

CYNGOR SIR POWYS COUNTY COUNCIL.

**CABINET EXECUTIVE
24 March 2020**

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REPORT TITLE: North Powys Wellbeing Programme: Model of Care

REPORT FOR: Decision

1. Purpose

- 1.1 To provide an update on the North Powys Wellbeing Programme and to share the outputs of the work to date around the development of a new model of care.
- 1.2 To formally approve the model of care as a high level technical document (see appendix one) to move forward into more detailed design.

2. Background

- 2.1 The North Powys Wellbeing Programme Team undertook a 4-month period of engagement during summer 2019 with public, staff and wider stakeholders across towns and communities to support the design stage of the programme which focuses on developing a new Model of Care and the Strategic Outline Case to support the capital development of a multi-agency wellbeing campus in Newtown.
- 2.2 The engagement activities focused on understanding what keeps people safe and well in their homes and communities. Experience of our residents using public services was also tested, and they were asked to provide insight into what they feel could be improved closer to home, within their communities, across north Powys and out of county.
- 2.3 This phase of work captured the feedback and experiences from a wide range of stakeholders (including staff, residents of all ages, hard to reach groups such as mental health/Syrian families/learning disability forums) and helped to bring the differences in needs across communities to the forefront of our thinking. Despite the differences in needs, there were a number of common themes that emerged from all areas across north Powys, including:
 - Transport
 - GP practices (accessibility)
 - Services for children and young people
 - Strengthening of mental health services
 - Importance of libraries

- Green space accessibility (linked to wellbeing)
 - Arts and culture
 - Community hospitals
- 2.4 The feedback received from the engagement sessions supported and shaped the development of the model of care and case for change, ensuring a co-production approach that places the voices of our staff and residents at the heart of a new model of care.
- 2.5 The model of care has been developed from a range of different sources, building upon the Health and Care Strategy approved in 2017. There are 5 main sources which have formed to create the model:
- Public, staff, GP and other stakeholder engagement
 - Model of Care work stream meeting outputs
 - National legislation and policy drivers
 - In-depth analytical population assessment to understand communities and population across north Powys
 - Service mapping in north Powys
- 2.6 The model of care is the next level of detail to the Health and Care Strategy, and the delivery mechanism for delivering the strategy. The model aligns to the 4 priority areas identified within the Health and Care Strategy:
- Focus on wellbeing
 - Early help and support
 - The big four
 - Joined up care
- 2.7 The first iteration of the model of care was initially tested with a range of audiences throughout October 2019. This included Executive Teams across Powys County Council and Powys Teaching Health Board, as well as officers and managers representing the Start Well, Live Well and Age Well partnerships under the Regional Partnership Board. The model narrative was subsequently updated and tested further at Check and Challenge events held with Executive Teams within Powys Teaching Health Board and Social Services SLT in Powys County Council.
- 2.8 The model of care was shared for the second stage of engagement as a technical document with public, staff and broader stakeholders.
- 2.9 The purpose of this stage of engagement was to test whether those who had an input felt their insights had been reflected within the model.
- 2.10 The model was also published on the Programme's website (www.powyswellbeing.wales) which went live in December 2019. A survey was developed by the team's Engagement and Communications Specialist and the website was used as a platform to host this. The website and survey were distributed via email to staff and key stakeholders, whilst social media was utilised to direct residents to the website and survey. An engagement report for stage 2 is available, where engagement results and qualitative feedback on the model of care can be found.

- 2.11 The majority of feedback received around the model of care focused more on the ‘mechanics’ of *how* the model will work, rather than content and strategic direction. Consideration will need to be given as to how this feedback gets incorporated at a later stage during the design phase of the programme. There were a number of key themes that emerged from the stage 2 engagement that the team felt needed strengthening within the model:
- Dementia; no mention of dementia specifically in the model, it is encapsulated within mental health but need to make specific reference to this.
 - Care for younger disabled adults (under 60 years of age).
 - The model of care is too medicalised and needs more focus on wellbeing and social services.
 - The wording of particular elements within the citizen pledge and the citizen outcomes.
- 2.12 **Dementia:** there is recognition that this needs to be strengthened as a standalone element throughout the model, though difficult to summarise in a high-level technical document. An additional emphasis has been placed upon dementia friendly communities, with a view to further defining the mechanics of this during the detailed design phase.
- 2.13 **Care for younger disabled adults (under 60 years of age):** the Model of Care spans the start well, live well and age well agendas and therefore applies to all ages. To refer specifically to care for a particular age would be inappropriate. The Model of Care makes clear that all ages will be supported to live as independently as possible, with access to equipment, aids and adaptations to support this.
- 2.14 **The model of care is too medicalised and needs more focus on wellbeing and social services:** whilst this point is accepted, the medical complexities within any model of care will seem amplified due to the sheer volume and complexity of interventions provided by health services. Medical language is also difficult to simplify without diluting its meaning and therefore the language used in the model may be a reason for the perceived overemphasis of medical services. The model has been shared with the Director of Social Services, Heads of Social Services as well as Senior Managers across Children’s and Adults Services, and all are satisfied that the social care offer within the model is the direction of travel, is suitably robust and aligns with future strategic plans. As a whole system, the focus on prevention and upstream working as part of the model of care has the potential long term to significantly change the demand presented to Adult Social Care.
- 2.15 **The citizen pledge and citizens’ having a ‘responsibility’ to ensure their health and wellbeing:** it is accepted that the citizen outcomes initially agreed for inclusions within the Health and Care Strategy cannot be changed at this stage. The language has been softened within the citizens pledge to encourage buy-in from citizens rather than resistance.
- 2.16 The model of care was updated to a final iteration to reflect any comments/feedback received through stage 2 engagement.

- 2.17 As a whole system, the focus on prevention and upstream working as part of the model of care has the potential long term to significantly change the demand presented to Adult Social Care.
- 2.18 It is important to note that the model of care has been sent to copywriters to ensure the language is easily understood by a range of people.
- 2.19 Alongside this work, there have been ongoing efforts to develop the supporting evidence base (see appendix two).
- 2.20 The model of care document is being developed into a suite of documents which will help with communication to the public, staff and other key stakeholders. This will support with the next phase of the North Powys Wellbeing Programme but also help operational teams to share and develop services in line with the new model of care.
- 2.21 The next stage of work will test the affordability and deliverability of the model through strategic modelling, more detailed design work i.e. service models, specifications and pathways and business case development to support funding of both capital and revenue.
- 2.22 A transition plan will also be developed to confirm how we can start to implement the model across north Powys. This will include the implementation and evaluation of the agreed areas of acceleration for change which are being supported via the transformation funding. It will also need to consider how aspects of the model can be operationalised during the design period and capital development process.

3. Advice

3.1 The model of care has been considered by the Health and Care Scrutiny Committee and have provided the following recommendation:

- The Health and Care Scrutiny Committee retain concerns regarding the medicalised model and primacy given to medical services included. The Committee would like to see a more positive attitude to in-reach communities in the region. The Scrutiny Committee approves the model of care for more detailed design to focus on prevention, education and future support across Powys.
- The reason for this recommendation is to allow further discussion to take place between principal partners and encourage a change in culture in order to deliver the programme.

4. Resource Implications

- 4.1 There are anticipated resource implications across finance, workforce, digital and property however these will be worked up in more detail as the design of the model progresses throughout 2020/21.
- 4.2 The pace and scale of implementation of the model of care will be subject to affordability and availability of workforce.
- 4.3 The Head of Finance (section 151 Officer) confirms that the resource implications will need to be fully explored and considered as the detailed design of the model is progressed.

5. **Legal implications**

6. **Comment from local member(s)**

6.1 Local members have been engaged continually throughout the development of the model of care, and are fully supportive of the direction of travel. There are no further comments to add.

7. **Integrated Impact Assessment**

7.1 See attached Impact Assessment.

8. **Recommendation**

Cabinet are asked to approve the model of care to enable the programme team to undertake further detailed design.

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