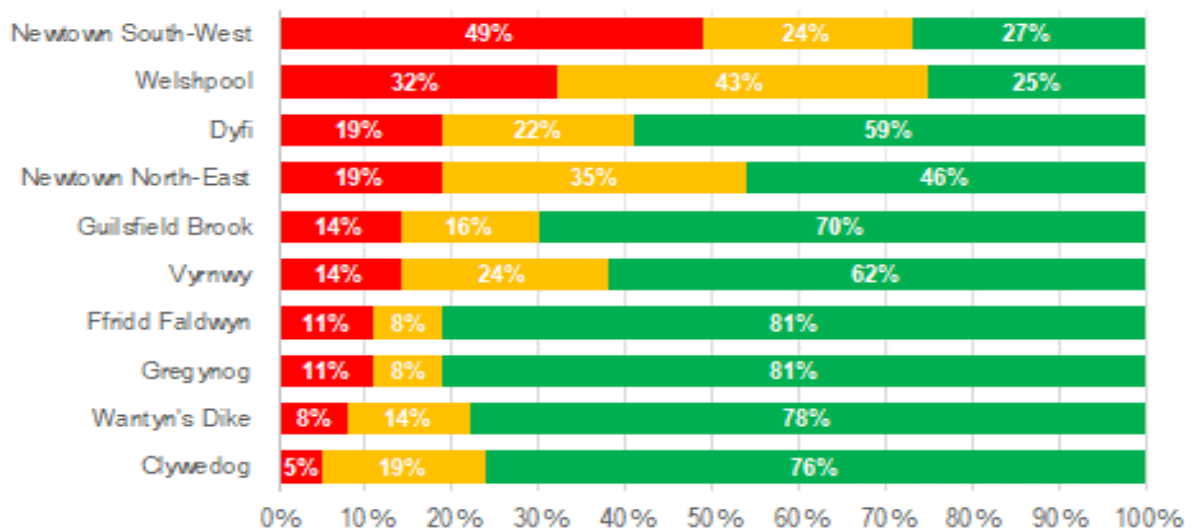


In 2018/19 a more detailed wellbeing analysis was undertaken including over 40 datasets split into three areas:

1. Wellbeing
2. The Big Four
3. Joined Up Care

The same methodology was utilised in all three areas: indicators were coloured red, amber or green, depending on how far off the Powys Average (mean average) they were, with green being better than average. The ratings have been converted into percentages, allowing identification of the areas with North Powys with the greatest proportion of “red”.

Figure 25: North Powys health indicators (wellbeing, big 4, joined-up care)





The analysis also found:

- Newtown has a higher average of children living in poverty
- The lowest levels of home ownership for north Powys are in Newtown and Welshpool
- People in Newtown South West have a higher average for those struggling to keep up with bills
- Newtown South West has the highest average unemployment and, in general, unemployment is rising steeply in Powys
- The lowest level of satisfaction with the local area is Newtown South West
- Lowest levels of two parent households are in Newtown South West
- Children on the child protection register average rates are high in Newtown and Welshpool
- The number of unpaid carers on average is higher in Welshpool and Newtown South West
- The rate of people receiving domiciliary care is higher in Newtown South West and Dyfi localities

The full analysis can be found at Appendix A, which highlights Newtown East and Newtown South West as localities with low scores relating to The Big Four, Focus on Wellbeing and Joined up Care.

#### **3.2.4.4 Workforce**

With demographic predictions indicating more people will be living longer with long term conditions, this is likely to be associated with increased demands for health and social care services across Powys.

Alongside this, the working population in Powys is shrinking faster than the Wales average. Young people are leaving the county to access educational opportunities, with outward migration at its highest between the ages of 15-19. Powys does not have a university within the county to attract and retain its young students. We are seeing a migration of approximately 500 students each year going out of county to access higher level educational opportunities. This equates to £2 million worth of educational funding being lost to neighbouring counties and across the border into England. Many do not return and those who do so often do not return until their early forties. This is directly contributing to the reduction in the working population, with further reductions predicted over the next 15 years. In addition to this, our pupil numbers have been reducing and are projected to reduce further. Development of local education services is key to prevent this migration and to attract and develop a workforce which can strengthen and provide an innovative rural primary, community and social care system.



Currently there are around 71,500 “people roles” within the health and care workforce in Powys (health and social care, including in the voluntary, independent sector and as unpaid carers & volunteers). This is equivalent to more than half of the Powys population, but it does include some people who have multiple roles (e.g. a paid role as well as volunteering roles, multiple volunteer roles).

70% of the workforce lives in Powys, and 18.6% of the Powys population speaks Welsh which reinforces the importance of Welsh language skills and capabilities within the health and care workforce. The health and care workforce is predominantly female, with a 50% split in the volunteer sector and spiking at 86% in health. Volunteers and carers play a significant role in providing services to the communities of Powys and they make up nearly two thirds of effective workforce. The delivery of a wide range of community and support services is critically dependent on volunteers and carers.

Overall, Powys is faced with some significant workforce challenges, with specific regional challenges for north Powys as outlined below:

- Recruitment and retention gaps across the health and care system in the following service areas:
  - Registered nursing wards & mental health
  - GPs, domiciliary carers, pharmacy, specialist role AHPs, dentistry, psychologists
  - Senior practitioners and social workers
  - Approved mental health practitioners
  - Healthcare Assistants (MIU)
  - Children’s community nursing (ability of team to provide end of life care)
  - Medical staffing, particularly in mental health across adults and older adults
- Around 50% of staff based in north Powys are engaged on a part-time contract
- The % of staff over the age of 55 is generally reflective of the organisational profiles, thus succession planning will need to be factored in
- Across the independent sector, 82% of vacant posts are carers/domiciliary care providers
- Recruitment into areas across north West Powys poses a specific challenge due to the rurality of the area
- Retirement predictions between 5 – 25% over the next 5 years
- A decline in early retirement has led to volunteering challenges

Whilst the county has a large voluntary and carer workforce, more opportunities for younger people are needed. People tend to do more than one volunteering job, supporting different



people. Most common types are errands, caring for children, keeping in touch with a housebound person, providing transport and giving advice.

The below table demonstrates the workforce profile of PTHB in north Powys currently. Over 30% of the overall workforce in health are over the age of 55.

**Table 27: Workforce statistics**

Staff Group	Headcount	WTE	Av. Age	% >55	Org % of staff >55	% PT
Add Prof Scientific & Technic	31	23.2	44	19%	30%	31%
Additional Clinical Services	164	122.22	46	32%	31%	60%
Admin & Clerical	127	95.96	50	38%	32%	48%
Allied Health Professionals	78	59.85	43	21%	22%	40%
Estates & Ancillary	70	49.09	51	47%	48%	67%
Medical & Dental	14	9.77	51	36%	33%	28%
Nursing & Midwifery Registered	241	186.93	48	29%	29%	50%

### 3.2.4.5 Demography

The population of north Powys is 63,271<sup>1</sup>. Newtown is the largest town and has the second highest population concentration within the county (13% of Powys residents, 16,967, live here). Welshpool and Montgomery have the highest number of residents aged 65 and over. Apart from the 4 largest towns, the rest of the population are widely dispersed in smaller centres, hamlets and across many rural properties.

Powys has an ageing population and it is projected that 38% of the population will be aged over 65 by 2036. The aged 80+ age group has seen the largest increase in Powys over the last 20 years with a 53% increase, from 6,361 in 2000 to 9,737 in 2020 (Wales 39% increase). The 80+ age group is projected a large increase in Powys of 63.7% (+6,318 persons). The increase in the number of elderly people in Powys will occur as the number of people of working age also decreases. By 2043, the number of elderly persons (age 65 and over) is projected to rise by 25.2% (+9,346), whilst at the same time the working age population is projected to fall -8.8% (- 6,152). The population change will create a gap between those who will need help and support in their later years, and those working aged people who will be providing it. While people are living longer, these years are not always healthy, this population

<sup>1</sup> Powys County Council Business Intelligence Unit February 2020



group tend to require more significant access to health and care services and accommodation. To meet future demand, the way in which services are delivered must change, we need to be more innovative and value based to ensure they meet future needs, are affordable and sustainable.

The 15 and under age group has seen a reduction in Powys over the last 20 years of -14% in total, from 24,528 in 2000 to 21,069 in 2020. This trend in population of this age group is set to continue with a further reduction of -6.5% (1,382 people) projected by 2043. The reduction in children across the county could add to existing workforce pressures in years to come.

#### **3.2.4.6 Accessibility**

In addition to the ageing population. Powys also has a dispersed rural population with nearly 59% of the population living in villages, hamlets and rural areas, making access to services challenging and, in some areas, limited. In response to the ongoing Covid-19 pandemic more of us are accessing services from home and many organisations have been forced to adapt and boost online delivery. However, generally broadband connectivity is poor across Powys which may impact the full potential of digital opportunities. 12.2% of Powys properties have an internet connectivity speed of under 10mbps, with 21% of premises not able to access 30mbps internet connectivity speed. 65% of households in the Llansilin LSOA, in north Powys, are falling below the standard of 30mbps, with many other LSOAs across north Powys experiencing poor internet connectivity. Additionally, the level of digital exclusion in Wales is higher than the UK, creating a risk that digitally excluded users of health and care services get left behind in the digital health revolution. Applied to the current Powys population, as many as 13,300 residents could be digitally excluded.

Powys as 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 health and care services across north Powys, with variation in service provision across the county.

The Department for Transport estimates that people in rural areas of England and Wales travel approximately 40% further than people in most urban areas and almost all of this extra distance travelled by rural residents is by car. The car-dependent nature of travel in many rural areas means that there is a rising risk of mobility-related exclusion particularly amongst the oldest and those with health needs and local provision of primary, community and social care as part of an integrated offering can part of the solution to rural areas.

People in Powys rely on health services around the county's borders. Each of these systems link into their own wider health economies which mean people can travel further away from Powys for specialist care. Due to the geography and population size of Powys, it is not feasible to develop a District General Hospital in the county, and as a result most specialist care has continued to be provided through the five health systems around its borders.



Powys is therefore 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. However, there is an opportunity for some services such as day cases, diagnostics and outpatient appointments to be provided more locally in north Powys meaning people don't have to travel and more people can be seen locally in a primary and community care setting, reducing over reliance on hospital services.

**Table 28: District Hospitals serving North Powys residents (with min and max travel time)**

Closest Hospitals by Rank	Distance <sup>2</sup> (miles)	Min Travel Time (mins) <sup>3</sup>	Max Travel Time (mins) <sup>7</sup>
Royal Shrewsbury Hospital	32	58.1	155.2
Robert Jones & Agnes Hunt	32	57.8	155.8
Bronglais Hospital	44	56.8	154.9
Wrexham Maelor Hospital	44	56.9	156.4
Telford Hospital	48	56.7	155.5

Travel times for some patients are extending due to hospital transformation /reconfiguration programmes which often are resulting in services moving further away.

In north Powys there is currently no local service provision for day cases; approximately 5,000 people travel out of county each year for relatively straight forward operations that could be undertaken in a day-case facility in north Powys. There are also around 60,000 outpatient appointments which take place each year outside Powys, a large proportion of which could be delivered more locally or via virtual digital clinics if there was access to the right infrastructure, diagnostics, workforce and facilities. Investment in digital technology and new facilities will enable the delivery of local day cases, diagnostics and one stop services in north Powys, this will hugely overcome travel distances and multiple visits to District General Hospitals, providing value-based healthcare and improving the experiences for some of the most deprived communities in Wales by reducing unnecessary travel.

Inequalities in service provision are significant in north Powys. People in north Powys rely heavily on health services from within Shropshire's Shrewsbury and Telford Hospital Trust (SaTH). Many of these services are changing under the Future Fit reconfiguration programme and a large proportion of services including planned care are going to be transferred to the Telford Hospital site, resulting in people having to travel much further for routine care that could be provided locally in Powys. Recently the CQC have reported concerning quality issues in relation to the standards of care at the Shrewsbury and Telford Hospital Trust, and discussions are ongoing in partnership around more short-term measures which could be taken to support a reduction in admissions to SaTH and to improve discharge planning – this

<sup>2</sup> <https://www.rac.co.uk/route-planner/> using the town clock in Newtown SY16 2BB and the fastest route

<sup>3</sup> Powys County Council Business Intelligence Unit February 2020



relies on new models of care, but also a new facility to enable more care to be provided locally in north Powys.

In developing a new facility, geographically north Powys is strategically important in strengthening health and care services for the mid Wales region, reducing the impact of reconfiguration proposals around its borders. This presents opportunities to work differently with Acute Providers and to develop Strategic Partnership which support clinical networks and upskilling the local primary and community workforce to enable some of these services more locally in north Powys.

Delivering as much care as possible in north Powys, avoiding out of county travel and providing a better experience for the individual will overcome some of the accessibility issues, as well as the issues associated with affordable healthcare as the current hospital model is proving increasingly challenging to sustain, and a key goal is to redesign and strengthen the primary and community care sector to support a sustainable future for health and social care in the community.

#### **3.2.4.7 Deprivation**

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 most recent Powys Population Wellbeing Assessment 2021 initial analysis continues to tell us that 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 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 socioeconomic 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 which scores high on a number of factors associated with the WIMD.

Out of the 13 localities in Powys, Newtown locality has the highest rate of crimes with 3,180 per 10,000 population. 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, owing to the Covid-19 pandemic, 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 a 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, a secondary school in Newtown 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 and wellbeing 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 the ongoing pandemic, unemployment has also 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).

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%).

Unhealthy lifestyles increase demand on health and social care services and reduce people's ability to live a fulfilling life. Although rates of physical activity in Powys are above the Wales average, nearly 6 in 10 adults are overweight or obese and this figure is predicted to rise. Just under 1 in 5 adults in the county smoke, and 4 in 10 drink more than the recommended amount of alcohol.

### 3.2.5 Investment Objectives

The Investment Objectives underlying the case for change for this project are:

8. **Integrated Local Services:** Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3<sup>rd</sup> Sector and other public services, serving the population of north Powys.
9. **Sustainable workforce:** Deliver a new and sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.
10. **Innovative Environment (Fit for Purpose Estate):** An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.



11. **Innovative Environment (Effective Accommodation):** To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.
12. **Decarbonisation (Infrastructure & Estate):** To support decarbonisation through the procurement and design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.
13. **Decarbonisation (Greener Travel):** To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.
14. **Regeneration:** Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3<sup>rd</sup> and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.

While these Investment Objectives may appear different to those included in the Programme Business Case, they are simply provided at a more granular level and can be linked directly back to the original Programme Business Case Investment Objectives through the prefixes shown (e.g. Integrated Local Services).

### 3.2.6 Main Benefits

The main benefits associated with the strategic case are outlined below. They are grouped by the respective delivery partners, in addition to the service users. As a result, there is a degree of duplication, as the delivery partners will have overlap in both their aims and the benefits they will derive from the project.

**Table 29: Benefits by Investment Objective**

Investment Objectives	Main benefits criteria
<p><b><i>Integrated Local Services</i></b></p> <p>Provide a multi agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3<sup>rd</sup> Sector and other public services, serving the population of north Powys.</p>	<p><u>Cash Releasing</u></p> <ul style="list-style-type: none"> <li>• Reduced operating cost of Health &amp; Care services</li> </ul>
	<p><u>Quantifiable</u></p> <ul style="list-style-type: none"> <li>• Bring synergies from integrated working with all partners resulting in strengthened community provision, more efficient pathways and better experience for service users</li> <li>• Improved sign posting and uptake of wellbeing services and activities to enable people to self manage and live independently; reducing social isolation and hospital admissions.</li> <li>• Improve citizen experience, quality of care, reduce waiting times and speed up diagnosis.</li> <li>• Offer an enhanced range of services in north Powys, improving geographical access to health and care (repatriation) and reducing inequalities.</li> <li>• Contribute to improved early years health outcomes</li> </ul>



Investment Objectives	Main benefits criteria
	<p><u>Qualitative</u></p> <ul style="list-style-type: none"> <li>• Opportunities for informal interactions because of service and officer proximity</li> <li>• Prudent healthcare and the early intervention/prevention agenda in social care supported.</li> </ul>
<p><b>Sustainable Workforce</b></p> <p>Deliver a new and sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.</p>	<p><u>Cash Releasing</u></p> <ul style="list-style-type: none"> <li>• Reduction in the use of locum, agency and bank staff.</li> </ul>
	<p><u>Quantifiable</u></p> <ul style="list-style-type: none"> <li>• Improved education and learning for staff; upskilling staff, maximising and enhancing career opportunities through apprenticeships, employment and training.</li> <li>• Improved recruitment and retention rates</li> <li>• More sustainable and efficient workforce model through new ways of working co-location and collaborative working</li> <li>• New employment opportunities – through the repatriation of services.</li> </ul>
	<p><u>Qualitative</u></p> <ul style="list-style-type: none"> <li>• Training Academy status, improving status + perception of local area</li> <li>• Creating a social and economic hub making Newtown a more desirable place to live and work</li> </ul>
<p><b>Innovative Environment (Fit for Purpose Estate)</b></p> <p>An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.</p>	<p><u>Cash Releasing</u></p> <ul style="list-style-type: none"> <li>• Reduction in premises operating costs</li> </ul>
	<p><u>Quantifiable</u></p> <ul style="list-style-type: none"> <li>• Improved user experience, perception and confidence from accessing care in a modern, fit for purpose environment</li> <li>• A purpose built environment to enable innovation in practice, flexible working with digitally enhanced facilities to improve efficiencies and future proof service delivery.</li> <li>• Environment is more conducive to the holistic experience, and wellbeing of staff, patients and visitors supporting national and local policy objectives.</li> <li>• Improved access to services through digital enhancement of facilities.</li> </ul>
	<p><u>Qualitative</u></p> <ul style="list-style-type: none"> <li>• Maximised opportunities to share expertise and knowledge with other Health and Care providers</li> <li>• Environment will support national and local policy objectives to develop services which focus on community wellbeing and delivering social value</li> </ul>
<p><b>Innovative Environment (Effective Accommodation)</b></p>	<p><u>Cash Releasing</u></p> <ul style="list-style-type: none"> <li>• Reduction in premises backlog maintenance costs (£'s to be defined)</li> </ul>



Investment Objectives	Main benefits criteria
To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	<ul style="list-style-type: none"> <li>Reduction in ongoing premises revenue costs (£'s to be defined)</li> </ul>
	<p><u>Quantifiable</u></p> <ul style="list-style-type: none"> <li>Improved estate-wide energy efficiency</li> <li>Increase in % utilisation of estate through sharing of accommodation across partners</li> <li>Compliance with statutory and mandatory estate code and improved functional suitability</li> </ul>
	<p><u>Qualitative</u></p> <ul style="list-style-type: none"> <li>Improved user experience, perception and confidence from accessing care in a modern, fit for purpose environment</li> </ul>
<b>Decarbonisation (Infrastructure &amp; Estate)</b>  To support decarbonisation through the procurement and design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	<p><u>Cash Releasing</u></p> <ul style="list-style-type: none"> <li>Reductions in estate-wide running costs for energy</li> </ul>
	<p><u>Quantifiable</u></p> <ul style="list-style-type: none"> <li>Achieve BREAAAM Rating Excellent (with a view to achieving overall Net Zero Carbon)</li> <li>Reduced carbon footprint of the estate through reduced energy demand and increase in the number of sustainable products and technologies.</li> </ul>
	<p><u>Qualitative</u></p> <ul style="list-style-type: none"> <li>Improvement in public perception of the partner organisations</li> </ul>
<b>Decarbonisation (Greener Travel)</b>  To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	<p><u>Cash Releasing</u></p> <ul style="list-style-type: none"> <li>Reduced service user transport costs</li> <li>Reduction in staff mileage costs</li> </ul>
	<p><u>Quantifiable</u></p> <ul style="list-style-type: none"> <li>More people using active travel in Newtown</li> <li>Increased number of electronic vehicle charge points on site</li> <li>Reduce miles travelled for service users and staff as a result of repatriation of services and increased use of digital technology reducing CO2 emissions.</li> <li>Environments are fully digitally enabled</li> </ul>
	<p><u>Qualitative</u></p> <ul style="list-style-type: none"> <li>Encourages staff, visitors and patients to stay active through green spaces and proximity to 'Open Newtown' – improving health and wellbeing</li> </ul>
<b>Regeneration</b>  Generate opportunities to optimise Social Value through stimulation of the local job	<p><u>Cash Releasing</u></p> <ul style="list-style-type: none"> <li>Increased revenue generating opportunities</li> </ul>
	<p><u>Quantifiable</u></p> <ul style="list-style-type: none"> <li>A regenerated high street, with more choice for residents and visitors</li> </ul>



Investment Objectives	Main benefits criteria
market, increased engagement with the 3 <sup>rd</sup> and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	<ul style="list-style-type: none"> <li>Additional Income brought into the Newtown area as a result of new jobs and opportunities linked to social value forum.</li> </ul>
	<p><u>Qualitative</u></p> <ul style="list-style-type: none"> <li>Supporting NHS to operate as an ANCHOR organisation enabling community wellbeing and delivering social value</li> <li>Creating a social and economic hub making Newtown a more desirable place to live and work</li> <li>Training Academy status, improving status + perception of local area</li> </ul>

### 3.2.6.1 Economic Additionality

Economic Additionality, whilst a valid and deliverable benefit, only really materialises under the Investment Objective for Regeneration. Therefore, the realisable benefits for Additionality are listed separately here:

- Additional Income brought into the Newtown area as a result of new jobs
- Increased opportunities in North Powys to access apprenticeships, employment and training
- Encourage ‘footfall’ to local services, businesses and the town centre
- Community Benefits as a result of the procurement exercise
- A full Economic Additionality assessment will take place at OBC stage.

### 3.2.7 Targets and measures

The following table identifies the measures that will be utilised to ensure that the identified investment objectives are SMART. At Outline Business Case (OBC) stage we will be much better positioned and informed to be able to submit a comprehensive set of targets for each of these identified measures.

**Table 30: Measures and Targets**

Investment Objectives	Quantifiable Benefits	Measures
<p><b>1. Integrated Local Services:</b></p> <p>Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3<sup>rd</sup></p>	<ul style="list-style-type: none"> <li>Bring synergies from integrated working with all partners resulting in strengthened community provision, more efficient pathways and better experience for service users.</li> <li>Improve citizen experience, quality of care, reduce</li> </ul>	<ul style="list-style-type: none"> <li>Number of complaints and trends analysis for north Powys.</li> <li>% of commissioned services repatriated into north Powys.</li> <li>Reduced waiting times for imaging (CT, MRI, Ultrasound, plain film).</li> </ul>



Investment Objectives	Quantifiable Benefits	Measures
<p>Sector and other public services, serving the population of north Powys.</p>	<p>waiting times and speed up diagnosis.</p> <ul style="list-style-type: none"> <li>Improved sign posting and uptake of wellbeing services and activities to enable people to self manage and live independently; reducing social isolation and hospital admissions.</li> <li>Contribute to improved early years health outcomes.</li> <li>Offer an enhanced range of services in north Powys, improving geographical access to health and care (repatriation) and reducing inequalities.</li> </ul>	<ul style="list-style-type: none"> <li>Reducing patients waiting for planned care</li> <li>Reduce acute hospital admissions for specific patient groups (linked to same day urgent care in north Powys).</li> <li>No. of contacts with third sector services or monitor uptake of social prescribing framework (not yet in place).</li> <li>No. of people living at home independently following a period of reablement.</li> <li>Book loan measures / information take-up.</li> <li>Reduction in Adverse Childhood Experiences.</li> <li>Track First 1,000 Days initiative.</li> </ul>
<p><b>2. Sustainable workforce:</b></p> <p>Deliver a new and sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.</p>	<ul style="list-style-type: none"> <li>Improved recruitment and retention rates.</li> <li>Improved education and learning for staff and the public; upskilling staff, maximising and enhancing career opportunities through apprenticeships, employment and training.</li> <li>More sustainable and efficient workforce model through new ways of working co- location and collaborative working.</li> </ul>	<ul style="list-style-type: none"> <li>Track staff churn levels and vacancies.</li> <li>Track recruitment costs.</li> <li>No. of no training weeks per £m invested; proportion of training time spent by staff.</li> <li>Estyn measurements including Academic achievement, leadership, wellbeing, Health &amp; Employment.</li> <li>Undertake and track staff Wellbeing / satisfaction surveys.</li> </ul>



Investment Objectives	Quantifiable Benefits	Measures
	<ul style="list-style-type: none"> <li>• New employment opportunities – through the repatriation of specialist services.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff sickness levels.</li> </ul>
<p><b>3. Innovative Environment (Fit for Purpose Estate):</b></p> <p>An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.</p>	<ul style="list-style-type: none"> <li>• A purpose-built environment to enable innovation in practice, flexible working with facilities to improve efficiencies and future proof service delivery.</li> <li>• Environment is more conducive to the holistic experience, and wellbeing of staff, patients and visitors supporting national and local policy objectives.</li> <li>• Improved user experience, perception and confidence from accessing care in a modern, fit for purpose environment.</li> <li>• Improved access to services through digital enhancement of facilities.</li> </ul>	<ul style="list-style-type: none"> <li>• No. of concerns raised relating to Estates Issues.</li> <li>• % of space available for flexible/multi-use</li> <li>• No. of people using technology enabled independence, care or health.</li> <li>• No. of people attending virtual clinics.</li> <li>• No. of services available including digital.</li> </ul>
<p><b>4. Innovative Environment (Effective Accommodation):</b></p> <p>To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public</p>	<ul style="list-style-type: none"> <li>• Improved estate-wide energy efficiency.</li> <li>• Increase in % utilisation of estate through sharing of accommodation across partners.</li> <li>• Statutory and mandatory estate compliance and improved functional suitability.</li> </ul>	<ul style="list-style-type: none"> <li>• Current Levels of Backlog Maintenance across all the services to be removed.</li> <li>• Utilisation of shared rooms and spaces (before and after measures).</li> <li>• No. of people agile working.</li> <li>• Improved accessibility (in line with the Equality Act).</li> </ul>



Investment Objectives	Quantifiable Benefits	Measures
sector funds and assets.		
<p><b>5. Decarbonisation (Infrastructure &amp; Estate):</b></p> <p>To support decarbonisation through the procurement and design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.</p>	<ul style="list-style-type: none"> <li>• Reduced carbon footprint of the estate</li> <li>• Installation of water-saving devices throughout</li> <li>• Utilisation of low carbon heat sources throughout</li> <li>• No fossil fuelled combustion systems shall be employed as primary heat sources</li> <li>• Achieve BREAAAM Rating Excellent.</li> </ul>	<ul style="list-style-type: none"> <li>• Carbon Footprint of the Estate.</li> <li>• BREEAM Rating.</li> </ul>
<p><b>6. Decarbonisation (Greener Travel):</b></p> <p>To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.</p>	<ul style="list-style-type: none"> <li>• More people using active travel in Newtown.</li> <li>• Environments are fully digitally enabled, which supports e-consulting.</li> <li>• Reduce miles travelled for service users and staff as a result of repatriation of services and increased use of digital technology reducing CO2 emissions.</li> <li>• Principles of sustainable travel shall be used to include: suitable and sufficient public transport links, cycle storage, changing facilities, e-bike shelter and charging</li> </ul>	<ul style="list-style-type: none"> <li>• No. of people cycling to work.</li> <li>• No. of Non-emergency transport miles travelled to out of county hospitals.</li> <li>• No. of electric car charging points.</li> </ul>





Investment Objectives	Quantifiable Benefits	Measures
	<p>provisions, car sharing schemes</p> <ul style="list-style-type: none"> <li>• EV charging provisions shall exceed standards given in Planning Policy Wales [Edition 10] for 10% of all new spaces.</li> </ul>	
<p><b>7. Regeneration:</b></p> <p>Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3<sup>rd</sup> and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.</p>	<ul style="list-style-type: none"> <li>• A regenerated high street, with more choice for residents and visitors.</li> <li>• Additional Income brought into the Newtown area as a result of new jobs and opportunities linked to social value forum.</li> <li>• Increased opportunities for volunteering, apprenticeships and work placements'</li> </ul>	<ul style="list-style-type: none"> <li>• No. of new temporary and permanent jobs created.</li> <li>• Track Gross added value benefits relating to increased economic activity (£).</li> <li>• Track% of labour force from defined postcode,</li> <li>• Track % of labour force from Wales.</li> <li>• Track footfall: residents and visitors - both no's and spend (£).</li> <li>• Track # of volunteer placements</li> <li>• Track # of apprenticeships</li> </ul>

### 3.2.8 Business Needs

Having explored the existing issues facing current service delivery including; building condition and suitability, the need for more integrated joined up services and the current and future needs of the local community the following business needs have been identified.



**Table 31: Relationship between Business Need, Benefits and Investment Objectives**

Issues with current provision	Business Needs	Benefits	IO 1	IO 2	IO 3	IO 4	IO 5	IO 6	IO 7
Lack of joined up care (Barriers between organisations, e.g. sharing of information, separate buildings, culture of silo working)	<ul style="list-style-type: none"> <li>Access to real-time data and digital systems in an innovative multi-agency environment for all partners, to provide seamless integrated care and wellbeing services.</li> </ul>	<ul style="list-style-type: none"> <li>Bring synergies from integrated working with all partners resulting in strengthened community provision, more efficient pathways and better experience for service users</li> </ul>	√						
Current demand and costs for statutory services is increasing (incl. COVID), current arrangements are not sustainable	<ul style="list-style-type: none"> <li>Invest more in prevention and early help and support.</li> <li>Develop a shared vision and joint commissioning framework to deliver a new sustainable Social Model for health. New relationships needed between public services and communities to enable shared decision making and co-production</li> <li>Multi agency environment in Newtown that is conducive to physical, mental health and wellbeing with a range of services creating a 'one stop shop' on the campus to support people to self manage through information, advice, education and sign posting.</li> <li>Develop Home support (Outreach model) to promote help and support at earliest</li> </ul>	<ul style="list-style-type: none"> <li>Improved sign posting and uptake of wellbeing services and activities to enable people to self-manage and live independently, reducing social isolation and hospital admissions.</li> <li>Reduced operating cost of Health &amp; Care services</li> </ul>	√						

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Issues with current provision	Business Needs	Benefits	IO 1	IO 2	IO 3	IO 4	IO 5	IO 6	IO 7
	<p>opportunities with the aim to keep people in their own homes.</p> <ul style="list-style-type: none"> <li>New treatments and technology are creating new ways of working and these need to be exploited to support delivery in a rural setting</li> </ul>								
<p>Inequality of access to services for north Powys population due to variation of service provision across Powys. Services also moving further away due to external hospital reconfiguration programmes.</p>	<ul style="list-style-type: none"> <li>To improve equality of access to local services through providing a flexible and responsive planned care service in north Powys to prevent people travelling out of county unnecessarily.</li> </ul>	<ul style="list-style-type: none"> <li>Improve citizen experience, quality of care, reduce waiting times and speed up diagnosis.</li> <li>Offer an enhanced range of services in north Powys, improving geographical access to health and care (repatriation) and reducing inequalities.</li> </ul>	v						
<p>Traditional model with majority of activity taking place in Acute settings out of county (No diagnostic and ambulatory care provided locally).</p>	<ul style="list-style-type: none"> <li>Improve and enhance rural practice in primary, community and social care through innovation and new models of care with focus on local diagnostics, urgent care, planned care and supported living arrangements. (links to workforce - Health and Care Academy)</li> <li>Further utilise new technologies to support earlier diagnosis, as well as enabling rapid response to avoid hospitalisation (links to innovative environment)</li> </ul>	<ul style="list-style-type: none"> <li>Improve citizen experience, quality of care, reduce waiting times and speed up diagnosis.</li> <li>Offer an enhanced range of services in north Powys, improving geographical access to health and care (repatriation) and reducing inequalities.</li> </ul>	v						



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Issues with current provision	Business Needs	Benefits	IO 1	IO 2	IO 3	IO 4	IO 5	IO 6	IO 7
	<ul style="list-style-type: none"> <li>Benchmarking vs. UK and OECD demand and capacity highlights imaging capacity in the UK is significantly below other European countries. Diagnostic, Recovery and Renewal Report of the Independent Review of Diagnostic Services for NHS England October 2020 outlined significant increase in demand for CT and MRI services.</li> </ul>								
<p>Newtown is a deprived area with disparate children's services and lacks opportunities for children and young people to have the best start in life. The impact of COVID is widening inequalities.</p>	<ul style="list-style-type: none"> <li>Strengthen wellbeing, early help and support services.</li> <li>Joined up care across multiple agencies (NEST) (education, health, social care, police, third sector etc)</li> <li>Strengthen education and employment opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Contribute to improved early years health outcomes</li> </ul>	√						
<p>Significant recruitment and retention issues</p>	<ul style="list-style-type: none"> <li>Develop and implement an innovative and sustainable workforce model /robust workforce plan based on gap analysis and training needs to support and attract people to work in North Powys.</li> <li>Lead way in rural health and social care practice to promote Powys as a place to live, work and play – this will be via the multi agency wellbeing campus.</li> </ul>	<ul style="list-style-type: none"> <li>Improved education and learning for staff and the public; upskilling staff, maximising and enhancing career opportunities through apprenticeships, employment and training.</li> <li>Improved recruitment and retention rates</li> </ul>		√					



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Issues with current provision	Business Needs	Benefits	IO 1	IO 2	IO 3	IO 4	IO 5	IO 6	IO 7
	<ul style="list-style-type: none"> <li>• Roll out of the school of volunteers and carers within the Academy that will support Carers and volunteers have a space (Physical &amp; Virtual) where they can be connected, nurtured, inspired, empowered and equipped to support organisations that support them, in communities across Powys to work together to make a real difference to everyone's health and well-being.</li> <li>• Develop and grow workforce through the Health and Care Academy offering including; education, housing, health, social care and 3rd sector.</li> <li>• Work with universities to attract and encourage more students to come and enjoy rural placements in the area.</li> <li>• Facilitate an all-round positive experience to rural placements to help inspire more students to come and experience rural Mid Wales, through offering modern student accommodation facilities with reliable internet connectivity to support digital learning opportunities.</li> </ul>								



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Issues with current provision	Business Needs	Benefits	IO 1	IO 2	IO 3	IO 4	IO 5	IO 6	IO 7
Cultural and traditional model leading to silo working	<ul style="list-style-type: none"> <li>More digital enabled practice to improve efficiency</li> <li>Generic and blended roles across health, social care and 3rd Sector.</li> <li>Increased capacity of our multi-agency workforce to</li> <li>improve emotional health and well-being within our communities.</li> </ul>	<ul style="list-style-type: none"> <li>More sustainable and efficient workforce model through new ways of working co-location and collaborative working</li> </ul>		√					
Workforce gaps – numerical and skillset	<ul style="list-style-type: none"> <li>Ensure that adequate attention is paid to establishing the correct workforce in the right places at the right time.</li> </ul>	<ul style="list-style-type: none"> <li>Improved recruitment and retention rates</li> <li>More sustainable and efficient workforce model through new ways of working co-location and collaborative working</li> </ul>		√					
Buildings generally not fit for purpose: Services provided from multiple buildings as part of an aged (in PTHB 38% pre-dating 1948) and in poor condition, poorly utilised, non compliant and non functional	<ul style="list-style-type: none"> <li>Fit for purpose Estate that allows specialist and integrated local service provision within a wellbeing campus</li> <li>Learning from Covid 19 and applying news ways of working, indoor, outdoor and flows</li> </ul>	<ul style="list-style-type: none"> <li>Improved user experience, perception and confidence from accessing care in a modern, fit for purpose environment</li> </ul>			√				
Current buildings do not allow innovation of practice, collaborative working or expansion of services.	<ul style="list-style-type: none"> <li>Need for generic digitally enabled, flexible space.</li> <li>Need for modern environment for new ways of working and support repatriation of services</li> </ul>	<ul style="list-style-type: none"> <li>A purpose built environment to enable innovation in practice, flexible working with digitally enhanced facilities to improve efficiencies and future proof service delivery.</li> </ul>			√				



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Issues with current provision	Business Needs	Benefits	IO 1	IO 2	IO 3	IO 4	IO 5	IO 6	IO 7
Lack of suitable environments for key groups i.e. dementia, autism. General access issues, e.g. lack of disable facilities and no provision of dementia friendly environments	<ul style="list-style-type: none"> <li>Develop shared creative spaces to support all key groups, i.e. dementia friendly, child friendly.</li> </ul>	<ul style="list-style-type: none"> <li>Environment is more conducive to the holistic experience, and wellbeing of staff, patients and visitors supporting national and local policy objectives.</li> </ul>			√				
The current buildings are poorly-utilised and outdated and services are provided from various partners across many separate buildings – the population have shared they are disparate.	<ul style="list-style-type: none"> <li>To improve efficiency of current estate and make best use of public sector funds and assets through creation of a campus that has generic and shared spaces which can be utilised by multi-agency partners improving efficiency and effective use of space.</li> </ul>	<ul style="list-style-type: none"> <li>Improved estate-wide energy efficiency</li> <li>Increase in % utilisation of estate through sharing of accommodation across partners</li> </ul>				√			
<ul style="list-style-type: none"> <li>Building condition survey outcomes range from B - D</li> <li>Building suitability survey outcomes range from B- D</li> <li>Accessibility survey outcomes range from B - D</li> <li>Backlog Maintenance of over £7M</li> </ul>	<ul style="list-style-type: none"> <li>Develop an estate which meets statutory / mandatory compliance and that is in line with latest thinking and design guidance, offering improved physical environment in terms of; Functional suitability; Fire safety compliance, Accessibility, Ease of use and reduced risk of infections</li> </ul>	<ul style="list-style-type: none"> <li>Compliance with statutory and mandatory estate code and improved functional suitability</li> </ul>				√			



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Issues with current provision	Business Needs	Benefits	IO 1	IO 2	IO 3	IO 4	IO 5	IO 6	IO 7
Existing buildings perform poorly for energy efficiency (insulation/windows etc.). Most buildings feature gas fired boilers and other carbon intensive technologies and present little opportunity to incorporate modern innovative low carbon technologies due to the cost prohibitive nature of retrofitting existing facilities. The layout of the physical environment also constrains opportunities for head zoning	<ul style="list-style-type: none"> <li>Development of a built estate able to respond to the initiatives in the NHS Wales Decarbonisation Strategic Delivery Plan and Welsh Governments ambition for the public sector in Wales to be net zero by 2030.</li> </ul>	<ul style="list-style-type: none"> <li>Achieve BREAAAM Rating Excellent</li> <li>Reduced carbon footprint of the estate through reduced energy demand and increase in the number of sustainable products and technologies.</li> </ul>					√		
Retaining the status quo will not facilitate improvements to sustainable travel arrangements; nor will retaining existing delivery model improve the use of sustainable travel options.	<ul style="list-style-type: none"> <li>Integration of health, wellbeing and social care in a new Health &amp; Care model for Newtown and surrounding areas, to facilitate improvements to sustainable travel.</li> </ul>	<ul style="list-style-type: none"> <li>More people using active travel in Newtown</li> <li>Increased number of electronic vehicle charge points on site</li> </ul>						√	
Lack of infrastructure, local service provision and digital opportunities resulting in travel out of county.	<ul style="list-style-type: none"> <li>New Model of Health &amp; Care, with services repatriated to the locale reducing miles travelled, reducing carbon footprint.</li> <li>Increase number of service user and staff accessing digital enabled services.</li> </ul>	<ul style="list-style-type: none"> <li>Reduce miles travelled for service users and staff as a result of repatriation of services and increased use of digital technology reducing CO2 emissions.</li> </ul>						√	





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Issues with current provision	Business Needs	Benefits	IO 1	IO 2	IO 3	IO 4	IO 5	IO 6	IO 7
		<ul style="list-style-type: none"> <li>Environments are fully digitally enabled.</li> </ul>							
Wellbeing assessment identified health and social care needs are greater in north Powys. Newtown largest town in Powys, ranked as deprived area. High unemployment, children in poverty. National Development framework has identified Newtown as a regional centre – recognising the role this area plays in sub-regional areas through supplying jobs; leisure, retail, education and health and care services.	<ul style="list-style-type: none"> <li>Enhanced offer - creating more jobs, attractive place to live and work.</li> <li>Encourage people to live well in local environment</li> <li>Supporting NHS to operate as an anchor organisation enabling community wellbeing and delivering social value.</li> <li>Support delivery of wider Welsh Government Policy in relation to National Development Framework and "Town Centres First" Initiative.</li> </ul>	<ul style="list-style-type: none"> <li>A regenerated high street, with more choice for residents and visitors</li> <li>Additional Income brought into the Newtown area as a result of new jobs and opportunities linked to social value forum.</li> </ul>							v
Demand is currently outstripping supply across north Powys for supported living accommodation provision, with high numbers of people either placed supported in interim placements or in accommodation out of county far from their home communities, friends and families.	<ul style="list-style-type: none"> <li>Development of supported limited accommodation on the multi-agency wellbeing campus to accommodate a range of needs.</li> <li>With specialist services, GP surgery and a learning academy based on campus, the breadth of services offered will enable delivery of the right support at the right time.</li> <li>All accommodation and support will be based on what matters to</li> </ul>	<ul style="list-style-type: none"> <li>Improved user experience, perception and confidence from accessing care in a modern, fit for purpose environment</li> <li>Bring synergies from integrated working with all partners resulting in strengthened community provision, more efficient pathways and better experience for service users</li> <li>Improved sign posting and uptake of wellbeing services and activities to enable people</li> </ul>							



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Issues with current provision	Business Needs	Benefits	IO 1	IO 2	IO 3	IO 4	IO 5	IO 6	IO 7
	<p>residents. This will be with a view to promoting their independence and supporting individuals to live the best life possible</p> <ul style="list-style-type: none"> <li>Focus on wellbeing as set out in the Well-being of Future Generations (Wales) Act 2015/Social Services and Well-being (Wales) Act 2014.</li> <li>Focus on prevention which is in line with the Act but also informed by good practice.</li> <li>Seeks to enable people to consider a wide range of places to live and deliver the support people want and need.</li> <li>Ensure effective investment with the resources available by developing up-to-date and appropriate services, which are progressive and flexible in nature.</li> <li>Increase 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.</li> <li>Address the needs of those facing and/or experiencing homelessness. This is driven by 'Rapid Rehousing', 'Housing</li> </ul>	<p>to self manage and live independently; reducing social isolation and hospital admissions.</p> <ul style="list-style-type: none"> <li>Offer an enhanced range of services in north Powys, improving geographical access to health and care (repatriation) and reducing inequalities.</li> </ul>	√		√				



Issues with current provision	Business Needs	Benefits	IO 1	IO 2	IO 3	IO 4	IO 5	IO 6	IO 7
	<p>First', and 'Everyone In' approaches, which aims to house individuals immediately who face or are experiencing homelessness.</p> <ul style="list-style-type: none"> <li>• Demographic significance – demand for supported accommodation is high throughout Powys although particularly in the north of the county.</li> <li>• Address the increased financial pressures on public services.</li> <li>• Respond to the impact of Covid-19, which has added more pressure on health and care services,</li> </ul>								

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### 3.2.9 Project Scope

The scope of the solution will be informed by a number of principles related to both design and operation. These principles are aligned to the investment objectives and with redressing issues related to the status quo.

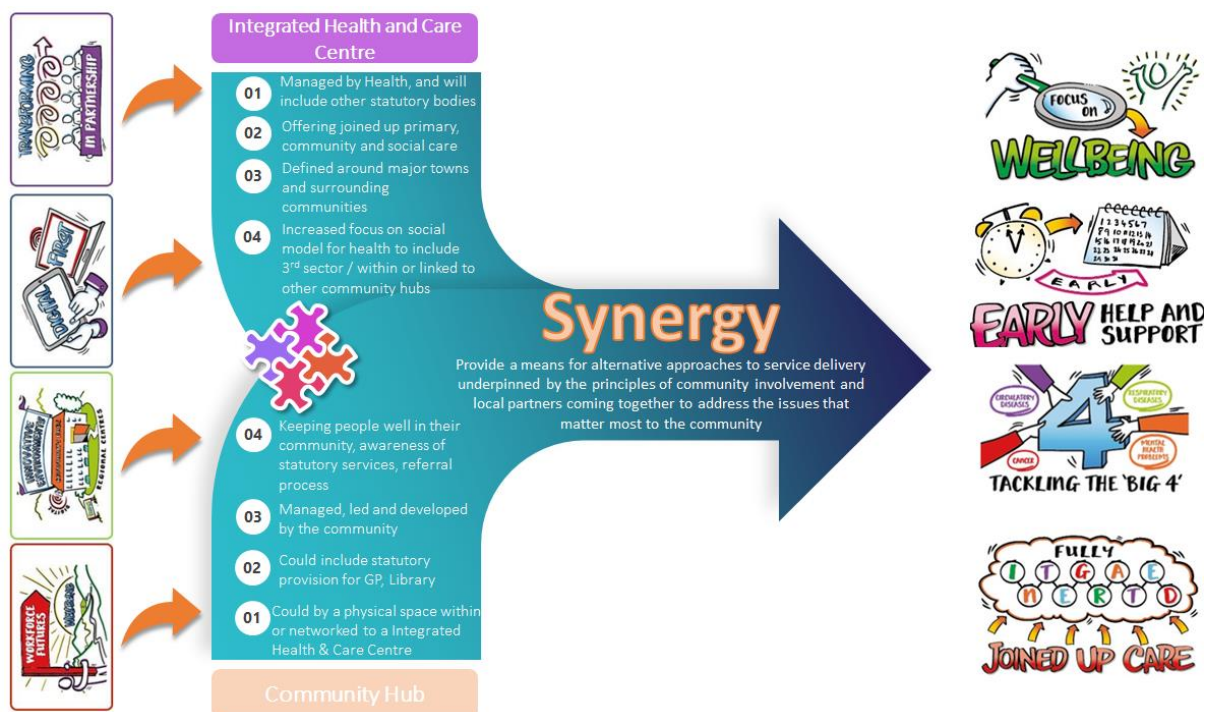
#### 3.2.9.1 Innovative Environments

The Innovative Environment Oversight Group will ensure that innovation is embedded throughout the programme both in relation to the ‘synergies’ that can be achieved as well the main themes in relation to Design, infrastructure, Digital and Decarbonisation.

#### 3.2.9.2 Synergies

One of the key drivers in leveraging the opportunities that change can achieve is by increasing synergies between organisations, individual services, the workforce and the estate. These synergies can be defined as “**interaction or cooperation which gives rise to a whole that is greater than the simple sum of its parts**”. Key synergies associated with the principles of the project are:

**Figure 26: Project ‘Synergies’**



Campus synergies achieved through adopting a new model of care and the proposed principles of design will help to enable improvement across many areas including:

- **Provision of high quality public Realm** – Creating a social and economic ‘destination’ for the population of North Powys offering a range of statutory and non-



statutory services as well as a centre for employment, leisure and social interaction tackling issues of social isolation.

- **Staff recruitment and retention** – providing high quality environments and amenities along with employment, education and training opportunities making North Powys a more attractive place to live and work.
- **Integrated services** – enabling multi team/organisation working leading to a more holistic approach to care and a focus on Health promotion, wellness and early intervention.
- **Regeneration** – acting as a catalyst for local regeneration through links to the town centre and other local amenities.
- **Convenience** – creating a ‘one stop shop’ for the local community, streamlining the process of consultation, diagnosis and treatment.
- **Relieve pressure on acute services** – through facilitating the provision of advice, guidance and support that will focus on prevention, allowing people to maintain independence and improving health outcomes.
- **Early Years Support** – by bringing together education, health and community support for families and creating safe spaces for children and young people.
- **Decarbonisation** – creating a series of buildings and interconnecting spaces which harness low carbon technologies and a single energy strategy for the site based on a ‘do it once’ approach.

### 3.2.9.3 Design

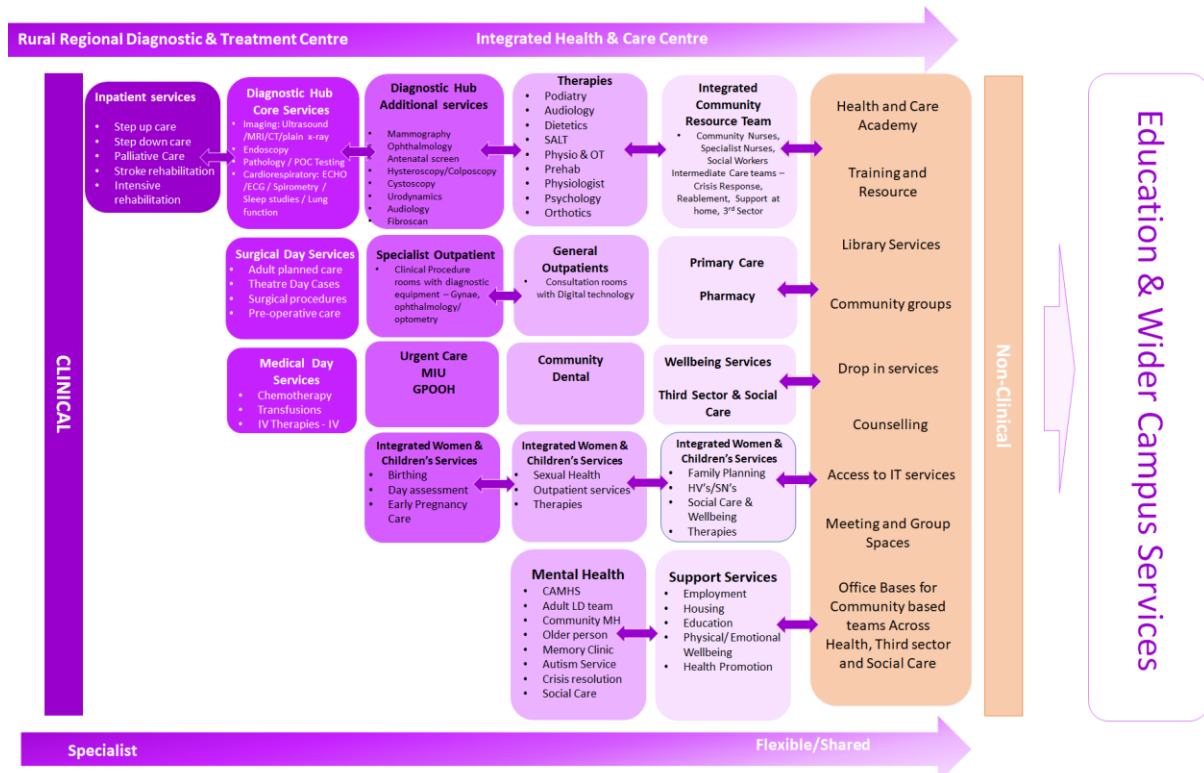
The development of a holistic approach ensures that each space being utilised is fit for purpose (utilising clinical spaces for office or storage for example is inefficient – and expensive). A building typology approach will mean that highly clinical, technical spaces are focussed where they are appropriate and less technical spaces such as office and meeting spaces which are more cost effective are also designed appropriately. The design will also consider the use of ‘repeatable’ or standardised rooms and modular building elements which streamline both design and construction processes. The principles associated with this design approach include:

- **Space Utilisation** – bringing multiple disparate buildings/services into a single location will lead to better space utilisation and reduce duplication.
- **Improved efficiency** – through consolidation and sharing, improving space utilisation and reducing duplication
- **‘Right space right place’** – ensuring all spaces are fit for their intended purpose i.e. not over/under engineered`
- **New ways of working** – The development of the Interim Innovative Environments Strategic Framework



- Environmental quality – impact of our environment on our health and wellbeing
- Improved digital infrastructure - Digital infrastructure is one of the key priorities for the RPB (Digital First).
- Shared Spaces – a holistic approach has allowed the programme team to explore the opportunities for multi-use, flexible and shared spaces which can offer a number of benefits.

Figure 27: Design of Health and Care Services



### 3.2.9.4 Digital

Digital infrastructure is one of the key priorities for the RPB taking a longer term view to support connectivity in rural Powys and further alignment with the National Digital Health and Care Wales plan.

The Digital rollout plan remains a high priority, supporting both immediate priorities of COVID response, including a huge acceleration in agile and new ways of working, as well as essential service delivery and the scoping of the renewal priorities. The development provides a real opportunity to ensure that infrastructure is in place to enable targets for increased digital rollout. This will be a key thread to the service planning and pathway work that the partnership are currently undertaking.

The longer term ambition for the Campus is:



- Fully enabled digital ambulatory care services – provide the latest state of the art diagnostics, virtual consultations and e-learning platforms. Where clinically safe and effective provide remote diagnostics which will enable primary and community care teams to undertake local diagnostic investigations in Powys which can be seen by secondary care consultants. Develop virtual consultation suites enabling patients to be seen and treated locally in Powys with remote access to consultants when needed.
- Urgent care – Where clinically safe and effective, provide ambulatory urgent care with links with A&E consultants to reduce admissions to hospital.
- More digital pathways where diagnostics are worked up locally
- Digital hub room with ear scopes and heart monitors to access remote consultants
- Everyone in Powys is able to access self-management apps and digital technology with assistance from third sector, these services could also be provided from the shared space / Community Wellbeing hub, as evidence suggests some people are happy to utilise technology when they are supported by other professionals.
- Digitally enabled working spaces to enable multi agency staff to connect together, which enables electronic booking linked to screens outside rooms to show the usage of that room for the day.

Opportunities for the broader model of care include:

- Multi-agency support available from third sector to assist people in their own homes to access technology.
- Consultant Connect can be used and accessed by all GPs to manage demand and reduce number of referrals to secondary care.
- Technology enabled care available to all in need across all of Powys.
- Technology enhanced exercise programmes to target The Big 4
- Improving internet/wifi access across the county will enable greater use of GP telephone triage.
- Technology enhanced care to support hospital at home services`

Digital connectivity will be at the heart of connecting professionals across the region with service users, and will enable rapid knowledge transfer to professionals working in community hubs from centres outside our geography.

It will also enable signposting to local services and enable tracking of health status of more vulnerable members of the community through to evaluation of the use of wearable devices and mobile technology.

The use of technology will also be included in all clinical workstreams going forward with a transformational/innovation “check” - including examining the potential for artificial intelligence



and point of care testing on strengthening rural diagnostic workforce requirements and reducing unit costs.

The innovation team is working with a number of clinical IT companies that offer IT support in COPD, mental health, heart failure and frailty monitoring. These offer the ability to significantly improve care in the home situation. The impact of these is in its infancy and the place in the whole pathway will be part of the way the system works towards OBC. Aiming to maximise outcomes and value for money.

We will also focus on technology reducing travel need for as many patients as possible as well as professionals in order to minimise any carbon footprint of new developments.

### **3.2.9.5 Decarbonisation**

The project represents a unique opportunity for north Powys to create an efficient, consolidated network of buildings with single service strategy – an opportunity to utilise ‘green’ building techniques and technologies as well as supporting reduced travel and promoting green travel plans including the provision of Electric Vehicle (EV) charging. The IEOG includes environmental specialists from both organisations and are being supported by Welsh Government Energy Service (WGES) and Re:Fit Cymru, who provide technical guidance and potential access to additional funding. The proposals also support a move to a “Carbon Positive Powys” as set out in the Public Service Board’s Wellbeing Plan and the emerging Regional Energy Plan. A number of workshops have taken place to develop a long list of potential decarbonisation options which will be further developed and defined in subsequent business cases.

The main considerations are summarised below:

- In line with funding requirements solutions will be designed to meet BREEAM ‘excellent’ but will also set ambitious targets for decarbonisation by considering passive house standards.
- With a required build size of 10,000 – 15,000 m<sup>2</sup> the project presents an estimated total energy demand of 150,000kw - 225,000kw, which is an annual total commodity cost only of £21,000- £32,000 at current energy rates. Because of the strict and necessary air quality controls and high air exchange rates, 15kWh/m<sup>2</sup> is the benchmark.
- Through ‘life cycle analysis’ the project team and environment managers will make informed decisions, on construction materials and methods of construction, to ensure as low an impact as possible, whilst not compromising functionality.
- There will be a holistic approach to service energy strategy, with technologies such as river source heat pumps being considered to control the thermal comfort across the site. In addition, we are offering innovative plans to control building temperatures based on occupancy detection and temperature, rather than conventional ‘space’ temperature.





- Through this project and procurement processes, we hope to recognise private sector endeavours through procurement scoring criteria and will help shift the supply chain towards an added value decarbonised sector.
- To help deliver against the Wellbeing of Future Generation Act, decarbonisation benefits will be carefully balanced against social and economic benefits.
- As a partnership scheme the project will support PCC's "Wood Encouragement" policy, as the greater use of timber is seen as beneficial in terms of decarbonisation and the wellbeing of buildings. In addition, the study on Home Grown Homes, led by Powys County Council has just issued its research findings, which provides advice on build solutions that can be delivered by Welsh timber product manufacturers and maximise carbon capture. The results of this study can be applied to the scheme.
- In use, the building function and resource demands are as important as during construction. Building orientation, passive heating, cooling, lighting and ventilation will be designed in harmony with nature, enhanced with centralised monitoring and controls to optimise the working environment. Natural resources will be used to best effect, new and emerging technologies including river, ground and air source heat pumps, solar PV, energy storage and solar thermal panels will all be considered.
- Technologies installed will help to significantly reduce the total offsite generated energy. Any procured energy will be REGO-backed, as with all PTHB sites since 2021, and through the Energy Price Risk Management Group and NWSSP procurement a proportion of gas will be guaranteed biogas. It's hoped that at times the onsite energy generation will exceed demand and so allow an amount of onsite excess, which will be distributed through local distribution network and provide us a revenue stream.
- In line with Welsh Government guidance the scheme will include a minimum of 10% EV charging spaces, but with a goal of 50% by 2030, supporting the reduction of 2390-11,950 tCO<sub>2</sub>e per annum from patient, visitor and staff transport-related emissions.
- This project is an opportunity to champion sustainable products and engineering solutions which could be scaled up or down to help meet the challenge we all face in Wales meeting national climate change targets, whilst protecting and caring for the present and future population of Wales.
- Additionally, biodiversity is a key consideration for the project. Following ecological assessments of the site, important species and habitats will be considered in the design to reduce negative impacts, the site could even be enhanced to support transient and migratory species with permanent and ephemeral ponds and scrapes, which would also act as Sustainable Urban Draining Scheme (SUDS). Aspects could include courtyard gardens and growing spaces, vertical growing which could double up as passive insulation to help heat and cool the building. Planting of trees helping to shade the site and sowing of wildflowers to increase habitat for pollinators. Biodiversity mitigation and CO<sub>2</sub>e offsetting will also be taken off site with planting of trees from



PTHB's tree nursery (with third-sector partners) on publicly-accessible land and appropriate land management plans in place.

### **3.2.9.6 Infrastructure**

The infrastructure element, scope and cost, is one of the most challenging but also important pieces of work, which, in collaboration with WG colleagues, has been identified as the means by which the site can be 'unlocked'. By necessity, this must be one of the first stages of the scheme to be developed and this is needed to support and underpin all elements of the project but, in addition to the more traditional roads and utilities, this could also include the more innovative 'public sector' and community space in terms of the built shared environment.

The innovative approach and pushing the boundaries means there is no clear template to follow, although the workstream is looking at lessons learned from other collaborative projects across Wales and beyond, and more work is needed before more detailed analysis can be done. An early joint partnership approach is evidenced by the engagement of the Heart of Wales Property Services joint venture team to undertake site surveys (circa £100K).

### **3.3.7.7 Service Transformation**

The local and national policy drivers that impact on the partnership board and the Case for Change (in North Powys) identified within this document, establishes the need for a Multi-Agency Wellbeing service offering in the heart of Newtown. This would 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 single site would support development of new models of care, with an increased focus on wellbeing and also enabling 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.

There would be a number of significant opportunities for delivering an enhanced model in Newtown via a significant shift in activity from acute sites to more local delivery include diagnostics, outpatients (across a multitude of specialties), surgical and medical day cases, urgent care, and inpatients (step-up and level 2 rehabilitation beds). Further detail can be found at Appendix G.

Additional to relocation and development of services, there would also be opportunities for co-location and integration that are difficult to achieve with the current estate and the disparate configuration of services. Further detail can be found at appendix G.

### **3.2.10 Main Risks**

The main business, service and environmental risks associated with the potential scope for this programme are shown below and will be developed further in each Business Case:



**Table 32: Strategic Risks & Countermeasures**

Main Risk	Counter Measures
<b>Business and Political Risks</b>	
1. Failure to secure funding / affordability.	No contractual commitments will be made until firm assurances have been given regarding the affordability and availability of funding.
2. Delays in business case process.	Plan flexibility into the options where possible and establish governance pathways early in the programme, working closely with Welsh Government to support timely process.
3. Stakeholder support.	Early engagement with all stakeholders, as part of effective stakeholder planning / mapping, to identify any potential issues.
4. Scope of the Model of Care (what's in what's out) may not be agreed.	Partnership arrangements developed early, in line with the MoU, will enable detailed service design/strategic modelling and therefore mitigate the risk.
5. Preferred site in Newtown may not be agreed.	The MoU between the Campus partners will mitigate the risk in due course.
6. Potential changes in WG / local policy.	Expediated SOC ahead of next scheduled local elections and MoU will help to mitigate in due course.
7. Increase in cost.	Effective Cost Management and modelling of MoC will help to mitigate the risk.
8. Increase in timescales.	Plan flexibility into the options where possible.
9. Not having sufficient Operational resource available to support the delivery of the programme.	Ongoing assessment and controls, through effective governance and PPM, in place. Stage 2 Resource Plan to be expanded, to include wider corporate and operational teams.
10. Space requirement for the new Primary school may impact upon Campus space requirements.	Complete feasibility study for the new school and consider Building Bulletin/external space requirements ahead of OBC.
<b>Service Risks</b>	



Main Risk	Counter Measures
6. Inability to deliver additional and repatriated services on the campus in Powys, due to workforce challenges.	Build strategic partnership arrangements and sustainable workforce plans developed.
7. Formal Partnership Agreements (PCC - PTHB) may not be in place in a timely manner.	Partnership arrangements with other strategic partners (e.g. commissioning model), plus partnership agreement with GMS, will be strengthened by the application of a site Memorandum of Understanding (MoU).
8. Deliverability of the Model of Care, e.g. may not be affordable/sustainable, or delivered within timescales.	Demand & Capacity financial modelling developed early and, specifically, workforce plans to support MoC further developed.
9. Digital connectivity, data requirements and IT Infrastructure may not be adequate to deliver the programme.	Ensure alignment of business case to reflect Mid-Wales Growth Deal, user acceptability and capability, and installation of infrastructure and connectivity all addressed.
10. Inability to ensure the right workforce, is in the right place, at the right time.	Enabling Workstream established to facilitate sufficient workforce planning undertaken in good time, to enable adequate time for recruitment, and gap analysis for mitigation.
<b>External Environmental Risks</b>	
3. Issues relating to access, highways, planning permission or planning constraints.	Early engagement with the Local Authority Planning Department on the proposed site and to identify any issues relating to access, highways, planning permission or planning constraints.
4. Covid 19: <ul style="list-style-type: none"> <li>Impact on programme whilst responding to the pandemic;</li> <li>Impact on programme should there be an increase in new cases;</li> <li>Changes in working practices which underpin current thinking;</li> <li>Impact on clinical and office accommodation requirement.</li> </ul>	Early engagement with all contractors to mitigate impact. Ensure learning from COVID is applied to programme – ongoing links with renewals and recovery programmes in PTHB and PCC.



Main Risk	Counter Measures
3. Response to requirements as part of the 'climate-change' agenda results in the build scheme becoming unaffordable.	Project management, governance and budget arrangements kept under constant review.
4. General market 'instability' results in the build scheme becoming unaffordable or unachievable.	Project management, governance and budget arrangements kept under constant review.
5. Brexit: <ul style="list-style-type: none"> <li>Impact on the programme caused by employment constraints</li> <li>Impact on the programme caused by supply chain limitations</li> </ul>	Early engagement with contractors (supply-chain and construction) to mitigate impact, and with HR staff to establish an appropriate risk response.

### 3.2.11 Project Constraints

The project is subject to the following constraints:

- There is a floodplain to the north of the proposed Campus site that cannot be built upon (please note that a flood risk assessment has been undertaken against both the current and proposed TAN15 standards. The assessment indicates that a narrow area of the site alongside the River Severn can only be used for external play activities, but that the majority of the site is at a sufficiently high level that there are no constraints on development).
- The school must be constructed first, with the existing infant school and junior school open as usual until the end of the Summer term 2025 and the new Primary school opening in September 2025.
- The available site area is limited with little or no room for expansion as there are live services on site, any proposed build solution is constrained by existing site boundaries.
- The site has minimal access points (they only exist as entrances to the current buildings on site) so consideration needs to be given to access to the site and construction traffic during the build.
- The projects detailed within the programme should be flexible to respond to fluctuations in resource and available Welsh Government Funding.
- Works must be planned to have the minimum possible disruption to live services;
- A Campus will be built in phases, each phase dependent on the previous; plans will be put in place to mitigate the failure of any phase not proceeding. Each phase will be carefully planned in order to position services on the site to dovetail with the requirement to decant services and keep them operational.



### 3.2.12 Project Dependencies

The project dependencies are as follows:

- Political support at local and national level;
- Stakeholder support
- Capital funding from Welsh Government and Powys County Council;
- Internal officer capacity;
- Capacity of other service areas to provide support;
- Planning permission and any other statutory consents that may be required;
- Broader programme, project and change management support to alter commissioning pathways.



## 4 Economic Case

In accordance with the Capital Investment Manual and requirements of HM Treasury's Green Book, this section of the SOC documents the options appraisal and demonstrates that the proposals will maximise social value to society through the selection of the optimal combination of projects and related activities.

### 4.1 Critical Success Factors

#### CSF1: Business Needs

- The option supports the specific needs of the business

#### CSF2: Strategic Fit

- The option meets and supports the over-arching aims of local and national strategy/legislation.

#### CSF3: Potential Value for Money (VFM)

- The option must maximise return on the required investment for the economy;
- The option must minimise associated risks.

#### CSF4: Potential Achievability

- The option must deliver the projects within the agreed timescale;
- The option must deliver operational and fit-for-purpose facilities;
- The option must satisfy the level of skills required to deliver the projects successfully.

#### CSF5: Supply side Capacity and Capability

- The option must deliver the required level of service and functionality.

#### CSF6: Potential Affordability

- The option must deliver the projects within the ascribed capital and revenue envelope.

### 4.2 Long List Options

The long list of options was generated by a representative group of stakeholders at a workshop held on 13<sup>th</sup> October 2021. The following individuals were present at this workshop:

- Louise Morris – PTHB Head of Capital
- Carly Skitt – RPB Assistant Programme Director
- Emma Peace – RPB Change Manager
- Carys Williams - RPB Clinical Change Manager



- Tanya Summerfield – RPB Programme Manager
- Neil Clutton - PCC Principle Property Manager

## 4.3 Scope Appraisal (the ‘what’)

### 4.3.1 Definitions used within scope appraisal

The following series of definitions are provided to enable enhanced understanding of the proposed options.

#### 1) Services

- Core Services** – Existing services provided by PTHB and PCC. Child and Adult Social Care, Disabilities, Housing and Homelessness Services, Mental Health Services, Women’s Services.
- Enhanced Services** – Existing services provided by PTHB and PCC enhanced to include further integrated family and mental health services and greater links to third sector.
- Repatriated Services** – Services for residents within Powys that currently take place outside Powys.

#### 2) Elements

- Assisted Living** – Twelve one bedroom flats that are suitable for a range of potential service user usage. This includes:
  - 3 units of short term accommodation for children and young people (16-25) in transition;
  - 3 units for supported housing, focussing on rehabilitation and training, step-down for adults and (potential) emergency placement; and
  - 6 units as a Homeless triage facility.
- Student Accommodation** – a range of three-bedroom flats, to support students on placement, staff needing temporary accommodation, and locum staff;
- Learning, Innovation and Community Hub** – hub for community use including provision of a new Health and Care Academy, Library, office, seminar, training and IT suites;
- Integrated Health and Care Centre** – hub that provides a new integrated model of care for the following services: Children’s and Adults Social Care, Disabilities, Housing and Homelessness Services, Mental Health, Outpatients (non-specialist), Sexual Health, Therapies (Enabling), Third Sector Wellbeing Services and Women’s Services;
- GP Primary Care** – General Medical Services
- High Street Primary Care** – including high street pharmacy, dental and optometry;





- g) **Rural Regional Diagnostic and Treatment Centre** – specialist provision in relation to Assessment, Day Cases, Diagnostics, Out of Hours GP, Inpatients, Minor Injuries Unit, Ophthalmic Services, Outpatients, and Phlebotomy.

#### 4.3.2 Options

##### Do Nothing:

1. Status quo for existing core health and care services.

##### Minimum Scope:

2. Enhanced core services

##### Intermediate Scope:

3. Enhanced core and repatriated services delivered through a Integrated Health and Care Centre
4. Enhanced core and repatriated services delivered through a Integrated Health and Care Centre with a Rural Regional Diagnostic and Treatment Centre
5. Enhanced core and repatriated services delivered through a Integrated Health and Care Centre , Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub
6. Enhanced core and repatriated services delivered through a Integrated Health and Care Centre , Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub with (combinations of)
  - a. Assisted Living and 18 bed purpose built Student Accommodation
  - b. GP Primary Care
  - c. 500m<sup>2</sup> of A1 class Highstreet Primary Care space

##### Maximum Scope:

7. Enhanced core and repatriated services delivered through a Integrated Health and Care Centre , Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub with assisted living and/or Primary Care/500m<sup>2</sup> of A1 class Highstreet Primary Care space, and (combinations of)
  - a. 1000m<sup>2</sup> of D2 class indoor sport, recreation or fitness space.
  - b. 2000m<sup>2</sup> of D2 class indoor sport, recreation or fitness space, including hydrotherapy pool;
  - c. Additional 500m<sup>2</sup> of A1 class Highstreet Primary Care space;
  - d. Additional 1000m<sup>2</sup> of A1 class Highstreet Primary Care space;
  - e. 36 bed purpose built student accommodation.



### 4.3.3 Advantages and Disadvantages

**Table 33: Scope Advantages & Disadvantages**

Option 1: Do Nothing – Status quo for existing core health and care services	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Minimises programme costs related to change by instead focussing on smaller iterative but independent organisational improvements.</li> <li>• Minimises the effect of change on existing staff and service users.</li> </ul>	<ul style="list-style-type: none"> <li>• Does not address the forecasted health and wellbeing demands of service users within the north of Powys;</li> <li>• Unlikely to meet ambitions to achieve substantial performance improvement in the delivery of PTHB or PCC services;</li> <li>• Does not increase the synergies or interfaces between existing services;</li> <li>• Does not address problems with the existing workforce model and the challenges this presents in relation to meeting forecasted future demand;</li> <li>• Does not create or support career routes that enable retention of highly trained and in demand staff;</li> <li>• Does not provide a sustainable long-term model for service delivery within the north of Powys;</li> <li>• Does not improve service user experience or perceptions of PCC and PTHB effectiveness in the delivery of services;</li> <li>• Does not support the decarbonisation agenda by repatriating demand that is currently delivered out of county;</li> <li>• Does not enable the wider economic regeneration opportunities that repatriating service demand enables;</li> <li>• Unlikely to create opportunities to maximise the efficient use of space or increase utilisation for certain estate assets;</li> <li>• No impact on the cost of agency cost associated with staff shortages;</li> <li>• Does not create any new revenue raising opportunities for the partner agencies;</li> <li>• Does not offer service user access to adjacent high street Primary Care services;</li> <li>• Does not address the complex needs or costs related to service users using assisted living accommodation.</li> </ul>



Option 2: Do Minimum – Enhanced core services

**Advantages**

- Minimises programme costs related to change by instead focussing on smaller iterative but independent organisational improvements;
- Limited the effect of change on existing staff and service users;
- Could provide highly focussed service improvements within a narrow scope.

**Disadvantages**

- Addresses few of the forecasted health and wellbeing demands of service users within the north of Powys;
- Only meets ambitions to achieve substantial performance improvement in the delivery of PTHB or PCC services in a few key areas;
- Unlikely to substantially increase the synergies or interfaces between existing services;
- Does little to address problems with the existing workforce model and the challenges this presents in relation to meeting forecasted future demand;
- Does not create or support career routes that enable retention of highly trained and in demand staff;
- Does not provide a sustainable long term model for service delivery within the north of Powys;
- Minimal improvement in service user experience and perceptions of PCC and PTHB effectiveness in the delivery of services;
- Does not support the decarbonisation agenda by repatriating demand that is currently delivered out of county;
- Does not enable the wider economic regeneration opportunities that repatriating service demand enables;
- Unlikely to create opportunities to maximise the efficient use of space or increase utilisation for certain estate assets;
- No impact on the cost of agency cost associated with staff shortages
- Does not create any new revenue raising opportunities for the partner agencies;
- Does not offer service user access to adjacent high street Primary Care services;
- Does not address the complex needs or costs related to service users using assisted living accommodation.



Option 3: Intermediate (1) – Enhanced core and repatriated services delivered through a Integrated Health and Care Centre

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Creating a Integrated Health and Care Centre will facilitate a critical mass for a range of services provided across PTHB, PCC and the third sector, that will support efficiency of service provision;</li> <li>• Adjacencies of key services such as housing, homelessness, adult and children’s social care, mental health disabilities, sexual health and women’s services will improve interagency referrals, signposting and working practices;</li> <li>• Multi-agency environment is more conducive to continuous improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Does not create any new revenue raising opportunities for the partner agencies;</li> <li>• Does not offer service user access to adjacent high street Primary Care services;</li> <li>• Does not address the complex needs or costs related to service users using assisted living accommodation.</li> <li>• Does not provide a full solution to address workforce shortages or increase the supply of trained staff within the region;</li> <li>• Minimal repatriation of services, with substantial services still provided out of county;</li> <li>• Minimal impact on the decarbonisation agenda through limiting some staff and service user travel;</li> <li>• Does not address required service improvement in the areas of inpatients, outpatients, diagnostics, clinical OPD, therapies urgent and planned care;</li> <li>• May not account for the national recruitment challenges to certain staffing groups.</li> </ul>

Option 4: Intermediate (2) – Enhanced core & repatriated services delivered through Integrated Health and Care Centre with a Rural Regional Diagnostic and Treatment Centre

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Supports PTHB and PCC to address some of the key health and wellbeing demands of service users within the north of Powys;</li> <li>• Supports ambitions to achieve substantial performance improvement in the delivery of PTHB or PCC services in a wide range of areas including inpatients, outpatients, diagnostics, clinical OPD, therapies urgent and planned care;</li> <li>• Unlikely to substantially increase the synergies or interfaces between existing services;</li> <li>• Addresses many of the problems with the existing workforce model and the challenges this presents in relation to meeting forecasted future demand;</li> <li>• Creates and supports a range of career routes that enable retention of highly trained and in demand staff;</li> <li>• Provide a sustainable long term model for service delivery within the north of Powys;</li> </ul>	<ul style="list-style-type: none"> <li>• Does not create any new revenue raising opportunities for the partner agencies;</li> <li>• Does not offer service user access to adjacent high street Primary Care services;</li> <li>• Does not address the complex needs or costs related to service users using assisted living accommodation;</li> <li>• May not account for the national recruitment challenges to certain staffing groups.</li> </ul>



<ul style="list-style-type: none"> <li>• Will enable substantial improvement in service user experience and perceptions of PCC and PTHB effectiveness in the delivery of services;</li> <li>• Supports the decarbonisation agenda by repatriating demand that is currently delivered out of county;</li> <li>• Supports the wider economic regeneration opportunities that repatriating service demand enables;</li> <li>• Creates opportunities to maximise the efficient use of space or increase utilisation for certain estate assets;</li> <li>• Will have some impact on the cost of agency cost associated with staff shortages.</li> </ul>	
<p>Option 5: Intermediate (3) – Enhanced core &amp; repatriated services delivered through a Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub</p>	
<p><b>Advantages</b></p>	<p><b>Disadvantages</b></p>
<p>As option 5 plus:</p> <ul style="list-style-type: none"> <li>• Provides new fit for purpose and flexible community use space that can be used by a range of organisations for a wide range of activities;</li> <li>• Opens up revenue raising opportunities from income generated by community use space;</li> <li>• Integrates Newtown Public Library into the scope of the project which provides access to a range of front line Council services and effective signposting to other proposed within scope services;</li> <li>• Removes backlog maintenance liabilities from existing library building</li> <li>• Inclusion of the Health Care Academy helps to address the sustainability of the future workforce model for the whole of North Powys;</li> <li>• Inclusion of the Health Care Academy likely to reduce the long term costs of agency costs to PTHB.</li> </ul>	<p>As option 4 plus:</p> <ul style="list-style-type: none"> <li>• Community space may duplicate or displace activity taking place in other community use space within the vicinity of Newtown.</li> </ul>



Option 6a: Intermediate (4a) – Enhanced core and repatriated services delivered through a Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub, Assisted Living and 18 bed purpose-built Student Accommodation

Advantages	Disadvantages
<p>As option 5 plus:</p> <ul style="list-style-type: none"> <li>Partially addresses shortages in existing accommodation requirements in North Powys;</li> <li>Flexibility in design will enable a range of service users to gain support from this specialist provision;</li> <li>Reduces cost pressures from the use of emergency accommodation for PCC;</li> <li>Critical mass of 12-15 flats will make the accommodation support costs more sustainable than existing disparate arrangements;</li> <li>Proximity to other services enables a network of easily and quickly accessible support for vulnerable service groups.</li> </ul>	<p>As option 5 plus:</p> <ul style="list-style-type: none"> <li>Proximity to school may cause some concern to stakeholders.</li> </ul>

Option 6b: Intermediate (4b) – Enhanced core and repatriated services delivered through a Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub with GP Primary Care

Advantages	Disadvantages
<p>As option 5 plus:</p> <ul style="list-style-type: none"> <li>Creates an opportunity to increase site synergies;</li> <li>Increases ease of access for visitors to the range of services that they are likely to require when attending the site;</li> <li>Location and modern standard of construction likely to prove attractive to a private sector business.</li> </ul>	<p>As option 5 plus:</p> <ul style="list-style-type: none"> <li>Limited organisational experience in operating as a commercial landlord;</li> <li>Potential minor displacement on other areas of Newtown town centre.</li> </ul>

Option 6c: Intermediate (4c) – Enhanced core and repatriated services delivered through a Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub with 500m<sup>2</sup> of A1 class Highstreet Primary Care space

Advantages	Disadvantages
<p>As option 5 plus:</p>	<p>As option 5 plus:</p>



<ul style="list-style-type: none"> <li>• Additional income generation opportunities from commercially let A1 space;</li> <li>• Creates an opportunity to increase site synergies through providing space for at least one Highstreet Primary Care provider e.g. Pharmacy;</li> <li>• Increases ease of access for visitors to the range of services that they are likely to require when attending the site;</li> <li>• Location and modern standard of construction likely to prove attractive to a private sector business.</li> </ul>	<ul style="list-style-type: none"> <li>• Limited organisational experience in operating as a commercial landlord;</li> <li>• Potential minor displacement on other areas of Newtown town centre.</li> </ul>
<p>Option 7a: Maximum (a) – Enhanced core and repatriated services delivered through a Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub with assisted living and/or Primary Care/500m<sup>2</sup> of A1 class Highstreet Primary Care space, and 1000m<sup>2</sup> of D2 class indoor sport, recreation or fitness space</p>	
<p><b>Advantages</b></p>	<p><b>Disadvantages</b></p>
<p>As option 6 plus:</p> <ul style="list-style-type: none"> <li>• Additional income generation opportunities from commercially let D2 space;</li> <li>• Increased site synergies achieved through provision of indoor leisure and recreation space;</li> <li>• Co-location of leisure will increase the footfall across the rest of the site increasing the potential for other onsite revenue raising opportunities;</li> <li>• Provides additional and easily accessible fitness and leisure opportunities for staff, students and visitors at the site.</li> </ul>	<p>As option 6 plus:</p> <ul style="list-style-type: none"> <li>• Requirement for additional capital costs;</li> <li>• Risk of vacant commercial space;</li> <li>• Displacement effects on existing leisure businesses elsewhere in the town.</li> </ul>
<p>Option 7b: Maximum (b) – Enhanced core and repatriated services delivered through a Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub with assisted living and/or Primary Care/500m<sup>2</sup> of A1 class Highstreet Primary Care space, and 2000m<sup>2</sup> of D2 class indoor sport, recreation or fitness space</p>	
<p><b>Advantages</b></p>	<p><b>Disadvantages</b></p>
<p>As option 7a plus:</p> <ul style="list-style-type: none"> <li>• Maximised income generation opportunities from commercially let D2 space;</li> <li>• Potential for a greater range of indoor sport and recreation space;</li> </ul>	<ul style="list-style-type: none"> <li>• Higher Risk of vacant commercial space;</li> <li>• Substantial displacement effects on existing leisure businesses elsewhere in the town.</li> </ul>



<ul style="list-style-type: none"> <li>Wider opportunities for local sports clubs within Newtown to access modern fit for purpose facilities.</li> </ul>	
<p>Option 7c: Maximum (c) –Enhanced core and repatriated services delivered through a Integrated Health and Care Centre , Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub with assisted living and/or Primary Care/1000m<sup>2</sup> of A1 class Highstreet Primary Care space</p>	
<p><b>Advantages</b></p>	<p><b>Disadvantages</b></p>
<p>As option 6 plus:</p> <ul style="list-style-type: none"> <li>Increased income generation opportunities from the larger commercially let retail space.</li> <li>Increased site synergies through a wider range of Highstreet healthcare provision</li> </ul>	<p>As option 6 plus:</p> <ul style="list-style-type: none"> <li>Requirement for additional capital costs;</li> <li>Increased risk of vacant commercial space;</li> <li>Increased negative displacement on highstreets within Newtown town centre;</li> </ul>
<p>Option 7d: Maximum (d) – Enhanced core and repatriated services delivered through a Integrated Health and Care Centre , Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub with assisted living and/or Primary Care/1500m<sup>2</sup> of A1 class Highstreet Primary Care space</p>	
<p><b>Advantages</b></p>	<p><b>Disadvantages</b></p>
<p>As option 7c plus:</p> <ul style="list-style-type: none"> <li>Maximised income generation opportunities from the larger commercially let retail space.</li> <li>Maximised site synergies through a wider range of Highstreet healthcare provision such as pharmacy, dentistry, optometry and other therapies.</li> </ul>	<p>As option 7c plus:</p> <ul style="list-style-type: none"> <li>Higher risk of vacant commercial space;</li> <li>Potential for substantial negative displacement on Newtown town centre;</li> <li>Site constraints may make additional space requirement unviable.</li> </ul>
<p>Option 7e: Maximum (e) – Enhanced core and repatriated services delivered through a Integrated Health and Care Centre , Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub with assisted living and/or Primary Care/500m<sup>2</sup> of A1 class Highstreet Primary Care space and 20 bed purpose built student accommodation</p>	
<p><b>Advantages</b></p>	<p><b>Disadvantages</b></p>
<p>As option 6 plus:</p> <ul style="list-style-type: none"> <li>Creates and additional revenue stream from student accommodation;</li> <li>Provides opportunities for modern affordable accommodation close to their place of study for students studying at the Healthcare Academy;</li> <li>Likely to prove and additional ‘pull’ factor for the Healthcare Academy;</li> </ul>	<p>As option 6 plus:</p> <ul style="list-style-type: none"> <li>Requirement for additional capital costs;</li> <li>Limited organisational experience of operating this type of facility.</li> </ul>





<ul style="list-style-type: none"> <li>Provides further opportunities for induced economic benefits at the site.</li> </ul>	
<p>Option 7f: Maximum (f) – Enhanced core and repatriated services delivered through a Integrated Health and Care Centre , Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub with assisted living and/or Primary Care/500m<sup>2</sup> of A1 class Highstreet Primary Care space and 40 bed purpose built student accommodation</p>	
<p><b>Advantages</b></p>	<p><b>Disadvantages</b></p>
<p>As option 7e plus:</p> <ul style="list-style-type: none"> <li>Maximised potential additional revenue streams from student accommodation.</li> </ul>	<p>As option 7e plus:</p> <ul style="list-style-type: none"> <li>Larger number of units creates risk of void space;</li> </ul>



#### 4.3.4 Conclusion

**Table 34: Scope Appraisal Summary**

Scope Appraisal Reference to	Do Nothing	Do Minimum	Option 3	Option 4	Option 5	Option 6a	Option 6b	Option 6c	Option 7a	Option 7b	Option 7c	Option 7d	Option 7e	Option 7f
Investment Objectives														
<b>Integrated Local Services:</b> Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 <sup>rd</sup> Sector and other public services, serving the population of north Powys.	x	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Sustainable workforce:</b> Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	x	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Innovative Environment (Fit for Purpose Estate):</b> An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	x	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Innovative Environment (Effective Accommodation):</b> To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	x	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Decarbonisation (Infrastructure &amp; Estate):</b> To support decarbonisation through the procurement and design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	x	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Decarbonisation (Greener Travel):</b> To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	x	x	?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Scope Appraisal Reference to	Do Nothing	Do Minimum	Option 3	Option 4	Option 5	Option 6a	Option 6b	Option 6c	Option 7a	Option 7b	Option 7c	Option 7d	Option 7e	Option 7f
<b>Regeneration:</b> Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 <sup>rd</sup> and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	x	x	?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Critical Success Factors</b>														
Business Need	x	x	x	✓	✓	✓	✓	✓	x	x	x	x	x	x
Strategic Fit	x	x	x	?	✓	✓	✓	✓	✓	✓	x	x	x	x
Potential VFM	x	x	?	✓	✓	✓	✓	✓	?	?	?	?	✓	✓
Benefits optimisation	x	x	x	x	?	✓	✓	✓	✓	?	✓	✓	✓	✓
Potential achievability	✓	✓	✓	✓	✓	✓	?	?	?	?	?	?	?	?
Supply side capability	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Affordability	x	x	✓	✓	✓	✓	✓	?	?	?	✓	✓	✓	✓
Summary	Carry Forward	Discounted	Discounted	Discounted	Possible	Preferred	Possible	Possible	Discounted	Discounted	Discounted	Discounted	Discounted	Discounted



### 4.3.5 Options Carried Forward

The Scope options carried forward are therefore:

- Option 1: Do Nothing – Status quo for existing core health and care services.
- Option 5: Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre, Assisted Living, Student Accommodation and Learning, Innovation and Community Hub.
- Option 6: Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre, Learning, Innovation and Community Hub, Assisted Living, Student Accommodation, GP Primary Care Services and 500m2 Highstreet Primary Care Space.

The do nothing scope is carried forward as a comparator only, as it does not meet the majority of either the Investment Objectives or the Critical Success Factors.

All Intermediate scope option 6 sub options a), b) and c) are possible. The preferred option at this SOC stage is to combine all of these into a single scope, however the achievability of the inclusion of GP services and Highstreet Primary Care needs further exploration, with the anticipation that there is likely to be some provision on site. It may therefore be that at OBC stage that the preferred scope of the project will be refined further, pending the outcomes of the feasibility discussions on the inclusion of GP and dispensing services and/or Highstreet Pharmacy space.

## 4.4 Service Solution Appraisal (the 'how')

The range of service solution options that could be adopted to deliver on this project are expansive. In order to provide structure to this the service solution appraisal has been partitioned into a series of sub appraisals that will each evaluate different aspects of any potential solution. The service solution has therefore been subdivided into the following areas:

- The model of care employed in delivery of the scope of services;
- The location of the identified scope of services;
- The level of organisational integration that can be achieved between the partner agencies in the delivery of the scope of services;
- The build options to deliver upon the scope of services; and
- The infrastructure options that will enable the scope of services to be delivered upon in an effective way this includes:
  - Options around utilities;
  - Options around on site infrastructure;
  - Options around off site highways infrastructure.



## 4.5 Service Solution: Model of Care

### 4.5.1 Model of Care Options

There are three potential ranges application to the model of care that could be delivered though the project:

1. **No change** – continue with existing models of care;
2. **Optimised** – redesigned models of care to deliver optimised service provision, workforce model, policies and processes e.g. Inpatient Hospital Stay: Step-up admissions - moderate or high frailty risk: average length of stay 28 days, 90% occupancy;
3. **Aspirational** – radically redesigned models of care to deliver best in class service provision workforce model, policies and processes e.g. Inpatient Hospital Stay: Step-up admissions - moderate or high frailty risk: average length of stay 21 days, 90% occupancy.

### 4.5.2 Model of Care Advantages and Disadvantages

**Table 35: Service Solution: Model of Care Advantages & Disadvantages**

Option 1: No change – continue with existing models of care;	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• No change for practitioners</li> </ul>	<ul style="list-style-type: none"> <li>• Unlikely to lead to improved service user outcomes;</li> <li>• Unlikely to lead to improved service user experience;</li> <li>• Model is unlikely to be able to accommodate future demographic pressures;</li> <li>• Does not create a working environment that is conducive to attracting and retaining the best staff;</li> <li>• Sustainability of this form of delivery in the medium to long term is questionable;</li> <li>• Does not optimise health or council spend on health and wellbeing services;</li> <li>• Does not enable the repatriation of any substantive existing out of county provision;</li> <li>• Does not match the local strategic and operational objectives of PTHB</li> </ul>



Option 2: Optimised – redesigned models of care to deliver optimised service provision, workforce model, policies and processes

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Delivers substantially improved care for the residents of Powys;</li> <li>• Likely to generate substantial positive health and wellbeing outcomes for the local population;</li> <li>• Likely to be attractive to practitioners, which will support ongoing recruitment and retention;</li> <li>• Considered to be an achievable model by local practitioners and senior management;</li> <li>• Likely to represent better value for money within each individual care pathway;</li> <li>• Model is aligned to the local strategic plans and objectives of PTHB;</li> <li>• Model will enable the repatriation of substantial existing out of county provision.</li> </ul>	<ul style="list-style-type: none"> <li>• Will require change management to be deployed to assist with movement from the current to proposed organisational states;</li> <li>• Likely to require substantial additional revenue costs in the transition from one system of care to another.</li> </ul>

Option 3: Aspirational – radically redesigned models of care to deliver best in class service provision workforce model, policies and processes

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Delivers gold standard in care for the residents of Powys;</li> <li>• Likely to have the most positive outcome on health and wellbeing measures;</li> <li>• Highly adaptable model which can flex and contract to changing pressures;</li> <li>• Likely to be highly attractive to practitioners, which will support (medium to long term) recruitment and retention;</li> <li>• Model will enable the repatriation of the majority of existing out of county provision.</li> </ul>	<ul style="list-style-type: none"> <li>• Represents step change in practice which will take considerable change management in order to be achieved;</li> <li>• Likely to require substantial additional revenue costs in the transition from one system of care to another.</li> <li>• Ongoing costs of service delivery may be prohibitive;</li> <li>• May be undeliverable from the current baseline;</li> <li>• Potential difficulties in (initially) attracting the quantum of professionals required by the workforce model</li> </ul>



### 4.5.3 Model of Care Appraisal Conclusion

**Table 36: Service Solution: Model of Care Appraisal Summary**

Service Solution Appraisal	No Change	Optimised	Aspirational
<b>Investment Objectives</b>			
<b>Integrated Local Services:</b> Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 <sup>rd</sup> Sector and other public services, serving the population of north Powys.	x	✓	✓
<b>Sustainable workforce:</b> Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	x	✓	✓
<b>Innovative Environment (Fit for Purpose Estate):</b> An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	x	✓	✓
<b>Innovative Environment (Effective Accommodation):</b> To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	x	✓	✓
<b>Decarbonisation (Infrastructure &amp; Estate):</b> To support decarbonisation through the procurement and design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	x	✓	✓
<b>Decarbonisation (Greener Travel):</b> To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	x	✓	✓
<b>Regeneration:</b> Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 <sup>rd</sup> and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	x	✓	✓
<b>Critical Success Factors</b>			
Business Need	x	✓	✓
Strategic Fit	x	✓	✓
Potential VFM	x	✓	✓
Benefits optimisation	x	✓	✓
Potential achievability	✓	✓	x
Supply side capability	✓	✓	✓
Affordability	x	✓	x
Summary	Carry Forward	Preferred	Discounted



## 4.6 Service Solution: Location

### 4.6.1 Location Options

The options related to the potential location of services are as follows:

1. **Multiple locations** – Services not delivered in a Campus model, but delivered from a variety of different locations (at a town level)
2. **Multiple Zones** – Services not delivered in Campus model, but in a zoned model (i.e. a Health Zone, A Social Care Zone, A Housing Zone). These may occur in multiple locations or in a single location (town level)
3. **One location** – all services provided at one granular geographical location (i.e. at a level lower than a town)

### 4.6.2 Location Advantages and Disadvantages

**Table 37: Service Solution: Location Advantages & Disadvantages**

Option 1: Multiple locations – Services not delivered in a Campus model, but delivered from a variety of different locations (at a town level)	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Cost separation related to estate operation for each partner agency is simple;</li> <li>• Creates opportunities for other use of the proposed Newtown town centre site.</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of synergies achieved through close proximity of a range of services;</li> <li>• Does little to reduce existing levels of staff travel between sites (although a different mix of locations may go some way towards this);</li> <li>• Does not reduce travel time/costs for service users who need to access more than one service which may be provided in different locations;</li> <li>• Does not create any substantial regeneration opportunities for Newtown town centre;</li> <li>• Development on multiple sites likely to substantially increase capital construction costs;</li> <li>• Fixed use space does not support flexibility in use and associated potential for revenue savings on the estate;</li> <li>• Removes the potential for some land to be released for capital receipts;</li> </ul>





Option 2: Multiple Zones – Services not delivered in Campus model, but in a zoned model (i.e. a Health Zone, A Social Care Zone, A Housing Zone). These may occur in multiple locations or in a single location (town level)

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Cost separation related to estate operation for each partner agency is simple;</li> <li>• Creates opportunities for other use of the proposed Newtown town centre site.</li> </ul>	<ul style="list-style-type: none"> <li>• Complexity in management arrangements;</li> <li>• Complexity in design;</li> <li>• Loss of synergies achieved through close proximity of a range of services;</li> <li>• Does little to reduce existing levels of staff travel between sites (although a different mix of locations may go some way towards this);</li> <li>• Does not reduce travel time/costs for service users who need to access more than one service which may be provided in different locations;</li> <li>• Does not create any substantial regeneration opportunities for Newtown town centre;</li> <li>• Development on multiple sites likely to substantially increase capital construction costs;</li> <li>• Fixed use space does not support flexibility in use and associated potential for revenue savings on the estate;</li> <li>• Removes the potential for some land to be released for capital receipts;</li> </ul>

Option 3: One location – all services provided at one granular geographical location (i.e. at a level lower than a town)

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Synergies achieved through close proximity of a range of services;</li> <li>• Will reduce existing levels of staff travel between sites;</li> <li>• Will reduce travel time/costs for service users who need to access more than one service that were previously provided in different locations;</li> </ul>	<ul style="list-style-type: none"> <li>• Some service users will have to travel further than others to access services;</li> <li>• Introduces some complexities in identifying the costs attributable to each partner organisation.</li> </ul>



- Creates substantial regeneration opportunities for Newtown town centre;
- Proximity to town centre, likely to increase footfall for local businesses in Newtown;
- Optimises construction costs through delivery on just one site;
- Creation of some flexible multi-purpose space creates opportunities for revenue savings on the estate;
- Reduces estate management costs inherent from operating across multiple sites/locations;
- Delivery of a range of services from a single location has the potential to reduce service user sense of complexity when accessing the range of services required to meet their individual needs;
- Creates the opportunity for some land from the existing estate to be released for capital receipts.



### 4.6.3 Location Appraisal Conclusion

**Table 38: Service Solution: Location Appraisal Summary**

Service Solution Appraisal	Multiple locations	Multiple zones	One location
<b>Investment Objectives</b>			
<b>Integrated Local Services:</b> Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 <sup>rd</sup> Sector and other public services, serving the population of north Powys.	x	x	✓
<b>Sustainable workforce:</b> Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	?	?	✓
<b>Innovative Environment (Fit for Purpose Estate):</b> An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	✓	✓	✓
<b>Innovative Environment (Effective Accommodation):</b> To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	?	?	✓
<b>Decarbonisation (Infrastructure &amp; Estate):</b> To support decarbonisation through the procurement and design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	✓	✓	✓
<b>Decarbonisation (Greener Travel):</b> To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	x	x	✓
<b>Regeneration:</b> Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 <sup>rd</sup> and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	x	x	✓
<b>Critical Success Factors</b>			
Business Need	x	x	✓
Strategic Fit	x	x	✓
Potential VFM	x	x	✓
Benefits optimisation	x	x	✓
Potential achievability	✓	✓	✓
Supply side capability	✓	✓	✓
Affordability	?	?	✓
<b>Summary</b>	<b>Discounted</b>	<b>Discounted</b>	<b>Preferred</b>



## 4.7 Service Solution: Organisational Integration

### 4.7.1 Organisational Integration Options

The options related to the level of organisational integration that can be achieved by partner agencies in the delivery of services is as follows:

1. **Collocated services** – A Campus where all buildings provide discreet services and there is no level of service integration
2. **Partially Integrated Campus** – A Campus where some buildings have discreet use, while others form a shared space for service provision
3. **Fully Integrated Campus** – A Campus where all buildings are shared spaces

### 4.7.2 Organisational Integration Advantages and Disadvantages

**Table 39: Service Solution: Organisational Integration Advantages & Disadvantages**

Option 1: Collocated services – A Campus where all buildings provide discreet services and there is no level of service integration	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Proximity of collocated services would make it easier for service users with complex needs to access the support they need;</li> <li>• Proximity of collocated services likely to improve inter-agency signposting.</li> <li>• Collocated services will reduce service user travel time when accessing more than one service;</li> <li>• Collocated services will reduce staff travel time between sites;</li> </ul>	<ul style="list-style-type: none"> <li>• Foregoes the majority of the benefits achievable through closer working and service integration.</li> </ul>
Option 2: Partially Integrated Campus – A Campus where some buildings have discreet use, while others form a shared space for service provision	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Improved pathways for service users with complex needs;</li> <li>• Will generate some building revenue costs savings through more effective use of space;</li> <li>• Optimisation of space utilisation;</li> <li>• Achievable management arrangements;</li> </ul>	<ul style="list-style-type: none"> <li>• Foregoes increased benefits achievable through more fundamental integration.</li> </ul>



<ul style="list-style-type: none"> <li>• Enables identification and allocation of independent partner agency costs</li> <li>• Integrated services will reduce service user travel time when accessing more than one service;</li> <li>• Integrated services will reduce staff travel time between sites.</li> </ul>	
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Option 3: Fully Integrated Campus – A Campus where all buildings are shared spaces

<b>Advantages</b>	<b>Disadvantages</b>
<ul style="list-style-type: none"> <li>• Would likely enable the most streamlined pathways for services users with complex needs;</li> <li>• Wider potential revenue savings achievable through increasingly integrated delivery routes;</li> <li>• Maximised opportunities for effective utilisation of space</li> <li>• Improved working relationships across multi agencies could reduce gaps in service pathways;</li> <li>• A wider team wrap around to support the service user;</li> <li>• Integrated services will reduce service user travel time when accessing more than one service;</li> <li>• Integrated services will reduce staff travel time between sites.</li> </ul>	<ul style="list-style-type: none"> <li>• Complexity of management arrangements;</li> <li>• Complexity around integrating budgets related to each distinct partner agency;</li> <li>• Political complexity;</li> <li>• Potential statutory barriers to greater integration between Local Government run social care services and Health;</li> </ul>



### 4.7.3 Organisational Integration Appraisal Conclusion

**Table 40: Service Solution: Organisational Integration Appraisal Summary**

Service Solution Appraisal	Collocated	Partially Integrated	Fully Integrated
<b>Investment Objectives</b>			
<b>Integrated Local Services:</b> Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 <sup>rd</sup> Sector and other public services, serving the population of north Powys.	x	✓	✓
<b>Sustainable workforce:</b> Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	✓	✓	✓
<b>Innovative Environment (Fit for Purpose Estate):</b> An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	x	✓	✓
<b>Innovative Environment (Effective Accommodation):</b> To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	✓	✓	✓
<b>Decarbonisation (Infrastructure &amp; Estate):</b> To support decarbonisation through the procurement and design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	✓	✓	✓
<b>Decarbonisation (Greener Travel):</b> To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	✓	✓	✓
<b>Regeneration:</b> Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 <sup>rd</sup> and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	✓	✓	✓
<b>Critical Success Factors</b>			
Business Need	x	✓	✓
Strategic Fit	x	✓	x
Potential VFM	x	✓	✓
Benefits optimisation	x	✓	✓
Potential achievability	✓	✓	x
Supply side capability	✓	✓	✓
Affordability	✓	✓	✓
Summary	Discouraged	Preferred	Discouraged



## 4.8 Service Solution: Build

### 4.8.1 Build Options

The build options that could be used to deliver on this project are:

1. **Refurbished** – Existing buildings which have the same layout, but which have been renovated and redecorated
2. **Remodelled** – Existing buildings with structures changed, based on service need (e.g. existing building set up changed to best meet schedule of accommodation). May involve some new build extensions where existing footprint is not sufficient
3. **New Build** – Primarily or wholly new build construction.

### 4.8.2 Build Options Advantages and Disadvantages

**Table 41: Service Solution: Build Options Advantages & Disadvantages**

Option 1: Refurbished – Existing buildings which have the same layout, but which have been renovated and redecorated	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Simple refurbishments would be substantially less capital intensive;</li> <li>• Phasing could be undertaken to minimise the effect on service users;</li> <li>• Would provide an immediate term solution in some key areas;</li> <li>• Partially removes backlog liabilities from estate.</li> </ul>	<ul style="list-style-type: none"> <li>• Refurbishment unlikely to substantially extend the life of existing facilities;</li> <li>• Net zero carbon ambitions would be unachievable;</li> <li>• Ambitions for service improvement would not be realised within existing estate configuration due to constraints with layout and adjacencies;</li> <li>• Existing estate does not provide the capacity to repatriate services or deliver on existing forecasted service demand.</li> </ul>
Option 2: Remodelled – Existing buildings with structures changed, based on service need (e.g. existing building set up changed to best meet schedule of accommodation). May involve some new build extensions where existing footprint is not sufficient	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Existing estate is well known;</li> <li>• Likely to offset substantial element of existing estate carbon footprint;</li> <li>• Likely to increase substantially the effective life of existing asset;</li> </ul>	<ul style="list-style-type: none"> <li>• Configuration of existing building is such that substantial remodelling would be required in order to deliver on expected benefits of the scheme;</li> </ul>



<ul style="list-style-type: none"> <li>• Removes all existing estate backlog liabilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Existing site boundaries and likely planning conditions may make extensions difficult in some areas.</li> <li>• Complex remodelling can be cost prohibitive;</li> <li>• Some existing building present high levels of complexity in order to achieve new zero carbon ambitions;</li> <li>• Interruptions on existing service delivery over a protracted period would be impractical within certain healthcare settings</li> </ul>
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Option 3: New Build – Primarily or wholly new build construction.

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Easier to achieve net zero carbon requirements through a new build than retrofitting existing facilities;</li> <li>• Removes all existing estate backlog liabilities</li> <li>• Minimal service interruption during construction period as new build will be discrete from existing service provision;</li> <li>• Reduced design constraints;</li> <li>• Easier site management arrangements during construction phase;</li> <li>• Enables aspirational rather than just functional design;</li> <li>• Provides a long term solution to PTHB and PCC estate requirements;</li> <li>• Maximises the benefits capital spend can achieve to extend the life of PTHB and PCC estate;</li> <li>• New state of the art facilities will have a positive impact on how the citizens of North Powys view investment in their communities;</li> <li>• Allows a consistent sense of place to be developed through an entirely newly developed scheme;</li> <li>• Multidisciplinary working enhanced when the building is cohesive.</li> </ul>	<ul style="list-style-type: none"> <li>• Some existing building such as the library are in quite good condition;</li> <li>• Limited walls between services can act as barriers for collaborative working.</li> </ul>





### 4.8.3 Build Options Appraisal Conclusion

**Table 42: Service Solution: Build Options Appraisal Summary**

Service Solution Appraisal	Refurbish	Remodel	New Build
<b>Investment Objectives</b>			
<b>Integrated Local Services:</b> Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 <sup>rd</sup> Sector and other public services, serving the population of north Powys.	?	?	✓
<b>Sustainable workforce:</b> Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	?	?	✓
<b>Innovative Environment (Fit for Purpose Estate):</b> An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	×	?	✓
<b>Innovative Environment (Effective Accommodation):</b> To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	×	?	✓
<b>Decarbonisation (Infrastructure &amp; Estate):</b> To support decarbonisation through the procurement and design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	×	?	✓
<b>Decarbonisation (Greener Travel):</b> To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	✓	✓	✓
<b>Regeneration:</b> Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 <sup>rd</sup> and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	✓	✓	✓
<b>Critical Success Factors</b>			
Business Need	×	✓	✓
Strategic Fit	×	✓	✓
Potential VFM	×	✓	✓
Benefits optimisation	×	×	✓
Potential achievability	×	?	✓
Supply side capability	✓	✓	✓
Affordability	✓	?	✓
<b>Summary</b>	<b>Discounted</b>	<b>Discounted</b>	<b>Preferred</b>



## 4.9 Service Solution: Utilities

### 4.9.1 Utilities Options

The utilities options that could be deployed to deliver on this project include:

1. **Minimum** – Use of predominantly grid services and adoption of common industry standard renewable energy generating and energy and water saving build technologies. Buildings are individually serviced.
2. **Intermediate** – Increased provision of locally generated renewable energy and reduced grid consumptions, combined with market leading energy and water saving build technologies. Energy strategy for groups of buildings.
3. **Maximum** – Use of predominantly localised renewable energy generation, localised energy storage and market leading energy and water saving build technologies..

### 4.9.2 Utilities Options Advantages and Disadvantages

**Table 43: Service Solution: Utilities Options Advantages & Disadvantages**

Option 1: Minimum – Use of predominantly grid services and adoption of common industry standard renewable energy generating and energy and water saving build technologies. Buildings are individually serviced.	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Readily available;</li> <li>• Technologies well understood and supportable;</li> <li>• Service/maintenance costs are low due to the size of the market;</li> <li>• Buildings are independent, easier site strategy/phasing;</li> <li>• Safest service strategy in the short term.</li> </ul>	<ul style="list-style-type: none"> <li>• Reliance on carbon based technologies Does not meet WG targets to reduce carbon;</li> <li>• Does not align to PCC or PTHB strategies;</li> <li>• Adoption of this solution could create an obstacle to obtaining capital grant funds from WG;</li> <li>• Solution is not future proofed;</li> <li>• Creates a lack of control over costs;</li> <li>• Cost volatility in existing supply is expected to be sustained;</li> <li>• Does not meet increasing service user expectations for sustainable and renewable energy usage within the public sector estate</li> <li>• Likely to require extensive retrofitting of new buildings at some point in the future as requirements/regulations in this area are evolving rapidly.</li> </ul>



Option 2: **Intermediate** – Increased provision of locally generated renewable energy and reduced grid consumptions, combined with market leading energy and water saving build technologies. Energy strategy for groups of buildings.

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Readily available</li> <li>• Technologies are generally well understood and supportable, although technologies are evolving quickly</li> <li>• Reduces reliance on traditional utilities provision which is proving to be sensitive to volatile cost increases in supply</li> <li>• Safest service strategy in the short term</li> <li>• Is likely to meet WG targets for carbon reduction</li> <li>• Future proofs utilities provision</li> <li>• Reduced reliance on third party provider</li> </ul>	<ul style="list-style-type: none"> <li>• Although this goes some way to meeting WG targets this may not be sufficient in the medium to long term</li> </ul>

Option 3: **Maximum** – Use of predominantly localised renewable energy generation, localised energy storage and market leading energy and water saving build technologies. Single energy strategy for Site.

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Meets/exceeds WG targets for carbon reduction</li> <li>• Limits reliance on traditional utilities provision which is proving to be sensitive to volatile cost increases in supply</li> <li>• Future proofs utilities provision</li> <li>• Less reliant on third party provider</li> <li>• Do it once – shared site approach</li> <li>• Local employment opportunities</li> <li>• Enables the potential to sell excess energy generation back to the grid</li> </ul>	<ul style="list-style-type: none"> <li>• New technology – not tried and tested</li> <li>• More complex planning of infrastructure arrangements</li> <li>• Would need back up supply / contingency plans for utilising grid</li> <li>• Substantially higher initial capital costs</li> <li>• Short term maintenance and renewal costs likely to be considerably higher than the costs of maintaining existing widely adopted technologies, although this will decrease over time as adoption increases elsewhere.</li> </ul>



### 4.9.3 Utilities Options Appraisal Conclusion

**Table 44: Service Solution: Utilities Appraisal Summary**

Service Solution Appraisal	Minimum	Intermediate	Maximum
<b>Investment Objectives</b>			
<b>Integrated Local Services:</b> Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 <sup>rd</sup> Sector and other public services, serving the population of north Powys.	?	✓	✓
<b>Sustainable workforce:</b> Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	?	✓	✓
<b>Innovative Environment (Fit for Purpose Estate):</b> An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	x	✓	✓
<b>Innovative Environment (Effective Accommodation):</b> To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	x	✓	✓
<b>Decarbonisation (Infrastructure &amp; Estate):</b> To support decarbonisation through the procurement and design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	x	✓	✓
<b>Decarbonisation (Greener Travel):</b> To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	✓	✓	✓
<b>Regeneration:</b> Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 <sup>rd</sup> and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	?	✓	✓
<b>Critical Success Factors</b>			
Business Need	✓	✓	✓
Strategic Fit	?	✓	✓
Potential VFM	x	?	?
Benefits optimisation	?	✓	✓
Potential achievability	✓	✓	?
Supply side capability	✓	✓	?
Affordability	✓	✓	?
Summary	Discounted	Preferred	Possible



## 4.10 Service Solution: Site Infrastructure

### 4.10.1 Site Infrastructure Options

The site infrastructure options that could be deployed to deliver on this project are:

1. **Minimum** – Minimum required parking for development, EV charging infrastructure deployed for 10% of all spaces. Site to include links to existing sewage network; multiple sources of energy on site.
2. **Intermediate** – Optimised parking for development, EV charging infrastructure deployed for 20% of all spaces (plus infrastructure for increased future usage), disabled parking, limited staff parking and segregated active travel access, egress and storage facilities, plus dedicated pedestrian link through the site and public plaza. Site to include links to existing sewage network; single source of energy on site, with contingency plans in case additional energy is required.
3. **Maximum** – Onsite multi story car park EV charging infrastructure deployed for 50% of all spaces (plus infrastructure for increased future usage), disabled parking, limited staff parking and segregated active travel access, egress and storage facilities, an access road through middle of the site, with accompanying pedestrian access and a public plaza. Site has dedicated sewage network. Wholly dependent upon a single energy source for the site.

### 4.10.2 Site Infrastructure Options Advantages and Disadvantages

**Table 45: Service Solution: Site Infrastructure Options Advantages & Disadvantages**

Option 1: Minimum – Minimum required parking for development, EV charging infrastructure deployed for 10% of all spaces, segregated active travel access, egress and storage facilities, with required links to existing sewage network;	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Less 'land-take' in terms of parking</li> <li>• Initial Capital Cost savings associated with limited carparking and charge points</li> </ul>	<ul style="list-style-type: none"> <li>• Limited segregation for vehicles</li> <li>• 10% charging only meets current minimum standards with no futureproofing</li> <li>• Will not provide parking capacity for disabled/emergency cases/peripatetic staff drop off etc)</li> <li>• Does not support the campus ethos</li> <li>• Is not ambitious enough in view of the strategic importance of the Campus</li> <li>• Multiple energy sources make it more difficult to achieve decarbonisation goals</li> </ul>



Option 2: Intermediate – Optimised parking for development, EV charging infrastructure deployed for 20% of all spaces (plus infrastructure for increased future usage), disabled parking, limited staff parking and segregated active travel access, egress and storage facilities, plus dedicated pedestrian link through the site and public plaza. Site to include links to existing sewage network

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Exceeds current guidelines on EV charging with additional capacity for the future</li> <li>• Adequate parking onsite with strong links to local carparking facilities</li> <li>• Appropriate segregation for public (including pedestrians), blue light, goods etc</li> <li>• Supports PTHB/PCC 'green' travel plans</li> <li>• Makes external spaces part of the 'Campus' by creating dedicated pedestrian routes and public plazas</li> <li>• Single energy source for the site, with contingency plans, provides a clear route to achieving decarbonisation targets</li> </ul>	<ul style="list-style-type: none"> <li>• Higher initial Capital cost</li> <li>• Increase in land required for parking</li> </ul>

Option 3: Maximum – Onsite multi story car park EV charging infrastructure deployed for 50% of all spaces (plus infrastructure for increased future usage), disabled parking, limited staff parking and segregated active travel access, egress and storage facilities, an access road through middle of the site, with accompanying pedestrian access and a public plaza. Site has dedicated sewage network.

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Appropriate segregation for public (including pedestrians), blue light, goods etc</li> <li>• Makes external spaces part of the 'Campus' by creating dedicated pedestrian routes and public plazas</li> <li>• Site is wholly self-manageable</li> <li>• Single energy source for site provides clear route to achieving decarbonisation targets</li> </ul>	<ul style="list-style-type: none"> <li>• Significantly exceeds current guidelines on EV charging – investing too much, too soon, as new EV technology evolves</li> <li>• May be too expensive in the short term</li> <li>• Focus on car parking may be against the ethos of the Campus and does not support active travel (i.e. is against PTHB/PCC's 'green travel' plans)</li> <li>• May be too ambitious at this juncture</li> <li>• Additional on-site parking may have a detrimental impact on PCC revenue streams (from existing car parks)</li> <li>• Site may be overly congested</li> </ul>



#### 4.10.3 Site Infrastructure Options Appraisal Conclusion

**Table 46: Service Solution: Site Infrastructure Appraisal Summary**

Service Solution Appraisal	Minimum	Intermediate	Maximum
<b>Investment Objectives</b>			
<b>Integrated Local Services:</b> Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 <sup>rd</sup> Sector and other public services, serving the population of north Powys.	✓	✓	✓
<b>Sustainable workforce:</b> Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	?	✓	✓
<b>Innovative Environment (Fit for Purpose Estate):</b> An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	✗	✓	✓
<b>Innovative Environment (Effective Accommodation):</b> To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	✓	✓	✓
<b>Decarbonisation (Infrastructure &amp; Estate):</b> To support decarbonisation through the design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	?	✓	✓
<b>Decarbonisation (Greener Travel):</b> To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	✓	✓	✗
<b>Regeneration:</b> Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 <sup>rd</sup> and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	✓	✓	?
<b>Critical Success Factors</b>			
Business Need	?	✓	✗
Strategic Fit	?	✓	✓
Potential VFM	✓	✓	?
Benefits optimisation	✓	✓	?
Potential achievability	✓	✓	✗
Supply side capability	✓	✓	✓
Affordability	✓	✓	?
Summary	Discouraged	Preferred	Discouraged



## 4.11 Service Solution: Highways Connectivity

### 4.11.1 Highways Connectivity Options

The Highways connectivity options that could be deployed to deliver on this project are:

1. **Minimum** – Maintain existing traffic networks, including blue light access.
2. **Intermediate** – Existing traffic networks plus new entrance, linking the Campus to existing traffic networks from a new point on Park Street.
3. **Maximum** – Reconfiguration of the local road network to open up the both the Campus site and town.

### 4.11.2 Highways Connectivity Options Advantages and Disadvantages

**Table 47: Service Solution: Site Infrastructure Options Advantages & Disadvantages**

Option 1: Minimum - Maintain existing traffic networks, including blue light access	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• No/minimal action necessary to highways</li> <li>• Frees up capital for other elements of spend within the Campus's cost envelope</li> <li>• No highways disruption to the wider Newtown community</li> </ul>	<ul style="list-style-type: none"> <li>• The Campus cannot operate effectively with existing traffic networks</li> <li>• May lead to increased traffic congestion in/around the Campus and Town Centre areas</li> <li>• May not pass Planning tests</li> </ul>
Option 2: Intermediate Existing traffic networks plus new entrance, linking the Campus to existing traffic networks from a new point on Park Street	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Fairly easy to achieve</li> <li>• Is not as capital intensive as other options – and may free up elements of spend with the Campus's cost envelope</li> </ul>	<ul style="list-style-type: none"> <li>• Piecemeal amendments to the existing road network may be inadequate to service the needs of the Campus</li> <li>• Risk of increased traffic congestion in/around the Campus and Town Centre areas</li> <li>• May not pass Planning tests</li> </ul>
Option 3: Maximum - Reconfiguration of local road network to open up both Campus site & town	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Traffic movements within the Newtown area will be optimised</li> </ul>	<ul style="list-style-type: none"> <li>• Is the most expensive option</li> <li>• Is the most complex and time consuming option</li> </ul>





<ul style="list-style-type: none"> <li>• A reconfigured road network will facilitate easy access to the Campus</li> <li>• A reconfigured road network may also allow for pedestrian access and promote active travel</li> <li>• Potentially a cleaner solution for Planning</li> </ul>	<ul style="list-style-type: none"> <li>• May be difficult to achieve within project timescales</li> </ul>
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#### 4.11.3 Site Infrastructure Options Appraisal Conclusion

**Table 48: Service Solution: Site Infrastructure Appraisal Summary**

Service Solution Appraisal	Minimum	Intermediate	Maximum
<b>Investment Objectives</b>			
<b>Integrated Local Services:</b> Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 <sup>rd</sup> Sector and other public services, serving the population of north Powys.	?	✓	✓
<b>Sustainable workforce:</b> Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	?	?	✓
<b>Innovative Environment (Fit for Purpose Estate):</b> An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	✓	✓	✓
<b>Innovative Environment (Effective Accommodation):</b> To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	✓	✓	✓
<b>Decarbonisation (Infrastructure &amp; Estate):</b> To support decarbonisation through the design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	✓	✓	✓
<b>Decarbonisation (Greener Travel):</b> To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	✓	✓	?
<b>Regeneration:</b> Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 <sup>rd</sup> and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	×	×	✓
<b>Critical Success Factors</b>			
Business Need	×	?	✓
Strategic Fit	×	?	✓
Potential VFM	✓	✓	?
Benefits optimisation	×	?	✓



Service Solution Appraisal	Minimum	Intermediate	Maximum
Investment Objectives			
Potential achievability	✓	✓	?
Supply side capability	✓	✓	✓
Affordability	✓	✓	?
Summary	Discounted	Discounted	Preferred



## 4.12 Service Delivery Appraisal

### 4.12.1 Options

- In House – PCC and PTHB
- Partnership – PCC, PTHB and Private Sector;
- Outsource – Private Sector partnership (PPP);

### 4.12.2 Advantages and Disadvantages

**Table 49: Service Delivery Advantages & Disadvantages**

In House: PCC and PTHB	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Requisite delivery structures already in place;</li> <li>• PCC and PTHB have extensive experience in delivering this service delivery model;</li> <li>• Cost effective model;</li> <li>• Most expedient model for delivery;</li> <li>• Politically acceptable;</li> <li>• Limited risk due to specialist local expertise.</li> </ul>	<ul style="list-style-type: none"> <li>• May stifle innovation;</li> </ul>
Partnership: PCC, PTHB and Private Sector partner arrangements	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Requisite delivery structures already in place;</li> <li>• PCC and PTHB extensive experience in delivering this service delivery model;</li> <li>• Cost effective model;</li> <li>• Expedient model for delivery;</li> <li>• Politically acceptable;</li> <li>• Limited risk due to specialist local expertise.</li> </ul>	<ul style="list-style-type: none"> <li>• Likely to prove more expensive</li> <li>• Contractor may not be au fait with the workings and culture of Local Authority</li> </ul>
Outsource: Private Sector partnership (PPP)	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Private sector suppliers provide specialisms and capacity that PCC &amp; PTHB cannot</li> <li>• Services can be delivered relatively quickly</li> </ul>	<ul style="list-style-type: none"> <li>• Private contractor is an unknown quantity</li> <li>• Contractor may not be au fait with the workings and culture of PCC and PTHB</li> <li>• Any private sector partnership will be unlikely to include local contractors (because off scale)</li> </ul>



	<ul style="list-style-type: none"> <li>Profit element of partnership may impact on funds available for development</li> </ul>
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### 4.12.3 Conclusion

**Table 50: Service Delivery Appraisal Summary**

Reference to:	In House	Partnership	Outsource
<b>Integrated Local Services:</b> Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 <sup>rd</sup> Sector and other public services, serving the population of north Powys.	✓	✓	✓
<b>Sustainable workforce:</b> Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	✓	✓	✓
<b>Innovative Environment (Fit for Purpose Estate):</b> An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	✓	✓	✓
<b>Innovative Environment (Effective Accommodation):</b> To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	✓	✓	✓
<b>Decarbonisation (Infrastructure &amp; Estate):</b> To support decarbonisation through the design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	✓	✓	✓
<b>Decarbonisation (Greener Travel):</b> To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	✓	✓	✓
<b>Regeneration:</b> Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 <sup>rd</sup> and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	✓	✓	✓
<b>Critical Success Factors</b>			
Business Need	✓	✓	✓
Strategic Fit	✗	✓	✗
Potential VFM	✗	✓	?
Potential achievability	✗	✓	?
Supply side capability	✗	✓	?
Affordability	✗	✓	?
<b>Summary</b>	<b>Discounted</b>	<b>Preferred</b>	<b>Discounted</b>



## 4.13 Implementation Appraisal

### 4.13.1 Options

These options include an element of crossover between the School SOC and Health and Care SOC as implementation is considered at a Programme level.

- Minimum – Zoned site built out in several phased developments
- Intermediate – Zoned site built out in two phases delivering school in phase one and all other developments in phase two. School handover in 2025, remaining site handover in 2026
- Maximum - Single construction phase delivering all units for handover in September 2025

### 4.13.2 Advantages and Disadvantages

**Table 51: Implementation Advantages & Disadvantages**

Minimum: Zoned site built out in several phased developments	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Some construction elements can advance quicker than others;</li> <li>• Transition between the current organisational state and the future model of care can be more easily managed;</li> <li>• Handover, migration and occupation can be more easily managed in smaller tranches;</li> </ul>	<ul style="list-style-type: none"> <li>• Extended disruption related to major construction work in Newtown town centre;</li> <li>• Newly occupied building will be operational next to noisy and busy construction site , potentially for extended periods;</li> <li>• Likely to be more expensive due to the protracted construction phases;</li> <li>• The benefits of the project will accrue at a slower rate over an elongated timeline;</li> <li>• Campus will not be as attractive to work or visit due to the ongoing large scale construction until much later in the programme timeline.</li> </ul>
Intermediate: Zoned site built out in two phases delivering school in phase one and all other developments in phase two. School handover in 2025, remaining site handover in 2026	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Practical in that the option aligns to the relative state of the programmes constituent projects;</li> <li>• Has the potential to offer substantial construction efficiencies over a more phased development;</li> <li>• As the school is developed from an entirely separate funding stream, the well-formed process for this will enable the project to</li> </ul>	<ul style="list-style-type: none"> <li>• School will open bordering a large construction site;</li> <li>• Extends the disruption of a major construction project in the centre of Newtown (however this is shorter than the do minimum option);</li> </ul>



<p>advance expeditiously and accrue the benefits it delivers at the earliest possible interval;</p> <ul style="list-style-type: none"> <li>• School and Health and Care Projects migration and occupation process can be managed separately</li> </ul>	
Maximum: Single construction phase delivering all units for handover in September 2025	
<b>Advantages</b>	<b>Disadvantages</b>
<ul style="list-style-type: none"> <li>• Maximises early benefit accrual;</li> <li>• Minimises the disruption on the wider Newtown town centre;</li> <li>• Likely to offer the most cost efficient construction route;</li> <li>• Whole site can be opened formally to staff, learners and the public in one go.</li> </ul>	<ul style="list-style-type: none"> <li>• Site constraints could make this impractical;</li> <li>• Existing programme is not aligned in that the school is further along in the process;</li> <li>• Most complex migration and occupation process to manage.</li> </ul>

### 4.13.3 Conclusion

**Table 52: Implementation Appraisal Summary**

Reference to:	LA	LA & PSP	PPP
<b>Integrated Local Services:</b> Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 <sup>rd</sup> Sector and other public services, serving the population of north Powys.	✓	✓	✓
<b>Sustainable workforce:</b> Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	✓	✓	✓
<b>Innovative Environment (Fit for Purpose Estate):</b> An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	✓	✓	✓
<b>Innovative Environment (Effective Accommodation):</b> To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	✓	✓	✓
<b>Decarbonisation (Infrastructure &amp; Estate):</b> To support decarbonisation through the design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	✓	✓	✓
<b>Decarbonisation (Greener Travel):</b> To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	✓	✓	✓
<b>Regeneration:</b> Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 <sup>rd</sup> and Voluntary Sector, and through	✓	✓	✓



increased footfall to the area, by making Newtown a destination of choice.			
<b>Critical Success Factors</b>			
Strategic Fit	x	✓	✓
Potential VFM	?	✓	✓
Potential achievability	✓	✓	x
Supply side capability	✓	✓	✓
Affordability	x	✓	✓
Summary	Discounted	Preferred	Discounted

## 4.14 Funding Appraisal

### 4.14.1 Options

- Public Funding – Existing Capital Programme and Welsh Government funding;
- Private Funding

### 4.14.2 Advantages and Disadvantages

**Table 53: Funding Advantages & Disadvantages**

Public Funding: Mix of Local Authority borrowing and Welsh Government funding.	
<b>Advantages</b>	<b>Disadvantages</b>
<ul style="list-style-type: none"> <li>• Ensures affordability of scheme;</li> <li>• Provides certainty to Welsh Government i.e. the scheme fits strategically;</li> <li>• Provides a high level of ownership of decision making for PCC and PTHB;</li> <li>• Allows for the direction of capital monies to other community priorities.</li> </ul>	<ul style="list-style-type: none"> <li>• Welsh Government grant funding requirements may be onerous;</li> <li>• Application process may delay delivery.</li> </ul>
Private Funding	
<b>Advantages</b>	<b>Disadvantages</b>
<ul style="list-style-type: none"> <li>• No capital funding required up front;</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of suitable private finance initiatives;</li> <li>• Potential lack of commercial value in site to attract private sector interest;</li> <li>• Ability of Health Board to absorb the pressures of repayment;</li> <li>• Complex ownership and governance model;</li> <li>• Multifaceted governance may stifle innovation.</li> </ul>



### 4.14.3 Conclusion

**Table 54: Funding Appraisal Summary**

Reference to:	Public	Private
<b>Investment Objectives</b>		
<b>Integrated Local Services:</b> Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 <sup>rd</sup> Sector and other public services, serving the population of north Powys.	✓	✓
<b>Sustainable workforce:</b> Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	✓	✓
<b>Innovative Environment (Fit for Purpose Estate):</b> An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	✓	✓
<b>Innovative Environment (Effective Accommodation):</b> To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	✓	✓
<b>Decarbonisation (Infrastructure &amp; Estate):</b> To support decarbonisation through the design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	✓	✓
<b>Decarbonisation (Greener Travel):</b> To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	✓	✓
<b>Regeneration:</b> Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 <sup>rd</sup> and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	✓	✓
<b>Critical Success Factors</b>		
Strategic Fit	✓	✗
Potential VFM	✓	?
Potential achievability	✓	?
Supply side capability	✓	?
Affordability	✓	✗
<b>Summary</b>	<b>Preferred</b>	<b>Discounted</b>





## 4.15 Summary of appraisals

**Table 55: Summary of appraisals**

Scope Appraisal	Do Nothing	Do Minimum	Intermediate	Intermediate	Intermediate	Intermediate	Maximum
	Status quo for existing core health and care services	Enhanced core services	+ repatriated services delivered through a Integrated Health and Care Centre	+ Rural Regional Diagnostic and Treatment Centre	+Learning, Innovation and Community Hub	+ Assisted Living + GP Primary + 500m2 Retail	+1000m2 D2 +2000M2 D2 +1000M2 Retail +18 Bed PBSA + 36 Bed PBSA
Service Solution Model of Care	No change – continue with existing models of care;		Optimised – redesigned models of care to deliver optimised service provision, workforce model, policies and processes e.g. Inpatient Hospital Stay: Step-up admissions - moderate or high frailty risk: average length of stay 28 days, 90% occupancy;		Aspirational – radically redesigned models of care to deliver best in class service provision workforce model, policies and processes e.g. Inpatient Hospital Stay: Step-up admissions - moderate or high frailty risk: average length of stay 21 days, 90% occupancy.		
Service Solution	Multiple locations – Services not delivered in a Campus model, but delivered from a variety of different locations (at a town level)		Multiple Zones – Services not delivered in a Campus model, but in a zoned model (i.e. a Health Zone, A Social Care Zone, A Housing Zone). These may be occur in multiple locations or in a single location (town level)		One location – all services provided at one granular geographical location (i.e. at a level lower than a town)		

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Service Solution Organisational Integration	Collocated services – A Campus where all buildings provide discreet services and there is no level of service integration	Partially Integrated Campus – A Campus where some buildings have discreet use, while others form a shared space for service provision	Fully Integrated Campus – A Campus where all buildings are shared spaces
Service Solution Build	Refurbished – Existing buildings which have the same layout, but which have been renovated and redecorated	Remodelled – Existing buildings with structures changed, based on service need (e.g. existing building set up changed to best meet schedule of accommodation). May involve some new build extensions where existing footprint is not sufficient	New Build – Primarily or wholly new build construction.
Service Solution Utilities	Minimum – Use of predominantly grid services and adoption of common industry standard renewable energy generating and energy and water saving build technologies. Buildings are individually serviced.	Intermediate – Increased provision of locally generated renewable energy and reduced grid consumptions, combined with market leading energy and water saving build technologies. Energy strategy for groups of buildings.	Maximum – Use of predominantly localised renewable energy generation, localised energy storage and market leading energy and water saving build technologies..
Service Solution Site Infrastructure	Minimum – Minimum required parking for development, EV charging infrastructure deployed for 10% of all spaces. Site to include links to existing sewage network; multiple sources of energy on site	Intermediate – Optimised parking for development, EV charging infrastructure deployed for 20% of all spaces (plus infrastructure for increased future usage), disabled parking, limited staff parking and segregated active travel access, egress and storage facilities, plus dedicated pedestrian link through the site and public plaza. Site to include links to existing sewage network; single source	Maximum – Onsite multi story car park EV charging infrastructure deployed for 50% of all spaces (plus infrastructure for increased future usage), disabled parking, limited staff parking and segregated active travel access, egress and storage facilities, an access road through middle of the site, with accompanying pedestrian access and a public plaza. Site has own dedicated sewage



		of energy on site, with contingency plans I case additional energy is required.	network. Wholly dependent upon a single energy source for the site.
Service Solution Highways Connectivity	Minimum – Maintain existing traffic networks, including blue light access.	Intermediate – Existing traffic networks plus new entrance, linking the Campus to existing traffic networks from a new point on Park Street.	Maximum – Reconfiguration of the local road network to open up the both the Campus site and town.
Service Delivery	In House – PCC and PTHB	Partnership – PCC, PTHB and Private Sector;	Outsource – Private Sector partnership (PPP);
Implementation	Minimum – Zoned site built out in several phased developments	Intermediate – Zoned site built out in two phases delivering school in phase one and all other developments in phase two. School handover in 2025, remaining site handover in 2026	Maximum - Single construction phase delivering all units for handover in September 2025
Funding	Public Funding – Wholly Welsh Government funded		Private Funding

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## 4.16 Short List

The scope options carried forward for appraisal are:

- Option 1: Do Nothing – Status quo for existing core health and care services.
- Option 5: Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre, Assisted Living, Student Accommodation and Learning, Innovation and Community Hub.
- Option 6: Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre, Learning, Innovation and Community Hub, Assisted Living, Student Accommodation, GP Primary Care Services and 500m2 Highstreet Primary Care Space.

In line with the service solution appraisal, options 5 and 6 are considered for delivery in one location through a new build partially integrated Campus, delivering an optimised model of care, on a site with new utilities and site infrastructure solutions. This is to be supported by a reconfiguration of the local road network to open up the Campus.

The do nothing service solution option is carried forward as a comparator only, as it does not meet the majority of either the Investment Objectives or the Critical Success Factors

## 4.17 Economic Appraisal

The following table summarises key results of the economic appraisals for each option. Values used for the economic analysis are expressed in base year terms. Options have been risk-adjusted to account for the 'risk retained' (in £s) by the organisation under each option.

### 4.17.1 Derivation and treatment

The derivation and treatment of each component of the economic appraisal is set out as follows:

**Table 56: Economic Appraisal Summary**

Cost Type	Total Cost (£)	Detailed Cost Type	Cost Source	Cost Treatment
<b>Option 1: Do nothing</b>				
Capital	£7,331,301	Backlog Maintenance	PBC and Updated versions of the Property Database from PTHB and PCC	Total cost split over 5 years (straight line), starting year 0.
Capital	£1,759,512	Optimism Bias	HM Treasury Green Book – standard 24% used,	Optimism Bias split to match annual cost of



Cost Type	Total Cost (£)	Detailed Cost Type	Cost Source	Cost Treatment
			agreed with Business Case project team leads	Backlog Maintenance repairation.
Capital	£916,413	Risk	Risk estimated at 10.4%, agreed with Business Case project team leads	Risk split to match annual cost of Backlog Maintenance repairation.
Revenue	£9,338,848 Per annum	PTHB Revenue costs (including staffing & property)	Archus Modelling (baseline)	Treated as a consistent figure over 20 years (i.e. no inflation).
Revenue	£648,735	PCC Revenue costs	Appendix B (Property Database) of the PBC – updated with assistance from PCC Finance Team	Treated as a consistent figure over 20 years (i.e. no inflation).
<b>Option 5 - Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre, Assisted Living, Student Accommodation and Learning, Innovation and Community Hub.</b>				
Capital	£46,968,521	Capital New Build	PBC – Option 4 be used as Capital cost (agreed with Business Case project team leads). Source is Appendix L (Financial Appraisal of Shortlisted options).	Total capital cost for Option 4 reduce by 17.86%, as per the space requirements in the draft schedule of accommodation. This reflects the fact that Assisted living, GP Primary services and High Street Primary Care space is not included in this option.
Capital	£9,967,151	Capital Infrastructure	This figure has been provided by Hughes Architects and Gleeds, and provide as accurate costs as possible at this stage	Costs profiled as 50% in year 2 and 50% in year 3.



Cost Type	Total Cost (£)	Detailed Cost Type	Cost Source	Cost Treatment
Capital	£11,272,447	Optimism Bias (New Build)	HM Treasury Green Book – Complex rate of 51% used, mitigated to 24% agreed with Business Case project team leads	Optimism Bias split to match profile of capital spend.
Capital	£2,392,116	Optimism Bias (Infrastructure)	HM Treasury Green Book – standard 24% used, agreed with Business Case project team leads. Based on costs provided by Hughes Architects/Gleeds	Optimism Bias split to match profile of capital spend.
Capital	£4,111,936	Risk (New Build)	Risk estimated at 10.42%. Please note that the Scrutiny Grid provided by Welsh Government (PBC) contended that the proposed risk (2.5%) was too low.  The 10.42% level has been agreed with Business Case project team leads and Programme Board.	Risk split to match profile of capital spend.
Capital	£1,793,430	Risk (Infrastructure)	Design and Construction Risks identified by Hughes Architects/Gleeds - amount to a greater quantum of risk than a flat 10.42%	Risk split to match profile of capital spend.
Capital	£15,457,559	VAT	Standard 20% VAT rate utilised (including VAT on Risk and Optimism Bias)	VAT applied to the whole scheme, as currently no % split between costs for PTHB and PCC.



Cost Type	Total Cost (£)	Detailed Cost Type	Cost Source	Cost Treatment
				This will be formally examined and updated at OBC stage.
Revenue	£9,338,848 per annum, rising to £11,234,651 at year 10.	PTHB Revenue costs (Including staffing & property)	Archus Modelling – please note that not all aspects of the transformation are currently included in the revenue cost model and this will be finalised for OBC.	Revenue model has been adapted to transition from year 5 to year 10, to show costs and benefits increasing incrementally as the Campus activity moves to an optimal position. Agreed with PTHB Finance.
Revenue	£305,381 per annum, rising to £1,832,288 in year 10.	PTHB Benefits	Archus Modelling – please note that not all aspects of the transformation are currently included in the revenue cost model and this will be finalised for OBC.	Revenue model has been adapted to transition from year 5 to year 10, to show costs and benefits increasing incrementally as the Campus activity moves to an optimal position. Agreed with PTHB Finance.
Revenue	£648,735	PCC Revenue costs	Appendix B (Property Database) of the PBC – updated with assistance from PCC Finance Team	Treated as a consistent figure over 20 years (i.e. no inflation).
<b>Option 6: Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre, Learning, Innovation and Community Hub, Assisted Living, Student Accommodation, GP Primary Care Services and 500m2 Highstreet Primary Care Space.</b>				
Capital	£57,179,040	Capital New Build	PBC – Option 4 be used as Capital cost (agreed with Business Case project team leads). Source is Appendix L (Financial	Total capital cost for Option 4 for the Campus scope that includes Assisted living, Student Accommodation, GP Primary services and



Cost Type	Total Cost (£)	Detailed Cost Type	Cost Source	Cost Treatment
			Appraisal of Shortlisted options)	High Street Primary Care. Additional space requirement of 2,657 M2 (based on draft schedules of accommodation) has increased the cost from PBC levels.
Capital	£9,967,151	Capital Infrastructure	This figure has been provided by Hughes Architects and Gleeds, and provide as accurate costs as possible at this stage	Costs profiled as 50% in year 2 and 50% in year 3.
Capital	£13,722,970	Optimism Bias (New Build)	HM Treasury Green Book – Complex rate of 51% used, mitigated to 24% agreed with Business Case project team leads	Optimism Bias split to match profile of capital spend.
Capital	£2,392,116	Optimism Bias (Infrastructure)	HM Treasury Green Book – standard 24% used, agreed with Business Case project team leads. Based on costs provided by Hughes Architects/ Gleeds	Optimism Bias split to match profile of capital spend.
Capital	£5,958,056	Risk (New Build)	Risk estimated at 10.42%. Please note that the Scrutiny Grid provided by Welsh Government (PBC) contended that the proposed risk (2.5%) was too low.  The 10.42% level has been agreed with Business Case project team leads and Programme Board.	Risk split to match profile of capital spend.





Cost Type	Total Cost (£)	Detailed Cost Type	Cost Source	Cost Treatment
Capital	£1,793,430	Risk (Infrastructure)	Design and Construction Risks identified by Hughes Architects/Gleeds - amount to a greater quantum of risk than a flat 10.42%	Risk split to match profile of capital spend.
Capital	£18,202,553	VAT	Standard 20% VAT rate utilised (including VAT on Risk and Optimism Bias).	VAT applied to the whole scheme, as currently no % split between costs for PTHB and PCC.
Revenue	£9,338,848 per annum, rising to £11,302,571 at year 9.	PTHB Revenue costs Including staffing & property)	Archus Modelling – please note that not all aspects of the transformation are currently included in the revenue cost model and this will be finalised for OBC.  Includes cost of operating Student Accommodation.	Revenue model has been adapted to transition from year 5 to year 10, to show costs and benefits increasing incrementally as the Campus activity moves to an optimal position. Agreed with PTHB Finance.
Revenue	£305,381 per annum, rising to £1,922,288 in year 9.	PTHB Benefits	Archus Modelling – please note that not all aspects of the transformation are currently included in the revenue cost model and this will be finalised for OBC.  The currently omitted items include assisted living and specialist neuro rehabilitation, which will likely provide further benefits within the range of £219k - £633k per annum.	Revenue model has been adapted to transition from year 5 to year 10, to show costs and benefits increasing incrementally as the Campus activity moves to an optimal position. Agreed with PTHB Finance.



Cost Type	Total Cost (£)	Detailed Cost Type	Cost Source	Cost Treatment
			Current position includes forecast revenue from Student Accommodation.	
Revenue	£648,735	PCC Revenue costs	Appendix B (Property Database) of the PBC – updated with assistance from PCC Finance Team.	Treated as a consistent figure over 20 years (i.e. no inflation).

#### 4.17.2 Net Present Cost and Equivalent Annual Cost

Short-listed options were assessed over a 60 year to understand the Net Present Cost (NPC) and Equivalent Annual Cost (EAC). The Economic Appraisal resulted in the following outcome:

**Table 57: Economic Appraisal Summary**

Discounted Cash flow (DCF) Summary Sheet		Inc. Optimism Bias		Excl. Optimism Bias	
Option No.	Option Name/Description	NPC (£m)	EAC (£m)	NPC (£m)	EAC (£m)
<b>Option 1:</b>	Do Nothing – Status quo for existing core health and care services.	163.0	11.08	161.3	10.97
<b>Option 5:</b>	Option 5: Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub.	354.4	13.51	342.00	13.04
<b>Option 6:</b>	Option 6: Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre, Learning, Innovation and Community Hub, Assisted Living, Student Accommodation, GP Primary Care Services and 500m2 Highstreet Primary Care Space.	368.81	14.06	354.1	13.5

**DCF** = Discounted Cash flow, **NPC** = Net Present Cost, **EAC** = Equivalent Annual Cost

#### 4.18 Qualitative Benefits Appraisal

A workshop was held on the 25th November with 18 participants from across The Partnership Group. The group included representatives from a broad spectrum of specialisms, including programme representatives, Estates and Property representatives, various Change Managers and workforce representatives.



All of the benefits from the SOC were grouped into six categories, and the benefit groups were then weighted by the project team in order to provide an assessment against the two options.

**Table 58: Benefit Group Weighting**

Benefit Groups	Example of Benefits	Weight
Access to Health & Care	<ul style="list-style-type: none"> <li>Bring synergies from integrated working with all partners resulting in strengthened community provision, more efficient pathways and better experience for service users</li> <li>Improved sign posting and uptake of wellbeing services and activities to enable people to self manage and live independently; reducing social isolation and hospital admissions.</li> <li>Improve citizen experience, quality of care, reduce waiting times and speed up diagnosis.</li> <li>Offer an enhanced range of services in north Powys, improving geographical access to health and care (repatriation) and reducing inequalities</li> </ul>	25%
Health & Care outcomes	<ul style="list-style-type: none"> <li>Opportunities for informal interactions because of service and officer proximity</li> <li>Prudent healthcare and the early intervention/prevention agenda in social care supported</li> <li>Reduced operating cost of Health &amp; Care services</li> <li>Contribute to improved early years health outcomes</li> </ul>	30%
Workforce	<ul style="list-style-type: none"> <li>Reduction in general workforce costs</li> <li>Reduction in agency staff costs</li> <li>Improved education and learning for staff and the public; upskilling staff, maximising and enhancing career opportunities through apprenticeships, employment and training</li> <li>Improved recruitment and retention rates</li> <li>More sustainable and efficient workforce model through new ways of working co-location and collaborative working</li> </ul>	15%
Decarbonisation & Environment	<ul style="list-style-type: none"> <li>Achieve BREAAAM Rating Excellent</li> <li>Reduced carbon footprint of the estate through reduced energy demand and increase in the number of sustainable products and technologies</li> <li>More people using active travel in Newtown</li> <li>Increased number of electronic vehicle charge points on site</li> </ul>	15%



Benefit Groups	Example of Benefits	Weight
	<ul style="list-style-type: none"> <li>Reduce miles travelled for service users and staff as a result of repatriation of services and increased use of digital technology reducing CO2 emissions</li> </ul>	
Regeneration	<ul style="list-style-type: none"> <li>A regenerated high street, with more choice for residents and visitors</li> <li>Additional Income brought into the Newtown area as a result of new jobs and opportunities linked to social value forum</li> <li>Increased revenue generating opportunities</li> <li>Creating a social and economic hub making Newtown a more desirable place to live and work</li> <li>Training Academy status, improving status + perception of local area</li> </ul>	5%
The Built Environment	<ul style="list-style-type: none"> <li>Improved estate-wide energy efficiency</li> <li>Increase in % utilisation of estate through sharing of accommodation across partners</li> <li>Compliance with statutory and mandatory estate code and improved functional suitability</li> <li>Improved user experience, perception and confidence from accessing care in a modern, fit for purpose environment</li> <li>A purpose built environment to enable innovation in practice, flexible working with digitally enhanced facilities to improve efficiencies and future proof service delivery</li> </ul>	10%

Each of the benefit groups were scored on a range of 0-10 for each option. These scores were agreed by the workshop participants, to confirm that the scores were fair and reasonable.



**Table 59: Benefits Appraisal**

Benefit Group	Weight	Maximum Score	Raw			Weighted		
			Option 1	Option 5	Option 6	Option 1	Option 5	Option 6
Access to Health & Care	25	10	3	7	7	75	175	175
Health & Care outcomes	30	10	3	8	9	90	240	270
Workforce	15	10	4	9	9	60	120	120
Decarbonisation & Environment	15	10	2	9	9	30	120	120
Regeneration	5	10	3	8	9	15	40	45
The Built Environment	10	10	2	9	9	20	90	90
<b>Total</b>	<b>100</b>	<b>10</b>	<b>17</b>	<b>50</b>	<b>52</b>	<b>290</b>	<b>785</b>	<b>820</b>
<b>Rank</b>			<b>3</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>1</b>

Option 1 scores poorly, confirming that the option is not fit for purpose and has only been carried forward for comparison.

Options 5 and 6 score well, with option 6 showing a 183% improvement against the Do Nothing (Option 1) comparison.

To provide some rationale to these scores:

1. The Do Nothing option (Option 1) was scored universally low across the six quality dimensions, on the basis that the current provision has developed piecemeal over many years and is not particularly fit for purpose for the people of North Powys and Newtown. An example of this is in the Workforce Benefit Group (dimension), the group articulated that whilst 3rd sector may score a 5, H&C scores a 3 (giving an average 4/10) because there is an ageing workforce and Covid is adding to pressures.
2. Under Options 5 and 6, Access to Health and Care marked a lower score (7/10) than H&C Outcomes, because not all external impacting services (e.g. public transport) is within the power of the programme to influence/control. In essence, there will still need to be some services provided elsewhere (other than the Campus), and the group felt strongly that this needed to be reflected.
3. In terms of the Healthcare outcome dimension, the group considered that the way services are currently provided impact on healthcare outcomes, to the extent that a score of 3/10 was agreed for Option 1. Under both Options 5 and 6, the group felt strongly that the new facility, with easy access, joined up working and a highly trained,



sustainable workforce deserved a much improved score, with Option 5 scoring 8/10 and Option 6, with its broader scope, scoring 9/10.

4. With regard to the Workforce dimension, under Option 1 there is still a significant cultural challenge and, in addition, there are ongoing challenges in respect of natural drift from Powys, difficulties in recruitment (including the challenges of an aging workforce, levels of pay and Brexit). This is reflected in a score of 4/10. Under Options 5 and 6, in both instances there is an excitement about the Campus, which will aid recruitment, provide joint working opportunities, optimise training opportunities and provide an environment where people will want to work. This is reflected in a score of 9/10 for both options.
5. Re Decarbonisation, the group agreed that the ambition of the Campus would reflect a score of 10/10 (Options 5 and 6), but it was unanimously agreed that a score of 10/10 would not be affordable to the Partnership and a score of 9/10 was allocated.
6. On Regeneration, score for Option 1 (4/10) is a little higher than one might expect because there is significant investment in Newtown, via Welsh Government funding and from Central Government's Towns Fund. Under Option 5, the further regeneration that can be achieved is reflected in a score of 8/10 and Option 6, because of the broader scope and service offerings scored a 9/10.
7. On Built Environment, Option 1 is marked as a 2/10, as the Estate is not fit for purpose. The continued use of some existing buildings means that Options 5 and 6 cannot score as highly as 10/10 and are therefore shown as a 9/10 in both instances.

## 4.19 Summary of Appraisals

**Table 60: Summary of Appraisals**

Evaluation Results	Option 1	Option 5	Option 6
Economic appraisals (Equivalent Annual Cost)	1	2	3
Qualitative Benefits appraisal	3	2	1
<b>Overall Ranking</b>	<b>=1</b>	<b>=1</b>	<b>=1</b>

At this SOC stage, without all scheme quantifiable benefits established, it is not possible to differentiate between the options through a summary scoring table. As significant additional benefits are likely to coalesce during the comprehensive OBC evaluation the partnership therefore endorses option 6 as its preferred approach at this stage.

## 4.20 Preferred Option

In line with the options appraisal conducted above. Initial feasibility work has been undertaken to identify a preferred site for delivery of the project.

### 4.20.1 Site selection

As part of initial feasibility work, a full site options appraisal has been undertaken. The preferred site measures 4.6 hectares (45,904sqm).

**Figure 28: Preferred Site Existing Arrangements**



The table below details what the preferred site currently comprises of and what buildings are in close proximity to the site:

**Table 61: Buildings on and in close proximity to the Preferred Site**

Current Site	Close Proximity
Ladywell Green Infant and Nursery School	Afon House (Job Centre)
Hafren Junior School	Park Office (Council Offices)
Newtown Library	Ladywell House (Council Offices)
Integrated Family Centre	Newtown Police Station
Park Day Centre	Robert Owen House (formerly mental health team office and now a housing development opportunity)
Park Clinic	

The consensus of the site appraisal was that the preferred site offers:

- ✓ A good location, accessible to centre of the town, to the Open Newtown programme, recent housing initiatives and to other transport and amenities



- ✓ Links to the school's investment in the area
- ✓ Appropriate size to facilitate the potential scope of the programme
- ✓ No policy designations
- ✓ Owned and know site near existing public amenities and assets
- ✓ Flat, serviced site with potential expansion scope
- ✓ A therapeutic site, ideal for promoting well-being; open green spaces, views, on the banks of the Severn

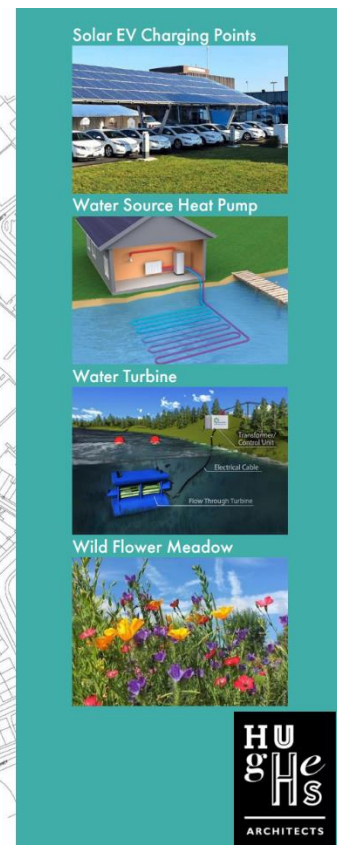
#### 4.20.2 Site Analysis

As part of the SOC development the RPB has engaged Hughes architects to undertake a site analysis and develop site development options. Full details can be found in Appendix C. The site analysis considered the following:

- Access routes and links
- Phasing and sequencing
- Local services and amenities
- Decarbonisation Opportunities

**Figure 29: Sustainability Opportunities**

#### Sustainability Opportunities







### 4.20.3 Site Development Options

Further development work has been undertaken to demonstrate that the scope of services developed will “fit” on the site facilitating the desired campus-style approach. It is also critical for local stakeholders to confirm that the following seven key design concepts can also be delivered on the site:

1. flexibility
2. supporting collaboration
3. managing safeguarding
4. ability to potentially expand into nearby sites
5. access and car parking
6. connectivity/social catalyst/cohesion
7. buildability/deliverability (such as the timescales required for the completion of the new school)

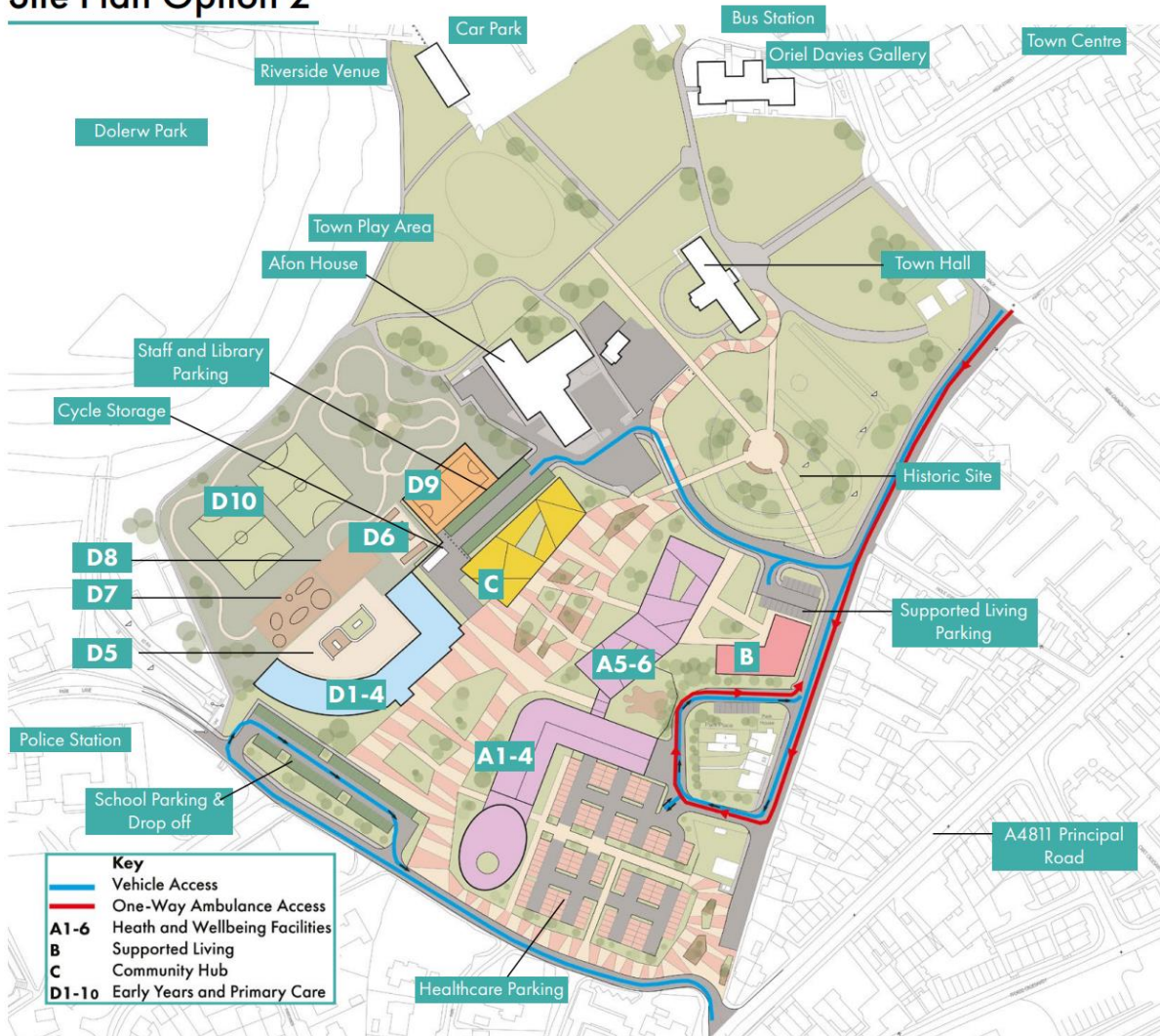
Using the preferred scope derived from the programme scoping and the developed demand and capacity modelling undertaken, a draft schedule of accommodation has been developed against which the potential configuration of the site has been tested. This accounts for the desired location of the school and other services on the site and consideration of the seven key design concepts. Access, green and shared spaces, infrastructure and car parking are key to “unlocking” the preferred site and phasing requirements.

Further work on the masterplan design will be undertaken during the development of the OBC’s, however, during the SOC development, several site configurations were appraised at a high level with a number of stakeholders and their feedback has been incorporated into an initial concept site configuration plan (pictured below). As part of the same process, the school element of the Campus is currently subject to a feasibility study, to confirm space requirements.

This concept plan is produced only to demonstrate that the site can deliver a collaborative multi-agency wellbeing campus and the plan will undoubtedly change as a result of further design work:

Figure 30: Site concept to demonstrate 'fit'

## Site Plan Option 2



### 4.20.4 Site Infrastructure

Further work is ongoing in terms of defining the infrastructure requirements and is being led by a cross agency workstream and in consultation with Heart of Wales Property Services (including council Highways colleagues, etc.) and NHS Building for Wales. This work is considering the following:

- Access /routes and deliveries (considering centralised FM).
- Phasing: the school is programmed to be complete by September 2025, with the two schools operating as usual; planning will ensure that any construction near to the school site does not disrupt live services on the site



- The site has minimal access points (they only exist as entrances to the current buildings on site) so consideration needs to be given to access to the site and construction traffic during the build
- There is a floodplain to the north of the site that cannot be built on
- The level and nature of car parking needs to be determined
- Campus-wide service strategy – particular reference to decarbonisation and carbon reducing technologies such as river source heat pump/PV/electrical charging
- Open and Green Spaces
- Outside of the Core Health and Care or Education offering there is an opportunity to create a fully integrated community building to include a range of services (but not limited to):
  - Transformation of library services
  - Integrated Education Academy
  - Third Sector/community groups and local business

Initial site survey and flood risk assessments have been completed on the site, and the RPB is looking to commission further work around highways in Spring 2022, including Travel Planning Assessments.

#### 4.20.5 Other Infrastructure

Ancillary to the property asset portfolio, described above, is an extensive range of other infrastructure considerations that the project must navigate. These include:

- Existing Road Network in and around potential sites
- Wider external Highways Network
- Utilities strategy
- Education requirements (in terms of schooling on site)
- Phasing (see Figure 11 below)
- Energy
- Parking
- Public Realm

Representatives from both Education and Highways have been involved in discussions about the existing issues, consideration of options, and the potential solutions on offer. A key consideration being the phasing and sequencing of the development to ensure that the school development can open in September 2025.

Whilst it is abundantly clear that existing infrastructure does not sufficiently:

- respond to the Newtown bypass,
- offer decarbonisation opportunities,
- present opportunities to improve public realm,

The intention is to create a high-quality modern development with an Identity designed for Newtown through:

- Considering Place-making at the town level
- Integrating the new development, and opening up the site with no walls or boundaries
- Developing a new public realm, creating new spaces and routes for the community
- Using opportunities to enhance existing amenities, and
- Sustainable principles to be woven through all aspects of the scheme.

**Figure 31: Construction sequencing and operation of the school**





## 5 Commercial Case

### 5.1 Procurement Method

#### 5.1.1 Procurement Strategy

This element of the scheme is an integral part of the overarching North Powys Wellbeing Programme and, as such, the procurement strategy will be reviewed by the Regional Partnership Board (RPB), with ultimate sign off through the sovereign bodies i.e. PTHB Board and PCC Cabinet.

The RPB wishes to see a combined procurement exercise, to include the Health and Wellbeing elements of a Campus, as well as the Education and Library elements. RPB is currently in discussion about new models of procurement with the Welsh Government, to achieve the aim of a joint procurement, and to optimise the cost and time efficiencies resulting from avoidance of duplication of effort.

The options available for a joint procurement are:

##### 5.1.1.1 Building for Wales Framework

The development of a Campus could be procured via the Building for Wales Framework. The framework is the NHS in Wales's construction procurement and delivery vehicle for major capital projects with construction costs in excess of £4 million, based on the fundamental principles of collaborative working, integrated supply chains and continual improvement.

Given the projected cost of this project will exceed £12m (excluding VAT), it would be procured through the NHS Building for Wales National Framework. There are no Lots on the National Framework.

This framework's objectives are to:

- Implement the Welsh Government's construction policy, to ensure that the NHS in Wales complies with best practice models of procurement based on long-term strategic partnerships.
- Support the NHS in Wales becoming an exemplar client for all major construction procurement projects.
- Create an environment of continuous improvement and team building and skills development, to help deliver better value for money for the NHS in Wales in the procurement of major construction projects, through strategic partnerships with integrated supply chains.

The framework aims to deliver core objectives on behalf of the Welsh Government, including Best Value for Money and Development of Best Practice and Sustainability, amongst others, and is managed by a dedicated team of professionals employed by NHS Wales Shared



Services Partnership (NWSSP). The framework was procured and managed by NWSSP-SES on behalf of the NHS in Wales.

Powys Teaching Health Board would act as the Client under the terms of the contract.

**Table 62: List of successful national SCPF suppliers**

BAM Construction Ltd
Tilbury Douglas Construction
Kier Construction Ltd
Willmott Dixon Construction Ltd
<i>IHP (Reserve SCP)</i>

It should be noted, however, that the current framework runs until April 2022 and is currently under-review as to whether existing suppliers may receive a 1 or 2-year extension, or whether NWSSP-SES will go back to market. Therefore, this may potentially have an impact on the procurement timetable for this project and programme.

#### **5.1.1.2 Welsh Government Mutual Investment Model**

The Welsh Government's Mutual Investment Model (MIM) is an innovative way to invest in public infrastructure developed in Wales, having been by the Welsh Government to finance major capital projects due to a scarcity of capital funding.

The model supports additional investment in social and economic infrastructure projects and help to improve public services in Wales. MIM schemes will see private partners build and maintain public assets. In return, the Welsh Government will pay a fee to the private partner, which will cover the cost of construction, maintenance and financing the project. At the end of the contract the asset will be transferred into public ownership.

During the construction phases of the projects, private partners will help the Welsh Government create apprenticeships and traineeships to benefit local communities. This option is not the RPB's preferred procurement approach.

#### **5.1.1.3 SEWSCAP Framework**

The South East & Mid Wales Collaborative Construction Framework (SEWSCAP) is a collaborative construction framework, that is in its third iteration, revised and re-launched in June 2019 as SEWSCAP 3.

SEWSCAP3 draws together the expertise of pre-qualified, experienced small, medium and large contractors to provide various school / public buildings construction works, as well as modular and demountable solutions, between the values of over £250k to £100m.



Its mission is to achieve best value arrangements for South East & Mid Wales through competitive procurement, whilst driving regeneration, continuous improvement and best practice. This is achieved through continuous improvement with the involvement of key stakeholders and industry benchmarking.

The SEWSCAP 3 Framework is divided into the following (relevant) lots:

- Lot 1: Provision of Construction services to include new build, extensions and refurbishment under traditional or design and build with all associated works – (£250,000 to £1,500,000) - Powys County Council and other Potential Employers based or operating in Powys or operating nearby;
- Lot 5: Provision of Construction services, extensions and refurbishment under traditional or design and build with all associated works – (£1,500,001 to £3,000,000) - Powys County Council and other Potential Employers based or operating in Powys or operating nearby to include new build
- Lot 6: Provision of Construction services to include new build, extensions and refurbishment under traditional or design and build with all associated works – (£1,500,001 to £3,000,000) - All Potential Employers
- Lot 7: Provision of Construction services to include new build, extensions and refurbishment under traditional or design and build with all associated works – (£3,000,001 to £5,000,000) - All Potential Employers
- Lot 8: Provision of Construction services to include new build, extensions and refurbishment under traditional or design and build with all associated works – (£5,000,001 to £10,000,000) - All Potential Employers
- Lot 9: Provision of Construction services to include new build, extensions and refurbishment under traditional or design and build with all associated works – (£10,000,001 to £25,000,000) - All Potential Employers
- Lot 10: Provision of Construction services to include new build, extensions and refurbishment under traditional or design and build with all associated works – (£25,000,001 to £100,000,000) – All Potential Employers

In the case of Option 3, the RPB could use Lot 10 (£25M-£100M respectively), subject to the quantum of a Campus, as all schemes will be included within one procurement exercise.

#### **5.1.1.4 Modular Build Frameworks**

The RPB is also actively considering a modular build solution for the Campus and, in the instance that this approach is carried forward, then procurement may be through:

- The Crown Commercial Service (CCS) Modular Buildings Framework, or
- The NHS SBS Modular Buildings Framework.

#### **5.1.2 Award methodology**

Subject to Welsh Government's agreement re the procurement strategy, there are a number of methods which the RPB may use to award this contract:



1. Mini-tender – Contractors in the relevant Lots will be invited to tender against a range of quality and pricing criteria. This method will apply to all Lots;
2. Early Contractor Involvement mini-tender - Early Contractor Involvement allows the Employer to engage with a Contractor via a contract to carry out services such as initial design, feasibility and assisting in planning and business cases etc. This process known as a 2 stage design and build requires bidders to submit an overall price for the whole of the works including the design. This will form the basis for the ECI appointment and will be discussed and refined during ECI with the aim of agreeing prices or a contract sum within the price envelope prior to the start of the construction stage.

Suppliers appointed to the NHS Building for Wales National Framework are required to operate throughout Wales and compete for every project, regardless of the nature, location or value. PTHB can access the central framework arrangements and select private sector parties under a prescribed mini-competition.

Each Supply Chain Partner is expected to submit a valid bid proposal, attend an open day and an interview. In addition to hourly rates and percentages bid at framework selection stage, the bid proposal will also include a priced activity/resource schedule for the Outline Business Case stage, which will be financially evaluated against the other three bids.

The successful organisations will be required, as a strict obligation, to sign Project Agreements prior to commencement of the commission. Failure to do so may be counted as a breach of the Framework Agreement.

## 5.2 Required Services

### 5.2.1 The required service streams:

Create a collaborative, Health and wellbeing Campus for the population of north Powys.

### 5.2.2 The specification of required outputs:

At this stage in the development, the following key appointments/specialist advisors are to be determined:

- Ecology surveys
- Site investigation and topographical survey
- BREEAM, Passivhaus or Zero Net Carbon alternative
- Demand and Capacity Modelling
- Masterplanning and transport planning
- Energy assessment and feasibility study
  - The project team has had high level discussions with various consultants regarding the above, in order to inform the PBC, and these will be developed further as each project progresses.





### 5.3 Potential for Risk Transfer.

The general principle is that risks are passed to “the party best able to manage them”, subject to value for money. The table below highlights the typical apportionment of service risks in the design, build and operational phases for a project, which should be reviewed and assessed for each project:

**Table 63: Risk Category**

Risk Category	Potential allocation		
	Public	Private	Shared
Design risk			✓
Construction and development risk			✓
Transition and implementation risk			✓
Availability and performance risk			✓
Operating risk	✓		
Variability of revenue risks	✓		
Termination risks	✓		
Technology and obsolescence risks			✓
Control risks	✓		
Residual value risks	✓		
Financing risks	✓		
Legislative risks	✓		
Other project risks	✓		

### 5.4 Project Bank Accounts (PBAs)

The Welsh Government policy on Project Bank Accounts (PBAs) will be adopted in order to demonstrate compliance with the requirements of Principle 6 of the Wales Procurement Policy Statement to ‘use Project Bank Accounts where appropriate’.

Project Bank Accounts support ethical business practises through facilitating fair and prompt payments within the supply chain. Procurement can act as a lever for driving economic, social and environmental benefits in Wales and PBA’s are a mechanism that supports this.

The process involves both Trustees (PTHB) and Beneficiaries (e.g. the lead contractor and any sub-contractors). The lead contractor will issue an invoice, at which time the invoice will be evaluated by PTHB and its technical advisors. The money will be transferred and held in a



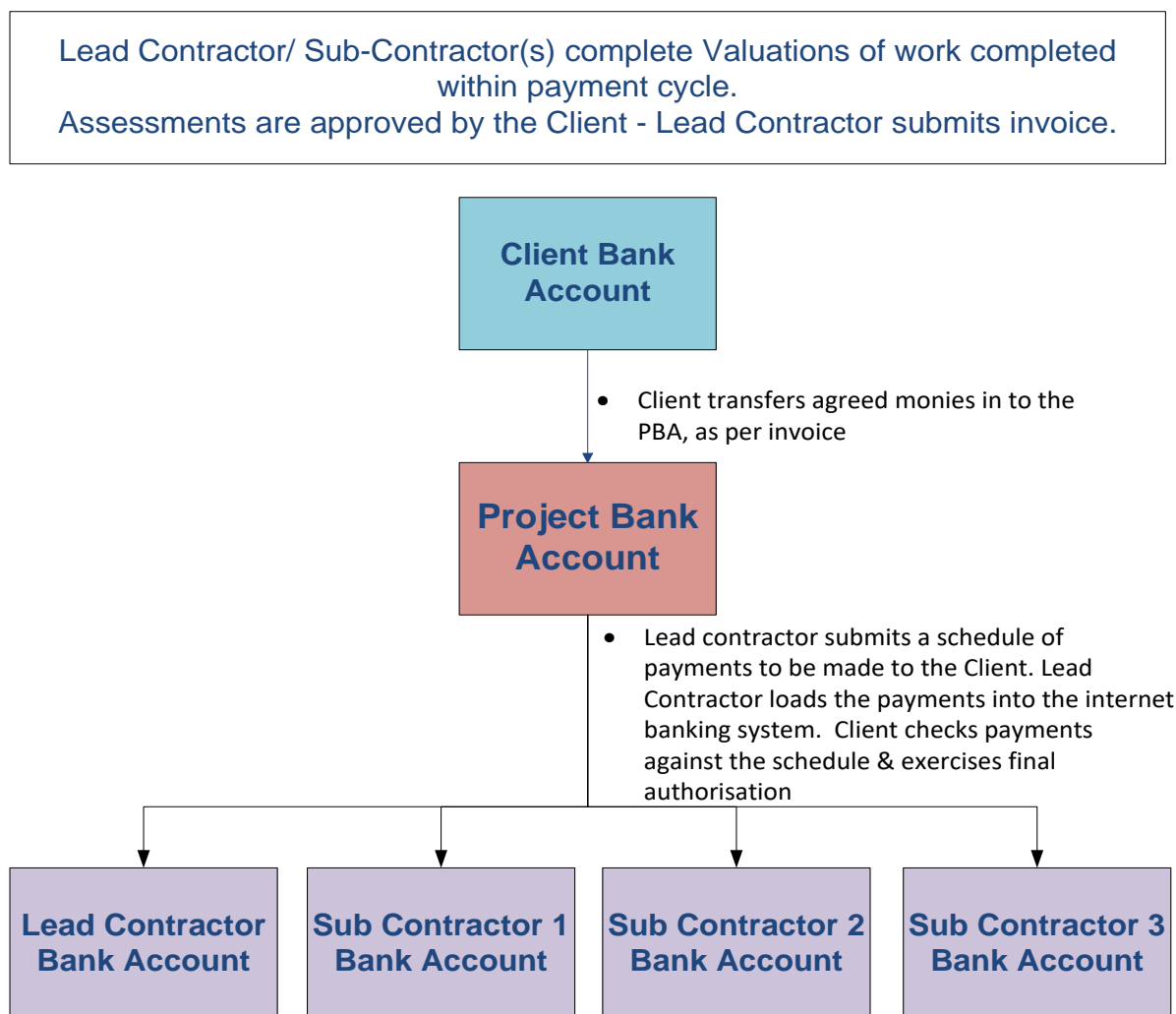
PBA until further authorised by the trustees. Contractors will align their supply chain payment cycles with the payment cycle agreed with PTHB.

Details around the approach to PBAs are to be developed as this proposal moves through the various approval gates. This will include the following details:

- Who will approve the PBA documentation and how? For example, who will approve and sign the Deeds of Trust, Deeds of Adherence / Joining Deed, Bank Mandate.
- Who will agree payments due to the lead contractor and each of their named suppliers and how?
- Who will be responsible for paying money into the PBA and authorising payments out?
- Who will agree why certain supply chain members may not be paid directly from the PBA and the criteria this will be based upon?

Figure 32 – PBA money route

### PBA money route





It is important that PTHB ensure the benefits of PBAs are understood, and that prospective tenderers understand that they should communicate these benefits down the supply chain, to maximise sub-contractor sign up to the PBA.

## 5.5 Framework and Community Benefits

### 5.5.1 Framework Benefits

Both the Building for Wales and SEWSCAP 3 frameworks have been through an “OJEU” tender, satisfying requirements of EU Procurement Directives. These frameworks are accessible by any UK public sector organisation. The frameworks ensure that open book costing ensures Value for Money can be demonstrated. The general framework benefits that could occur are:

- Improved Risk management.
- Reduced programme of design and construction .
- Greater predictability in relation to cost and programme.
- improved performance monitoring procedures, with higher quality of design and construction, less defects and reduced accident rates on site.

It is important to note that, as discussions about procurement strategy with Welsh Government continue, framework selection is currently flexible and more detailed, specific arrangements will be set out in subsequent business cases (i.e. at OBC stage).

### 5.5.2 Community Benefits

The Welsh Government actively seeks to derive benefits for the local community from procurement activity through the application of a Community Benefits policy approach.

This approach is further endorsed by Principle 4 of the Wales Procurement Policy Statement, which makes delivery of social, economic and environmental benefit through effective application of Community Benefits; a policy must be an integral consideration in procurement.

All NHS projects financed through Welsh Government Capital are required to apply Community benefits to ‘all’ procurement irrespective of value, reporting using the Community Benefits Measurement Toolkit on contracts over £2 million ‘where such benefits can be realised’. Use of the toolkit enables the capture of the full range of Community Benefits outcomes, including jobs, educational support initiatives and training, and provides a consistent way of measuring such benefits.

The approach covers:

- Apprenticeship opportunities – creating new opportunities or providing hands on training weeks for current apprentices.
- Job opportunities for economically inactive people.



- Training opportunities for economically inactive people.
- Retention and training opportunities for the existing workforce.
- Promotion of open and accessible supply chains that provide opportunities for SMEs to bid for work; and promote social enterprises and supported businesses.
- Code of Practice Ethical employment in supply chains 26 NHS Wales Infrastructure Investment Guidance.
- Fair payment.
- Contribution to education in Wales through engagement with school, college and university curriculums.
- Contributions to community initiatives that support tackling poverty across Wales and leave a lasting legacy within the community.
- Opportunities to minimise the environmental impact of the contract and to promote environmental benefits.

The intention for inclusion of community benefits/social requirements within contracts will ensure that wider social and economic issues are taken into account when tendering construction and development work. PTHB particularly considers that the works afford an ideal opportunity to the contractor to enhance employment prospects and skills through the recruitment, training and retention of economically inactive people at a disadvantage in the labour market.

Based on previous experience, for a project of this value, we anticipate that the successful contractor would deliver such community benefits as:

- Deliver a Meet the Buyer Event to raise awareness of project to local supply chain;
- Use Sell2Wales to advertise opportunities;
- Complete 100% payments to sub-contractors within 23 days of receipt of invoice;
- Utilise and complete the Value Wales Measurement Tool;
- Provide weeks of employment (to be decided); training and/or work experience opportunities for unemployed people, those leaving and educational establishment or training provider; trainee's or apprentices;
- Employee apprentices on the project (numbers to be decided as the scheme develops);
- Conduct a number of pupil interactions;
- Spend a % of contract spend in Wales;
- Divert a % of waste from landfill; and
- Conduct a number of community initiatives throughout the duration of the project.



At the tender/bid stage the invitation to tender/bid will include the community benefits targets that the project will be aiming for. This information will be evaluated as part of the bid; any other benefits offered by an individual contractor/SCP can be included in the contract if that contractor/SCP is successful in being awarded the project.

The targets that form part of the contract will then be included in the Full Business Case for inclusion in the grant letter when the business case is approved by the Cabinet Secretary for Health and Social Services.



## 6 Financial Case

### 6.1 Project Summary Costs

**Table 64: Key Metrics**

Option	Option 6: Enhanced core and repatriated services delivered through a Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre, Learning, Innovation and Community Hub, Assisted Living, Student Accommodation, GP Primary Services and 500m2 Highstreet Primary Care Space.
Location	Newtown
New Build % (Area)	100%
Description of work & any unusual constraints	TBC
# Storeys (including basement)	Multi storey TBC
Delivered through Regional Framework?	Yes
Contract period in weeks	TBC
Anticipated Community Benefits	TBC
# Trainee and apprenticeship opportunities	TBC
Use of local subcontractors as a % of total cost	TBC

### 6.2 Breakdown of Capital Costs

**Table 65: Breakdown of Capital Costs**

Project Costs	
Capital Cost	<b>£67,146,191</b>
Optimism Bias	<b>£16,115,086</b>
Risk	<b>£7,751,486</b>
VAT (only to be included where non-recoverable by applicant)	<b>£18,202,553</b>
<b>Total Project Cost (inclusive of optimism bias and risk)</b>	<b>£109,215,316</b>
<b>Funding Body Contribution</b>	<b>100% funded by Welsh Government</b>



### 6.3 Impact on the Organisation's income and expenditure account

**Table 66: Impact on the Organisation's Income & Expenditure Account**

£,000s	Total Cost	Years (years 10-60) same as year 9									
		0	1	2	3	4	5	6	7	8	9
		2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31
<b>Preferred way forward:</b>											
New Build Capital	57.179		1.144	13.191	24.741	15.816	2.287				
New Build Infrastructure	9.967		4.984	4.984							
Revenue Cost	601.461	9.988	9.988	9.988	9.988	9.998	10.009	9.997	10.008	10.018	10.029
VAT	13.43		1.23	3.64	4.9	3.16	0.46				
<b>Total</b>	<b>£682.04</b>	<b>9.988</b>	<b>17.346</b>	<b>31.773</b>	<b>39.629</b>	<b>28.974</b>	<b>12.756</b>	<b>9.997</b>	<b>10.008</b>	<b>10.018</b>	<b>10.029</b>
Funded by:											
Existing Revenue	599.255	9.988	9.988	9.988	9.988	9.988	9.988	9.988	9.988	9.988	9.988
<b>Total Existing</b>	<b>599.255</b>	<b>9.988</b>	<b>9.988</b>	<b>9.988</b>	<b>9.988</b>	<b>9.988</b>	<b>9.988</b>	<b>9.988</b>	<b>9.988</b>	<b>9.988</b>	<b>9.988</b>
<b>Additional Funding Req.</b>	<b>83.024</b>	<b>0.000</b>	<b>7.358</b>	<b>21.785</b>	<b>29.641</b>	<b>18.986</b>	<b>2.768</b>	<b>0.009</b>	<b>0.020</b>	<b>0.030</b>	<b>0.041</b>
Cumulative Funding		0.000	7.358	29.143	58.784	77.770	80.538	80.547	80.567	80.597	80.638

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## 6.4 Overall Affordability and Balance Sheet Impact

A balance sheet asset addition of £57,179,040 is made for a new Campus, between PTHB and Powys County Council. Short term additional funding is required of £80.538M for years 1 through 5 (inclusive), At SOC stage it has been identified that there is an ongoing requirement for revenue funding of £10,029,018 from year 9, once the new way of working has been fully embedded, this reflects an increase in current revenue costs of approximately £41k per annum. Work at OBC stage will refine this revenue model further.

The original PBC submission and this SOC have been scrutinised for affordability and endorsed by senior members of each partner organisation, including Powys County Council's Section 151 Officer in light of the programme intervention rate (to be agreed with WG).

VAT has been applied to the whole of the capital element, and a full evaluation of the split between the Partners will be completed at OBC stage.



## 7 Management Case

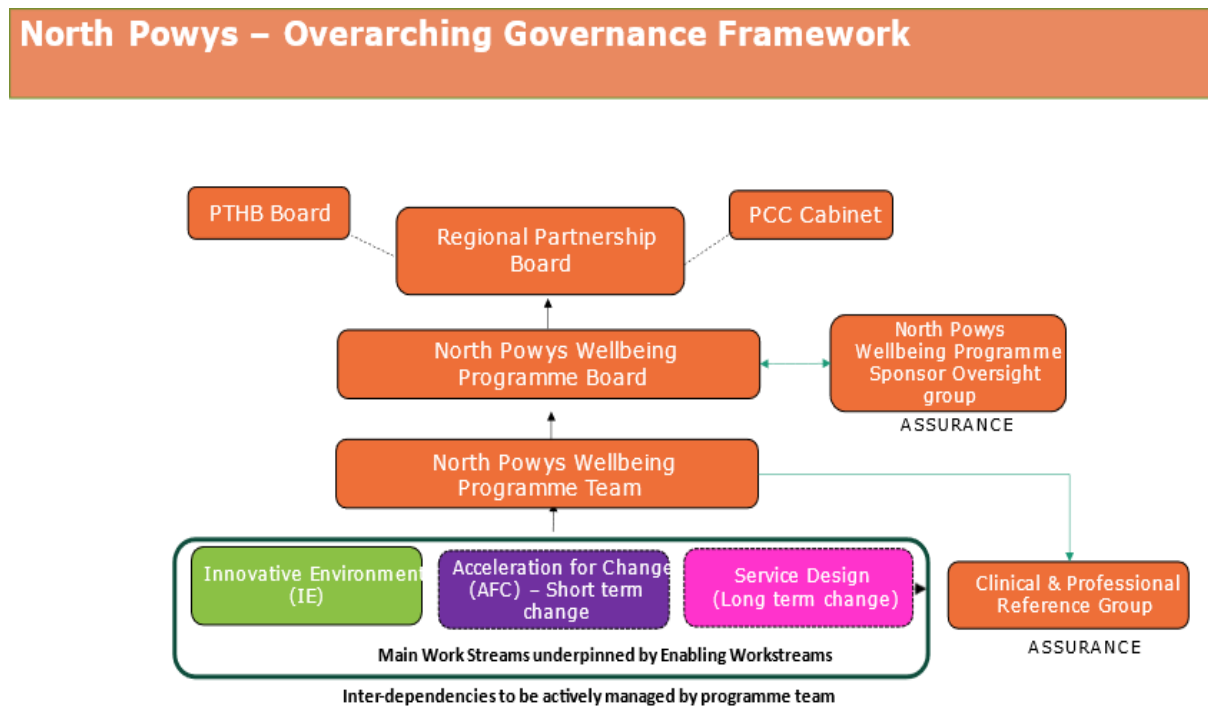
This section focuses on the implementation arrangements demonstrating how the programme will be delivered successfully to time, cost and quality verifying that it will adopt a methodology that is based on standards of best practice and quality management principles.

### 7.1 Programme Governance Arrangements

Under the sovereign body of the Partnership, the governance arrangements for the North Powys Wellbeing Programme (NPWP) are delivered under the Regional Partnership Board (RPB) via the Cross-Cutting Resource Overview Group (CCROG).

The programme is supported by a number work-streams as set out in the figure below. There may also be a requirement to establish sub task and finish groups as the programme progresses:

**Figure 33: North Powys Programme Governance Structure (Overarching)**



Reporting and assurance mechanisms are summarised below:

- The Programme Board reports progress quarterly to the North Powys Programme Oversight Group
- The programme is supported by Workstreams and Task & Finish Groups and underpinned by enabling work streams
- Progress reports, assurance and approval of key documents or proposals are presented to the governing body of each sovereign organisation as required



- The programme objectives and outputs are reliant on links with the Workforce Futures and Digital First Programme Board
- Clinical leadership, input and assurance into the integrated model of care and wellbeing development will be via work-stream links with the Mid Wales Committee Clinical Advisory Group and Primary Care Cluster group and as necessary via Task & Finish Groups established as required to support the programme.

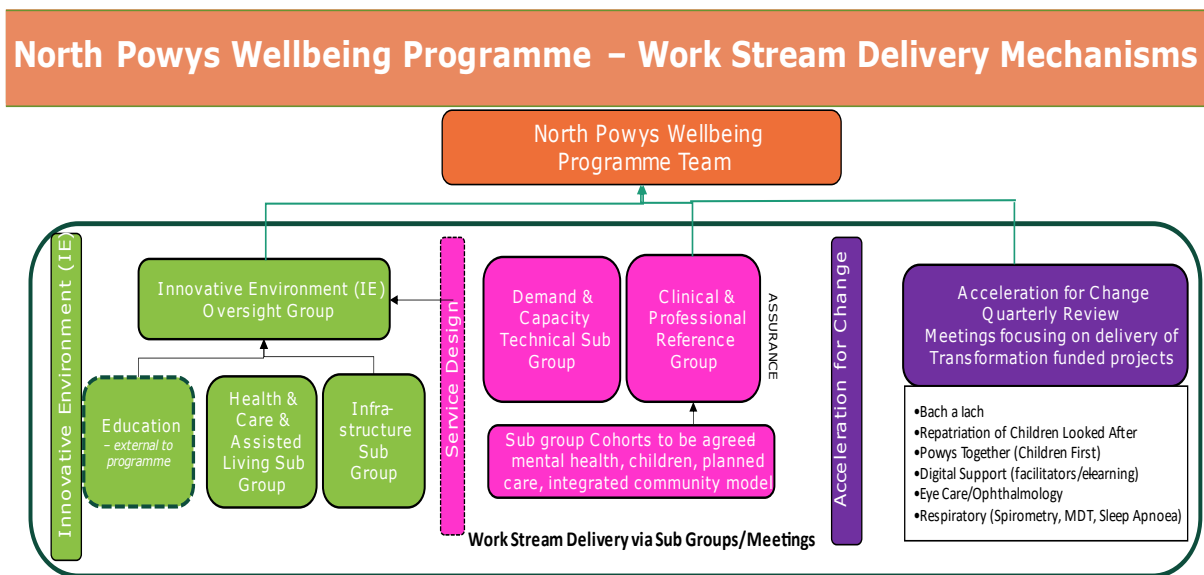
Please note that governance arrangements are currently under review and will likely change in line with Welsh Government’s Programme Assessment Review (PAR) , in response to the PBC.

## 7.2 Programme Management Arrangements

### 7.2.1 Programme Structure

The following figure details the governance regarding programme roles and responsibilities:

**Figure 34: Programme Structure**



The table below details the responsibilities of each role:

**Table 67: Roles and Responsibilities**

Role	Description
<b>Programme Sponsors:</b> Carol Shillabeer (PTHB) Dr Caroline Turner (PCC)	<ul style="list-style-type: none"> <li>• Accountable to the Board/Cabinet</li> <li>• To sponsor and own the business case</li> <li>• To champion the programme</li> </ul>
<b>Senior Responsible Owners:</b> Alison Bulman (PCC) Hayley Thomas (PTHB)	<ul style="list-style-type: none"> <li>• To define the programme objectives and ensure that they are met</li> <li>• Appoint the Programme Lead</li> </ul>



Role	Description
	<ul style="list-style-type: none"> <li>• Ensure appropriate reporting to reference committees and boards</li> <li>• Resolve escalation of risks and issues</li> </ul>
<p><b>Assistant Programme Director:</b> Carly Skitt (PTHB)</p>	<ul style="list-style-type: none"> <li>• To produce the programme mandate and plan</li> <li>• Ensure all work is defined in a manner suitable for purposes of control</li> <li>• Lead and direct efforts of the programme team towards successful delivery of the programme objectives</li> <li>• Ensure adequate communication mechanisms exist within the programme between the programme and external stakeholders and between the programme and the rest of the Health Board and Cabinet</li> <li>• Ensure all work is planned, resource is made available and work is carried out in accordance to the programme plan</li> <li>• Let contracts and monitor performance of external contractors</li> <li>• Ensure adequate procedures are in place to monitor and control cost, time and quality</li> <li>• Ensure procedures are in place to manage issues</li> <li>• Ensure full handover of the programme to the operational teams and manage post completion programme evaluation</li> </ul>
<p><b>Programme Manager:</b> Tanya Summerfield (PTHB)</p>	<ul style="list-style-type: none"> <li>• To provide programme management support to the Assistant Programme Director and ensure adherence to an agreed methodology</li> <li>• Ensure appropriate plans are in place to support delivery of workstream objectives</li> <li>• Provide regular progress reporting</li> <li>• To manage and escalate risks in accordance with the agreed risk framework</li> </ul>
<p><b>Service Planning Manager:</b> Sali Campbell-Tate (PCC)</p>	<ul style="list-style-type: none"> <li>• Lead on the development of new models of care, service plans, service specifications and pathways</li> <li>• Provide service planning expertise to support delivery of the programme business case</li> </ul>
<p><b>Project Support Manager:</b> Hayley Grigg (PTHB)</p>	<ul style="list-style-type: none"> <li>• To provide programme support to assist the Assistant Programme Director and Programme Manager in delivering the programme objectives</li> <li>• Manage the programme office to include updating and monitoring of workstream plans, programme reporting, document management, taking minutes and actions in all programme meetings</li> </ul>
<p><b>Administration Support Officer</b></p>	<p>To provide administration support to the Assistant Programme Director and the North</p>



Role	Description
Sharon Lewis	Powys Programme Team, taking minutes and actions in all workstream Meetings.
<b>Workstream Leads (Main workstreams and Enablers)</b> (Infrastructure, Health & Care and Assisted Living, Engagement and Communications, Digital, Quality & Safety, Workforce, Finance, Evaluation, Research and Learning, Acceleration for Change)	<ul style="list-style-type: none"> <li>To provide leadership to the workstream team, ensuring successful delivery of the agreed workstream objectives and outputs</li> <li>To chair workstream meetings</li> <li>To ensure workstream plans are developed and deliver the required outputs</li> <li>To provide regular progress reports</li> <li>To liaise with and ensure the input from their respective colleagues in PTHB/PCC</li> </ul>
<b>Clinical Change Manager</b> Carys Williams	<ul style="list-style-type: none"> <li>Lead and implement agreed service change across the organisation to ensure the outcomes and benefits of the North Powys Wellbeing Programme are achieved</li> <li>Work with clinicians, managers, staff, professionals, partners and other key stakeholders to provide leadership and expertise in change management (including clinical change management expertise)</li> <li>Accelerate and scale up changes to support a new integrated model across north Powys</li> </ul>
<b>Change Manager</b> Emma Peace	<ul style="list-style-type: none"> <li>Lead and implement agree service change across the organisation to ensure the outcomes and benefits of the North Powys Wellbeing Programme are achieved</li> <li>Work with clinicians, managers, staff, professionals, partners and other key stakeholders to provide leadership and expertise in change management</li> <li>Accelerate and scale up changes to support a new integrated model across north Powys</li> </ul>
<b>John Thomas</b> <b>Engagement and Communications Specialist</b>	To lead on and co-ordinate the implementation of the engagement and communications work for the programme, including the promotion of the Acceleration for Change projects.

## 7.2.2 Outline Project Plan

**Table 68: Outline Project Plan (of remaining items)**

Date	Actions (commencement)
09/2021	SOC Development
01/2022	Demand Capacity & Financial Modelling
07/2022	SOC WG Approval



Date	Actions (commencement)
07/2022	Final Integrated Model Evaluation Report
07/2022	OBC Development commences
11/2022	Ongoing Design Work in support of OBC/FBC
02/2023	OBC Sovereign Body Approval
03/2023	Commence Procurement
10/2023	FBC Development
03/2024	FBC WG Approval
04/2024	<b>Phase Two</b> Construction & Implementation
09/2026	<b>Phase Three</b> Commission Building & Implementation

### 7.2.3 Project Management Arrangements

The project will be managed in accordance with the general principles of PRINCE2 methodology. The project management team comprises the Project Board, “Project Team”, the Project Manager and the Team Managers. This “team” is responsible for the day-to-day management and implementation of the project.

**Table 69: Project Team**

Name	Title	Project Role
Wayne Tannahill	Assistant Director of Estates and Property, PTHB	Innovative Environment Lead
Neil Clutton	Principle Property Manager, PCC	Infrastructure Lead
Louise Morris	Head of Capital, Estates, PCC	Health & Care and Assisted Living Lead
Carly Skitt	Assistant Programme Director, PTHB	Assistant Director for NPWP Programme



Name	Title	Project Role
Gary Leatherhead	Procurement (add title), PCC	Procurement Lead
Marie Jones	Capital Systems Accountant, PTHB	Finance Lead
Sarah Pritchard	Head of Financial Services. PTHB	Finance Lead
Dafydd Evans	Service Manager Housing Solutions, PCC	Housing Lead
Alinda Tyler	Project Manager, 21 <sup>st</sup> Century Schools Programme, PCC	Education Lead
Emma Peace	Change Manager, NPWP, PTHB	Change Management
John Thomas	Engagement & Communication Specialist NPWP, PTHB	Engagement & Communication Lead

## 7.2.4 Benefits Realisation

Based on the benefits detailed in the Strategic Case, a benefits realisation plan will be developed detailing the management and delivery of benefits. This will be aligned with the Regional Integrated Fund National Outcome and Measures Framework and will ensure appropriate baseline and monitoring underpins programme delivery and is linked with the evaluation process.

The plan will include the benefits of the project and how they support the broader benefits of the programme. The category of each benefit (in economic terms), how they will be measured and quantified, and who is responsible for their realisation will also be outlined. This plan is a management tool which addresses the specific benefits as a result of the project. An action plan will be developed to deliver the benefits, the results of which will be validated by the Project Board.

## 7.3 Risk Management

### 7.3.1 Risk Management Approach

All Programmes/projects have an element of risk and there must be a proactive approach to risk management to balance risks against the potential rewards and a plan to minimise or avoid them. It is also acknowledged that taking some amount of risk will be inevitable to the success of the project.



The process for dealing with the management of risk for the preferred option follows the Health Board Risk Management Framework, which is signed up to by the partnership and supported by a Programme Risk Appetite Framework, see Figure 19 below, which has been developed specifically in the context of the North Powys Wellbeing Programme. This project will have a separate Risk Register with an escalation process feeding into the overarching Programme Risk Register and to Corporate Risk Registers across the partnership accordingly.

### 7.3.2 Project Risk Management Process

The Project Risk Register will be a 'living document' which will be actively managed. Risks will be identified, monitored, updated, mitigated and escalated accordingly. The framework and plan of the risk register will involve a rated table format. The risk will be described and the date of its identification noted. An initial risk rating will be made and the probability and impact of the risk evaluated, followed by a current and target risk rating column. The effects and impact of risk can involve elements such as environment, time, quality, cost, resource, function or safety.

Within the format there will also be the facility for proposals to mitigate and manage, identifying the control strategy, risk owner and the current risk status. Risks will be actively managed via project meetings and workshops to review all aspects and escalated/endorsed by the Multi-Agency Wellbeing Campus Project Board.

The risks and issues identified within this project will be cross referenced with the risks/issues held by the Programme Board, so that cross cutting issues can be mitigated safely and escalated accordingly.

### 7.3.3 Risk Identification

Risk identification can occur at all levels of the project, whether from the project teams or the project manager regarding the sub-elements of the project, or from the Project or Overarching Programme Board (where external risks are identified). Initial risks will be identified through structured workshops attended by the relevant experts and these risks will be captured in a formal project risk register document.

When a risk is identified, the project manager will be responsible for the day to day monitoring of the Risk Register.

**Figure 35: Risk Tolerance Profile**

Impact	Catastrophic	5	5	10	15	20	25
	Major	4	4	8	12	16	20
	Moderate	3	3	6	9	12	15



	Minor	2	2	4	6	8	10
	Negligible	1	1	2	3	4	5
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain
<b>Likelihood</b>							

## 7.4 Change and Contract Management

Change management resource has been secured to support the whole system change required to underpin the delivery of the integrated model of care and wellbeing, achieve the required level of cultural change, and to ensure the outcomes and benefits of the health specific project and overarching North Powys Wellbeing Programme are achieved.

A combined programme and change management approach is being applied to delivery of the programme to support change and this is being linked with the evaluation approach to ensure transfer of learning and best practice across Powys. Independent evaluators have been appointed to support with evaluation, transfer and learning of the programme.

## 7.5 Stakeholder Engagement and Management

The programme will follow the best practice guidance including that of the Consultation Institute and will utilise the quality assurance mechanisms wherever public consultation is required.

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 the Third Sector);
- 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;
- '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;
- Neighbouring acute health service providers.

The Engagement Report (see Appendix J) 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. Engagement with respect to the inclusion of shared community space and garden garnered overall support.



Further work is required to explore the benefits further with the community, staff and partners.

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. Additionally, concerns have been raised about the safeguarding of children in transition to adulthood being placed in supported living alongside adults with substance misuse and mental health problems, this will need to be mitigated through the design'.

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.

There has also been ongoing engagement with the north Powys Primary Care Cluster and the Mid Wales Clinical Advisory Group, particularly with regards to the modelling and repatriation of services.

A briefing session has been held with Chief Executives and Executive Directors from Betsi Cadwaladr Health Board, Shrewsbury and Telford Hospital NHS Trust, Hwyl Dda Health Board and Shropshire and Telford Clinical Commissioning Group. Letters of support are enclosed within the appendices (Appendix K).

## 7.6 Use of Special Advisors

### 6.6.1 Internal Advisors

As the programme and projects develop, the use of internal advisors from the Partnership will be better determined.

Work on this will be undertaken as part of the Programme's Enabling Workstream 3: Workforce Futures, which has the following strands:



- Workforce Planning
- Education, Training & Development
- System/organisation Development & Engagement
- Organisational Change, including Legal Process, and Job Evaluation
- Recruitment

### 6.6.2 External Advisors

At this stage in the programme, it is envisaged that the following key appointments/specialist advisors will be required:

- Ecology
- Site Investigation and topographical survey
- BREEAM
- Demand and Capacity Modelling
- Masterplanning and transport planning
- Energy assessment and feasibility study

If further expertise is required, this will be documented in the Business Case, going forward.

## 7.7 Gateway Reviews

Generally, the programme will follow the Welsh Government Gateway Review Process.

The Partnership Board has recently completed a Programme Assurance Review (PAR), as part of an OGC Gateway 1 review. This provided an Amber rating – Demonstrating good leadership but recognised the need to re-engage since the pandemic, with funding and governance for the campus amongst the challenges raised.

A number of the actions have been implemented, some are ongoing from Welsh Government feedback and the Partnership Boards confirms that it is prepared that it is prepared to complete the full suite of Gateway reviews as the business case moves from SOC to OBC, to FBC.

## 7.8 Post Project Evaluation

The outline arrangements for Post Implementation Review (PIR) and Project Evaluation Review (PER) have been established in accordance with best practice and are as follows.

### 7.8.1 Post Implementation Review (PIR)

These reviews ascertain whether the anticipated benefits have been delivered and are timed to take place a year post construction, i.e. September 2027.

### 7.8.2 Project Evaluation Reviews (PERs)

PERs appraise how well the project was managed and delivered compared with expectations and are timed to take place one-year post construction, i.e. September 2027.



## 7.9 Contingency Plans

In the event of project failure, the existing Health and Care services will continue to operate until such time that the project can be righted.



**Appendix A: North Powys Wellbeing Assessment**

**Appendix B: Integrated Model of Care & Wellbeing**

**Appendix C: Site Design and Master Planning**

**Appendix D: Pictures of current assets**

**Appendix E: Memorandum of Understanding (MOU)**

**Appendix F: National Drivers**

**Appendix G: Service Transformation**

**Appendix H: Rural Regional Diagnostic Treatment  
Centre Specification**

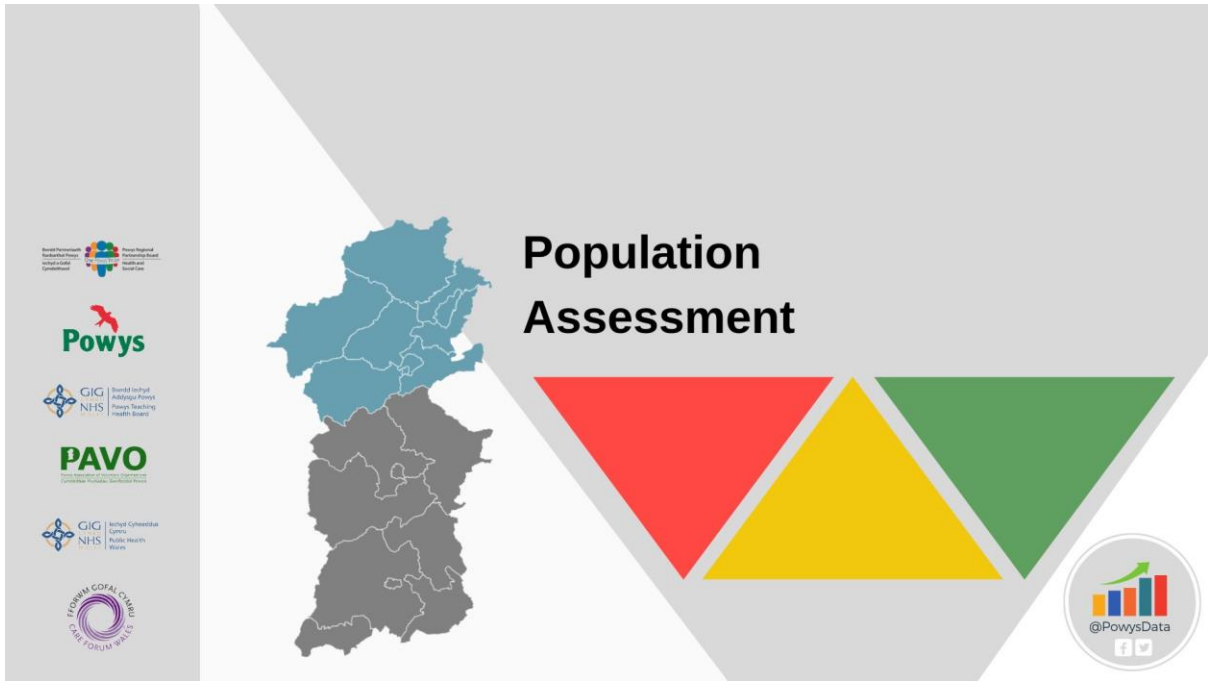
**Appendix I: Integrated Health and Care Centre  
Specification**

**Appendix J: Report on SOC Engagement**

**Appendix K : Letters of Support**

Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol

# Appendix A: North Powys Wellbeing Assessment



# North Powys

What areas are in North Powys?

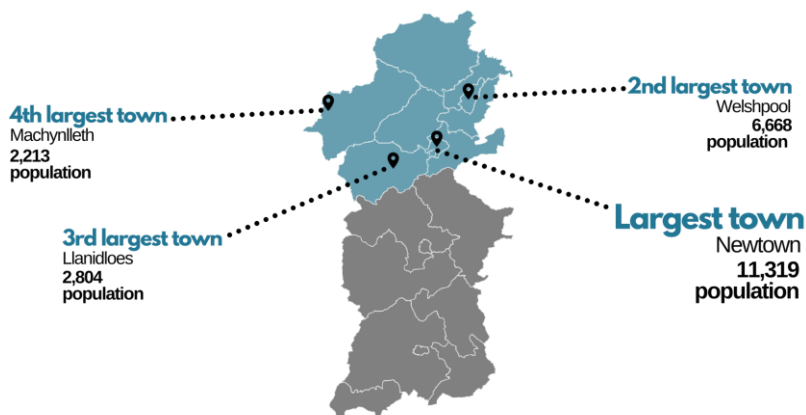
Select an area on the map to find out where it is located

Embed://<iframe width="600" height="600"

src="https://app.powerbi.com/view?r=eyJrjoiMTcyZmZlMzltODM5NC00OTU1LThiYTktMTBmNWEwMzk1OTAyIiwidCI6ImMwMmWQ5ZWUxLTBIYjAtNDc1NC05OWFILTazYWU4YTczMml1MCIslmMiOjh9" frameborder="0" allowFullScreen="true"></iframe>

## Population

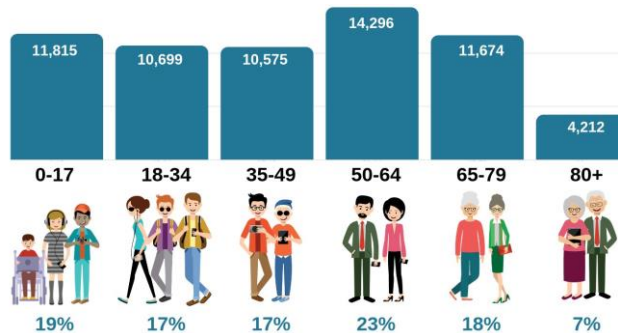
### North Powys Population **63,271**



*The rest of the population are widely dispersed in smaller centres, hamlets and across many rural properties.*



The age bandings spread is reasonably even across the North Powys area.



## Travel times to Hospitals and Transport routes

Embed://<iframe width="800" height="600"

src="https://app.powerbi.com/view?r=eyJrIjoieGZjZjdINTEtMDZlOC00ZDYwLTk3ODctYjAxMDIkdNDgzOTIhIiwidCI6ImMwMWQ5ZWUxLTBhYjAtNDc1NC05OWFILTazYWU4YTczMmI1MCIslmMiOjh9" frameborder="0" allowFullScreen="true"></iframe>

## Introduction

We conducted a detailed analysis of over 40 datasets.

These were split into the following reports:

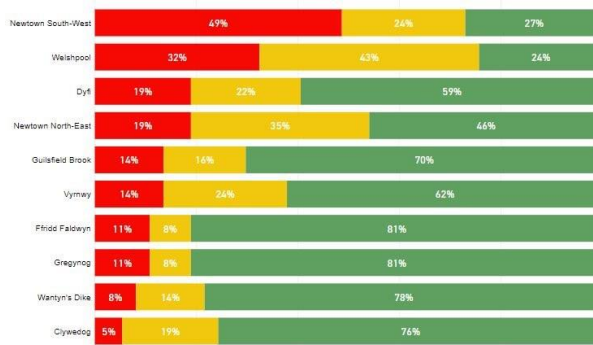
- Focus on Wellbeing
- The Big Four
- Joined Up Care

We have used the same methodology in all three reports and coloured an area red, amber or green (RAG) depending on how far off the Powys Average (mean average) they are.

The method we have used to calculate the Powys Average is:



## Main findings



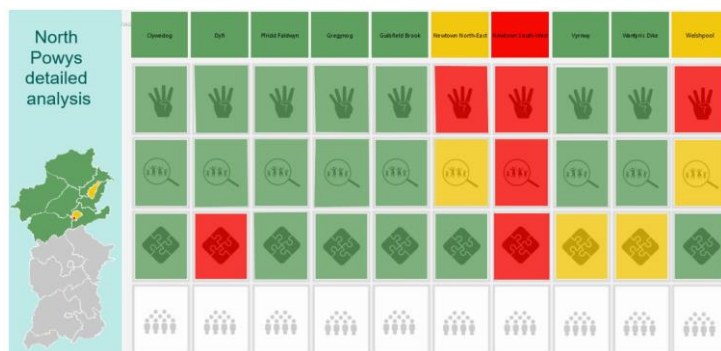
The Total Pressure Points visual shows the overall percentage of RAG (Red, Amber and Green) indicators in each North Powys Middle Super Output Area (MSOA).

This is calculated by counting each RAG for every data set we have analysed over all reports (Focus on Wellbeing, The Big 4 and Joined Up Care) and converting this into a percentage. There is variation in red, amber and green across all ten MSOAs in North Powys.

The MSOA with the largest proportion of red is **Newtown South-West** (red status for the Big Four, Focus on Wellbeing and Joined Up Care). Both **Newtown North East** and **Welshpool** had an overall amber status (red status for the Big Four, amber for Focus on Wellbeing and green for joined up care).

However, there are some interesting points to note particularly in terms of joined up care - whilst **Dyfi** is green overall, it had a red rating for Joined Up Care; and both **Vyrnwy** and **Wartyn's Dike** had an amber rating for joined up care.

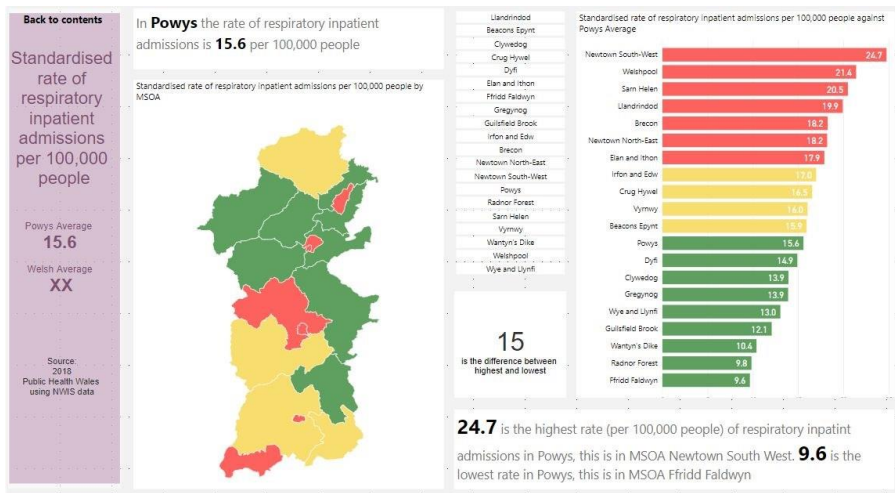
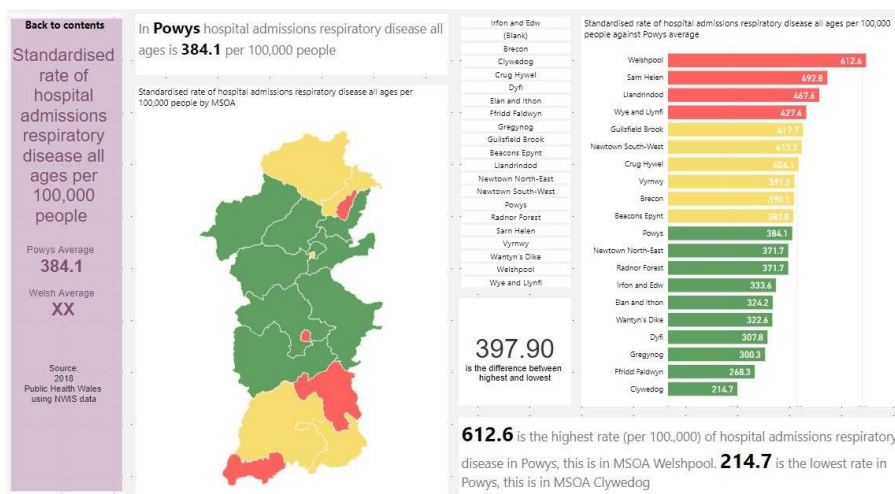
The following visual shows the variation across the ten areas in North Powys. The overall RAG for an area is shown on the top row, and the underlying rows represent The Big Four, Focus on Wellbeing and Joined Up Care. Workforce Futures has not been analysed at this stage.

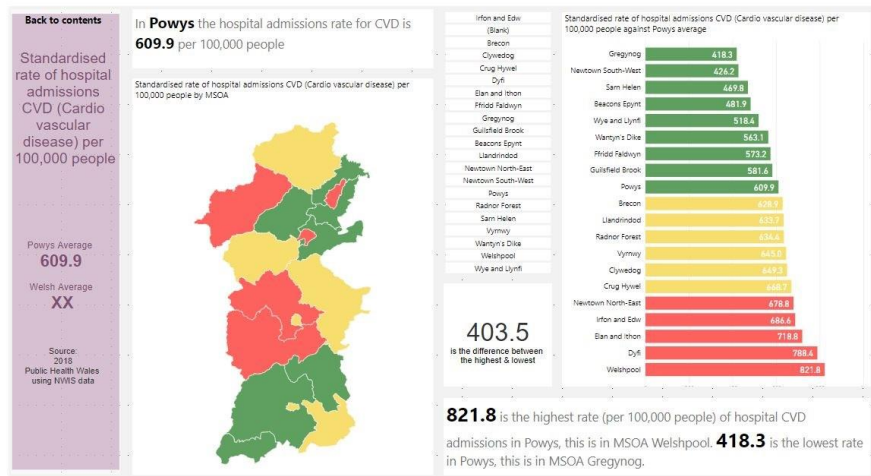
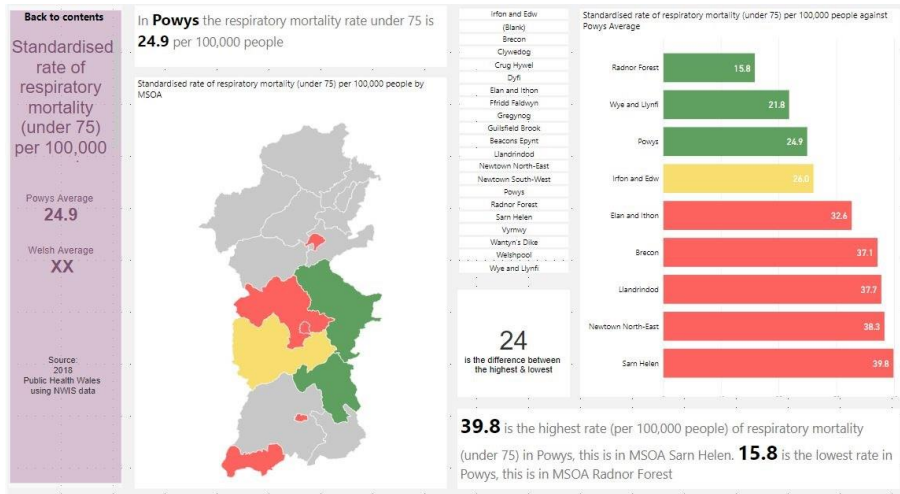


# The Big Four

The **North Powys** area with the highest level of below average measures relating to the **Big Four** (cardiovascular, circulatory, respiratory disease and mental illness) is **Welshpool**

- Hospital admissions for respiratory diseases is highest in **Welshpool**
- Respiratory inpatient admissions are highest in **Welshpool and Newtown**
- Respiratory mortality for under 75's is above average in **Newtown North East**
- Hospital admissions for cardio-vascular disease is above average for **Welshpool, Dyfi and Newtown North East**





- **Circulatory disease inpatient admissions** is high in **5 out of 10** North Powys localities
- **Circulatory disease outpatient admissions** are above average in **6 of the 10** North Powys localities
- **Cancer mortality EASR** is above average in **Newtown South West, Dyfi, Welshpool and surrounding area of Fridd Faldwyn**
- Percentage of patients with **hypertension** is above average in **Machynlleth and Llanfair Caereinion** GP practices

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### Circulatory Disease in patient admissions

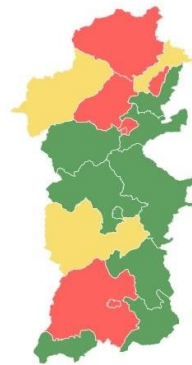
Powys Average  
**11.92**

Welsh Average  
**XX**

Source  
2018  
Public Health Wales  
using NWS data

In **Powys** the rate of circulatory disease in patient admissions is **11.92**

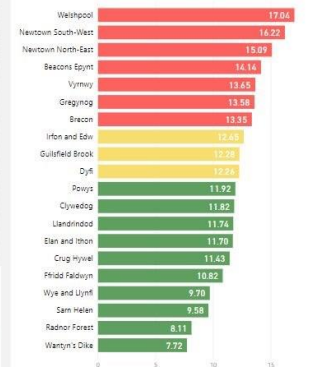
In patient (circulatory disease) by MSOA



Beacons Epynt
Brecon
Clywedog
Crug Hywel
Dyff
Elan and Ithon
Ffridd Faldwyn
Gregynog
Gulfisfield Brook
Irfon and Edw
Llandrindod
Newtown North-East
Newtown South-West
Powys
Radnor Forest
Sam Helen
Yrmyoy
Wartyn's Dyke
Welshpool
Wye and Llynfi

**9.3**  
is the difference between  
the highest & lowest

In patient (circulatory disease) by Powys average



**17.04** is the highest rate of In patient admissions for circulatory disease this is in MSOA 17.04. **7.72** is the lowest rate in Powys, this is in MSOA Wartyn's Dyke

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### Circulatory Disease out patient admissions

Powys Average  
**17.21**

Welsh Average  
**XX**

Source  
2018  
Public Health Wales  
using NWS data

In **Powys** the rate of circulatory disease out patient admissions is **17.21**

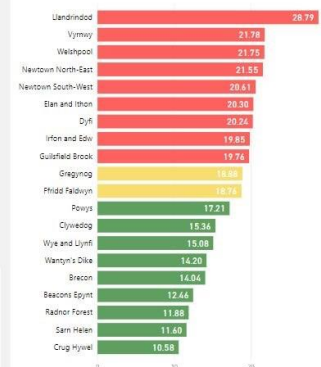
Out patient (circulatory disease) by MSOA



Beacons Epynt
Brecon
Clywedog
Crug Hywel
Dyff
Elan and Ithon
Ffridd Faldwyn
Gregynog
Gulfisfield Brook
Irfon and Edw
Llandrindod
Newtown North-East
Newtown South-West
Powys
Radnor Forest
Sam Helen
Yrmyoy
Wartyn's Dyke
Welshpool
Wye and Llynfi

**18.2**  
is the difference between  
the highest & lowest

Out patient (circulatory disease) by Powys average



**28.79** is the highest rate of out patient admissions for circulatory disease this is in MSOA Llandrindod. **10.58** is the lowest rate in Powys, this is in MSOA Crug Hywel

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### Cancer mortality EASR per 100,000

Powys Average  
**137.1**

Welsh Average  
**XX**

Source  
2018  
Public Health Wales  
using NWS data

In **Powys** the rate of Cancer mortality is **137.1**

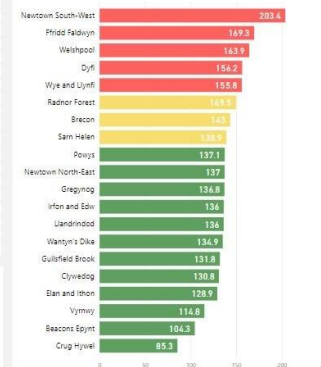
Cancer mortality by MSOA



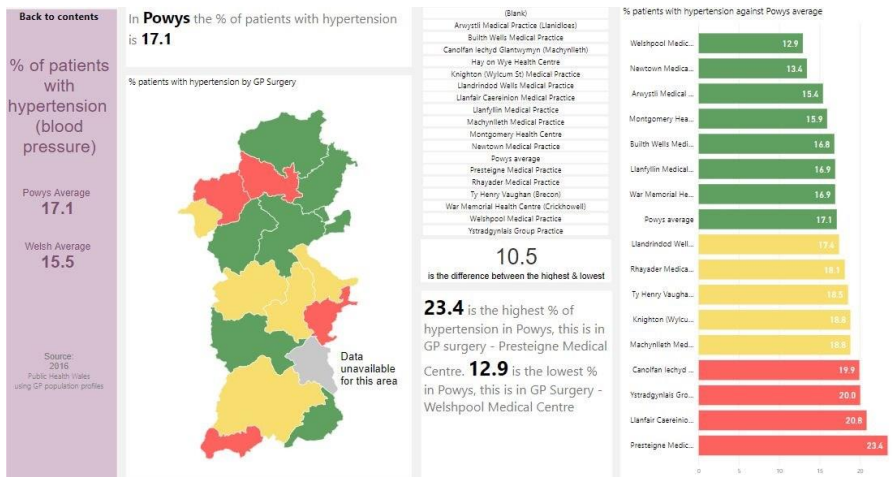
Beacons Epynt
Brecon
Clywedog
Crug Hywel
Dyff
Elan and Ithon
Ffridd Faldwyn
Gregynog
Gulfisfield Brook
Irfon and Edw
Llandrindod
Newtown North-East
Newtown South-West
Powys
Radnor Forest
Sam Helen
Yrmyoy
Wartyn's Dyke
Welshpool
Wye and Llynfi

**118.1**  
is the difference between  
the highest & lowest

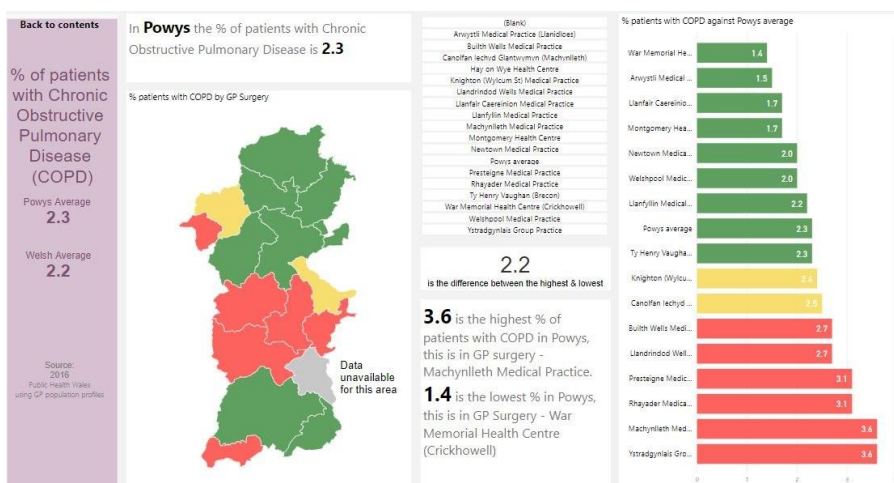
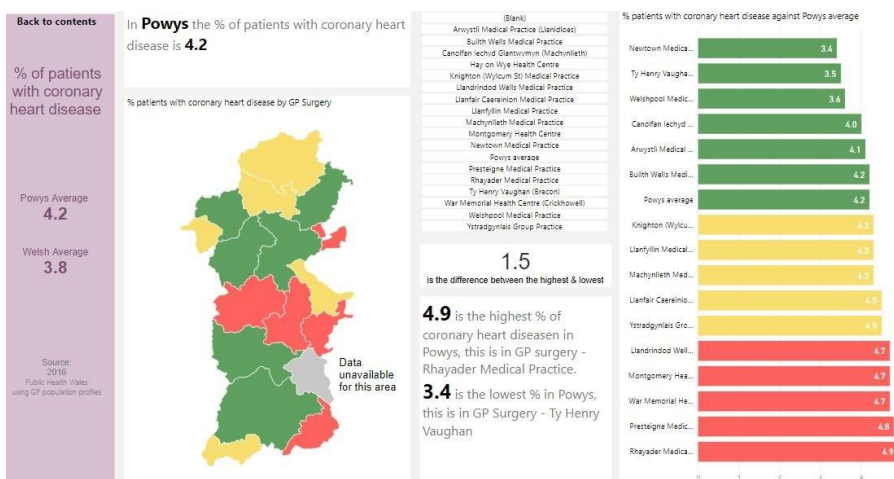
Cancer mortality by Powys average

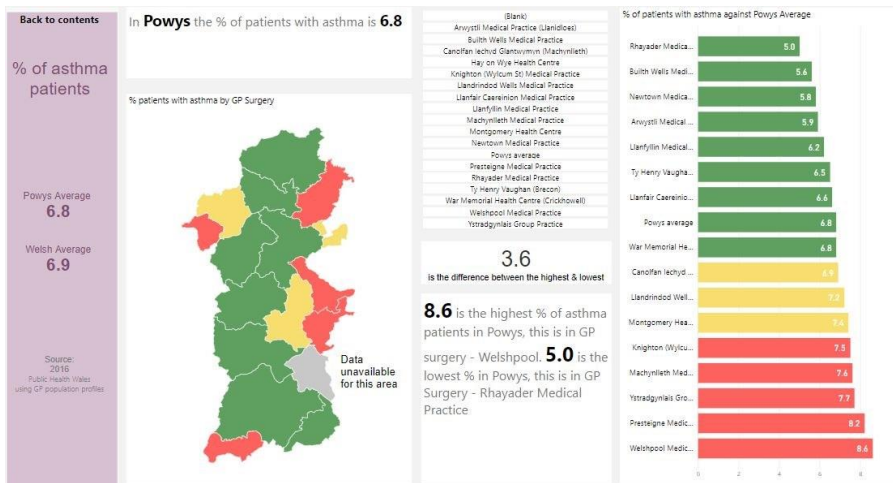
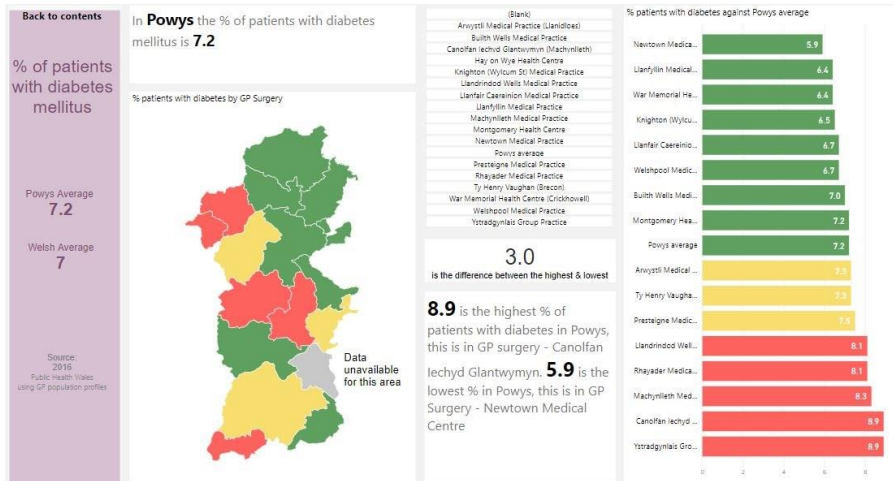


**203.40** is the highest rate of Cancer mortality this is in MSOA Newtown South-West. **85.30** is the lowest rate in Powys, this is in MSOA Crug Hywel



- Percentage of patients with **coronary heart disease** is above average in **Montgomery GP practice area**
- Patients with above average **COPD rates** are found in the **Machynlleth Health Centre area**
- Above average number of patients with **Diabetes** are found in the **Machynlleth and Glantwymyn practice areas**
- **Asthma** sufferers are above average of **Machynlleth and Welshpool practices**

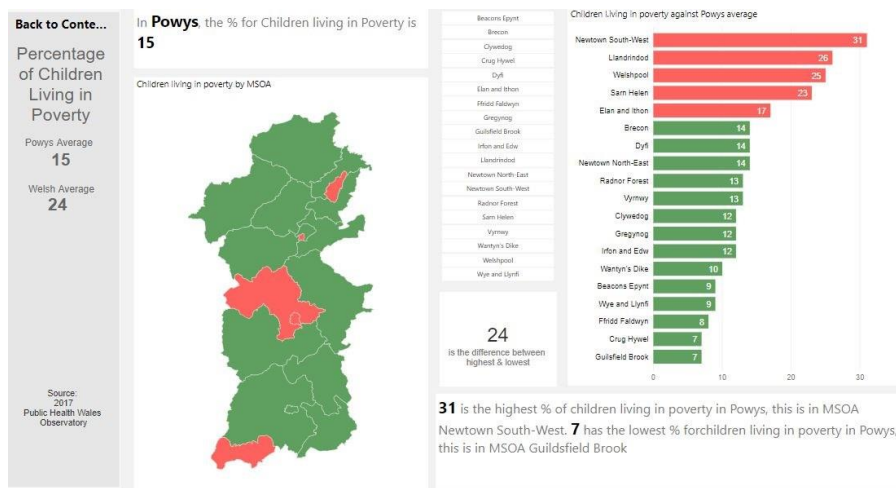
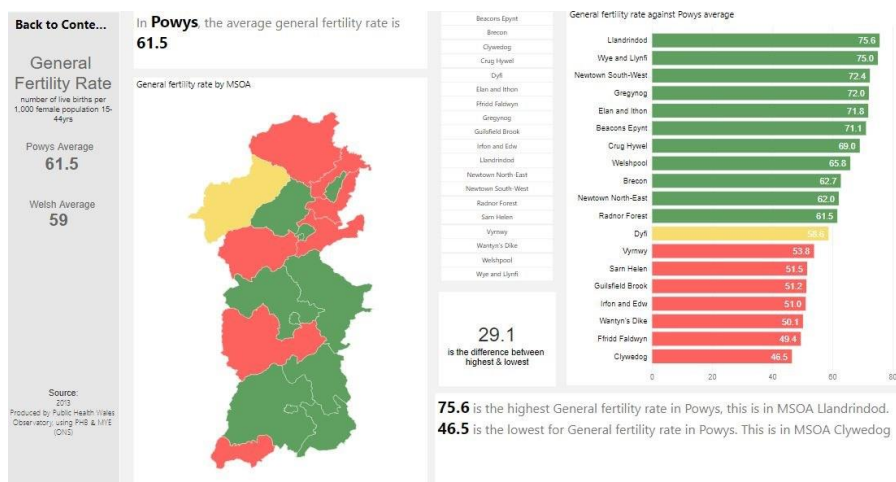




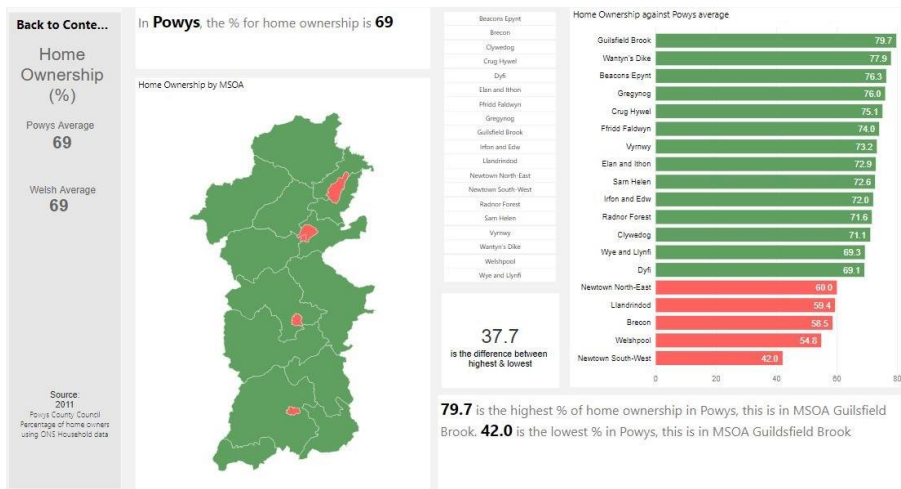
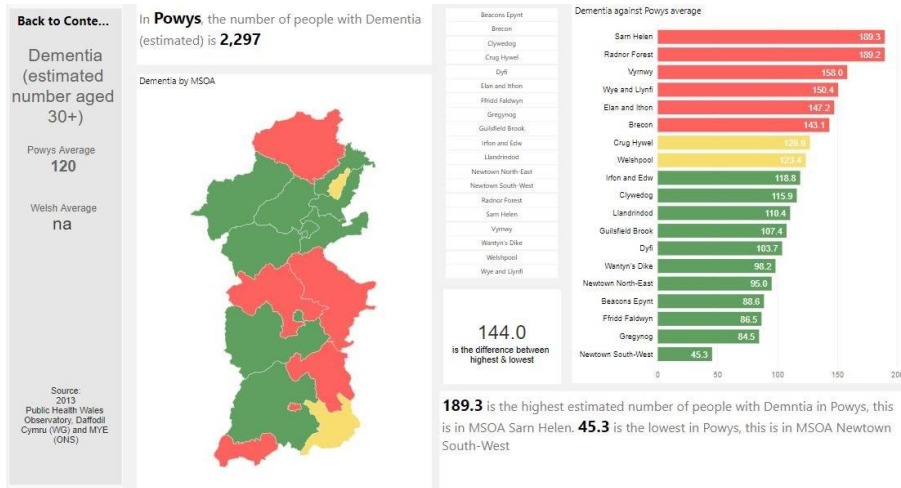
# Focus on Well-being

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

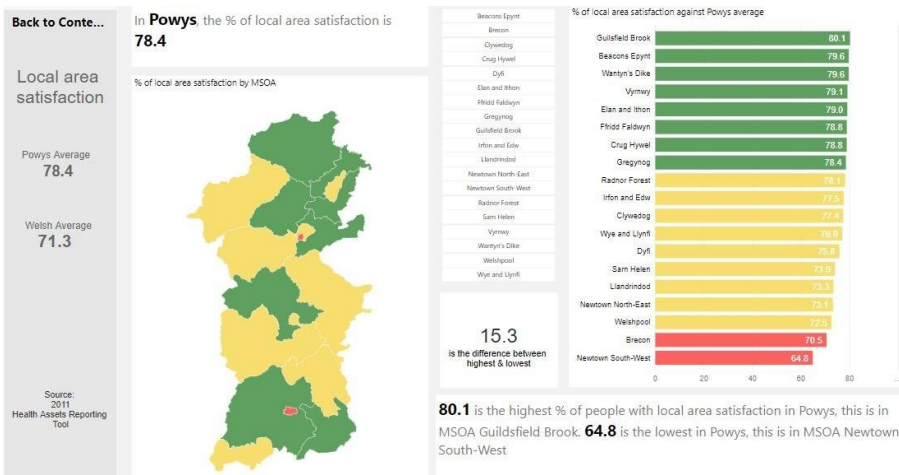
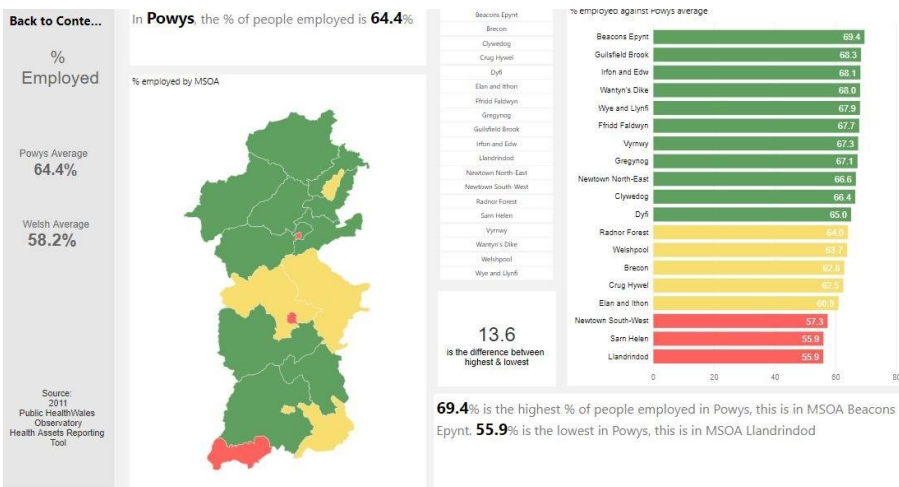
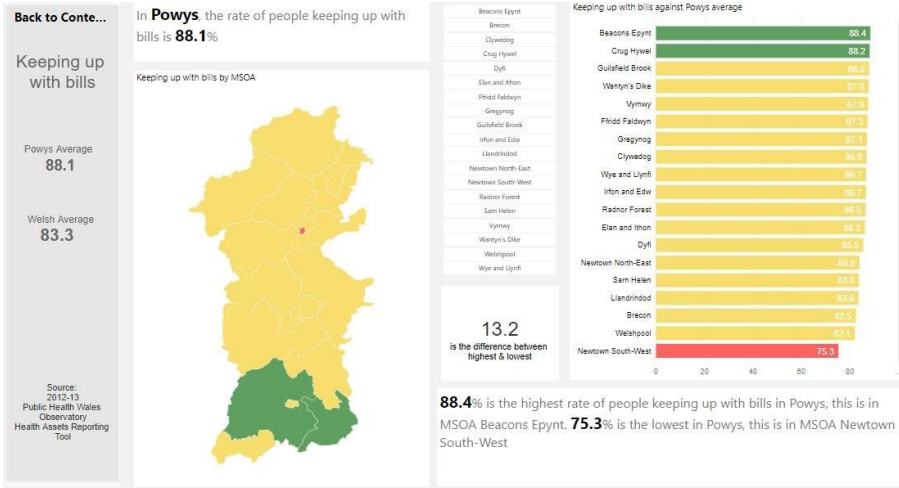
- **General fertility rate** is mostly lower in **more rural areas** of North Powys
- A higher average of **children are living in poverty** in **Newtown South West and Welshpool**
- The estimated number of people living with **dementia** has a higher average in the very north of Powys (**Vrynwy locality**)
- The **lowest levels of home ownership** for North Powys are in **Newtown and Welshpool**

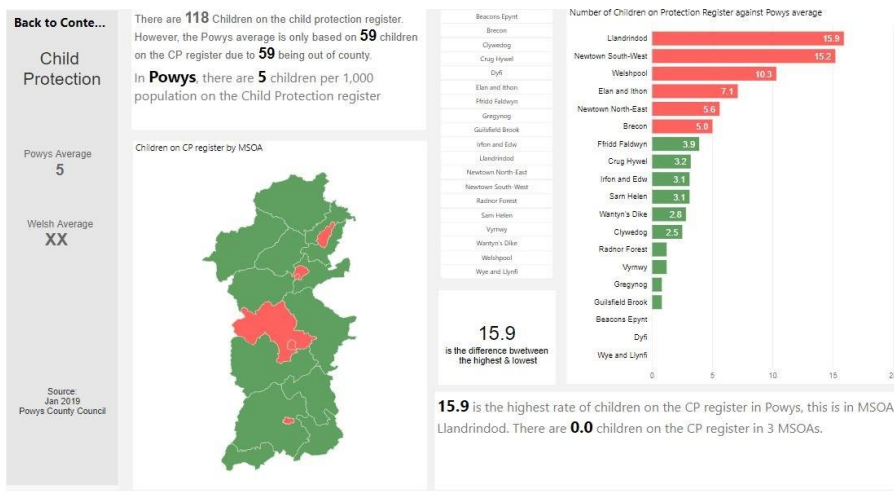
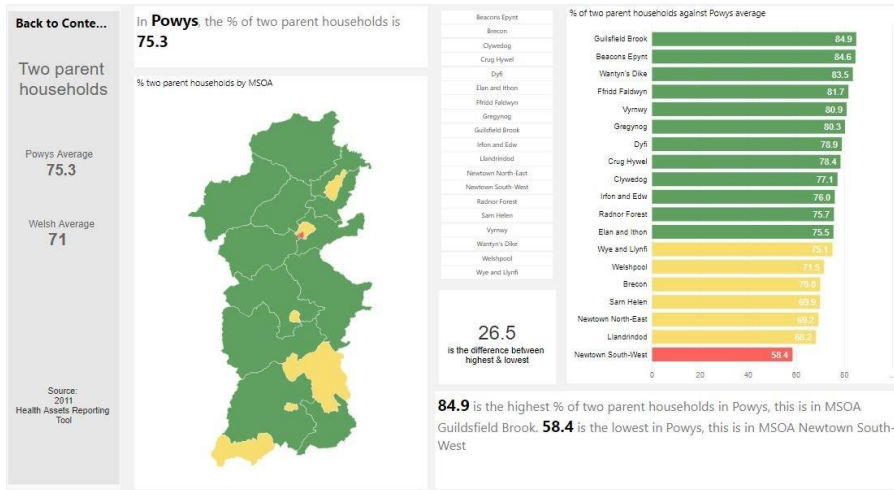




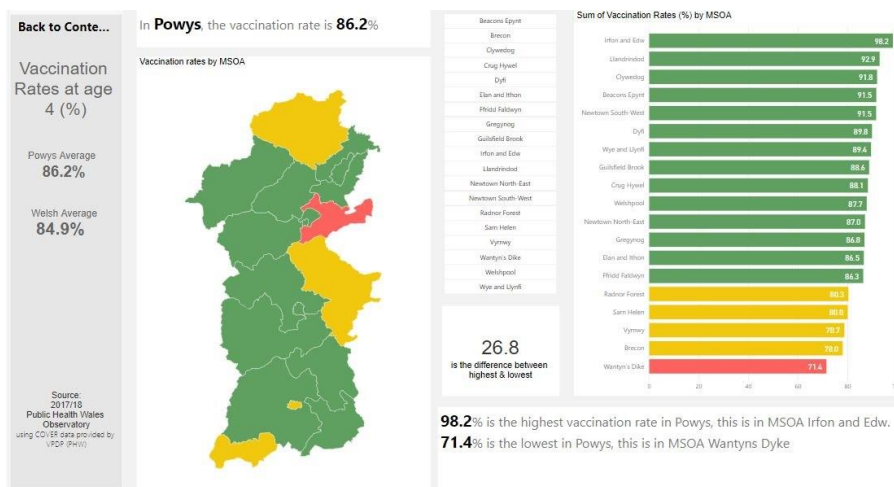


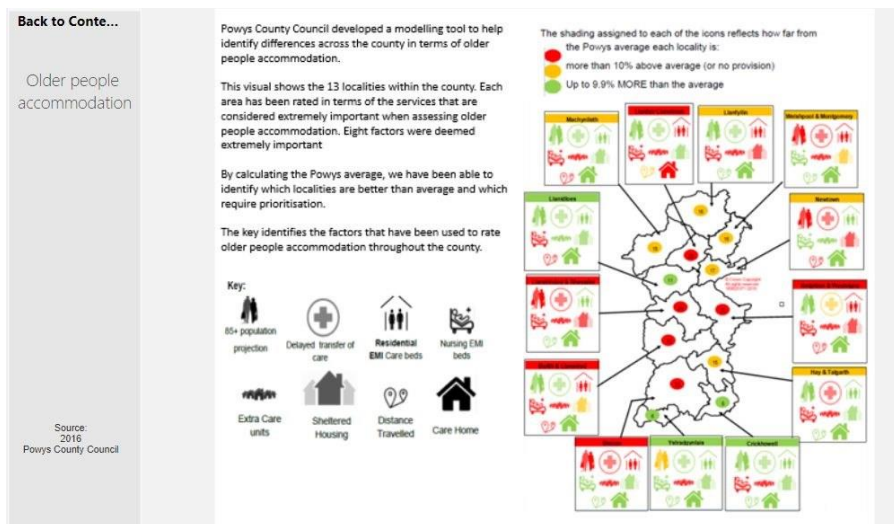
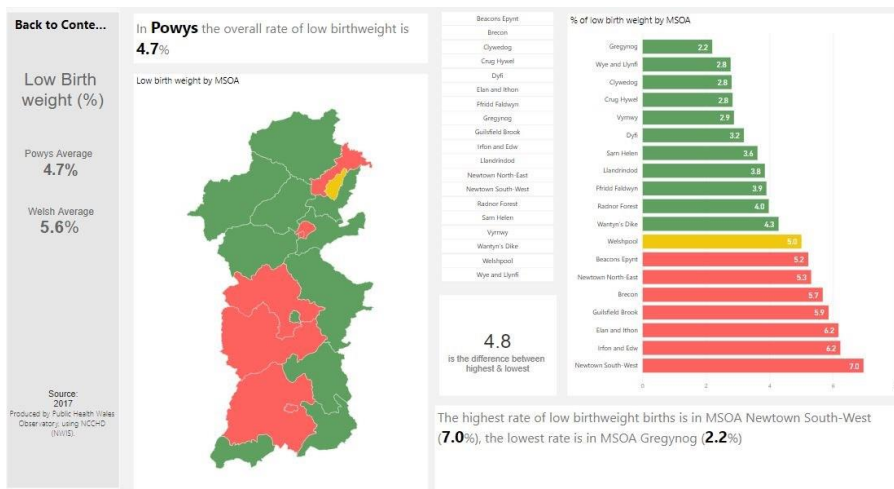
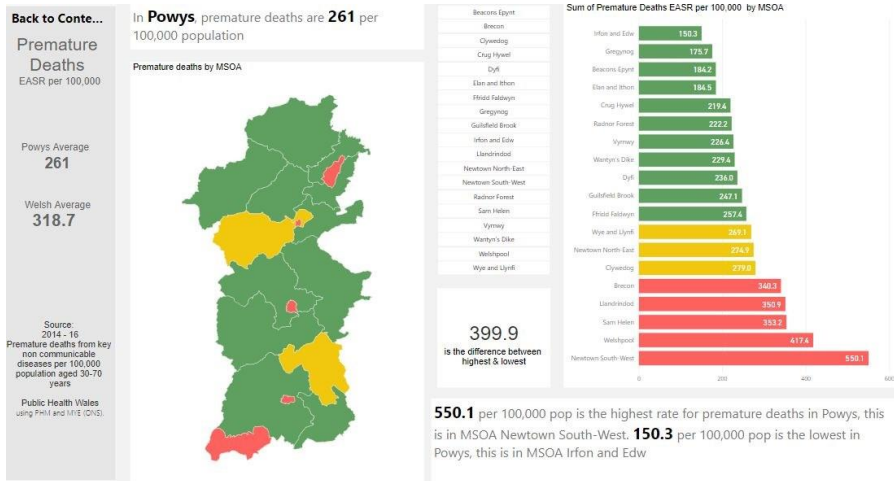
- People in **Newtown South West** have a higher average for those **struggling to keep up with bills**
- **Newtown South West** has the highest average **unemployment** and in general unemployment is rising steeply in Powys
- The **lowest level of satisfaction** with the local area is **Newtown South West**
- Lowest levels of **two parent households** are in **Newtown South West**
- **Children on the child protection register** average rates are high in **Newtown and Welshpool**





- **Vaccination rates at age 4** are lowest in the **Wantyns Dike** ward
- **Premature births** have a higher average rate in **Newtown South West** and **Welshpool**
- **Low birth weights** are higher in **Newtown** and **Guildfield Brook**, north of Welshpool
- There are more pressure points for **older people's accommodation** in the **Llanfair Caereinion** area



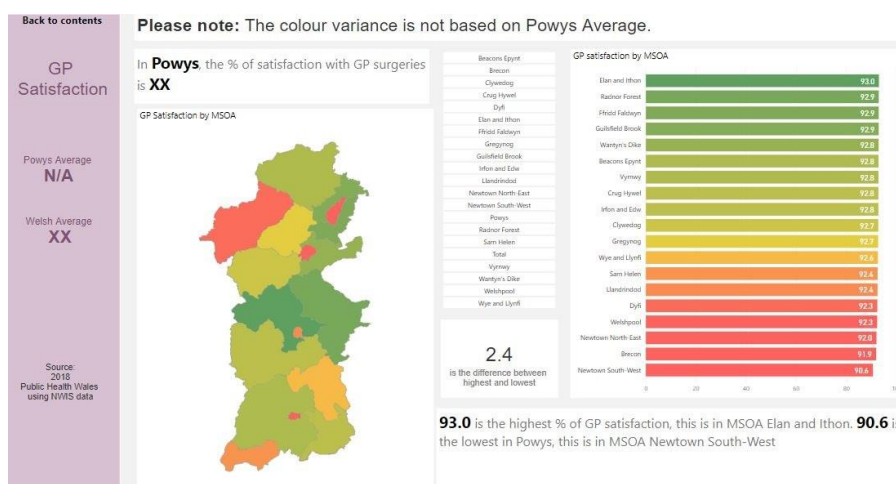
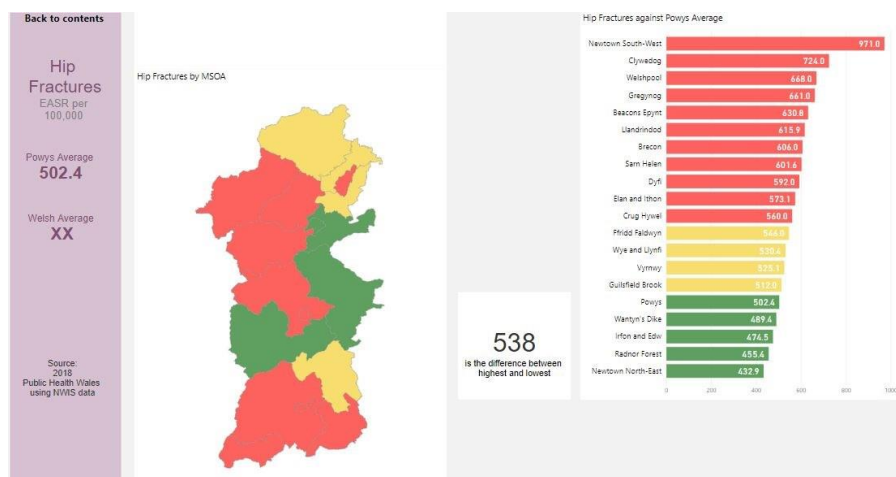
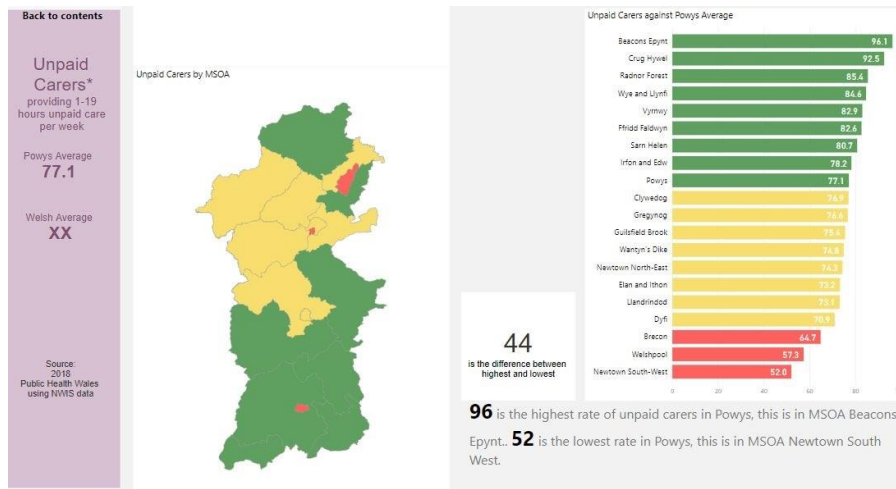


## Joined up care

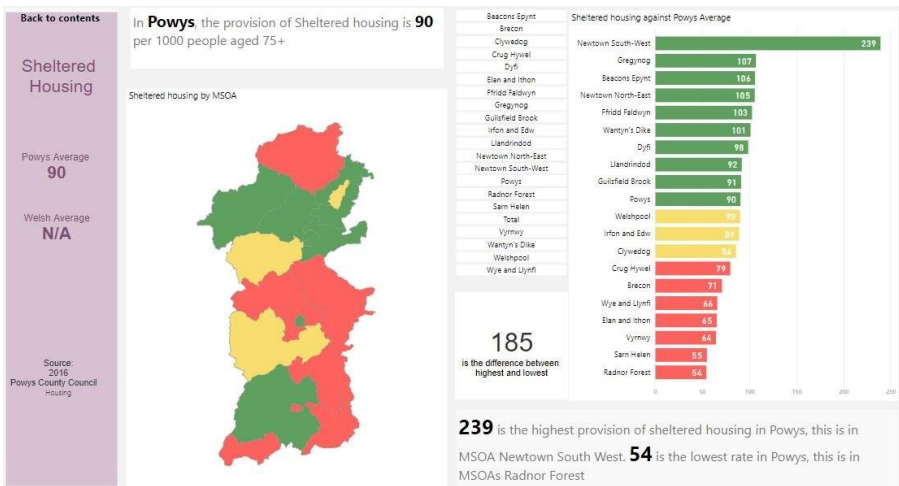
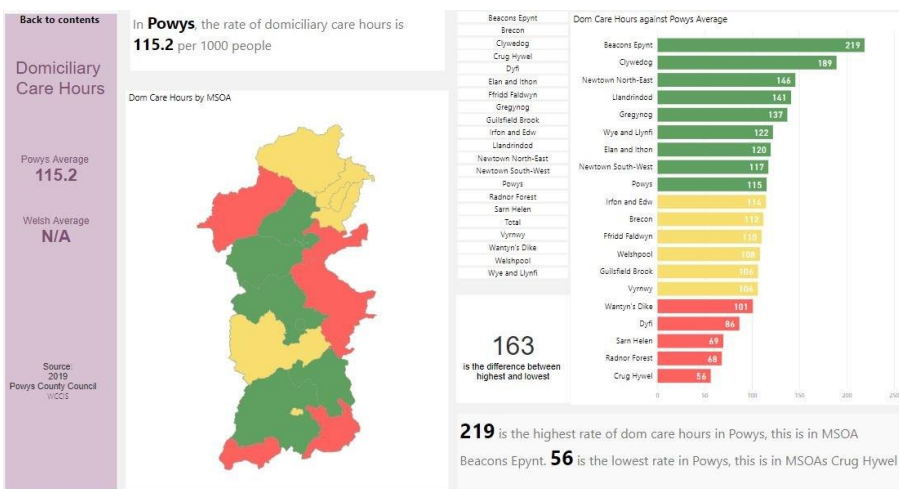
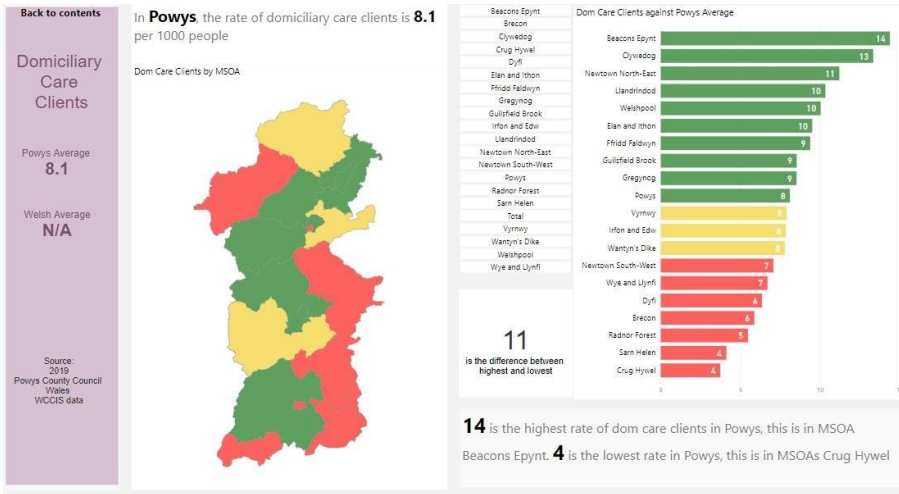
*The North Powys area with the highest level of below average measures relating to joined up care is Newtown South West and the Dyfi areas*

- The number of **unpaid carers** on average is higher in **Welshpool and Newtown South West**

- **Hip fractures** and more prevalent in **Newtown South West** and **Clywedog** localities
- **Satisfaction with GP's** is lower in **Newtown, Welshpool** and **Dyfi** localities



- The rate of people receiving **domiciliary care** is higher in **Newtown South West** and **Dyfi** localities
- The rate of time spent on **domiciliary care clients** is on average higher in **Wartyns Dike** and **Dyfi** localities
- There is a greater need for **sheltered housing** in the very North of Powys, **Vrynwy** locality



**Area overview**



<https://sway.office.com/K5dOVVrDpXhCYGcy#content=IC5Z5YUbLy488I>

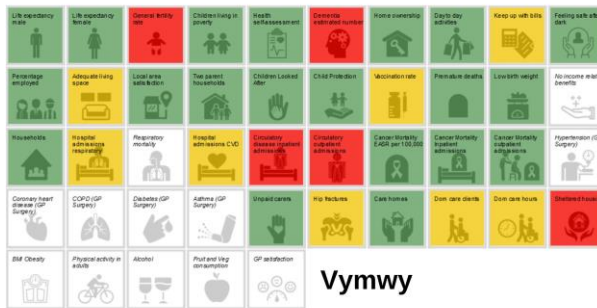
To see our full analysis click on the links below. If you would like to see a high level overview for each MSOA in the North, scroll down for more information.

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**Overview of each area**

To view each area in detail please select the image below:









Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol

## **Appendix B: Integrated Model of Care & Wellbeing**



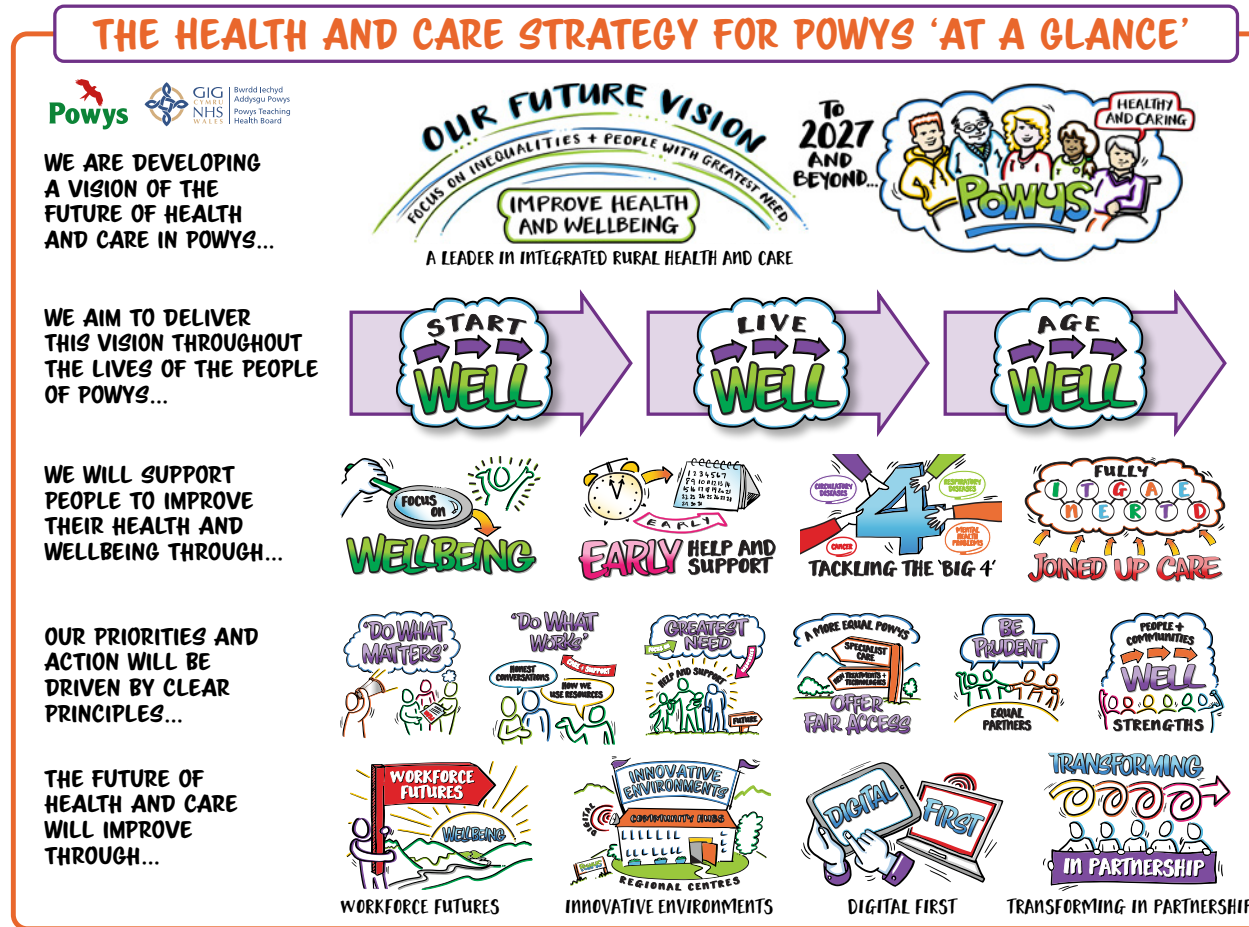
# A STRATEGY FOR THE FUTURE

This new integrated model of care and wellbeing is a once in a lifetime opportunity to transform health and care services for the population in the rural heart of Wales, as well as harnessing and accelerating the opportunities for digital advances that Covid-19 has presented. The model is also part of a Wales-wide response to the increasing demands and new challenges facing the NHS and social care. These include an ageing population, lifestyle changes, public expectations and emerging medical technologies.

In June 2018, the Welsh Government published 'A Healthier Wales: Our Plan for Health and Social Care'. The ambition of A Healthier Wales is for the health and social care systems to work together, to help people live well in their communities, meet their health and care needs effectively and provide more services closer to or at home, so that people only need to use a hospital for treatment that cannot be provided safely anywhere else.

The new integrated model of care and wellbeing sits under the overarching Powys Health and Care Strategy.

We asked local communities in north Powys and people who provide services, both in and out of the county, to tell us what works well now and what could be improved in the future. To help focus our conversations we



looked at how we deliver services in three distinct ways:

- At home and in the community
- At a district or regional level
- At a county or out of county level.

We discovered people are enthusiastic about transforming health and care services in north Powys, in part by delivering more services in-county, closer to where people live.

In developing the model of care and wellbeing we took care to keep a balance between ambition and reality. This will help us deliver meaningful change, within the boundaries of what we can realistically achieve. As we develop more detailed action plans, we will test our ability to deliver the new model, continue to share information, ask for feedback and explain the reasons behind our decisions.

# WHAT WE KNOW

**Powys is a large, rural county. It covers a quarter of the land mass of Wales and is the most sparsely populated county in England and Wales. More than half of the county's residents live in villages and small hamlets.**

This geography makes it hard to provide the same level of services for everyone. Many people tell us that, although they do not want to leave their community, access to services and social isolation is a problem, in particular for those who are older and live in more remote locations.

## **Inequity of Service:**

- Evidence shows that people in the most deprived areas in Powys live more years in poor health compared to people in the least deprived areas. Health inequalities increase when services do not reach those who are at most risk. However, health inequalities can be reduced when services work together with a focus on early intervention, adverse childhood experiences, wellbeing and independence.
- Evidence shows that the difference in cognitive outcomes between children from the least and most deprived areas continues to grow over 10 years. Across Wales there is also a clear link between levels of deprivation and rates of overweight or obesity. 28.4% of children

who live in the most deprived areas are overweight or obese compared to 20.9% in the least deprived.

- Just over 1 in 5 children in Powys are estimated to be living in poverty, after housing costs have been considered. Children who grow up in poverty are more likely to have poor health which can have an effect on the rest of their lives. This is a particular concern in the areas of north Powys that score high on several factors associated with the Welsh Index of Multiple Deprivation (WIMD).
  - Unhealthy lifestyles increase demand on health and social care services and reduce people's ability to live a fulfilling life. Although rates of physical activity in Powys are above the Wales average, nearly 6 in 10 adults are overweight or obese and this figure is predicted to rise. Just under 1 in 5 adults in the county smoke and 4 in 10 drink more than the recommended amount.
  - Developments in technology are changing how we provide some health and social care services and support. For example, more people can access services in or closer to home.
  - Population changes mean there will be more older people and fewer younger people living in Powys in the future.
- And while people are living longer, these years are not always healthy. New treatments are also being developed which could help more people live for longer, but they are costly. To meet future demand we must change the way we deliver services so they are both affordable and sustainable.
- Services around the county's borders are changing. The Shrewsbury and Telford Hospital NHS Trust, the main acute hospital provider for many north Powys communities, is changing its services and moving more to Telford. Every year around 65,000 people travel out of county for day-case and outpatient procedures. With the right workforce, facilities and diagnostics, we could provide many of these services locally.
  - We depend on volunteers to deliver care and are fortunate enough to enjoy strong support for this. However, to maintain levels of care we must improve how we support our volunteers and continue to recruit new ones. Covid-19 has presented an opportunity for care to be delivered differently, utilising volunteers to establish community response teams and maximising technological opportunities to provide care through digital means.

# BY 2027 PEOPLE IN POWYS WANT TO BE ABLE TO SAY...



"I am responsible for my own health and wellbeing."

"I enjoy a range of opportunities which mean I am able to lead a fulfilled life."

"I have easy access to information and advice that helps me make healthy lifestyle choices for myself and my family."



**EARLY HELP AND SUPPORT**

"I am confident my children have opportunities that help give them the best start in life."

"I have easy access to information, advice and support that helps me live well with my chronic condition."



**TACKLING THE 'BIG 4'**

"I have easy access to information and support about my condition."

"My condition was diagnosed early."

"After my diagnosis I received treatment quickly."

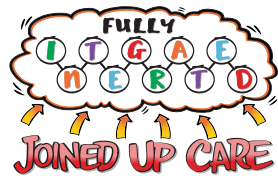
"I continue to receive high-quality treatment and support as near to my home as possible."



**WELLBEING**

"I enjoy health and wellbeing through support from my local community and access to the natural environment."

"I receive support which helps me balance my responsibilities as a carer and enjoy a fulfilled life."



**FULLY JOINED UP CARE**

"When I need to, I can access services as near to my home as possible."

"I am treated with dignity and respect."

"I receive care and support which is focussed on what matters most to me."

"I receive continuity of care which is safe and meets my needs."

## THOSE WHO PROVIDE HEALTH AND CARE SERVICES IN POWYS WILL:

- LISTEN TO THE PEOPLE OF POWYS ABOUT THEIR HOPES, FEARS AND OPINIONS ON HEALTH AND CARE SERVICES.
- PROVIDE CARE WHICH MEETS THE NEEDS OF THE INDIVIDUAL AND HELPS THEM MANAGE THEIR OWN CARE BUDGET.
- INFLUENCE HOUSING, EDUCATION, LEISURE AND IN-WORK POVERTY TO REDUCE HEALTH INEQUALITIES.
- HELP COMMUNITIES DEVELOP HUBS AND ACTIVITIES THAT ENCOURAGE CULTURAL WELLBEING, PHYSICAL ACTIVITY AND SOCIAL INTERACTION.
- MAKE THE MOST OF THE OPPORTUNITIES THAT DEVELOPMENTS IN TECHNOLOGY BRING TO IMPROVE COMMUNICATION, DELIVER NEW SERVICES AND PROVIDE SERVICES AT MORE CONVENIENT TIMES.
- ENCOURAGE PEOPLE TO DEVELOP A WELLNESS PLAN, BE AWARE OF THE IMPACT OF THEIR LIFESTYLE AND ACT WHEN THE TIME IS RIGHT.
- IMPROVE ACCESS TO SERVICES, PROVIDE BETTER SCREENING, EARLY DIAGNOSIS AND SUPPORT.
- WORK TO THE SUSTAINABLE DEVELOPMENT PRINCIPLE UNDER THE FUTURE GENERATIONS ACT'S FIVE WAYS OF WORKING TO DEVELOP SUSTAINABLE SERVICES AND PROMOTE THE WELSH LANGUAGE.
- DELIVER SERVICES AS CLOSE TO PEOPLE'S OWN HOMES AS POSSIBLE TO SAVE PEOPLE TIME AND MONEY AND REDUCE CARBON EMISSIONS. PEOPLE WILL ONLY NEED TO TRAVEL OUT OF COUNTY TO RECEIVE SPECIALIST CARE AND COMPLEX SERVICES WHICH WE CANNOT SAFELY PROVIDE THROUGH DIGITAL TECHNOLOGY OR CLOSER TO HOME.

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# IF YOU LIVE IN POWYS, WE ASK YOU TO:



**Support activities that help people feel part of their community** and able to take part in making decisions about what matters to them.



**Be an equal partner** in the decisions that are made about your care and support.



**Work with health and social care** providers in a flexible way to help them make the most of limited resources for the benefit of everyone.



**Take action to maintain good health and wellbeing**, including through leading a healthy lifestyle, considering public health and other advice, learning about your condition, self-referral, attending screening and using digital apps where you feel comfortable to do so.



**Act as a champion to help develop integrated community hubs** that bring people and communities together.



**Use digital technology**, such as telecare, telehealth and communication aids, to support your independence and help you receive care at the right time.



**Look after your own health and wellbeing** and be an expert in managing your own care.



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# WHAT THE INTEGRATED MODEL WILL LOOK LIKE: 2027 AND BEYOND



## Evidence tells us that:

- People enjoy better health and wellbeing when they are active partners in their own care.
- Education is a key way to encourage positive lifestyle behaviours in people of all ages.
- Encouraging children and young people to live healthy lifestyles now helps them to live more healthy lives in the future.
- A positive working environment and well-paid work that people can take pride in helps create social and economic wellbeing.
- A positive living environment, including good-quality housing, affordable heating and easily accessible local amenities, helps people enjoy good health and wellbeing.
- Services are most effective when they are universally accessible but reflect differing need.
- Targeted health promotion and disease

prevention in deprived communities and through schools helps reduce the impact of the 'Big 4' diseases: mental health, cancer, respiratory and circulatory disease.

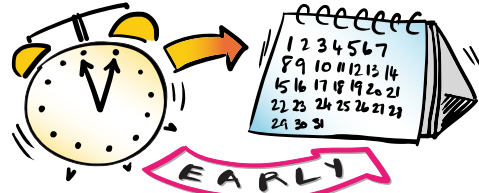
## We expect the new integrated model will:

- Promote independence and self-care where possible.
- Use digital and traditional paper-based channels to publish and share information about community wellbeing activities to help people engage with local groups and develop the friendships and social networks that are essential to maintain resilient communities.
- Use voluntary sector and social networks and increase green and social prescribing so that people can take part in more community-based activities to improve their health and wellbeing.



- Provide one-stop, universal and targeted early and primary prevention services at integrated community hubs that bring together education, welfare, housing, leisure, health, social care and the third sector.
- Support an active travel infrastructure (where appropriate) to encourage people to choose active travel and reduce their carbon footprint.
- Help people achieve a healthy weight through, for example, access to dietetics, behavioural change approaches and physical activity specialists.
- Influence housing, education, leisure and in-work poverty to improve health outcomes and reduce health inequalities.
- Provide opportunities for employment, training and career progression that help people stay living and working in Powys, enjoy job satisfaction, increased wellbeing and contribute to the growth of the local economy.
- Help people manage their behaviour and clinical risk in new ways such as delivering programmes from community venues and through digital technology.
- Make sure we have a skilled and supported workforce who are equipped to provide children, young people and their families with high-quality services, in line with new legislation and best practice.

# WHAT THE INTEGRATED MODEL WILL LOOK LIKE: 2027 AND BEYOND



## EARLY HELP AND SUPPORT

### Evidence tells us that:

- Inequalities experienced in childhood affect people's outcomes in later life. For example, children who experience disadvantage are more likely to adopt harmful behaviours which can lead to mental illness, cancer, heart disease and diabetes. When agencies work together they are more likely to identify at-risk children early and provide families with the right support at the right time.
- People with long-term conditions account for around 50% of all GP appointments and 70% of inpatient bed days. When they take part in health promotion and disease prevention activities, these people can benefit from a long-term reduction in their disease burden. Where people with long-term conditions need ongoing support, multi-agency intervention can help them stay at home for longer and only go into hospital when there is a clear need.
- Early screening and diagnostic testing and quickly establishing care pathways can

reduce the long-term burden of disease. When people have help to adopt a healthy lifestyle and access mental health support they can change their behaviour and further reduce the long-term burden of their disease.

### We expect the new model of care and wellbeing will:

#### HELP CHILDREN START WELL

- Recognise the importance of the first 1000 days of a child's life and provide activities that help children develop resilience as they move into adulthood.
- Ensure provision of good quality childcare and improve early years parenting and transition to school programmes so that every child starts school ready to learn.
- Make sure every child has the support they need to reach their full potential at school.
- Provide early intervention, multi-agency services for families who are most in need so that more children who are at risk stay at home.

#### HELP COMMUNITIES BECOME SELF-SUSTAINING & MORE RESILIENT

- Help people draw on their own strengths and the support available to them in their community to reduce the need for statutory interventions.
- Make better use of public buildings so we have more facilities 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.

#### SUPPORT PEOPLE WITH LONG-TERM CONDITIONS TO LIVE WELL

- Monitor people's lifestyles so we can target resources to meet need and reduce the impact of clinical and social risk factors.
- Identify people who are at risk of developing a disease and provide prompt local diagnosis, one-stop services (including counselling and psychology) and support at home.
- Provide more, and increase access to expert patient programmes and advance care planning so people can support themselves and manage any urgent interventions to reduce hospital admissions.
- Give people the support, care and equipment they need to live as independently as possible.
- Help clinicians and professionals with specialist interests work together to improve local services through a more integrated approach across agencies.



# WHAT THE INTEGRATED MODEL WILL LOOK LIKE: 2027 AND BEYOND



## Evidence tells us that:

- The unknown effects of Covid-19 will directly impact how we manage survival rates and treatment for the Big 4. We know that Covid-19 has presented difficulties in accessing services, and increased waiting times for diagnostics and treatment
- Good mental health improves people's overall life chances including their education, home life, employment, safety, physical health, independence and life expectancy. Integrated, multi-disciplinary and multi-agency services that are easy to access help people enjoy good mental health and wellbeing and so live well.
- Although new treatments have resulted in better survival rates, cancer incidence rates and the demands on services continue to rise.
- Early identification of people who are at risk of developing diabetes, respiratory or circulatory diseases and musculoskeletal



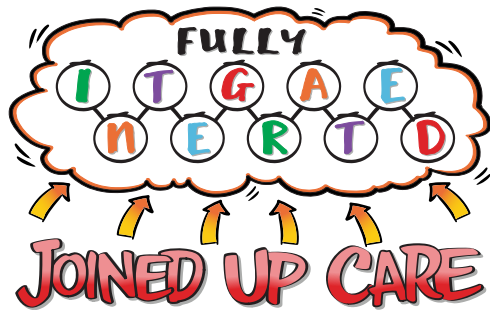
disorders will help to prevent incidence and reduce people's long-term disease burden.

## We expect the new integrated model of care and wellbeing will:

- Encourage people to reduce behaviours that contribute to the Big 4 (smoking, poor diet, physical activity, stress).
- Better identify and manage key clinical risk factors: high blood pressure, high cholesterol, high blood sugar.
- Reduce incidences of the Big 4 through better education and healthier work and lived environments.
- Make screening easy for people to access and ensure they are well informed about why they have been invited to attend screening and the importance of doing so.

- Use agreed pathways to address the Big 4 and improve outcomes based on national planning guidance and evidence.
- Remove the stigma around mental illness so that people who live with it are understood and valued in their community.
- Integrate mental and physical health services.
- Support the development of dementia friendly communities to enable people with dementia to stay living at home, in the community of their choice.
- Learn from existing work, for example that in Brecon, to create more intergenerational activities for school children and older people, in particular those who live in a residential care home or attend a day centre.

# WHAT THE INTEGRATED MODEL WILL LOOK LIKE: 2027 AND BEYOND



## Evidence tells us that:

- The longer a patient stays in hospital the higher their chances of being admitted to nursing or residential care are. People stay living independently for longer when they spend less time in hospital and receive appropriate care and support at home.
- Multi-agency assessment and holistic, personalised care can reduce duplication and eliminate gaps in service provision, address equity issues and ensure the needs of an individual are shared, understood and met in a timely way.
- It is not yet known the impact of Covid-19 on both demographics and demand. Changing demographics mean demand for complex health and social care packages will go up in the future.

## We expect the new model of care and wellbeing will:

- Increase and improve multi-agency working across education, housing, welfare, emergency and healthcare

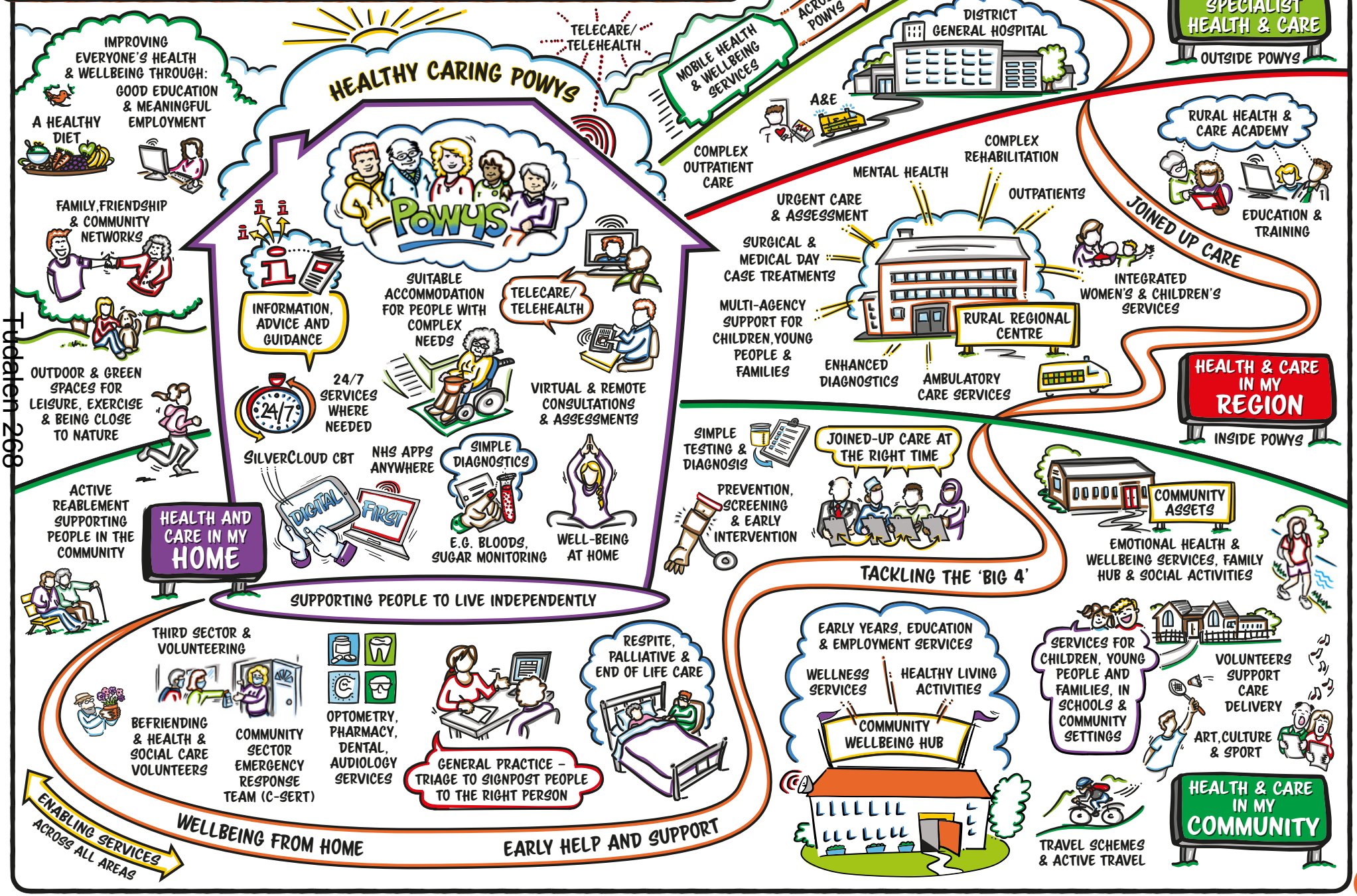
services to provide a seamless health and social care service.

- Involve people in making decisions about their care so that the services we provide are focussed on what matters most to them.
- Provide 24/7 multi-agency urgent care in the community for people who do not need to attend an emergency department or be admitted to hospital.
- Provide ambulatory care as locally as possible so that people receive a prompt diagnosis and improved access to treatments.
- Provide more local accommodation so that fewer children and adults are placed out of county.
- Coordinate care to prevent unnecessary hospital admissions and help people return home as soon as possible after a necessary admission.
- Encourage people to complete advance care planning and choose where they would like to receive end of life care.
- Support people with complex needs to live independently for as long as possible and, when it is no longer possible, to have prompt access to residential care.
- Provide reablement services that help people quickly regain as much independence as possible.

- Provide timely personalised care through anticipatory care planning and individual budgets.
- Work with children, young people and their families to co-produce plans and make the changes children need as quickly as possible.
- Provide a flexible and affordable mix of high-quality placements for children who are looked after that meet their individual needs and keep them as close to their home communities as possible, where safe to do so.
- Encourage good parenting, specialist support and well-planned journeys into adulthood so that children in our care achieve the best possible outcomes.
- Make sure every person who needs one has easy access to a key worker.
- Make sure people have clear information, before and throughout any statutory involvement, in a format they can access and understand and that contains key contact details, their current situation and the next steps that are planned.



# AN INTEGRATED MODEL OF CARE & WELLBEING IN POWYS



Tel: 01498 269



## FOCUS ON WELLBEING

- Information about wellbeing services.
- Video consultations with their GP or hospital consultant.
- Good-quality, affordable accommodation to help people live healthily and independently.
- Technology such as sensors, monitors, alarms, mobile apps and digital assistants, to help people self-care and live independently.
- Some diagnostics and test results, carried out and shared electronically.
- Stronger communities and more local groups to support people's wellbeing at home.



## EARLY HELP & SUPPORT

- The right support at the right time, including 24/7 services where needed, so people can stay living at home and avoid unnecessary admissions to hospital or residential care.
- Targeted services for disadvantaged families delivered by multi-agency, multi-disciplinary teams.
- Digital applications that help people manage their long-term conditions; improved access to community resources for people who do not want to use technology.
- Mobile health and wellbeing services including simple diagnostics such as bloods and glucose levels.
- Easy access to equipment, aids and adaptations that help people of all ages stay living at home.



## TACKLING THE 'BIG FOUR'

### Cancer

- More support and advice from third sector services.
- A link worker to ensure people receive coordinated services that meet their needs.

### Mental Health

- Online cognitive behavioural therapy.
- Crisis management and interventions seven days a week through a dementia home treatment team.
- Services and treatment, as soon as people need them.

### Circulatory Disease

- Technology so people can monitor their own condition.
- More support to rehabilitate people who are recovering from a stroke.

### Respiratory Disease

- Technology so people can monitor their own condition.
- More support for people with complex conditions.

## JOINED UP CARE

- Support to transfer from acute care to home so people can regain their independence as quickly as possible.
- More hospital at home services (e.g. intravenous antibiotics, heart failure follow-up, palliative care, pulmonary rehabilitation) so people can avoid hospital admissions and stay living at home, or return home more quickly following a hospital admission.
- Suitable accommodation for children, young people and adults who have complex needs.
- Prompt access to short-term accommodation and, for people who are able to return home, help so they can do so as soon as possible.
- Timely access to respite care.
- Palliative and end of life care.
- Residential care for children, young people and adults with mental health and learning difficulties, as close to their community as possible.

# SERVICES AND SUPPORT FOR PEOPLE IN THE COMMUNITY



## FOCUS ON WELLBEING

- Community wellbeing hubs that provide wellness services such as intergenerational activities, independent living, green and social prescribing, healthy living activities and services that focus on the early years, education and employment.
- Community champions and key link workers who will help people access information, advice and support.
- A consistent point of contact who will coordinate services for vulnerable families and those facing difficulties.
- First aid awareness and training to help communities support themselves.

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## EARLY HELP & SUPPORT

- Multi-agency, multi-disciplinary services for children and young people, delivered at school and in other community settings.
- More optometry, pharmacy, dental and audiology services in community settings.
- Timely access to respite care.
- Simple diagnostics and testing at home or in a community setting.
- Professionals who will help people connect with others in the community and the range of services available to them.
- Access to GP services through clinical triage which will assess people's needs and signpost them to the right person within the multi-agency, multi-disciplinary team.

## TACKLING THE 'BIG FOUR'

### Cancer

- Screening, support and services, including palliative care suites, close to where people live.

### Mental Health

- Support for people with less complex needs through primary care teams and third sector organisations.
- Support for people with more complex needs from community teams.
- Services from a multi-agency, multi-disciplinary mental health team.
- Dementia-friendly communities.

### Circulatory Disease

- Multi-agency teams who will provide prevention and early intervention services.

### Respiratory Disease

- Multi-agency teams who will provide prevention and early intervention services.

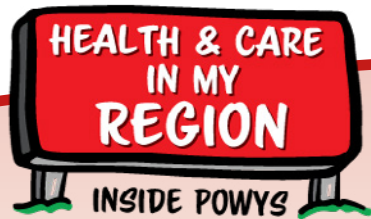
## JOINED UP CARE

- Step up and step down reablement and rehabilitation services to help people avoid unnecessary hospital admissions and, where they do need to be admitted, help them return home as soon as possible.
- Minor injuries and illness services linked to an urgent care centre via GP practices.
- Pre and post-operative care for people with less complex needs, close to where they live and with links to consultants in acute hospitals.
- GP-based virtual wards that include social care and third sector agencies to help identify vulnerable patients and frequent users of health and social care services, stratify their risk and prevent their needs from escalating.
- Easy access to a one-stop, multi-agency, multi-disciplinary clinic.





# SERVICES AND SUPPORT FOR PEOPLE IN THE REGION



## FOCUS ON WELLBEING

- A multi-agency campus approach.
- Reduced travel and improved access to services through access to a Rural Regional Centre for the north Powys population.
- Advice and support for people who need advanced levels of care to help them live a healthy lifestyle.
- Technology that will give people access to community wellbeing hubs across north Powys.

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## EARLY HELP & SUPPORT

- Multi-agency support for children, young people and families via dedicated hubs.
- Information, advice and help from integrated, multi-disciplinary teams, accessed via a one-stop call centre.
- A wide range of diagnostic services so that people receive an early diagnosis and treatment as locally as possible.
- Ambulatory care services, outpatient consultations and some surgical and medical day case treatments, including chemotherapy and transfusions.



## TACKLING THE 'BIG FOUR'

### Cancer

- Outpatient appointments, early cancer diagnosis and non-complex chemotherapy.

### Mental Health

- 24/7 care for a maximum of three days at a crisis house for people who have urgent needs but who do not need to be admitted to an inpatient facility.
- Integrated disability, mental health and alcohol and substance misuse teams.

### Circulatory Disease

- One-stop clinics to diagnose conditions and provide services including psychology support and rehabilitation.

### Respiratory Disease

- One-stop clinics to diagnose conditions and provide services including psychology support.

## JOINED UP CARE

- Intensive rehabilitation service for people who have suffered a major trauma or stroke.
- Improved services for women and children.
- An urgent care assessment within 0-4 hours and 24/7 out of hours support, where people meet agreed criteria and a multi-disciplinary team is present.



# SERVICES AND SUPPORT FOR PEOPLE OUT OF COUNTY

## MY ACUTE & SPECIALIST HEALTH & CARE

OUTSIDE POWYS

### FOCUS ON WELLBEING

National wellbeing campaigns:

- Immunisations
- Smoking
- Weight-related illness
- Alcohol
- Substance misuse
- Pollution
- Awareness of the 'Big 4'
- Physical activity

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### EARLY HELP & SUPPORT

- Children's medical and surgical day case procedures.
- Complex outpatient appointments which require specialist diagnostic tests and support from multi-disciplinary teams which cannot be staffed in Powys.
- Complex birthing, antenatal and postnatal care.
- Specialist diagnostics such as CT scan and PET scans.

### TACKLING THE 'BIG FOUR'

#### Cancer

- Complex cancer treatments including chemotherapy and radiotherapy, diagnostics and surgery.

#### Mental Health

- Specialist inpatient services in and out of county.

#### Circulatory Disease

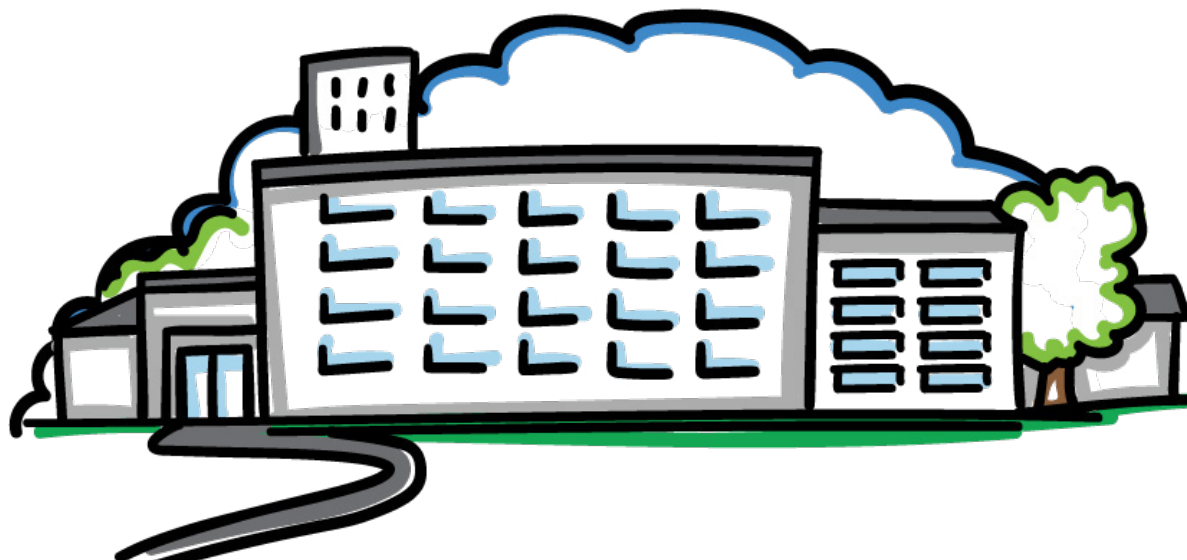
- Complex investigations and diagnostics.
- Inpatient services for stroke and heart disease.

#### Respiratory Disease

- Complex investigations and diagnostics.
- Inpatient services.

### JOINED UP CARE

- Acute and specialist inpatient medical and surgical care.
- Specialist tertiary care.
- Accident and emergency services including complex acute ambulatory care and assessment.
- Major trauma services.



## ANDREW'S STORY IN 2021...

Andrew is 13 and lives in Newtown with his mum and dad. He has an older brother who has recently left home to go to university. Both his parents work. The family has two cars.



Andrew has suffered with enlarged adenoids since he was ten. They cause him discomfort and interfere with his breathing which affects his daily life. In particular they can stop him taking part in physical activity, which is something he really enjoys. They also mean he suffers from frequent middle ear infections which have caused him to have some time off school. Although this hasn't affected his academic performance, it does affect his parents who have occasionally had to take unpaid leave from work at short notice.

Andrew's GP referred him to an ENT consultant at the Royal Shrewsbury Hospital. Before his appointment, the consultant asked Andrew to complete a sleep study which meant his mum had to drive to Shrewsbury to collect the study equipment and drive back to return it the following day.

After the appointment Andrew was told he would need to have an adenoidectomy. He had a pre-operative assessment in Telford which found he was fit for the surgery. However, it has been postponed several times and now more than six months have passed which means his pre-operative assessment has expired and he'll have to travel back to Telford for another one.

These delays have upset Andrew as he has not been able to take part in the outdoor activities he enjoys. The visits to and from Telford have also been difficult for his mum and dad who have had to take time off work, sometimes unpaid, which has occasionally left their household finances a little short.

Andrew is still waiting to have his surgery.



## ANDREW'S STORY IN 2027

Improvements to his care and wellbeing include:

Andrew walks to school where he studies an extended curriculum that teaches him how to look after his health and wellbeing. He enjoys a healthy lifestyle playing sport and taking part in outdoor activities in the green spaces near to his home. Andrew's older brother is studying adult nursing at the Rural Health and Care Academy in Newtown.



Andrew's parents both have meaningful employment in the local area and the family enjoys a stable income. Andrew's mum cycles to work on dedicated cycle paths and his dad walks.

They both also benefit from flexible working arrangements. This means that when Andrew has to take time off school because of his ear infections one of them can easily be at home to care for him.

Andrew's GP referred him to a specialist ENT consultant at the Royal Shrewsbury Hospital. However, Andrew's first appointment with her was held at the Rural Regional Centre in Newtown. And all his appointments since then have been held from Andrew's home using video conferencing technology which his parents have on their laptop computer.

The sleep study equipment was available from the Rural Regional Centre in Newtown. Andrew also went there for his pre-operative assessment. The nurse who carried out the assessment recorded the results on his electronic patient record. Everyone involved in Andrew's care has access to this record.

Andrew's surgery is due to take place in six weeks' time at the Royal Shrewsbury Hospital.

## CAROL'S STORY IN 2021...

Carol is 51 and lives in Caersws with her three children: Tom who's 17 and goes to sixth-form college in Shrewsbury, Charlie who's 12 and goes to school in Llanidloes, and Thea who's 4 and goes to pre-school in Caersws. Thea has mild learning difficulties which Carol believes were caused by a convulsion she had when she was two. Although Carol called 999 there were no ambulances available and it was some time before Thea was admitted to hospital.

Carol feels guilty she couldn't get Thea to the hospital herself and is angry at the system. She sometimes loses her temper on the rare occasions she sees Thea's primary care team.

Carol works as a domiciliary care worker on a zero hours contract with a local care company. She took the job so she could work flexibly and balance her need to earn money while caring for her family. However, she's often asked to work when it isn't convenient but feels she has to say yes so she keeps her job and her tax credit payments don't change.

Charlie is a talented footballer and has been asked to play for the Llanidloes under 13s team. However, training is the evening and although another parent has offered to share lifts Carol still struggles to get him there regularly.

Tom recently received a formal warning from both his college and the police after he was caught in possession of marijuana on the college grounds. It isn't easy for Tom to get support with his drug misuse as the nearest centre is in Welshpool and he would have to go on the bus which is expensive and unreliable.

Carol is also worried about the effect spending time in a large town is having on Tom and would be happier if he could attend college closer to home. Getting to Shrewsbury is expensive and Carol can only claim back some of Tom's daily train fare.



## CAROL'S STORY IN 2022

### Improvements to her care and wellbeing include:

The local multi-agency team for children and young people understand the importance of the first 1,000 days of a child's life. Everyone involved in Thea's care is actively helping her to develop and build resilience. Carol feels confident that although Thea has special needs she's ready to start mainstream school.

Carol's employer values its team and provides excellent opportunities for career progression. As a result Carol has recently been promoted into a management role. This has increased her sense of wellbeing and given her family extra stability and financial security.

Carol attends lots of community groups in Caersws so has robust social connections and feels her whole family is well supported.



Tom was recently caught in possession of marijuana on his sixth-form college grounds and was given a formal warning from both his college and the police. However, Carol is grateful that Tom attends sixth form close to home and feels sure that her robust connections in the community will help her look out for him and keep an eye on what he's up to.

Tom told his GP that he got involved in drugs because he was feeling depressed. As a result his GP referred him to a nature-based intervention as an alternative to medication so Tom could benefit from being outside in the green spaces close to his home.

## DAVID'S STORY IN 2021...

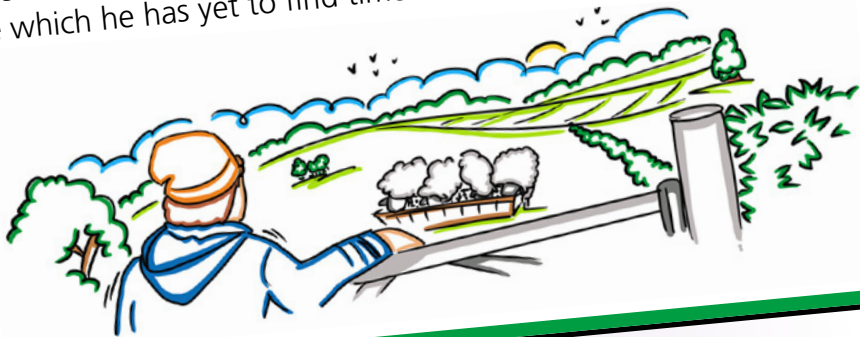
David is a 26-year-old farmer. He lives alone in a remote location in Llanwddyn, one of the most sparsely populated areas in Powys. His family live on another farm about twenty miles away. They bought David's farm five years ago for the extra grazing land and so that he would have a home and business of his own.

Since moving to Llanwddyn, David has been feeling isolated and cut off from his family and friends. Because the farm is in a valley he has no mobile reception in the house and his broadband connection is via satellite which is expensive and unreliable.

Before moving to the farm, David used to enjoy going to the gym and swimming pool at his local leisure centre. Now his nearest leisure centre is a 40-minute drive away in Welshpool. He also used to enjoy going to the Young Farmers' Club. However, because of the demands of the farm he is finding it difficult to go back.

Often David's only social interaction is with his family, and this usually ends up as just a chat about work and money. He is concerned about cash flow and, while he wants to make his father proud and prove that he can manage a farm, market prices have been low and David is beginning to feel a sense of failure. He's struggling with the maintenance costs on several of the vehicles he needs to run the farm and because his farmhouse is rated as band F, his council tax is high.

David tends to work late in the evening because he doesn't like going back to an empty house where he has very little to do. He has also been suffering from aches and pains in his neck and shoulders for a while which he has yet to find time to visit his GP about.



## DAVID'S STORY IN 2027

### Improvements to his care and wellbeing include:

Although David lives alone in a rural area, he feels well connected to his family and friends via his reliable mobile phone signal and high-speed unlimited broadband.

Since moving to Llanwddyn, despite the demands of farming on his personal time, David has been able to enjoy an active social life and strong support networks. He attends a variety of local groups which he found out about after a quick search on his iPad.

Before moving to the farm, David enjoyed going to the gym and swimming pool at his local leisure centre. Although his opportunities to use these facilities are now more limited, David appreciates the acres of open countryside that surround him and uses the landscape to stay fit and healthy, both physically and mentally.

David's close friends understand the demands of farming life and often lend a hand when they have spare time. For example, David recently suffered from aches and pains in his neck and shoulders but was able to visit his GP before his health deteriorated because one of his neighbours offered to carry out his morning duties on the farm.



## CATHERINE'S STORY IN 2021...

Catherine is 35 and lives with her husband on their farm near Garthmyl, a few miles from Newtown. Some time ago Catherine discovered a lump in her left breast. She visited her GP who referred her to oncology at the Royal Shrewsbury Hospital where she was diagnosed with Stage 3 breast cancer, with 12 of her lymph glands also affected.



Catherine's oncologist referred her to the Princess Royal Hospital in Telford for a lumpectomy. After the procedure she had to stay overnight in hospital. When she'd recovered she then had to go to the Royal Shrewsbury Hospital every three weeks for a course of chemotherapy. This made her feel very poorly. She also felt exhausted from all the travel to and from appointments. On several occasions her temperature spiked after her treatment which meant she had to travel back to Shrewsbury to be admitted to hospital.

After her chemotherapy, Catherine had to undergo 23 sessions of radiotherapy. Although each session only lasted 15 minutes, Catherine had to travel 40 miles each way to receive the treatment. This added to her exhaustion and, she feels, affected her recovery.

Although Catherine has now finished her treatment she still has to travel to Shrewsbury for regular check-ups. She finds this difficult, particularly as some of the appointments have only involved a conversation which Catherine feels could have happened just as well over the phone.

Catherine's husband found it very hard to balance the demands of running the farm with supporting her at all her different appointments. He couldn't always manage to be away from the farm, even for just a few hours. This meant Catherine sometimes had to travel alone or ask her friends and family to help out – something she found hard to do when she was feeling unwell from all her treatment.



## CATHERINE'S STORY IN 2027

### Improvements to her care and wellbeing include:

Before she had her lumpectomy Catherine had to have a pre-operative assessment. This was carried out at the Rural Regional Centre in Newtown. The nurse who completed the assessment recorded the results on Catherine's electronic patient record which can be accessed by everyone involved in her care.

When Catherine had recovered from her surgery, she attended the Rural Regional Centre in Newtown every three weeks for a course of chemotherapy. Because she could receive the treatment locally, Catherine found it easier to tolerate as she was not exhausted from travelling long distances and had more time in the comfort of her own home, close to her network of care.

Catherine has now finished her treatment but still has regular appointments with her oncologist. Where possible these are held using a video link so Catherine does not have to make any unnecessary journeys.

Catherine and her husband are part of a thriving rural community. This means they have a strong network of support locally and found it easy to get help to run the farm so Catherine's husband could support her at all her appointments.



## MARIE'S STORY IN 2021...

Marie is 65 and lives in Machynlleth. She is an unpaid carer for her 87-year-old mum who has COPD. Marie's mum lives in a second-floor flat in a sheltered housing complex near to the town centre. As well as caring for her mum, Marie also has a part-time job at the local supermarket. She walks to work and does not have a car.



Marie's mum has become increasingly frail and short of breath recently and can no longer manage the stairs up and down to her flat, especially as she has to carry oxygen to help her breathe. This means she depends on Marie to do all her shopping and housework as well as some of her personal care. Her illness is also affecting her mental health and her mood is changing for the worse.

Recently, as she was leaving her mum's flat, Marie fell down the stairs and fractured her hip. As a result she spent a week in Bronglais Hospital. Since being discharged from hospital Marie has had to attend a weekly appointment at the fracture clinic.

She sometimes struggles to get to this as hospital transport isn't always available. There is a bus she could take but it runs at irregular times, is expensive and Marie finds it very uncomfortable to get on and off the bus with her sore hip.

While Marie is unwell an elderly neighbour is doing some shopping for her mum. However, there is no one to help with her care needs or housework and Marie is getting increasingly concerned about her. This is on top of Marie's other worries about the amount of time she is having to take off work. She is struggling to manage her money and is worried she could lose her job.



## MARIE'S STORY IN 2027

Improvements to her care and wellbeing include:



Marie was relieved when her mum was able to move into an extra care scheme where she can receive the care and support she needs to keep her safe and well.

Marie visits her mum regularly and they both enjoy spending time in the grounds around the care home. The trees and green spaces have a positive effect on both her mum's respiratory difficulties and her mood.

Marie recently fell and fractured her hip. She had to spend a short time in Bronglais Hospital but was discharged as soon as it was safe for her to return home. She has to go to the fracture clinic every week and is given a lift there by the local community transport scheme.

While Marie was in hospital and recovering at home she found it difficult to visit her mum, but they've kept in touch through video calls. This has given Marie peace of mind that her mum is safe and well. Marie's neighbours and friends have also helped her with shopping and cleaning while she recovers.

Marie was unable to work for a while after fracturing her hip but didn't worry as she received sickness pay so could keep on top of all her household bills. Her employers have been very understanding and keep touch, asking if there is anything they can do to help.

## FRANK'S STORY IN 2021...

Frank, 80, and his wife Sarah, 78, have been married for 55 years. They live in a large house in Welshpool which they own outright. However the house is in need of some modernisation and as a result is becoming cold and damp. As well as struggling to maintain their home, Frank and Sarah also find it hard to keep on top of their everyday cleaning and to look after their garden.

Frank worked as a spray painter for a local factory but had to take early retirement because he developed occupational asthma, brought on by his exposure to the spray paint. His breathing is gradually getting worse and he is finding it increasingly difficult to walk to the local shops.

Frank has also recently been diagnosed with lung cancer after he began to cough up blood. His doctors are confident they can treat his cancer so he has been offered therapeutic treatment rather than palliative care. However, this means he will have to be admitted to the Royal Shrewsbury Hospital which is 40 miles away.

Sarah has dementia and Frank cares for her so he is worried about what will happen to her if he goes into hospital or his health deteriorates quickly. Her symptoms include confusion and night-time wandering. She recently tripped and fell while wandering and was admitted to hospital with a fractured femur.

The couple's only son died 15 years ago so they have no family nearby who can help them out. Although they are well-liked by their neighbours, because they rarely leave the house, Frank and Sarah also do not have a network of support in their local community they can call on.



## FRANK'S STORY IN 2027

### Improvements to his care and wellbeing include:

The local authority has clear evidence that well-maintained houses contribute to people's overall health and wellbeing. As a result, in partnership with local third sector providers, they have funded and carried out work to modernise Frank and Sarah's home.

The council also provide additional support to help Frank and Sarah with day-to-day cleaning and tidying. And a local voluntary group helps look after their garden. This means the couple can continue to live independently in their own home and community.

As a result Frank and Sarah are meeting more people and are also happy to invite visitors into their home. This has strengthened their sense of community belonging and helped them build up a strong local network of friendship and support.

Frank has been able to receive most of his cancer therapy in the Rural Regional Centre and has not had to travel out of county. He also receives support from the county's Breathe Well Programme which is helping him manage the symptoms of his occupational asthma.

Frank has a shared care agreement in place with his primary care team. This means they are able to monitor his health using digital consultations and applications and have been able to adjust his treatment before any change in his symptoms becomes problematic.





## KEY ENABLERS

Key enablers provide the foundation on which the future of health and care in Powys will improve. They are a fundamental part of the Health and Care Strategy for Powys and run through all the strategies, frameworks and delivery plans that sit underneath it.

The key enablers listed here describe the services, support, resources, relationships and infrastructure we must have in place to deliver the new model of care.

## INNOVATIVE ENVIRONMENTS

- The built environment helps agencies work together to provide care closer to home.



- Generic and flexible spaces with electronic booking systems support remote and agile working.
- Assets are shared across partners under the multi-agency wellbeing campus.
- All new buildings are digitally-enabled and designed to support wellbeing in a socially distanced way.



## WORKFORCE FUTURES

- A multi-agency workforce where people work together across organisations to meet the demands of a rural county and provide seamless health and care services.
- Powys is recognised as a leading provider of effective, rural health and care and is seen as a first-choice employer.
- A flexible workforce makes the most of resources, including digital technology, through having the right person with the right skills in the right place at the right time.
- Volunteers and unpaid carers are supported and recognised as key members of our workforce.
- A Rural Health and Care Academy where we can grow health and care leadership and skills in response to local need.
- Clinical and professional leadership teams have more capacity and capability.

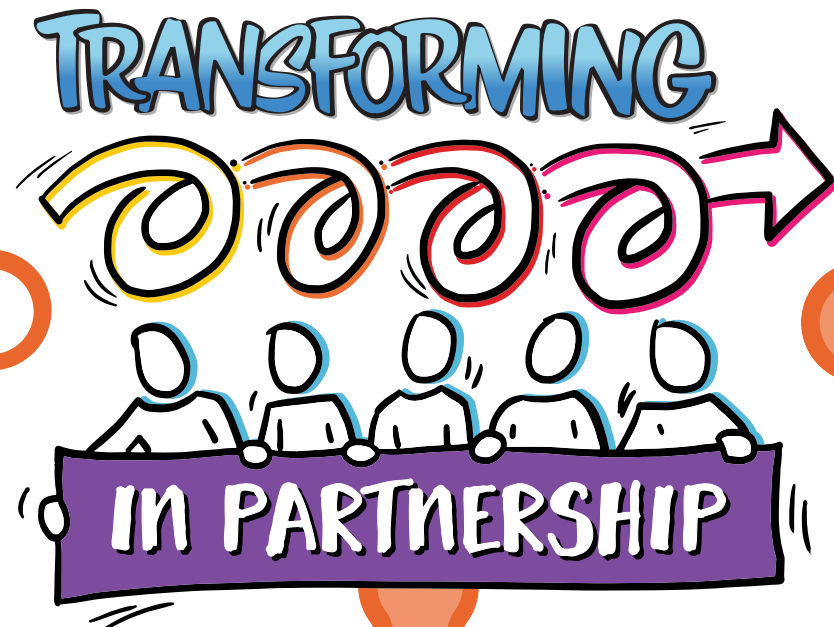


## DIGITAL FIRST

- A stronger infrastructure provides a platform so we can deliver services through digital media, tools and technology.
- Cross-border information sharing protocols and IT solutions improve communication and enable agile joint working.
- A single health and social care record is accessible across agencies including the police, housing, education, social care and health.
- Digitally enabled environments support increased use of digital applications such as health checks, monitors, the e-market place, software for remote consultations and diagnostics, risk stratification tools and artificial intelligence.

## TRANSFORMING IN PARTNERSHIP

- Integrated, evidenced-based pathways and assessments are used across multi-agencies and multi-disciplinary teams.
- Strategic partnerships support the delivery of the new model of care and triple integration.
- Individuals, families and communities are involved in planning and providing services.
- Voluntary, third sector and social enterprises provide more health and social care services.
- Agencies use integrated commissioning, funding and delivery mechanisms to provide services.
- Clinical commissioning and networking support integration between primary, community and secondary care services.
- Agencies work with private sector businesses to support wellbeing.



# THE CHANGES WE EXPECT TO SEE

## WHERE WE ARE NOW

Most people receive diagnostics, outpatient and day case treatments outside of Powys.

Most children receive paediatric diagnostics, outpatient and day case treatments outside of Powys.

Most people receive specialist care outside of Powys.

People receive rehabilitation services in a mix of acute and community settings.

People travel to Cardiff or Stoke for complex rehabilitation services.

People receive most of their cancer diagnostics and treatments outside of Powys.

People can access different care and support services at home, depending on where they live.

A small number of people can access urgent care at home or in a minor injuries unit.

Some people have access to technology that helps them self-care and live independently.

A large number of adults and children receive care through statutory services.

Demand for health and care services is rising.

## WHERE WE WOULD LIKE TO BE BY 2027

Most people receive diagnostics, outpatient and day case treatments in Powys.

There is a small increase in the number of children who receive paediatric diagnostics, outpatient and day case treatments in-county. However, due to the specialist skills required for more complex diagnostics and treatments, most children will continue to receive this care outside of Powys.

More people receive specialist care in Powys, including via digital applications when it is safe and effective to do so.

More people receive rehabilitation services in community settings and their own home.

Some people receive complex rehabilitation services in Powys.

People who need less complex cancer diagnostics and treatments can receive these at the Rural Regional Centre or, where possible, in their home.

All people can access the same care and support services at home and, when needed, can access 24/7 multi-agency care.

More people can access urgent care at home, in the community or at the Rural Regional Centre.

Most people who need it have access to technology that helps them self-care and live independently.

Multi-agency early help and support teams identify people in need early so fewer adults and children go into the care system.

An investment into prevention and early intervention means more people enjoy good health and wellbeing and prevents demand for health and care services rising in the longer term.

# EXPLANATIONS OF SOME OF THE TERMS AND WORDING IN THE STRATEGY

- > **ACUTE CARE:** short-term treatment for an illness or injury, usually provided by a hospital.
- > **ADVANCE CARE PLAN:** a person's plan for their future care that they make in partnership with their care providers and, if they wish, with help from their family and friends.
- > **CARE PATHWAY:** a map of the care people receive that includes prevention, diagnosis, assessment, treatment, palliative and end of life care. It is designed to help health and care organisations improve the services they provide.
- > **CLINICIAN:** a health professional such as a doctor, nurse or pharmacist who regularly deals with patients.
- > **COGNITIVE BEHAVIOURAL THERAPY:** a talking therapy that can help people change how they think and behave, develop coping strategies and improve their mental health.
- > **COMMUNITY WELLBEING HUB:** a place where people can access a wide range of information, advice and support, receive services and take part in activities.
- > **CO-PRODUCTION:** a way of involving as many people as possible in the creation of public policies and services. In co-production everyone is treated as an equal partner.
- > **EARLY INTERVENTION:** where a person receives services at the earliest possible stage to prevent problems forming or getting worse in the future.
- > **END OF LIFE CARE:** support and care for people who are nearing the end of their life so they can live as comfortably as possible in the time they have left. People can receive end of life care at home, in a hospital, hospice or other care setting.
- > **(LOCAL) HEALTH BOARDS:** the seven NHS bodies in Wales that plan, design, develop and secure health and care services for the people who live in their area.
- > **HEALTH INEQUALITIES:** avoidable differences in health between people. Health inequalities can be as a result of differences in access to care, the quality of the care available, behavioural factors such as smoking and alcohol misuse,

Continues on next page >



# EXPLANATIONS OF SOME OF THE TERMS AND WORDING IN THE STRATEGY

## > Continued

and other things that affect health such as education, employment and housing.

> **INTEGRATED CARE:** where service providers work together in a coordinated way to improve the care they give to people.

> **JOINED-UP WORKING:** where different organisations work together to identify and solve problems, avoid duplication and make the most of the resources they have available.

> **LONG-TERM CONDITION:** a condition that cannot be cured but can be controlled with medication and other therapies.

> **MINOR INJURY UNIT:** a clinic service for less serious injuries such as cuts, sprains, minor head injuries and minor burns and scalds.

> **MODEL OF CARE AND WELLBEING:** a plan to improve health and care services and deliver them in new ways.

> **MULTI-AGENCY:** where health and care organisations



work together to share information, make joint decisions and coordinate the services they provide.

> **MULTI-DISCIPLINARY TEAM:** a team of health and care workers from different disciplines who each provide specific services to a person and who work together to provide these services under a care plan.

> **PERSONAL BUDGET:** funding a person receives from social services that they control and use to pay for their care and support.

> **PRIMARY CARE:** services that provide the first point

of contact in the healthcare system such as a GP, dentist, pharmacist and optician.

> **REABLEMENT:** services that help people learn or relearn the skills necessary for daily living.

> **RURAL REGIONAL CENTRE:** a centre where people can access services such as those currently provided in community hospitals, GP surgeries, pharmacies and day care centres.

> **SECONDARY CARE:** healthcare provided by a medical specialist after a referral from another provider, usually a GP.

> **SELF-CARE:** when a person takes responsibility for their own health and wellbeing.

> **TECHNOLOGY ENABLED CARE (TEC):** technology such as telehealth, telecare and telemedicine that helps people maintain their independence, live safely and enjoy an improved quality of life. Also known as assistive technology.

> **TERTIARY CARE:** highly specialized medical care.

> **THIRD SECTOR:** non-public, not-for-profit organisations that work to further social, environmental or cultural objectives. Can include voluntary organisations and charities.

> **URGENT CARE CENTRE:** where people can receive treatment for conditions that need urgent attention but are not life threatening.

> **VIRTUAL WARDS:** a community-based service that provides multi-disciplinary care at home to prevent people identified as high risk from being admitted to hospital.

# HOW WE DEVELOPED THIS INTEGRATED MODEL OF CARE AND WELLBEING

We developed this integrated model of care for Powys using a co-production approach because we wanted to involve as many people as possible, in an equal way.

We launched the programme in Llanidloes and Newtown on June 14th 2019. Immediately following the launch we held two periods of engagement:

1. June to September
2. December

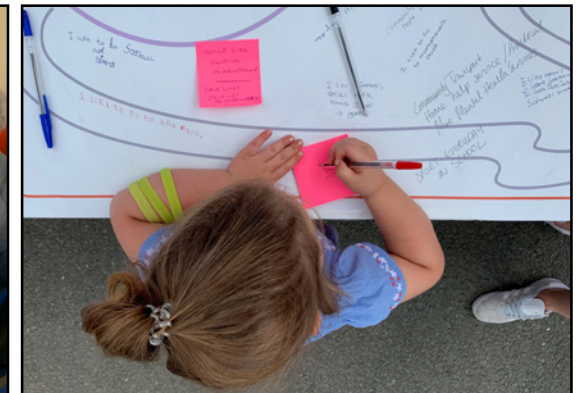
To ensure we heard from as many people as possible we:

- Attended 31 events
- Held 12 sessions that were open to the general public
- Held sessions with organisations and groups that have specific knowledge and experience of health and wellbeing services

To help us record everyone's views in a way that we could translate into this model of care and wellbeing, we created a set of materials based on four main areas of care and support:

- Health and care in the home
- Health and care in my community
- Health and care in my region - inside Powys
- My acute and specialist health and care - outside Powys

The plan on page 11 of this document is a summary of everyone's views and how we intend to improve health and wellbeing for the people of Powys.



This report has been produced by the North Powys Wellbeing Programme team at Powys Teaching Health Board and Powys County Council.

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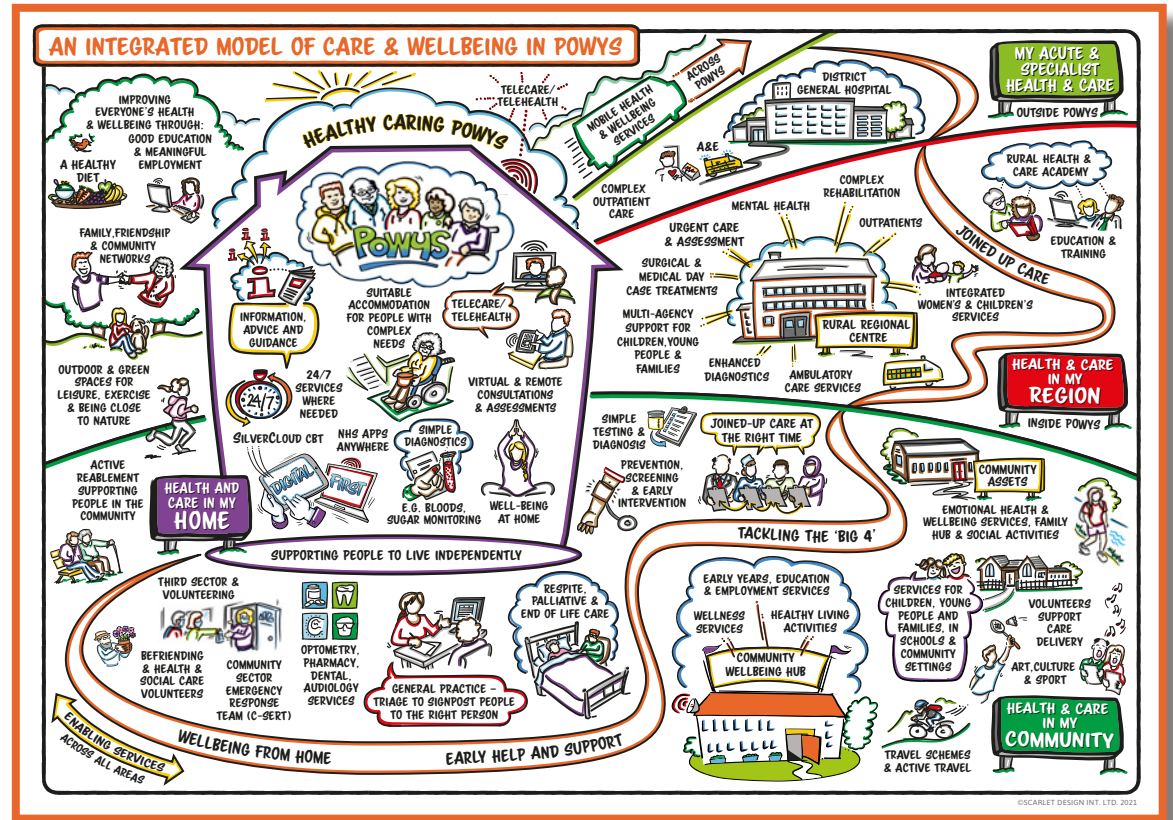
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### GET IN TOUCH:

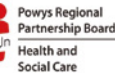
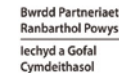
For more information, to ask a question or share your views please:

Email: [powyswellbeing.north@wales.nhs.uk](mailto:powyswellbeing.north@wales.nhs.uk)

Write to us: North Powys Wellbeing Team, Ladywell House, First Floor, 1.7, Newtown, Powys.



Tudalen 285



Mae'r dudalen hon wedi'i gadael yn wag yn fwiadol



## **Appendix C: Site Design and Master Planning**

Tudalen 288

# RURAL REGIONAL CENTRE AND COMMUNITY WELL-BEING HUB

Including School and Associated Buildings

## 1 Project Brief

*Design Intentions*

## 2 Opportunities Analysis

*Existing Physical Context*

*Existing Routes and Permeability*

*Services and Amenities*

*Sustainability Opportunities*

*Wider Improvement Opportunities*

*School Sequencing Options*

## 3 Initial Development

*Adjacency Diagram*

*Sketch Concepts*

*Precedent Images*

## 4 Developed Concepts

*Accommodation Schedule*

*Adjacency Diagrams*

*Concept Options*

*Precedent Images*

## 5 Proposals

*Site Plan*

*Visuals*

# PROJECT BRIEF

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Tudalen 290

1

# Design Intentions

Tudalen 291

- 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

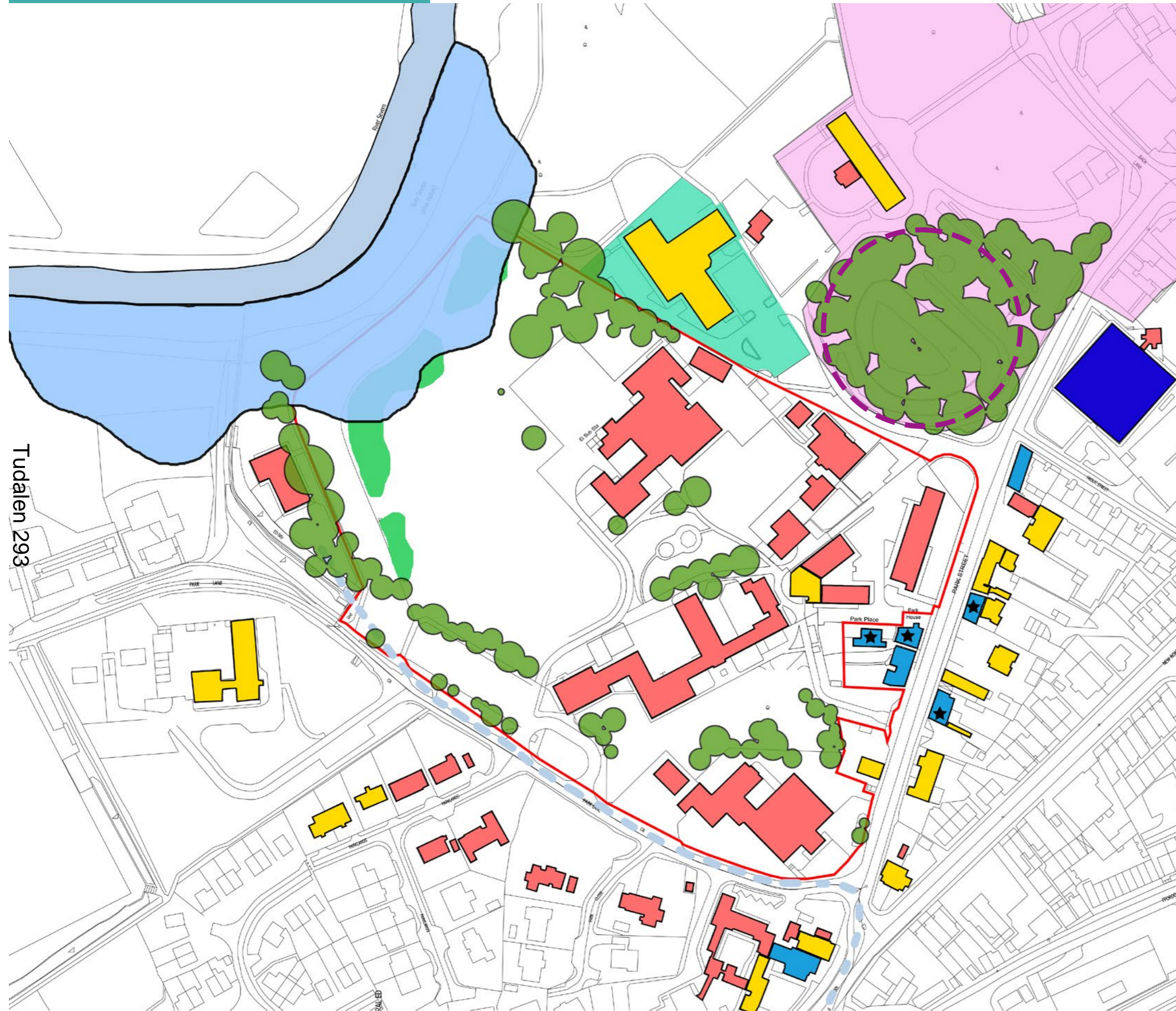
# OPPORTUNITIES ANALYSIS

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Tudalen 292

2

# Existing Physical Context



Tudalen 293

## Key:

### Building Heights:

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

Listed Building: ★

Existing Vegetation: ●

Existing Culvert: - - -

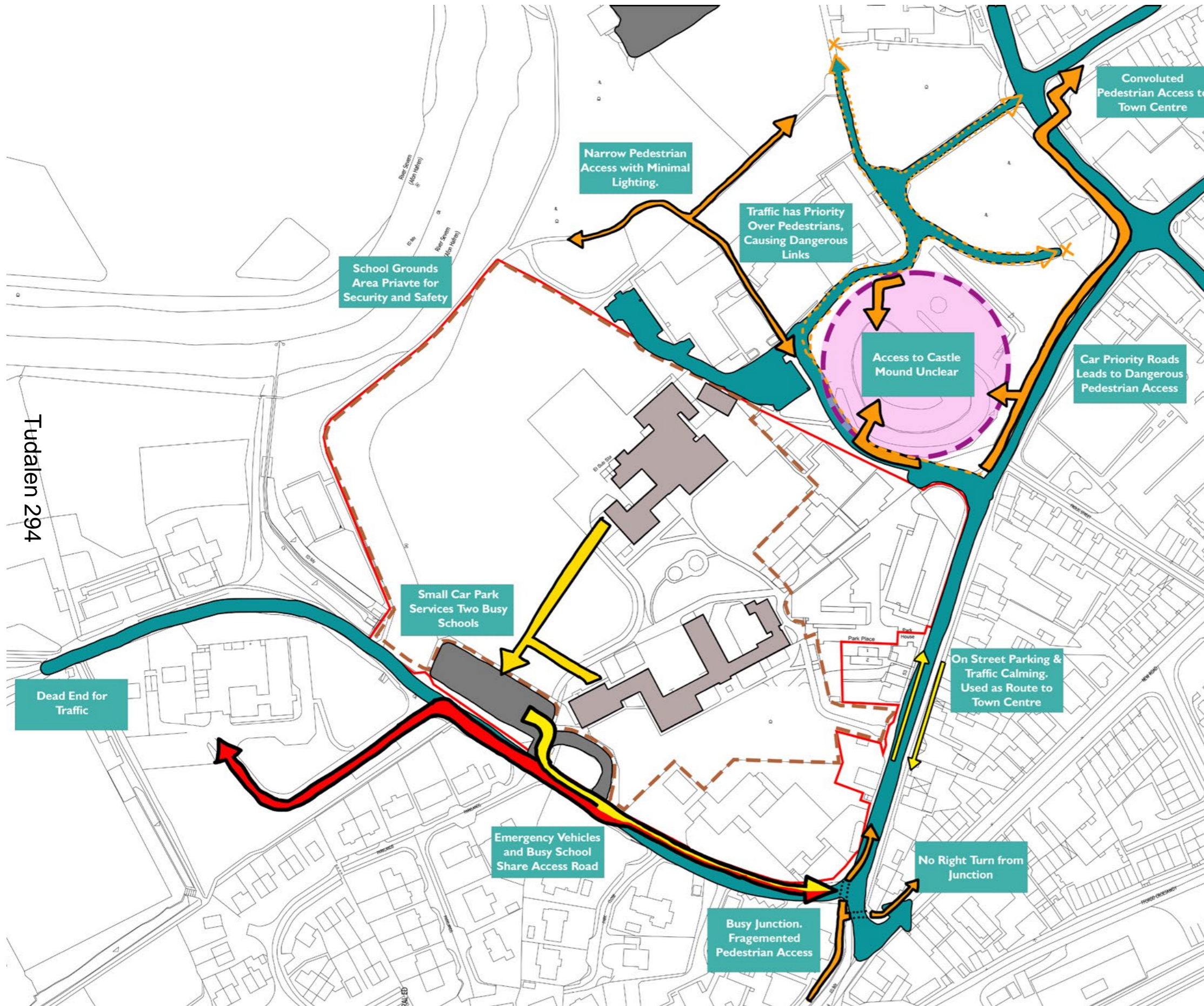
Scheduled Ancient Monument: ○

Flood Plain: ■

Land in Private Ownership: ■

Conservation Area: ■

# Existing Routes and Permeability



Access Road to Town Hall



Park Lane

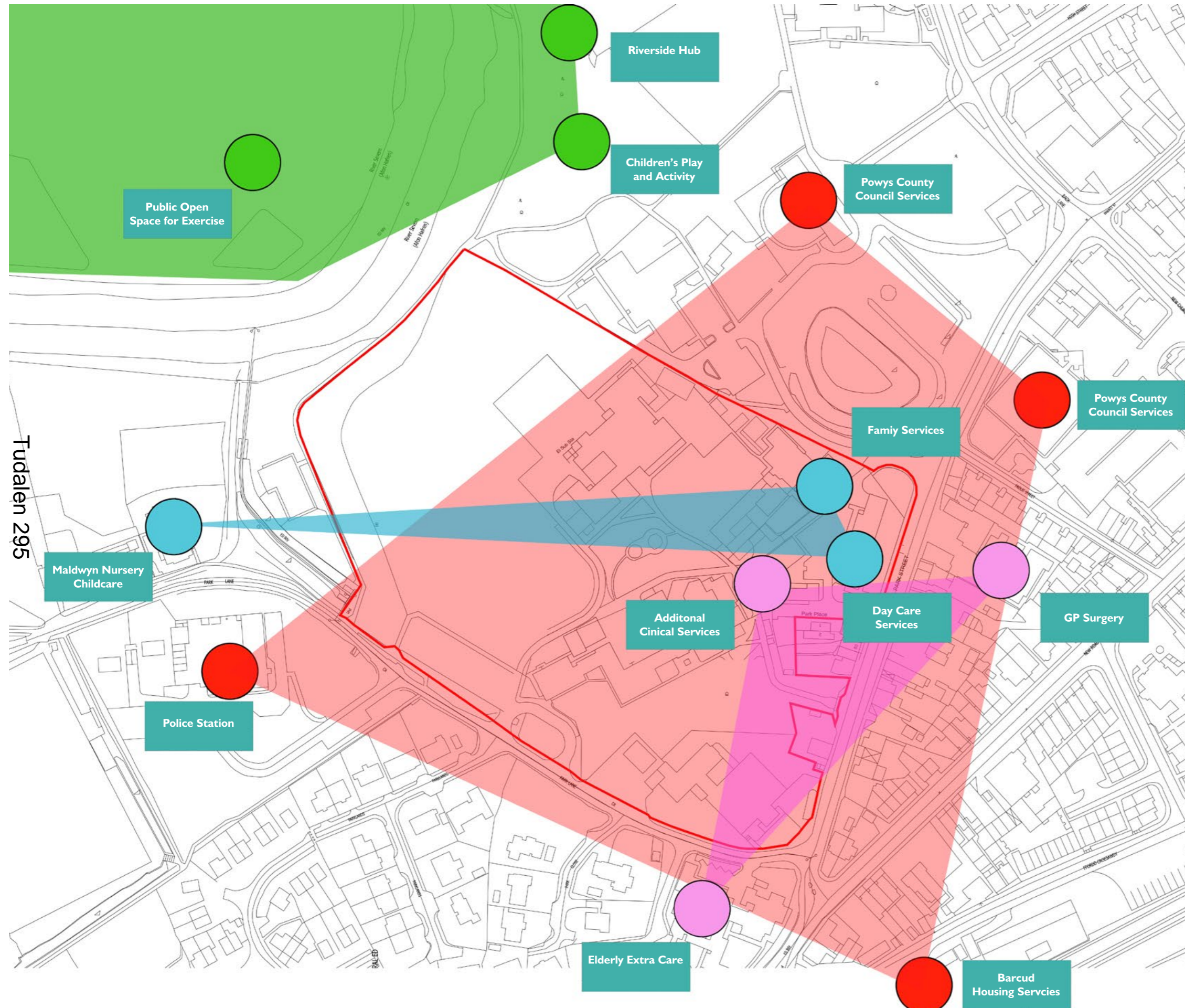


Park Street





# Services and Amenities



**Key:**

Health Care Services



Outdoor Activities



Children and Family



Local Authority Services



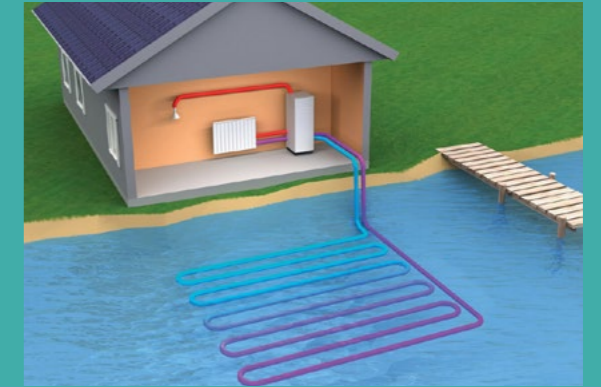
# Sustainability Opportunities



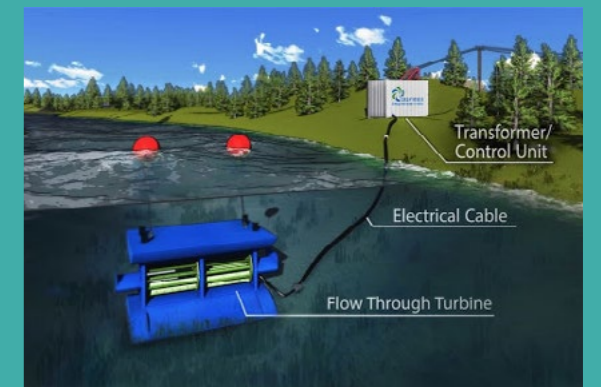
Solar EV Charging Points



Water Source Heat Pump



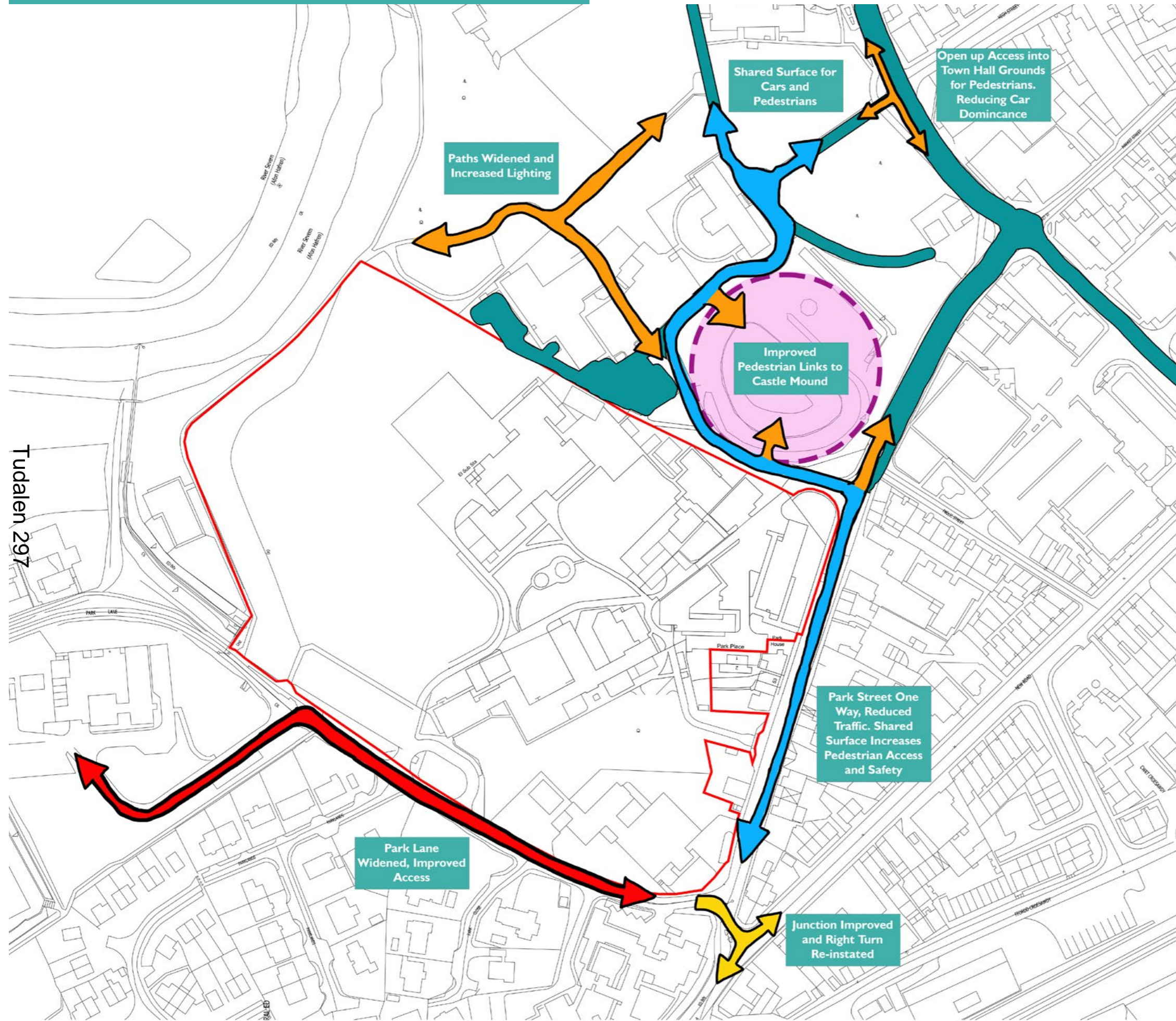
Water Turbine



Wild Flower Meadow



# Wider Improvement Opportunities



Tudalen 297

## 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



## 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

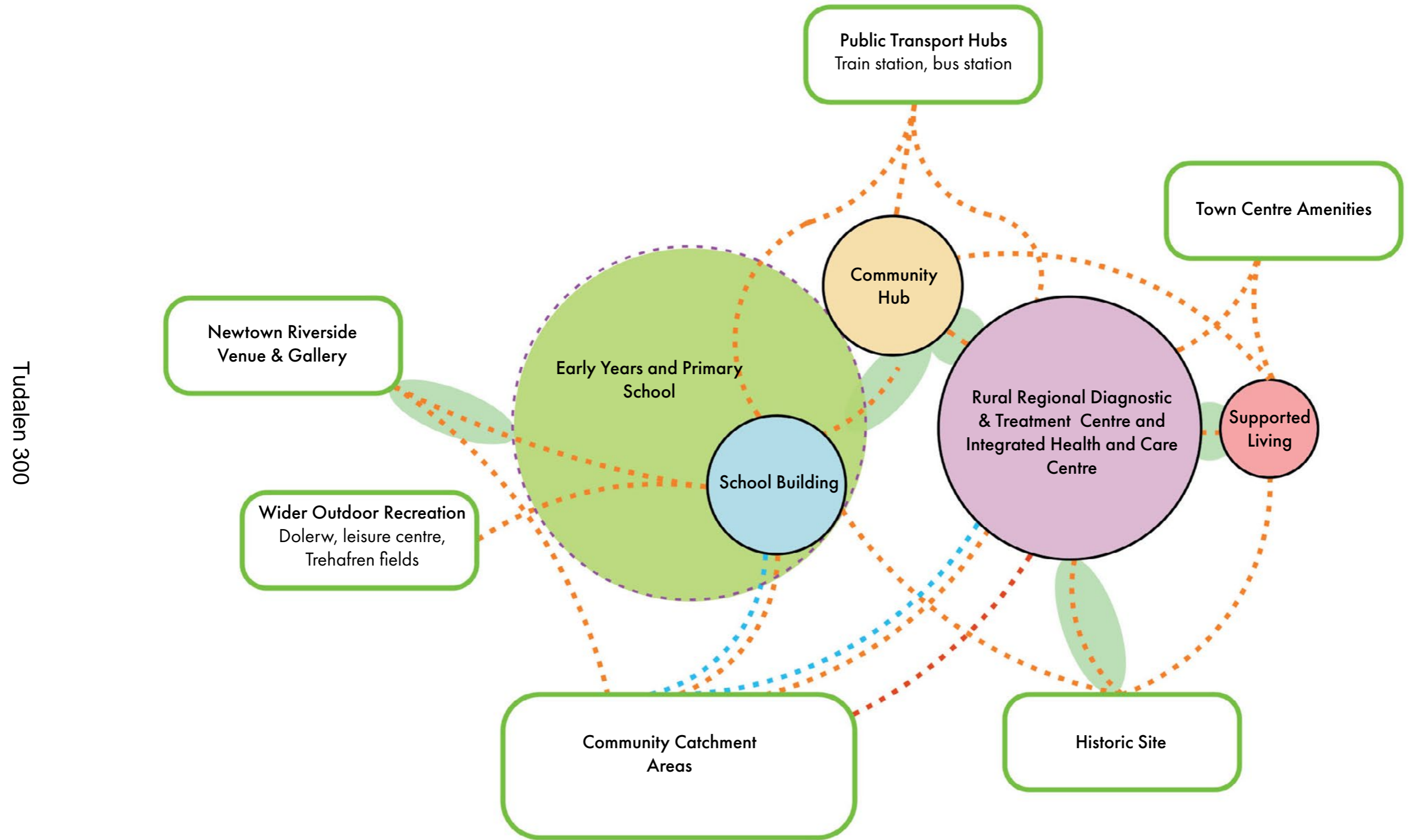
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Tudalen 299

3

# Adjacency Diagram 1

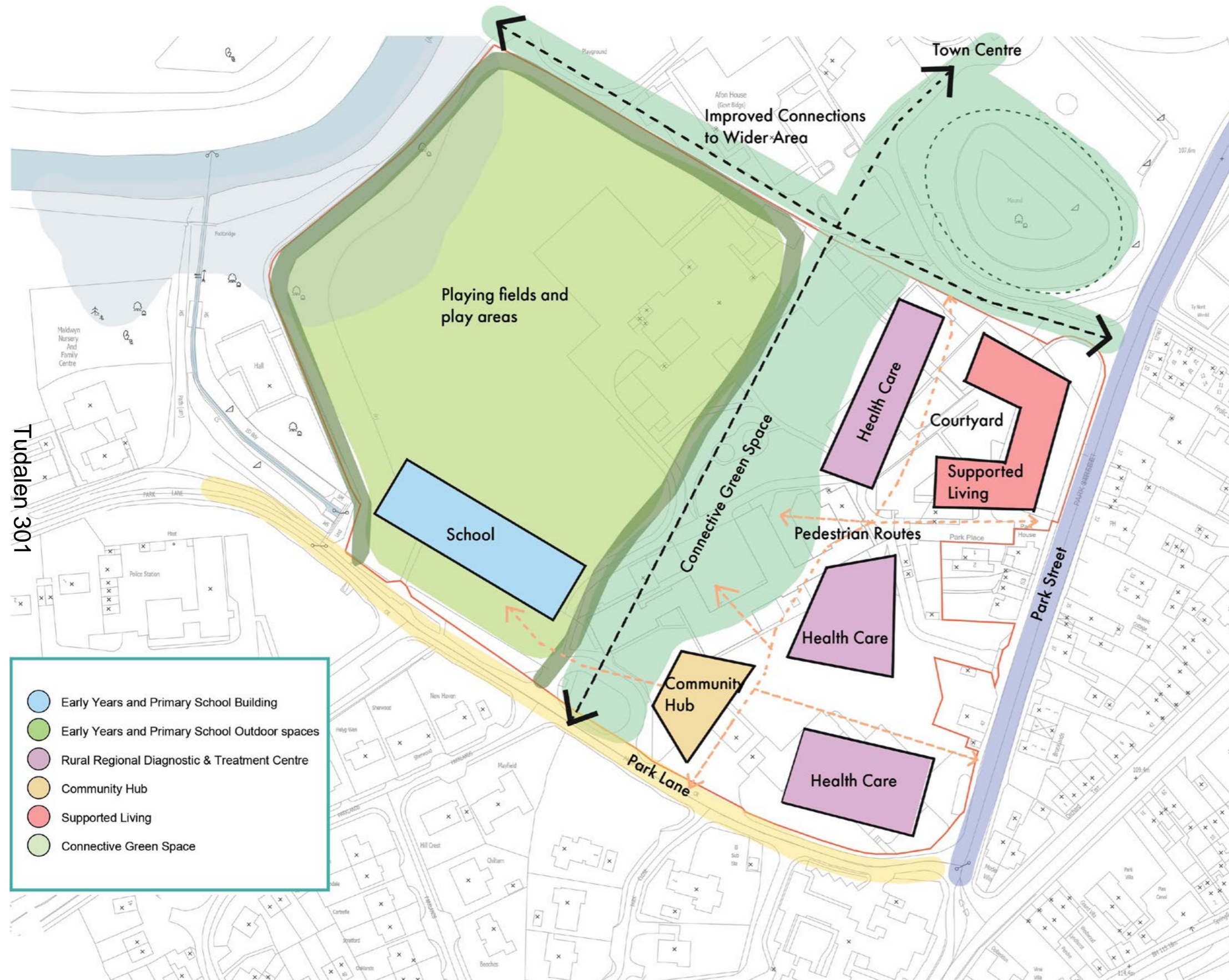
Connections needed between the Rural Regional Centre and Community Well-Being Hub and Wider Area



Tudalen 300

- |   |   |
|---|---|
| — 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

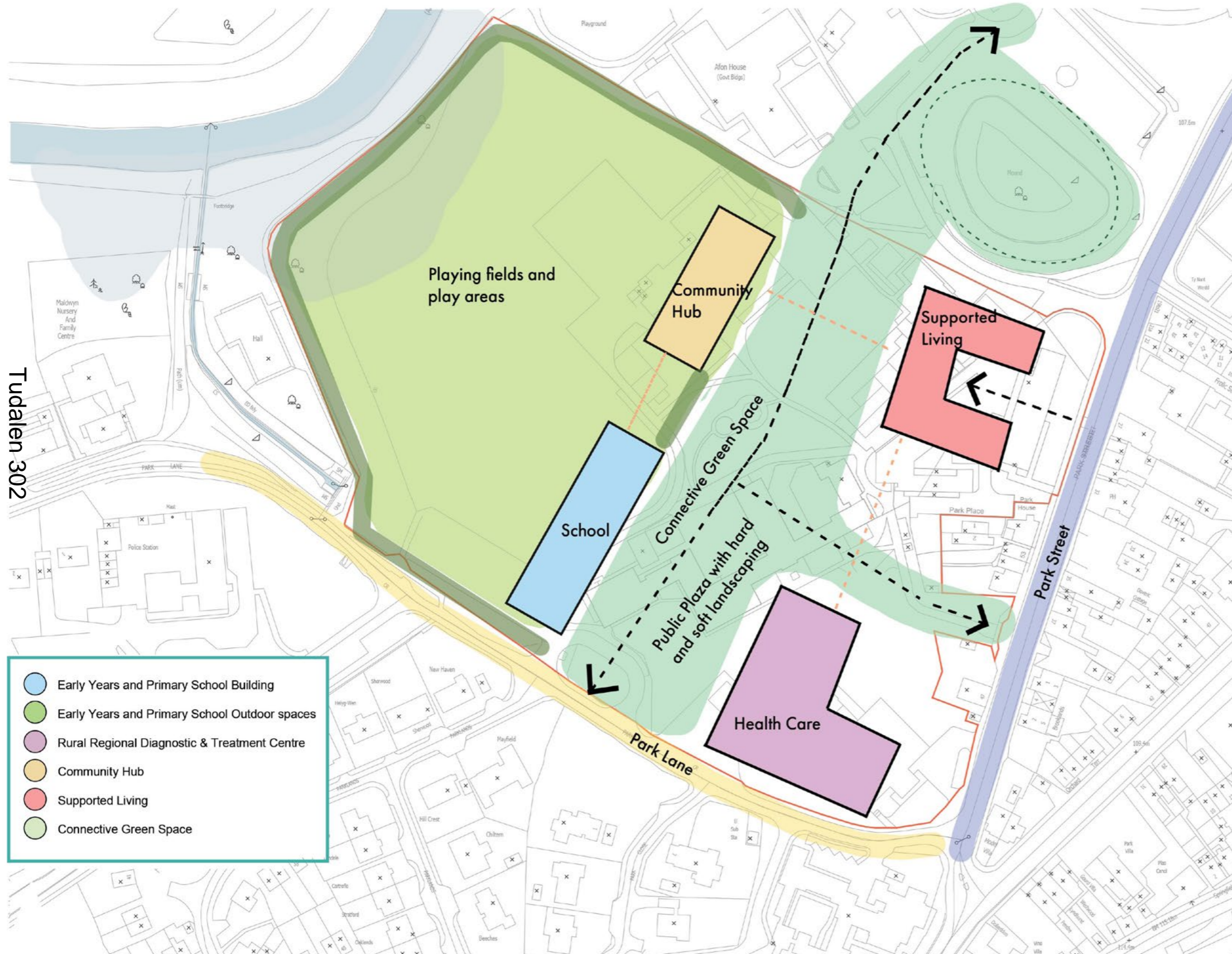


- Existing hedge around school is well developed and provides a good privacy barrier to play areas.

- 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.



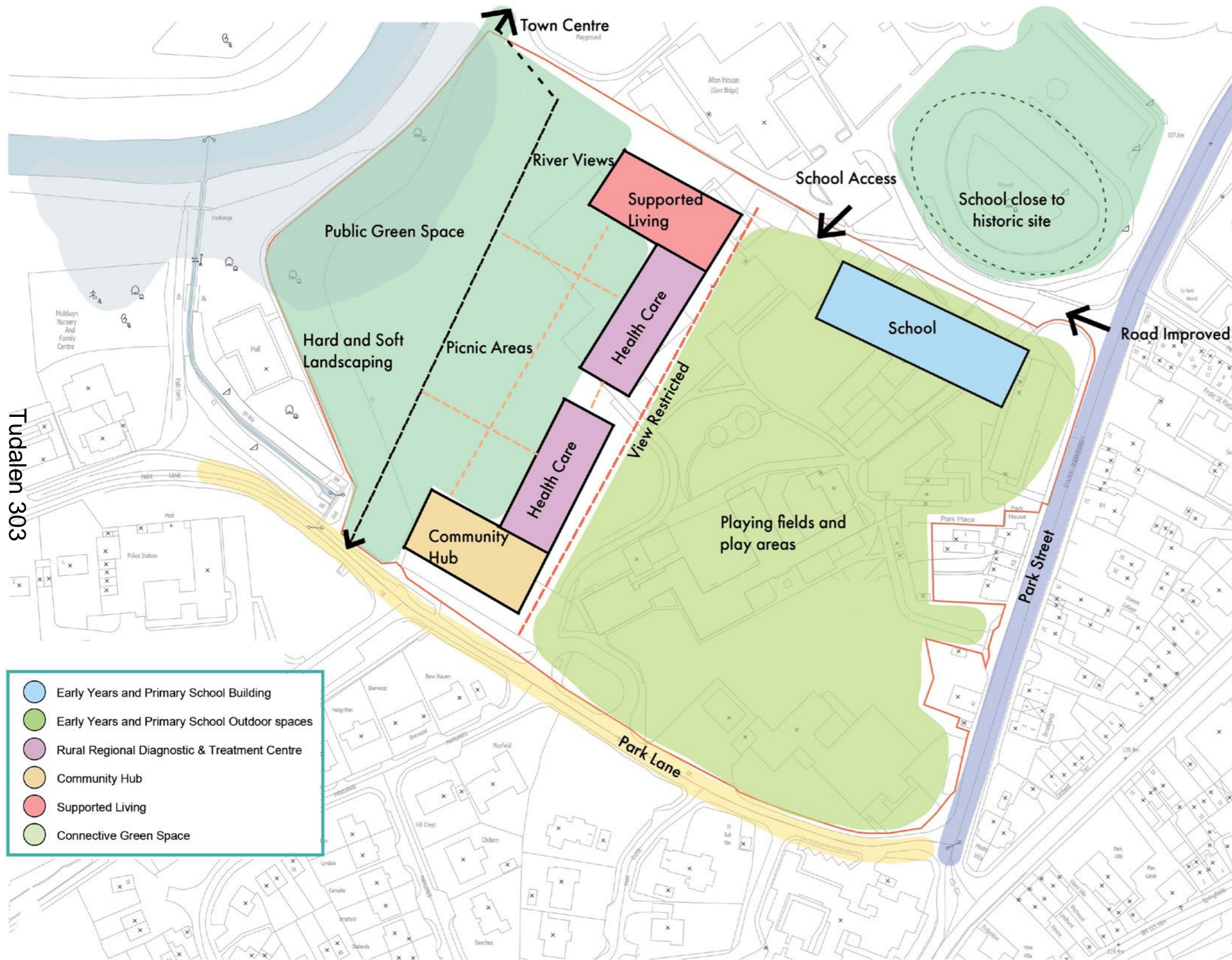
- A C-shaped specialist housing block would allow for private parking or a private courtyard.

- 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



Tudalen 304

# DEVELOPED CONCEPTS

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Tudalen 305

4

# Accommodation Schedule

Tudalen 306

## RURAL REGIONAL & DIAGNOSTIC TREATMENT CENTRE *Total 9000m<sup>2</sup>*

In Patients, Staff Facilities 1800m<sup>2</sup>

Out Patients, Diagnostics, Day Cases 1800m<sup>2</sup>

Minor Injuries and Emergency Care 600m<sup>2</sup>

## Integrated Health and Care Centre

General Medical Services 600m<sup>2</sup>

Mental Health, Sexual Health, Women's Services, Well-being and Training 1800m<sup>2</sup>

Children and Young Persons Care 1000m<sup>2</sup>

(Additional Services, Facilities and Circulation 1400m<sup>2</sup>)

## SUPPORTED LIVING

1245m<sup>2</sup>

## COMMUNITY HUB *incorporating Health and Care*

*Academy and Public Library*

1700m<sup>2</sup>

## EARLY YEARS & PRIMARY SCHOOL *Total*

*16,000m<sup>2</sup> including 2250m<sup>2</sup> School Building*

Teaching 1000m<sup>2</sup>

Hall and Social Hub 500m<sup>2</sup>

Learning Resources 375m<sup>2</sup>

Staff and Admin 375m<sup>2</sup>

Outdoor Teaching Areas 1750m<sup>2</sup>

Habitat 200m<sup>2</sup>

Soft Play 800m<sup>2</sup>

Hard Play 400m<sup>2</sup>

Games Courts 600m<sup>2</sup>

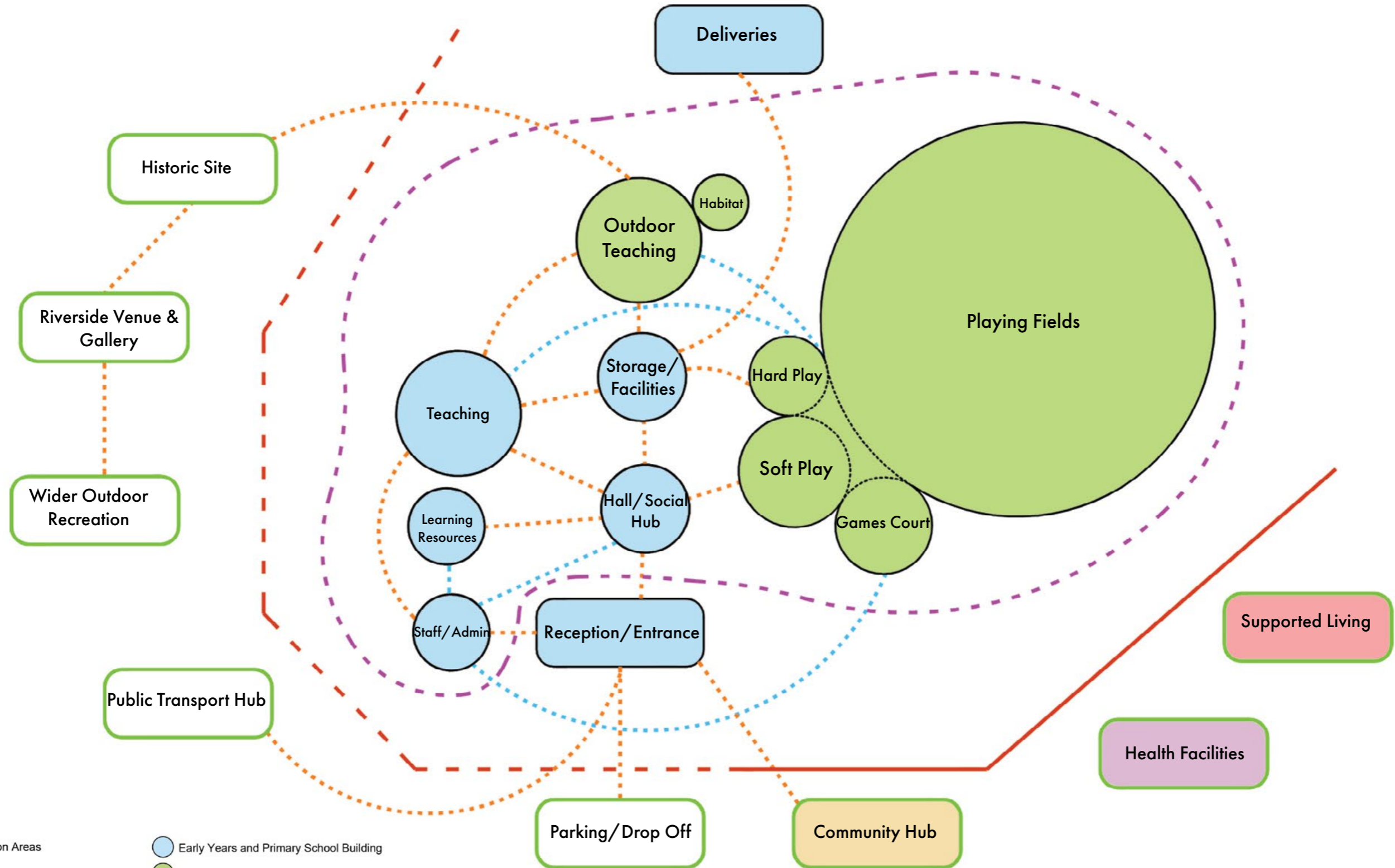
Playing Field 10,000m<sup>2</sup>

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

# Adjacency Diagram 2

Early years and primary school adjacency links

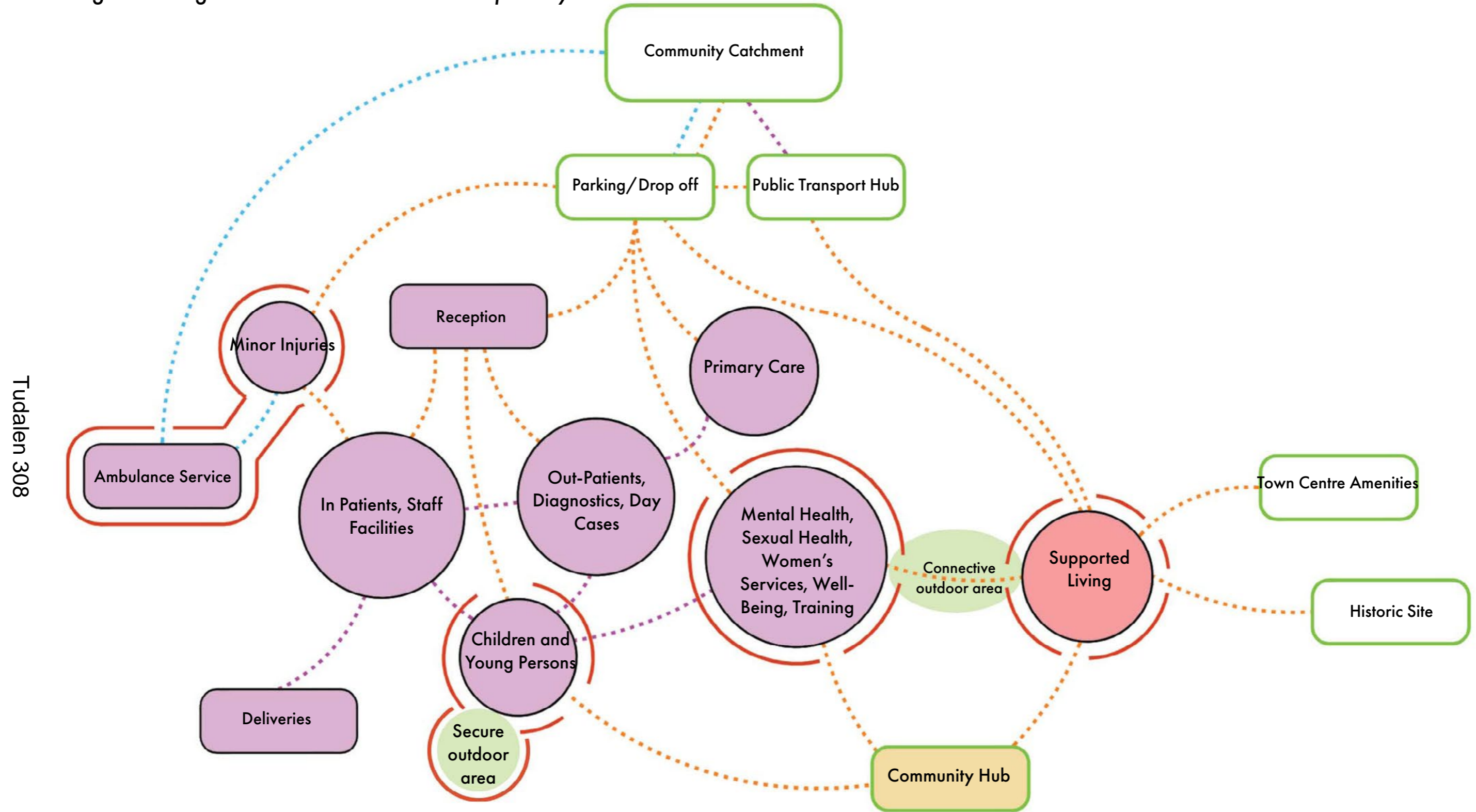
Tudalen 307



- 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

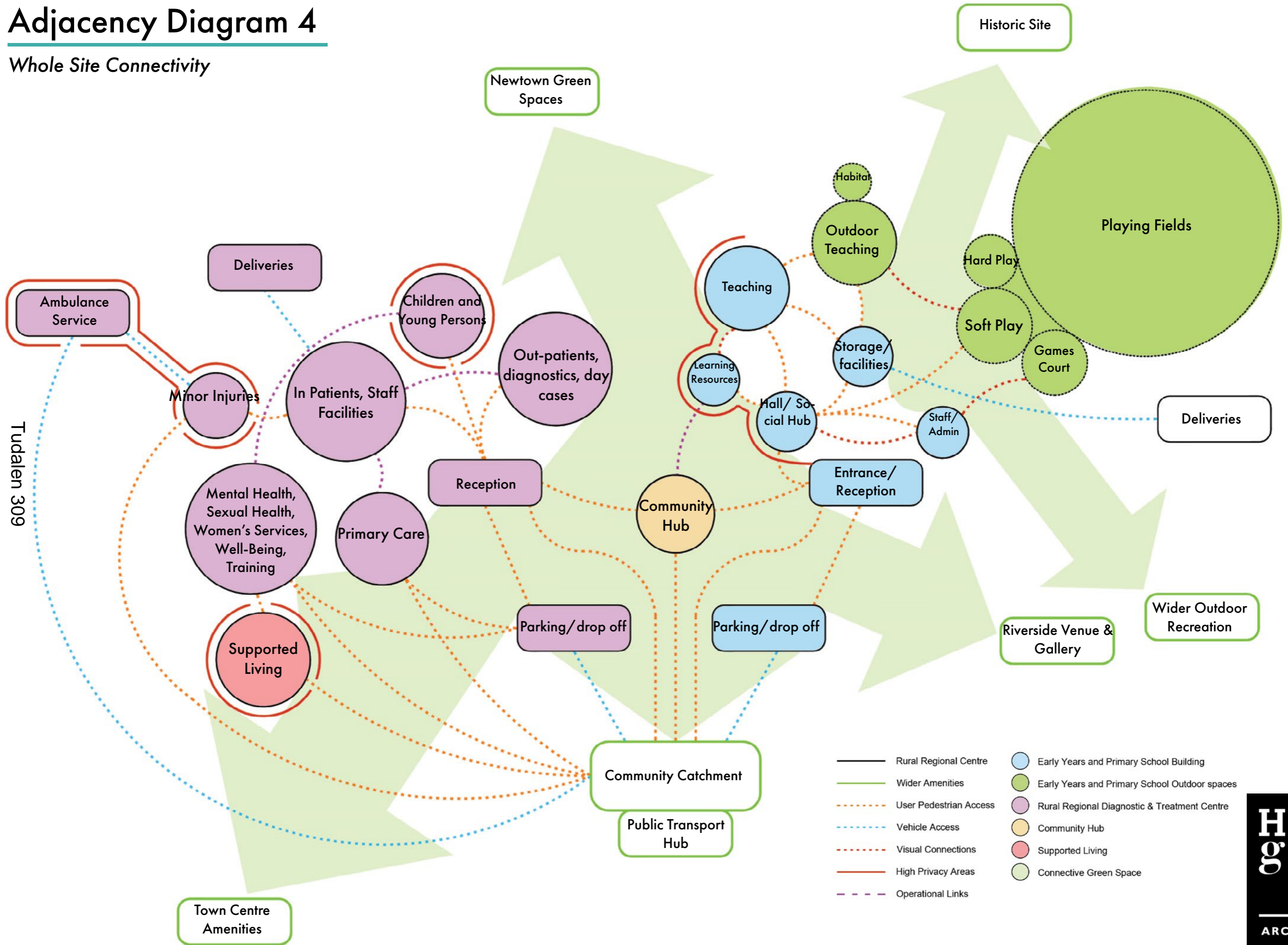
## Rural Regional Diagnostic & Treatment Centre Adjacency Breakdown



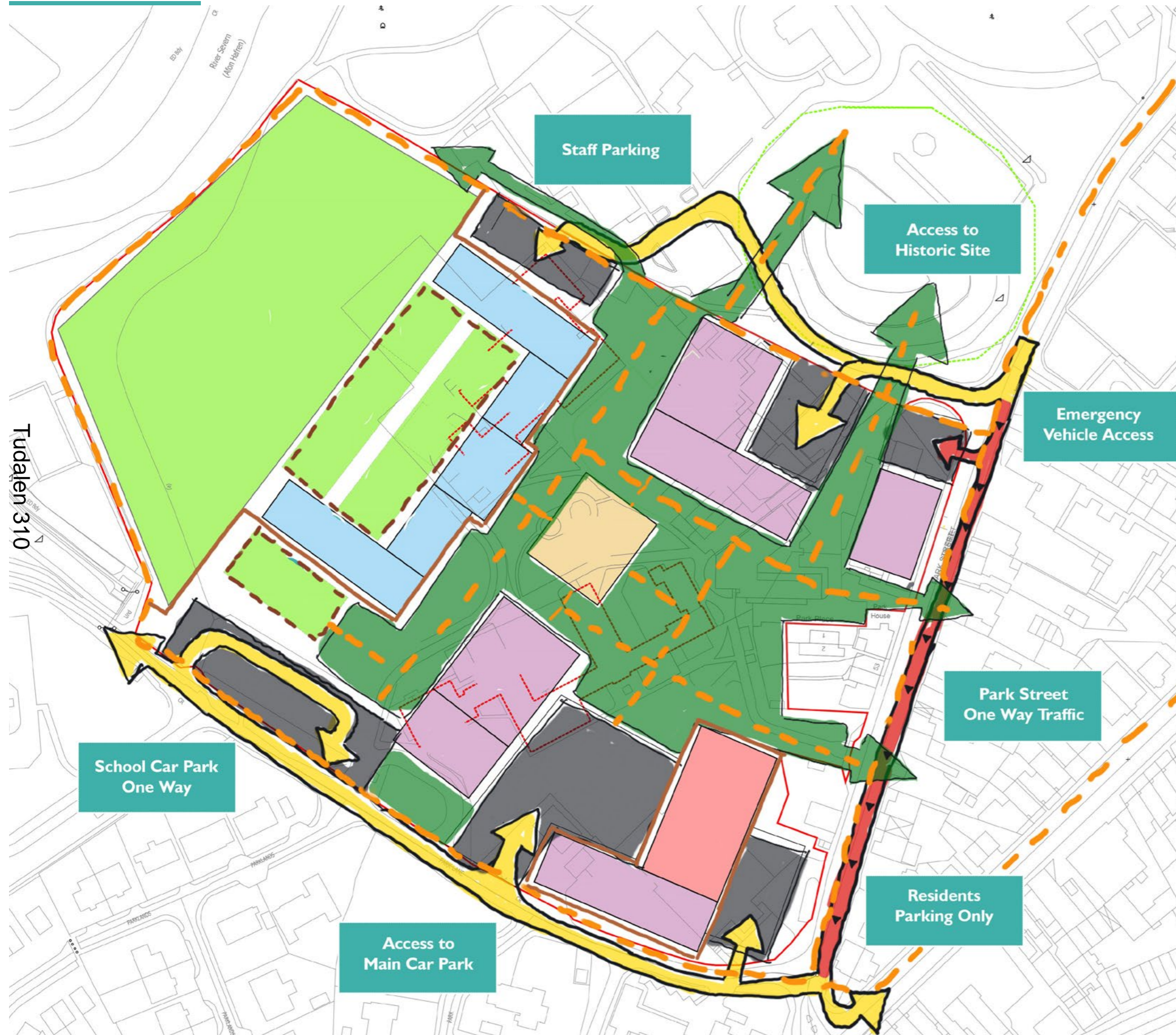
- Health & Care Areas
- Wider Amenities
- - - User Access
- - - Vehicle Access
- High Privacy Areas
- - - Operational Links
- Early Years and Primary School Building
- Early Years and Primary School Outdoor spaces
- Rural Regional Diagnostic & Treatment Centre
- Community Hub
- Supported Living

# Adjacency Diagram 4

## Whole Site Connectivity



# Option A



## 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.



# Option B



## 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.

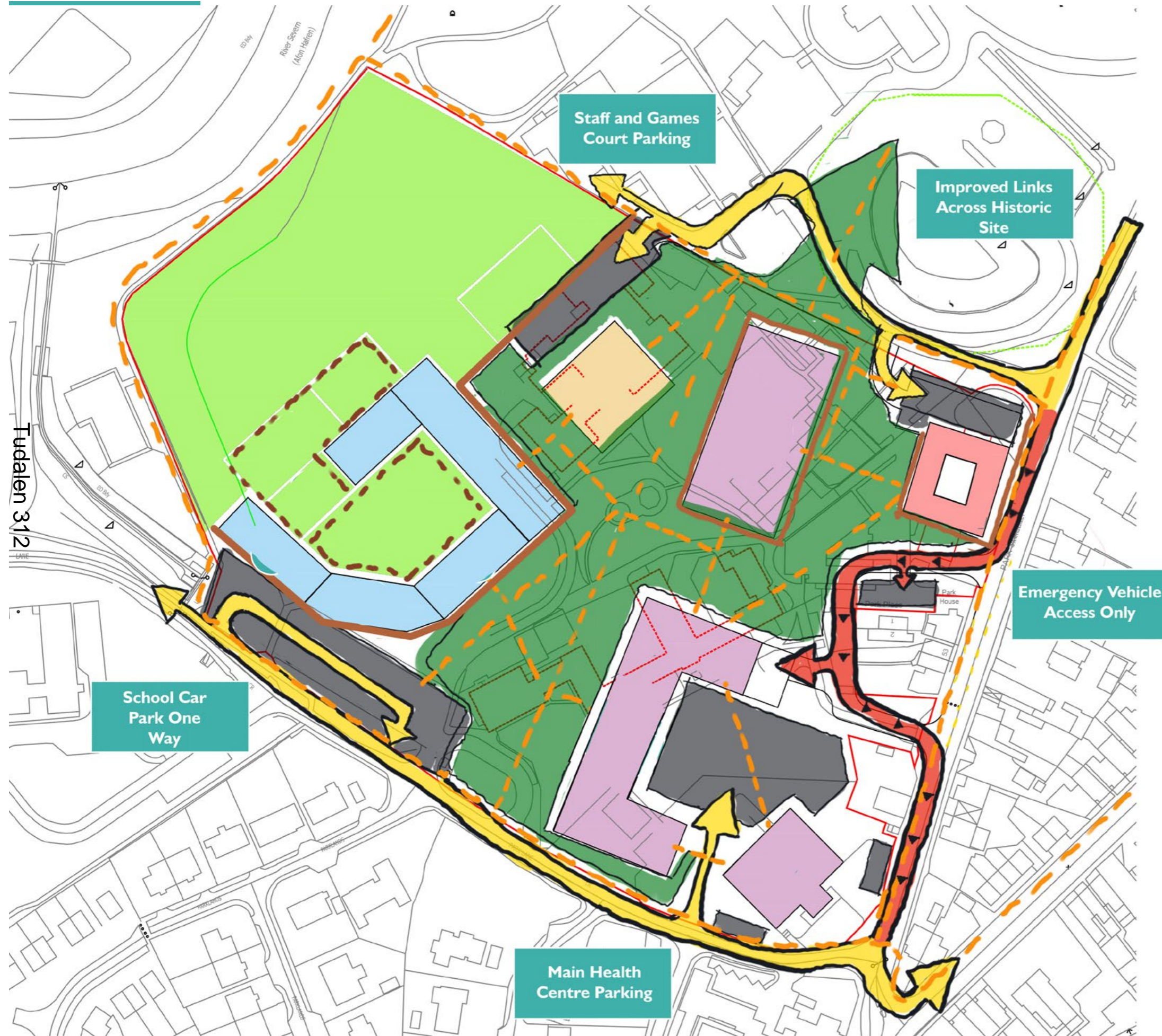
## Disadvantages

- 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



## 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

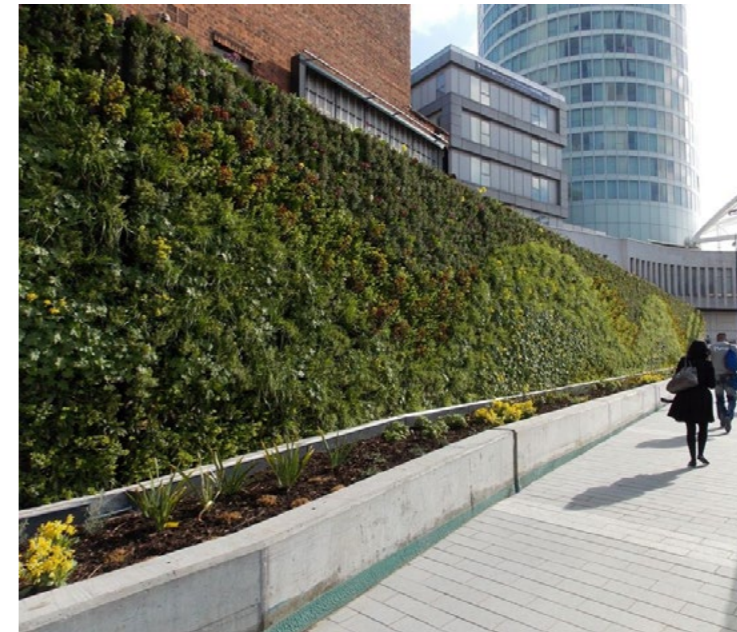
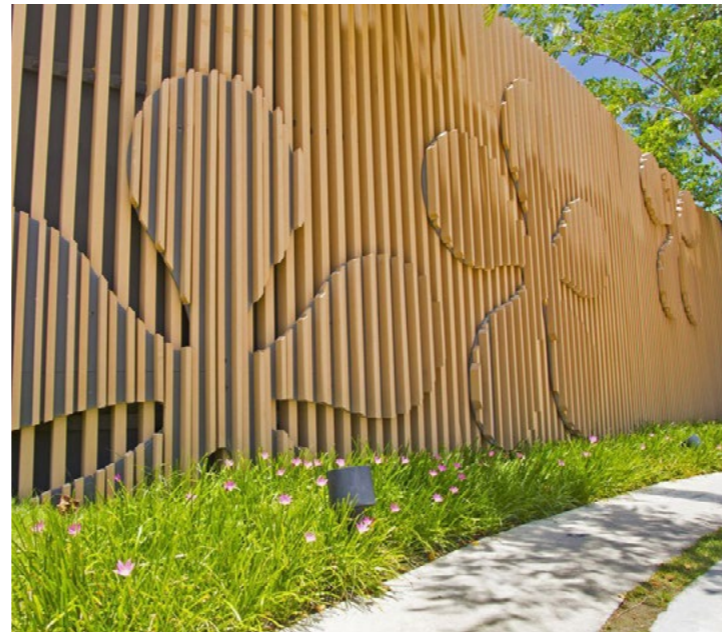
## Public Realm and Place Making



Tudalen 313

# Precedent Images

## *Physical Boundaries and Security*



Tudalen 314

# PROPOSALS

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Tudalen 315

5

# Option Comparison



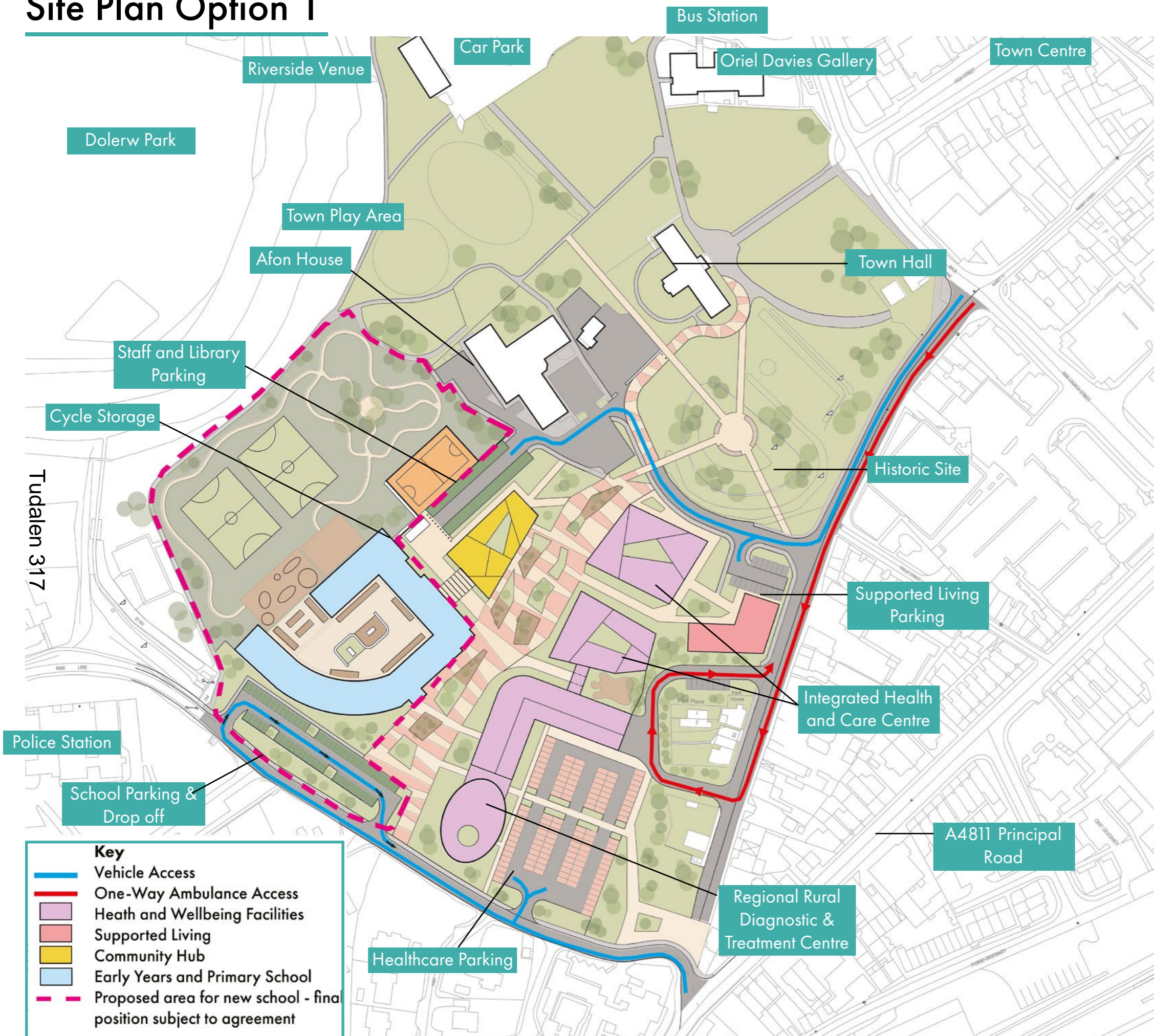
## Option 1

- 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.

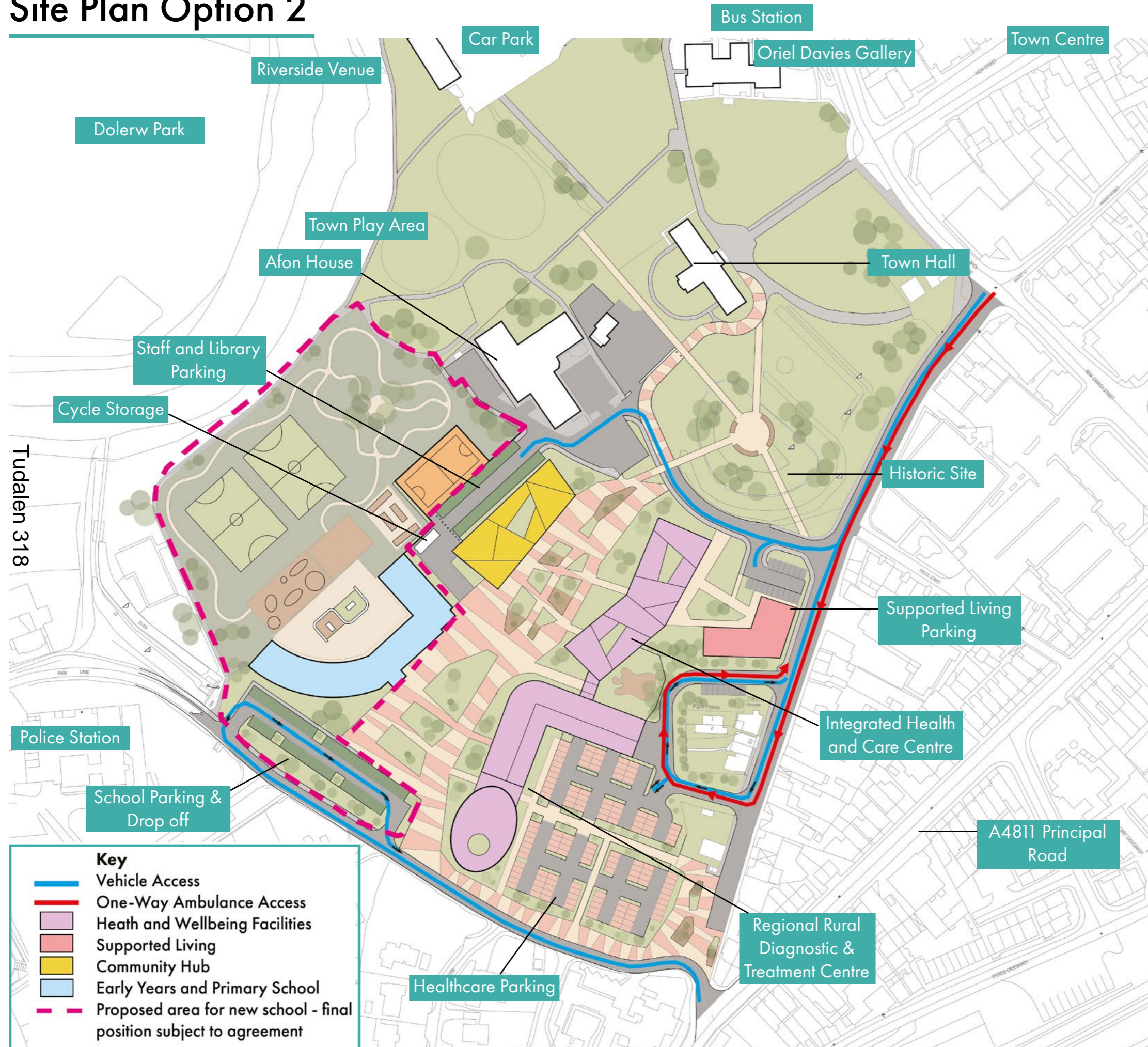
# Site Plan Option 1



## 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



## 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



Tu  
alen 319

Option 1 - Single Storey School Design



Option 2 - Two Storey School Design

# Construction Sequencing and operation of School

Tudalen 320



## 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



Tudalen 321

# Community Well-Being Services



Tudalen 322

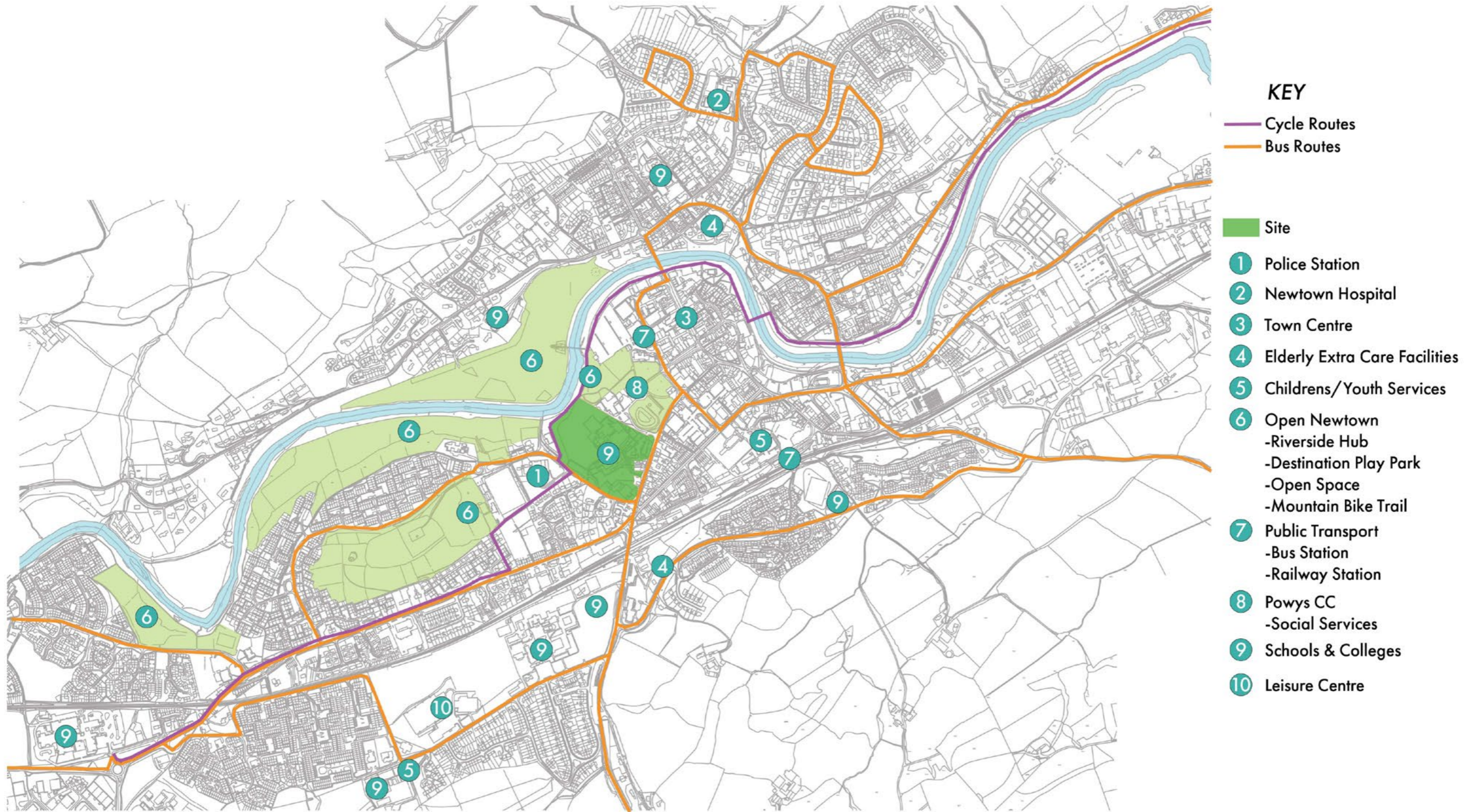
# Connective Public Realm



Tudalen 323

# Wider Community Network

Tudalen 324



# Masterplan



Tudalen 325

Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol



## **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 3: Park Street Clinic Psychology Department**



**Figure 4: Montgomery County Infirmary**



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**



Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol

## **Appendix E: Memorandum of Understanding (MOU)**

## Draft Heads of Terms

### Memorandum of Understanding

#### North Powys Multi-Agency Well-being Programme

<p><b>Organisations</b></p>	<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"> <li>• Powys Teaching Health Board</li> <li>• Powys County Council</li> </ul>
<p><b>Purpose</b></p>	<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 &amp; 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>
<p><b>Principles</b></p>	<p>The Organisations agree to observe the following principles for the MOU and campus development:</p> <ul style="list-style-type: none"> <li>• Cost effective public purse</li> <li>• 'Do once' with no duplication</li> <li>• Commitment to decarbonisation and biodiversity</li> <li>• Deliver benefits from synergies and shared approach</li> <li>• Engage will all key stakeholders, e.g. School Governing Body</li> </ul>
<p><b>Actions</b></p>	<p>The Organisations will work together to create the proposed development through:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Facilitating the timely transfer of the Properties to support each other's service objectives.</li> <li>• Agreeing a joint approach to site surveys and site investigations to inform and enable subsequent development activity.</li> <li>• 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.</li> <li>• Agreeing a strategic definition for the wider campus and commitments in terms of shared space.</li> <li>• Committing to supporting the delivery of the 21<sup>st</sup> Century School build to meet the required timescales whilst also</li> </ul>



	<p>recognising the balance of safeguarding and campus ethos.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Continuing to develop the Partnership Approach which will consider, at the appropriate time, arrangements for shared space management across the proposed development.</li> <li>• Agreeing responsibility for Multi-Agency Well-being Campus maintenance liabilities / risks / costs, prior to completion to ensure these are understood, clear and documented.</li> <li>• Carrying out feasibility studies into the proposed developments &amp; transactions.</li> <li>• Committing to a cohesive design philosophy and principles for the built estate on the campus, as far as funding and statutory regulations allows.</li> <li>• 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.</li> <li>• 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.</li> <li>• To develop an energy strategy / a waste strategy / a water strategy/an environmentally friendly strategy (or policy) for the Building/Campus.</li> <li>• 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.</li> </ul>
<p><b>Commitments</b></p>	<p>The Organisations will ensure negotiations or agreements with third parties will align with the objectives of this MOU.</p>

<b>Sharing Information &amp; Confidentiality</b>	<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>
<b>Costs</b>	<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>
<b>Duration</b>	<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>
<b>Organisation Leads &amp; Reporting</b>	<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>
<b>The Council's Contact</b>	TBC
<b>The Council's Solicitor</b>	TBC
<b>The Health Board's Contact</b>	Hayley Thomas / Wayne Tannahill
<b>The Health Board's Solicitor</b>	TBC
<b>Further Conditions</b>	<ul style="list-style-type: none"> <li>• Formal approval from the Organisations' management teams, Boards / Cabinet;</li> <li>• Formal approval from Welsh Government;</li> </ul>

	<ul style="list-style-type: none"> <li>• Planning &amp; other Statutory Consents;</li> <li>• Contract</li> </ul>
<b>Dispute resolution</b>	Dispute resolution is to be arbitrated by the Chief Executives of both organisations.
<b>Disclaimer</b>	<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
Diagnosics - Cardiac Services	Echocardiography ECG and rhythm monitoring	N N	Y Y	
Diagnosics - Respiratory Services	Spirometry and lung function tests Sleep apnoea studies	N Y	Y Y	
Diagnosics - Imaging	Plain X Ray Ultrasound CT MRI	Y Y N N	Y Y Y Y	
Diagnosics (Pathology / Point of Care Testing)	Phlebotomy Point of Care Testing	N N	Y Y	
Diagnosics (Endoscopy)	Endoscopy suite	N	Y	
Outpatients	Specialist nursing Paediatrics Ophthalmology Gynaecology & sexual health General surgery General medicine ENT Dermatology Orthopaedics Neurology Urology Mental Health Breast clinic Vascular Oral maxillary facial Cardiology Endocrinology Gastroenterology Cancer Respiratory Stroke Care of the elderly/frailty Antenatal	Y Y N Y Y N N N N N N N N N N N N N N N N N N Y	Y Y	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.
Day Cases (Surgical)	Surgical day case Pre-operative assessment	N N	Y Y	Promoting healthy lifestyles will be key - the service will be closely linked to community assets to provide advice, guidance and education

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, prehabilitation, 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, prehabilitation, 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 <sup>rd</sup> 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 <sup>rd</sup> 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
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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.

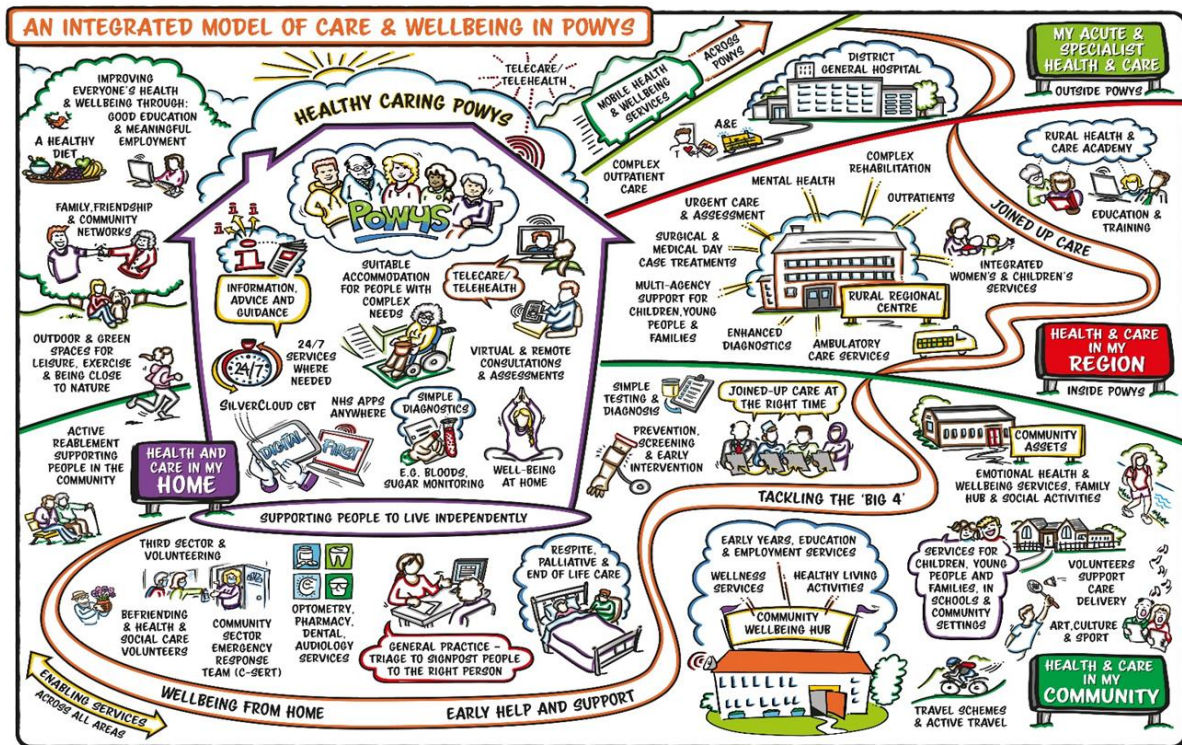
#### 4. **Context**

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.

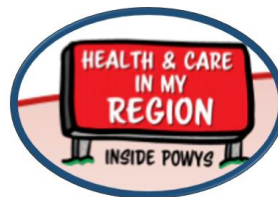
The Integrated model of care and wellbeing provides a framework for all future plans and service change across Powys and demonstrates what services will be provided at home, community, region and out of county.



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

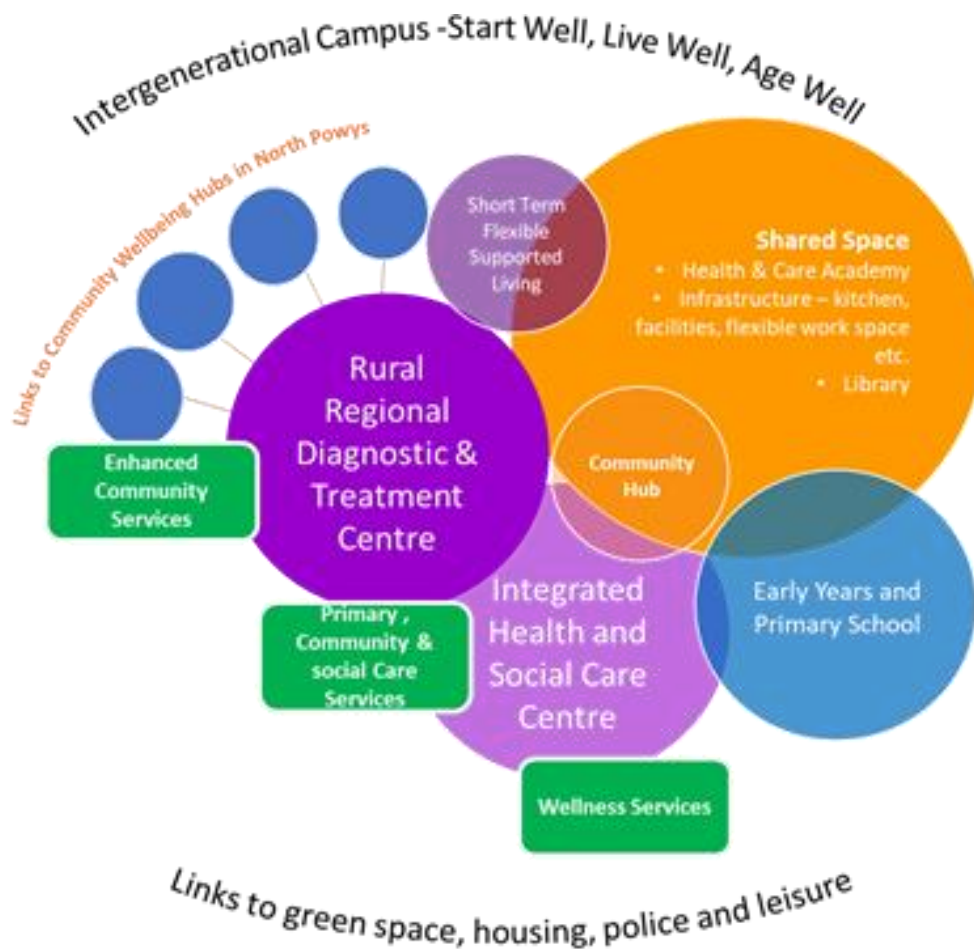
The development of a multi-agency wellbeing campus in the centre of Newtown is a key enabler to delivering the integrated model of care and wellbeing.

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.

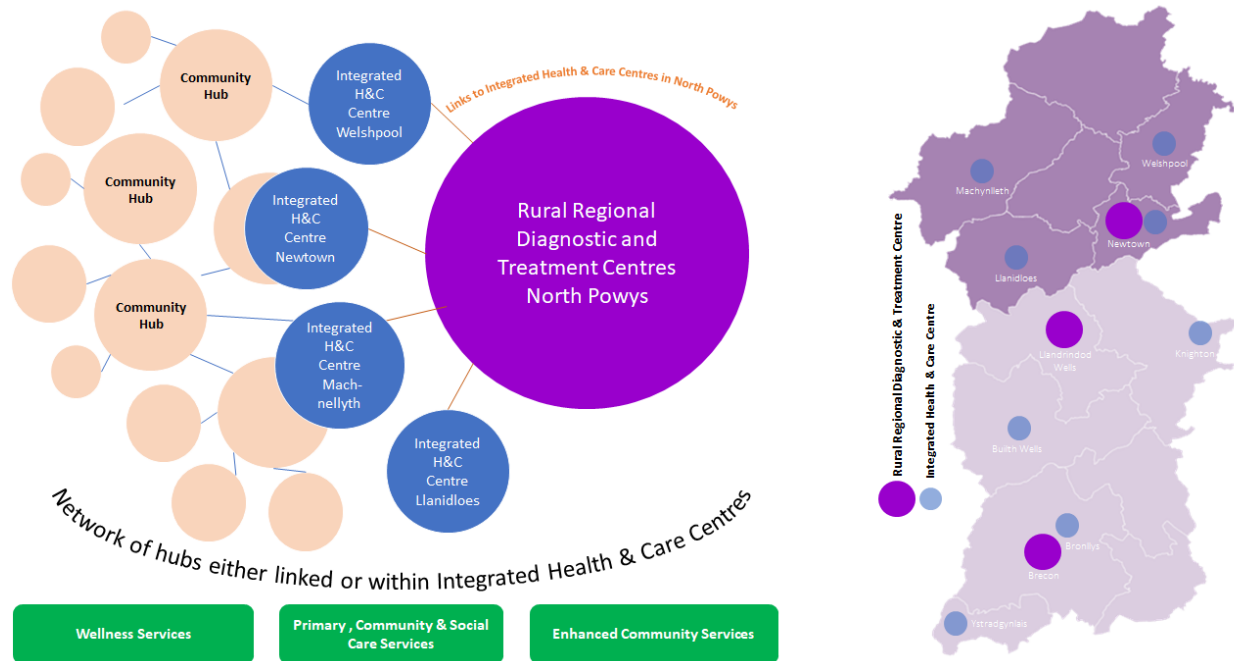


## 5. **Service Vision - Rural Regional Diagnostic and Treatment Centre**

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

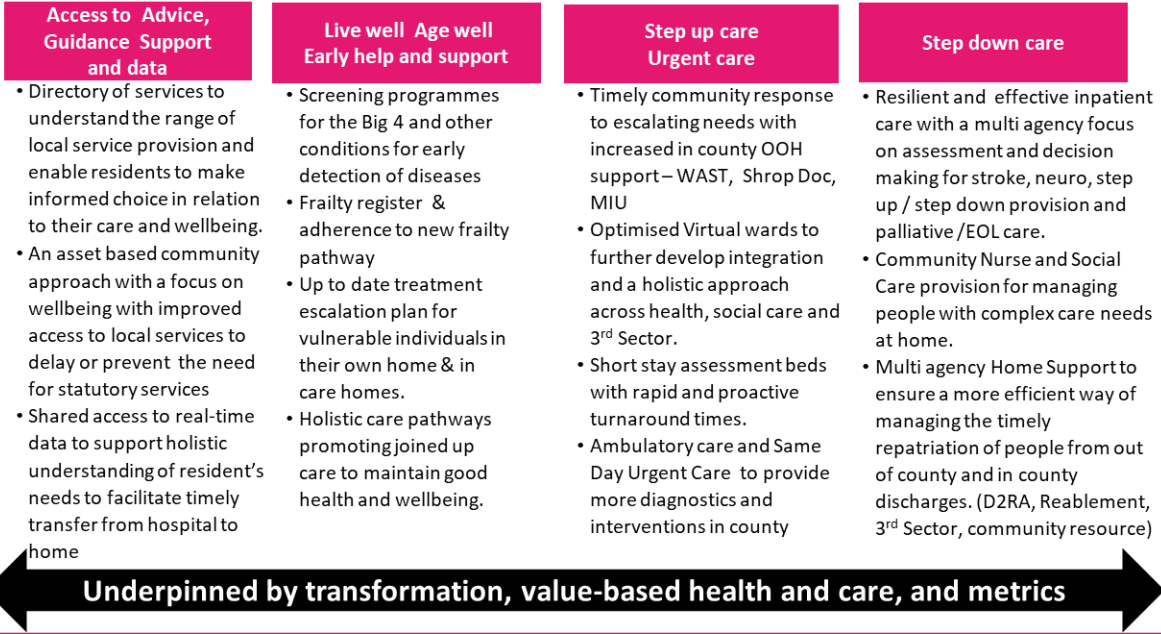
**Underpinned by transformation, value-based health and care, and metrics**

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."

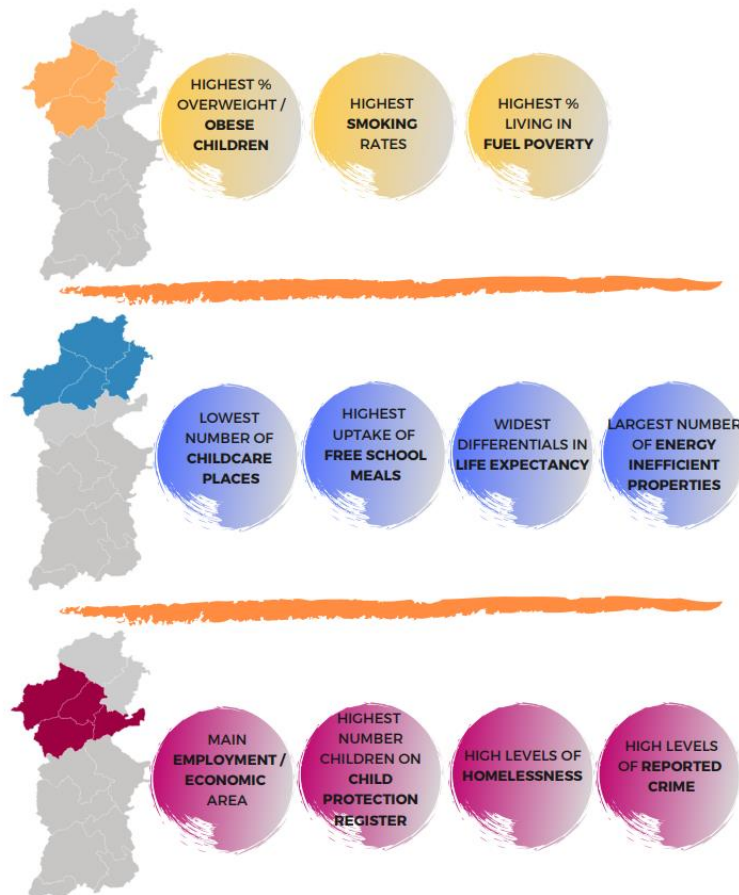
**Co-ordinate and join up services** – "Allow information to be shared safely" "Locate services in ways that reduce multiple appointments and allow me to see health and care professionals in one place" "Design services in ways that help people to work together"

**"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 3<sup>rd</sup> 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 <sup>rd</sup> 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.



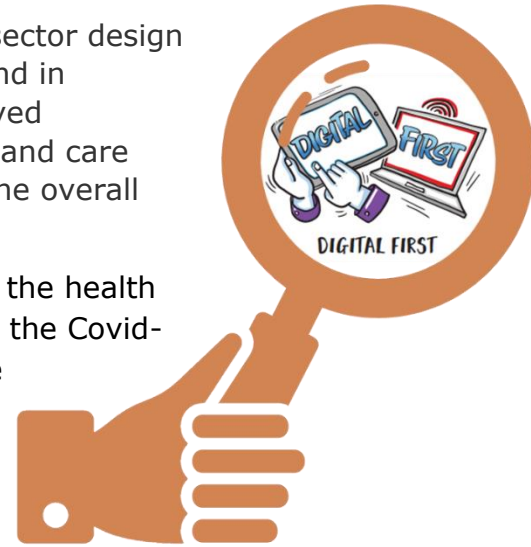
Service	Requirements
Diagnostics	<p>Expansion of Imaging team to include Radiographers and Sonographers and Consultant Radiologist input. Advanced practice radiographers for Sonography, reporting, mammographers, vascular scientist. Administration support.</p> <p>The Health &amp; Care Academy on the campus 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 rooms<sup>1</sup>:

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

<sup>1</sup> [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"> <li>• Single patient bedrooms provide the highest levels of privacy and dignity</li> <li>• Furniture, screens and the positioning of beds can create a more personal space in multi-bed rooms</li> <li>• Providing opportunities for displaying pictures and other personal possessions is important</li> </ul>
<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><b>Daylight</b></p> <ul style="list-style-type: none"> <li>• All bed places should ideally be exposed to daylight.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Artificial lighting</b></p> <ul style="list-style-type: none"> <li>• Patients should be able to control their own lighting.</li> <li>• Artificial lighting should be of a variety of types and levels to provide for different activities.</li> <li>• Low level task lighting should be provided for reading and watching TV.</li> <li>• Soft indirect lighting is comforting.</li> </ul>

Consultation Areas<sup>2</sup>:

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"> <li>• In places where patients may be undergoing stressful or lengthy treatment, art and views can offer calm distraction</li> </ul>

<sup>2</sup> [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"> <li>• Being able to see computer screens and look at images will make the patient feel more comfortable</li> </ul>
<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"> <li>• Domestic-style materials, finishes and décor help patients relax and feel more at ease</li> <li>• Soft materials help absorb sound and reduce noise</li> <li>• Natural materials such as wood feel more reassuring and human</li> <li>• Hiding, disguising or designing-in the necessary medical equipment makes it less obtrusive and unfriendly and prevents a feeling of clutter and disorganisation.</li> </ul>
<p>Research shows the benefits of views when people spend long periods of time in a space.</p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<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"> <li>• Patients may sometimes feel vulnerable or faint. Being able to open windows, change lighting and shut out background noise are important.</li> </ul>

# 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	

<b>Service area</b>	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 3<sup>rd</sup> 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)

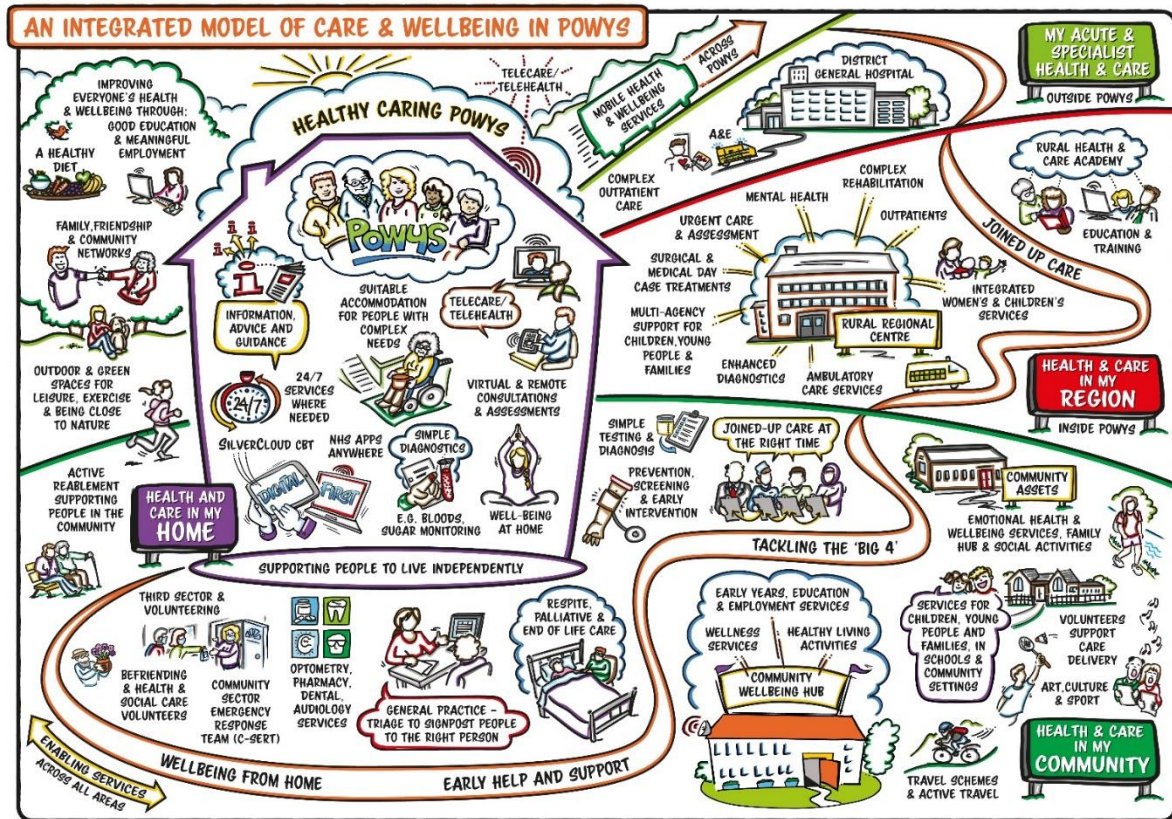
The Health and Care Strategy identified that Integrated Health and Care Centres can:

- 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

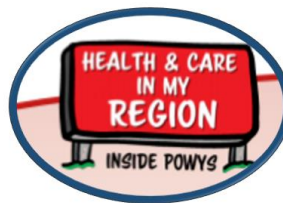
demonstrates what services will be provided at home, community, region and out of county.



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:

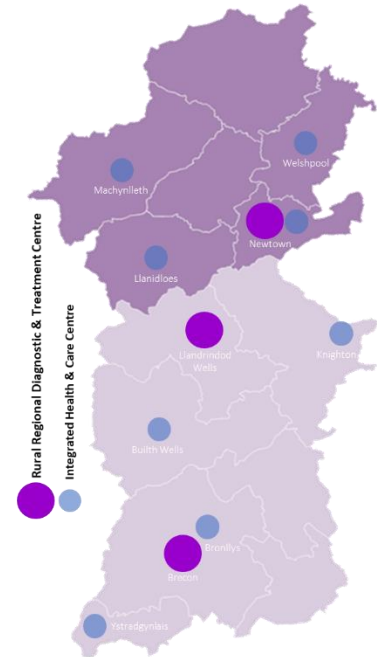
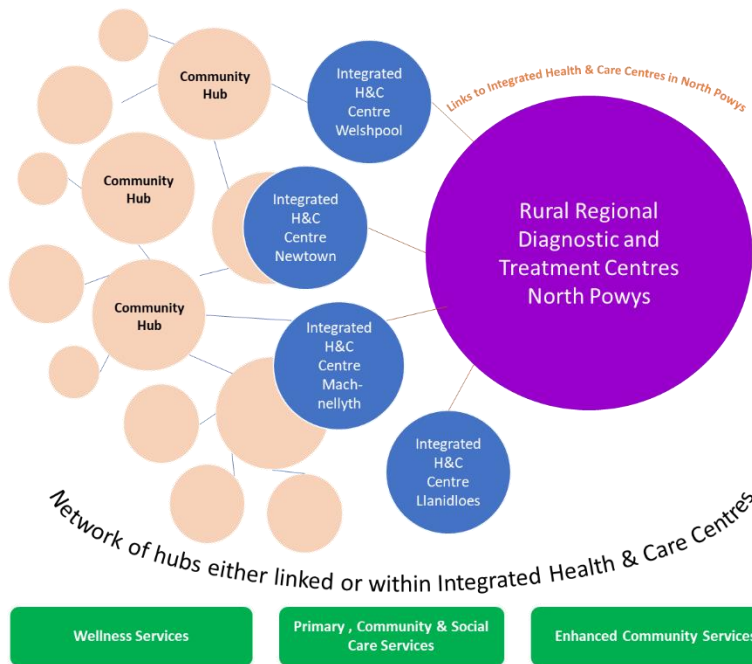


- Community first approach, focusing on improving wellbeing and holistic needs.
- Fit for purpose estate, zero carbon, making best use of space and resources,
- Integrated digitally enabled services in the home, or as close to home as possible.
- Ensure children and young people get the best start in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

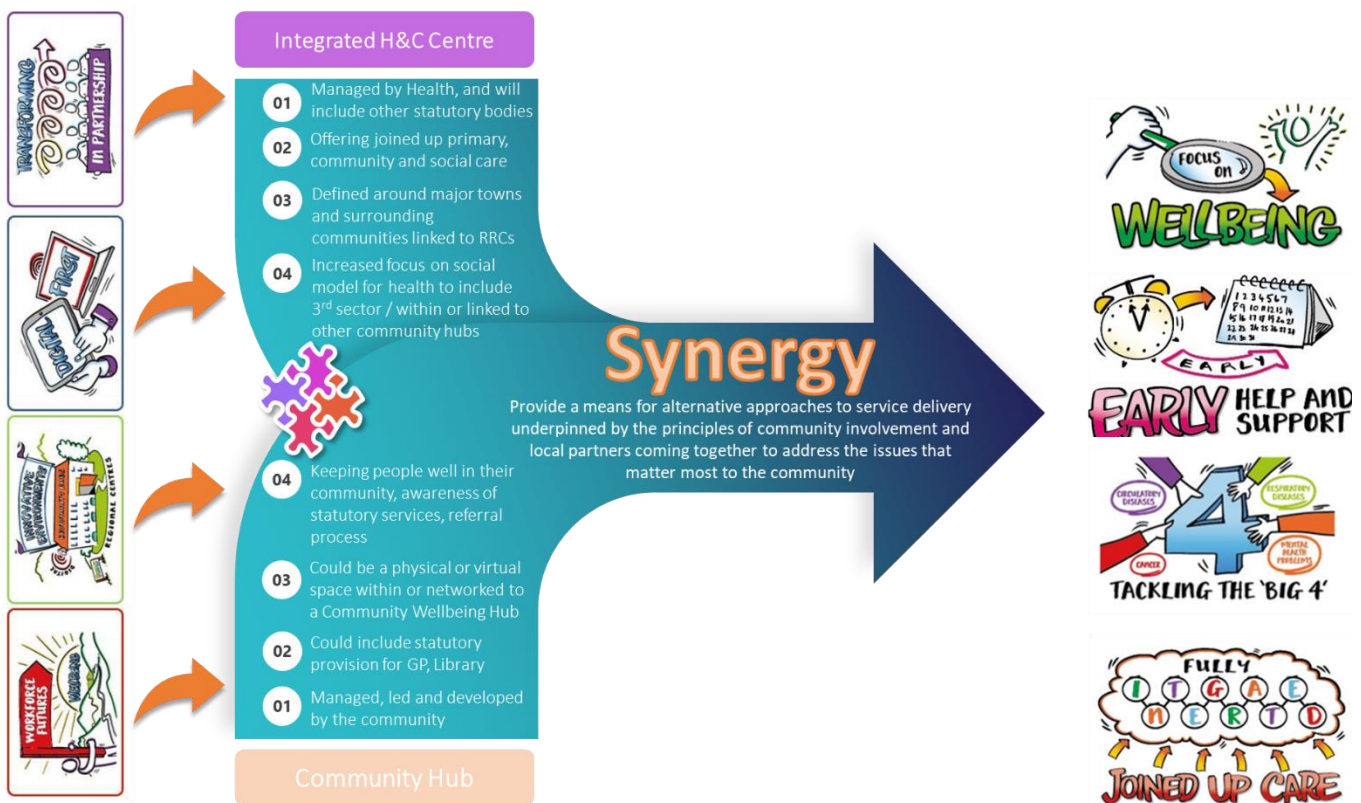
Recognising the specific needs of the populations across north Powys, the Integrated Health and Care Centre will include provision of bespoke information, advice and assistance via the Community Hub, targeting wider determinants of health to provide a valuable contribution to improving health and wellbeing 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"> <li>• Directory of services to understand the range of local service provision and locality.</li> <li>• Link service providers and utilise technology to share key messages and information sharing.</li> <li>• Signpost and improve access to information enabling children and young people to know where to go.</li> </ul>	<ul style="list-style-type: none"> <li>• 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, 3<sup>rd</sup> Sector.</li> <li>• All children's services to work together in a multi-agency way to focus on early childhood, 1<sup>st</sup> 1000 days.</li> <li>• Strengthen skill mixing amongst staff/ teams.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop training packages that aid children - diet, healthy eating – use local expertise, Cultivate Grow and Eat.</li> <li>• Create with children and Young People pathways that make sense to them to support healthy lifestyles.</li> <li>• Utilise green spaces – the importance of exercise/ being healthy including relationships.</li> <li>• Establish pathways between Education, Health, Social Care and 3<sup>rd</sup> Sector</li> </ul>	<ul style="list-style-type: none"> <li>• Multi-agency service for children, young people and families to tell their story once.</li> <li>• Joined up teams, agencies, sector with positive impacts for children and their families.</li> <li>• Support families to stay together if safe, consistent approach.</li> <li>• An out of hours service accessible and consistent.</li> <li>• Create services in county for children with complex needs, seamless pathways and referral systems.</li> </ul>

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

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"> <li>Improved access to multi agency advice, guidance and education to promote self-management.</li> <li>Treat accordingly to minimise the number of unnecessary surgical interventions that does not improve patient outcomes.</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Clinical validation of waiting lists so patients 'wait well' for treatment.</li> <li>Increased diagnostic capacity closer to home POCT.</li> <li>Additional modalities (MRI CT), Mammography, Cardiorespiratory, Dental to respond to increasing demand and offer equitable access to diagnostics</li> <li>Support National screening programmes including Lung Health (CT), Breast Cancer screening, Stroke, Dementia, Prostate screening (MRI) for early identification of disease</li> </ul>	<ul style="list-style-type: none"> <li>Modernised Outpatient service with one stop clinics to improve patient experience and forge robust pathways to tackle the Big 4 and other conditions.</li> <li>Effective referral guidance based on clinical need to reduce unnecessary demand on OPD</li> <li>Improved pathways with access to e-clinics and Specialised Consultation advice.</li> <li>Maximise the pathway for SOS &amp; PIFU as prudent and value based options to Follow up outpatient care.</li> </ul>	<ul style="list-style-type: none"> <li>Local pre-operative assessment service.</li> <li>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.</li> <li>Same Day Ambulatory care and Endoscopy suite to provide diagnostics and treatments such as chemotherapy and transfusions closer to home.</li> </ul>

**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"> <li>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.</li> <li>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</li> <li>Shared access to real-time data to support holistic understanding of resident's needs to facilitate timely transfer from hospital to home</li> </ul>	<ul style="list-style-type: none"> <li>Screening programmes for the Big 4 and other conditions for early detection of diseases</li> <li>Frailty register &amp; adherence to new frailty pathway</li> <li>Up to date treatment escalation plan for vulnerable individuals in their own home &amp; in care homes.</li> <li>Holistic care pathways promoting joined up care to maintain good health and wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>Timely community response to escalating needs with increased in county OOH support – WAST, Shrop Doc, MIU</li> <li>Optimised Virtual wards to further develop integration and a holistic approach across health, social care and 3<sup>rd</sup> Sector.</li> <li>Short stay assessment beds with rapid and proactive turnaround times.</li> <li>Ambulatory care and Same Day Urgent Care to provide more diagnostics and interventions in county</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Community Nurse and Social Care provision for managing people with complex care needs at home.</li> <li>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, 3<sup>rd</sup> Sector, community resource)</li> </ul>

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

**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 4<sup>th</sup> April 2018 to 18<sup>th</sup> 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 31<sup>st</sup> 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.



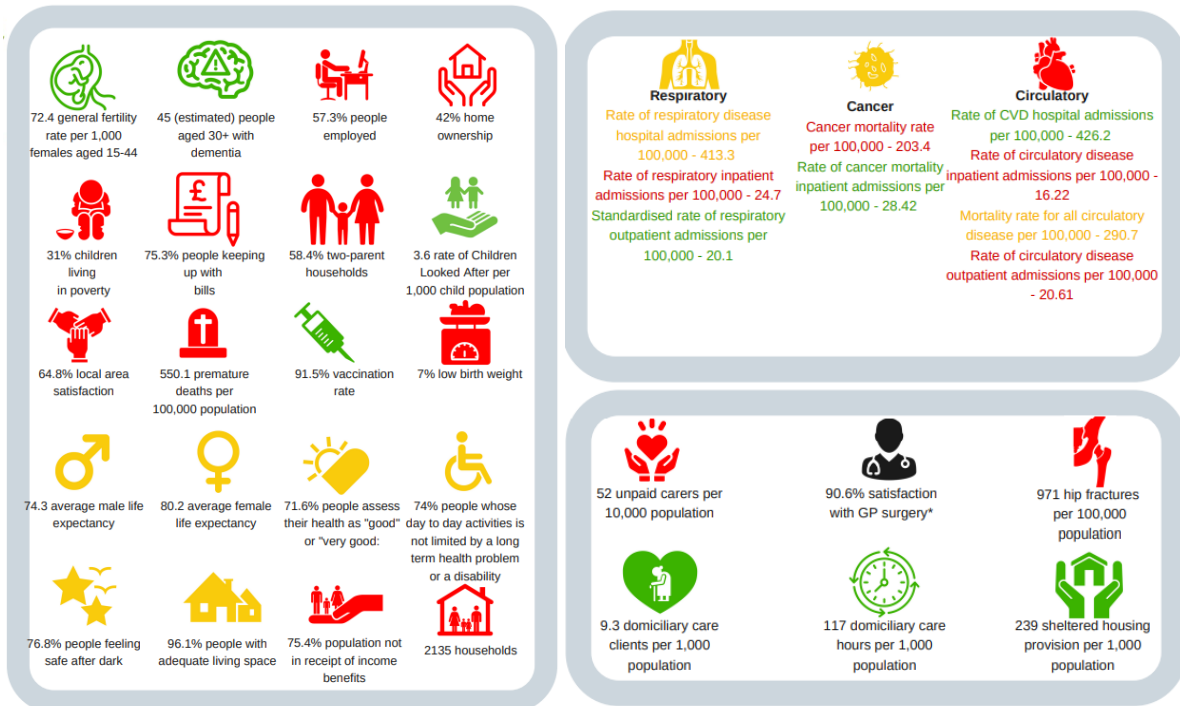
Adults and children services need to share and talk to each other. Improve transitions. More support needed on support staff, need up to date training on mental health to help adults to help families to get back on track.

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 3<sup>rd</sup> 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, 3<sup>rd</sup> 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"> <li>Create seating arrangements that bring people together (sociopetal) in appropriate sized groups. People further than 3 metres apart are likely to feel</li> </ul>

<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"> <li>• 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.</li> </ul>
<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"> <li>• Being able to see computer screens and look at images will make the patient feel more comfortable</li> </ul>
<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"> <li>• 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"</li> <li>• For formal meeting places, avoid glare from natural light at either the front or back of the space.</li> <li>• Consider seating that feels located in the place and remains in the same location to create a sense of belonging.</li> <li>• Unless these places are for very large formal meetings, they should be at a domestic scale</li> </ul>

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.







[www.powyswellbeing.wales](http://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 10<sup>th</sup> 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)**

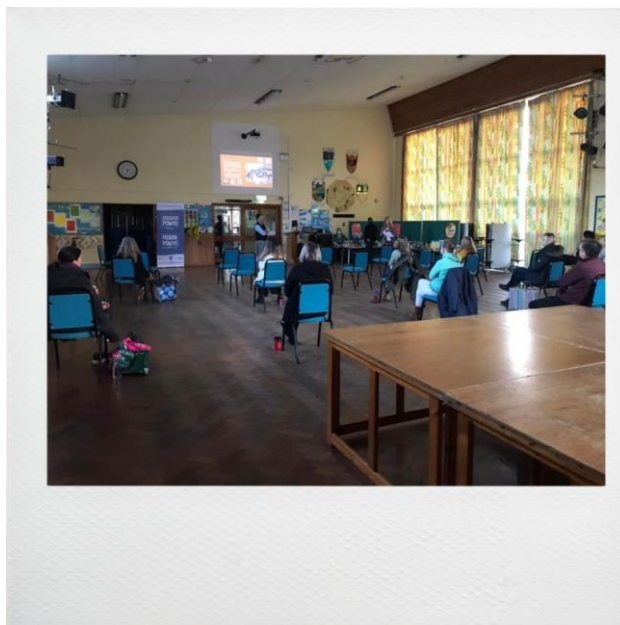
- Members requested an opportunity to scrutinise the draft SOC before it is submitted:
- Long term evaluation of the Bach a lach scheme should take place as children continue their education to monitor long-term impacts;
- A call for satellite health provision in other towns through partnership working 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

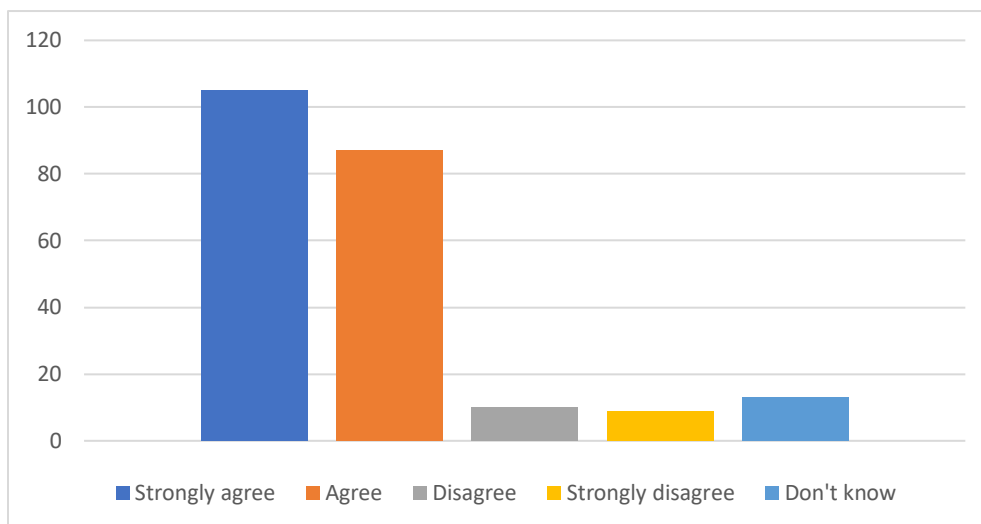
This survey ran from Wednesday November 10<sup>th</sup>, 2021 until midnight on Sunday December 12<sup>th</sup>, 2021 (although town and community councils were offered the opportunity to complete up until January 10<sup>th</sup>, 2022). The survey was available online and paper copies were available 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).

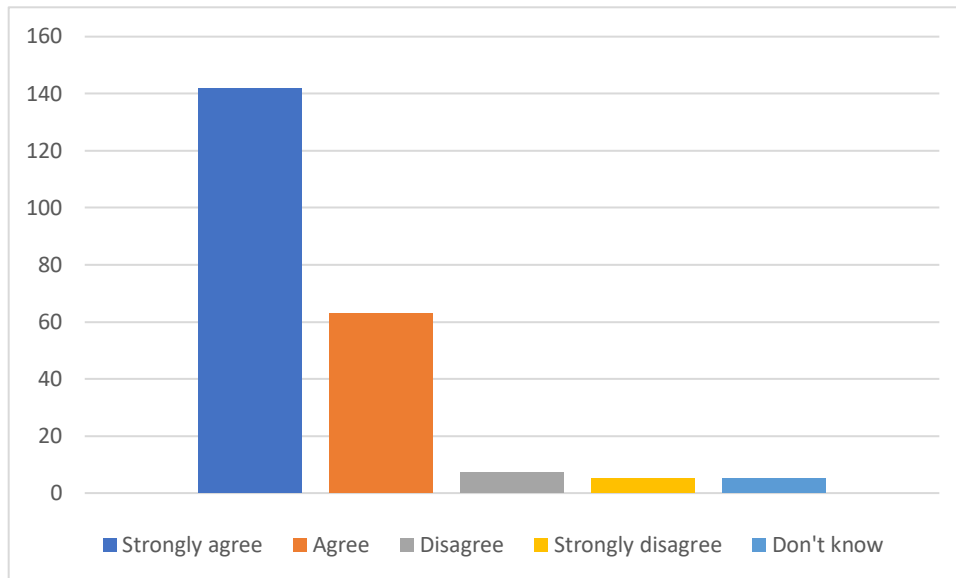
The responses were as follows:

**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

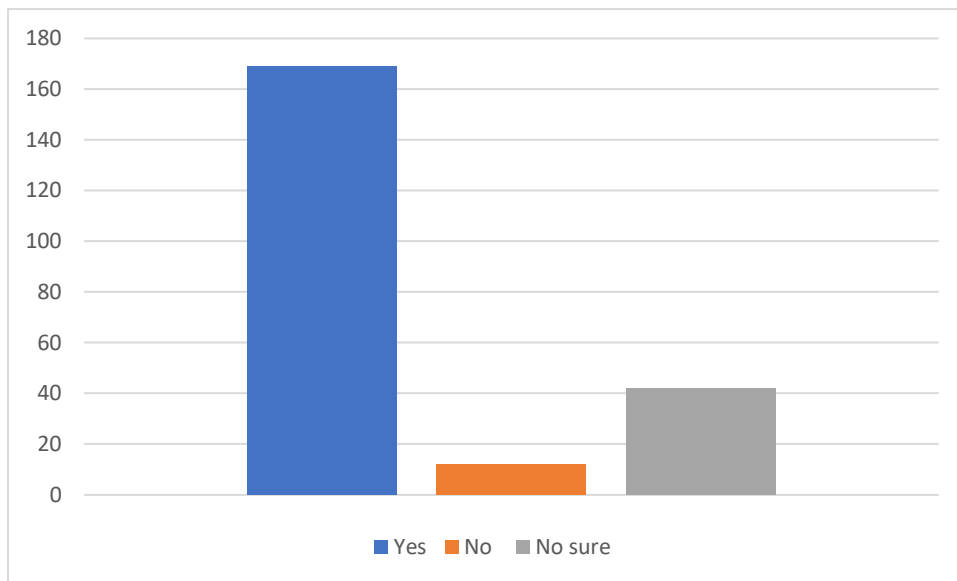
**Q3 Do you have any other comments on the health and care elements of this project?**

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

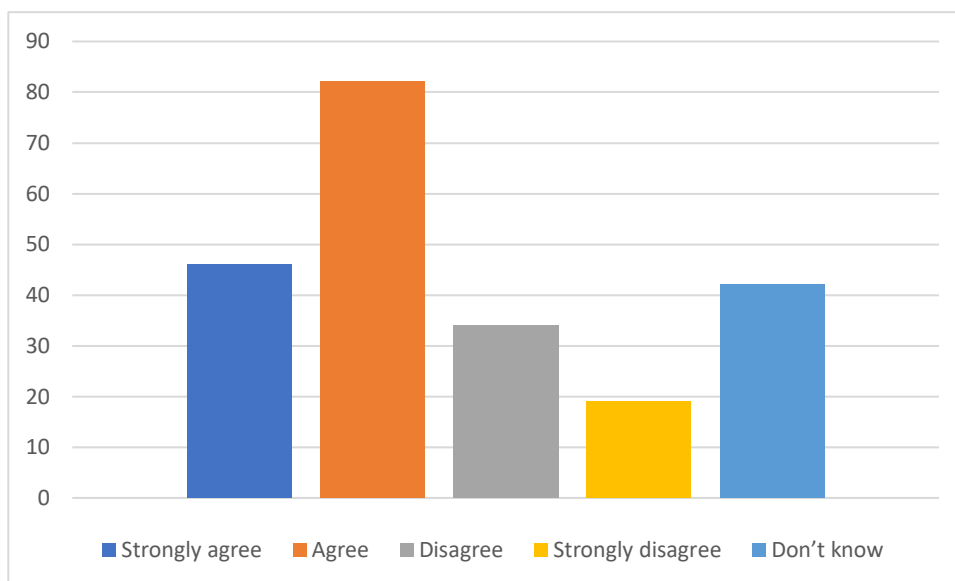
**Q5. Do you have any comments on the idea of having a Health and Care Academy on the Newtown campus?**

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

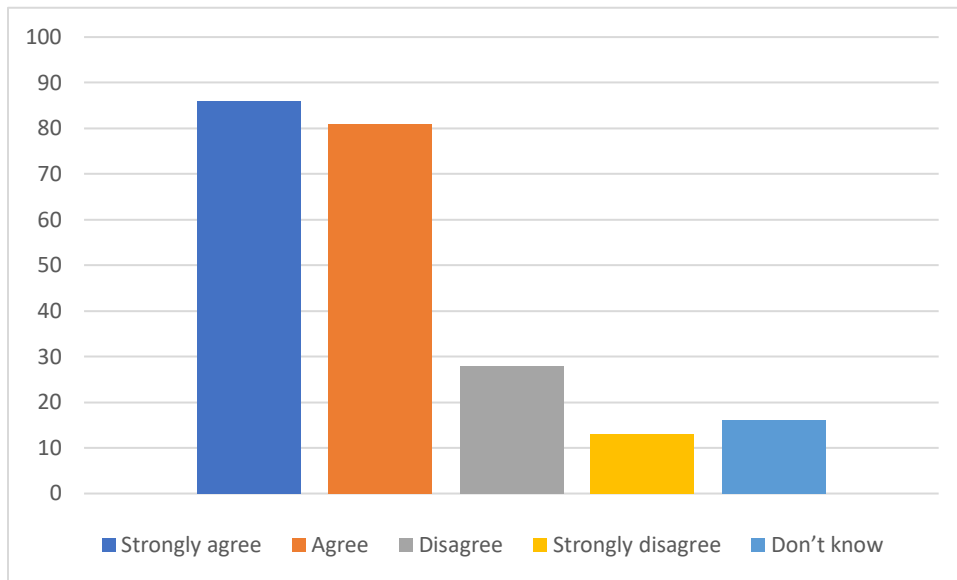
**Q7 Do you have any other comments about how Newtown's library service could be provided as part of the Multi-Agency Wellbeing Campus?**

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?**

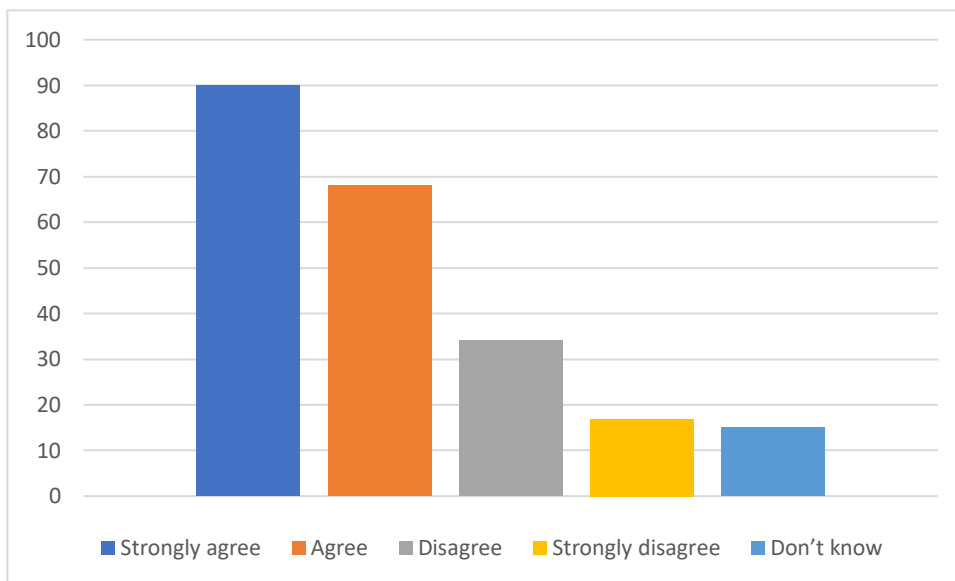
The main themes raised (in descending order of frequency) were:

- 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?**



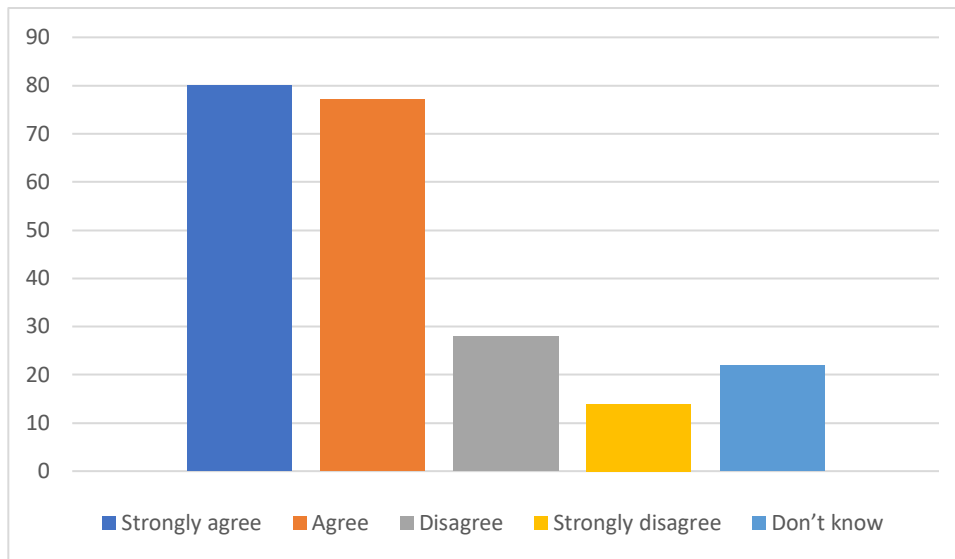
	Number	%
Strongly agree	90	40.18
Agree	68	30.36
Disagree	34	15.18
Strongly disagree	17	7.59
Don't know	15	6.70

**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

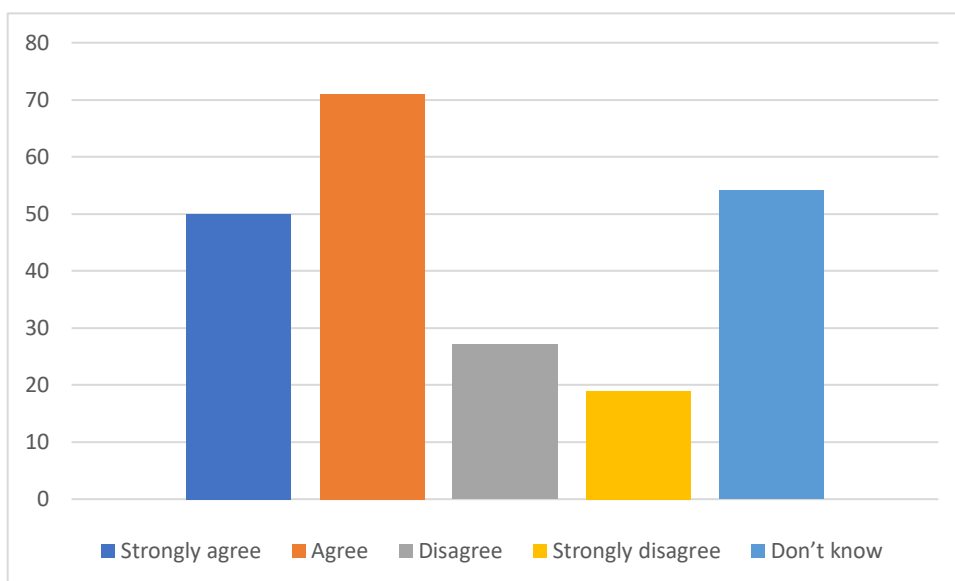
**Q13 Do you have any other comments about the provision of short-term supported housing accommodation on the campus?**

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

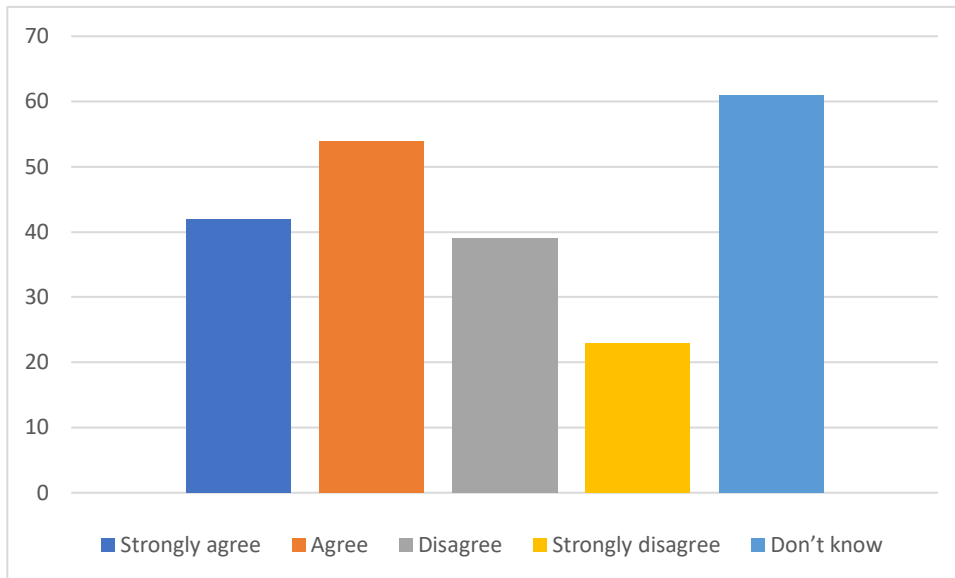
**Q15 Please feel free to comment on your previous answer.**

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.

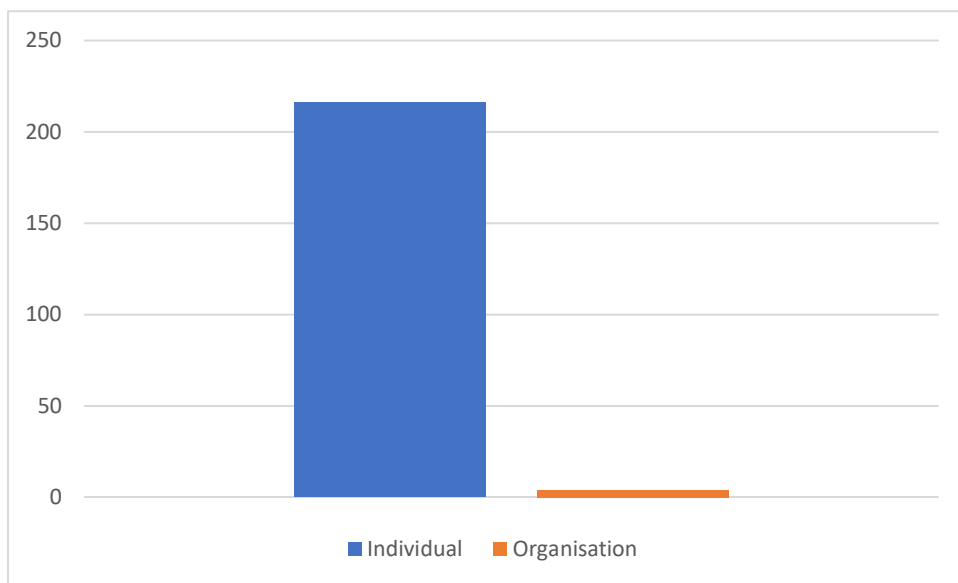
And in terms of specific suggestions, we had:

- 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?**

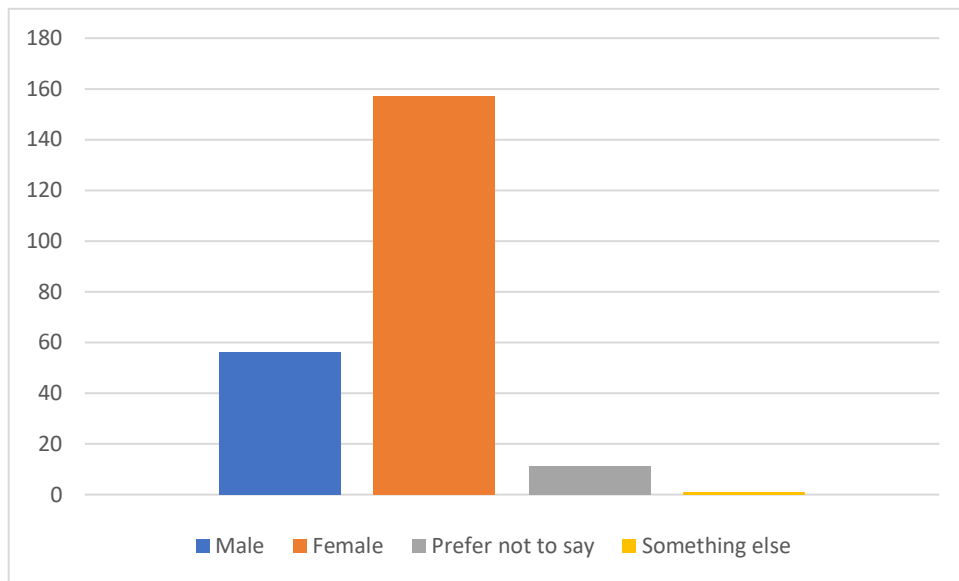


	Number	%
Individual	216	98.18
Organisation	4	1.82

**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).

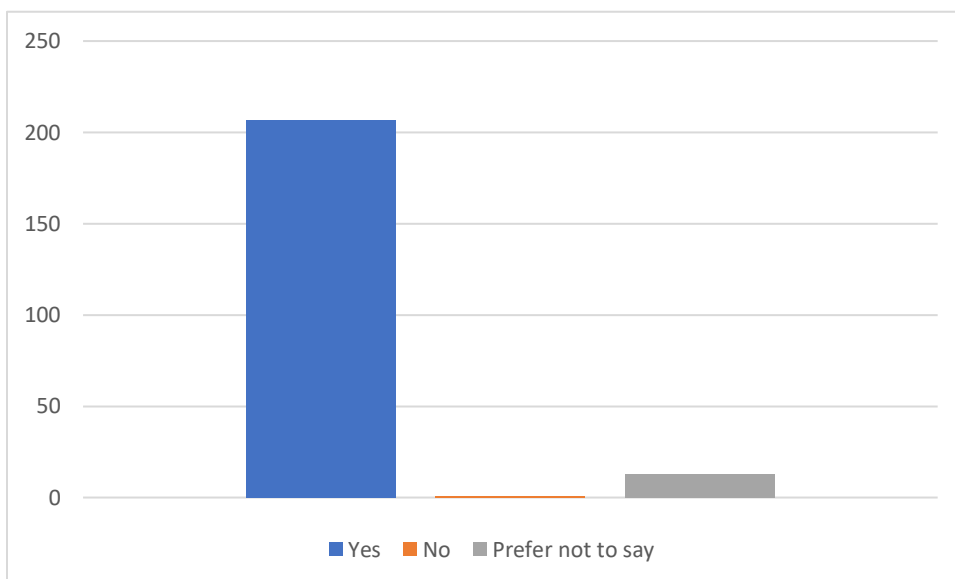
The only responses received were from Llangynog Memorial Hall and the Montgomeryshire Labour Party.

**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

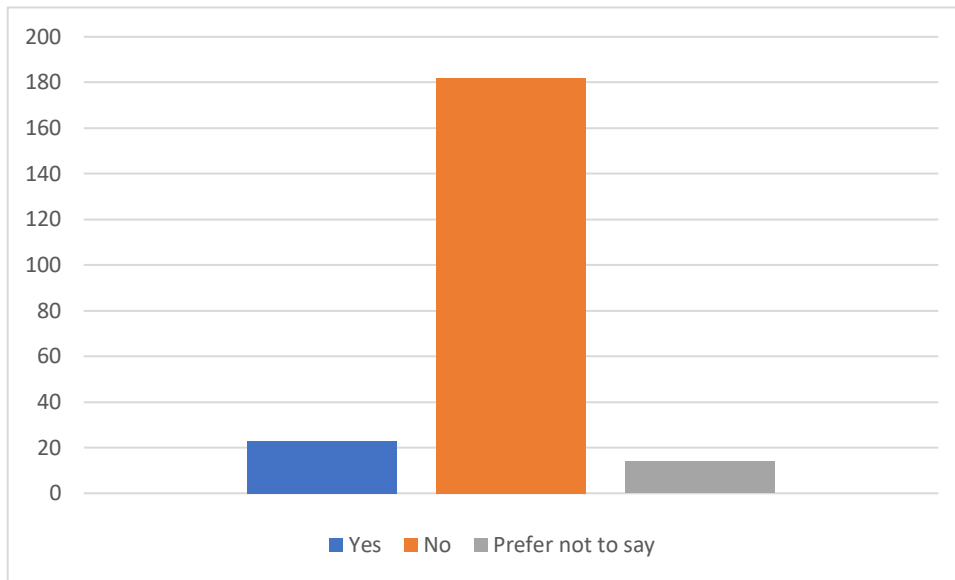
**Q24 Is your response to the previous question the same as what's noted on your birth certificate?**



	Number	%
Yes	206	92.31
No	1	0.04
Prefer not to say	13	5.89

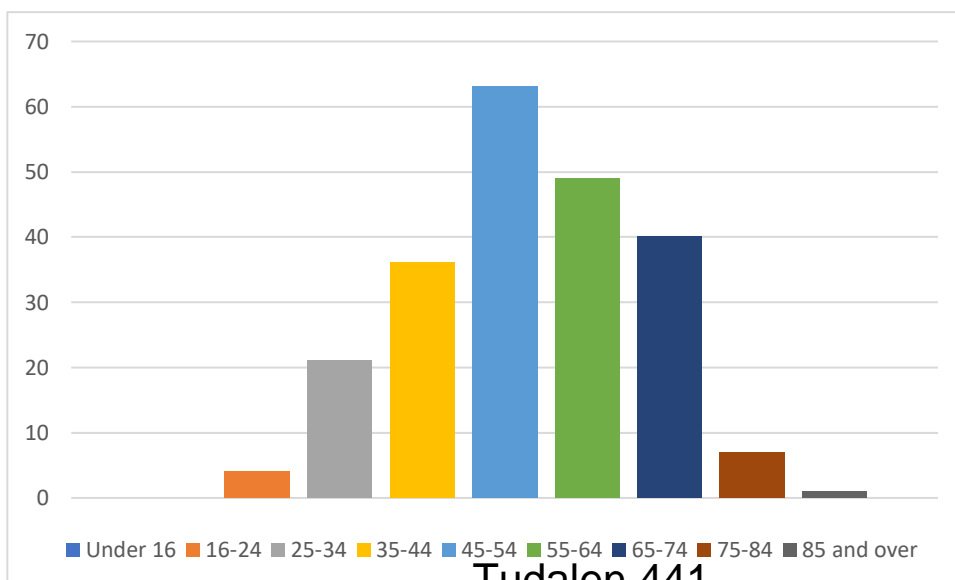
Yes	207	93.67
No	1	0.45
Prefer not to say	13	5.88

**Q25 Do you consider yourself to be disabled?**



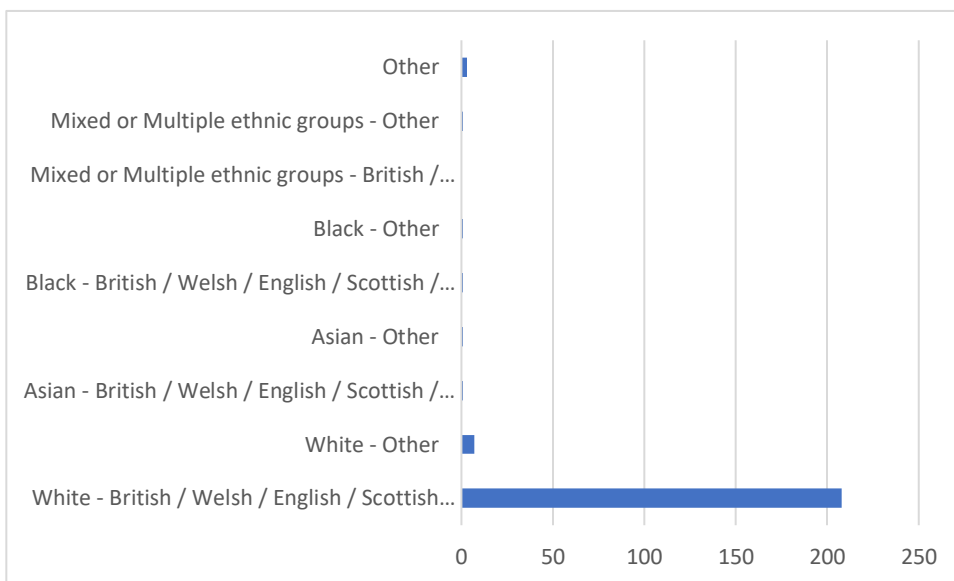
	Number	%
Yes	23	10.50
No	182	83.11
Prefer not to say	14	6.39

**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

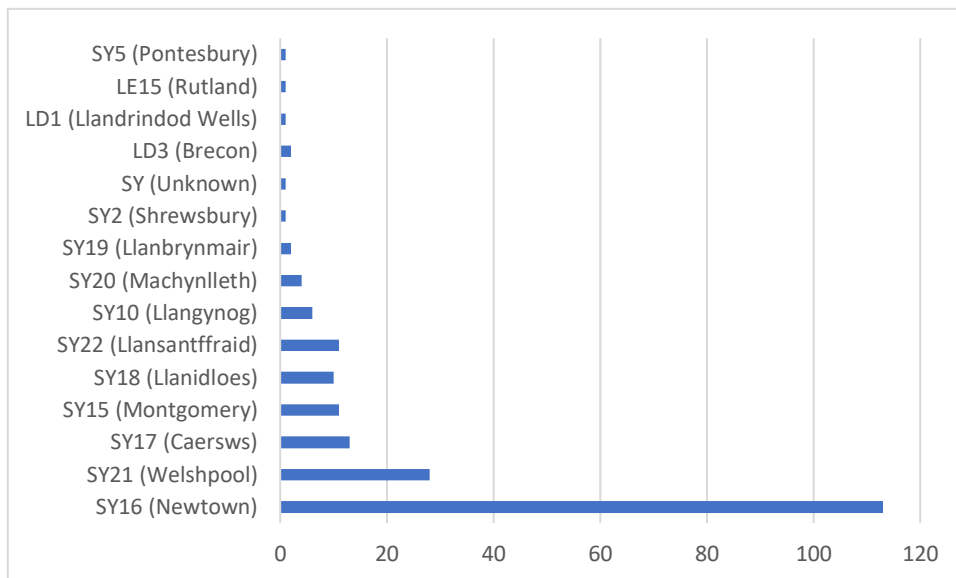
Black - Other 1 0.45

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

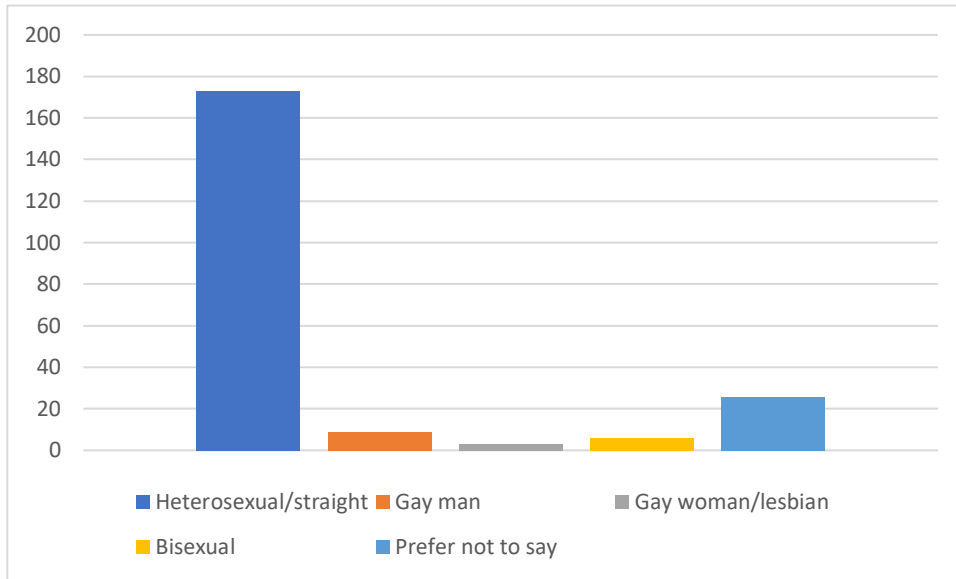
SY20 (Machynlleth) 4

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**

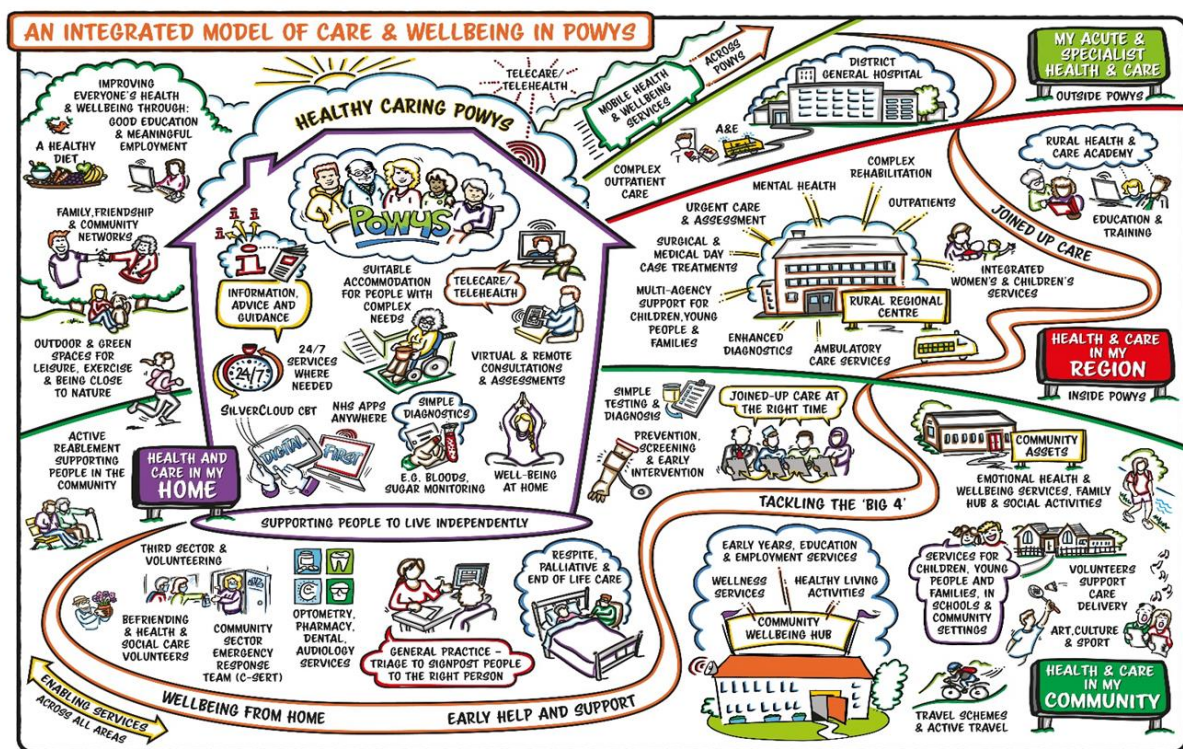
The Health and Care Strategy in 2017, set out a change in the way services would be provided in the future, introducing and distinguishing between different levels of service provision for the future, to be provided from home, Community Wellbeing Hubs and Rural Regional Centres. It outlined Rural Regional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



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



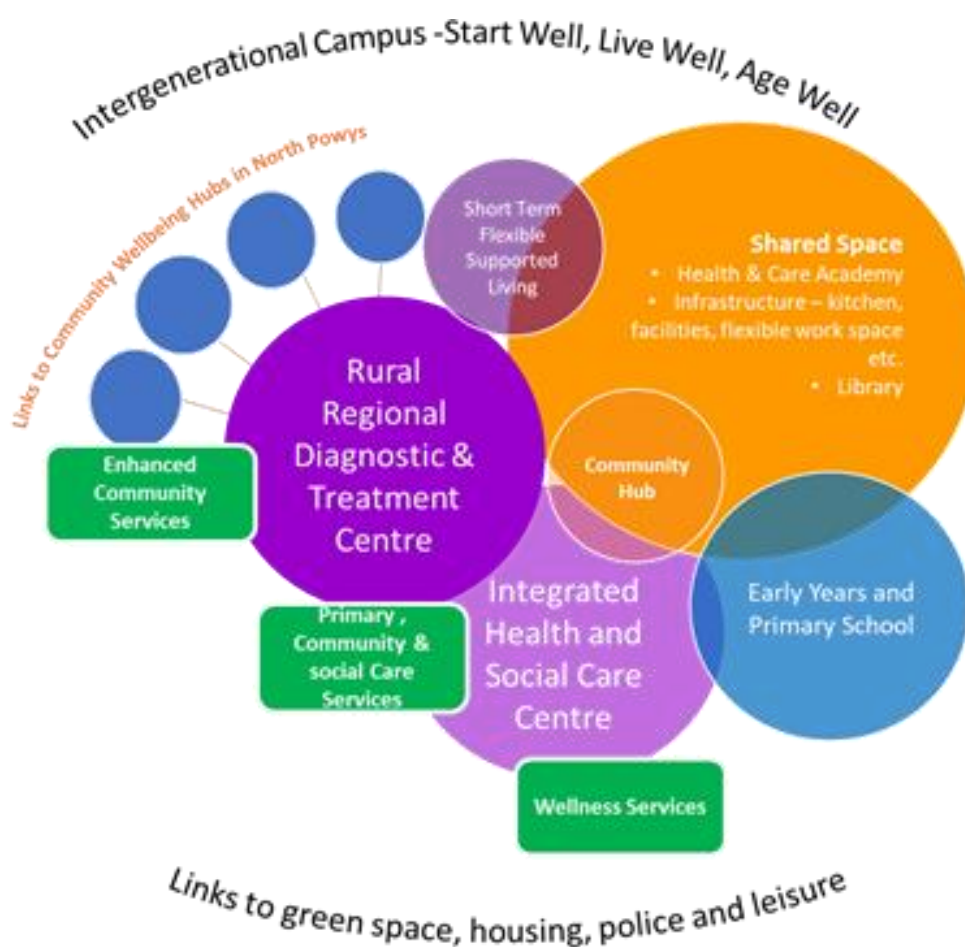
Emergency, complex care and specialist treatment regimes in the nearest acute hospital

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**

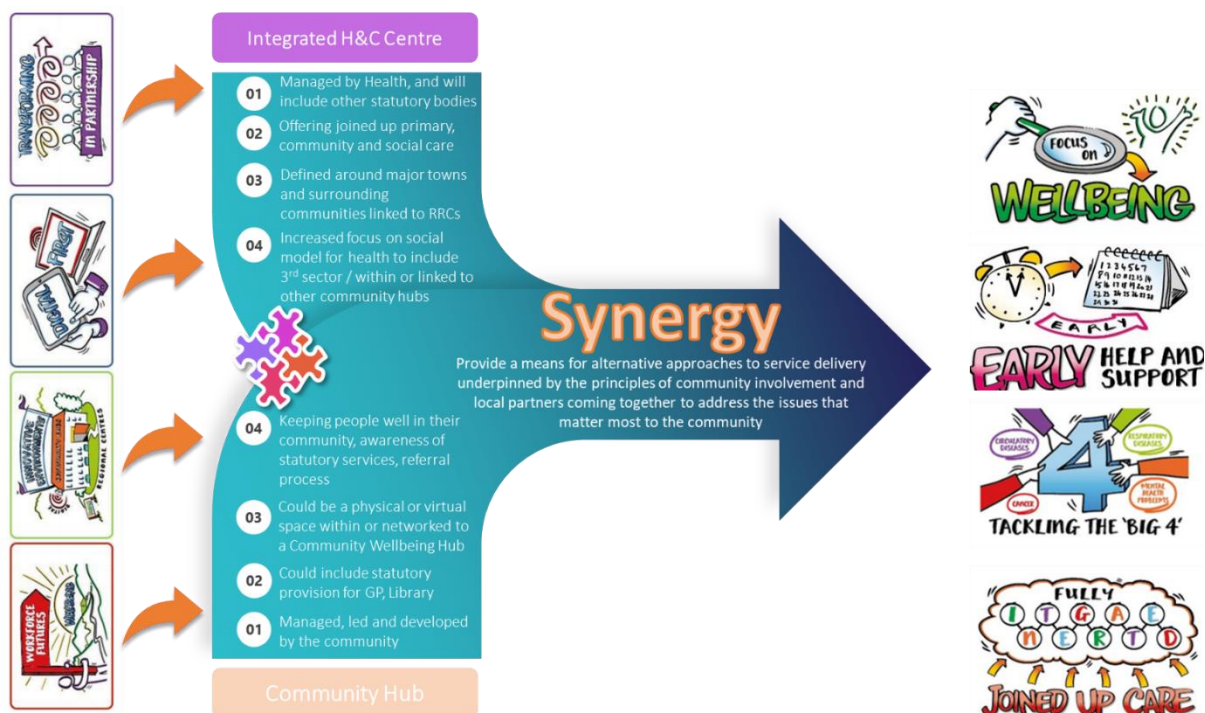
The Learning, Innovation and Community Hub will provide a community-led, purpose-built environment to enable innovation in practice and future workforce solutions, digitally enhanced facilities, and will support the prevention and wellbeing agenda for the local population.

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 4<sup>th</sup> April 2018 to 18<sup>th</sup> 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 31<sup>st</sup> 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.



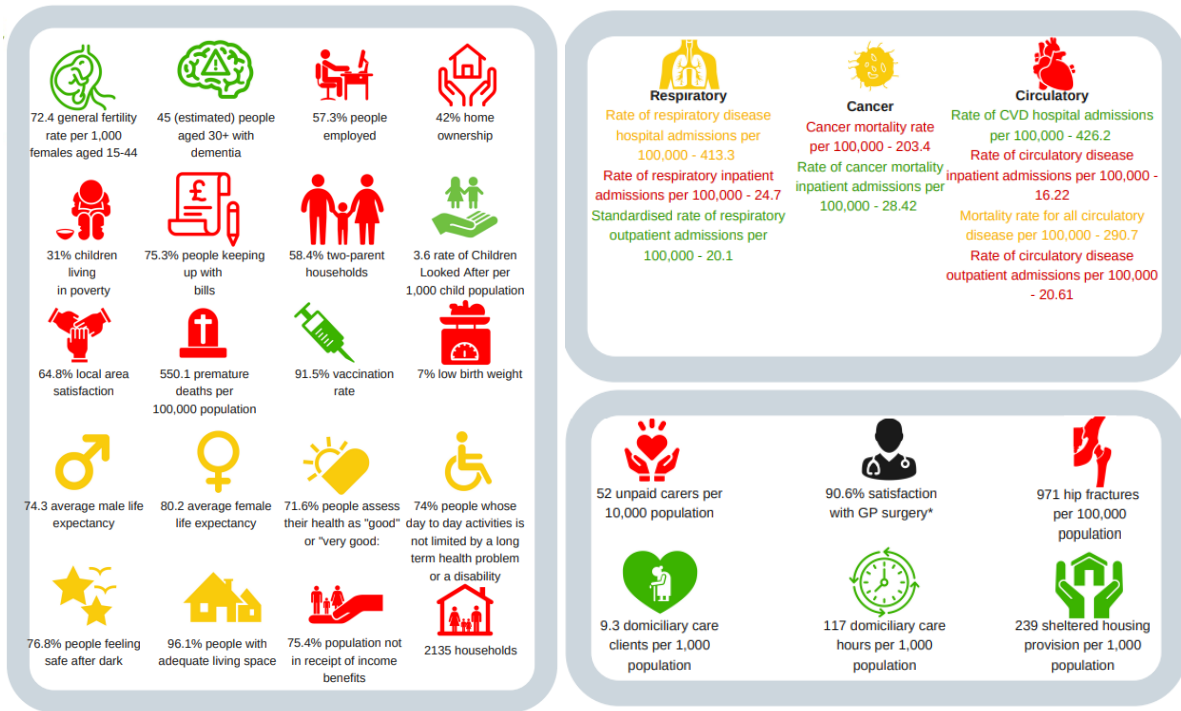
Adults and children services need to share and talk to each other. Improve transitions. More support needed on support staff, need up to date training on mental health to help adults to help families to get back on track.

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:

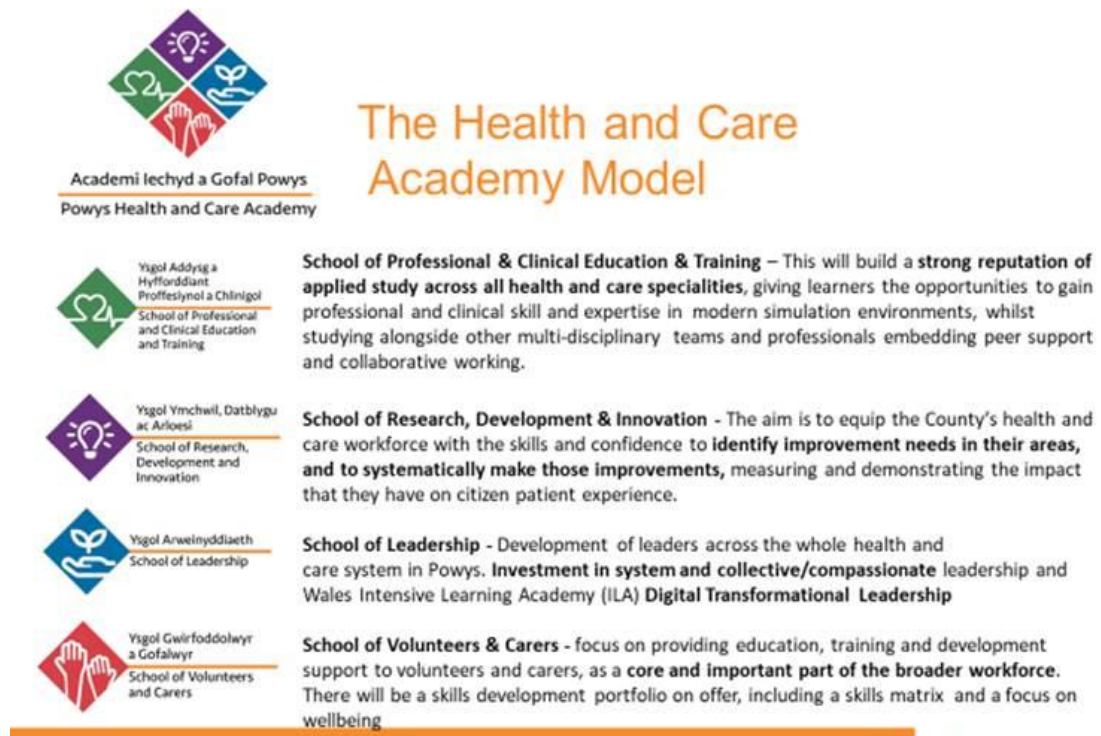
1. Rural Health and Care Academy
2. Library
3. Community Hub

### 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.



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 experiences<sup>1</sup>”*

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

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<sup>1</sup> 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 (chaplancy 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.

Tudalenn 467

**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**

<b>Current Service</b>	<b>Future Service</b>
<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.</p> <p>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**

<b>Current Service</b>	<b>Future Service</b>
<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**

Tudalen 470

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 &amp; 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. 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) 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**

<b>Current Service</b>	<b>Future Service</b>
<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**

<b>Current Service</b>	<b>Future Service</b>
<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**

<b>Current Service</b>	<b>Future Service</b>
<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**

<b>Current Service</b>	<b>Future Service</b>
<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**

<b>Current Service</b>	<b>Future Service</b>
<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**

<b>Current Service</b>	<b>Future Service</b>
<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**

<b>Current Service</b>	<b>Future Service</b>
<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**

<b>Current Service</b>	<b>Future Service</b>
<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**

<b>Current Service</b>	<b>Future Service</b>
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**

<b>Current Service</b>	<b>Future Service</b>
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 <a href="mailto:newtown@salvationarmy.org.uk">newtown@salvationarmy.org.uk</a> 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.

Tudalen 475

**Mid Wales Arts Centre**

<b>Current Service</b>	<b>Future Service</b>
<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**

<b>Current Service</b>	<b>Future Service</b>
<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**

<b>Current Service</b>	<b>Future Service</b>
<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 &amp; 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**

<b>Current Service</b>	<b>Future Service</b>
<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**

<b>Current Service</b>	<b>Future Service</b>
<p>Cultivate is linked to, Where the Severn Smiles nature &amp; wellbeing programme, working in partnership with Oriol Davies, Montgomeryshire Wildlife Trust &amp; 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.</p>	<p>Access to outdoor spaces &amp; nature through a programme which is systemic &amp; 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 &amp; Increase wellbeing of people in green spaces through a green prescribing service</p>

**Montgomeryshire Neighbourhood Policing Team**

<b>Current Service</b>	<b>Future Service</b>
<p>9:00-22:00 hrs daily, utilised by Neighbourhood Policing Team, Response officers, CID departments and School liaison officers</p>	<p>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.</p>



**Gamechange**

Tudalen 479

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**

<b>Current Service</b>	<b>Future Service</b>
<p>A social enterprise looking to enhance, develop and maintain Newtown's green &amp; 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**

<b>Current Service</b>	<b>Future Service</b>
<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**

Tudalên 481

<b>Current Service</b>	<b>Future Service</b>
<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**

Tudalen 482

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 Oriel 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"> <li>• By living more independently, citizens will feel more in a position to manage their own health and well-being.</li> <li>• The campus /community will support citizens to be connected and to maintain their health and well-being.</li> </ul>	<ul style="list-style-type: none"> <li>• By having access to on-campus support, citizens will have easily access to information, advice, and assistance to remain active and independent.</li> <li>• Young people in transition will have the opportunity to experience the best start in life.</li> </ul>
Integrated Services	Digital First
<ul style="list-style-type: none"> <li>• Citizens will have timely access to equitable services as locally as possible.</li> <li>• The campus community and on-site support will be focused on what matters most to citizens.</li> <li>• Accommodation will be is safe and within a supportive community.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Technology Enabled Care (TEC) will allow citizens residing in supported accommodation to live independently and reduce support time and associated costs.</li> </ul>

### 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.

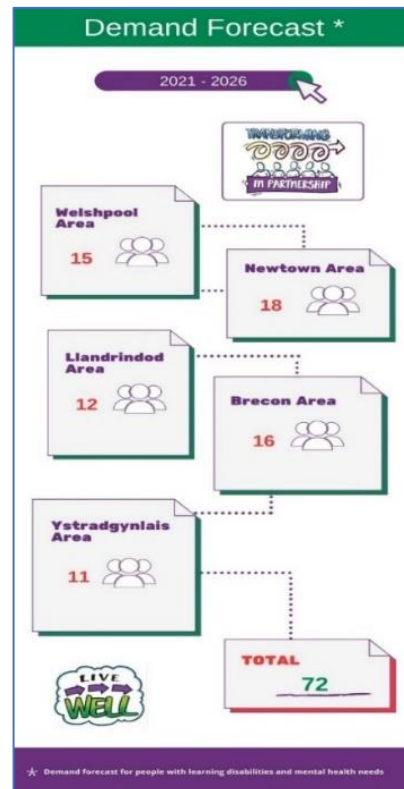
The delivery plan covers the next 5 years with a view to working alongside people from the following four categories of support, i.e.: learning disabilities, mental health needs, complex needs and physical and/or sensory disabilities. The plan also predicts the future demand for accommodation and support 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
<b>Level 1</b>	<p><b>Environmental TEC:</b></p> <ul style="list-style-type: none"> <li>• Fire (Heat, Smoke, Gas)</li> <li>• Flood</li> <li>• Extreme Temperature</li> <li>• Carbon Monoxide</li> </ul> <p><b>Personal TEC:</b></p> <ul style="list-style-type: none"> <li>• Emergency call for help</li> <li>• Remote Front Door Control</li> <li>• Intercom within dwelling for couples</li> </ul>	<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"> <li>• Smoke detectors.</li> <li>• Temperature extreme sensors which can detect fire or low temperature.</li> <li>• Flood detectors.</li> </ul>
<b>Level 2</b>	<p><b>Personal TEC:</b></p> <ul style="list-style-type: none"> <li>• Falls</li> <li>• Loneliness</li> </ul>	<p>Provides reassurance to tenant and family</p> <p>Linked to 24/7 monitoring centre</p>	<ul style="list-style-type: none"> <li>• Bed and chair occupancy sensors.</li> <li>• Enuresis sensors.</li> <li>• Epilepsy sensors.</li> </ul>

			<ul style="list-style-type: none"> <li>• Medication reminders.</li> <li>• Door sensors.</li> <li>• Passive infrared (PIR) movement sensors and carbon monoxide detectors.</li> </ul>
<b>Level 3</b>	<b>Personal TEC</b> <ul style="list-style-type: none"> <li>• Sensory Impairment</li> <li>• Remote Monitoring of Daily Living <ul style="list-style-type: none"> <li>○ Sleep</li> <li>○ Movement</li> <li>○ Toilet / Bathroom</li> <li>○ Exit Doors</li> <li>○ Kitchen Tap</li> <li>○ Kettle</li> <li>○ Fridge / Cooker</li> <li>○ Light Levels</li> <li>○ Temperature</li> </ul> </li> </ul>	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.





Tudalen 503

Mae'r dudalen hon wedi'i gadael yn wag yn fwiadol

**Draft Heads of Terms****Memorandum of Understanding****North Powys Multi-Agency Well-being Programme**

<b>Organisations</b>	<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"> <li>• Powys Teaching Health Board</li> <li>• Powys County Council</li> </ul>
<b>Purpose</b>	<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 &amp; 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>
<b>Principles</b>	<p>The Organisations agree to observe the following principles for the MOU and campus development:</p> <ul style="list-style-type: none"> <li>○ Cost effective public purse</li> <li>○ 'Do once' with no duplication</li> <li>○ Commitment to decarbonisation and biodiversity</li> <li>○ Deliver benefits from synergies and shared approach</li> <li>○ Engage will all key stakeholders, e.g. School Governing Body</li> </ul>
<b>Actions</b>	<p>The Organisations will work together to create the proposed development through:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Facilitating the timely transfer of the Properties to support each other's service objectives.</li> <li>• Agreeing a joint approach to site surveys and site investigations to inform and enable subsequent development activity.</li> <li>• 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</li> </ul>

	<p>to the overall design, carbon net zero planning and various procurement needs including construction.</p> <ul style="list-style-type: none"><li>• Agreeing a strategic definition for the wider campus and commitments in terms of shared space.</li><li>• Committing to supporting the delivery of the 21<sup>st</sup> Century School build to meet the required timescales whilst also recognising the balance of safeguarding and campus ethos.</li><li>• 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.</li><li>• 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.</li><li>• 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.</li><li>• Continuing to develop the Partnership Approach which will consider, at the appropriate time, arrangements for shared space management across the proposed development.</li><li>• Agreeing responsibility for Multi-Agency Well-being Campus maintenance liabilities / risks / costs, prior to completion to ensure these are understood, clear and documented.</li><li>• Carrying out feasibility studies into the proposed developments &amp; transactions.</li><li>• Committing to a cohesive design philosophy and principles for the built estate on the campus, as far as funding and statutory regulations allows.</li><li>• 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.</li><li>• 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.</li></ul>
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	<ul style="list-style-type: none"> <li>To develop an energy strategy / a waste strategy / a water strategy/an environmentally friendly strategy (or policy) for the Building/Campus.</li> <li>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 arrangements.</li> </ul>
<b>Commitments</b>	The Organisations will ensure negotiations or agreements with third parties will align with the objectives of this MOU.
<b>Sharing Information &amp; Confidentiality</b>	<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>
<b>Costs</b>	<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>
<b>Duration</b>	<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>

<b>Organisation Leads &amp; Reporting</b>	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.
<b>The Council’s Contact</b>	TBC
<b>The Council’s Solicitor</b>	TBC
<b>The Health Board’s Contact</b>	Hayley Thomas / Wayne Tannahill
<b>The Health Board’s Solicitor</b>	TBC
<b>Further Conditions</b>	<ul style="list-style-type: none"> <li>• Formal approval from the Organisations’ management teams, Boards / Cabinet;</li> <li>• Formal approval from Welsh Government;</li> <li>• Planning &amp; other Statutory Consents;</li> <li>• Contract</li> </ul>
<b>Dispute resolution</b>	Dispute resolution is to be arbitrated by the Chief Executives of both organisations.
<b>Disclaimer</b>	<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: .....