

Planning, Partnerships and Population Health Committee


Thu 07 April 2022, 10:00 - 12:30

Teams

Agenda

10:00 - 10:00
0 min

1. PRELIMINARY MATTERS

 PPPH_Agenda_07Apr22.pdf (2 pages)

1.1. Welcome and Apologies

Oral Chair

1.2. Declarations of Interest

Oral All

1.3. Minutes from the previous meeting held on the 18 January 2022, for approval

Attached Chair

 PPPH_Item_1.3_Minutes 18 Janaury 2022.pdf (6 pages)

1.4. Matters arising from the previous meeting

Oral Chair

1.5. Planning, Partnerships and Population Health Action Log

Attached Chair

 PPPH_Item_1.5_Action Log_April22.pdf (2 pages)

10:00 - 10:00
0 min

2. ITEMS FOR APPROVAL/ RATIFICATION / DECISION

There are no items for inclusion in this section

10:00 - 10:00
0 min

3. ITEMS FOR DISCUSSION

3.1. Regional Partnership Board Programmes Reporting: Start Well, Live Well, Age Well.

Attached Director of Planning and Performance

 PPPH_Item_3.1_RPB Partnerships Update - Start, Live, Age Well..pdf (14 pages)

3.2. Strategic Change Report

Attached Director of Planning and Performance

 PPPH_Item_3.2_Strategic Change Update.pdf (5 pages)

 PPPH_Item_3.2a_StrategicChangeStocktake.pdf (7 pages)

3.3. Strategic Weight Management Pathway, Levels 1-4, Overview Report.

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Attached Director of Public Health

- PPPH_Item_3.3_Cover Paper_Strategic Weight Management Pathway.pdf (4 pages)
- PPPH_Item_3.3a_Strategic Weight Management Pathway Development Plan.pdf (59 pages)

3.4. Smoke Free Premises (& Vehicles) Regulations (2018) Compliance Report

Attached Director of Public Health

- PPPH_Item_3.4_Smokefree Premises Compliance Report.pdf (6 pages)

3.5. Committee Based Risks on the Corporate Risk Register

Attached Director of Planning and Director of Public Health

- PPPH_Item_3.5_Committee Risk Report_April_2022.pdf (2 pages)
- PPPH_Item_3.5a_AppendixA_PPPH_Committee Based Risk Register Mar22.pdf (12 pages)

3.6. Wellbeing Assessment and Population Assessment Briefing Paper.

Attached Director of Public Health

- PPPH_Item_3.6_Population & Well-being Assessments.pdf (9 pages)
- PPPH_Item_3.6b_Well-being Assessment 2022.pdf (192 pages)
- PPPH_Item_3.6a_Draft Population Needs Assessment 2022.pdf (115 pages)

10:00 - 10:00 4. ITEMS FOR INFORMATION 0 min

There are no items for inclusion in this section

10:00 - 10:00 5. OTHER MATTERS 0 min

5.1. Items to be brought to the attention of the Board and Other Committees

Oral Chair

5.2. Any Other Urgent Business

Oral Chair

5.3. Date of the Next Meeting: 14 July 2022, via Microsoft Teams

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**POWYS TEACHING HEALTH BOARD
PLANNING, PARTNERSHIPS AND
POPULATION HEALTH COMMITTEE**

**07 APRIL 2022,
10:00– 12:30
VIA TEAMS**



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AGENDA

Item	Title	Attached/Oral	Presenter
1	PRELIMINARY MATTERS		
1.1	Welcome and Apologies	Oral	Chair
1.2	Declarations of Interest	Oral	All
1.3	Minutes from the previous Meeting held, 18 January 2022	Attached	Chair
1.4	Matters arising from the minutes of the previous meeting	Oral	Chair
1.5	Planning, Partnerships and Population Health Committee Action Log	Attached	Chair
2	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
	<i>There are no items for inclusion in this section</i>		
3	ITEMS FOR DISCUSSION		
3.1	Regional Partnership Board Programmes Reporting: i. Start Well ii. Live Well iii. Age Well	Attached	Director of Planning and Performance
3.2	Strategic Change Report	Attached	Director of Planning and Performance
3.3	Strategic Weight Management Pathway, Levels 1-4, Overview Report	Attached	Director of Public Health
3.4	Smoke free Premises (& Vehicles) Regulations (2018) compliance report	Attached	Director of Public Health
3.5	Committee based risks on the Corporate Risk Register	Attached	Interim Board Secretary
3.6	Wellbeing Assessment and Population Assessment Briefing Paper	Attached	Director of Public Health
4	ITEMS FOR INFORMATION		
	<i>There are no items for inclusion in this section</i>		
5	OTHER MATTERS		
5.1	Items to be Brought to the Attention of the Board and/or Other Committees	Oral	Chair
5.2	Any Other Urgent Business	Oral	Chair
5.3	Date of the Next Meeting: • 14 July 2022, via Microsoft Teams		

Powys Teaching Health Board is committed to openness and transparency and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe.

However, considering the current advice and guidance in relation to Coronavirus (COVID-19), the Board has agreed to run meetings virtually by electronic means as opposed to in a physical location, for the foreseeable future. This will unfortunately mean that members of the public will not be able attend in person. The Board has taken this decision in the best interests of protecting the public, our staff and Board members.

The Board is expediting plans to enable its committee meetings to be made available to the public via live streaming. In the meantime, should you wish to observe a virtual meeting of a committee, please contact the Board Secretary in advance of the meeting in order that your request can be considered on an individual basis (please contact James Quance, Interim Board Secretary, james.quance2@nhs.wales.uk).

In addition, the Board will publish a summary of meetings held on the Health Board's website within ten days of the meeting to promote openness and transparency.

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**POWYS TEACHING HEALTH BOARD
PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE**

UNCONFIRMED

**MINUTES OF THE MEETING HELD ON TUESDAY 18 JANUARY 2022
VIA MICROSOFT TEAMS**

Present:

Trish Buchan	Independent Member (Committee Chair)
Ian Phillips	Independent member (Committee Vice-Chair)
Rhobert Lewis	Independent member
Ronnie Alexander	Independent member

In Attendance:

Claire Madsen	Director of Therapies and Health Sciences
Hayley Thomas	Director of Planning and Performance
James Quance	Interim Board Secretary
Joy Garfitt	Assistant Director of Mental Health Services
Pete Hopgood	Executive Director of Finance, Information & IT Services
Stuart Bourne	Director of Public Health
Samantha Ruthven-Hill	Assistant Director of Planning

Observers:

Vivienne Harpwood	Chair
Bethan Hopkins	Audit Wales

Apologies for absence:

Carol Shillabeer	Chief Executive
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Committee Support:

Bethan Powell	Interim Corporate Business Officer
Stella Parry	Interim Corporate Governance Manager

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PPPH/21/16	WELCOME AND APOLOGIES FOR ABSENCE <p>The Committee Chair welcomed Members and attendees to the meeting and CONFIRMED that there was a quorum present. Apologies for absence were NOTED as recorded above.</p>
PPPH/21/17	DECLARATIONS OF INTERESTS <p>No interests were declared.</p>
PPPH/21/18	UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 12 OCTOBER 2021 <p>The Committee APPROVED the minutes of the meeting held 12 October 2021, subject to the following clarification:</p> <ul style="list-style-type: none"> PPPH/21/08: It was clarified that the population health priorities would inform the IMTP development for 2022/23. <p>The Committee was also informed that a review of progress against the Health and Care Strategy would be undertaken in Q1 of 2022/23. Any learning from the review would inform the Annual Plan due for development in the autumn of 2022.</p>
PPPH/21/19	MATTERS ARISING FROM PREVIOUS MEETINGS <p>The Committee discussed the matters scheduled for consideration by the Committee as agreed in the July 2021 Work Plan and recognised there had been a need to defer some items due to the system pressures faced by the health board. It was noted that the items on the work plan were linked to risks held on the Corporate Risk Register (CRR) and members agreed that assurance in relation to deferred items was still required. It was AGREED that matters that had been deferred in 2021/22 would be scheduled to return to the Committee for consideration in 2022/23.</p>
PPPH/21/20	COMMITTEE ACTION LOG <p>The Committee received and NOTED the Action Log.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	

PPPH/21/21	There were no items for inclusion in this section.
ITEMS FOR DISCUSSION	
PPPH/21/22	<p>INTEGRATED MEDIUM-TERM PLAN (IMTP) UPDATE</p> <p>The Director of Planning and Performance introduced the item and highlighted the Welsh Government decision to extend the IMTP submission deadline to the 31 March 2022, in recognition of the system pressures across NHS Wales. The report provided an interim update as work on the development of the IMTP had been partially suspended to enable organisational capacity to focus on system resilience and surge planning. It was anticipated that final work on the IMTP would resume in late January 2022/early February 2022, subject to national/local escalation requirements. It was expected that the IMTP would be submitted for consideration and approval to the PTHB Board on 30 March 2022.</p> <p>Committee members were provided with an overview of:</p> <ul style="list-style-type: none"> • Overarching Well-being Objectives, Strategic Priorities and Directorate Priorities. • 2022/23 Financial Allocation and Financial Plan. • Ministerial priorities and measures which had informed the IMTP Draft. <p><i>What challenges were to be expected as a result of Welsh Government COVID-19 funding only being maintained for Mass Vaccination, Test, Trace, Protect and Personal Protective Equipment from April 2022?</i></p> <p>The Director of Finance and IT reported that COVID-19 funding had previously provided support for indirect financial impacts of COVID-19, for example Dental Activity had reduced due to Infection Prevention and Control requirements, this had led to a loss of income for the health board. This loss of income was funded via COVID-19 funding in 2021/22. From April 2022 the health board would need to be clear on assumptions, which COVID-19 related actions were no longer required, and which needed to be maintained, those which needed to continue would present a risk to the financial plan. These risks would be clearly highlighted in the financial plan due for presentation to the Board in March 2022.</p> <p><i>What were the expected implications of the changes to Integrated Care Funding?</i></p> <p>The Director of Finance and IT reported that the Cross Cutting and Resource Oversight Group (CCROG) was due to undertake a review of the different funding approach and consider the implications for current and future projects. An</p>

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update on this would be brought forward at a future meeting of the Committee.

Action: Director of Finance and IT.

The Committee was assured that the CCROG review would be complete in time to inform in the IMTP.

Was enough emphasis given to inequalities based upon geographic location within the plan?

The Director of Planning and Performance recognised the rurality of Powys and the potential impact upon access to services. The emphasis on inequalities based on geographic location was noted and it was agreed that Planning Team would reflect upon how this could be proportionally recognised within the plan. The Director of Public Health raised that geographic access data was available from the Index of Multiple Deprivation and recognised that whilst it was difficult to discern how geography directly affected outcomes due to the multitude of factors, a description on the likely impact could be included within the plan.

Was the expansion of Minor Injury Units (MIUs) as suggested within the Strategic Priorities deliverable within Powys?

The Director of Planning and Performance confirmed that further work was required in relation to a sustainable MIU model for Powys and agreed that the wording in relation to MIU provision within the plan would be reviewed.

Had consideration been given to digital deprivation and the potential impact for Powys patients in light of remote health care?

The Director of Finance and IT recognised that digital solutions would not be suitable for the entirety of the Powys population and reported that a package of support measures would be made available across the county. The Director of Public Health noted that improving digital infrastructure was one of the twelve steps in Powys Public Services Board (PSB) Well-being Plan, and consideration would need to be given to how this could be reflected appropriately within the IMTP. The Committee recognised the importance of monitoring progress in relation to the improvement of digital infrastructure.

The Committee DISCUSSED and NOTED the report. Members welcomed the report and expressed their thanks to the Director of Planning and Performance, Director of Finance and IT and their wider teams for the work undertaken to date.

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**REGIONAL PARTNERSHIP BOARD PROGRAMMES
REPORTING:****A) NORTH POWYS WELLBEING PROGRAMME
MEMORANDUM OF UNDERSTANDING**

The Director of Planning and Performance presented the item which provided an overview of the high-level outputs of the demand and capacity modelling and the Memorandum of Understanding (MoU) for the Multi-Agency Wellbeing Campus which was due to be presented to the Board on 26 January 2022. The MoU provided a description of how the organisations would work together in creating a high quality, purpose-built multi-agency wellbeing campus development.

It was noted that the Programme Business Case (PBC) had been submitted to Welsh Government however a decision was yet to be confirmed, discussion was ongoing with Welsh Government colleagues to ensure the Strategic Outline Case (SOC) could be presented to the PTHB Board and Powys County Council Cabinet in March 2022, particularly considering the forthcoming election period.

Had consideration been given to a Powys wide diagnostics service?

The Director of Planning and Performance confirmed that a Pan Powys Diagnostic Service was under consideration, this was to be led by the Renewal Board and would be concluded prior to the confirmation of the North Powys Well-being Programme Final Business Case.

Would new models of care be included within the programme and had consideration been given to use of the Swansea University, Secure Anonymised Information Linkage (SAIL) Database?

The Director of Public Health recognised the complexity of accessing SAIL data however suggested that Public Health Wales (PHW) may be able to provide the necessary skills to support a review. The Director of Planning and Performance welcomed the suggestion.

What assurance would the MoU provide the health board?

The Director of Planning and Performance recognised that at the SOC stage only a limited amount of detail was appropriate for inclusion within the MoU. This would be expanded as the programme progressed to Final Business Case (FBC) stage. In relation to the three-month notice period for revoking the agreement the Committee was reassured that despite the forthcoming election period officers of Powys County Council fully supported the

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	<p>programme and cross-party support had been received. It was agreed that a review would be undertaken to confirm if strengthening in relation to the notice period was required prior to presentation to the Board on 26 January 2022.</p> <p>The Committee DISCUSSED the report and SUPPORTED the submission of the Memorandum of Understanding to the Board, subject to a review of the notice period for withdrawal.</p>
ITEMS FOR INFORMATION	
PPPH/21/24	<p>WELSH RENAL CLINICAL NETWORK BRIEFING</p> <p>The Committee received and NOTED the briefing for information. Discussion was held in relation to Powys representation at the Welsh Clinical Networks regarding Renal, Cancer, Cardiology, and other specialist health subject areas. The Director of Planning and Performance suggested that the Executive Team would reflect upon Powys's interface with clinical networks, and it was AGREED that this an item in relation to this would be brought forward in the 2022/23 Committee Work Plan.</p> <p>Action: Board Secretary</p>
OTHER MATTERS	
PPPH/21/25	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>The Committee Chair wished to highlight to the Board the consideration given to the North Powys Well-being Programme and confirm the Committees support for the Memorandum of Understanding subject to a review of the notice period for withdrawal.</p>
PPPH/21/26	<p>ANY OTHER URGENT BUSINESS</p> <p>No other urgent business was declared.</p>
PPPH/21/27	<p>DATE OF THE NEXT MEETING</p> <p>7 April 2022 at 10:00, via Microsoft Teams.</p>

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Key:

Completed
Not yet due
Due
Overdue
Transferred

PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

ACTION LOG APRIL 2022



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

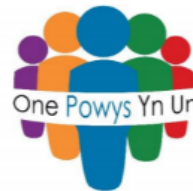
Minute	Meeting Date	Action	Responsible	Progress Position	Completed
PPPH/21/19	18 Jan 2022	<p>Matters that had been deferred in 2021/22 would be scheduled to return to the Committee for consideration in 2022/23.</p> <ul style="list-style-type: none"> • RPB – Start Well, live well age well. • PSB update - Population Health and Wellbeing assessment • Smoke free Premises • Weight management • School age screening 	Interim Board Secretary	<p>All but school age screening included in the agenda for the April meeting.</p> <p>Screening reporting is being incorporated into the Committee work plan for 2022-23 which will be forthcoming to the next meeting of the Committee.</p>	
PPPH/21/22	18 Jan 2022	Update on changes to Integrated Care Funding to be brought to future meeting	Director of Finance and IT		

PPPH/21/24	18 Jan 2022	Executive Team to reflect upon Powys's interface with clinical networks. Item to be brought forward in the 2022/23 Committee Work Plan.	Interim Board Secretary	This is being reflected in the current work being undertaken on Committee work plans.	
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Powys RPB Partnerships Update

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Powys Regional
Partnership Board
Health and
Social Care

date

Powys RPB Partnerships Overview

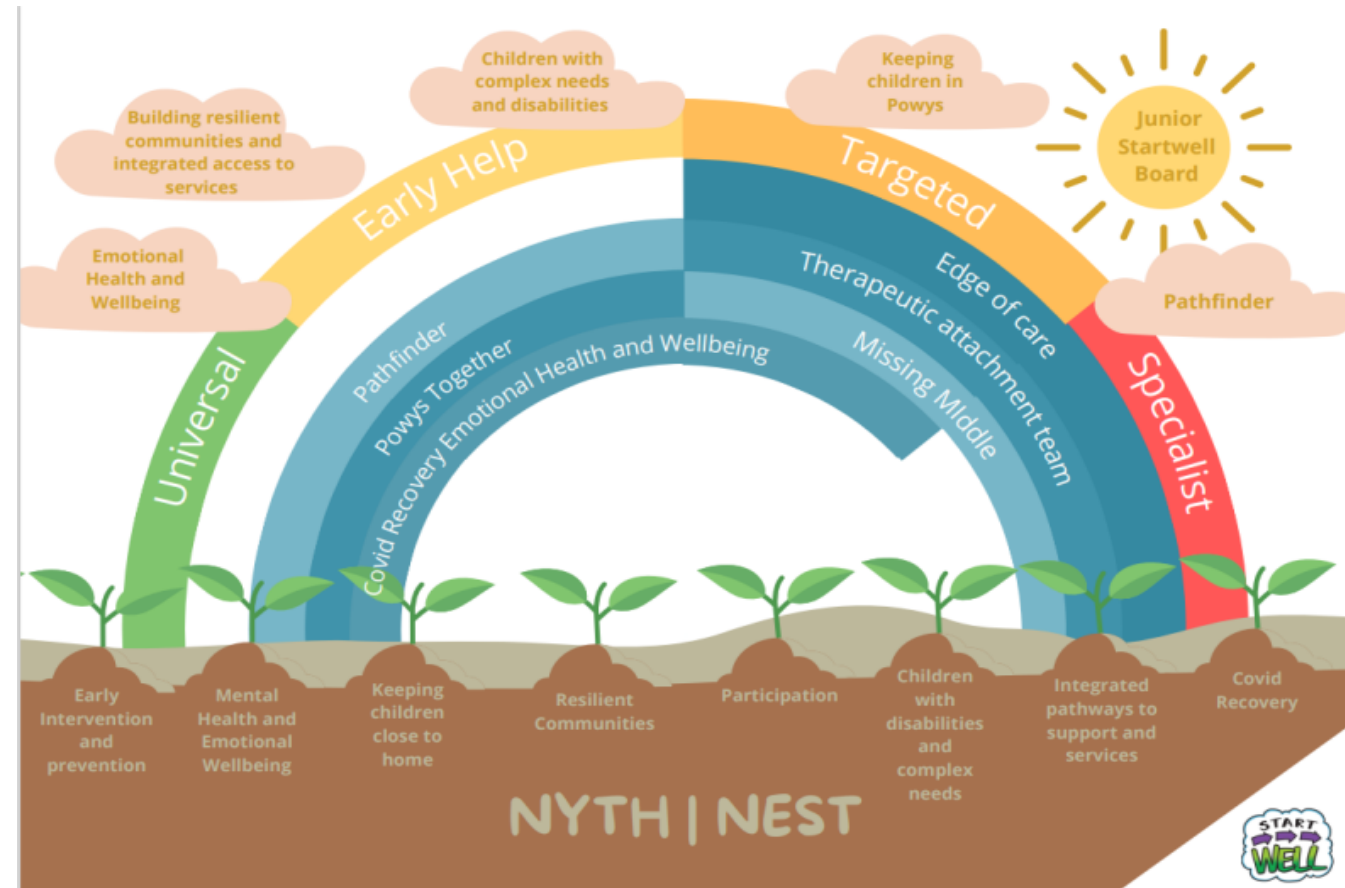
- The long-term vision of the **Health and Care Strategy** identifies the importance of enabling people to 'Start Well', 'Live Well' and 'Age Well' through a focus on well-being, early help and support, the big four health challenges and joined up care, as well as recognising the importance of key enablers.



- Powys RPB work is driven by the following key RPB Partnerships and Programmes: They each involve a much wider group of people and also have their own sub-groups that carry out more detailed work.
 - ❖ **Start Well**
 - ❖ **Live Well (Removing Disability Barriers)**
 - ❖ **Live Well (Mental Health)**
 - ❖ **Age Well**
- There are some themes that cut across all areas e.g. the needs of unpaid carers. These also have dedicated partnership groups to take forward work. A **Cross Cutting and Resource Overview Group** exists to oversee these areas.
- Through the strategic governance of the Powys Regional Partnership Board and partnership working more broadly, partners have continued to work together to develop integrated services and improve outcomes for people within the region. However, there are opportunities for further integration and integrated working.

Start Well - Overview

- The **Start Well Partnership** is aimed at meeting some of the key priorities of the Start Well Board across the spectrum of need, whilst helping ensure to address the needs that are more clearly understood from early appraisal of the impact of the COVID pandemic.
- The Start Well Partnership continues to drive forward and governance its priorities around 5 keyworkstreams:
 - Emotional Health and Wellbeing;
 - Children with Complex Needs / Disabilities
 - Building resilient communities and Integrated Access
 - Keeping Children in Powys
 - Voice of the Child (via the Junior Start Well Boards)
- The Start Well Partnership continues to work in unison with the North Powys Wellbeing Programme, sharing learning and best practice, to accelerate implementation of the model on a place-based approach across the five identified transformation areas.



Start Well – Key Projects

Key projects	Progress / Risks / Challenges	2022/23 Plans
<ul style="list-style-type: none"> Powys Together 	<ul style="list-style-type: none"> Community Co-ordinators have continued to consult with communities and have been able to provide a range of activities over school holidays. There are many new projects taking shape and funding from the Winter of Wellbeing fund was secured to provide two projects across two of the localities. 	<ul style="list-style-type: none"> The project will continue under RIF under North Powys
<ul style="list-style-type: none"> Post Adoption Psychological Support Service 	<ul style="list-style-type: none"> The project was unable to appoint to the Adoption Psychologist position, however it was agreed for the resource to instead be used against adoption support (therapeutic assessments of need and therapy). 	<ul style="list-style-type: none"> The project will not continue
<ul style="list-style-type: none"> Emotional Health and Wellbeing Support for CYP 	<ul style="list-style-type: none"> Work has taken place to increase the capacity in teams to support children and young people following Covid-19. YIS and KOOTH have supported young people through art/creative therapeutic groups in primary school. Funding has been utilised for Trauma informed practice training for school staff, an anti-bullying drama production and workshop, an anxiety resource book, and a family support service. 	<ul style="list-style-type: none"> The project will continue under RIF
<ul style="list-style-type: none"> Missing Middle' Support for C&YP with emotional health needs 	<ul style="list-style-type: none"> There has been an increase in the number of young people worked with on a 1:1 basis as well as an increase in the number of young people signposted to other services. The number of CAMHS consultations have continues to increase. 	<ul style="list-style-type: none"> The project will continue under RIF
<ul style="list-style-type: none"> Children on the Edge of Care 	<ul style="list-style-type: none"> The service continues to establish working relationships with childcare teams in the planning and delivery of the support that is required. The service continues to attend initial conferences where referrals haven't been received and offer potential support if appropriate and as a part of children/young person's CP plans. The importance of developing positive professional working relationships with those we support in achieving the outcomes to date has also been consistent. 	<ul style="list-style-type: none"> The project will continue under RIF

Start Well – Plans for 22/23

- The Partnership seeks to progress developments recognising the need to enable recovery in the short term and realise the transformation in the long term. The RIF would be a key lever to drive this change and an integrated health and care approach.
- The proposal aligns to the Health and Care Strategy and the Integrated Model of Health and Wellbeing in Powys aspiring to improve the wellbeing of children and young people in Powys. The proposal will adhere to a collaborative, partnership approach to project implementation and delivery. The programme will be governed by the Start Well Board and respective workstreams as appropriate to steer delivery and monitor progress.

Powys RPB RIF Projects 22/23 under Start Well, and alignment with Models of Care and Key Enablers

Strategic Project	Focus on Wellbeing	Early Help & Support	Joined Up Care				Innovative Environments	Workforce	Transforming in Partnership		Digital
	Emotional Health and Wellbeing	Community Based Care - Prevention & Community Co-ord	Community Based Care - Complex Care Closer to Home	Home From Hospital	Families Staying Together & Therapeutic Support for CEC	Accommodation Based Solutions	Integrated Community Hubs	Workforce	Integrated Commissioning	Social Value	Technology and digital Solutions
Emotional Health and Wellbeing Project (Covid Recovery for C&YP)	5	5	0	0	0	0	2	2	5	0	0
Therapeutic and Positive Attachment Team -new	5	0	0	0	5	0	0	5	5	0	0
Children on the Edge of Care Service	0	0	0	0	5	0	0	2	0	0	0
Missing Middle Project	5	0	0	0	0	0	2	2	5	0	0

- The core purpose of the **Live Well Removing Disabling Barriers Partnership** is removing barriers that get in the way of people living a good life.
- This has been very much shaped in response to citizen coproduction and a move away from a deficit approach where 'problems' are related to the person experiencing disability to a social model recognising the system conditions that need to be in place to enable equality of opportunity across all life areas.
- The Live Well Partnership continues to prioritise opportunities to embed key components of the model specifically for Older People on a pan-Powys footprint, whilst continuing to work in unison with the North Powys Wellbeing Programme, sharing learning and best practice.



Live Well Removing Disabling Barriers – Key Projects

Key projects	Progress / Risks / Challenges	2022/23 Plans
<ul style="list-style-type: none"> Closer to Home 	<ul style="list-style-type: none"> The <i>Accommodation and Support for Living a Good Life</i> supported living tender closed with the localities in the final phase transferring in Nov. The development in Newtown has been planned in coproduction with Wales and West. The demand forecast from the Closer to Home project has been instrumental into the development of the Live Well Delivery Plan. 	<ul style="list-style-type: none"> The project will continue under RIF
<ul style="list-style-type: none"> Home Support 	<ul style="list-style-type: none"> Early Intervention and Prevention Support @ Home Steering Group dates set for 2022 to implement cabinet decision to establish sustainable Home Support services across Powys. 3-yr Home Support Review (2018-21) completed and Webpage live to inform Powys citizens and interested/key stakeholders. 	<ul style="list-style-type: none"> The project will continue under RIF
<ul style="list-style-type: none"> Community Connectors 	<ul style="list-style-type: none"> Referrals remain around 40-50% higher than the levels observed and expected pre-covid. Top presenting issues are loneliness and isolation, practical support and information on support in the community. Face to face community engagement events held, and links made with a variety of agencies. 	<ul style="list-style-type: none"> The project will continue under RIF
<ul style="list-style-type: none"> Integrated Autism Service 	<ul style="list-style-type: none"> The Integrated Autism Team (IAS) continues to offer a mix of health and social care expertise to provide services to autistic individuals and their families as set out in the Code of Practice on the Delivery of Autism Services guidance 2021 (COP). 	<ul style="list-style-type: none"> The project will continue under RIF
<ul style="list-style-type: none"> Transition 	<ul style="list-style-type: none"> The project has been on hold since the end of Q2 as project staff were been redeployed to other departments to assist. The project plans to recommence in 2022/23 	<ul style="list-style-type: none"> The project will continue under RIF

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Live Well Removing Disabling Barriers – Plans for 22/23

- The shift in focus of the Live Well Partnership has enabled a sharpened understanding of the partnership responsibilities to meet the programme priorities outlined for 2022 and beyond. The programme seeks to deliver a Powys wide Early Help and Prevention at Home, that builds on the learning from Powys Home Support, Community Connectors and other compatible prevention approaches
- The programme also seeks to deliver Care Closer to Home – this has been a long standing programme that has achieved notable successes in providing services in Powys and making the whole system changes to ensure embedded and sustainable change (the newly included priority around Work Leisure and Learning forms part of the whole system change). The work however is not complete and therefore remains a programme focus.

Powys RPB RIF Projects 22/23 under Live Well Removing Disabling Barriers, and alignment with Models of Care and Key Enablers

Strategic Project	Focus on Wellbeing	Early Help & Support	Joined Up Care				Innovative Environments	Workforce	Transforming in Partnership		Digital
	Emotional Health and Wellbeing	Community Based Care - Prevention & Community Co-ord	Community Based Care - Complex Care Closer to Home	Home From Hospital	Families Staying Together & Therapeutic Support for CEC	Accommodation Based Solutions	Integrated Community Hubs	Workforce	Integrated Commissioning	Social Value	Technology and digital Solutions
Closer to Home Programme Co-Ordination and Delivery	5	5	5	1	0	5	3	5	5	5	5
Early intervention and Prevention at Home (Home Support)	5	5	1	4	0	0	0	3	4	5	4
Community Connectors Service	5	5	0	3	0	0	3	0	0	5	1
Integrated Autism Service											
Transition Project Co-Ordination	5	5	5	0	5	5	0	5	5	5	0
Work, Leisure and Learning Project Co-Ordination - new	5	5	4	0	5	4	0	5	5	5	2

- The focus of **the Live Well Mental Health Partnership** is strengthening and transforming mental health services in Powys as set out in Powys' Health and Care Strategy.
- Given the challenges presented by Covid, new ways of working had to be embraced quickly by the partnership to ensure that mental health support could be provided.
- Virtual platforms soon became an integral part of keeping crucial support networks alive, and a number of regional networks have continued to meet virtually throughout the pandemic, including the Powys Dementia Network, Powys Agricultural Wellbeing Support Group, and Credu Cymru's Engage to Change for Carers Network.
- The county's allocation of Welsh Government's Third Sector Covid-19 Response Fund was used to support mental health services in the form of crisis support, younger peoples' befriending, and talking therapies.



Key projects	Progress / Risks / Challenges	2022/23 Plans
<ul style="list-style-type: none">Dementia Home Treatment Team	<ul style="list-style-type: none">DHTT has taken on board feedback from service users, and other teams, and has now begun to accept referrals directly from Part 1 Memory Assessment Service. Operational policy is currently being reviewed to more accurately reflect our working practices. With the introduction of formal Outcome Measures in the near future we need to review how these are completed by patients / carers in order to facilitate a better response rate.	<ul style="list-style-type: none">The project will continue under RIF
<ul style="list-style-type: none">Memory Assessment Service	<ul style="list-style-type: none">A workshop was held for Older Adult CMHT, MAS and DHTT including OT and Psychology colleagues in November to take the modelling work forward by enabling detailed pathway and protocol development to underpin and develop an All Powys Dementia and Community Service. MAS now forms part of a bespoke workstream under the Dementia Standards governance structure. Looking to recruit a role to incorporate MAS leadership and are pursuing commissioning of a data analyst. An additional MAS consultant has been brought in to address waiting lists for North Powys.	<ul style="list-style-type: none">The project will continue under RIF

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Live Well – Mental Health – Plans 22/23

- The Partnership seeks to continue developments in both the MAS and DHTT services, which reflect models of care applicable to the aspirations of 'A Healthier Wales'.
- The ongoing existence of the DHTT will continue to provide advice and support for people pre and post diagnosis, seek to prevent admission and where this is unavoidable, facilitate the earliest discharge to home from hospital. Evaluations of the DHTT activity over the past two years clearly evidence significant successes in these aims and continuation funding will ensure the objectives of transformation across the health and social care system.
- The MAS Service itself will see enhanced leadership bring consistency and equitability of service delivery on a pan Powys basis as well as develop new approaches to cognitive intervention.

Powys RPB RIF Projects 22/23 under Live Well Mental Health, and alignment with Models of Care and Key Enablers

Strategic Project	Focus on Wellbeing	Early Help & Support	Joined Up Care				Innovative Environments	Workforce	Transforming in Partnership		Digital
	Emotional Health and Wellbeing	Community Based Care - Prevention & Community Co-ord	Community Based Care - Complex Care Closer to Home	Home From Hospital	Families Staying Together & Therapeutic Support for CEC	Accommodation Based Solutions	Integrated Community Hubs	Workforce	Integrated Commissioning	Social Value	Technology and digital Solutions
Dementia Home Treatment Team (South Powys)	5	5	5	5	0	4	0	5	3	4	4
Dementia Memory Assessment Service (MAS)	5	5	5	2	0	0	0	5	3	4	1
Development of Powys ADHD Service - new	TBC										

- The core purpose of the **Age Well Partnership** is to support older people to live a thriving and independent life for as long as possible, with an emphasis on maximising opportunities with Technology Enabled Care; reducing isolation and loneliness; and ensuring appropriate accommodation options for a range of needs.
- Where individuals care and support needs could not be met within a community setting or within the home, the Partnership has emphasised increasing capacity and capabilities to ensure patient flow across the health and care system; and again maximising opportunities for care closer to home.
- The partnership has also recognised the importance of addressing wider issues too, particularly as identified in the recent PNA, such as food poverty and homelessness, that impacts on older people (as well as other population groups).



Age Well – Key Projects

Key projects	Progress / Risks / Challenges	2022/23 Plans
<ul style="list-style-type: none"> Powys Befriending Service 	<p>The service continues to respond to increased demand, supporting new clients and appointing new volunteers. 13 Befriending Groups have restarted to meet face to face. Engagement with social media has increased. A review of all systems and processes has been undertaken, a new scale for loneliness has been introduced, and a new service leaflet has been introduced, along with a more efficient process for recruitment and appointment of volunteers.</p>	<ul style="list-style-type: none"> Continue under RIF
<ul style="list-style-type: none"> Enhanced Brokerage 	<ul style="list-style-type: none"> The whole team has been through a review around processes and procedures to help improve flow. There continues to be improvements to make but the project remains on track. 	<ul style="list-style-type: none"> Continue under RIF as <i>Modernising Dom Care</i>
<ul style="list-style-type: none"> Right Sizing Care Packages 	<ul style="list-style-type: none"> All A1 training events have happened with positive feedback, will now set up lesson plans for enhanced single handed care training to be delivered across the board where needed. Huge pressures in social services have highlighted Moving with Dignity Team should be advisory in-reach, rather than taking responsibility for hospital discharge. 	<ul style="list-style-type: none"> Continue under RIF as <i>Modernising Dom Care</i>
<ul style="list-style-type: none"> Developing Integrated Commissioning Practice 	<ul style="list-style-type: none"> Some activity continues to be constrained due to Covid-19; nonetheless the Project continues to support the joint PCC and PTHB response to managing those challenges (and through this helping to strengthen the collaborative practices and commissioning culture that are fundamental to the Project's aims). 	<ul style="list-style-type: none"> Continue under RIF as Infrastructure funding
<ul style="list-style-type: none"> Patient Flow Co-ordination Unit 	<ul style="list-style-type: none"> The hub continues to be an integral part of the Health Board for oversight of flow, an increase in LoS is a national issue but through the increased working of the home first team and constant liaison with Powys CC via flow meetings which the hub coordinates it ensures flow is consistently maintained. 	<ul style="list-style-type: none"> Continue under RIF as <i>Unscheduled Care Improvement</i>
<ul style="list-style-type: none"> Virtual Ward 	<ul style="list-style-type: none"> The project has continued to analyse data to quantify needs of the service and have started work on establishing a pathway for achieving an improved data set. However, this has been somewhat delayed through IG complications and shared data sets between primary & secondary userfaces. 	<ul style="list-style-type: none"> Continue under RIF as <i>Unscheduled Care Improvement</i>
<ul style="list-style-type: none"> Digital Social Care 	<ul style="list-style-type: none"> Virtual Wallet has had a slow uplift in activity but increasingly SWs report that DP allocation is being slowed down due to access to a suitable individual where the service user states s/he cannot manage the DP via Virtual Wallet. Ask Sara shows a drop-in activity which is mostly due to lack of promotion via PCC, and will be addressed via a temporary engagement post. 	<ul style="list-style-type: none"> Continue under RIF
<ul style="list-style-type: none"> Micro Enterprise / Community Catalysts 	<ul style="list-style-type: none"> Pressures in the market has increased the level of care that people require - some of this demand is falling to the community micro - enterprises; those that would traditionally be delivered by the registered home care providers. 	<ul style="list-style-type: none"> Continue under RIF as <i>Modernising Dom Care</i>

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Age Well – Plans for 22/23

- The programme aims are supported by population needs assessment and ICF project evaluations which have demonstrated well-being outcomes, return on investment and an intelligence led commissioning. This has enabled a sharper focus on the key projects that deliver the major impact population outcomes and align well with the Models of Care.
- Initial plans for sustainability and wider scale up and exit planning will be established following the end of the investment through the RIF. The intention with many of the projects being proposed is that this is the final year of funding with exit strategies incorporated into their development plans. There is an expectation that many of the projects will be core funded by partner organisations in 2023.

Powys RPB RIF Projects 22/23 under Age Well, and alignment with Models of Care and Key Enablers

Strategic Project	Focus on Wellbeing	Early Help & Support	Joined Up Care				Innovative Environments	Workforce	Transforming in Partnership		Digital
	Emotional Health and Wellbeing	Community Based Care - Prevention & Community Co-ord	Community Based Care - Complex Care Closer to Home	Home From Hospital	Families Staying Together & Therapeutic Support for CEC	Accommodation Based Solutions	Integrated Community Hubs	Workforce	Integrated Commissioning	Social Value	Technology and digital Solutions
Befriending Services for Older People	5	5	4	4	0	0	3	5	0	5	5
Mordernising Domiciliary Care	0	3	5	5	0	3	0	2	5	0	0
Unscheduled Care Improvement	5	5	5	5	0	0	2	2	2	2	3
Digital Social Care	5	5	5	5	3	3	0	5	5	3	5
Technology Enabled Care (TEC)	0	0	5	5	0	0	0	0	0	0	5

Agenda item: 3.2

Planning, Partnerships and Population Health Committee		Date of Meeting: 7th April 2022
Subject:	Strategic Change Update	
Approved and Presented by:	Director of Planning and Performance	
Prepared by:	Planning Manager / Assistant Director of Planning	
Other Committees and meetings considered at:		

PURPOSE:

This report provides an update on strategic change programmes, including a stocktake of all programmes (this will be updated in Q1 of the new financial year on receipt of neighbouring areas' plans).

RECOMMENDATION(S):

The Committee is asked to NOTE and DISCUSS the report.

Approval/Ratification/Decision¹	Discussion	Information
	✓	✓

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This report provides an update on strategic change programmes, including a stocktake of all programmes (this will be updated in Q1 of the new financial year on receipt of neighbouring areas' plans).

DETAILED BACKGROUND AND ASSESSMENT:

Context

Many Strategic Change Programmes were suspended due to the Covid-19 Pandemic, some of these are now starting to be restored, frequently in different ways or as part of recovery planning.

It should be noted that this is a changing picture, given the ongoing public health emergency in relation to the response to the Covid-19 pandemic and the longer-term recovery efforts which are re-shaping the plans of both our own health board and neighbouring partners.

The Strategic Change Stocktake process was paused and superseded by the processes developed during 2020 as part of the Covid-19 response; tracking of strategic plans and renewal were then transacted through the quarterly

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planning process and the ongoing logging of service changes as part of the revised Commissioning Assurance Framework process providing the updates and monitoring on neighbouring service change.

The intention is to restore a more systematic process in 2022/23, subject to the capacity in the teams where processes are required to be resumed, for the tracking of service and strategic change programmes.

There are challenges to be noted, intelligence is often difficult to obtain and pulled from various sources. Some information is formally reported and can be drawn from publicly available sources but those are often at a later stage in development and do not allow for horizon scanning. There is a need to supplement this information with intelligence drawn from a number of sources including contract meetings, peer networks, programme meetings, corporate and engagement channels.

This ongoing scanning of the external environment is a key part of the development for the Integrated Medium-Term Plan (IMTP) 2022 – 2025.

The next steps will be to restore the quarterly strategic change group which then has a mechanism to report to the Executive team and onward to Committee and PTHB Board as appropriate.

A furthermore detailed review will be undertaken in Quarter 1 upon receipt and review of other health board plans.

Reconfiguration of Stroke Services at Hereford and Worcester Hospitals

As reported previously to PTHB Committees and Board, over the last 6 years, the Hereford and Worcester Integrated Care System and Stroke Programme Board have been developing a sustainable service model for stroke and TIA services across Herefordshire and Worcestershire.

During this period, reconfiguration of stroke services has remained a system priority due to the ongoing challenges around the specialist stroke consultant workforce and ability to sustainably deliver services in line with national clinical and performance standards. A service model has now been proposed by the ICS Stroke Programme Board, Trust Executive teams, ICS Clinical Forum and Regional Stroke Board.

The service model is subject to public, patient and stakeholder engagement and consultation. The Programme Board have confirmed that they are planning to commence with pre-consultation engagement shortly and will work with PTHB and Community Health Council leads to develop an engagement plan

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which will ensure full and appropriate engagement with Powys residents and stakeholders. The Programme Board are expecting that this process will be implemented in the summer.

Further work will be undertaken following the engagement and consultation processes to develop the key components of the service model including pre-hospital and interventional pathways, workforce, stroke rehabilitation and life after stroke support.

A more detailed comprehensive paper will be presented to the Executive Committee in April 2022.

NEXT STEPS:

The Committee is asked to note the information provided as an update on the current strategic change arrangements and the emerging but still changing picture with regards to strategic changes programmes.

This ongoing scanning of the external environment is a key part of the development for the Integrated Medium-Term Plan (IMTP) 2022 – 2025.

The next steps will be to restore the quarterly strategic change group which then has a mechanism to report to the Executive team and onward to Committee and PTHB Board as appropriate.

A furthermore detailed review will be undertaken in Quarter 1 upon receipt and review of other health board plans.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age				
Disability				
Gender reassignment				
Pregnancy and maternity				
Race				
Religion/ Belief				
Sex				
Sexual Orientation				
Marriage and civil partnership				
Welsh Language				
<p align="center">Statement</p> <p align="center"><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical				
Financial				
Corporate				
Operational				
Reputational				
<p align="center">Statement</p> <p align="center"><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p>				

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Lead Organisation	Strategy/Programme	Status
Aneurin Bevan University Health Board	Clinical Futures The Grange (SCCC)	<p>ABUHB are reporting that The Grange Specialist and Critical Care Centre (SCCC) is now open: A number of work programmes are ongoing to progress the optimisation of many aspects of the model, with an emphasis on improving the effectiveness of the urgent care system, including :-</p> <ul style="list-style-type: none"> • Further refinement of the flow centre • Development of our urgent primary care centres • Strengthening links to 111 / Contact First • Direct Admission pathways • Community Rehabilitation pilots <p>Progress remains challenging in the light of ongoing COVID pressures and the imperatives of elective service recovery, and the Health Board has responded by resetting Clinical Futures priorities into the following areas:-</p> <ol style="list-style-type: none"> 1. Health Protection Service 2. Accelerated Cluster Development 3. Pathway Optimisation 4. Redesigning Community Services for Older people 5. Redesigning Hospital Services for Older People 6. Mental Health and Learning Disabilities Transformation Programme 7. Outpatient Transformation 8. Urgent Care Transformation 9. Enhanced Local General Hospital Network
	South Wales Oncology	ABUHB are reporting that moving forward with development of the satellite radiotherapy unit at Neville Hall, completion due 2024. A business case for the development of enhanced Acute Oncology Service in partnership with Velindre was approved at Board in November, and are now implementing phase 1, which see an uplift in staffing to support AoS to ensure consistent standards across South East Wales.
	South Wales – Endoscopy	New South East Wales Group forming under Paul Mears Leadership. An Outline Business Case for a new 4 suit Unit in Royal Gwent Hospital going to Board shortly and looking to continuing in-sourcing of activity into 2022/23.
	Centralisation of Vascular Services	Business Case approved by all 4 Health Boards in October and now progressing for go live. Readiness assessment of the AB spoke service took place on 17/01/22 with the Health Board in a position to proceed. Final go-live date now to be set by the Programme Board following readiness reviews of hub service provision.
Betsi Cadwalader University Health Board	Living Healthier Staying Well	<p>BCUHB currently resetting their long term plan for health well being and health care. Discussion document published in September 2021 further information expected in IMTP which was not available at the time of writing this paper Priorities include:</p> <ul style="list-style-type: none"> - Healthy Eating and Lifestyle - Infant Feeding - Emotional Health and Well Being - Physical Activity - Suicide Prevention Plans - Alcohol Support and smoking cessation services - Food Poverty - Homelessness
	Rapid diagnostic clinics	For information, BCUHB are planning to commence rapid diagnostic clinics which GPs can refer into if a patient presents with 'vague symptoms' and the clinician is concerned there is a reasonable risk of cancer but does not fit the criteria for a current site specific urgent suspected cancer pathway.
	Review and Development of Stroke Services	Betsi Cadwaladr University Health Board is launching a Stroke Improvement Programme which includes opening three stroke rehabilitation centres and new prevention, diagnosis and monitoring services. The programme has received over £3million in funding, and will open three new rehabilitation centres across North Wales, for patients who no longer need specialist medical care in acute hospitals, but still require stroke rehabilitation that cannot be delivered at home.
	Future Clinical Services Programme	Further information expected in IMTP and will be added when available
Cardiff & Vale University Health Board	Shaping Our Future Wellbeing	Ongoing strategy/ programme of work 2015-2025
Cwm Taf Morgannwg University Health Board	Former South Wales programme implementation	Clinical Services Strategy and implementation of South Wales programme including service changes at Royal Glamorgan Hospital
		Responsibility for services in the Bridgend County Borough transferred to Cwm Taf Morgannwg University Health Board 1 April 2019
		Further information expected in IMTP and will be added when available
Hywel Dda University Health Board	Transforming Clinical Services	'A Healthier Mid and West Wales Strategy' published following formal consultation 2018; Health and Wellbeing Framework January 2019
	Stroke Pathway	Review of Stroke Pathway Further information expected in IMTP and will be added when available
	A Healthier Mid and West Wales	Programme Business Case (PBC) presented to HDUHB board on 27 Jan 2022 and due to be submitted to Welsh Government Meeting set up between HDUHB and PTHB to discuss programme business case and request for letter of support (date) PBC being submitted to WG in Jan 2022, PTHB being asked to provide a letter of support
	Adult Thoracic Surgery across South Wales	Programme led by Swansea Bay UHB to establish a new centralised thoracic surgery centre at Morriston Hospital following extensive public consultation – full implementation scheduled for 2025/26. AB patients will see inpatient / theatre activity transferred from UHW. SOC has been approved by Boards, although potential significant revenue cost implications have been noted and are expected to be subject to detailed future discussion and review. AB Planning, finance and thoracic medicine directorate representatives currently variously engaged with programme in respect of service specification, local patient pathway, communication updates and commissioning details.
	Adult Acute Mental Health Assessment Services.	Currently Engaging until 25th March 2022 on proposals for adult Mental Health beds for assessment and treatment
	ARCH Regional Collaboration Programme	Regional Programme aiming to deliver service transformation across the SW Wales region, educating workforce and skills and research. The current portfolio includes regional eye care dermatology neurological conditions cardiology and pathology.
Swansea Bay University Health Board and Hywel Dda University Health Board	SBUHB Clinical Services Plan 2019-2024	
	SBUHB 'Better Health, Better Care, Better Lives' Organisational Strategy 2019 - 2030	Further information expected in IMTP and will be added when available
National Collaborative Commissioning Unit (NCCU)	Urgent and Emergency Care Programme Mental Health Services Quality Assurance Improvement Service Pandemic Support	<p>EDQDF now in Phase 3 (Emergency Department Quality Framework)</p> <p>Clinical Assessment, Streaming and Scheduling Hub (CASSH) – intention to rollout using co-production approach</p>

National Collaborative Programmes	<p>Clinical Networks/ Groups confirmed for 2022/23:</p> <ul style="list-style-type: none"> -End of Life Care Board -Wales Cancer Network Board -Wales Cardiac Network Board -Wales Critical Care Network Board -Respiratory Health Implementation Group -Diabetes Implementation Group -Stroke Implementation Group -Neurological Conditions Implementation Group -Liver Disease Implementation Group -Women's Health Implementation Group <p>Programmes</p> <ul style="list-style-type: none"> -Endoscopy -Pathology -Laboratory Information Network Cymru (LINC) -Imaging -Radiology Informatics Systems Procurement -Sexual Assault Referral Centre (SARC) -Writable Bowel Disease (IBD) 	<p>Welsh Government Correspondence 7 January 2022 noted:</p> <p>Confirmation for 2022/23 that funding for major condition implementation groups to continue</p> <p>Funding currently used for direct services to cease by end of March (or earlier)</p> <p>Funding post 2023 to cease in current format, with realignment to National Clinical Framework</p> <p>Other live updates: Stroke programme paper recently considered at Collaborative Executive to be considered further by DoPs and Powys residents pathways to be included in analysis as next step</p> <p>IBD paper recently considered as above – Powys residents pathways to be included in next step</p>
Alignment with National Clinical Framework		<p>Welsh Government Correspondence 7 January 2022 noted</p> <p>Confirmation for 2022/23 that funding for major condition implementation groups to continue</p>
NHS Wales collaborative		Funding currently used for direct services to cease by end of March (or earlier)
Herefordshire & Worcestershire	Herefordshire & Worcestershire Stroke Programme	<p>As reported previously to PTHB Committees and Board, over the last 6 years, the Hereford and Worcester Integrated Care System and Stroke Programme Board have been developing a sustainable service model for stroke and TIA services across Herefordshire and Worcestershire.</p> <p>During this period, reconfiguration of stroke services has remained a system priority due to the ongoing challenges around the specialist stroke consultant workforce and ability to sustainably deliver services in line with national clinical and performance standards. A service model has now been proposed by the ICS Stroke Programme Board, Trust Executive teams, ICS Clinical Forum and Regional Stroke Board.</p> <p>The service model is subject to public, patient and stakeholder engagement and consultation. The Programme Board have confirmed that they are planning to commence with pre-consultation engagement shortly and will work with PTHB and Community Health Council leads to develop an engagement plan which will ensure full and appropriate engagement with Powys residents and stakeholders. The Programme Board are expecting that this process will be implemented in the summer.</p> <p>Further work will be undertaken following the engagement and consultation processes to develop the key components of the service model including pre-hospital and interventional pathways, workforce, stroke rehabilitation and life after stroke support.</p> <p>A more detailed comprehensive paper will be presented to the Executive Committee in April 2022.</p>
SaTH	Vague symptom pathway / rapid diagnostic service	IBD paper recently considered as above – Powys residents pathways to be included in next step
	Future Fit Health Services Reconfiguration	SaTH report that a revised Strategic Outline Case has been submitted by SaTH to NHS England / Improvement and remains fully aligned to the outcomes of the Future Fit consultation (as per SaTH update published November 2021)
WHSSC	Specialised Commissioning	<p>Integrated Commissioning Plan (ICP) 2022-25 includes:</p> <ul style="list-style-type: none"> - A specialist services strategy for Wales - Mental Health Strategy - All Wales Specialist Paediatrics Services Strategy - Major Trauma - Intestinal Failure Review - Neonatal cot Review - Mesothelioma - Commissioning Specialised Services for North Wales Residents - Ensuring Equity for Powys Residents - All Wales Positron Emission Tomography (PET) Programme
All Wales/ South	Velindre NHS Trust – responsible for Velindre Cancer Centre	Further information expected in IMTP and will be added when available

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Area	Strategy / Programme	Lead Organisation(s)	Status	Key Points / Impact	
Powys					
Powys	Health and Care Strategy 2017 - 2027	Powys Regional Partnership Board (RPB) Powys Teaching Health Board(PTHB) & Powys County Council (PCC)	<ul style="list-style-type: none"> Approved by RPB, PTHB, Powys County Council 	<ul style="list-style-type: none"> 10 year Health and Care Strategy Formally approved by PTHB and PCC Cabinet in March 2018 Implementation overseen by Powys Regional Partnership Board 	done
	Integrated Medium Term Plan (IMTP) 2019 - 2022	Powys Teaching Health Board	<ul style="list-style-type: none"> IMTP 2019 – 2022 approval status confirmed by Welsh Government March 2019 and letter of accountability conditions issued April 2019 	<ul style="list-style-type: none"> 3 Year Plan for Powys, fully aligned to the Health and Care Strategy Q1, Q2 and Q3 Returns on Accountability Conditions submitted Development of IMTP 2020-2023 completed and submitted January 2020 	done
	The Powys Well-being Plan – Towards 2040	Powys Public Service Board (PSB)	<ul style="list-style-type: none"> Approved by PSB March 2018 	<ul style="list-style-type: none"> Long term plan for wider determinants of well-being with 12 Steps – two led by PTHB, delegated to RPB as part of Health and Care Strategy 	done
North Powys	North Powys Wellbeing Programme	Powys Regional Partnership Board, PTHB & Powys County Council	<ul style="list-style-type: none"> Programme mandate agreed Secured Welsh Government Transformation Funding 	<ul style="list-style-type: none"> Programme launched June 2019 Programme being delivered in accordance with agreed Programme Plan; comprehensive engagement carried out to test and confirm Model of Care with 	done
Mid Wales					
Mid Wales	Mid Wales Joint Committee for Health and Care (MWJC)	Powys Teaching Health Board; Hywel Dda University Health Board, Local Authorities	<ul style="list-style-type: none"> Formally designated Regional Planning Area Strategic Intent and Work Programme published Delivery Plan 2020/2021 in development 	<ul style="list-style-type: none"> Strategic Intent 2018-2021 agreed to ensure a joined up approach to planning and delivery of health and care across Mid Wales. This sets out the challenges, vision, strategic aims and priorities for three years. Annual Work programme developed for 2020/21; overseen at Planning and Delivery Executive Group (PDEG) and sub groups in place for specific workstream areas. Clinical Advisory Group in place. 	done
Area	Strategy / Programme	Lead Organisation(s)	Status	Key Points / Impact	
Cross Border					
Shropshire, Telford, Powys	NHS Future Fit	Shropshire CCG; Telford & Wrekin CCG; Powys Teaching Health Board	<ul style="list-style-type: none"> Formal Consultation May – September 2018 concluded Joint Committee of CCGs approved Decision Making Business Case January 2019 Independent Review carried out July - August 2019; Secretary of State upheld Joint Committee decision Currently developing Strategic Outline Case; next stages Outline Business Case then Full Business Case (completion 2021) Application being resubmitted to NHSE/ NHSI to create one commissioning group across Shropshire, Telford & 	<ul style="list-style-type: none"> Joint Committee of the Clinical Commissioning Groups (Shropshire and Telford & Wrekin) approved Decision Making Business Case 29 January 2019 following formal consultation in 2018 The model to be implemented is based on Royal Shrewsbury Hospital becoming an Emergency Care site and Princess Royal Hospital becoming a Planned Care site; both with 24 Hour urgent care arrangements PTHB participated in Independent Review by the Secretary of State; outcome of consultation upheld Strategic Outline Case in development by Shrewsbury and Telford hospitals to take into account inflationary changes Outline Business Case will follow with detail phasing and costings Two CCGs operational pending the establishment of single commissioning group for Shropshire, Telford & Wrekin. 	done

Herefordshire & Worcestershire	Herefordshire & Worcestershire STP	Herefordshire CCG; South Worcestershire CCG; Redditch & Bromsgrove CCG; Wyre Forest CCG	<ul style="list-style-type: none"> • Consultation on future of Herefordshire & Worcestershire CCGs carried out June 2019 to move to a single CCG by 2020 or 2021 	<ul style="list-style-type: none"> • Clinical Commissioning Groups (CCGs) proposing to move to a single CCG for Herefordshire and Worcestershire 	done
Herefordshire & Worcestershire	Herefordshire & Worcestershire Stroke Programme	Herefordshire CCG; South Worcestershire CCG; Redditch & Bromsgrove CCG; Wyre Forest CCG	<ul style="list-style-type: none"> • Stroke Programme Board reports to Herefordshire & Worcestershire STP • Review by West Midlands Clinical Senate paused due to programme now based on implementation of two site shared workforce model 	<ul style="list-style-type: none"> • West Midlands Clinical Senate review paused Summer 2019 due to change in programme; decision to progress with shared workforce model across two sites • Powys interdependencies for stroke care include future fit, ARCH and NHDND Transforming Clinical Services, South Wales programme and WAST 	done done done
Area	Strategy / Programme	Lead Organisation(s)	Status	Key Points / Impact	
North Wales					
North Wales <i>(Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, and Wrexham)</i>	Living Healthier Staying Well Multiple PSB Wellbeing Plans / RPB Area Plans	Betsi Cadwaladr University Health Board (BCUHB)	<ul style="list-style-type: none"> • Long term plan 'Living Healthier Staying Well' • Special Measures Improvement Framework • Services Strategy in development • Local Government reorganisation 	<ul style="list-style-type: none"> • Three Year Plan in place • Services Strategy in development during 2019 – due to be published in December 2019 • Services Strategy continues to recognise importance of three existing hospitals including Wrexham Maelor 	done done done done
West and South West Wales					
West and South West Wales <i>(Carmarthenshire, Ceredigion and Pembrokeshire)</i>	Transforming Clinical Services Multiple PSB / RPB Plans	Hywel Dda University Health Board	<ul style="list-style-type: none"> • A Healthier Mid and West Wales Strategy published November 2018 following formal consultation • Clinical Strategy for Bronglais Hospital published July 2019 <p>Mid Wales Joint Committee delivery plan (see above)</p>	<ul style="list-style-type: none"> • 'A Healthier Mid and West Wales Strategy' published following formal consultation 2018; Health and Wellbeing Framework January 2019 • Strategic Plan for Bronglais Hospital in Aberystwyth in place; • Interdependencies with the Mid Wales Joint Committee Delivery Plan 	done done done done done
West and South West Wales (continued)					
Area	Strategy / Programme	Lead Organisation(s)	Status	Key Points / Impact	
West and South West Wales	ARCH Regional Collaboration Programme	Swansea Bay University Health Board and Hywel Dda University Health Board	<ul style="list-style-type: none"> • Regional Programme 	<ul style="list-style-type: none"> • ARCH Programme includes the development of Singleton Health Campus as a centre of excellence for diagnostics, same day and rehabilitation and Morriston Health • Watching brief on schemes and service change proposals 	done done
South West Wales	Cwmlllynfell Primary Care	Swansea Bay University Health Board	<ul style="list-style-type: none"> • Engagement carried out following application from Amman Tawe Partnership to close premises in Cwmlllynfell • Consultation expected to take place in 2020 	<ul style="list-style-type: none"> • Amman Tawe Partnership has applied to Swansea Bay University Health Board to close premises in Cwmlllynfell • Engagement concluded and confirmed there will be consultation as a next stage, expected in 2020 	done done
South West Wales <i>(Bridgend, Neath Port Talbot, Swansea)</i>	SBUHB Clinical Services Plan 2019-2024 SBUHB 'Better Health, Better Care, Better Lives' Organisational Strategy 2019 - 2030	Swansea Bay University Health Board	<ul style="list-style-type: none"> • Organisational Plan & Clinical Services Plan published • Responsibility for services in the Bridgend County Borough transferred to Cwm Taf Morgannwg University 	<ul style="list-style-type: none"> • Transfer of Bridgend responsibilities implemented from 1 April 2019 and both health boards operating under revised names (Swansea Bay UHB and Cwm Taf Morgannwg UHB) • SBUHB Long Term organisational plan 2019 – 2030 'Better Health, Better Care, Better Lives' published • SBUHB Clinical Services Plan agreed in February 2019 (linked to ARCH programme, see above) • Watching brief on developments 	done done done done

	Bridgend Boundary Change				done
	Multiple PSB / RPB Plans				done
South West Wales	South West Wales Regional Planning Committee	NHS Organisations in SW Wales	<ul style="list-style-type: none"> Variety of Projects at various stages / statuses (With some cross-over to the ARCH programme noted earlier) 	Regional Planning Forum – Priorities: <ul style="list-style-type: none"> Capacity and Demand (planned) Ophthalmology Orthopaedics Endoscopy Cardiology Ear, Nose and Throat Pathology 	
South East and South Wales					
South East Wales	Clinical Futures	Aneurin Bevan University Health Board (working with other health boards in relation to regional arrangements)	<ul style="list-style-type: none"> Clinical Futures Strategy and Programme 	<ul style="list-style-type: none"> The Specialist and Critical Care Centre, 'The Grange' due for completion 2021 	done
(Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen, South Powys)	The Grange (SCCC)	PSB/RPB and Regional Planning Group	<ul style="list-style-type: none"> The Grange Specialist and Critical Care Centre (SCCC) is currently under construction Interim arrangements in place for paediatric services at Nevill Hall Hospital (NHH) – no further changes expected at this stage, remains as is until the Grange opens Links to regional work, particularly Obstetrics; Neonatal and Paediatric services 	<ul style="list-style-type: none"> ABUHB have developed 46 associated Clinical Pathways; initial desktop review of Powys pathway implications and opportunities conducted; outcomes considered at Formal programme of work being established in partnership with ABUHB and CTMUHB; Draft PID being considered by PTHB Strategic Planning and Commissioning Group March 2020 and meetings being established; programme will include stakeholder engagement in partnership with ABUHB Refer to separate Strategic Change Update for further details 	done
	Multiple PSB / RPB Plans				done
Area	Strategy / Programme	Lead Organisation(s)	Status	Key Points / Impact	done
South East and South Wales (Continued)					
South Central and East Wales	South Central and East Wales Regional Planning Committee	All NHS organisations in SC&E Wales	<ul style="list-style-type: none"> Work Programme – contains variety of Projects at various stages / statuses 	Regional Planning Forum - Priorities Stream One: Legacy programmes from South Wales Plan (Vascular; ENT; Paediatrics; Obstetrics; Neonatal; Gynaecology) Stream Two: Regional Priority Programmes (Orthopaedics; Ophthalmology; Diagnostics)	
South Wales	Former South Wales programme implementation		<ul style="list-style-type: none"> Clinical Services Strategy and implementation of South Wales programme including service changes at Royal Glamorgan Hospital Responsibility for services in the Bridgend County Borough transferred to Cwm Taf Morgannwg University 	<ul style="list-style-type: none"> Implementation of former South Wales programme including paediatrics and maternity services Regional Obstetrics Group established Welsh Government published a report of the Independent Review of Maternity Services at CTUHB on 30 April 2019 Transfer of Bridgend area responsibilities from SBUHB to Cwm Taf Morgannwg UHB implemented 	done
	Bridgend Boundary Change	Cwm Taf Morgannwg University Health Board			done
(Merthyr Tydfil and Rhondda Cynon Taf)	Multiple PSB / RPB Plans				done
South East and South Wales					

South Wales (Cardiff & Vale)	Shaping Our Future Wellbeing	Cardiff & Vale University Health Board	<ul style="list-style-type: none"> Ongoing strategy/ programme of work 	<ul style="list-style-type: none"> Included for completeness; watching brief for any service change impacts 	done done
All Wales/ Specialist Services					
All Wales	Specialised Commissioning	WHSSC	<ul style="list-style-type: none"> Integrated Commissioning Plan (ICP) 2020-23 includes: <ul style="list-style-type: none"> Advanced Therapeutic Medicinal Products Critical Care – Long Term Ventilation Cystic Fibrosis Gender Services Major Trauma Neurosciences Strategy Perinatal Proton Beam Therapy Single Cancer Pathway Thrombectomy 	<ul style="list-style-type: none"> Process underway via the WHSSC formal committee and management group arrangements to finalise and align commissioning intentions between health board IMTPs & other bodies IMTPS and the WHSSC ICP for 2020/2023 Discussion of PTHB utilisation / proportionality and risk sharing arrangements underway 	done done done done done done done done done
Area	Strategy / Programme	Lead Organisation(s)	Status	Key Points / Impact	
All Wales/ Specialist Services (Continued)					
All Wales/ South	South Wales Major Trauma Network	WHSSC / NHS Wales Collaborative	<ul style="list-style-type: none"> Consultation carried out 2018 Implementation Phase 	<ul style="list-style-type: none"> Implementation involving health boards / Welsh Government / NHS Wales partners; liaison with CHCs 	
All Wales/ South	Thoracic Surgery in South Wales	WHSSC	<ul style="list-style-type: none"> Consultation concluded and recommendations approved at the six affected health boards November 2018 Implementation underway 	<ul style="list-style-type: none"> Consultation completed August 2018; outcome informed WHSSC recommendations; approved by the six Health Boards in November 2018 Implementation phase commenced and detailed clinical model under development 	done done done
All Wales/ South	Transforming Cancer Services	Velindre NHS Trust – responsible for Velindre Cancer Centre	<ul style="list-style-type: none"> Transforming Cancer Services is a Programme with Capital development OBC commissioning direction supported by PTHB and other health board/ commissioners 	<ul style="list-style-type: none"> Programme including Cancer Centre Outline Planning Permission granted 2017; OBC completed; PTHB support confirmed for the commissioning direction set out in the OBC Satellite options being considered 	done done done done
All Wales/ North	Nuclear Medicine PET (Positron Emission Tomography) and Gamma Imaging	Welsh Health Specialised Services Committee (WHSSC) and BCUHB	<ul style="list-style-type: none"> Proposals under development in relation to configuration of PET / Gamma scanning services for North Wales 	<ul style="list-style-type: none"> BCUHB carried out engagement on 'The Future Shape of Nuclear Medicine in BCUHB' in October 2019 Future configuration to be aligned with WHSSC planning on an All Wales basis PTHB engaged in the All Wales commissioning via WHSSC Management Group 	done done done
All Wales	Ambulance Programme(s) / Emergency Ambulance Services	WAST EASC	<ul style="list-style-type: none"> IMTPs and Programmes of work; including collaborative work with PTHB 	<ul style="list-style-type: none"> PTHB IMTP 2020/23 aligned to WAST and EASC IMTPs; collaborative work noted in IMTP templates PTHB Strategic Change Steering Group membership includes WAST to enable continuous collaborative planning 	

All Wales	National Delivery Plans / Collaborative Work Programmes	All NHS Wales Organisations	<ul style="list-style-type: none"> National Implementation Groups/ Delivery Plans and Local Delivery Plans 	<ul style="list-style-type: none"> Added for completeness / watching brief as strategic change implications may arise from National Delivery Plan or Collaborative Programmes
Area	Strategy / Programme	Lead Organisation(s)	Status	Key Points / Impact
All England/ Specialist Services				
All England	<p>NHS Long Term Plan (England)</p> <p>NHS Interim People Plan (England)</p> <p>Sustainability and Transformation Partnerships (STPs)</p> <p>Integrated Healthcare Systems (ICS)</p>	<ul style="list-style-type: none"> NHS England/ Improvement Sustainability and Transformation Partnerships (STPs) Integrated Healthcare Systems (ICS) 	<ul style="list-style-type: none"> NHS England and NHS Improvement came together to work as a single organisation in April 2019 The NHS Long Term Plan (England) was published in 2019 with implications across local and regional NHS bodies in England The NHS Interim People Plan was published in June 2019 (a further iteration is expected) Provider and Commissioning organisations in England have developed/ are developing plans in response to the There is an emphasis on the development of Integrated Healthcare Systems (ICS) and on sustainable system plans There have been a number of organisational changes in line with the policy direction shift to systems – including the bringing together of Clinical Commissioning Groups <i>Refer to the Fragile Services Log for more information on specific service areas</i> 	<ul style="list-style-type: none"> Added for completeness/ watching brief as strategic change implications may arise from programmes of work/ policy direction in England The NHS Long Term Plan (England) sets out a 'bold vision' in these areas: <ul style="list-style-type: none"> Ageing Well Cancer Cardiovascular Disease Digital Transformation Learning Disabilities and Autism Mental Health Personalised Care Prevention Primary Care Respiratory Disease Starting Well Stroke Workforce This has implications across NHS bodies in England and Change Programmes relevant to Powys The development of Integrated Healthcare Systems is altering the boundaries between provider and commissioning organisations in England to create system working

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Agenda item: 3.3

Planning, Partnerships and Population Health Committee		Date of Meeting: 7 April 2022
Subject:	Powys Strategic Weight Management Pathway Development Plan	
Approved and Presented by:	Director of Public Health	
Prepared by:	Public Health Consultant/Deputy Director of Public Health	
Other Committees and meetings considered at:	Powys Strategic Weight Management Pathway Planning Group Executive Committee	

PURPOSE:

To present the updated PTHB Strategic Weight Management Pathway Development Plan for approval, including the Powys Strategic Weight Management Planning Group Action Plan 2022/23.

RECOMMENDATION(S):

The Planning, Partnerships and Population Health Committee is asked to **APPROVE** the updated Strategic Weight Management Pathway Development Plan and the 2022/23 action plan.

Approval/Ratification/Decision¹	Discussion	Information
✓	✓	x

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

Executive Committee approved the Powys Strategic Weight Management Pathway Development Plan 2021-2024 in May 2021. Given that health boards will be expected to submit quarterly qualitative reports detailing progress against plans to deliver the NHS Wales Weight Management Pathway in 2022/23, the plan has been updated to ensure it provides an accurate assessment of the current position and actions for next year. The updates to the plan were approved by Executive Committee on 09/03/22.

DETAILED BACKGROUND AND ASSESSMENT:

The Powys Strategic Healthy Weight Pathway Planning Group is chaired by the Director of Public Health and meets on a fortnightly basis. Its focus in 2021/22 has been on planning for the establishment in Powys of clinical weight management pathways for a) adults and b) children, young people and families in line with the year 1 priorities identified in the Powys Strategic Weight Management Development Plan 2021-2024 (approved by Executive Committee on 19 May 2021).

The priorities identified in the action plan for 2021/22 were:

- Establishing the Strategic Weight Management Pathway Planning Group to oversee progress against the identified priority areas and ensure adherence to the agreed service standards.

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- Developing an adult weight management pathway including the development of a business case and commencing implementation of a level 3 service.
- Developing a children, young people and family weight management pathway.
- Ensuring that equipment and facilities in PTHB are appropriate for those with higher body weights (including Patient Transport and Emergency Services)
- Ensuring protocols are in place to enable appropriate referral when childhood obesity is a cause for professional concern regarding wellbeing and risk of harm.
- Developing and/or identifying appropriate training to enable PTHB staff to engage in supportive conversations with patients regarding weight management.

During 2021, progress has been made against all of the above actions and in particular has included:

- The development of a business case for the adult weight management pathway
- Commencement of Level 2 weight management services
- Commencement of Level 3 weight management services
- Development of a business case for the children, young people and families weight management pathway

The Powys Strategic Weight Management Development Plan 2021-2024 was reviewed and updated in February 2022 in order to take account of progress made in year 1 (2021/22) and the impact of the COVID-19 pandemic on the delivery of the plan. An action plan for 2022/23 was also added to the plan in the appendix.

NEXT STEPS:

The Powys Strategic Healthy Weight Pathway Planning Group will continue to meet to oversee the implementation of the Powys Strategic Weight Management Pathway Development Plan 2021-2024.

Qualitative reports detailing progress against the plan will be reported to Welsh Govt quarterly in line with the NHS Wales Priority Delivery Measures for 2022/23.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age				✓
Disability				✓
Gender reassignment				✓
Pregnancy and maternity				✓
Race				✓
Religion/ Belief				✓
Sex				✓
Sexual Orientation				✓
Marriage and civil partnership	✓			
Welsh Language	✓			
<p>Statement</p> <p><u>Equitable provision:</u> Delivery of the weight management pathways for adults and children, young people and families would provide residents of Powys with access to support to achieve and maintain a healthy weight close to home. In addition, by completing the Pathway with Level 3 provision, access to the Level 4 (surgical) service would be made straightforward for adults. Level 4 offers a life-changing treatment regime for those with complex needs.</p> <p>Pregnant women, people with learning difficulties and other specialist groups would all benefit from the introduction of this tailored service. For the first time, residents of Powys will have equitable access to a full and complete pathway of services aligned with those provided to their neighbours in other parts of Wales and England.</p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	✓			
Financial	✓		✓	
Corporate	✓			
Operational	✓			
Reputational			✓	
<p>Statement</p> <p>There is a financial risk associated with the level of investment required to establish a fully functioning weight management service for adults and children. The reputational risk is associated with not doing this given the expectations of Wels Govt.</p>				

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POWYS STRATEGIC WEIGHT MANAGEMENT PATHWAY DEVELOPMENT PLAN

2021-2024

Reviewed and updated on 19 February 2022

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EXECUTIVE SUMMARY

The 'Powys Strategic Weight Management Development Plan 2021-24' is a detailed three year plan that has been developed in partnership with key stakeholders. It aligns to priorities identified within the Powys Health and Care Strategy,^[1] the Powys Wellbeing Plan, Powys Teaching Health Board's Integrated Medium Term plan as well as the Principals of Prudent Healthcare.^[2] It also aligns to the ambition set out in the long term strategy to prevent and reduce obesity in Wales, Healthy Weight:Healthy Wales (2019).^[3]

The plan has been written in response to Welsh Government's publication of the All Wales Weight Management Pathway (2021) which requires all health boards in Wales to have a fully functioning weight management pathway that reflects the published standards. Currently Powys does not meet the requirements of the guidance and lacks the full range of services that are needed for a complete, focused pathway for both adults and for children young people and families, although a level 2 service for adults commenced in April 2021 and a level 3 service for adults started to accept referrals in October 2021 and to see clients in January 2022

This document recognises the complexity of Powys as a health board and identifies the specific needs of the population as well as the potential demand for weight management services. A critical evaluation of existing services in Powys is presented which is mapped against the guidance published by Public Health Wales. Three year goals for both the adult pathway and the pathway for children, young people and families have been developed to enable a stable clinical service to be established.

The establishment of a complete weight management pathway in Powys will provide the services that residents of Powys urgently need, supporting the improvement of population health and providing parity with services in neighbouring health boards.

The service delivered will respect the latest weight management guidance, as well as all relevant directives from Welsh Government. The service will be designed through a co-production process that engages with stakeholders, including users, to create a pathway that is both robust and respectful to those who have need of the service.

Through the implementation of this plan, it is expected that Powys will be able meet the requirements set out by Welsh Government and will achieve a fully functioning Weight Management Pathway for Adults and for Children, Young People and Families by March 2024.¹

¹ Powys Health and Care Strategy. (2017). Online. Available at: http://www.powysthb.wales.nhs.uk/sitesplus/documents/1145/235-0517%20Health%20and%20care%20strategy%20report_ENG_R2.pdf [Accessed 21st June 2021].

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²Prudent Healthcare Securing Health and Wellbeing for Future Generations. Available at: <https://gov.wales/sites/default/files/publications/2019-04/securing-health-and-well-being-for-future-generations.pdf> [Accessed 21st June 2021].

³Healthy Weight: Healthy Wales. Welsh Government (2019). [Online]. <https://gov.wales/healthy-weight-strategy> [Accessed 21st June 2021].

BACKGROUND

Healthcare in Powys

Covering approximately a quarter of Wales, or nearly 2,000 sq. miles, Powys is the largest county in Wales. Powys has no district general hospital, however, it does have a network of community hospitals, local primary care teams, visiting consultants and specialists, social care and voluntary organisations who all work together to provide a wide range of health services in our local communities.

In partnership with Powys County Council, and through co-production with the people of Powys, Powys Teaching Health Board has established an ambitious ten-year strategy for the delivery of a collaborative health and care approach that will deliver sustainable change (2017-2027).

Powys Teaching Health Board is uniquely placed to create a Powys Model of Care that is truly centred around the person and the place in which they live, making the motto 'care closer to home' meaningful by building on local strengths. The health board leads the way with innovations in community and primary care, nursing and therapies, with robust relationships between teams and partners.

The greatest strength in Powys is its people; there is an active voluntary and community sector with around one in ten people having caring responsibilities. As such, the health board has a part to play in the wider social, economic and cultural well-being of the county. These actions contribute positively to partnership work on the Powys Well-being Plan which looks 'Towards 2040' to ensure a truly inter-generational approach.

The Powys well-being objectives and outcomes were developed through involvement with local communities and stakeholders as part of its Transforming in Partnership programme. They reflect what the people of Powys have said about their health and care – in-service user surveys, complaints, compliments, engagement events, service user forums, conferences and specific health and care events.

'A Healthy Caring Powys' is reliant on collaboration between and across members of the Regional Partnership Board, which includes the Health Board, Powys County Council, the Third Sector, Universities, the public, patients and carers. Key to this is the triple integration approach of health and social care, mental and physical health, and primary and community care. The Powys Regional Partnership Board (RPB) takes a life course approach to 'Start Well', 'Live Well' and 'Age Well' and there is a programme of work across each of these.

Powys makes up a significant footprint in the rural heartland of Wales, covering a large geographical area which borders England and all but one

of the other health boards in Wales. The economic, social and healthcare links across these areas form part of the distinct characteristics of North Powys, Mid Powys and South Powys Clusters. Building a whole system approach across health and care that works for rural Powys and its populations is an ongoing activity and partnership working is critical.

The health board is responsible for improving the health and well-being of approximately 133,000 people living in Powys. The county covers a quarter of the landmass of Wales, but with only 5% of the country's population – it is a very sparsely populated and rural county. Geography, rurality and a limited road network make access a challenge, with residents accessing acute hospital care from 15 providers around its Welsh and English borders.

Whilst economic well-being is above the Welsh average, there is hidden poverty in Powys associated with rural communities. Nine Lower Super Output Areas (LSOAs) are among the most deprived 30% in Wales.^[1] A child born in the most deprived area will live 5.6 years less (for females) and 6.5 years less (for males) than a child in the most affluent.

The population in Powys is older compared to the rest of Wales and the working age adult population is smaller compared to the rest of Wales. It is predicted that there will be an 8% decline in population in Powys by 2039. The number of young people and those under 65 will decrease while older adults will increase 44%.

The Powys Public Service Board Wellbeing Assessment demonstrates these significant challenges and the health board expects a significant increase in demand for health and care in future years that will be over and above the potential impact of lifestyle factors such as obesity, smoking and alcohol use. It is critical not to underestimate the impact on the sustainability and viability of future healthcare services in Powys.

PTHB is accustomed to delivering innovative and community-based services away from acute District General Hospital (DGH) settings. The health board has a strong track record in partnership working. There is a continued emphasis on the PTHB ambition to be a leader in primary and community care, and this is strengthened with the development of more integrated cluster working and the full alignment of priorities across the Health and Care Strategy, Integrated Medium Term Plan and Cluster Plans. This means that actions are aligned at a pan-Powys and sub-regional level in North, Mid and South Powys.^[2]

Healthy Weight: Healthy Wales and Health and Care Strategies in Powys

The COVID-19 pandemic has had a significant impact on the progress made towards the Healthy Weight: Healthy Wales Delivery Plan across Wales

throughout 2020/21 and 2021/22. Changes in the mode of delivery e.g. digital and tele-health routes, brought about by the pandemic, will be retained in order to improve service access.

People and families across Wales will have seen a decline in their physical activity and this will have impacted upon their mental health, which is strongly linked to obesity and wellbeing. The pandemic has shown the potential for a widening of the inequality gap so an additional focus will be included in the deliverables: to provide support for those adversely affected by lockdown restrictions or economic impacts of the pandemic.

The Healthy Weight: Healthy Wales (HW:HW) National Priority Actions remain central to the weight management programme that will be established in Powys in the period 2021-2024. The developments will recognise the eight HW:HW priorities. They will be embedded into the developing weight management pathway in line with the Health and Care Strategy for Powys: A Vision to 2027 and Beyond.

The Health and Care Strategy utilises best practice in relation to health and care systems and integrates the work of the health board, Powys County Council and its partners (third and business sectors) to provide one seamless health and care system for Powys residents. Its vision of a 'Healthy Caring Powys' promotes a more holistic way of supporting people by working together more effectively through multiple levels of integration. It is the first of its kind in Wales.

Both the ageing population and improvements in treatments and interventions mean people are living with multiple diseases and more complex care needs. This means there is a need to look more holistically at a person's requirements: looking further ahead to prevent people from becoming ill. Early help and support can have the greatest impact on ill health and premature mortality, as can focusing on the things that cause illness such as smoking, alcohol and being overweight.

Population Health in Powys

Illnesses associated with obesity have been estimated to cost NHS Wales over £73 million per year and life expectancy is reduced by an average of 2 to 4 years for those with a Body Mass Index (BMI) of 30 to 35 kg/m², and 8 to 10 years for those with a BMI of 40 to 50 kg/m².^[3] As well as adverse health outcomes and premature mortality for individuals, there are significant economic costs of obesity including increased health and social care expenditure, as well as indirect costs due to loss of workplace productivity.^[4] It follows that obesity is one of the greatest challenges for health and social care services both now and in the future.

Public Health Wales estimates that 1 in 3 adults (aged 45-64 years) in Wales are obese, with 10,000 more adults becoming obese every year. Around 60,000 adults (aged 16+) in Wales are severely obese.^[4] This is based on self-reported data obtained from the National Survey for Wales. Data for Powys (2017-2019) puts the prevalence of adult overweight and obesity at 55% in Powys (41,511 adults) and at 60% in Wales.^[5]

Update (Feb 2022): The National Survey for Wales (2019-20) found that 61% of adults in Wales were classified as overweight or obese including 25% who were obese. Men were more likely to be overweight, but not obese, than women. Middle aged adults were more likely to be overweight or obese, as were adults in the most deprived areas. However, there was no significant change in overweight and obesity between 2016-17 and 2019-20 (although obesity rates appeared slightly higher, the difference was not statistically significant). The most recent data for Powys suggests that 56% (61,579) of adults aged 16+ are overweight or obese.

In relation to pregnancy, obese women spend an average of 4.83 days more in hospital with a five-fold increase in the cost of their care due to complications during labour.^[6] In Powys this results in higher numbers of women requiring obstetric intervention through commissioned services in neighbouring health boards rather than having midwife-led care in county. Data for the pregnant population in Powys shows that there were 616 pregnant women in Powys in 2018/19 who were overweight or obese. Between 2018 and 2021 the caseload for maternity services showed an average of 53% of referrals were for pregnant women who were overweight or obese. The Maternity Vision for Wales gives clear direction that health boards should aim for 45% of women to commence labour outside of an obstetrics unit; with increasing obesity, this target becomes an ongoing challenge.^[7]

A quarter of Powys children aged 4-5 years are classified as overweight; just over a tenth are obese and 2.5% severely obese.^[8] By the time these children reach the end of primary school the ratio becomes 1 in 3. If children are obese by the age of four it is recognised that they are more likely to become obese adults. Prevention work before the age of four years is therefore essential to reduce adult obesity, co-morbidities and premature mortality. This essential preventative work is in alignment with the National Clinical Framework.^[9] Ninety-three percent of Welsh adolescents aged 11-18 year only eat one portion of their 5-a-day. Self-reported data suggests that in Powys 83% of adolescents aged 11 to 16 years are of a healthy weight, 17% are overweight or obese and 4% are obese. Powys has a slightly higher proportion of adolescents of a healthy weight compared to Wales as a whole, although the difference is not statistically significant.

Update (Feb 2022): The COVID-19 pandemic has profoundly influenced physical activity and eating behaviours during 2020/21 and 2021/22 and the effect of this is likely to be a worsening of the already increasing trend in obesity rates. Many people have been less active and had less a healthy diet than usual due to the impact of factors such as 'stay at home' instructions, home working, home schooling, reduced income, increased grocery and fuel costs, anxiety, physical illness (including COVID-19), job losses/furlough, interrupted supply chains and closure of sports and fitness facilities. Many of these factors will have disproportionately affected people on lower incomes thereby increasing inequalities in health outcomes. Some may have found they had more time for home cooking or physical fitness, but the overall impact is likely to have been one of increased levels of obesity in the population and a widening inequalities gap between those in the most and least deprived communities.

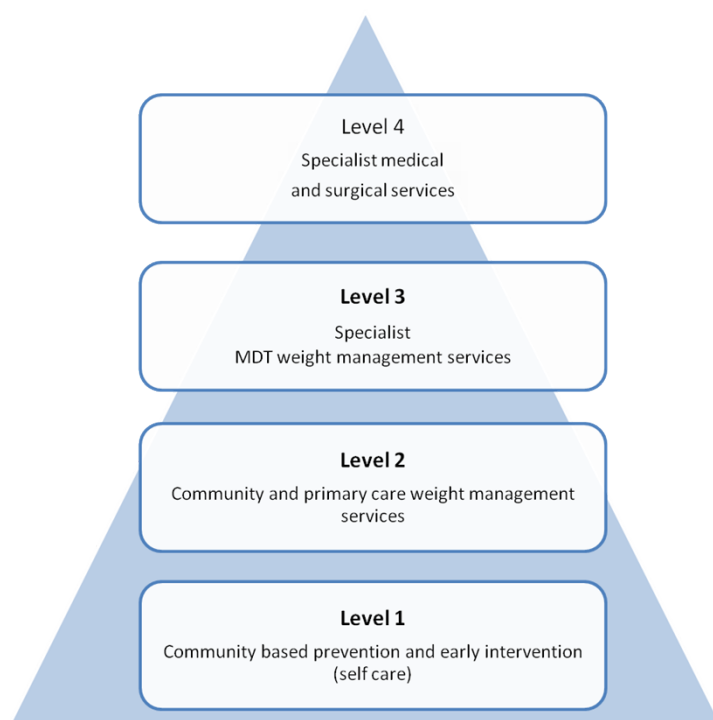
The full effects of COVID-19 restrictions and lockdowns on the obesity levels of the population are not yet known. However, it is apparent that both adults and children have significantly reduced their level of physical activity over the past 12 months. For children it is recognised that there has been a reduced return to sports clubs post-lockdown. What is known, is that reducing obesity reduces the impact of coronavirus infection on mortality and on-going health complications as a consequence of infection. This places weight management at the heart of a collection of measures that make a significant positive difference to both COVID-19 outcomes and quality of life measures as we move out of the pandemic.

ALL WALES WEIGHT MANAGEMENT PATHWAY

In recognition of the obesity evidence, Welsh Government launched the All Wales Obesity Pathway in 2010, which has now been replaced with the All Wales Weight Management Pathway in 2021. The pathway is a four-tiered approach to support all people to manage their weight in Wales.^[10] It consists of an increasingly intense series of interventions (Level 1 to Level 4). In summary, the levels are:

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Figure 1: The weight management pathway



The pathway is in line with NICE guidance and requires health boards to work in partnership to tackle the problem. It is envisaged that access and engagement begin with Level 1 and Level 2 services with the aim of reducing demand for Level 3 and Level 4 services.

ADULT PATHWAY

The draft All Wales Weight Management Pathway 2021 (Adults) was provided by Public Health Wales on 22 March 2021. It identifies the need for the provision of Level 1-4 services. The final document is expected in May 2021. Accompanying the revised Weight Management Pathway for Adults was a set of minimum service standards for the four levels of the Pathway. These new requirements form the basis of reporting that health boards must make on an annual basis to Welsh Government. Included in the nine standards is the requirement to provide a weight management pathway strategic development plan for the delivery of a Powys weight management service (this document).

Services will be delivered in partnership between health and other public sector partners, third sector organisations and commercial providers. The provision will be scoped in 2021/22 when it will be decided which activities will be delivered in-house through the health board and which will be commissioned or provided externally. Appropriate partnerships will be

found for each deliverable that offer practical solutions that fit the needs of the county.

The expected services, as described in the revised guidance, as well as the services currently offered in Powys are briefly outlined below. The full guidance can be found in the draft All Wales Weight Management Pathway 2021 (Adult): Core Components document.

Level 1: Brief advice and self-directed support

Expected: Level 1 includes early intervention and self-help services for those with lower level weight problems.² It is expected that people start with Level 1 activities (self-care, community-based prevention and early intervention) to support healthy eating and exercise. A wide range of activities fall into Level 1 and include those commissioned or delivered by the public sector and those that are delivered by voluntary and commercial sectors. . Services will be delivered by trained professionals.

Current: Due to COVID-19 restrictions, there are limited options available across Powys at Level 1. Making Every Contact Count provides brief advice to support, advise and signpost people who are overweight or obese at Level 1. A range of third sector services offer signposting and referral services. Based on the principles of a 'what matters' conversation they work with individuals to connect them to relevant support in their communities. This can include, but is not limited to, a range of sport and physical activities such as local sports and exercise classes. Mental Health and wellbeing support is also provided through a range of third sector organisations and complements the physical activity offer. Exercise classes and cooking skills services commissioned by Powys County Council are currently on hold as a consequence of continuing lockdowns. Monitoring of Level 1 services, against the new guidance will be needed to ensure a wide range of options are available to Powys residents that meet the new requirements.

Update (Feb 2022): Current services include community-based exercise classes, local sport clubs and a range of services provided by the third sector many of which have restarted following the disruption caused by the pandemic. There is no comprehensive, up-to-date central database or

² It should be noted that interventions that operate at the primary prevention level i.e. that aim to stop people becoming overweight in the first place rather than to support them to achieve a healthy weight, sit outside of the scope of the weight management pathways which are therefore, in effect, "treatment" pathways. Primary prevention forms part of the wider systems approach to healthy weights in Wales.

directory of existing level 1 provision although some services are listed on Powys InfoEngine.

Funding was secured as part of the Building a Healthier Wales bid for delivery of *Get Cooking* at Level 1 - an 8-week, practical cooking course which increases confidence and nutrition knowledge to support clients to eat more healthily and develop basic cookery skills. Due to COVID-19 restrictions, Dietetic Support Workers have been unable to deliver *Get Cooking* and have therefore had capacity to provide nutrition-focussed wellbeing talks to PTHB staff and deliver nutrition and weight management sessions as part of Pulmonary Rehabilitation. Webinars on healthy eating have been delivered to the public and evidence-based information has been promoted and shared via public facing social media platforms.

MECC training has not been undertaken during the pandemic but many staff have previously been trained. Other training which may support staff to have conversations about healthy weight include 'Improved Clinical Decision Making' which is now available to staff. Further work is planned as part of the Strategic Weight Management Planning Group's action plan in relation to ensuring that healthcare staff have had appropriate training to enable them to raise the issue of weight and to have supportive conversations about this with their patients/clients.

Level 2: Multi-component weight management service

Expected: The All Wales Weight Management Pathway 2021 states that a Level 2 service should offer multi-component weight management interventions addressing dietary intake, physical activity levels and behaviour change based on behavioural science. A service should be offered to people who meet the criteria set out in the Pathway. The access thresholds described differ for some ethnic groups and those with co-morbidities.

People who fit the criteria can be referred or self-refer to the programme. The services provided at this level should include group-based activities providing eight sessions per 12-week intervention period. Clear routes of access to eating disorder services as well as National Exercise Referral Scheme programmes need to be in place.

Current: In Powys in 2020, access to a specialist weight management service that met the All Wales criteria was not available. With specialist weight management interventions starting in 2021, to add to the comprehensive dietetics care, Powys now delivers a basic Level 2 service reflecting the All Wales criteria. These services are funded through the 'Building a Healthier Wales; Prevention and Early Years' funding. They are:

Foodwise for Life, Nutrition Skills for Life (digitised), and commercial weight loss classes (i.e. Slimming World vouchers). This funding is non-recurrent funding and will end in March 2022. Evidence-based guidance on lifestyle interventions at Level 1 and 2 will be used to inform further service development.^[11] Third sector activity could also complement activity in Level 2 interventions and offer a holistic approach to support people's needs. This could include access to physical activity programmes, mental health and emotional support. Formal links with specialist eating disorder services are currently being developed.

Update (Feb 2022): PTHB currently delivers a limited online level 2 service. This is delivered by the dietetic team's Public Health Dietetic Support Workers who deliver the *Foodwise for Life* programme virtually. *Foodwise for Life* is a standardised, evidence-based eight-week weight management course developed by Public Health Dietitians in Wales. Participants are signposted to the National Exercise on Referral scheme and Invest in Your Health to ensure a multi-component approach, however links between these services are informal and there is no single point of access to weight management services or joined-up record management. Current delivery does not yet fully meet Welsh Government guidance.

In normal circumstances (i.e. pre-pandemic) *Foodwise for Life* would be delivered face to face. COVID-19 restrictions have meant the programme has had to be adapted and it is currently delivered virtually. There would have also been some targeted delivery of *Get Cooking* to people accessing level 2 services as part of a multi-component approach, however COVID-19 restrictions have prohibited this.

There are plans to offer a staff specific *Foodwise for Life* service as outlined in PTHB's Staff Wellbeing Plan. Should practical cooking sessions resume in the community post-COVID, capacity to deliver staff sessions would be very limited if additional funding is not secured (note: any on-going delivery of level 2 services is dependent on funding being available).

The Dietetic Support Worker posts are currently funded through Building a Healthier Wales; Prevention and Early Years (total of £67,589.26 funding per annum). This funding is non-recurrent and was originally due to cease in March 2022, although is now extended for a further three years.

Evaluation to date has been positive, for example: 94% of participants lost weight over the 8 weeks, 100% of participants reported making changes to their diet and their physical activity since attending the programme and 63% and 44% of participants reported that their family have made changes to their diet and physical activity levels respectively.

In addition to *Foodwise for Life*, 420 vouchers for a 12-week commercial weight management programme (Slimming World vouchers) were

purchased before the onset of the pandemic using one-off non-recurrent funding to provide an initial level 2 service prior to the current *Foodwise of Life* service being set up. Their introduction was delayed until February 2022 due to the impact of the pandemic on the delivery of Slimming World services, but they are currently being offered to service-users thereby providing additional capacity and choice at level 2 albeit in the short term. Subject to funding, there are plans to purchase additional commercial weight management group vouchers as part of the PTHB renewal programme. These are likely to be used as part of the multi component level 2 service in future years.

The National Exercise Referral Scheme (NERS) is available to Powys residents. NERS is an evidenced-based health intervention that incorporates physical activity and behavioural change, it supports clients to make and maintain healthier lifestyle choices which will improve their health and wellbeing. NERS is funded via Welsh Government.

Level 3: Specialist multi-disciplinary assessment and weight management services

Expected: The Level 3 multi-disciplinary team (MDT) service is described as one that addresses the needs of adults with severe and complex obesity, and complex physiological and psychological health issues.^[12, 13] Specialist interventions are tailored to each individual's requirements. Referral to the service is from a healthcare professional. The baseline clinical criteria for access to a Level 3 service in Wales is a BMI of 40 kg/m² or above (the thresholds described differ for some ethnic groups and those with co-morbidities).

The 2021 guidance anticipates the specialist multi-disciplinary team will consist of the following registered clinicians with specialist interest/skills/training in weight management:

- dietitian
- physiotherapist or physical activity specialist
- psychologist
- physician
- nurse

The team will need support from a co-ordinator/administrator and occupational therapist as well as support workers, physiotherapy technicians and assistant psychologists.

Interventions should last at least one year and comprise an active intervention phase and a weight loss maintenance phase. A flexible approach to the duration and intensity of the active intervention phase

should be taken, with a minimum of 24 weeks of engagement (either group or individual). Interventions for people with specific needs should be included e.g. older people, hearing or visually impaired, mental health, learning difficulties. A discharge plan, provided to the person and their referring GP, would highlight the importance of follow-up over the next two years in primary care. Progress will be monitored and those who may require or be eligible for bariatric surgery (Level 4) are identified.

Current: Powys currently has no Level 3 MDT creating a circuitous and inequitable route to Level 4 bariatric surgery. Within secondary care, consultant to consultant referrals are offering some people some of the interventions needed at Level 3. In primary care, some GPs are prescribing weight management medication and individual patient funding requests for Level 3 MDT provision at Aneurin Bevan UHB are being made by some GPs. Third sector activity could also complement activity in Level 3 interventions and offer a holistic approach to support people's needs.

Update (Feb 2022): Welsh Government funding for obesity services (£121,000) has been used to develop and implement a new Level 3 MDT service for adults in Powys during 2021/22. The service has been open for referrals since October 2021 and started to see clients in January 2022.

The focus is to support individuals with complex biopsychosocial factors for increased weight which commonly have influences from across the lifespan. The MDT will work with individuals to create a bespoke management plan using the resources available within the service. A psychologist and a dietitian have been recruited on a permanent basis to the team. It has been difficult to recruit to some roles, but further recruitment is ongoing as required. The Level 2 and 3 services are managed separately and a work-around has been necessary to ensure that appropriate blood tests and medical screening can be done as part of the assessment process which slightly complicates referrals to Level 3. This is because the community hospitals in Powys do not have access to a phlebotomy service, clients therefore need to have any blood tests at their GP practice. The number of referrals numbers is twice the number that was anticipated at the initial service planning stage.

A benchmarking exercise has been completed to compare the planned service with other more established services in England and Wales which have similar demographics and geographical challenges. This has indicated that the current staffing levels are unlikely to meet the demand placed on a fully established service. Although funding for the existing service has been confirmed for 2023/24, after this point internal funding will need to be secured to ensure the continuation of the service. A business case has been developed for the adult pathway, focusing on Level 2 and Level 3,

outlining the investment required. This is due to be submitted to the health board for consideration in Q4 2021/22.

Level 4: Bariatric Surgery

Expected: This level should provide a specialist medical and surgical (bariatric surgery) service to those individuals who have failed to achieve or maintain adequate weight loss through other interventions in the pathway. The access criteria include special mention for those people with uncontrolled diabetes, sleep apnoea and uncontrolled hypertension.

Level 4 services are commissioned by the Welsh Health Specialised Services Committee (WHSCC) and are provided out of county. Post-surgical support is provided for a period of 2 years.

Current: As a specialist service, bariatric surgery is not provided within Powys; access is provided in Swansea (south Powys) or Salford (north Powys). The gatekeeper (Welsh Institute of Metabolic and Obesity Surgery, WIMOS, Swansea) approves admittance once it is satisfied that the patient has been suitably assessed. Access to this service is currently circuitous for Powys patients due to the lack of a Level 3 service.

Summary: Adult Pathway

Level 1 provision is severely limited due to COVID-19 restrictions although this has eased somewhat in 2022 as COVID-restrictions have been lifted. A basic Level 2 service commenced in April 2021. A Level 3 service has been developed and started to see clients in January 2022. A Level 3 multi-disciplinary team is needed to ensure coordinated access to Level 4 services.

The building blocks of Level 2 and Level 3 services for adults will be in place in 2021/22 through national monies – although some elements will be funded non-recurrently.

Update (Feb 2022): Significant progress has been made during 2021/22 despite the massive impact of the COVID-19 pandemic and Level 2 and 3 services have now commenced. A costed 3 year business case has been developed in 2021/22 for the adult weight management pathway across Levels 1 to 4. This focuses in particular on the investment required to establish Level 2 and 3 services that will meet population need and target inequalities in health outcomes.

PTHB STAFF

As an employer, we recognise that there are employees and work colleagues who would value support to achieve and then maintain a healthy weight. Many of these staff are not resident in Powys, but spend a significant amount of time in the county as part of their work duties. In accordance with the values of the organisation, and as a good employer, we wish to offer access to support to all our staff regardless of where they live. Recognising this, we will be developing proposals to offer Level 2 and, where appropriate, Level 3 support services for our staff to sit alongside existing Level 1 services. A pilot service for staff will be developed in the first part of 2021/22. This will allow us to assess the level of demand for the service and establish the resources needed to deliver a staff-specific service going forwards.

Update (Feb 2022): As outlined above in relation to Level 1, Dietetic Support Workers have been unable to deliver *Get Cooking* during 2021/22 due to the pandemic, but this has given them capacity to do other work including providing nutrition-focussed wellbeing talks to PTHB staff.

CHILDREN, YOUNG PEOPLE AND FAMILIES PATHWAY

The unpublished draft All Wales Weight Management Pathway (2021) Children, Young People and Families (CYPF), dated 9 April 2021 and provided by PHW, provides guidance on the services that are expected within the CYPF pathway.^[14] The final published document is expected in May 2021. It is expected to closely reflect the Adult Weight Management Pathway the differences being that interventions are provided by trained paediatric specialists that Level 4 (bariatric surgery) will be rarely offered and that interventions will focus on the family environment including parenting.

Interventions will need to recognise the importance of parenting, inter-generational risk, psychological/behavioural factors, the home environment, inequalities, impact of deprivation and the complexity of influences on the development of obesity / overweight in children.

Services will be delivered in partnership between health and education facilities (e.g. schools, colleges), third sector organisations and commercial providers. The provision will be scoped in 2021/22 when it will be decided which activities will be delivered in-house through the health board, commissioned by the health board to external providers or will be delivered external to the health board. Appropriate partnerships will be found for each deliverable that offer practical solutions that fit the needs of the county.

PHW has provided a set of minimum service standards for the three levels of the pathway. These new requirements will form the basis of reporting that health boards must make on an annual basis to Welsh Government. Included in the standards will be the requirement to provide a strategic weight management pathway development plan describing the delivery of the children, young people and families weight management service.

The developing service will take into consideration the publication from the Children's Commissioner for Wales June 2020: the 'No Wrong Door' report.^[15] The report highlights the need for more creative solutions that ensure services respond sooner to children and young people's emotional wellbeing and mental health needs, closer to home. This could include early help panels or hub models, drop-in centres, models that make sure children and young people get the right help so that they don't need to go away from home to receive specialist care, or plans for specialist residential care closer to home.

Person-centred: A person-centred, empathic, non-judgemental approach based on mutual respect and honesty should be adopted by all staff at every level of the pathway. Services for children, young people and families should take a United Nations Convention on the Rights of the Child (UNCRC) approach and ensure children and young people are encouraged to express their views, feelings and wishes and to have their views taken seriously.

Psychologically and behaviourally informed: Doing no harm and creating a safe space for people managing their weight by delivering compassionate, non-judgemental, person-centred services is essential. This principle will be upheld by ensuring that weight management staff are both psychologically and trauma informed and by challenging all factors that promote bias and stigma. Childhood obesity alone is not a child protection concern but all staff will need an increased awareness of when, in combination with other factors, weight is a safeguarding issue and be clear on the actions required in such circumstances.

Focussed on the long term: Taking a long-term approach that seeks to foster the development of sustainable self-care and self-management skills will support children, young people and their families to manage their own wellbeing, care and outcomes. Factoring in the support provided by social networks and community assets early in the weight management journey will help to develop resilience.

Integrated and co-ordinated supporting the patient journey: Every person's weight management support should be coordinated by an appropriately trained member of staff or a team who be responsible for ensuring overarching progress is reviewed in a timely manner. This is particularly relevant if programmes consist of separate components delivered by different providers.

Provide support for on-going weight management journey: Staff in all services should provide planning support and information to help participants continue their weight management journey once the active phase of the programme is complete.

The full guidance can be found in the draft All Wales Weight Management Pathway 2021 (Children, Young People and Families): Core Components document. A summary of the core components can be found in the appendix.

Level 1: Brief advice and self-directed support

Expected: It is expected that children, young people and their families start with Level 1 activities (self-directed, community-based prevention and early intervention) to support the achievement and maintenance of a healthy weight. Activities could include support to develop parental confidence and skills to improve diet, increase physical activity or play and reduce the amount of time spent being sedentary. Examples of activities at Level 1 include those that are delivered by Sport Wales and sport/leisure centres as well as those that are delivered by the commercial (e.g. Slimming World: Family Affair for teenagers aged 11-15 years) and voluntary sectors. These are community-based or online services addressing physical activity, well-being and healthy eating activities. It is anticipated that these services will be delivered by trained professionals.

Both routine and opportunistic appointments with health professionals working in primary and community health roles as well as social care and education will identify children and young people who may be encountering weight related issues. Interventions will need to recognise the importance of parenting, inter-generational risk, psychological/behavioural factors, the home environment and the complexity of influences on the development of obesity / overweight in children.

Current: Due to COVID-19 restrictions, there are currently limited options operating across Powys at Level 1.

Making Every Contact Count and 'Bach a Iach' (physical activity and nutrition programme aimed at pre-school children) are core parts of the health board contribution at Level 1.

The locally developed scheme Bach a Iach focuses on healthy weight, physical literacy, physical activity and healthy eating in pre-school aged children. It links closely to the Healthy and Sustainable Pre-school Scheme (HSPSS) in Powys.

Building on the Bach a Iach approach, a new Foundation Phase programme has recently been introduced in north Powys, focusing on areas of higher deprivation (Years Reception, 1 and 2). This was initially funded through the North Powys Transformation Programme. The team have now secured further transformation funding to extend this approach across Powys in 2021/22.

The *Get Cooking* programme, usually delivered by the PTHB dietetic team, is temporarily suspended. Exercise classes, well-being skills and holiday activity services provided by Powys sports centres are currently on hold as a consequence of continuing lockdowns. It is hoped that these activities will restart shortly. Bump to Buggy Walks, delivered by specialist support workers in ante-natal and post-natal physical exercise and provided through maternity and health visitor services, will soon resume. Third sector organisations offer a range of support to children and young people including sport and physical activity as well as supporting emotional health. HAFAN offers a healthy relationships course through schools which supports young people who have been bullied due to their weight. MIND organisations also support children and young people with emotionally challenging relationships with food. Eating disorder services are also delivered by the third sector e.g. BEAT.

Monitoring of Level 1 services, against the new guidance will be needed to ensure a wide range of options are available to Powys residents that meet the new requirements.

Update (Feb 2022): Current service provision covering the First 1000 Days (from pregnancy until age 2) is delivered by Healthy Lifestyle Support Workers. These posts are fixed-term until 31 March 2022 following approved funding through Building a Healthier Wales Prevention and Early Years (subject to confirmation, funding is expected to be extended). The service has been running since January 2021 and provides support for healthy lifestyles, particularly focusing on healthy weights and smoking cessation. In relation to healthy weight there is delivery of *Foodwise in Pregnancy*, *Foodwise for Life*, Bumps to Buggy Walks and one-to-one support.

Foodwise in pregnancy is open to all pregnant women. It is delivered as a 6-week course, each session lasting 1.5 hours and at present is delivered virtually. There have been 66 referrals into the scheme although uptake has been lower than anticipated (22) due to the challenges of COVID19, virtual delivery and difficulties fitting around the service user's work commitments.

Foodwise for Life launched in 2021. It is for mothers with children up to age 2 and with a BMI over 25 and is an 8-week programme. Engagement

has been challenging due to the difficulty of assessing BMI in that group of people and the challenges listed above for *Foodwise in Pregnancy*. In future it is anticipated that Foodwise for Life will be delivered through the adult weight management pathway.

Bumps to Buggy walks are delivered in 6-week sessions across Powys (limited areas due to reduced WTE currently) with the aim of increasing physical activity and encouraging positive mental well-being.

Delivery of the Healthy Pre-schools (Bach a Iach) scheme and the Healthy Schools scheme has continued throughout most of 2020/21 (the schemes were suspended during the early months of the pandemic) and 2021/22 although delivery has been affected by the impact of the pandemic on schools. However, new ways of working have been adopted successfully and work is planned to build on this from 2022/23 onwards. The Healthy Pre-schools programme includes a strong focus on physical literacy, physical fitness and healthy eating and is delivered in Powys using a locally developed approach (Bach a Iach) in order to promote healthy weights in under 5 year olds. The Bach a Iach approach has been adapted for older children and introduced into targeted schools for Reception, Year 1 and Year 2 children (i.e. the Foundation Phase), under the umbrella of the Healthy Schools Scheme and in order to promote healthy weights in children up to age 7 years. In 2020/21 Foundation Phase Bach a Iach was rolled out in targeted schools in North Powys and in 2021/22 the approach was rolled out to targeted schools across Powys. At the time of writing formal confirmation of healthy schools/preschools funding is awaited, but subject to this, the Healthy Preschools (Bach a Iach) scheme will continue to focus on healthy weights during 2022/23 and work will be undertaken to embed Foundation Phase Bach a Iach in the local approach to the Healthy Schools scheme.

Level 2: Multi-component weight management service

Expected: The Level 2 service should offer age-appropriate, multi-component weight management interventions addressing dietary intake, physical activity levels, sedentary behaviour and positive parenting skills, based on core behaviour change principles. The different components may be delivered together or separately either online, in primary care or in a range of community locations. Parents and or carers are invited to attend. The frequency of input and duration of programmes is dependent on individual need.

Children and young people that fit the criteria (aged 2-18 years) can be referred by a health professional with consent, or self-refer to the programme. Interventions for pregnant women and parents of children or

young people with weight management issues should also be provided. The services provided should be psychologically informed and interventions should last at least one year. As a minimum, services should offer eight face to face/video sessions plus contact fortnightly by telephone or text message in the active intervention phase. If there is insufficient progress towards healthy weight goals, referral to Level 3 would be considered.

Current: Powys currently has no Level 2 service that meets the All Wales pathway criteria. There are, however, specific interventions that are delivered by existing services that meet aspects of the pathway criteria. As such, healthcare providers refer to these existing services. The activities being delivered include:

Nutrition Skills for Life™ is delivered to midwives and health visitors currently and further exploration for other health professionals in early years settings will be explored. The programme supports healthy pregnancy weight gain and delivers brief interventions to parents of overweight children. *Nutrition Skills for Life™* was digitised in 2020/21.

Healthy Lifestyles Support Workers (a collaborative initiative between maternity and health visitor services and part of the local First 1,000 Days approach) provide advice and support for pregnant mothers with children up to the age of 2 years and deliver antenatal and postnatal care, as well as an element of pre-conception care. This initiative aims to ensure that women are supported to have not only healthy pregnancies but a continuation of this postnatally.

Foodwise in Pregnancy is a 6-week programme delivered by the Healthy Lifestyles Support Workers and overseen, supported and quality assured by the dietetics service. The support workers also deliver *Foodwise* to families with children up to age 2 years. It operates across the maternity and health visiting services and is offered as a standard to all pregnant women including those that are of school age. The Building a Healthier Wales; Prevention and Early Years programme provides non-recurrent funding for this activity until March 2022.

Update (Feb 2022): There is currently no Level 2 provision in Powys for Children, Young People and Families, although a business case has been developed in 2021/22 for a CYPF pathway.

Level 3: Specialist multi-disciplinary assessment and weight management services

Expected: Services at Level 3 will be delivered by a multi-disciplinary team (MDT) that offers specialist assessment and specialist interventions. This will include specialist dietary, psychological, pharmacological and physical

activity/mobility interventions tailored to the child's, young person's or family's needs. To ensure the programme causes no harm, it should be designed by the MDT, taking into account the views of children, young people and their families.

The MDT should consist of the following professionals:

- paediatric dietitian
- physical activity specialist
- clinical psychologist with expertise in paediatrics with access to a social worker
- paediatrician
- paediatric nurse

Teams will need the support of a coordinator/administrator as well as technicians and support workers. They will need access to a paediatric physiotherapist, occupational therapist, play therapist and a social worker. Overall progress is monitored and reviewed by the MDT. To improve access, programme offers will include support provided online or via digital/telehealth.

The entry criteria to Level 3 identifies children aged 0-18 years with defined BMIs, underlying conditions and distinct physical and psychological co-morbidities. Referral to the service is from a primary or secondary health professional, with the person's consent. Interventions should last at least one year and comprise an active intervention phase and a maintenance phase. Interventions should also support a holistic parenting approach. The duration and intensity of the active intervention phase should be flexible, with a minimum of eight face to face sessions (either group or individual). A discharge plan, provided to the patient and referring GP, would highlight the importance of follow-up over the next two years in primary care. This would need to be supported by school and community exercise groups and sports clubs.

Current: Powys currently has no Level 3 MDT as recognised by the All Wales pathway (as assessed by Public Health Wales in 2019) so healthcare providers provide alternative routes to support children and their families. Obesity referrals are currently managed through the paediatric physiotherapy and dietetics services. There is no access to Level 4 bariatric surgery for children and young people.

Update (Feb 2022): There is currently no Level 3 provision in Powys for Children, Young People and Families, although a business case has been developed in 2021/22 for a CYPF pathway.

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Summary: Children, Young People and Families Pathway

Level 1 is limited due to COVID-19 restrictions. Powys does not currently offer a Level 2 or Level 3 service that meets the criteria. Formal links with eating disorders services have not yet been established.

A focused pathway of services is currently not offered in Powys; *ad hoc* interventions are instead provided by referral to specialist health professionals in relevant disciplines e.g. paediatric physiotherapy or referral to a paediatric dietetics service. Joint pain related to excess weight and healthy life-long relationships with physical activity are provided through occupational therapists, physiotherapists and GPs.

Update (Feb 2022): During 2021/22 a business case has been developed for a Children, Young People and Families weight management pathway, focusing in particular on the investment required to fill the gaps at Level 2 and 3. This will be submitted to the health board for consideration in Q4 2021/22 or Q1 2022/23 with a view to services commencing in 2022/23 (subject to funding).

Links with Eating Disorder Services

Links with the specialist eating disorders service (EDS) will be established as part of the process of developing the weight management pathways for both adults and for children, young people and families to ensure that the pathways are aligned to the EDS and that appropriate referral routes are in place between these two closely aligned service areas.

Voluntary Sector Contribution

Some examples of existing and potential voluntary sector involvement in weight management have been included above. Further work will be done to determine the potential contribution of this sector both to the pathways themselves and to the wider whole systems approach to healthy weights in Powys (the latter is out of scope of this plan).

ANALYSIS OF POPULATION NEED AND DEMAND

Assessing Population Need

The Child Measurement Programme for Wales (CMPW) provides robust annual data on the proportion of Reception age children (4-5 year olds) who are of a healthy weight, underweight, overweight and obese at health board level. Data from the most recent CMPW report in 2018/19 shows that in Powys a quarter (25.6%) of children aged 4-5 years are overweight

or obese compared to 26.6% in Wales (5 year data for the period 2014/15 to 2018/19).^[8] This is made up of 14.4% who are overweight but not obese (14.5% in Wales) and 11.2% who are obese (12.1% in Wales).^[8] Whilst these figures are lower for Powys than for Wales, the differences are not statistically significant.

The proportion of 4-5 year olds who are severely obese in Powys is 2.5% compared to 3.1% in Wales (five year prevalence for the period 2013/14 to 2017/18; Powys statistically significantly lower than Wales).^[16]

In terms of numbers, in the 2018/19 CMPW survey, 1,105 4-5 year olds were weighed and measured in Powys (93.0% of the total number of 1,188 in this age group) and of these 154 were overweight but not obese and 157 were obese i.e. a total of 311 were either overweight or obese.^[8] This data gives an indication of need (i.e. potential capacity to benefit) for this year group. Using data for this age group as a proxy and assuming there are a similar number of children in each school year and that a similar proportion of children in each year are overweight or obese, we can estimate the number of primary aged children (Reception to Year 6) who are overweight or obese as 2,177 (i.e. 1,078 overweight and 1,099 obese).

Data on the prevalence of overweight and obesity is more limited for other age groups. However, self-reported information from the Health Behaviour in School-aged Children Survey shows that in Powys 10.5% of children aged 7-11 years considered themselves overweight / obese (11.9% in Wales).^[17] Males were more likely to consider themselves overweight or obese than females. Self-reported data from this survey suggest that 17% of 11-16 year olds are overweight or obese and 4% are obese. This is supported by Public Health Outcomes Framework data from 2017/18 which indicates that just over four fifths of adolescents are a healthy weight in Powys (82.6%, CI 78.8%-86.4%) and in Wales (82.1%, CI 81.2%-82.9%).^[18]

Around two fifths of adults of working age are a healthy weight in Powys (43.9%, CI 40.8%-47.1%) and Wales (39.0%, 37.9%-40.1%) – the proportion in Powys is significantly higher (better) than in Wales.^[18] Amongst older adults, the proportion who are a healthy weight is slightly lower at 39.1% in Powys (CI 35.8%-42.4%) and 37.3% in Wales (CI 35.8%- 38.8%) with no significant difference between Powys and Wales for this age group.^[18]

Data for the pregnant population in Powys showed that there were 616 pregnant women in Powys in 2018/19 who were overweight or obese. Thirty percent (30.7%) were overweight and 21.5% were obese.

Together, the figures in this section give an indication of levels of need across the life course.

Addressing inequalities and inequitable service provision

Rates of overweight and obesity are not evenly or fairly distributed throughout the population. For example, people from more deprived backgrounds are more likely to be overweight or obese than those from more affluent backgrounds. This means that there are likely to be higher proportions of people who are overweight or obese in the most deprived parts of the county. Differences are also seen by, for example, age and sex and in relation to factors such as ethnicity and disability. These inequalities will be taken into account when planning services in order to ensure that they meet the needs of the whole population and, in order to reduce the inequalities gap, services need to be particularly targeted at those with the highest levels of need. For example, when planning services, we will ensure that there is easy access to services across all elements of the pathways in our most deprived areas, for example Newtown, Welshpool, Llandrindod Wells and Ystradgynlais. This may include developing initiatives to provide funding for some Level 1 and 2 services for those on lower incomes.

Local gaps in service provision at Level 2 and 3 have been highlighted earlier in this plan and mean that there is currently inequitable access to a functional weight management pathway in Powys compared to some other parts of Wales. Inequitable access to those services that do exist is also apparent, in particular in relation to accessing Level 4 services. In planning the pathway we will seek to ensure that residents have equitable access to services for weight management across the whole pathway within Powys itself and when compared to other parts of Wales.

Deprived communities tend to have both higher levels of need (in this case higher levels of overweight/obesity) coupled with lower levels of access to healthcare and other services – a 'double whammy' effect known as the inverse care law. This will be taken into account in designing the services with the aim of achieving an equitable pathway of services that seeks to ensure that services are available to those who need them and provide equitable access to those with the highest levels of need.

It is of note that Powys is the local authority with the highest proportion of small areas in the most deprived 10% in Wales for access to services (50.6%).^[1]

Deprivation

Obesity is strongly linked to deprivation (measured in Wales by the Welsh Index of Multiple Deprivation, WIMD) and children are significantly more likely than the Welsh average to be obese if they live in an area of higher deprivation.^{[1],[8]} Figures for the 5 year period 2012/13 to 2018/19 show that for children in Wales aged 4-5 years, rates of obesity are 1.8 times

higher in the most deprived areas (15.2%) compared to the least deprived areas (8.3%): a 6.9% gap. This gap increased between 2017/18 (5.9%) and 2018/19 (6.9%).^[8] The prevalence of severe obesity in 4-5 year olds in Wales is 1.9% in the least deprived quintile and 3.9% in the most deprived quintile – a statistically significant gap of 2.0%.^[16]

Based on WIMD 2019, Powys has 1 Lower Super Output Area (LSOA) that is in the 10% most deprived LSOAs in Wales (Ystradgynlais 1), 4 LSOAs in the 10-20% most deprived in Wales (Newtown South, Welshpool Castle, Llandrindod East/Llandrindod West and Newtown East) and 4 LSOAs in the 20-30% most deprived in Wales (Newtown Central 1, Newtown Central 2, St John 2 and Welshpool Gungrog 1).^[1] In addition, there are pockets of deprivation across other parts of the county reflecting the fact that poverty tends to be more scattered and hidden in rural areas than in towns and cities. Based on the above it follows that the towns in Powys that have higher levels of deprivation include Newtown, Welshpool, Ystradgynlais and Llandrindod Wells. Specific uptake targets will be incorporated into the service design to ensure that we are providing an equitable service that is accessible to those in the most deprived areas.

Age, sex, ethnicity and other factors

Different rates of obesity by age have been discussed above.

At age 4-5, the prevalence of healthy weight in girls (72.9%) is higher than in boys (71.8%) however the difference was not statistically significant (18/19 data). Looking at data for obesity alone, CMPW data for the period 2014/15 to 2018/19 shows higher levels in boys than girls in Wales (boys 12.4%, girls 11.7%; statistically significant) but no significant difference between boys and girls in Powys (boys 12.1%, girls 10.3%; not significant). Self-reported data for 7-11 year olds suggests that boys are more likely to consider themselves to be overweight than girls as discussed above.^[17]

Differences in obesity rates between ethnic groups were found to be not statistically significant at age 4-5 in the 5 year period 2014/15 to 2018/19.^[8]

It follows that deprivation and age are particularly important determinants of need that required consideration in service planning. Services also need to ensure that they provide equitable access for all including those who may face greater barriers to access in relation, for example, to disability, ethnicity, sexual orientation or other characteristics.

Assessing demand

Demand for services is likely to be lower than the professionally defined levels of need discussed above, particularly where no service has previously

been in place. Demand is also likely to develop and change over time as services become established.

The following approaches have been used to date in order to estimate likely demand for Level 2 and 3 services:

- reviewing demand for services and interventions currently used to support people who are overweight or obese (e.g. dietetics, physiotherapy, pharmacological management of obesity)
- reviewing demand experienced by other health boards

It is important to acknowledge that demand is likely to take time to stabilise and that this will require ongoing review as services become established. More work is therefore required to understand future demand for weight management services.

Adult Pathway: Level 2 - demand

A Level 2 service commenced in Powys in 2021. Future demand for such a service will be estimated based on demand to date (for which there is some data) and demand for other services including dietetics. This is discussed below.

The number of obesity and diabetes (type 2) referrals into the dietetics service in each year is as shown in table 1 below:

Table 1: Referrals to PTHB Dietetic Service (2018/19 to 2020/21)

Referrals (per annum)	2018/19	2019/20	2020/21*
ALL dietetics referrals (Powys)	2,574	2,396	1,251
Obesity referrals	217 (8.4%)	240 (10%)	92 (7.3%)
Diabetes Type 2	565 (22%)	498 (20.8%)	270 (21.6%)

*2020/21 figures: numbers reduced as a consequence of COVID-19

Around 90% of Type 2 diabetes patients are likely to have weight management needs yet are not currently coded as weight management referrals. Likewise, musculo-skeletal referrals to dietetics are not coded as weight management referrals. This is also a significant group of people who would likely benefit from Level 2 weight management support.

In addition to hospital referrals, GPs prescribe weight loss medications in a community setting; the number of prescriptions per year and can be seen in table 2. This provides an estimate of people receiving weight management support at a community level in Powys.

Table 2: Summary of Medication Prescribed for Weight Management in PTHB (2017/18 to 2019/20)

Medications	2017/18	2018/19	2019/20
Saxenda	3,665 (1,222 patients)	4,227 (1,409 patients)	5,597 (1,866 patients)
Orlistat	697 (232 patients)	804 (268 patients)	866 (289 patients)

Similarly, one might also consider the ABUHB model (population 595,000) as a guide to estimate Powys Level 2 needs. At ABUHB, the service provides Level 2 care for 850 people. If this ratio is applied to the current Powys population, it could be anticipated that approximately 190 patients would seek access to a Level 2 service. Given that the ABUHB service is a fixed-delivery service that has a waiting list, it is likely that the demand would be higher than the 190 people estimated.

Together this data gives a rough estimate of the likely weight management service needs at Level 2 in Powys. It is expected that the number of referrals will rise in coming years both as a consequence of post-COVID needs and due to the availability of a Level 2 weight management service as part of a full and complete adult weight management pathway.

Adult Pathway: Level 3 - demand

A Level 3 service as described in the All Wales guidance is currently not provided in Powys. As such, the likely demand for such a service must also be estimated.

Access to a recognised Level 3 service is available at Aneurin Bevan University Health Board (ABUHB) for residents of south and mid Powys through GP referral: data as shown in table 3 below. It is not considered to reflect the full picture of needs.

Table 3: Referrals to Aneurin Bevan UHB for Level 3 Adult Services (2018/19 to 2020/21)

Referrals	2018/19	2019/20	2020/21*
From GPs to Aneurin Bevan Level 3	10	10	5

*Low referral numbers for 2020/21 are a consequence of a COVID-limited health service provision.

It is currently very difficult to estimate demand from the north of Powys as no equivalent arrangement has been established; neither Hywel Dda University Health Board (HDUHB) nor Betsi Cadwalader University Health Board (BCUHB) have the capacity to offer support.

Public Health Wales Observatory has estimated that there may be a Level 3 service demand from 10% of those people with a BMI of 40kg/m² or more. In Powys, the 2016/17 to 2018/19 figures suggest there are around 2,400 people with a BMI of over 40kg/m² which would make for a demand of 240 people. This number of patients should be considered to represent the maximum need. It would exceed the capacity for a newly established adult Level 3 MDT.

Perhaps a better way to estimate Powys patient demand for the anticipated Level 3 service might be to extrapolate data findings from other Health Boards e.g. BCUHB and ABUHB.

At BCUHB there are currently 170 people in the Level 3 service and a waiting list of around 3 months is in place. The catchment area has a population of 694,000 suggesting that around 0.00025% of the population currently make use of the Level 3 service. BCUHB consider the demand for the service could potentially face a marked rise due to post-COVID-19 need as well as due to greater referrals as a consequence of recent improvements to their Level 2 service. They believe that the considerable distances potential users must travel to engage with the service has often reduced uptake in past years and the use of online service provision during COVID lockdown has demonstrated a previously unmet need.

Applying the BCUHB model to Powys (133,000 population) is reasonable since both have similar characteristics e.g. small populations separated by long travel time due to difficult geography and a fledgling service. As such, one could perhaps anticipate an initial provision of 34 places at Level 3 in Powys with an increase in users in 2022/23 in line with anticipated growth.

Similarly, one might apply the ABUHB model as a guide to estimate Powys Level 3 needs. At ABUHB, the service provides Level 2 care for 850 patients and a Level 3 service for 150 patients. If this ratio is applied to the current Powys population figures, it could be anticipated that approximately 40 patients currently in Level 2 would be eligible to access a Level 3 service.

The ABUHB and BCUHB clinical models suggest that patient numbers for a Powys Level 2 service could be estimated to be in the range: 34-40 patients per annum once the service was fully functioning. It is anticipated that the number of patients identified could be met by the capacity of the soon to be established Level 3 MDT within an eighteen-month timeframe, as long as the service established continued to use remote access technologies as part of a mixed access portfolio as recommended in the guidance.

Currently a handful of spot contracts with ABUHB Level 3 service provide care for mid- and south- Powys residents. It is planned to retain this referral arrangement during the first year of the establishment of the Level 3 service.

Adult Pathway: Level 4 - demand

Data for 2014-2016 on bariatric surgery admissions in Wales show that there have been, on average, 10 admissions per year for bariatric surgery per 100,000 people.^[14] This would equate to 14 potential patients (133,000 population) in Powys per year that meet the criteria for surgery. In Powys 2018/19 saw six referrals for surgery, 2019/20 saw five referrals and 2020/21 saw none due to the effects of COVID-19 restrictions creating reduced access to healthcare provision.

Children, Young People and Families Pathway: Level 2 and Level 3 - demand

It is also difficult to estimate the potential demand for services for children and young people, particularly in the absence of existing services which might provide an indication of likely demand. Levels of need in children and young people have been discussed above, but the proportion of those in the overweight or obese categories who would engage with services is difficult to assess at this stage. In 2021, the PTHB paediatric physiotherapy department mapped their patients' BMIs. With this, and other data, they are attempting to predict which children will be referred to weight management services in the coming years. It is hoped this work will support a better understanding of likely demand amongst children for Level 2 and 3 services. Similarly, demand for Level 2 and 3 services from pregnant women is difficult to predict at this stage.

Further work will be undertaken in 2021 to better understand needs and demands relating to the Level 2 and Level 3 services that need to be established for children, young people and families including pregnant women. Co-production will be addressed via the appropriate forum (TBC) for example through the Start Well "Voice of the Child" workstream, the junior Start Well Board and/or the implementation group (NB governance arrangements are not yet finalised).

Priorities for action

Levels of need in terms of the proportion and number who are overweight and obese are highest in adults and work has already started to establish Level 2 adult services and to plan for a new Level 3 adult service. In line with WG expectations and with need, Level 2 and 3 services for adults are therefore priorities for service delivery in 2021/22.

The provision of services for children, young people and families including pregnant women is also a high priority due to the importance of healthy weight in pregnancy for both mother and child, the influence of health behaviours established in the early years on behaviours and outcomes in later life, the influence of the family environment on healthy weights and the significant risk that children who are obese will remain obese into

adulthood. However, further detailed planning is required in order to ensure that services for children, young people and families are developed based on evidence of effectiveness and line with WG guidance. The focus in 2021/22 will therefore be to design Level 2 and 3 services for children, young people and families that are based on need, that recognise and seek to reduce inequalities, that are evidence-based and that provide equitable access, with a view to delivery commencing in 2022/23.

Having reviewed needs across the life course and gaps in existing provision, the following have therefore been identified as priorities for action over the period 2021/22 to 2023/24:

- Establish a Level 3 service for adults to fill the current gap and to create a functional pathway from Level 1 to Level 4.
- Implement further provision at Level 2 for adults to improve access and provide a range of options.
- Establish Level 2 and 3 services for children, young people and families including pregnant women.
- Establish formal links with eating disorders services across the levels of the pathways for both adults and for children, young people and families.

Significant progress has already been made on these priorities in 2021/22 despite the unprecedented impact of the COVID pandemic.

Outline plans to achieve this are discussed in more detail below.

THREE YEAR GOALS

The goals developed will be driven by the ethos that the Health Board will:

- ensure that people have access to local programmes and services, including the third sector, that help them overcome barriers to behaviour change;
- work collaboratively with stakeholders and community partners to increase access to – or provision of – information and support to help people develop their self-management knowledge and skills;
- audit and map programmes that support activity, weight management and self-management to maximise effectiveness and outcomes;
- utilise social prescribing, as appropriate, to signpost service users to sources of information and community-based resources that help people understand their conditions as well as treatment and self-management options; Powys has a well-established Community Connector (social prescribing) service that links with GPs and other

health professionals which could be further utilised to support people with accessing a range of services to support them with weight management;

- guarantee the principles within Healthy Weight; Health Wales are adhered to and ensure that health, care and other professionals engage in regular conversations to support behaviour change.

Powys Teaching Health Board recognises the shortfall in weight management service provision, as identified by Public Health Wales in its 2019 review. The deficit will be addressed through the establishment of a programme of activities designed to create a complete weight management pathway that meets the new weight management criteria (2021).

The developing pathway will make use of a blended approach utilising existing services as well as designing new services.

In 2021/22 PTHB will identify which activities detailed within the All Wales Weight Management Pathway are in or out of scope for delivery by the Health Board. The prioritisation of those activities for delivery will also be made. As part of that preparatory work, the health board will investigate opportunities to improve data collection so that the benefits of its deliverables can be quantified and the value evidenced. This substantive piece of essential work will be taken forward in 2021/22.

The evolving pathway will integrate existing schemes that emphasise the importance of staying healthy. Making Every Contact Count (MECC) is one such approach to behaviour change and the evolving weight management pathway will build on the solid foundations established by this and other physical and mental health and well-being schemes, supporting people to take the lifestyle decisions and behaviours that can delay or even prevent them from becoming unwell.

The programme of activities will also ensure that societal inequalities are addressed as work will focus on finding ways to meet the needs of both 'target' and 'hard to reach' groups. The developments will be delivered over a three-year period, as outlined below, and will ensure an all-age service provision is established for Powys.

Adult Pathway: Level 1

Monitoring of activity provision and service development will be undertaken in 2021/22 in accordance with Welsh Government requirements.

Adult Pathway: Level 2

Year 1: 2021/22

Run initial service for 12 months (April 2021-March 2022):

- Design and agree details of Level 2 service based on peer-reviewed evidence of effectiveness and national PHW/WG guidance.
- Agree evaluation plan including data to be collected.
- Determine resource requirements including staffing.
- Expand dietetics service to include additional weight management specialist deliverables (Foodwise for Life [™], Slimming World vouchers, NERS connectivity etc.).
- Map the availability of support for weight management within the Third Sector and consider options for third sector support at Level 1.
- Explore greater potential for accessing third sector provision via community connector service.
- Build extended connectivity between psychology, physiotherapy departments and specialist exercise and other activity providers to ensure multi-component access to services.
- Establish formal links with eating disorders services to allow seamless referrals between weight management and eating disorder services.
- Devise patient assessment/referral pathway; in collaboration with Level 3 MDT.
- Create defined entry and exit routes to/from service in order to maintain patient flow.
- Revise patient coding protocols to improve data management/system reporting.
- Identify pathways for defined user groups e.g. mental health, learning disability, older people etc.
- Establish clear routes to Eating Disorder Services.
- Design the very low calorie diet intervention pilot for 2022/23.
- Utilise tele-health and digital options to ensure access to the service is closer to home (potential PAVO Technology Connectors service engagement). This could include a focussed use of the Florence telehealth messaging service.
- Deliver pilot structured weight management programme for 12 months with review at 3-month intervals; adapt service to address any issues arising in-year.
- Ensure the co-production of this service with users from a wide variety of backgrounds e.g. long-term conditions: diabetes, musculoskeletal disorders, COVID-19 etc.
- Critically review service performance in the final quarter of year (Jan-March).
- Recommend revised service structure based on learning after pilot year.

Year 2: 2022/23

Run established service:

- Implement service adaptations based on learning from year 1.
- Introduce the very low calorie diet intervention pilot (~30 patients).
- Increase service through flow, should demand necessitate it (and funding be available).
- Explore opportunity for PAVO community connectors service and a tailored befriending or peer-mentoring service to be developed to improve patient compliance.
- Integrate Florence messaging system into patient pathway for use by support workers.
- Ensure co-production with users evaluates the evolving service and its deliverables.
- Review service delivery at 3-month intervals; adapt service to address any issues arising in-year.
- Critically review service performance in final quarter of year (January-March).
- Recommend revised service structure based on learning in first full operational year.

Year 3: 2023/24

Improve established service:

- Implement service adaptations based on learning from year 2.
- Expand the very low calorie diet intervention pilot (~60 patients).
- Increase service through flow (if demand necessitates and funding is available).
- Review service delivery with users at 3-month intervals; adapt service to address any issues arising in-year.
- Critically review service performance in final quarter of year (January-March).
- Recommend revised service structure based on learning in second full operational year.

Adult Pathway: Level 3

Year 1: 2021/22

Scope the delivery of a pilot service (April 2021-September 2021):

- Agree MDT service lead from within PTHB.
- Recruit other members of the multi-disciplinary team (aligned to guidance).
- Explore the potential contribution of community connectors to MDT arrangements.
- Develop service using MDT expertise.
- Assess service demand.

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- Identify minimum deliverables, aligned to guidance, for a pilot service (October-March) 2021/22.
- Agree pathway through the service with clear entry and exit routes.
- Identify pathways for defined user groups e.g. people with mental health or learning disability, cultural groups (Welsh language, Nepalese, Polish, Russian, Traveller), long term conditions etc.
- Assess the costs of the service and identify funding.
- Agree operational fundamentals (staffing, accommodation, equipment, pathways etc.).
- Recruit new team members and train all staff in weight management speciality.
- Establish formal links with eating disorders services to allow seamless referrals.
- Agree KPIs to assess outcomes.
- Set time points for review and service improvement (min. quarterly).

Run pilot service for 6 months (October 2021-March 2022):

- Establish routine (min. fortnightly) clinic and MDT meetings.
- Deliver coordinated interdisciplinary service incorporating psychology, dietetics and physiotherapy.
- Utilise tele-health and digital options to ensure access to the service is closer to home.
- Create defined access routes to other agencies, e.g. social services.
- Devise assessment/referral pathway (from/to L2 and to/from L4).
- Ensure clear entry and exit routes to/from service in order to maintain patient flow.
- Build collaboration with WIMOS gatekeeper service for Level 4 referral.
- Deliver pilot service for 6 months with review at 3-month intervals; adapt service to address any issues arising in-year.
- Critically review service performance in final quarter of year (January-March).
- Recommend revised service structure for 2022/23 based on learning after pilot.

Year 2: 2022/23

Run established service:

- Implement service adaptations based on learning from year 1.
- Increase through-put (if funding available to increase staffing and if demand requires).
- Integrate Florence messaging system into patient pathway for use by support workers.

- Utilise WIMOS gatekeeper service for Level 4 referrals (as appropriate).
- Build connection to Level 4 surgical MDT and GP clusters to plan for re-entry of post-surgical patients in 2023/24.
- Review service delivery at 3-month intervals; adapt service to address any issues arising in-year.
- Critically review service performance in final quarter of year (January-March).
- Recommend revised service structure based on learning in first full operational year.

Year 3: 2023/24

Improve established service:

- Implement service adaptations based on learning from year 2.
- Increase flow through service (if funding available to increase staffing and demand requires).
- Establish engagement with Level 4 surgical MDT and GP clusters to create support network for returning surgical patients.
- Review service delivery at 3-month intervals; adapt service to address any issues arising in-year.
- Critically review service performance in final quarter of year (January-March).
- Recommend revised service structure based on learning in second full operational year.

Children, Young People and Families Pathway: Level 1

Years 1-3: 2021-2024

- Continue to deliver Bach a Iach Schemes including Foundation Phase Bach a Iach.
- Continue to deliver maternity/health visitor healthy lifestyle/First 1,000 days support worker interventions.
- Explore the possibility for new interventions through appropriate community partnerships and funding schemes.

Children, Young People and Families Pathway: Level 2

Year 1: 2021/22

Scoping the delivery of a pilot service:

- Agree service lead(s) from within PTHB.
- Establish a working group with representatives from relevant PTHB departments and a mechanism in place for input from the wider

community including users (aligned to the guidance) to establish a co-production project.

- Assess population need and service demand including for maternity services and holistic parenting actions.
- Mapping and gapping of current weight management provision to inform future service delivery.
- Identify deliverables, aligned to guidance, for a pilot service in 2022/23; recognise views of children and young people and their families in the design.
- Design interventions that recognise the importance of parenting, inter-generational risk, psychological/behavioural factors, the home environment, inequalities, impact of deprivation, cultural groups (Welsh language, Nepalese, Polish, Russian, Traveller), and the complexity of influences on the development of obesity / overweight in children.
- Explore potential for groups collaboratively delivered by health, education and activity providers. E.g. groups to cater for ages 4-10 years, 10-16 years and transition to NERS for 16+ years and exercise and physical activity interventions.
- Agree patient pathway through the service with clear entry and exit routes.
- Devise patient assessment/referral pathway in collaboration with Level 3 MDT.
- Identify pathways for defined user groups e.g. pregnant women, parents of children with weight management issues.
- Establish formal links with eating disorders services to allow seamless referrals.
- Assess the cost of the service and identify funding.
- Agree operational fundamentals (staffing, housing, equipment, bookings, etc.).
- Procurement/tendering processes may be needed if aspects of the delivery are provided outside of PTHB. A timetable will be needed if outside services are to be utilised.
- Explore tele-health opportunities (potential PAVO Technology Connectors service engagement).
- Recruit new team members and train all staff in weight management skills.
- Agree evaluation approach including KPIs to assess outcomes and time points for review and service improvement (min. quarterly).
- Set reporting arrangements.
- Continue to deliver maternity/health visitor led healthy lifestyle/first 1000 days support worker activities; including *Foodwise in Pregnancy*, and physical activity interventions.

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Year 2: 2022/23

Run pilot service for 12 months (April 2022-March 2023):

- Critically review service performance.
- Recommend revised service structure for 2023/24 based on learning from pilot.

Year 3: 2023/24

Run established service:

- Critically review service performance.
- Recommend revised service structure following first full operational year.

Children, Young People and Families Pathway: Level 3

Year 1: 2021/22

Scope the delivery of a pilot service:

- Agree MDT service lead(s) from within PTHB.
- Establish a working group with representatives aligned to the guidance to co-design the project.

Year 2 and 3: 2022/23 to 2023/24

Run pilot service:

- Critically review service performance and recommend revised service structure based on learning from pilot.

Run established service:

- Critically review service performance and recommend revised service structure based on learning from first full operational year.

Update (Feb 2022): The work to develop the pathways and implement Level 2 and 3 services for adults and for CYPF has been coordinated in 2021/22 through an action plan developed by the Strategic Weight Management Planning Group (Pathway Development). The contents of the group's action plan focus on the development of business cases for the adult and CYPF pathways with the aim of identifying the costs of implementing the pathways and securing the necessary funding. The action plan is also designed in order to address the national standards. The actions undertaken during 2021/22 therefore differ somewhat in the way that they are framed, to those listed above in the original PTHB Strategic Weight Management Pathway Development Plan 2021-2024. Despite this, and despite the pandemic, it would be fair to say that the majority of the year 1 actions listed above have been achieved. A summary of the progress

made during 2021/22 has been provided earlier. The 2021/22 and 2022/23 action plans are provided in the appendix for reference.

A Complete and Connected Pathway

Seamless care provision will be at the forefront of thinking during the development of these services. The intention will be to provide efficient and effective care at the right time and in the right place that delivers the right outcome for an individual. This will be to deliver a pathway adapted to meet the needs of all age groups, ensuring a unified inter-generational pathway.

From the moment an individual has need of care, we want their experience to be seamless. To achieve this aim PTHB will work collaboratively across all parts of the public, independent and third sectors and demonstrate a clear commitment to person-centred care. PTHB will pro-actively seek out opportunities to share knowledge and build networks in sectors that harness the collective expertise that has the potential to deliver the best possible services for those who need them.

Special attention during the development of the weight management pathway will be paid to the following transitions:

- child to adult pathway
- maternity to adult pathway
- level to level transitions within the pathway
- referrals made to specialist eating disorder services
- health board to health board transitions

Note: The activities delivered may be subject to change, based on financial and other health critical matters arising e.g. COVID-19.

KEY PERFORMANCE INDICATORS

Key performance data and indicators that allow progress to be monitored and services to be improved will be gathered to align with the published reporting standards of the pathways. The quality of the service delivered, the transitions between each level of the service as well as the seamless delivery between Health Boards will be included in that deliverable.

Appropriate key performance indicators and data sets will be developed to address the nine published standards for the Provision of Services to People with Overweight and Obesity in Wales which are:

Standard 1: A strategic weight management pathway development plan, agreed with Welsh Government.

Standard 2: Demonstrate how services meet the needs of the population and reduce inequalities in outcomes.

Standard 3: People with higher body weights are treated with dignity and do not feel stigmatised due to a lack of appropriate equipment or facilities.

Standard 4: Planning, commissioning, evaluation and delivery of services actively engages with and involves people living with overweight and obesity.

Standard 5: The management and coordination of the Pathway; ensuring a clear understanding of roles and responsibilities for a seamless pathway.

Standard 6: Protocols informed by the All Wales Child Protection Procedures (2008) are followed esp. regarding wellbeing and risk of harm.

Standard 7: Staff are trained to offer compassionate, psychologically informed care that avoids stigma and discrimination.

Standard 8: The Health Board adopts a continuous improvement approach to service quality and outcomes using the minimum dataset and other mechanisms including patient stories. The Health Board submits returns to Welsh Government in line with the minimum services standards and actively encourages participation in national audit and review.

Standard 9: Weight management services share their learning with colleagues within and beyond weight management services.

FINANCE

The activities currently delivered in 2021/22 are listed in tables 4 (adults) and 5 (children, young people and families) below together with their delivery costs.

*Note: Pathways delivering services for older persons, mental health, learning disabilities, etc. are listed in the Adult Service. Pathways delivering services for maternity, pregnancy, parents and families are listed within the Children, Young People and Families Service.

**Note: Only those funds and activities shown in black have funding allocated. Activities shown in grey do not yet have funding.

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Table 4: Finance and Activities 2021/22 to 2023/24 – Adult Pathway

Pathway & Level*	Current Finance 2021-22 (£)	Current Pathway Activity** 2021-22	Future Finance 2022-2024 (£)	Future Pathway Activity** 2022-2024
Adult - L1	/ included in L2 provision	Get Cooking! (Month 1-12) Review community provision (Month 1-12)	/	Monitoring of provision (Month 13-36) Community engagement to ensure deliverables are met (identify gaps / source funding for schemes) (Month 13-36)
Adult - L2	68,000	Slimming World vouchers (12 months) Foodwise for Life (12 months) Referral to NERS (12 months) Establish routes to Eating Disorder Services (12 months) Scope PAVO engagement (12 months) Scope support worker / Florence engagement (12 months) Scope very low calorie diet intervention (12 months) Establish working group for co-production of service (12 months)	Vouchers funded in 2021/22 allocation / / / / /	Slimming World vouchers (13-24 months) Foodwise for Life (Month 13-36) Slimming World vouchers (25-36 months) PAVO engagement Month 13-36) Explore Florence for support worker use (Months 19-36) Introduce very low calorie diet: 30 then 60 patients (Month 13-36)
Adult - L3	121,000	Scope and establish MDT in line with guidance (6 months) Pilot MDT (6 months)	138,000	Run MDT (Months 13-24) Expand MDT if demand requires / funds available (Months 25-36)

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		Establish connectivity with: WIMOS & L4 surgical MDT's (Months 6-12)		Commence referrals to L4 surgical MDT (Months 19-36) Explore Florence for support worker use (Months 19-36)
Adult - L4		n/a	/	Referrals from L3 to L4 (+/- Month 19-36)

Table 5: Finance and Activities 2021/22 to 2023/24 – CYPF Pathway

Pathway & Level*	Current Finance 2021-22 (£)	Current Pathway Activity** 2021-22	Future Finance 2022-2024 (£)	Future Pathway Activity** 2022-2024
CYPF - L1	16,000 / included in L2 Healthy Lifestyles provision	Dietetics: Get Cooking! (Months 6-12) Healthy Lifestyles: Bump to Buggy Walks (Months 1-12) Bach a Iach: pre-school & extend to age 7 years (Months 1-12)	/	<i>Dietetics: Get Cooking!</i> (Months 13-36) <i>Healthy Lifestyles: Bump to Buggy Walks</i> (Months 13-36) Bach a Iach: pre-school & up to age 7 years (Months 13-36)
CYPF - L2	215,000	<i>Healthy Lifestyles: First 1000 days:</i> (Months 1-12) <i>Healthy Lifestyles: Activity & nutrition advice & interventions: Exercise prog & Buddy sessions</i> (Months 1-12) <i>Healthy Lifestyles: Foodwise in Pregnancy</i> (Months 1-12) Identify pathways for defined user groups e.g. pregnant women, parents of children with weight management needs. (Months 1-12)	/	<i>Healthy Lifestyles: First 1000 days</i> (Months 13-24) <i>Healthy Lifestyles: Foodwise in Pregnancy</i> (Months 13-24) <i>Healthy Lifestyles: Activity & nutrition advice & interventions</i> (Months 13-24)

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CYPF - L3	/	Establish working group (co-production) to scope MDT (Months 1-12)	/	Pilot MDT (Months 13-24) Expand MDT activity (if demand / funds available) (Months 25-36)
CYPF - L4		n/a		n/a

Both the activities listed and the costs associated with their delivery will be subject to change based on the availability of the necessary finance. Development of the services beyond what is shown in this document will only be possible through the identification of additional funding.

Adult Pathway - Finance

Funds allocated by Welsh Government from its Obesity Transformation Fund (£121k; adult Level 3) and the Building a Healthier Wales; Prevention & Early Years Funding (£68k; adult Level 2) have been identified to develop and deliver the Adult Weight Management Pathway in 2021-22. This funding will establish and operate the adult service until March 2022, after which, £138,000 of recurrent funding (from PTHB) has been made available to support the ongoing delivery of the Level 3 MDT service.

The activities delivered in the Level 2 service do not have recurrent funding. It is hoped to continue these activities in 2022/23 to 2023/24 should sufficient funds be identified: *Foodwise for Life*, *Nutrition Skills for life* (digital), Slimming World vouchers, Very Low Calorie Diet (30-60 patients), engagement with PAVO.

Children, Young People and Families Pathway - Finance

For the Children, Young People and Families Pathway, the *Foodwise in Pregnancy*, *Get Cooking!* (delivered by the dietetics service), Bump to Buggy Walks and the First 1000 days/Healthy Lifestyle support workers and are funded by the Building a Healthier Wales; Prevention and Early Years programme as Level 1 and Level 2 services. The healthy lifestyle support workers also provide ante- and post- pregnancy physical exercise interventions through the First 1000 Days funding. These dedicated weight management Level 2 services will be delivered in 2021/22; the funding for these workers is non-recurrent and will end in March 2022.

The scoping activity for the CYPF Pathway Level 3 (MDT) service will be delivered in 2021/22 from within existing resources with the aim to launch a pilot service in 2022/23. No funds have yet been identified to pilot or maintain the L3 service from April 2022 onwards.

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The L1, L2 and L3 activities do not have recurrent funding. It is hoped to run these activities in 2022/23 to 2023/24 should sufficient funds be identified:

Level 1: *Get Cooking!*, Bump to Buggy walks.

Level 2: *Foodwise in Pregnancy*, healthy lifestyles (nutrition and physical activity) for children and parents, exercise (16 week) programme, buddy sessions, First 1000 Days.

Level 3: MDT service: scope, run and maintain.

To ensure continuity of provision within the developing pathways it is essential that recurrent funding be identified for all activities on the pathway.

Update (Feb 2022): The establishment, growth and continuation of the both pathways is dependent on the availability of adequate and recurrent funding. Alongside work to plan, develop and implement the new services, a major focus in 2021/22 has therefore been the development of costed business cases for both the adult and CYPF pathways. These describe the proposed service models, focusing in particular on Level 2 and 3 along with the investment required to establish and sustain these new services.

CONCLUDING REMARKS

Powys lacks Level 2 and Level 3 services that meet the All Wales Weight Management guidance and therefore Powys does not have a functioning weight management pathway for adults or children and young people. The current arrangements for weight management care in the county lack equity, with service users often requiring considerable travel across the border to other counties, disrupting work / educational obligations and incurring significant individual cost.

Providing a complete weight management pathway will put in place the services that Powys residents urgently need, will provide parity with neighbouring health boards and will support the improvement of population health to ensure people live well and age well.

The finance identified by PTHB and Building a Healthier Wales for 2021/22 will substantively address the gaps in the adult pathway whilst further Building a Healthier Wales funding provides stop-gap measures for adults, children and pregnant women in 2021/22. The goals set out on the strategic development plan identify a pathway towards providing services to all Powys residents, no matter their age, within 3 years.

Investment in new services will be required for adults, children and young people at both Level 2 and Level 3 from 2022/23 onwards. Further investment will also likely be required at Level 1 in order to reduce demand

for higher levels of intervention and ensure adequate provision. Recurrent funding will be essential to maintain and expand these evolving services.

Although further work is required to scope and establish the pathway, PTHB already has some of the skills required in-house; additional capacity and/or more specialist capability is also likely to be needed. Focusing on building and delivering a complete adult pathway will provide significant learning of the optimal ways to structure the service and build the partnerships needed to ensure an all-age provision. It will provide insights into how best to manage patient flow through the system in collaboration with key departments and other health boards. It will also allow a better understanding of the needs and demands of the service. It is expected that the design and piloting of the more complex children, young people and families pathway can be built, using lessons learnt from the evolving adult pathway.

Update (Feb 2022): Level 2 and 3 services for adults have begun to operate during 2021/22 and a business case has been developed which outlines the investment required to provide a functioning adult weight management pathway. In 2022/23 and subject to funding, these services will continue to be developed in order that they address population needs and target inequalities in health outcomes. Alongside this, a further business case has been developed for a children, young people and families pathway focusing also on Level 2 and 3 services. Subject to funding, service delivery will commence in 2022/23.

It is important to note that whilst it has been possible to progress this work in 2021/22 as outlined above, service implementation to date has relied on the use of non-recurrent funding from different sources. This has increased the difficulty and complexity of service planning and implementation.

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ACRONYMS

ABUHB	Aneurin Bevan University Health Board
BCUHB	Betsi Cadwalader University Health Board
BMI	Body Mass Index
CAVUHB	Cardiff And Vale University Health Board
COVID-19	Coronavirus SARS-CoV-2
CYFP	Children, Young People and Families
DGH	District General Hospital
GP	General Practitioner
HDUHB	Hywel Dda University Health Board
HB	Health Board
IMTP	Integrated Medium Term Plan
KPI	Key Performance Indicators
MDT	Multi-Disciplinary Team
NERS	National Exercise Referral Scheme
NICE	National Institute for Health and Care Excellence
PAVO	Powys Association of Voluntary Organisations
PTHB	Powys Teaching Health Board
PHW	Public Health Wales
RPB	Regional Partnership Board
WG	Welsh Government
WHSCC	Welsh Health Specialised Services Committee
WIMOS	Welsh Institute of Metabolic and Obesity Surgery

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APPENDICES

Strategic Weight Management Planning Group (Pathway Development) Action Plan 2021/22 and 2022/23



Action Plan Strategic
HW Planning Group 2

SUMMARY: CHILDREN, YOUNG PEOPLE AND FAMILIES GUIDANCE

DRAFT Children, Young People, and Families Weight Management
Pathway 2021 - Summary of Levels for people 0-18 years

Level	Description	Criteria	Age	Referral
1	Self-Directed support Self-directed, support for achieving or maintaining a healthy weight. This could include support to develop parental confidence and skills improve diet, increase physical activity or play and reduce the amount of time spent being sedentary.	Children and young people with a BMI < 91st centile and parental concerns about potential weight problems, co-morbidities, family history.	0-18	Signpost from a professional in a helping role
2	Multi-component weight management services Age-appropriate, multi-component weight management interventions addressing dietary intake, physical activity levels, sedentary behaviour, positive parenting skills, based on core behaviour change principles. The different components may be delivered together or separately; either online, in primary care or in a range of community locations. Parents and or carers are invited to attend. Frequency of input and duration of programmes is dependent on individual need.	Children and young people with a BMI ≥ 91st centile	0-18 ³ years	Self-referral Referral by a health, social care or education professional ⁴
3	Specialist multi-disciplinary weight management services Services at level 3 are delivered by members of the level 3 multi-disciplinary team, (MDT). The MDT offer specialist assessment and specialist dietary, psychological, pharmacological and physical activity/mobility interventions tailored to the child/young person/ family's needs. Overall progress is monitored and reviewed by the MDT. To improve access,	Children and young people with a BMI ≥ 98 th centile Children and young people with a BMI ≥ 98 th centile and one or more co-existing conditions ⁺ Children and young people with a BMI ≥ 99.6 th centile	< 2 years 2-18 years	Referral by a health professional

³ Depending on locality, support for children age 0- 4 may be delivered via health visitor and/or paediatric dietitian.

⁴ Health, social care and education professionals, including nutrition and dietetic teams, general practitioners, paediatricians, school nurses, health visitors, social work, dental and education professionals etc.

	programme offers will include support provided online or via digital/telehealth.			
<p>⁺Co-existing conditions or other special needs</p> <p>Children with a suspected underlying medical (e.g. endocrine) cause of obesity Children with Prader-Willi syndrome or where this is suspected. Children with a strong family history of cardiovascular disease or type 2 diabetes Complex social history including adverse childhood experiences (ACES). Significant family/individual distress related to obesity e.g. depression or suicidal ideation, self-harm or other concerning behaviour Concerns regarding possible eating disorder (including parent/carer history of a current eating disorder) Children and young people who have previously accessed a level 2 service or similar structured programme and subsequently been identified as requiring more intensive support. Children who may have serious obesity-related morbidity that requires weight loss (see below⁺⁺):</p>				
<p>⁺⁺ serious obesity-related morbidity that requires weight loss</p> <ul style="list-style-type: none"> • Type 2 diabetes • abnormal glucose or insulin metabolism (IFS/IGT, Hyper-insulinaemia) • hypertension * • cardiovascular disease • significant joint or mobility problems • dyslipidaemia* • benign intracranial hypertension • obstructive sleep apnoea 		<ul style="list-style-type: none"> • obesity hypoventilation syndrome, • features suggestive of polycystic ovarian syndrome • Acanthosis nigricans • Raised levels of alanine aminotransferase (>70) suggestive of Non-alcoholic fatty liver disease (NAFLD) <p><i>* the assessment of hypertension, dyslipidaemia and other metabolic comorbidities must be undertaken using age- and sex-appropriate centiles and may therefore be difficult to assess in primary care</i></p>		

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DIETETICS SERVICES

A number of evidence-based, quality-assured programmes have been developed nationally by NHS dietitians as part of the *Nutrition Skills for Life™* programme. These include *Get Cooking* and *Foodwise for Life* which are described in more detail below. These programmes are all part of the national *Nutrition Skills for Life™* programme developed by Public Health Dietitians in Wales, which aims to train and develop the nutrition skills of a wide range of community workers, build on existing local partnerships, and maximise workforce capacity to deliver quality assured healthy eating advice in community settings.

Level 1 – Adult - Dietetics Services

Get Cooking (Level 1)

Get Cooking provides an “off-the-shelf” solution for the provision of Level 1 services as part of an overall obesity/weight management pathway. *Get Cooking* is an evidence-based prevention and early intervention weight management programme delivered in the community. It is accredited with Agored Cymru at Level 1.

It is a practical cookery course which is delivered over eight weekly 2-hour sessions in the community. It is designed to give participants the practical skills they need to be able to prepare healthy, safe, economical meals for themselves and their families. The course is delivered in a fun and informal way and allows participants to develop confidence and skills in preparing healthy meals. The programme is supported by resources including tutor handbooks, learner workbooks and *Get Cooking* recipe books for participants. Upon completion of the course, learners receive a basic pack of essentials to enable them to continue to prepare meals at home e.g. food scales, measuring jug, apron, wooden spoons etc. Learners also have the opportunity to submit their workbook for accreditation with Agored Cymru to gain 1 credit at Level 1.

Slimming World Vouchers (Levels 1 and 2)

The provision of these vouchers will make a crucial contribution to the establishment of an accessible, equitable and integrated obesity pathway that offers preventative and early intervention care. Although commercial weight management meetings are available to the public in Powys at Level 1, there is often a cost involved which can make the programme inaccessible to those on low incomes. This means access to weight management services in Powys is not equitable across the population. By providing this option at Level 2, equity can be realised.

The 12 week programme provides members with the knowledge and skills necessary to maintain a healthy lifestyle. The service provides 12 x 1.5 hour sessions of group support, usually in a consecutive manner. Both Online and Face to Face services are offered, enabling those living in more

remote locations to engage fully in the programme. Consultant-led deeper support, is available when needed. An awareness for the need to increase physical activity is part of the programme deliverables. Once the twelve-week period has ended, members are offered a further 4 week of additional support for free.

Slimming World gathers data on those that attend their meetings; attendance dates, weight measurements etc. This information is provided back to the health board on a comprehensive dashboard. Weigh-ins are offered to voucher holders at time points up to one year after they have left the programme. This means that the longer-term effects (benefits) can be realised.

Most venues are accessible to physically disabled attendees and speciality equipment is available to weigh-in larger or less physically able attendees. A pilot study to support those with learning difficulties to lose weight is underway in Sheffield. Slimming World has developed specific guidelines to support members with diabetes, taking guidance from Diabetes UK and DMEG (British Diabetic Association: Diabetes Management and Education Group). The programme is readily adaptable for those on low incomes as local, seasonal produce as well as food waste reduction methods are routinely employed.

NICE Guidance states *“Primary care organisations and local authorities should recommend to patients, or consider endorsing, self-help, commercial and community weight management programmes only if they follow best practice.”* In 2011, Public Health Wales (PHW) undertook a literature review of commercial weight management services and analysed them in relation to NICE (2006) guidance on commercial weight management. Slimming World met all of the NICE guidance on commercial weight management programmes.

The provision of these commercial weight management vouchers will help to fill the current gaps in Powys provision and support compliance with Welsh Government’s national *Healthy Weight: Healthy Wales* strategy.

Nutrition Skills for Life™ (Level 1)

Nutrition Skills for Life™ is an all-Wales programme of quality assured nutrition skills training and initiatives developed and co-ordinated by dietitians working in the NHS. The programme aims to support a wide range of community workers to promote healthy eating and incorporate food and nutrition skills into their work. The programme aims to train those who work closely with, and understand the needs of local people, to support communities across Wales to learn more about healthy eating. There are two key aspects to the nutrition training.

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Level 2 – Adult - Dietetics Service

Foodwise for Life (Levels 2)

Nutrition Skills for Life™ is an all-Wales programme of quality assured nutrition skills training and initiatives developed and co-ordinated by dietitians working in the NHS. The programme aims to support a wide range of community workers to promote healthy eating and incorporate food and nutrition skills into their work. The programme aims to train those who work closely with, and understand the needs of local people, to support communities across Wales to learn more about healthy eating.

Foodwise for Life is one part of the *Nutrition Skills for Life* range. It has run its first course in Powys in 2021 and supports people with weight management needs. It provides an “off-the-shelf” solution for the provision of Level 2 services as part of an overall obesity/weight management pathway and is run by the dietetics service.

Foodwise for Life is an eight-week structured weight management programme which uses evidence-based approaches and can be delivered by a range of community-based services. *Foodwise for Life* is of particular benefit for individuals with a Body Mass Index $>25\text{kg/m}^2$. It is not intended to replace structured education/care provided by health professionals for those with specific medical conditions such as diabetes.

This programme focuses on adapting eating habits, increasing physical activity and using basic behaviour change strategies to facilitate weight loss. Each session consists of structured discussions, hands on learning, group work and activities where participants can learn about losing weight in a healthy way, changing eating habits, portion sizes, food labelling, daily exercise, recipe swaps, overcoming barriers, dealing with hunger and cravings and longer-term plans for weight management. Group members are provided with a programme handbook and supporting literature from the Change4Life Campaign.

Foodwise for Life also provides an opportunity to forge partnership links with community groups and offer local residents information and support towards achieving a healthy weight. It enables community groups to work together to make lifestyle changes. Follow up sessions can also be provided, in line with best practice guidance, to support long term lifestyle change and promote local healthy eating / exercise initiatives.

Evaluation of the *Foodwise for Life* programme has shown it to be effective in supporting the majority of participants to lose a clinically significant amount of weight and in the promotion of sustained benefits in terms of continuation or maintenance of weight loss at 12 months. *Foodwise* therefore has the potential to contribute towards improving the healthy

weight outcomes identified in the Public Health Outcomes Framework and NHS Framework (see below for more details).

Further information on *Foodwise for Life* is available at:

<https://www.publichealthnetwork.cymru/en/topics/nutrition/foodwise-for-life>

MATERNITY SERVICES

Level 1 and 2

Healthy Lifestyles (First 1,000 Days) Support Workers

This programme has a role that spans across midwifery and into health visiting and provides for pregnant mothers up to when the child turns 2 years of age (the first 1000 days). This ensures continuity for the families receiving care. It provides an offering of support not just in the antenatal period, but on into the postnatal period and would also incorporate an element of pre-conception care. It is hoped that the provision of this service will ensure women are supported to have not only healthy pregnancies, but a continuation of this postnatally and where applicable come in to future pregnancies in optimum health.

The posts are based within both the midwifery and health visiting teams and conduct much of their work within the community setting. The support workers would also work closely with the nursery nurse provision, but their roles will differ with a focus on health lifestyle instead of parent-infant attachment and perinatal mental health. The service supports the more 'hard to reach' populations, but also to reduce stigma related to accessing support. Midwifery and health visiting services have established a maternity and parenting voices partnership (MPVP), which is a service user group.

From the perspective of healthy weights, the support worker role would have 2 strands to it. Firstly, in relation to healthy eating and nutrition and secondly, in relation to physical activity. The aim is that this will be a family approach rather than only aimed at the pregnant women/new mum.

Foodwise in Pregnancy is a six-week structured programme to promote healthy weight gain during pregnancy. *Foodwise in Pregnancy* covers a range of topics including healthy weight gain in pregnancy, food safety in pregnancy and the benefits of breastfeeding. *Foodwise in Pregnancy* provides support for pregnant women to manage their weight during pregnancy, thereby improving outcomes for mother and child, ensuring the best start in life and reducing avoidable costs to the service.

It is intended to be used to support all women, but is particularly beneficial for women who have a BMI above 25 kg/m² at the beginning of pregnancy.

It is delivered in a group setting of approximately 8 in a group over 6 weeks, with each session lasting 1-2 hours. A regular rolling programme of *Foodwise* is offered across Powys at various times and locations, and offer this to all women regardless of BMI.

Foodwise for Life is a recommended programme for those wishing to lose weight and/or maintain a healthy weight in general. It consists of 8 weekly 2 hour sessions focusing on weight management, healthy eating, physical activity and behaviour change strategies. In this instance the support workers offer this for women after having a baby or when planning a next pregnancy. It will enable continuation postnatally, but also to ensure support for women for optimum health when planning next pregnancy. This is a service that complements the services provided through dietetics and the teams work closely together. There may be instances where it is more suitable for the woman to attend *Foodwise for Life* through generic dietetic services, but the offer of this service specifically for this group of women will enhance attendance due to the continuity of care, specialised content and established social relationships.

The Healthy Lifestyles Support Worker is the link between services so would additionally link with exercise providers to encourage and support women to attend to aqua-natal classes or on into Sblash a Sbri or dry-side classes postnatally. Additionally, in terms of ensuring physical activity is supported in a variety of settings, the support worker delivers the Bumps to Buggy Walks. There is a social element to the delivery of this physical exercise programmes.

Referral into the National Exercise Referral Scheme for pregnant women with a BMI $>30 \text{ kg/m}^2$ is also on offer. National Exercise Referral Scheme (NERS) is on offer across some of Powys for pregnant women, however uptake is very poor. Pregnant women fit into generic classes rather than those aimed specifically at pregnant women.

The addition of the support worker role helps support unmet needs by making services available closer to home for women and their families. It complements others and build on the discussions and care that midwives and health visitors have with and provide to the families that they care for. This role ensures an equitable service across Powys for pregnant women and their families in the first 1,000 days. It also provides pre-conception care for those families who already have children.

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CONSULTATION

In the preparation of this document engagement was made widely with members of PTHB's departments (audiology, paediatrics, nursing, dietetics, physiotherapy, family weight management, pharmacy, psychotherapy, psychology, mental health, learning disabilities, bariatric surgery, commissioning, occupational health, therapies, health & well-being, finance, equality, research and innovation, medical devices, project partnerships).

In addition, other Powys organisations were also engaged: Powys Association of Voluntary Organisations (PAVO), Powys County Council, Sports Powys, Red Kite Health Solutions and both the north, mid and south Powys GP clusters. Contact with other Welsh health providers was also made: Aneurin Bevan University Health Board (ABUHB), Betsi Cadwalader University Health Board (BCUHB), Cwm Taf Morgannwg University Health Board (CTMUHB), Public Health Wales (PHW), Swansea Bay University Health Board (SBUHB), Welsh Government, Welsh Institute of Metabolic and Obesity Surgery (WIMOS) and Welsh Health Specialised Service Committee (WHSSC).

No public consultation has been possible due to COVID-19 restrictions, the lack of a coordinator for the topic and the urgency to commence this service and address the shortfall in provision.

CO-PRODUCTION

Co-production – in which those who use a service and health and social care professionals work together equally to provide the right support for the right person – is key to making sure that the people of Wales receive optimal care. Co-production requires building relationships and focusing on the best possible outcomes for the person using the service. The principles of co-production in health services are the following:

- value all participants and build from their strengths
- develop dynamic peer-support networks
- build relationships of equality and reciprocity
- create transformative change through shared power and shared responsibility.

Co-production is the concept of genuinely involving people and communities in the design and delivery of public services, appreciating their strengths and tailoring approaches accordingly. It is fundamentally about doing things 'with' rather than 'to' people." The Welsh Government expects all relevant organisations to work together with those requiring support to deliver value-based healthcare in a co-productive manner.

SOCIAL PRESCRIBING

Social prescribing is a mechanism that systematically links people to community-based well-being services, peer support, local activities, information and other relevant services. It has become an umbrella term to describe methods of connecting individuals to sources of non-medical support and activities in the community. Social prescribing recognises that numerous factors – including social, economic and environmental issues – affect people's health, and helps enable GPs, nurses and other care professionals to direct people to a range of local, non-clinical support. Non-clinical care and support, including Book Prescriptions and Green Gyms, play a role alongside clinical care, and can be an alternative approach to improving a person's individual health and well-being.

ALIGNMENT TO PRIORITIES

Reducing and preventing overweight and obesity is a high priority both nationally and locally. The importance is highlighted by the Welsh Government's *Healthy Weight: Healthy Wales* strategy as well as the newly updated *All Wales Weight Management Plan 2021* which is expected to be finalised in May 2021. With over half of the Powys population being overweight or obese, this project will support the third well-being objective of the *Powys Well-being Plan*: 'People in Powys will be healthy, socially motivated and responsible'.

Increased body weight leads to a significant demand for services, especially avoidable mental health and physical ill health services. Reducing the number of people with over-weight issues radically reduces the prevalence and impact on the eight *Health and Care strategy for Powys objectives*.

The Welsh Government sees *value-based healthcare* – an internationally recognised approach to delivering the best outcomes by providing the right care for individuals – as a way to deliver prudent healthcare principles in a measurable manner. As services seek to realise the potential offered by prudent healthcare principles and value-based healthcare, the NHS must systemise its approach across organisations and care pathways. This will likely include both building local capacity and implementing central support, particularly in the development of data capture and analysis.

This proposal aligns with the four principles of *Prudent Healthcare in Wales*; reducing existing (sometimes inappropriate) demand for clinical services and, once a full pathway is in place for both adults as well as children and young people, will reduce future demand on associated services.

This work directly contributes to achieving the *PTHB Integrated Medium Term Plan (IMTP)* aim of 'Improve weight management of adults and children and increase the % of people with a healthy weight'.

The *Well-being of Future Generations (WBFG) Act 2015* acknowledges the contribution that everyone can make to Wales' shared goals. The Welsh Government published its Well-being Statement in 2017 which describes in more detail how the Well-being of Future Generations Act will contribute to the seven well-being goals for Wales. This work directly supports four of the seven national well-being goals set out in the *Wellbeing of Future Generations (Wales) Act*:

A Healthier Wales: providing a full and complete Pathway ensures there is full access to good health for those ready to make the lifestyle changes needed to lead a healthier life. Actions targeted for children will enable them to have the best start in life and to help prevent avoidable poor-health throughout life. Interventions that take place in the early years therefore have the potential to have a life-long impact. Enabling healthy behaviours at all ages will address healthy weights and increased physical activity.)

A More Equal Wales: the tele-health provision as well as the increase in services that are equipped to support people from all backgrounds is vital for a rural county.

A More Prosperous Wales: healthier people lead more productive lives and reduce health care demands. Reducing the burden of disease through the introduction of the pathway has the potential to support an increase in families with a normal BMI as well as reducing blood pressure, blood glucose and cholesterol through the increase in healthy lifestyles. Through the Maternity Vision for Wales (WG, 2019) there would be an increased focus on the family as a whole, maximising health and well-being for all family members during their life course.

A Wales of Cohesive Communities: the Level 1 service encourages people to work together at a local level to support one another to make lifestyle changes.

The Parliamentary Review of Health and Social Care in Wales published its report in January 2018. The report recommends actions should be framed around delivering the Quadruple Aim: Improving the health and well-being of the population; improving the experience and quality of care for individuals and their families; improving the well-being and engagement of the workforce; increasing the value achieved from the resources that are invested in services. In June 2018 the Welsh Government provided a response in '*A Healthier Wales: Our Plan for Health and Social Care*', which called for bold new models of seamless local health and social care at local and regional level.

Welsh Government national strategies '*Prosperity for All*'; the Welsh Government's national strategy, sets out the Government's aims, provides clarity about the changes it wants to make in Wales, and explains how it wants the Government and partners to deliver its priorities. The Welsh Government will work with and support the business community to improve the health and well-being of workers and help people to remain in employment, including through the economic contract.

The *Socio-Economic Duty* requires specified public bodies, when making strategic decisions such as deciding priorities and setting objectives, consider how their decisions might help reduce the inequalities associated with socio-economic disadvantage. This legal requirement came into force in April 2021.

In 2021, the Welsh Government will publish a *National Clinical Framework* that will deliver the strategic goals of 'A Healthier Wales' using integrated health pathways. Using these pathways will allow healthcare providers to generate meaningful outcomes data that can be used to measure performance.

Agenda item: 3.4

Planning Partnerships and Population Health Committee		Date of Meeting: 7/04/22
Subject:	Smoke Free Premises & Vehicles (Wales) Regulations 2018, Compliance Report	
Approved and Presented by:	Director of Public Health	
Prepared by:	Consultant in Public Health	
Other Committees and meetings considered at:	Executive Committee 9th March 2022	

PURPOSE:

To provide the Planning Partnerships and Population Health Committee with an update on Powys Teaching Health Board's compliance with the Smoke-free Premises and Vehicles (Wales) Regulations (2018). The legislation has now been in place for 1 year.

This paper also:

- Highlights actions taken in partnership to ensure enforcement measures can be taken if required.
- Highlights the local communication that has supported the smoke free compliance.
- Considers ongoing activities carried out to assure compliance with the smoke free regulations by PTHB staff and patients.

RECOMMENDATION(S):

Committee members are asked to **DISCUSS** and **NOTE** the contents of this report.

Approval/Ratification/Decision¹	Discussion	Information
x	✓	✓

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	
	5. Develop Workforce Futures	
	6. Promote Innovative Environments	
	7. Put Digital First	
	8. Transforming in Partnership	
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

The smoke free regulations came in across Wales one year ago in March 2021, and, as a result, the Health Board has been legally required to ensure that healthcare facilities are smoke free. A temporary exemption remains in place for mental health units, which will cease on 1st September 2022.

Over the past year, a number of actions have been put in place to ensure that the Health Board is complying with its legal responsibility to keep the healthcare estate smoke free.

The paper provides an update on the actions taken to ensure ongoing compliance with the regulations, including communications, supporting staff and service users who smoke to access support to quit, and working with the mental health team regarding designated smoking areas.

DETAILED BACKGROUND AND ASSESSMENT:

INTRODUCTION

Tobacco is the leading single cause of premature death in Wales and, while smoking-attributable mortality has decreased, it still accounts for over 5,000 deaths each year or one in every six of all deaths in people aged 35 and over. Smoking remains the leading single cause of inequalities in life expectancy between the most and least well off in society.

The new smoke-free regulations in Wales were aimed at protecting the public from the harms of second-hand smoke and further de-normalising smoking behaviour by restricting smoking in more public places.

Broadly, the legislation:

- Restated previous restrictions on smoking in enclosed public and work places;
- Placed restrictions on smoking in school grounds, hospital grounds, public playgrounds and outdoor care settings for children; and
- Gave Welsh Ministers a regulation-making power to extend the restrictions on smoking to additional premises or vehicles.

ACTIVITIES TO DATE

Smoke Free Implementation group

A Smoke Free Implementation group was set up previously to ensure PTHB put steps in place to comply with Smoke Free Legislation by 01/03/2021. The Smoke Free Implementation Group includes representation from Estates and Facilities, Workforce/Occupational Health, Communications, Mental Health, Powys County Council and Public Health. This group will continue to virtually meet to oversee compliance.

Smoke Free Policy

The PTHB Smoke Free Policy was revised in line with Smoke Free Legislation in 2021 and was adopted by the Health Board. It is available via PTHB staff intranet and will be further promoted through communications one year on.

Signage and Communication

Signage was agreed initially in line with the national approach and the PTHB Estates team have ensured that all sites had signage in place and continue to monitor this. It has been acknowledged nationally that the provision of signage is inconsistent across the health boards and, as a consequence, Welsh Government have provided additional funding for signage at hospital sites. The evidence outlines the need for big, bright and colourful signage for people to take notice and subsequently PHW national Tobacco control team have created signage with call to action to HMQ service. This will include All weather banners (5ft by 2ft) and A2 outdoor signs. PTHB have placed an order for this new signage and await receipt. New digital banners and email signatures have also been developed and received this month and this will be disseminated through PTHB as part of a communication work one year on from the legislation.

Smoke-free Enforcement

Work is ongoing with Powys County Council to understand the mechanisms for enforcement if required. Work has continued to consider methods of recording any incidents or outcomes across PTHB but as in other health boards in Wales the method has not yet been finalised. We have had no incidents formally reported to date.

Designated Smoking Areas

The only designated smoking area in Powys Teaching Health Board is within the outdoor area of Felindre ward on the Bronllys Hospital site. It is an anti-ligature shelter within the enclosed ward area and adheres to the strict criteria required for outdoor designated smoking areas. The installation of the

shelter was linked to the discontinuation of use the designated smoking room within the enclosed ward in September 2021. The shelter is used for patients admitted to the Felindre ward only. Felindre ward is the only mental health unit in Powys where there is an outdoors designated smoking area. The other mental health wards do not have the facility to have a smoking shelter linked to the ward due to restrictions on available outside space and criteria required to be met for shelter. Both Crug ward in Brecon and Tawe ward in Ystradgynlais are both EMI wards and report that their patients are non-smokers. They are however linked to smoking cessation advisors if they do need support with an inpatient smoker in the future. Clewedog Ward in Llandrindod reports that they rarely have smokers admitted to the ward and have not had any since the smoke free regulations came into force this year. However, they do note that they have started to admit younger patients and may see a rise in admission of smokers. The smoking cessation advisors will continue to engage with the ward staff to offer support for patients requiring the HMQ services.

Help me quit pathway

The smoking cessation advisors continue to promote the pathway to support people encouraged to stop smoking as a result of the new measures. They have promoted their service to all PTHB staff following the Smoke-Free Regulations through liaison with occupational health team and PTHB communications. Engagement work with PTHB staff promotion is ongoing. Self-referrals to the service can be made direct via email or telephone.

The smoking cessation team contacted hospital wards across Powys in 2021 following the changes in legislation to address any questions the wards had regarding this and promote HMQ service. This work is currently being refreshed and wards and departments being contacted again.

Previously this work highlighted the importance of awareness of ward staff of the specialist Help Me Quit service with resources available to support their patients to adhere to smoke free regulations whilst on the wards. It also highlighted a need for training and support for ward staff to deliver brief advice on stopping smoking to their patients and the importance of developing staff skills to have more challenging conversations on behaviour change. We are looking to enhance the role of the smoking cessation advisors to deliver brief intervention training to staff on the wards to help support them with some of these conversations in the future.

NEXT STEPS:

The Smoke Free Implementation group will continue to monitor compliance and to consider outstanding, additional, and ongoing actions required to keep PTHB a smoke free site such as:

- Work to agree a method of recording incidents or outcomes across PTHB to evidence that reasonable steps have been taken to stop a person who is smoking onsite.
- Implement the offering of brief intervention training from smoking cessation advisors to staff on all hospital wards on PTHB sites to support

staff to have difficult conversations sometimes required to keep the PTHB sites smoke free

- Continued Communications regarding smoke free regulations and the benefits of not smoking.
- Maintain upkeep of smoke free signage.
- Review any risk areas to demonstrate that there is any non-compliance.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age				
Disability	X			
Gender reassignment	X			
Pregnancy and maternity	X			
Race	X			
Religion/ Belief	X			
Sex	X			
Sexual Orientation	X			
Marriage and civil partnership	X			
Welsh Language	X			
Statement <i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	X			
Financial	X			
Statement <i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i>				

Corporate	X				
Operational	X				
Reputational	X				

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Agenda item: 3.5

Planning, Partnerships and Population Health Committee		Date of Meeting: 7 April 2022
Subject:	COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER	
Approved and Presented by:	Interim Board Secretary	
Prepared by:	Interim Corporate Governance Manager	
Other Committees and meetings considered at:	n/a	

PURPOSE:

The purpose of this paper is to provide the Committee with the March 2022 version of the Committee Risk Register for information.

RECOMMENDATION(S):

It is recommended that the Committee CONSIDERS the risks identified as requiring oversight by this Lead Committee.

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	
	4. Enable Joined up Care	
	5. Develop Workforce Futures	
	6. Promote Innovative Environments	

Health and Care Standards:	7. Put Digital First	
	8. Transforming in Partnership	✓
	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

The purpose of the Committee Risk Register is to draw together relevant risks for the Committee from the Corporate Risk Register (CRR), to provide a summary of the significant risks to delivery of the health board's strategic objectives.

BACKGROUND AND ASSESSMENT:

The CRR provides a summary of the significant risks to the delivery of the health board's strategic objectives. Corporate risks also include risks that are widespread beyond the local area, and risks for which the cost of control is significantly beyond the scope of the local budget holder. The CRR is reviewed by the Executive Committee on a bi-monthly basis and is noted by the Board.

The Committee is asked to DISCUSS the risks relating to Planning, Partnerships and Population Health Committee and the risk targets within the Committee Risk Register, and to CONSIDER whether the targets identified are achievable and realistic.

The full Committee Risk Register is attached at **Appendix A**.

NEXT STEPS:

The Risk and Assurance Group will lead the ongoing development of the CRR, escalating any organisational risks for proposal to the CRR, for consideration by the Executive Committee.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Planning, Partnerships and Population Health Committee based Risk Register March 2022

Risk Management

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**Planning, Partnerships and
Population Health
Committee
7 April 2022
Agenda item: 3.5a
APPENDIX1**

CORPORATE RISK HEAT MAP: March 2022

There is a risk that...

Impact	Catastrophic	5					
	Major	4			<ul style="list-style-type: none"> The need to improve health equity is not adequately reflected in the priorities and resource allocation of the health board Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the Covid-19 pandemic 		
	Moderate	3			<ul style="list-style-type: none"> There is ineffective partnership working and partnership governance 		
	Minor	2					
	Negligible	1					
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain

Likelihood

CORPORATE RISK DASHBOARD – March 2022

Risk Lead	Risk ID	Main Risk Type	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DPP	CRR 004	Regulation & Compliance	There is ineffective partnership working and partnership governance	3 x 3 = 9	➔	Low	6	✗	Planning, Partnerships & Population Health	Organisational Priorities underpinning Wellbeing Objective 8: Transforming in Partnership
DPP	CRR 008	Innovation & Strategic Change	Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the Covid-19 pandemic	4 x 4 = 16	➔	High	12	✗	Planning, Partnerships & Population Health	Organisational Priorities WBO 1 to 4

CEO	CRR 010	Finance / Resources	The need to improve health equity is not adequately reflected in the priorities and resource allocation of the Health Board	3 x 4 = 12	➔	Low	8	*	Planning, Partnerships & Population Health	Organisational Priorities underpinning WBO 1 to 8
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Risk Management
 Polina Bethan
 03/03/2022 15:55:30

KEY:

LIKELIHOOD	IMPACT				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost Certain 5	5	10	15	20	25
Likely 4	4	8	12	16	20
Possible 3	3	6	9	12	15
Unlikely 2	2	4	6	8	10
Rare 1	1	2	3	4	5

Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
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Executive Lead:	
CEO	Chief Executive
DPCMH	Director of Primary, Community Mental Health Services
DN	Director of Nursing
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director of Public Health
DWODSS	Director of Workforce & OD and Support Services
DTHS	Director of Therapies & Health Sciences
DPP	Director of Planning & Performance
BS	Board Secretary

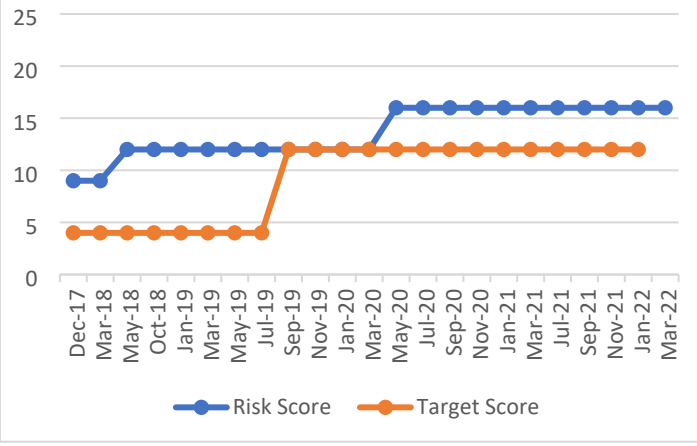
RISK APPETITE		
Category	Appetite for Risk	
Quality & Safety of Services	Low	Risk Score 1-6
Regulation & Compliance	Low	Risk Score 1-6
Reputation & Public Confidence	Moderate	Risk Score 8-10
Finance	Moderate	Risk Score 8-10
Innovation & Strategic Change	High	Risk Score 12-15

Trend	
↑	risk score increased
→	risk score remains static
↓	risk score reduced

CRR 004 Risk that: there is ineffective partnership working and partnership governance arrangements in place Risk Impacts on: Organisational Priorities underpinning Wellbeing Objective 8: Transforming in Partnership		Executive Lead: Director of Planning & Performance Assuring Committee: Planning, Partnerships & Population Health Date last reviewed: February 2022																				
Risk Rating (likelihood x impact): Initial: 3 x 4 = 12 Current: 3 x 3 = 9 Target: 2 x 3 = 6 Date added to the risk register July 2021	<table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jul-21</td><td>9</td><td>6</td></tr><tr><td>Sep-21</td><td>9</td><td>6</td></tr><tr><td>Nov-21</td><td>9</td><td>6</td></tr><tr><td>Jan-22</td><td>9</td><td>6</td></tr><tr><td>Mar-22</td><td>9</td><td>6</td></tr></tbody></table>		Date	Risk Score	Target Score	Jul-21	9	6	Sep-21	9	6	Nov-21	9	6	Jan-22	9	6	Mar-22	9	6	Rationale for current score: Effective partnership working arrangements requires strong governance and performance management. There should be a clear approach to ensure and demonstrate that investment in partnerships delivers effective and appropriate outcomes for the local population. In January 2021, Internal Audit reported limited assurance in respect of how the Health Board ensures effective partnership governance. Further, achievement of the health board’s Health and Care Strategy will be dependent on the success of successful working relationships with key partners and stakeholders.	
Date	Risk Score	Target Score																				
Jul-21	9	6																				
Sep-21	9	6																				
Nov-21	9	6																				
Jan-22	9	6																				
Mar-22	9	6																				
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Health Board attendance at Public Service Board, Regional Partnership Board, Joint Partnership BoardHigh-level reporting to Board from Public Service Board, Regional Partnership Board, Joint Partnership BoardPowys Health and Care Strategy in place with Powys County Council and PAVOActive engagement with Mid Wales Joint CommitteeEngaged in regional planning and partnership arrangements such as South East Wales Central Planning Group; Future Fit		Mitigating actions (What more should we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Identify all existing partnerships and collaborations to inform development of a Framework</td><td>BS / DPP</td><td>30/09/2021</td></tr><tr><td>Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes</td><td>BS / DPP</td><td>30/09/2021</td></tr><tr><td>Development and population of a Partnership Register</td><td>BS</td><td>31/03/2022</td></tr></tbody></table>			Action	Lead	Deadline	Identify all existing partnerships and collaborations to inform development of a Framework	BS / DPP	30/09/2021	Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes	BS / DPP	30/09/2021	Development and population of a Partnership Register	BS	31/03/2022						
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Identify all existing partnerships and collaborations to inform development of a Framework	BS / DPP	30/09/2021																				
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Development and population of a Partnership Register	BS	31/03/2022																				

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 Powys, Bethan
 02/03/2022 15:55:30

	Development of the Partnership Governance Framework for presentation to Board in December 2021	BS	31/03/2022
Current Risk Rating:	Additional Comments		
3 x 3 = 9			

CRR 008 Risk that: fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the Covid-19 pandemic		Executive Lead: Director of Planning & Performance																																																																									
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4		Assuring Committee: Planning, Partnerships & Population Health																																																																									
		Date last reviewed: February 2022																																																																									
<div>Risk Rating (likelihood x impact): Initial: 3 x 3 = 9 Current: 4 x 4 = 16 Target: 3 x 4 = 12</div> <div>Date added to the risk register January 2017</div>	 <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Dec-17</td><td>9</td><td>4</td></tr><tr><td>Mar-18</td><td>9</td><td>4</td></tr><tr><td>May-18</td><td>12</td><td>4</td></tr><tr><td>Oct-18</td><td>12</td><td>4</td></tr><tr><td>Jan-19</td><td>12</td><td>4</td></tr><tr><td>Mar-19</td><td>12</td><td>4</td></tr><tr><td>May-19</td><td>12</td><td>4</td></tr><tr><td>Jul-19</td><td>12</td><td>4</td></tr><tr><td>Sep-19</td><td>12</td><td>12</td></tr><tr><td>Nov-19</td><td>12</td><td>12</td></tr><tr><td>Jan-20</td><td>12</td><td>12</td></tr><tr><td>Mar-20</td><td>12</td><td>12</td></tr><tr><td>May-20</td><td>16</td><td>12</td></tr><tr><td>Jul-20</td><td>16</td><td>12</td></tr><tr><td>Sep-20</td><td>16</td><td>12</td></tr><tr><td>Nov-20</td><td>16</td><td>12</td></tr><tr><td>Jan-21</td><td>16</td><td>12</td></tr><tr><td>Mar-21</td><td>16</td><td>12</td></tr><tr><td>Jul-21</td><td>16</td><td>12</td></tr><tr><td>Sep-21</td><td>16</td><td>12</td></tr><tr><td>Nov-21</td><td>16</td><td>12</td></tr><tr><td>Jan-22</td><td>16</td><td>12</td></tr><tr><td>Mar-22</td><td>16</td><td>12</td></tr></tbody></table>	Date	Risk Score	Target Score	Dec-17	9	4	Mar-18	9	4	May-18	12	4	Oct-18	12	4	Jan-19	12	4	Mar-19	12	4	May-19	12	4	Jul-19	12	4	Sep-19	12	12	Nov-19	12	12	Jan-20	12	12	Mar-20	12	12	May-20	16	12	Jul-20	16	12	Sep-20	16	12	Nov-20	16	12	Jan-21	16	12	Mar-21	16	12	Jul-21	16	12	Sep-21	16	12	Nov-21	16	12	Jan-22	16	12	Mar-22	16	12	<div>Rationale for current score: As a result of the COVID-19 Planning / Implementation across NHS Wales and NHS England currently, strategic change programmes were paused or significantly changed. Programme management arrangements externally and internally were paused and progressively restored from Q2 2020/21. The Grange opening was accelerated by ABUHB in Q3 2020/21 as part of winter preparedness in the context of the response to Covid-19, changing pathways for South Powys patients sooner than originally planned, from November 2020. The usual stocktake and pipeline processes to manage strategic change were ceased in March 2020 whilst programmes were suspended. Capacity to reset, articulate and respond to strategic change is variable across NHS Wales and is tracked through Annual / IMTP planning and commissioning assurance processes.</div>	
Date	Risk Score	Target Score																																																																									
Dec-17	9	4																																																																									
Mar-18	9	4																																																																									
May-18	12	4																																																																									
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Mar-22	16	12																																																																									
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																																																									
A number of critical controls remain in place: Briefings with CHC and updates provided to CHC Services Planning Committee; Full Committee and Local Committees as appropriate <ul style="list-style-type: none">All Wales Chief Executive and Directors of Planning meetings provide horizon scanning and intelligence regarding neighbouring organisations planning intelligence and strategic change proposals		Action Provide robust management of and response to the system planning arrangements in Shropshire, Telford and Wrekin including the development of the ICS (Integrated Care System) and the	<table><tr><th>Lead</th><th>Deadline</th></tr><tr><td>DPP</td><td>In line with Annual Plan for 2021-22</td></tr></table>	Lead	Deadline	DPP	In line with Annual Plan for 2021-22																																																																				
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<ul style="list-style-type: none"> - Integrated Medium Term Plan 2022 – 2025 in final stage of development and due for submission to PTHB Board March 2022 and Welsh Government by end of March 2022 – this process has included an appraisal of external and internal challenges and opportunities and the development of a PTHB Planning Framework to guide the development of Strategic Priorities - This returns to the shared long-term health and care strategy, 'A Healthy Caring Powys', which itself is set in the context of the Powys Wellbeing Plan, Towards 2040 - The IMTP reflects the complex Partnership landscape for Powys and the NHS Wales Planning Framework continues to recognise the unique circumstances for this health board and the need for certain flexibilities - The IMTP responds to ministerial priorities / legislation, policy and investment opportunities and builds on the Annual Plan 2021/22 and System Resilience Plan 2021/22 - NPWP 5-year plan developed (IMTP) setting out high level critical path activity. - Close liaison with Welsh Government following endorsement of PBC at Strategic Investment Board in November 2021. - NPWP Strategic Outline Cases (SOC) internal approvals underway from early Jan 22– end March 22 followed by Q1 submission to Welsh Government – pending endorsement of PBC. - Site survey work, concept site drawings developed to aid site master planning. Memorandum of Understanding approved PTHB Board and PCC EMT ready for submission with the SOC. - Phase one modelling has concluded, along with the financial modelling to support. This has been incorporated into the SOC. Some limitations around the financial analysis to be further progressed at OBC stage. Phase 2 modelling priorities agreed. Service Specifications reviewed and further strengthened in relation to transformation and underpinning evidence base. 	Future Fit Programme / Shrewsbury and Telford Hospital NHS Trust		
	Continuous monitoring of impact as Hywel Dda UHB's strategic plans are refreshed and reframed – the programme formerly called Transforming Clinical Services is now incorporated into engagement plans for 'Building a healthier future after Covid-19' with engagement planned for 2021	DPP	In line with Annual Plan for 2021-22
	Provide robust management of engagement and response to the system planning arrangements in Herefordshire and Worcestershire including the development of the Integrated Care System (building on their Sustainability and Transformation Plan) and Stroke programme	DPP	In line with Annual Plan for 2021-22
	Take forward Phase 2 of the South Powys Programme, including monitoring existing maternity and neonatal pathways until the timing of a strategic pathway change can be recommended to the PTHB Board.	DPP	In line with Annual Plan for 2021-22
	Robustly manage the response and engagement with external service change programmes and developments as they arise during the year	DPP	In line with Annual Plan for 2021-22
	As a member of the MWJC for Health and Care, support delivery of the agreed Action Plan	DPP	In line with Annual Plan for 2021-22
	North Powys Programme: - • Programme Business Case – achieve WG Ministerial approval	DPP	In line with Annual Plan for 2021 / IMTP 5 Year Plan

<ul style="list-style-type: none"> - Majority of short-term projects progressing well, some projects exceeding targets. Sustainability discussions taking place and business cases drafted for further funding post March 22. - South Powys Programme Board in place. Scope revised in response to the accelerated opening of GUH as part of the response to the COVID-19 winter in November 2021. - The first phase of the PTHB programme managed changes to South Powys emergency flows to Prince Charles Hospital and was closed with lessons identified and reasonable assurance through audit; the second phase of the programme is in place in relation to consultant led maternity and neonatal services. No decision in relation to the timing of strategic pathway changes for existing flows has yet been made, but monitoring of existing pathways, assurance and readiness assessment continuing. - The CEO led Renewal Strategic Portfolio Board is in place. Each of the programmes has an Executive lead, an approved PID, a Programme Board, a programme plan, a portfolio risk register and highlight reporting. An external audit review is underway. Programmes were suspended during December and January due to mass vaccination and Omicron with some staff redeployed during that period. In-sourcing underway. Work on the diagnostics strategy initiated. GIRTH Review undertaken, which will support orthopaedic pathway redesign. Patient Liaison Team in place with over 3,500 patients contacted and wellbeing information available. Analysis to support frailty and community model redesign underway. Cancer clinical lead in place. Cancer tracker and PTHB Harm Review Panel established. Access to FIT testing for patients with suspected bowel cancer in place. Respiratory backlogs reduced through a strengthened Powys MDT approach. Sleep Clinic pathway developed. Drive through spirometry pilot completed. Community cardiology business case developed. Value Based Health Care Programme in place. 	<ul style="list-style-type: none"> • Strategic Outline Cases – Approve final drafts, followed by internal and WG approval of (Q4 and Q1). • Confirm governance arrangements for next phase of work including identified leads and ensure alignment to the portfolio of renewal priority programmes. • Implement Plan for 22/23 • Secure funding via Regional Integration Fund Proposal and Approve AFC Business Cases <p>Implement the Renewal Portfolio of Programmes including:</p> <ul style="list-style-type: none"> • Frailty and the Community Model • Diagnostics, Ambulatory and Planned Care • Children and Young People • Breathe-Well (Respiratory) • Cancer • Circulatory • Mental Health <p>Ensure plan for the renewal priorities for the next three years embedded within the IMTP.</p>	<p>CEO and lead Directors</p>	<p>In line with Annual Plan 2021-22</p>
--	---	-------------------------------	---

<ul style="list-style-type: none"> - - PTHB has re-established participation in the Hereford and Worcestershire Stroke Programme and updated the programme for Wales. - Partnership mechanisms are in place in key areas of work including joint oversight and leadership of Test, Trace and Protect; Care Homes; and Unscheduled Care. The RPB and PSB are re-established and commenced recovery planning and a set of population assessments required during 2021/22 are being co-ordinated as one programme of work across partners. - Powys Consultation Plans and situation reports developed for each live consultation to ensure PTHB responses consider the impact on Powys residents. - Strategic Change Stock take process superseded by the processes developed during 2020 as part of the Covid-19 response; tracking of strategic plans will be resumed in March 2022 - Impact Assessment process in place for detailed analysis of live strategic change programmes. - Participation in external Programme mechanisms as appropriate for key live programmes either as watching brief / receipt of information or as programme participant in the case of NHS Future Fit. 			
Current Risk Rating	Additional Comments		
4 x 4 = 16			

CRR 010 Risk that: the need to improve health equity is not adequately reflected in the priorities and resource allocation of the Health Board Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 8		Executive Lead: Chief Executive Assuring Committee: Planning, Partnerships & Population Health Date last reviewed: January 2022																																																	
Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 2 x 4 = 8 Date added to the risk register May 2018	<table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Dec-17</td><td>16</td><td>4</td></tr><tr><td>Mar-18</td><td>16</td><td>4</td></tr><tr><td>Jun-18</td><td>16</td><td>4</td></tr><tr><td>Sep-18</td><td>16</td><td>4</td></tr><tr><td>Dec-18</td><td>16</td><td>4</td></tr><tr><td>Mar-19</td><td>16</td><td>4</td></tr><tr><td>Jun-19</td><td>16</td><td>4</td></tr><tr><td>Sep-19</td><td>16</td><td>4</td></tr><tr><td>Dec-19</td><td>16</td><td>8</td></tr><tr><td>Mar-20</td><td>16</td><td>8</td></tr><tr><td>Jun-20</td><td>12</td><td>8</td></tr><tr><td>Sep-20</td><td>12</td><td>8</td></tr><tr><td>Dec-20</td><td>12</td><td>8</td></tr><tr><td>Mar-21</td><td>12</td><td>8</td></tr><tr><td>Jun-21</td><td>12</td><td>8</td></tr></tbody></table>			Date	Risk Score	Target Score	Dec-17	16	4	Mar-18	16	4	Jun-18	16	4	Sep-18	16	4	Dec-18	16	4	Mar-19	16	4	Jun-19	16	4	Sep-19	16	4	Dec-19	16	8	Mar-20	16	8	Jun-20	12	8	Sep-20	12	8	Dec-20	12	8	Mar-21	12	8	Jun-21	12	8
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Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Clear annual plan and evidence-based priorities taking account of health equity issues.Renewal Portfolio with a golden thread of the principle of 'greatest need' running through each programme.Resources allocated to priority areas for taking forward supportive action in relation to annual plan priorities		Mitigating actions (What more should we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Consider the longer-term approach to service redesign that focuses on health inequalities, reviewing the Health Inequalities Strategic Assessment/Report undertaken in 2018</td><td>CEO with Public Health Director</td><td>Q3/4</td></tr><tr><td>Undertake detailed exercise in understanding more visibly the resource allocation map against key elements of health inequity.</td><td>DFIT</td><td>Q3/4</td></tr></tbody></table>		Action	Lead	Deadline	Consider the longer-term approach to service redesign that focuses on health inequalities, reviewing the Health Inequalities Strategic Assessment/Report undertaken in 2018	CEO with Public Health Director	Q3/4	Undertake detailed exercise in understanding more visibly the resource allocation map against key elements of health inequity.	DFIT	Q3/4																																							
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Current Risk Rating 3 x 4 = 12		Additional Comments																																																	

Agenda item: 3.6

Planning, Partnerships & Population Health Committee		Date of Meeting: 7 April 2022
Subject :	Briefing Paper: Powys Population and Well-being Assessments 2022	
Approved and Presented by:	Director of Public Health	
Prepared by:	Consultant in Public Health Medicine	
Other Committees and meetings considered at:	Wellbeing Assessment considered at Powys Public Services Board. Population Assessment considered at Powys Regional Partnership Board	

PURPOSE:

This paper provides a briefing to PPPH Committee on the summary findings from the Population Needs Assessment and the Well-being Assessment for Powys. The committee is asked to discuss and note the findings.

RECOMMENDATION(S):

Executive Committee is asked to **NOTE** and **DISCUSS** the Population Assessment and Well-being Assessment for Powys.

Approval/Ratification/Decision¹	Discussion	Information
X	✓	✓

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This paper presents the Well-being Assessment (WBA) and the Population Needs Assessment (PNA) for Powys. The two assessments have differing legislative requirements, aims and content, but are presented together here, because of the high degree of overlap between them. The WBA examines well-being from a wider perspective, whereas the PNA has a more narrow focus on the provision of health and care services.

The two assessments were collaboratively developed as part of a combined process. This paper summarises the key content and changes since the previous assessments, and also covers practical limitations related to their development (including data gaps and the difficulties with their preparation related to COVID).

PPPH Committee is asked to DISCUSS and NOTE the assessments.

DETAILED BACKGROUND AND ASSESSMENT:

This paper deals with two assessments: the Powys Well-being Assessment (WBA) and the Powys Population Needs Assessment (PNA). Because the relationships between the legislation, public bodies and plans that relate to the assessments are potentially confusing, background information clarifying these relations is set out briefly below as a reminder. The main aim of this

paper – covered in section 2 below – is to update the committee on the progress made to date with this work, with an overview of current content and of key changes since previous iterations of the assessments (from 2017). Further plans for this work are also set out below – under 'Next steps'.

Background to the assessments

- The Well-being Assessment

The Public Service Board (PSB) is a statutory strategic partnership established under the Well-being of Future Generations (Wales) Act 2015. The act requires key local organisation in Powys to work together and take a more co-ordinated and long-term approach to the issues that really matter to the people of the county. As part of its work, the PSB is required to prepare an assessment on a 4-yearly basis² – the WBA – as a precursor to the publication of a local well-being plan (this plan is usually published a year after the assessment).

The purpose of the WBA is to provide an accurate analysis of the state of economic, social, environmental and cultural well-being in each community within Powys and for Powys as a whole, with a view to informing the choice of objectives to be included in the Local Well-being Plan that will follow it.³ It is expected that the PSB use an extensive range of sources in the preparation of the WBA, including routine data sources, academic research and qualitative evidence.

The preparation of the draft Powys WBA has been a joint effort between the statutory organisations that comprise the PSB (statutory partners are Mid and West Wales Fire and Rescue Service, Natural Resources Wales, Powys County Council and Powys Teaching Health Board) and others. The first Powys WBA was published in 2017. The assessment discussed here is the second Powys WBA, the assessment being revisited now in line with the requirements of the legislation. The current assessment updates and builds on the earlier one from 2017. This latest iteration of the assessment went out for a six-week period of consultation in December 2021.

- The Population Needs Assessment

The PNA is a component of a parallel but distinct planning cycle that falls under the provisions of a separate piece of legislation: the Social Services and Well-being (Wales) Act. This act established a Powys Regional

² The actual timing of assessments has been affected by the COVID-19 pandemic, meaning the next assessment will not be four years after the initial one.

³ SPSF 3: Collective role. (Public Service Boards). Shared Purpose: Shared Future Statutory guidance on the Well-being of Future Generations (Wales) Act 2015. Welsh Government.

Partnership Board (RPB) in April 2016, the key role of which is to identify key areas of improvement for care-and-support services in Powys and opportunities for integration between social care and health services. The focus of the RPB's role is limited to health and social care (rather than the wider well-being scope addressed by the PSB).

The act requires local authorities and health boards to carry out a PNA, in order to underpin effective planning of care and support services. The first Powys PNA was published in 2017. That assessment informed the development of a Powys local area plan in 2018. The PNA discussed here is the second iteration of the Powys PNA. The specific aim of the PNA-process is to assess the needs of people (including carers) in Powys for care and support, the extent to which those needs are being met and the services required to meet identified gaps in provision. The assessment should also identify preventative services required in Powys and consider how services will be delivered through the medium of Welsh. There is a requirement that the PNA be taken into account as part of broader integrated planning frameworks, for example, within Integrated Medium Term Plans and within the Local Well-being Plan (discussed above). There is no formal obligation for a formal consultation on the PNA: the version of the PNA discussed here has not been put out for consultation.

Summary of key content and changes since previous assessments

The two assessments themselves are detailed, so here, rather than reviewing all content, discussion is limited to key observations, to brief summaries of the content and to the principal changes since previous iterations of the assessments.

- Key points common to the two assessments

Several key points relate to the preparation of both assessments:

- A locality approach has been employed as a basis for much of the analysis and discussion. This is consistent with the expectation (in the WBA) that the assessment looks at communities within Powys as well as the Powys population as a whole. This is also a practical approach, because much of the locally available data can be split down to this locality level – thirteen areas of Powys (where localities are defined using Middle Super Output Areas, a statistical geography developed by the Office for National Statistics)
- Because the preparation of the assessments is a joint undertaking between partner organisations, their content reflects a collaborative effort by many individuals, with different organisations having contributed more to particular areas of the assessments (particularly the WBA) that relate to

their areas of responsibility. PTHB's input has, understandably, been most focused around the preparation of the health chapter of the PNA and the health sections of the WBA.

- Both assessments highlight issues with gaps in data and unknowns that exist in some areas. Similar points were made in the first, published iterations of the assessments and imperfections in the data and analysis available may, to some extent, be inevitable.
- The COVID-19 pandemic has impacts on both assessments. First, it has interfered with the assessments by reducing the resource available for their preparation. Second, it has radically complicated the picture of services and population well-being that the assessments aim to elucidate. The assessments have become a more difficult task since the arrival of COVID-19. Third, it has made it difficult to engage and obtain feedback on the assessments in the way we might have liked.
- Since the publication of the previous iterations of the assessments, further complexity has been introduced in the background picture by the Brexit process and the increasingly pressing issue of climate change.

Despite the fact that the two assessments are structured differently, reflecting their different functions, the actual content of the two assessments overlaps in a number of areas. For example, both assessments contain information on the demography of Powys, highlighting the following demographic points relating to the county:

- The Powys population is older than both the population of Wales and the population of the UK overall;
- The Powys population is predicted to continue to increase its average age and to increase in size in the coming years;
- Powys is a large, rural county with a comparatively low population density;
- The rural nature of Powys as a county, its low population density and its age structure all have important implications for how we deliver services in the county;
- While relative socio-economic deprivation in Powys is less pronounced than in some other parts of Wales, some areas of Powys do have high levels of deprivation.

Both assessments also cover similar content relating to the health of the population of Powys (though it is distributed differently within the two assessments). Several key points emerge from consideration of the health of the Powys population:

- In general Powys compares favourably with Wales overall in terms of key population health indicators such as life expectancy and healthy life expectancy. However, there is no room for complacency: international comparison shows that Wales and Powys fall short of the healthiest

countries on these indicators; the last decade has seen a concerning stalling in the improvements in life expectancy that previous decades had seen; the most deprived parts of Powys are notably less healthy than the least deprived – inequality in outcomes remains a significant challenge.

- Likewise, many of the population levels of key risk factors in Powys look good compared to Wales overall but addressing inequality in Powys and moving life expectancy in Powys towards that of the healthiest nations will inevitably require sustained focus on improving population risk factors – partly through the way we provide services, but also through our wider partnership efforts.
- Achieving the effects that we want to see has become more difficult in the face of the global pandemic: our understanding of its many effects on population health is still developing, but it is already clear that COVID-19 has brought with it widespread and interacting effects on many factors that influence population health.

Other content that overlaps between the two assessments, including analysis of the education of children in Powys; housing (including care homes, extra care units and sheltered housing) and homelessness; loneliness and isolation and information on carers.

- Changes since previous assessments

Much of the material in the current draft assessments was covered in the earlier Powys assessments (WBA and PNA). In part, this reflects an explicit aim within the assessments to provide continuity between the different iterations of the assessments, so that we are not starting from scratch each time. In particular, the structure of the assessments is similar to previously.

Since the initial preparation of the WBA, a number of datasets have become available that are now gathered and compiled in an automated way such that they can be viewed using an on-line tool (the Well-being information Bank)ⁱ. This new capability is a departure from the initial WBA and allows readers to interact with content in a way not previously available.

- Content specific to the WBA

The purpose of the WBA means that it has a much broader remit than the PNA and this is reflected in the draft Powys WBA, which examines (in line with the requirements of the legislation) the general needs of the population under four key themes:

- Social
- Economy
- Environment

- Culture

The economy, environment and culture themes are specific to the WBA and contain material not included in the PNA. The WBA consciously examines these themes through the lens of the Well-being of Future Generations Act (Wales), which stipulates focus on seven well-being goals (a prosperous Wales, a resilient Wales, a healthier Wales, a more equal Wales, a Wales of cohesive communities, a Wales of vibrant culture and thriving Welsh language, a globally responsible Wales) and the use of five ways of working (long-term, prevention, integration, collaboration and involvement). The content of parts of the WBA has not been discussed in detail in this paper.

Content specific to the PNA

This PNA aims to provide a focused view of current and future health and social care needs in Powys from three key perspectives:

1. identifying existing and future care and support needs (including the needs of carers)
2. looking at the services and assets available to meet those needs
3. identifying actions required to address any gaps in services or unmet needs

This PNA looks at need in this way across eight core themes:

1. Children and young people
2. Older people
3. Health
4. Physical disabilities and sensory impairment
5. Learning disability and autism
6. Mental health
7. Carers who need support
8. Violence against women, domestic abuse, and sexual violence

While arguably the focus of the PNA is a subset of the focus of the WBA (in that the services provided for the population have direct effects on population well-being), the structure of the PNA means that some areas of service are covered in greater detail than is practicable in the WBA (with its broader scope). For practical reasons, these areas of the PNA are not reviewed in details here. Copies of the PNA and WBA are included as appendices to this paper.

Following publication of the WBA, its findings will be used to set well-being objectives, and these will in turn provide the framework for our next well-being plan – to be published in May 2023.

Similarly, the publication of the PNA will underpin the development of the Powys area plan, which needs to contain integrated priorities for the next five years. That plan will be published in March 2023.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	Adverse	Differential	Positive	Statement
					<u>Equitable provision:</u> No impact identified
Age	✓				<u>Digital delivery supports rural living:</u> No impact identified
Disability	✓				<u>All-age / all-needs service:</u> No impact identified
Gender reassignment	✓				<u>Children & Family Interventions:</u> No impact identified
Pregnancy and maternity	✓				
Race	✓				
Religion/ Belief	✓				
Sex	✓				
Sexual Orientation	✓				
Marriage and civil partnership	✓				
Welsh Language	✓				
Risk Assessment:					
	Level of risk identified				Statement
	None	Low	Moderate	High	Operational: No impact identified. Reputational: .

Clinical	✓				
Financial	✓				
Corporate		✓			
Operational	✓				
Reputational			✓		

ⁱ Available at [Wellbeing Information Bank - Powys County Council](#)

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DRAFT WELL-BEING ASSESSMENT

Powys Public Service Board

11/0202/2022

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Get in touch

If you would like any further information or have any questions about this well-being assessment there are many ways to get in touch with us:

Email: Business_intelligence@powys.gov.uk

Post: Powys Public Service Board secretary, Powys County Council, County Hall, Llandrindod Wells, Powys. LD1 5LG.

Phone: 01597 826 000

The Public Service Board (PSB) is a statutory strategic partnership established under the **Well-being of Future Generations (Wales) Act 2015**. The Act requires key local organisation in Powys to work together and take a more co-ordinated and long-term approach to the issues that really matter to the people of the county.

The statutory partners that make up the board are:

- Mid and West Wales Fire and Rescue Service - www.mawwfire.gov.uk
- Natural Resources Wales - <https://naturalresources.wales>
- Powys County Council - www.powys.gov.uk
- Powys Teaching Health Board - www.powysthb.wales.nhs.uk

Other invited organisations who play a key role in the PSB include:

- Brecon Beacons National Park Authority - www.beacons-npa.gov.uk
- Powys Association of Voluntary Organisations - www.pavo.org.uk
- Dyfed Powys Police - www.dyfed-powys.police.uk
- Dyfed Powys Police and Crime Commissioner - www.dyfedpowys-pcc.org.uk
- Department for Work and Pensions
- Welsh Government
- Probation Service
- One Voice Wales

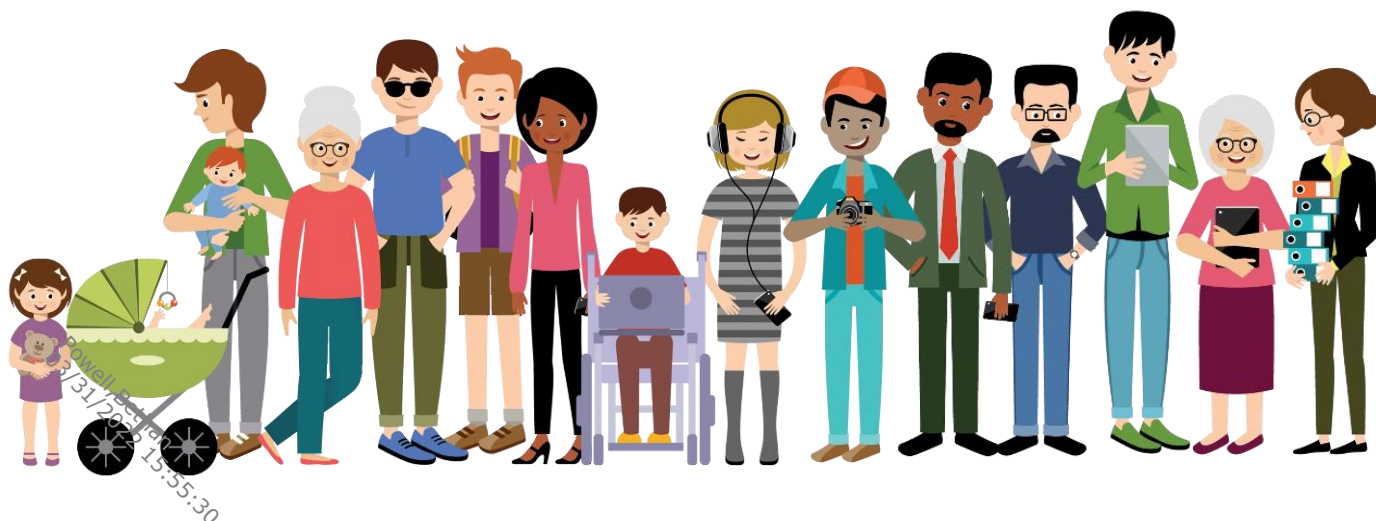
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Introduction

Welcome to our Well-being Assessment 2022. The unprecedented challenges facing public organisations currently cannot be underestimated and the impact the coronavirus pandemic has had on all our lives has been extraordinary, and we are still seeing and feeling the effects of lockdown and social distancing today.

The PSB is a partnership of the county's public sector organisations who have worked together and builds upon the success of the last assessment and our plan to produce a positive outlook for our future generations.

We are required by the Well-being of Future Generations (Wales) Act 2015 to prepare a local Well-being Plan setting out how we will improve the well-being of its communities, against seven national goals. Before we can set out a plan, we must understand the pressures that our communities are facing. To understand this, we have assessed well-being across communities in Powys. This assessment includes a range of data, evidence, and research, providing a comprehensive picture of the well-being of local people and communities now and how well-being could be influenced in the future.

It looks at economic, social, environmental, and cultural factors that impact on people's daily lives, issues such as health, access to employment, condition of housing and access to services. We have engaged with residents, both young and old, businesses and stakeholders through a variety of methods, over the past year to get as much insight as possible.

Background

The Well-being of Future Generations (Wales) Act came into force in 2015, it requires public bodies in Wales to think about the long-term impact of their decisions and to conduct a well-being assessment during each electoral cycle. This provides insight into the well-being of our residents and helps to understand what we need to do to improve well-being for all our residents and service users. The Well-being Assessment focuses on the general needs of the population under four key themes:

- Social
- Economy
- Environment
- Culture

As well as the Well-being Assessment, we must also publish a Population Needs Assessment, focused on care and support needs in our area (requirement of the Social Services and Well-being (Wales) Act 2014).

This Well-being Assessment follows what has been an extraordinary time, the coronavirus pandemic has had a global impact and made us live and work very differently. However, the successful vaccination programme has helped to reduce the risk of serious disease and death and helped to ease transmission. This Well-being Assessment does not focus wholly on COVID-19, instead it evidences areas that we as public organisations need to focus our energies, it provides an overview of what is happening at an overall Powys level, whilst also identifying differences across the county wherever possible.

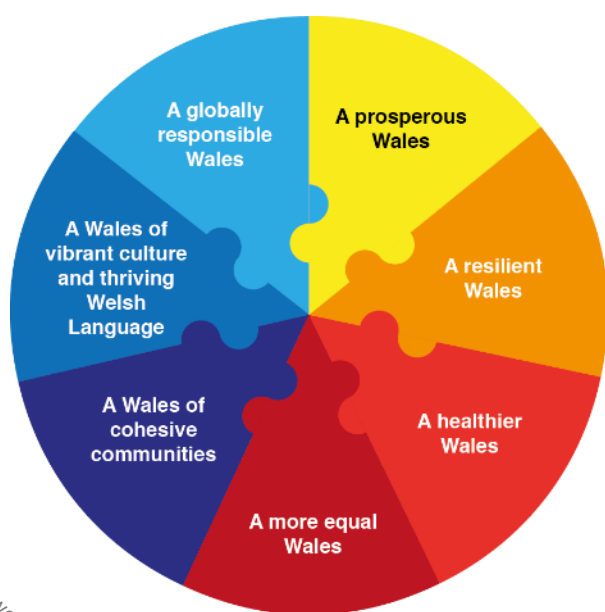
The assessment provides an honest account of what we know and what we don't know. We are aware that there are some data gaps that we need to plug, and this will be a focus over the coming years.

Next Steps

This assessment will inform our plans going forward. Our findings will be used to set well-being objectives, and these will provide the framework for our next well-being plan. **The plan will be published in May 2023.**

It is important to note that the data insight and intelligence we have access to is used daily to help shape service delivery and continuous improvement.

The Seven Well-being goals



The Welsh Government is interested in the well-being of Wales as a whole and has defined this through seven Well-being Goals. This local assessment focusses on the well-being of Powys and its people, but we also note how local well-being aligns with these national goals.

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

1. **A prosperous Wales:** An innovative, productive, and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.
2. **A resilient Wales:** A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic, and ecological resilience and the capacity to adapt to change (for example climate change).
3. **A healthier Wales:** A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.
4. **A more equal Wales:** A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio-economic background and circumstances).
5. **A Wales of cohesive communities:** Attractive, viable, safe, and well-connected communities.
6. **A Wales of vibrant culture and thriving Welsh language:** A society that promotes and protects culture, heritage, and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.
7. **A globally responsible Wales:** A nation which, when doing anything to improve the economic, social, environmental, and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.

The following table maps the local areas of focus identified in the assessment, to the seven National Well-being Goals for Wales. This provides a starting point for understanding which areas contribute and impact on the wider well-being of Wales. As we begin to develop our next well-being plan, we will look to understand whether the areas of focus are having a negative or positive impact on the goals, and this will help to prioritise areas for action.

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Well-being Theme	Local Well-being: Areas of focus	A prosperous Wales	A resilient Wales	A healthier Wales	A more equal Wales	A Wales of cohesive communities	A Wales of vibrant culture and thriving Welsh language	A globally responsible Wales
Social	Homelife	Yes	Yes	Yes	Yes	Yes	No	Yes
	Living Independently	Yes	No	Yes	Yes	Yes	No	No
	Health and Lifestyle	No	No	Yes	Yes	No	Yes	No
	Educating our children	Yes	No	No	Yes	No	No	No
Economy	Jobs and wages	Yes	No	Yes	Yes	No	No	No
	Businesses	Yes	Yes	Yes	Yes	Yes	No	No
	Tourism	Yes	No	No	No	Yes	Yes	No
	Staying connected	Yes	No	No	Yes	Yes	No	No
	Poverty and deprivation	Yes	No	Yes	Yes	No	No	No
Culture and Community	Welsh Language	No	No	No	Yes	Yes	Yes	No
	Communities coming together	No	No	Yes	Yes	Yes	No	No
	Participation in cultural life	Yes	No	No	No	Yes	Yes	No
	Anti-social	No	Yes	Yes	No	Yes	No	Yes

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Well-being Theme	Local Well-being: Areas of focus	A prosperous Wales	A resilient Wales	A healthier Wales	A more equal Wales	A Wales of cohesive communities	A Wales of vibrant culture and thriving Welsh language	A globally responsible Wales
Environment	Improving Biodiversity	Yes	Yes	No	No	No	No	Yes
	Sustainable Land, Water and Air	Yes	Yes	Yes	No	No	Yes	Yes
	Reconnecting People and places	Yes	Yes	Yes	Yes	Yes	Yes	No
	Forestry Resources	Yes	Yes	Yes	No	No	No	Yes
	Climate Change	Yes	Yes	Yes	Yes	No	No	Yes

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The Five Ways of Working

Throughout this assessment we have followed the five ways of working, we will take these forward as we move to the next stages of responding to the findings and developing our area plans.

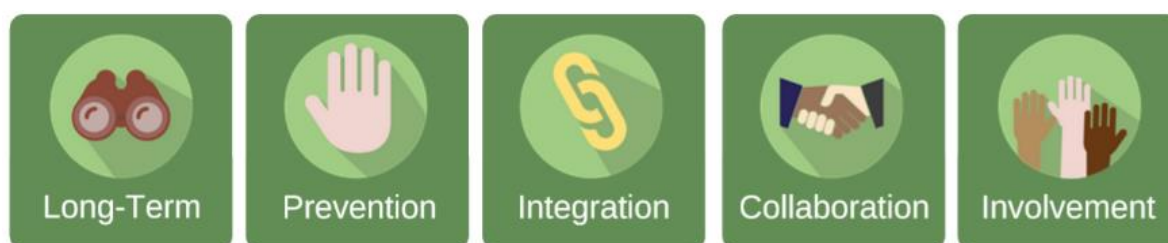


Figure 1 Icons for the five ways of working

- **Long-term** – Balancing short-term needs with the need to safeguard the ability to also meet long-term needs
- **Prevention** – Putting resources into preventing problems occurring or getting worse
- **Integration** – Considering how our priorities may impact upon one another, on the well-being goals and on the priorities of other public bodies
- **Collaboration** – Working together with other partners to deliver our priorities
- **Involvement** - Involving those with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area

What do we know about well-being in Powys?

Our assessment has told us a great deal about the social, economic, environmental, and cultural well-being of people in our localities in Powys:

Social

- **12% (16,154) of the population are unpaid carers.** This is projected to have increased. We have more unpaid carers in south Powys, particularly the Ystradgynlais locality. (ONS, 2011)
- There has been a **16% increase in homelessness** between 2019 and 2020 (from 527 to 621). Mostly single homeless presentations. We anticipate more families with dependent children to present due to the end of the furlough scheme. (Powys Well-being Infobank, 2021)
- **20% of people contacting** Powys Association of Voluntary Organisations **state loneliness and isolation as a reason for contact.** 62% of these were female, increase in demand is seen during the winter months. (PAVO, 2021)
- There are **8,871 housing association properties in Powys.** (Housing PCC, 2021)
- **3,500 people are on the housing demand register,** many require smaller accommodation (often 1 or 2 bedrooms), whilst others need larger homes. 22% of

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homes are in the Newtown locality. 48% have a poor energy EPC rating. (Housing PCC, 2021)

- **4,088 families live in absolute poverty**, 31% (1,248) of these were lone parent households (Department for Work and Pension, 2019-20).
- **The coronavirus pandemic has increased existing health inequalities.** Deprived groups have been more vulnerable during lockdowns and declining income.
- There has been a **48% increase in children** (1,601 to 2,371 children) **eligible for Free School Meals** over the past two years (compared with the rest of Wales). (Welsh Gov, 2021)

Economy

- **79.2% of people are economically active and 17.8% are self-employed.** (ONS, Dec 2021)
- **5% of working-age people are unemployed (16-64 age group, Dec 2020).** Llanidloes was the hardest hit locality, however all localities saw unemployment grow. (ONS, Dec 2021)
- Median weekly **full-time earnings in Powys are £519** (Wales: £542, UK £586). (ONS, 2021). Powys has the lowest gross value added per hour worked in the UK (since 2008). (ONS, 2021) Powys has the lowest gross value added per hour worked in the UK (since 2008). (ONS, 2021)
- The **average household income in Powys is £33,458** (Wales: £34,700, UK: £40,257). 55% of households in Powys earn *below* the Powys average (£33,458). (CACI, 2021)
- **93% (8,030) of businesses are micro-businesses (employing between 0-9 employees).** 6% (550) small, 1% (65) medium-sized and 10 large businesses. (ONS, 2021)
- **12% of properties are unable to receive 10mb/s broadband.** Highest amongst all Welsh local authorities (2020 Ofcom report). (OFCOM, 2020)

Environment

- **Water Quality:** many rivers in Powys are **not achieving good ecological status**. The river Wye in particular, is suffering from an increase in nutrient pollution. There are two water pollution incidents per week.
- **Air quality:** urgent measures are required to address **ammonia pollution** from intensive agricultural units.
- All of Powys is within a 300m buffer area of **greenspace**, however not all sites have full legal access. Half of our population lives within 10km of an accessible greenspace site in Powys.
- **Impact of Climate change on the natural environment** (e.g., more frequent flooding and high temperatures and winds).
- **Energy efficiency:** Powys has **old and inefficient housing**, reliance on solid fuels and **often households run two cars** due to rural nature and limited public transport.

Culture and Community

- **19% of residents can speak the Welsh language**, ranging from 54% in Machynlleth locality to 8.6% in Knighton and Presteigne. Most Welsh speakers are aged 5-15 years old. (ONS, 2011)
- Between April 2020 and March 2021, the number of 3-day emergency food aid parcels given to families with children in Powys increased by 197% (971 parcels) (Wales: 7%) when compared to 2019/20 (Child Poverty Action Group, 2021). In total, 6,754 parcels were given in 2020/21 (84% increase since the previous year). (Child Poverty Action Group, 2021)
- Most of Powys is poor for access to services (just under **half of Powys areas¹ are in the worst 20% in Wales in terms of access to services**. (Welsh Gov, 2019)
- **6 areas¹ in Powys are in the worst 20% in Wales for community safety** (Llandrindod East/West, Newtown East, Newtown South, St Mary 1 (Brecon), Welshpool Castle and Welshpool Gungrog 1). (Welsh Gov, 2019)
- **Newtown East ranks 31st most deprived area¹ in Wales (of 1,909 areas¹ in Wales)** (Welsh Gov, 2019)

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¹ area = Lower Super Output Area (LSOA), a classified output area boundary as defined by Office National Statistics.

Our 13-locality approach



Figure 2 Powys 13 Localities (PCC, 2022)

Powys covers one quarter of Wales's landmass, so to gain a better understanding of our residents' needs we use geo-spatial analysis.

Geo-spatial analysis is the gathering of data and use of maps to visualise the data.

We have split the county into 13 localities, centred around Powys' largest towns and their surrounding areas using boundaries set by the [Office for National Statistics \(ONS\)](#).

This enables us to understand and compare areas of the county with each other and target support. Where possible, we will look at data using this 13-locality approach. It is important to note that some data is not available at a level below that of the whole of Powys.

Our 13 localities are

- Brecon Locality
- Builth and Llanwrtyd Locality
- Crickhowell Locality
- Hay and Talgarth Locality
- Knighton and Presteigne Locality
- Llandrindod and Rhayader Locality
- Llanfair Caereinion Locality
- Llanfyllin Locality
- Llanidloes Locality
- Machynlleth Locality
- Newtown Locality
- Welshpool and Montgomery Locality
- Ystradgynlais Locality

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Powys Demographics

Who are the people of Powys?

Powys is made up of 133,030 people (ONS, 2020).

The highest population concentrations within Powys are in the Welshpool and Montgomery locality (14% of Powys residents live in this area) followed by Newtown (13%) and Brecon (11%) localities.

Llanfair Caereinion, Machynlleth, Llanidloes, Builth and Llanwrtyd and Crickhowell localities all have small populations (each one accounts for 5% of the total population).

Follow this link [to explore Powys' population via our interactive report.](#)



Powys covers a quarter of Wales landmass and with a small population and large geographical cover, the average population density is only 26 people per square kilometre (Welsh average 153 KM²). To put this in perspective, Cardiff's population density is 2,620 people per KM², and London has a population density of 5,727 people per KM². Powys is the most sparsely populated local authority in all Wales and England.

The population density differs across our 13 localities, with the highest density in the Newtown locality with 78 people per KM², Welshpool and Montgomery locality are second highest with a density of 64 and Ystradgynlais are 3rd highest with 61 people per KM².

Builth and Llanwrtyd are the most sparsely populated of our 13 localities with 11 people per KM². Second lowest is Machynlleth with a population density of 12 and 3rd lowest is Llanfyllin with 17 people per KM². (ONS, 2020)

Follow the link for more [information about the Powys population density via our interactive report.](#)

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Age groups in Powys

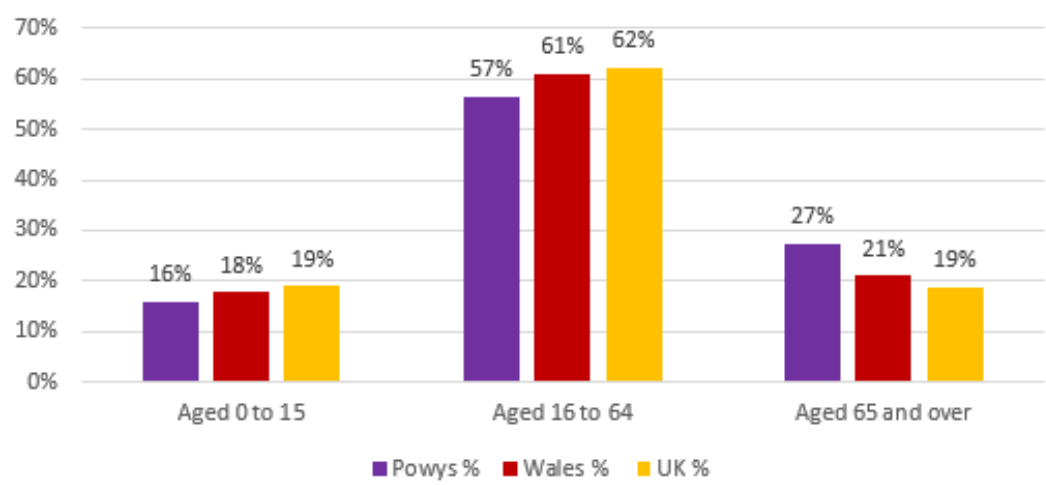


Figure 3 Percentage breakdown of Mid-Year Estimates (ONS, 2020) by age bands

Compared to the Wales and UK averages, Powys has a lower percentage of residents in the age groups 0 to 15 and 16 to 64 and has a higher percentage of residents who are aged 65 and over. The **average age of the Powys population is higher than Wales and UK averages.**

16% of Powys residents are aged 0-15, the Welsh average is 18% and the UK average is 19%.

The distribution of those aged 0-15 fluctuates across the Powys 13 localities with Newtown locality having the highest number of 0–15-year-old residents and Machynlleth having the lowest number.

57% of Powys residents are aged 16-64, meaning that, as with 0–15-year-olds, this segment of the population makes up a smaller percentage of the Powys population than we would see if we looked at the Welsh average of 61% or the UK average of 62%.

The Welshpool and Montgomery locality has the most residents aged 16-64 and Llanfair Caereinion has the fewest.

27% of Powys residents are aged 65 and over and represent a significantly higher percentage of the population in Powys than that of the Welsh average of 21% or the UK average of 19%.

Welshpool and Montgomery have the highest number of residents aged 65 and over and Machynlleth has the lowest. (ONS, 2020).

[Follow this link for more demography insights and to see how our 13 localities compare to each other, via our interactive report](#)

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Ethnicity and place of birth

According to the Census (ONS, 2011), **94% of Powys residents were born in the UK.**

Of those not born in the UK:

- 0.3% (418) were born in Ireland
- 3.4% (4,638) were born in EU countries
- 2.1% (2,855) in other (non-EU) countries.

Ethnicity in Powys shows that:

- 98% (130,827) are White
- 0.86% (1,142) are Asian/Asian British
- 0.57% (760) are Mixed/ multiple ethnic groups
- 0.1% (132) are Black/African/Caribbean/Black British
- 0.09% (115) other ethnic groups

There is little known about the change in the ethnicity and place of birth information of our residents over the last 10 years. As this data is captured in the 2011 census, we will be able to understand how this has changed and update the information when the new 2022 census data is released during 2022/23.

Follow this link to view [more information about Powys population Ethnicity and Place of birth and to understand the differences by locality in our interactive report.](#)

Powys' population past and future

Past population (all ages)

In the last 20 years the number of people who live in Powys has increased by 5%, from 126,134 people in 2000 to 133,030 in 2020. This is lower than the 9% population increase experienced across Wales as a whole.

This increase largely took place in the first 10 years of the period, with the last 10 years showing an increase of just 0.1% (the Welsh average over this same period was 4%). (ONS, 2020).

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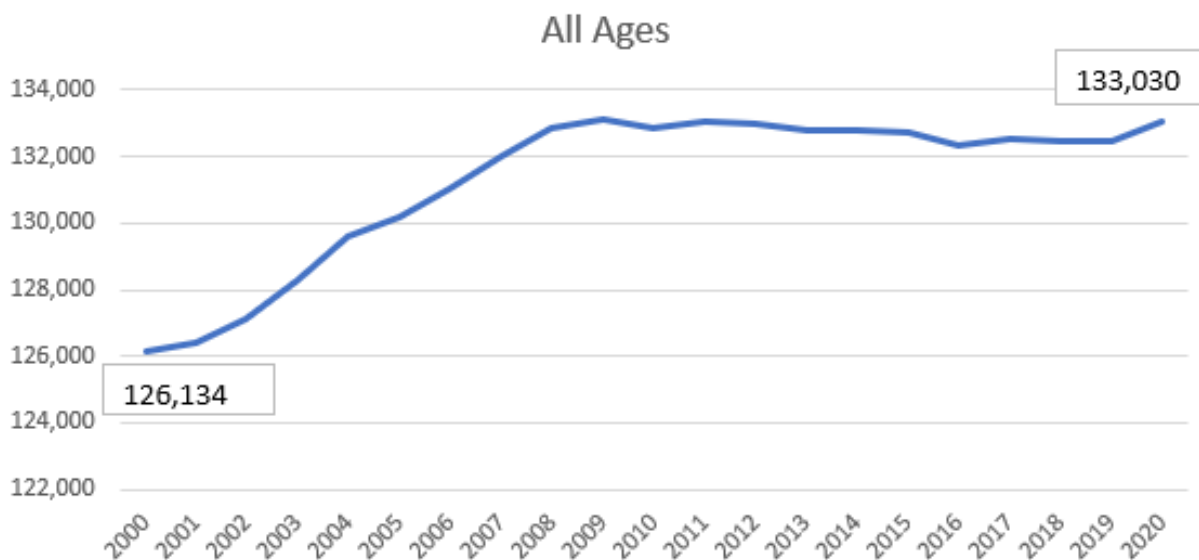


Figure 4 population trend over 20 years (ONS, Mid-Year Estimates 2020)

Changes in population growth have not been equally spread across all age groups.

Age 15 and under

The age 15 and under group saw a -7% decrease (Wales -6%) in population between 2000-2010, and in the last 10 years has seen an additional -8% decrease (Wales 1% increase).

The 15 and under 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 (Wales -5% reduction).

Age 16 to 64 group

The 16-64 age group has seen both an increase and decrease in Powys across the last 20 years, with an increase of 4% from 2000-2010 (Wales 7%), but between 2010-2020 has seen a -6% decrease overall (Wales 0%).

The 16-64 age group has seen a reduction in Powys over the last 20 years of -2%, from 76,607 in 2000 to 75,160 in 2020. Wales in the same period has experienced a 7% increase.

Age 65 and over

The 65 and over age group has seen dramatic increase across Powys, during 2000-2010 there was an increase of 20% (Wales 11%) in this population age band, from 2010-2020 saw an increase of 23% (Wales 20%).

The 65 and over age group has seen a large increase in Powys over the last 20 years of 47%, from 24,999 in 2000 to 36,801 in 2021. (Wales 33% increase).

Age 80 and over

The age 80 and over population group has the largest increase of all age groups, between 2000-2010 there was a 29% increase in this age group (Wales 20%) and in the last 10 years the increase has been a further 19% (Wales 15%).

The aged 80 and over 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).

(ONS, 2020)

Follow this link to view more [information about Powys historical population and to understand the differences by locality and single year of age in our interactive report.](#)

Population projections

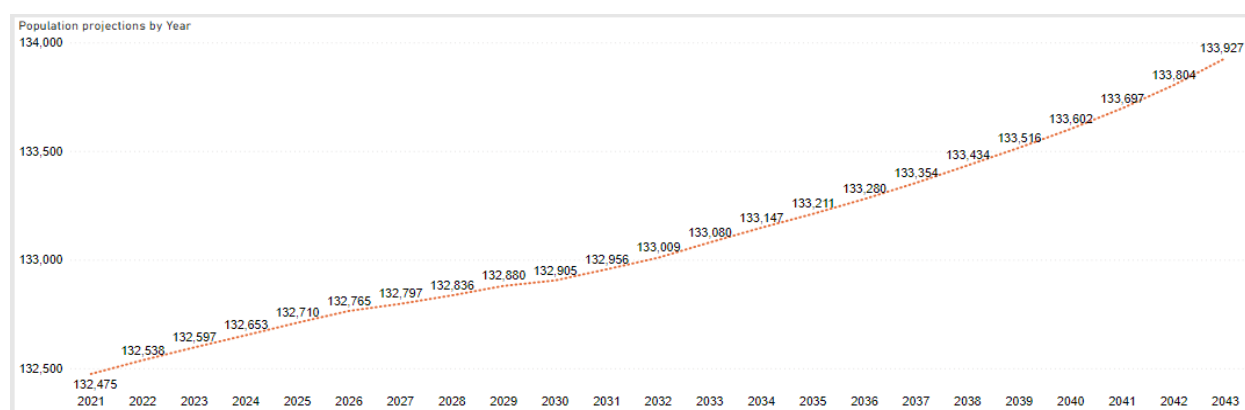


Figure 5 Population projections by year (Welsh Gov, 2018 based household projections for Wales)

Between 2021 and 2043 is it projected that Powys population will increase by 1%, from 132,475 to 133,927. This is lower than the 4.6% population increase projected across Wales as a whole.

Population projections are not equally spread across all age groups.

Age 15 and under group

The age 15 and under group has seen a reduction in Powys over the last 20 years, and this trend is set to continue with a **further reduction of -6.5% (-1,382 persons) projected by 2043 (Wales -3.8%).**

The year 2037 shows the lowest figure for the under 15 age group of 19,589 before slowly **increasing to 20,473 by 2043.**

Age 16 to 64 group

The 16-64 age group is projected to have a steady decline in Powys between 2021 and 2043. **This equates to a reduction of -8.8% (-6,512) persons of working age (Wales -0.5%)**

Age 65 and over

The 65 and over age group is projected a large increase in Powys of 25.2% (+9,346 persons), during the same period Wales 65+ age group will see a similar increase of 26.5%.

Age 80 and over

The 80+ age group is projected a large increase in Powys of 63.7% (+6,318 persons), during the same period Wales 85+ age group will see a similar increase of 61%.

The increase in the number of elderly people in Powys will occur as the number of people of working age 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.

(Welsh Gov, 2018)

Follow this link to view more [information about Powys population projections by fixed age bands in our interactive report.](#)

Follow this link to view more [information about Powys population projections by single year of age \(or create your own age bands\) in our interactive report.](#)

Demography summary

Understanding the demography of the Powys residents is a key cross cutting theme that effects all aspects of well-being in Powys. We know that due to Powys' large, rural countryside the well-being of the population will differ from one locality to the next.

Powys currently has a **population of 133,030** people, there are variances in the distribution of the residents across our 13 localities with our highest population numbers seen in the Welshpool and Montgomery locality (ONS, 2020).

Due to the large geographical coverage of Powys and small population, we have a low population density of 26 people per km², this makes Powys one of the **most sparsely populated places in the UK**. The population density does range across our 13 localities with Newtown (78 people per km²) being the most densely populated locality and Builth and Llanwrtyd locality, the most sparsely populated (11 people per km²) (ONS, 2020).

The average age of Powys residents is higher than the Wales and UK averages. Powys has a lower percentage of residents aged 0 to 15, as well as a lower percentage of residents aged 16 to 64, however it has a higher percentage of residents who are aged 65 and over. The Newtown locality has on average a lower age population than the rest of Powys with the most residents aged 0 to 15, whilst Welshpool and Montgomery locality has on average a higher age population with the most residents aged 65 and over (ONS, 2020).

Powys is not very ethnically diverse, **94% of residents who live here are born in the UK and 98% are white.** However, this data is from the 2011 census and will be reviewed when the 2022 census data is released. Once this is available, we will be able to understand how ethnicity numbers may have changed during the last 10 years in Powys (ONS, 2011).

The **Powys population has maintained a steady level over the last 10 years** with an increase of 0.1%, which is lower than the Welsh average (4%). However, this steady level of population numbers is not equally distributed across age bands. **Powys has seen decreasing numbers of children (-14%) and working aged persons (-6%)** over the last 10 years and increasing levels of older people (23%) over 10 years (ONS, 2011).

This trend is set to continue as we look at population projections. **In the next 20 years** Powys is projected a population growth of 1%, however, during the same period its projected that Powys will see a **reduction in children of -6.5%, a reduction in working age population of -8.8% whilst the older population will increase by 25.2%** (Welsh Gov, 2018).

Over the next 20 years the demography of Powys will be very different, there will be a gap between those who will need help and support in their later years and a lack of working aged people to provide it. The reduced labour force will also see gaps in other sectors, as the number of working aged persons available to fill them will reduce. Population changes and workforce need to be a key focus, **if we do nothing the Powys economy will worsen and there will be a care crisis.**

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Homelife

Housing

Houses are more than physical structures providing shelter. They are homes – where we bring up our families, socialise with friends, provide space where we can unwind and take refuge from the rest of the world. They are where we spend most of our time and have an influence on our health.

According to the report ‘How does housing influence our health?’, “**A healthy home needs to be affordable, provide for all household needs, somewhere we feel safe and connected to our community.**” (The Health Foundation, 2017)

Total Number of Households by Locality

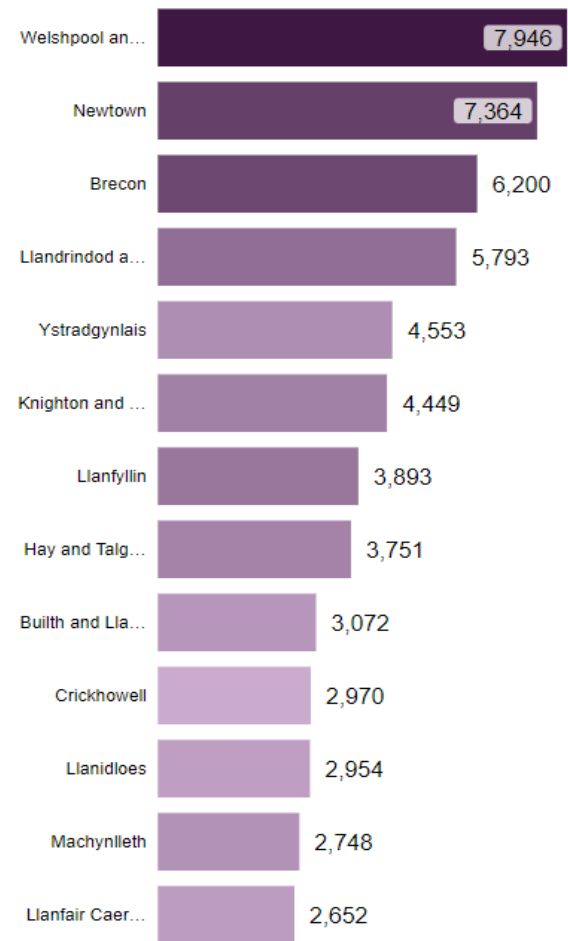


Figure 6 Number of Households by locality (ONS, 2011)

In Powys, there are **58,345 households**, these are distributed across the county (ONS, 2011)

There are differences in the number of households across our 13 localities:

Welshpool and Montgomery (7,946), Newtown (7,364) and Brecon (6,200) localities rank 1st, 2nd and 3rd for the most households per locality in the county.

The locality household data here is from the 2011 census and as such is out of date, we will be able to provide an update on these figures and understand how households in Powys localities have changed in the last 10 years when the 2022 census data is released.

Nationally, the number of households in the UK has continued to rise, whilst the average household size (2.4 people) has remained stable over the past two decades, whereas the proportion of people living alone has increased.

In Powys the **average household size is 2.2 people per household**. (Welsh Gov, 2018)

Follow this link to [view more information about the number of households and household size by our 13 localities from the 2011 census.](#)

In 2021, 36% of households in Powys are 2 person households (no children) (21,584) and **34% are single-person** (1 person) households (UK: 28% of households are single-person). (Welsh Gov, 2018)

According to future trends report (Welsh Gov, 2021), the number of people living in single-person households is likely to increase in the future.

Housing projections show that there are 20,085 single-person households in Powys in 2021, **in the next 10 years single-person households in Powys will increase by 4.2%** to 20,940. (Welsh Gov, 2018)

Powys already has a higher than national average level of single person households, with this trend set to increase, and if we do not build more homes, this may put **more pressure on already limited single housing stock in Powys for future generations.**

Follow this link to [view more information about future trend on projected household and household type and historical household numbers in Powys.](#)

The make-up of housing by tenure in Powys is:

- **70%** of homes are owner-occupied
- **17%** are privately rented
- **8%** are rented from the local authority (social housing)
- **5%** are rented via registered social landlords

There is a need for more affordable, energy efficient housing. In Powys, **3,500 people are listed on the Council's housing demand register.** A quarter of those are already social housing tenants. Many require smaller accommodation, often one or two bedrooms, whilst others need larger homes to cater for their growing families. (Housing PCC, 2021)

For the first time, we have gathered registered social landlord data² and provided a snapshot of social housing across the county.

Social housing in Powys

There are nearly **9,000 registered social landlord homes** and Powys County Council owns 61% of these. Along with the council there are nine housing associations offering social housing in Powys. The number of homes in each locality varies, 22% of all social housing provided are within the Newtown locality, whilst other localities have lower numbers. (Housing PCC, 2021)

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² The snapshot includes information from eight of the nine providers in Powys, September 2021.

Most houses offer two and three bedrooms, we have **1,890 one-bedroom properties**, our housing demand list shows that we have 2,065 people waiting for a one-bedroom property.

The future trends report (Welsh Gov, 2021), additional housing units will be needed in the future to meet increasing demand for future generations. This can be seen in housing projections where there is a predicted rise in households in Powys to 60,034 households in 2026. (Welsh Gov, 2018)

48% of social landlord properties have a low energy EPC (Energy Performance Certificate) rating (D-G), this is something we need to focus on to tackle climate change.

The average rent differs depending on the size of the property. There are slight differences in the weekly rent price across our 13 localities, however they are not statistically significant.

We have insight into where those on the housing demand register would like to live, and the data shows there is an unmet demand for affordable housing in the communities where people come from. Research shows that people in need of social housing could rise rapidly because of COVID-19, with low-income earners twice as likely to lose their jobs (National Housing Federation, 2020).

Follow this link to [view more information about social housing in Powys.](#)

There is a recognition that **those who are homeless or in unstable housing are a particularly vulnerable group** who have complex needs. This combined with homelessness being an extreme form of social exclusion will have an impact on well-being.

What have people said?

In the Living in Powys survey, when asked “**what priorities respondents would include on their well-being plan**”, answers included:

- “Affordable Housing in a rural area.”
- “Quality, affordable, carbon neutral housing.”
- “Support for making aging housing stock more sustainable.”
- “Security of tenure and quality of housing.”

When asked **if they had ever experienced any discrimination based on their background or identity (e.g., gender, age, ethnicity, sexual orientation) while looking for housing or accommodation**

- **91%** of respondents answered ‘no’
- **5%** of respondents answered ‘yes’
- **4%** of respondents answered ‘I don’t know’

When asked if they are satisfied with their local area as a place to live

- **84%** of respondents stated they are very satisfied or fairly satisfied
- **8%** answered neither satisfied nor dissatisfied
- **8%** answered they were dissatisfied or very dissatisfied

“Good quality housing and sense of belonging is fundamental to good health and well-being. Having a home is a basic need and a stabilising factor that brings benefits to health from access to employment and education and reduces health inequalities – a key public health priority. Inadequate housing, including homelessness, is known to directly and indirectly affect physical, social and mental health” (Public Health Wales, 2019).

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Cost of living

Inflation in the UK has risen, and increasing fuel, food and transport costs are worrying for many across the country. Powys is no exception, the cost of living in such a rural area has always been more expensive. Most households run at least one car, and fuel bills are higher due to limited public transport; and there is often older, inefficient housing and a reliance on fossil fuels to heat homes. Recently, there have been energy hikes with more planned for Spring 2022, increasing living costs coupled with static wages will put pressure on many families across Powys.

- 20% of working aged people (aged 16-64 years) in Powys are economically inactive (December 2020), Wales 24%. (ONS, Dec 2021)
- Powys has the third lowest rate of economically inactive residents across Wales. (ONS, Dec 2021)
- 4% (3,020) of people aged 16-64 are claiming unemployment benefits living in Powys. This is the second lowest rate across Wales. (ONS, 2021)
- **4,088 families with children are living in absolute poverty in Powys** (income is below 60 per cent of median income) and 31% (1,248) of those are lone parent households. (Department for Work and Pension, 2019-20).
- Median gross **weekly earnings were £537** in 2021. This was lower than the Welsh average of £571 (ONS, 2021)
- **Average household income in Powys is £33,458** (Wales: £34,700, UK: £40,257). **55%** (33,149) of **households** in Powys earn **below** the Welsh average and 37% (22,162) of households earn above the average. (CACI, 2021)
- **Powys is the 12th most expensive county in England and Wales and 3rd in Wales** in terms of median estimated energy costs. The annual median energy cost for existing homes was estimated at £1,106, and this will have increased over the past few years with the rise in energy costs (ONS, 2019).
- Whilst we do not have figures for Powys, **fuel poverty estimates for Wales indicate that 12% of households are in fuel poverty** (155,000 households). Households were more likely to be in fuel poverty if they lived in older inefficient homes, privately rented, lived alone without children (Welsh Gov, 2018)

Follow this link to [view more information about household income in Powys and how this differs across our 13 localities.](#)

The cost essential outgoings (as defined by CACI) show that in Powys, residents spend their income on the following things (taken from mean PayCheck income): -

- 35% income tax and National Insurance
- 29% food and clothing
- 16% council tax, utilities, and insurance
- 8% mortgage and rent
- 8% childcare and student loans

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(CACI, 2021)

What have people said?

In the Living in Powys survey, when asked **“How well would you say you yourself are managing financially these days?”**

- 25% of respondents said they were living comfortably
- 46% were doing alright
- 22% just about getting by
- 6% finding it quite difficult
- 1% very difficult

Respondents were also asked **“In the last twelve months which of the following have you done for family members (not living with you) or friends?”**, the answers were as follows:

- 27% have given or lent money
- 17% have given or lent food
- 28% have given or lent other things
- 11% have taken them out for an evening
- 17% had either babysat in the evening or looked after children in the daytime

And **“In the last twelve months which of the following have members of their family (not living with them) or friends done for them”**, the responses were as follows:

- 21% had given or lent you money
- 16% had given or lent you food
- 28% had given or lent you other things
- 15% had taken you out for an evening
- 20% had either babysat in the evening or looked after your children in the daytime

A child poverty survey conducted in August 2021, on behalf of Powys County Council's Economy, Residents and Communities Scrutiny Committee, asked residents and organisations **“What changes do you think the Council should make to tackle child poverty in Powys?”**, responses included:

- “It should look to provide opportunities and encourage adequately paid jobs.”
- “Additional funding needed for youth services and youth groups. Additional funding needed for schools, particularly for children with learning difficulties.”
- “The council should and could do more to tackle food poverty. Many low-income households do not have affordable access to nutritional food. The councillors should be telling the British government not to cut universal credit in September. The council needs to think about how it can use digital solutions to tackle poverty. The council should invest in youth services and youth centres.”

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- “Many parents are doing multiple jobs just to exist and pay their bills. These people get little support. Parents on universal credit seem to get far more support. It saddens me that responsible hard-working parents are neglected.”
- “More skills given to older children in financial responsibility, cooking using fresh ingredients and life skills.”
- “The link between good affordable housing and child poverty is undeniable, however we are a low wage area, with childcare options both inaccessible and expensive- and whilst help is available for fees there is no allowances made for excessive travel. In a rural community with lacking public transport, running a car to access childcare is essential. This marginalises a lot of parents who are unable to access well paid jobs due to childcare issues.”

Respondents were given the opportunity to comment on **how poverty affects children and young people in Powys**, responses included:

- “Poverty has a huge mental impact on children. Not being able to afford to go on school trips, have decent clothes and being hungry has a terrible effect on the whole community let alone the children. The UK is one of the richest nations in the world and we should not still be having children going to school hungry and, in the winter, without a decent warm coat and shoes.”
- “Children and young adults can't help but make comparisons between those that have and those that don't. This obviously has a big impact on a child's confidence and affects their ability to succeed as they can feel inferior to children from financially secure households. A well-maintained home and a real living wage should be the council's priority for every family even if it means that wealthier households face much higher council tax bills.”
- “Remember that parents and children are genuinely afraid to ask for help because they think kids will be taken away and put in care. When you are so stressed and humiliated that's how your thinking goes. Assurance that this isn't going to happen needs to be upfront and clear if you want children and /or parents/ relatives/neighbours to admit there is a problem and accept or seek help. Children need volunteer opportunities to get them out of the house and into safe, warm situations where they feel they have something to offer. Free, multigenerational evening classes were a godsend to me when I was a child in poverty. I met kind, helpful adults who treated me with respect. It was fun, very educational, and non-judgemental.”

Homelessness

Between 2019-2020, Powys experienced a 16% increase in homelessness presentations.
(Powys Well-being Infobank, 2021)

Recorded homelessness presentations rose from 527 in 2019 to 621 in 2020. The most common reason given for homelessness in 2019 was the non-violent breakdown of a relationship (94 cases), by 2020 this had been overtaken by cases where parents were no longer willing or able to accommodate the individual (accounting for 108 cases). In 2020, **46% of overall cases were single young males.**

The situation surrounding COVID-19 and the subsequent lockdowns intensified the homelessness presentations and at the height of the first lockdown (March 2020), the Powys County Council Homelessness team reported that they were handling 260 homeless instances. Homeless enquiries and applications increased by 300% than at 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; and
- the early release of prisoners into the community at the beginning of the pandemic

Many applications and enquiries for help came from households who had received notice to leave their rented accommodation.

We know that many young adults leaving care have an increased likelihood of becoming homeless, **13% of all care leavers experienced homelessness during 2020/21.**

During the period covering 2020/21, there has been a **63% prevention rate of homelessness in Powys.**

In 2021, up to October, there were 341 recorded cases of homelessness in Powys. 24% (83) of these cases were in the Newtown and Llanidloes Local Housing Market Area (LMHA), the lowest number of cases was in Crickhowell and Llangattock LMHA with four cases (1%).

Follow this link to [view more information about homelessness presentations and reasons over time in Powys.](#)

The mean age at death for someone who is homeless in England and Wales is **44 years for men and 42 for women** compared to average life expectancy for the general population of England and Wales which is **76 and 81 respectively (2017)**

- An average reduction of life in men of 32 years and,
- An average reduction of life in women of 39 years. (Centrepont, 2014)

Even those people who sleep rough for only a few months are likely to die younger than they would have done if they had never slept rough (The Lancet (Science Direct), 2018)

According to 'Toxic Mix: The health needs of homeless young people', (Centrepont, 2014) homeless young people are amongst the most socially disadvantaged in society. Previous

research has shown that many have complex problems including substance misuse, mental and physical health problems, and have suffered abuse or experienced traumatic events.

- 42% of homeless young people have a diagnosed mental health problem or report symptoms of poor mental health
- 18% have attempted suicide
- 31% have a physical health problem (such as problems with their breathing, joints and muscles, or frequent headaches)
- 21% have a history of self-harm
- 52% report problems with their sleep
- 55% smoke and 50% use illegal substances

(Centrepont, 2014)

Mortgage and landlord possession rates have reduced significantly, largely impacted by the passing of the COVID-19 Act in March 2020, which made it illegal for those renting or with a mortgage to be evicted. Levels of possession rates remain well below pre-COVID-19 levels (April – June 2021). However, government statisticians expect an increase in volume across possession and enforcement as courts continue to manage the backlog of cases, while also dealing with new cases.

The furlough scheme ended at the end of September 2021, this was a lifeline to many who found themselves unable to work during the coronavirus pandemic, it is predicted that we will see a rise in homeless presentations from two person households and those with dependent children, unable to keep up with private rent or mortgage payments.

What have people said?

“It's recognised by the Housing Network³ that the end of furlough arrangements, a deterioration in mental health during lockdown, increased money worries and rises in repossession orders will result in an increase in homelessness” (Powys County Council Staff Member).

Loneliness and isolation

Over half of the Powys population live in villages, hamlets, or dispersed settlements (Powys: 58.7%, Wales: 17.1%) (ONS, 2011) and must travel a long way to access services or meet up with others. More than a quarter (**28%**) of households in Powys are **unable to receive high speed broadband (30 Mbit/s)**, and nearly one in five (17%) are unable to receive 10 Mbit/s.

³ The Housing Network consists of local authorities across Wales who meet quarterly to discuss topics related to housing and homelessness.

17% of people in Powys report feeling lonely in the most recently available data. Applied to the current population, there could be potentially 22,600 residents across Powys who are feeling lonely.

This is higher than the Welsh average of **15.5%** (though this difference is not statistically significant).

People feeling lonely, age-standardised percentage, persons aged 16+, local authorities, 2019-20
Produced by Public Health Wales Observatory, using NSW (WG)

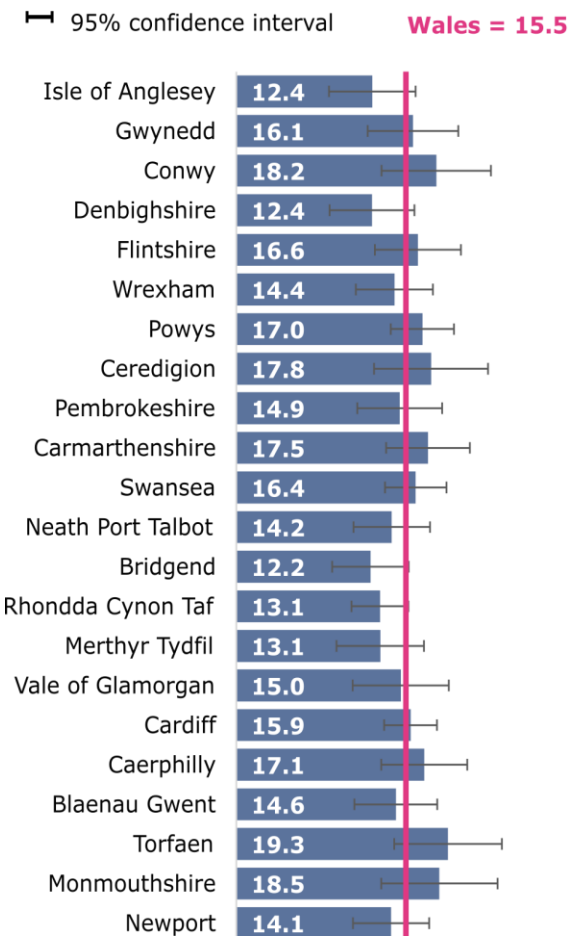


Figure 7 People feeling lonely by Local Authority 2019-20 (Public Health Wales, 2021)

Using data provided by Powys Association of Voluntary Organisations, between 2018 and 2021 PAVO Community Connectors received 12,525 referrals, of which 15% (1,953) were for isolation and loneliness. (PAVO, 2021)

There was a 60% increase in referrals for social isolation during 2018 and 2021, 61% of all referrals are female. There is no correlation on which month is more popular for the referrals, although, the winter months are predominantly higher.

However, during 2020-21 we believe that the true figures of this may be masked due to how the referral types changed during the coronavirus pandemic in 2020 and that the number of those feeling lonely are a lot higher.

Builth Wells and Llanwrtyd locality rank as one of the top three localities each year since 2018 and have a higher rate of loneliness than the average for Powys with 60 persons per 10,000 for the year 2020. Llanidloes is the lowest locality every year since 2018 with 26 persons per 10,000 for 2020.

Research shows that loneliness is associated with poorer physical and mental health and lower well-being amongst older people. Loneliness amongst older people is associated with experiencing depression, and older people with a high degree of loneliness are twice as likely to develop Alzheimer's disease as those with a low degree of loneliness (Age UK, 2021)

We know that loneliness and isolation can have an adverse effect on health, including:

- Increased blood pressure, abnormal stress response, heart disease, and poor sleep with its associated health problems.
- A strong association with depression.
- In older people who are lonely or isolated, a substantially increased chances of developing dementia and, specifically, Alzheimer's disease, when compared to individuals with better social connection.
- A significantly greater risk of mortality in older people who have unsatisfactory or limited social relationships, than for those with stronger social networks.

Social isolation has been linked to an increased risk of death from any cause (Welsh Gov, 2017)

Recent research on loneliness has identified three main findings:

- People who felt most lonely prior to COVID-19 in the UK now have even higher levels of loneliness. This increase began as physical distancing, shielding and lockdown measures were introduced in the UK, in March 2020.
- Adults most at risk of being lonely, and increasingly so over this period, have one or more of the following characteristics: they are young, living alone, on low incomes, out of work and, or with a mental health condition.
- The impact on well-being from people at risk of loneliness is likely to be compounded by other economic and social impacts experienced by the same people, such as those experiencing job losses and health anxieties.

Research also found that risk factors for loneliness were near identical before and during the pandemic. Young adults, women, people with lower education or income, the economically inactive, people living alone, and urban residents had a higher risk of being lonely. Some people who were already at risk for being lonely (e.g., young adults aged 18-30, people with low household income, and adults living alone) experienced a heightened risk during the COVID-19 pandemic compared to before COVID-19. Further, being a student emerged as a higher risk factor during lockdown than usual.

Further Reading:

The Local Government Association (LGA) and Association of Directors of Public Health (ADPH) have jointly produced a paper on practical advice for Directors of Public Health and others leading the local response to the loneliness and social isolation issues arising from the COVID-19 outbreak. (LGA, 2021)

What have people said?

In the 'Living in Powys' well-being survey, **8% stated they often feel lonely** and 62% feel lonely some of the time. When asked **if this has changed due to covid**, 41% answered 'yes-increased'.

When asked **"how often do you feel you have no one to talk to?"**

- 6% answered 'often'
- 50% 'some of the time'

Again, **when asked if this had changed due to covid**,

- 28% answered 'yes- increased'
- with 44% saying it had 'stayed the same' (based on responses from 461 respondents)

In the same survey, when asked **"what would be your top priorities to put into a well-being plan?"** responses included:

- "I feel that there needs to be initiatives to support the isolation due to the very rural area we live in - to promote community and ensure we have the services towns and villages have. Isolation is very real here and therefore loneliness."
- "I do think Covid has thrown up how isolated we are and that not enough is done to facilitate interest groups, where people can make friends in their local halls - not everything being in Llandrindod or Builth - we need well-being being brought to us locally. There is a lot of isolation in the farming community here, and now, having lived as they do, by working from home, it becomes concerning the effects of fearfulness about going into Builth or Llandrindod affects you. That surprised me."
- "I am privileged to live in a beautiful house and location - however this means I am frightened as I age due to the ruralness and lack of contact with people."
- **"Army veterans** are one group of the Powys population, and they are at a disadvantage in terms of accessing levels of support within the military charities, compared with other parts of the country. Isolation has worsened during COVID-19 and is more of a problem in Powys compared to more populated areas" (Armed Forces Liaison Officer, Powys County Council)

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Living Independently

We want to support older people to live independent lives. This includes supporting people to live at home or providing suitable accommodation options. As the elderly population increases (including the number of people with dementia), it will create increased demand on the services that we provide. Some elderly residents currently live in social housing and many of these may wish to stay in their own home for as long as possible.

Older people in Powys are entitled to be supported in several accommodation settings, ranging between sheltered housing, extra care, or care homes.

As the elderly population increases (including the number of people with dementia), there will be more demand on the services that we provide to support older people.

By 2030, the number of **elderly persons is projected to rise by 15%, whilst at the same time the working age population is projected to fall 3,200 (4%)**. The population change in the next 10 years will create a gap between those who will need help and support in their later years, and those of working age people who will be providing it. (Welsh Gov, 2018)

The National Population Survey (Welsh Gov) estimates for each year will vary, but around **7,000 persons are employed in the care sector in Powys**. A 4% fall in the working age population implies a fall of 280 employees from the Care Sector in Powys. A 15% rise in the elderly population implies a need for an additional 1,050 persons that may need Adult Social Care support. **A total gap of 1,330 persons by 2030.**

This section assesses the older population in Powys, with particular reference to people aged 65 and over.

By 2043, the aged 65 and over [population](#) (currently 37,093) is [projected](#) to **increase by 25.2%** to 46,439 (+9,346). Over the same period, the aged 80 and over population is expected to **increase by 63.7%** (+6,318). (Welsh Gov, 2018)

According to the Future trends report (Welsh Gov, 2021), **these projections indicate a substantial rise in demand in the health and social care sector.**

Future trends report also says, the old age dependency ratio will increase over time as the number of pensioners grows faster than the number of working-age people. The old age dependency ratio in Wales has historically been higher than the UK average. As Powys has a higher than the Welsh average of older people this dependency ratio will cause increasing pressure on future generations in Powys.

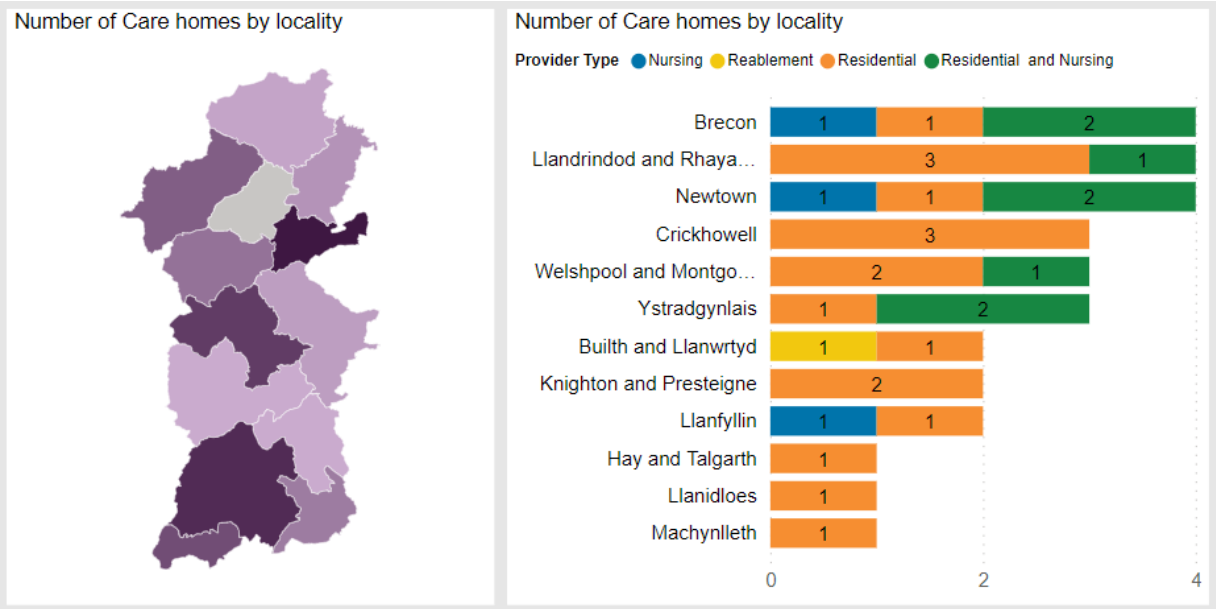
Due to the rurality of Powys, it is sometimes very difficult to place people in a care home within or near their community. There are challenges for independent living, especially isolation and loneliness which can increase as people get older.

Care Homes

In Powys, we currently have three main supported accommodation types: sheltered housing, care homes (residential or nursing) and Extra Care Units.

There are **29 care homes** in Powys registered with **Care Inspectorate Wales (CIW)**, 12 of which are council owned homes run by Shaw Homes, 17 privately run homes, and 1 reablement unit run by Shaw Homes.

- Three homes provide nursing care only
- 18 homes provide residential care only
- Eight homes provide both residential and nursing care
- One reablement provider



Brecon, Llandrindod and Rhayader and Newtown localities have four care homes each. The care homes in these three localities are a mix of Nursing Care homes, Residential Care homes and Dual Care homes (both Nursing and Residential).

Note – the Reablement unit in Builth Wells is not a Care home, this is a specific unit connected to Brynhyfryd Care home and provides 12 reablement beds (six funded by Powys County Council and six funded by Powys Teaching Health Board).

Hay and Talgarth, Llanidloes and Machynlleth localities each have one care home and all three of these are Residential Care home providers.

Llanfair Caereinion is the only locality without a care home.

In Powys there are:

- 571 Residential care beds registered with Care Inspectorate Wales
- 12 Reablement beds

- 118 are Residential dementia care beds
- 280 Nursing care beds and
- 139 Dementia nursing care beds.

Newtown locality has the highest number of registered beds with 202, 2nd highest is Ystradgynlais with 183 beds and Welshpool and Montgomery locality is 3rd highest with 164 beds.

As stated above, 12 of these care homes are owned by Powys County Council, however, Powys commissions some beds within private care homes too.

Powys County Council funds 49% (553) of the care home beds within the county, Powys Teaching health board funds 7% (80) with CHC funding (CHC stands for **NHS continuing healthcare**, with continuing meaning long-term life care) and the rest are either out of county placements (residents from outside the county placed within a Powys Care home) or are privately funded care home residents. (November 2021).

Additionally, both Powys County Council and Powys Teaching Health Board also fund several placements for Powys residents in out of county care homes.

Extra Care Units

There are **58 extra care units**, currently one 10-unit Extra Care Housing facility attached to a Sheltered Housing scheme (Bodlondeb) in Llanidloes (Llanidloes locality) and a 48-unit Extra Care Housing scheme at Llys Glan yr Afon in Newtown (Newtown locality). These schemes are currently only available to rent.

There are two more extra care units due to open in mid-2023. Neuadd Maldwyn, in Welshpool (Welshpool and Montgomery locality), which will consist of 66 extra care units and Pont Aur, Ystradgynlais (Ystradgynlais locality) which will have 41 units, 10 of which are new extra care apartments.

Sheltered housing

Sheltered Housing is accommodation for elderly or disabled people consisting of private independent units with some shared facilities and a warden. A great option for people who want to live independently but need a bit more support, or just need to live in a smaller and easier-to-manage home.

In Powys there are 2,170 sheltered housing homes.

To show it equally across the county we have converted this into a rate per 1,000 population of 75+ Powys residents.

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Powys has a rate of 94 sheltered housing per 1,000 of 75+ population. 1st and 2nd highest localities are Knighton and Presteigne locality (213) and Llanfair Caereinion locality (209) which have more than double the Powys average.

Newtown Locality has the lowest rate with only 30 sheltered housing per 1,000 of 75+ population.

There are 6 localities above the Powys Average (94 sheltered housing) which are:

1. Knighton and Presteigne Locality (213)
2. Llanfair Caereinion Locality (209)
3. Builth and Llanwrtyd Locality (177)
4. Llanidloes Locality (156)
5. Llanfyllin Locality (123)
6. Crickhowell Locality (114)

Support at home

In Powys, we are supporting older people to remain in their own homes as much as possible. This is initially via preventative support using tools, such as Technologically Enabled Care (TEC) and Occupational Therapy aids and adaptations.

Alongside these, there are a range of services available to support, including:

- Domiciliary care
- Reablement
- Direct Payments
- Technology enabled care (TEC)

As of September 2021, approximately two-thirds of older people with a package of care are being supported in their own homes.

We support people to live at home through services that include domiciliary care and assistive technology.

Domiciliary care is the range of services put in place to support an individual in their own home. Services may involve routine household tasks within or outside the home, personal care of the person and other associated domestic services necessary to maintain an acceptable level of health, hygiene, dignity, safety, and ease in their home.

There are **713 recipients receiving 10,200 hours of Domiciliary care in Powys** (1st October 2021).

The highest recipients of Domiciliary care are residents in Welshpool and Montgomery locality with 105 clients, followed by Newtown locality with 102 clients.

Llanidloes locality has the lowest clients of Domiciliary care with 25 clients, followed by Llanfair Caereinion with 27 Domiciliary care clients.

Between October 2019 and October 2021 there has been a **5% increase** (34) in clients but a **6.5% (669 hours) decrease** in hours.

[Follow this link to view more information about Domiciliary Care in Powys.](#)

Reablement is the official title given to **short-term care at home**, to aid recovery after discharge from hospital. While post-operative care and post-discharge care are more general terms, referring to care offered for however long it takes for the individual to get back on their feet, reablement is more specific. The benefits of reablement are: -

- leads to improved health and well-being
- uses a strengths-based, person-centred approach
- supports timely discharge from hospital or enable an individual to remain living at home if, due to illness or disability, they have increasing difficulty with daily life activities
- is time limited, where short-term support is provided, usually for up to six weeks, but possibly for a shorter period depending on progress
- focus should be on achieving outcomes rather than completing care tasks

Between April 2019 and September 2021, **there have been over 600 periods of reablement completed**, with **82% of these individuals aged 65**.

The locality with the highest number of reablement discharges is Welshpool and Montgomery locality with 93 discharges, Llandrindod and Rhayader locality is the 2nd highest with 90 discharges.

The lowest locality is Machynlleth locality with 24 reablement discharges followed closely by Llanidloes locality with 28.

Out of the 656 total reablement discharges since April 2019,

- 290 clients had all of their identified goals achieved
- 226 partially achieved their goals
- 115 did not achieve their goal
- 33 were unknown

There were 115 clients whose identified goals were not achieved through reablement alone.

Over half of the reablement clients between April 2019 and September 2021 were female (67%) and 33% of the reablement clients were male.

Direct payments allow individuals to receive payments from the local authority instead of traditional packages of care. This provides much more flexibility and greater control, and allows the individual to act as the employer, using the payment as they see fit to meet their

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needs. In November 2021 there were **481 recipients of Direct Payments** in Powys receiving **over 11,000 hours weekly**.

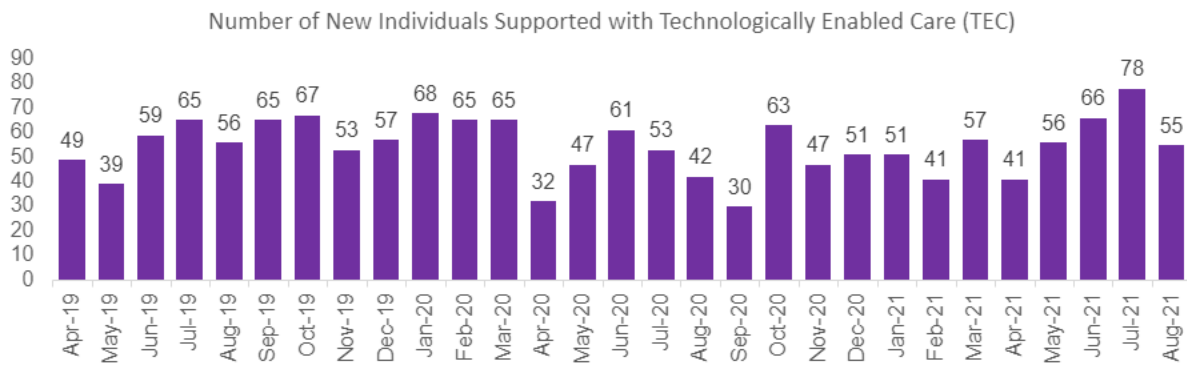
Between November 2019 and November 2021 there has been a **25% increase (124 clients) in clients** and a **15% increase in hours (1720hrs)**. There has been a minimal decrease in the last year (November 2020 to November 2021) of 17 clients and 229 hours.

Welshpool and Montgomery locality has the highest uptake of direct payments (96 clients), followed by Llandrindod and Rhayader locality (68 clients). Brecon locality and Newtown locality are both third highest (65 clients).

The locality with the lowest number of Direct Payments is Machynlleth locality (27 clients), followed closely by Ystradgynlais locality (28 clients).

The increase in direct payments uptake has supported the domiciliary care market, with some individuals setting up micro-enterprises within their own communities to support individuals in meeting their needs. Since November 2020 to September 2021 there has been a **55% increase in domiciliary care micro-enterprises** from 16 to 29 (November 2020 to September 2021).

Technology Enabled Care (TEC) is a newer way of talking about care which incorporates services such as telecare, telehealth, telemonitoring, digital health and devices like alarms, monitors, apps or wearables – any technology-based solution that improves care in our homes and communities.



There has been constant uptake of technology enabled care each month since April 2019.

For the period April 2019 to March 2020 there were a total of 708 new individuals, however for the same period the following year (Apr 20 to March 21) there was a decrease of 133 with 575 new individuals. This is to be expected, once individuals have received the new equipment it is unlikely that they will need more.

Technology is changing the way we interact with and meet demand for health and social care services, Future trends report, Welsh Government.

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Accessing Services and Getting around

Powys is a rural county offering plenty of green space, however one disadvantage is that many residents often live a long way from services. 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.

There are large differences in distances to a District General Hospital throughout Powys for example, Beguildy LSOA (in the Knighton and Presteigne locality) has the furthest to travel to a District General Hospital, it would take approximately 86 minutes to arrive at their nearest District General Hospital (note: Beguildy LSOA is ranked second highest in Wales in terms of limited access to services (Welsh Gov, 2019)).

Whereas residents living in Crickhowell LSOA (in the Crickhowell locality) only have a travel time of nine minutes to the nearest District General Hospital.

Follow the link to view more [information about Transport and travel times for residents in Powys to District General Hospitals.](#)

In Powys, 68% (65,000) of working-age people travel to work using their own vehicle, whilst 16% (15,000 persons) walk or bike and 2% (2,000 persons) travel by public transport (ONS, 2011)

WIMD (Welsh Index of Multiple Deprivation) is the Welsh Government's official measure of relative deprivation for small areas in Wales. It is designed to identify those small areas where there are the highest concentrations of several different types of deprivation. WIMD ranks all small areas in Wales from 1 (most deprived) to 1,909 (least deprived).

Powys has 79 Lower Super Output Areas (LSOAs). These small areas have been ranked by WIMD category **Access to Services** and show overall that 75% (59) of LSOAs in Powys are amongst the top 30% most deprived in all of Wales, with:

- 51% (40) of Powys' LSOAs are in the top 10% most deprived
- 18% (14) LSOAs are in the top 20% most deprived
- 6% (5) LSOAs are in the top 30 % most deprived

Notably we have 9 LSOAs who rank in the top 30 LSOAs in Wales for most deprived for **access to services**, these include:

- Beguildy ranks the 2nd most deprived area in the whole of Wales
- Llanbrynmair and Banwy ranks 8th
- Dissert and Trecoed ranks 9th
- Llansilin ranks 12th
- Llangunllo ranks 17th
- Yscir ranks 19th

- Nantmel ranks 21st
- Llanellwedd ranks 22nd
- Llanrhaeadr-ym-Mochnant ranks 24th

Powys does not contain any LSOAs in the top 10% of least deprived areas in Wales in terms of access to services, however we do have five LSOAs in the top 20%, including Llanidloes 1, Llanidloes 2 and St Marys 1. There are a further two LSOAs in the top 30% least deprived, these are Hay and Ynyscedwyn. (Welsh Gov, 2019)

Follow this link [understand more about WIMD in Powys and how we rank against Wales using our interactive report.](#)

In Powys, according to [Stats Wales](#) data, the percentage of people satisfied with their ability to get to and access facilities and services they need is **85% (2020-21)**, a **17% increase from 2017-18**. This is only slightly behind Wales overall (87%, 2020-21).

Carers

The Welsh Government defines a carer as “anyone of any age, who provides unpaid care and support to a relative, friend or neighbour who is disabled, physically or mentally ill, or affected by substance misuse”.

Carers can be involved in a whole range of tasks; from cooking, housework; lifting, washing, and dressing the person cared for, helping with toileting needs, administering medication, and providing emotional support.

Based on the 2011 Census there were 16,154 people living in Powys providing unpaid care, 12.1% of the Powys population (ONS, 2011)

Carers in Powys provide many hours of care:

- **63%** provided unpaid care for **one to 19 hours** per week
- **13%** provided unpaid care for **20 to 49 hours** per week, and
- **24%** provided unpaid care for **50 or more hours** per week

Most adult carers are retired (39%), 23% are caring full-time and do not have paid employment, and 12% do have part-time paid employment. The demographics of our carers is: -

- 57% are women and 43% are men.
- Age bands
 - 27% (4,304) aged 65 and over
 - 38% (6,096) aged 50 to 64

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- 23% (3,736) aged 35 to 49
- 6% (942) aged 25 to 34
- 4% (698) aged 16 to 24
- 2% (378) aged 0 to 15

(ONS 2011)

Number of unpaid carers

There are large differences in the number and rate of unpaid carers across our 13 localities.

Welshpool and Montgomery (2,080), Newtown (1,885) and Brecon (1,745) localities rank first, second and third for the highest number of unpaid carers in the county.

Rate of unpaid carers

Ystradgynlais (150 per 1,000), Crickhowell (134 per 1,000) and Knighton and Presteigne (128 per 1,000), Hay and Talgarth (123 per 1,000) localities have the 1st, 2nd, 3rd and 4th highest rates of carers per 1,000 population.

The rate of unpaid carers for Powys is 122 persons per 1,000. Four of our 13 localities are higher than the Powys average.

It is important to note that some LSOAs (Lower Super Output Areas) within our localities have significantly higher rates of carers than the overall locality. For instance, Ystradgynlais 2 LSOA (in Ystradgynlais locality) has 53 more carers per 1,000 than the Powys average and has the highest rate of carers than all 79 Powys LSOAs with 175 carers per 1,000.

The 2nd highest LSOA is Aber-craf (Ystradgynlais locality) with 171 carers per 1,000 and the 3rd highest LSOA is Yscir (Brecon Locality) with 164 carers per 1,000.

Follow this link to [view more information about unpaid carers in Powys, via our interactive report.](#)

However, it is important to note that these figures are significantly outdated, in the last 10 years the ageing population in Powys has seen a large increase in the number of carers in the county and with added pressures due to COVID-19, the number of carers will have increased even more. During the last assessment it was predicted that the number of carers was set to rise by up to 40%, due to the ageing population in Powys. A report conducted by Carers UK in June 2020 shows that across the UK **there is an estimated 50% increase in carers since the 2011 census.**

In Wales 19% of the adult population said they were already providing care before the COVID-19 outbreak (487,000 people) and a further 8% said they have started caring since the COVID-19 outbreak (196,000 people). This suggests there are currently as many as 683,000 unpaid carers in Wales. (Carers UK, 2020)

Carers UK research shows that there has been a 7% increase in unpaid carers in the last 10 years, from 12% to 19%. Combined with the additional 8% who began caring since the COVID-19, nearly one third (27%) of Wales population are currently providing unpaid care.

- 57% are women and 43% are men.
- Half of unpaid carers are in paid employment (50%)
- 31% are in full-time work
- 19% are in part-time work
- Age bands
 - 17% are aged over 65
 - 28% are 55-64
 - 19% are 44-54
 - 25% are 35- 44
 - 5% are 25-34
 - 6% are 18-24

If we apply the Welsh national average, in terms of the percentage of carers against the Powys population today, we estimate the number of unpaid carers in Powys (before COVID-19) to be **25,275, an increase of 56% (9,121) since 2011.**

With the additional pressures of COVID-19, the average percentage of carers in Wales rose to 27%, in Powys this would mean a rise to **35,918 carers, an additional increase of 10,643 carers since the beginning of the coronavirus pandemic.** However, in 2022 we will have more up to date figures once the 2021 Census data is released.

It's important to note here that the research carried out by Carers UK only includes carers aged 18 or over, and carers under 18 are not included in these estimates.

When we have looked at the carers that are “known” to us (through Powys County Council social services or through [CREDU Cymru](#)) we estimate that potentially only 10% of carers are getting support, **leaving up to 90% of carers in Powys without any official advice or support around their caring responsibilities.**

What have people said?

In the ‘Living in Powys’ well-being survey, out of 470 responses, 45% identified themselves as being (or had been) a carer for a friend, neighbour or family member.

Of these respondents, **59% had never had contact about their caring responsibilities** with either the Council, the Department of Work and Pensions, carers organisations or their GP practice.

#1

The Welsh public said the top challenge affecting unpaid carers in Wales was:

not being able to take time away from caring



Challenges faced by unpaid carers in Wales (Carers UK, 2020)

When asked what challenges unpaid carers are faced with, respondents stated the following as the main challenges:

- not being able to take time away from caring **(78%)**
- managing the stress and responsibility **(77%)**
- the financial impact of the additional care costs **(72%)**
- the impact it has on other personal relationships (e.g., with family, friends, partners etc.) **(70%)**.

Whereas unpaid carers responded with the following challenges:

- not being able to take time away from caring **(74%)**
- managing the stress and responsibility **(73%)**
- the negative impacts on their physical and mental health **(73%)**
- the impact it has on other personal relationships (e.g., with family, friends, partners etc.) **(65%)**
- the financial impact of the additional care costs **(53%)**
- the negative impact it has on their ability to do paid work **(50%)**
- not having anyone to talk to about the challenges of caring **(46%)**.

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Health and lifestyle

Health and health inequalities

Life expectancy

Life expectancy is an estimate of the average number of years that new-born babies could expect to live, assuming that current mortality rates for the area in which they were born applied throughout their lives. (Public Health Wales NHS Trust, 2020)

The most recently available data (2017-2019) shows that life expectancy in Powys is **83.7 years for women and 80.0 years for men**. For both women and men this is higher than the overall life expectancy for Wales (Wales 82.3 for women; 78.5 for men).

Life expectancy for women and men for different local authorities in Wales is shown in the chart below.

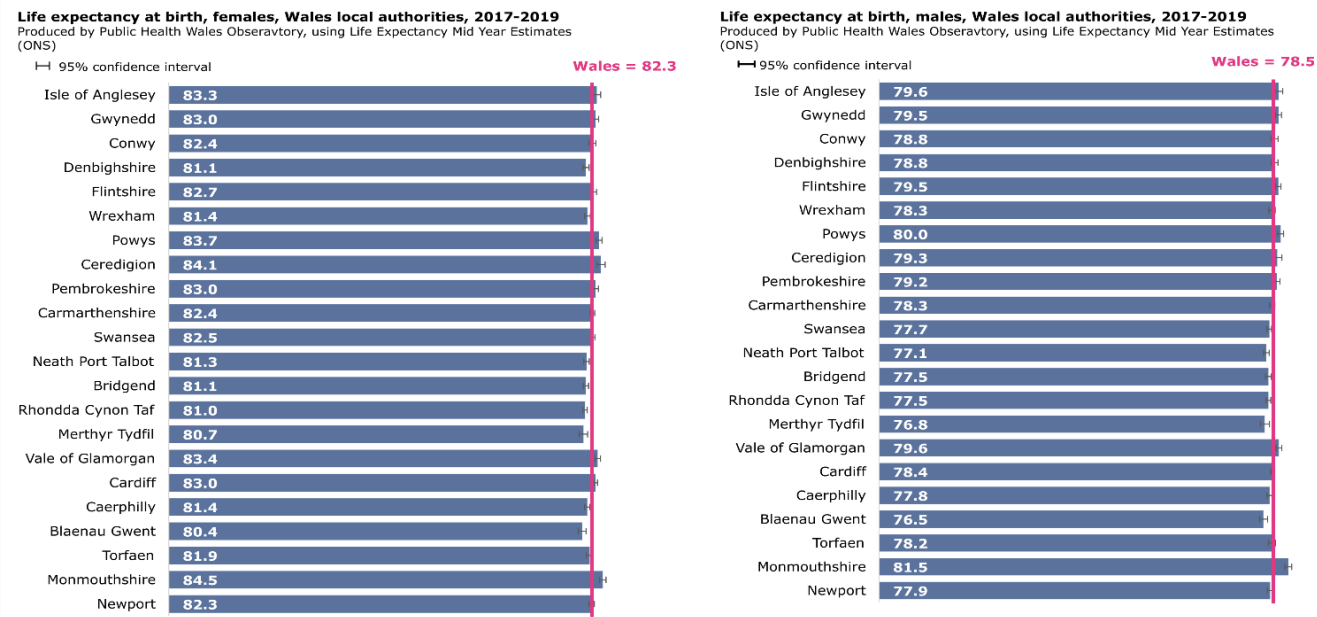


Figure 8 Life expectancy Male and Female 2017-2019 (ONS, 2017-19)

A Public Health Wales report from 2020 indicates that there may be a plateauing in life expectancy improvements in Wales. We also know that it is also occurring in many other developed nations. (Public Health Wales NHS Trust, 2020)

Evidence from 2018 (Public Health Wales NHS Trust, 2018) suggests that a plateau in life expectancy in Wales (which had been improving for many decades) is evident from around 2011 – a phenomenon that has been seen across much of Western Europe – but which occurred earlier in Wales. (Public Health Wales NHS Trust, 2018)

This faltering in improvements in mortality has been mainly driven by deaths in the 85 and over age groups; however, it is also true that mortality in 55 to 84-year-olds is no longer

declining (Public Health Wales NHS Trust, 2018). The same pattern appears to be occurring at a Powys level, where improvements in life expectancy at birth seem to have stalled in recent years, both for men and women.

Life expectancy figures in Powys is greater than for Wales overall, but this needs to be seen as part of a bigger picture: life expectancy at birth in the UK in 2018 to 2020 was 79.0 years for males and 82.9 years for females (ONS, 2018-20) – in line with the figures for Powys – but international comparison indicates that the UK overall lags, particularly for women, behind a number of developed countries on this measure. For example, in 2019 life expectancy at birth in Japan was 81.5 for men and 86.9 for women; for Switzerland it was 81.75 for men and 85.08 for women. (WHO, n.d.)

Healthy life expectancy

Healthy life expectancy is the average number of years a person can expect to live in good health, assuming that current mortality rates and levels of good health for the area in which they were born applied throughout their lives. (Public Health Wales NHS Trust, 2020)

For the period 2017 to 2019, **healthy life expectancy (at birth) for Powys was 66.3 years for women and 63.3 years for men.** These figures are also illustrated in the chart below.

People in Powys can expect to live longer in good health than the population of Wales overall, for which healthy life expectancy is 62.1 for women; 61.2 for men.

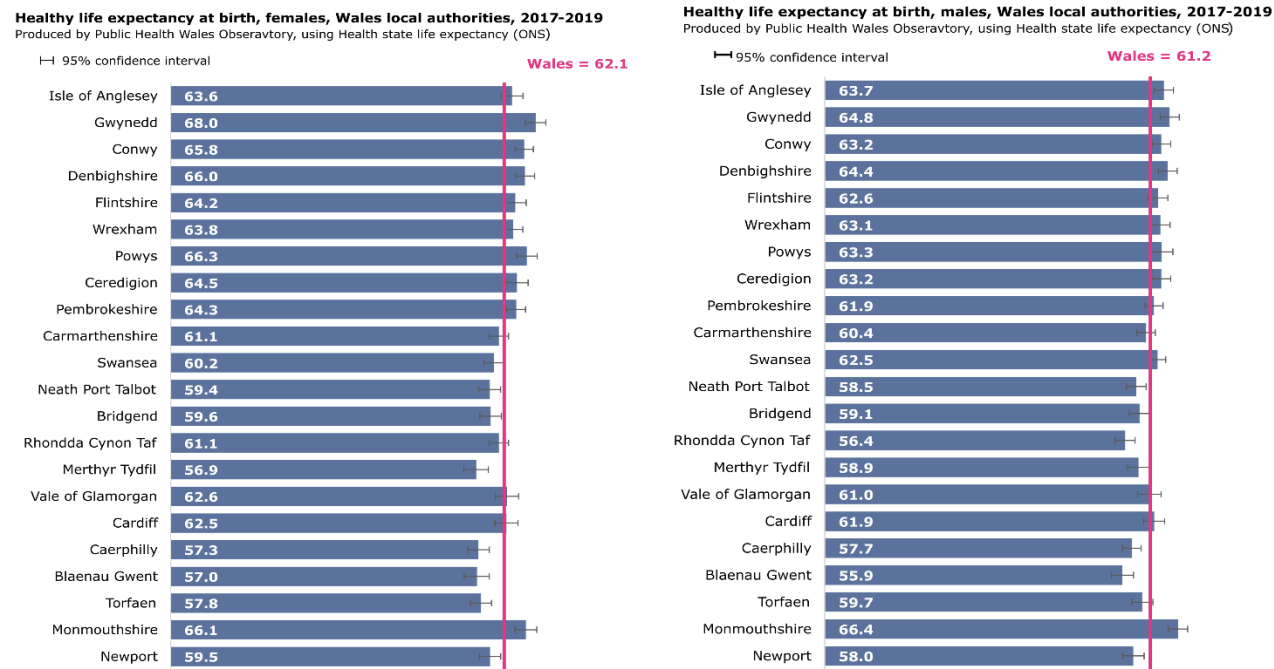


Figure 9 Healthy life expectancy at birth, Male and Female (ONS, 2017-2019)

Healthy life expectancy in Wales is favourable compared to the UK as a whole: for the equivalent period healthy life expectancy at birth for the UK overall was 62.9 for men and 63.3 for women. (ONS, 2018-20)

These overall figures however do not capture inequalities in life expectancy between groups, which are discussed below.

The life expectancy gap

The Welsh Government produces a relative measure of deprivation called the Welsh Index of Multiple Deprivation (WIMD). Measurement across eight domains of deprivation (including for example income, employment and housing) allows comparison of relative deprivation at small area-level in Wales. WIMD ranks 1,909 small areas in Wales, named Lower Super Output Areas (LSOAs), from 1 (the most deprived) to 1,909 (the least deprived). These ranks can be used to understand relative deprivation of small areas in Powys.

Powys has 79 LSOAs: 11% (9) of these are in the top 30% most deprived areas of Wales, including

- Ystradgynlais 1 (in the top 10% most deprived in Wales)
- Llandrindod East/West, Newtown East, Newtown South, and Welshpool Castle all ranked in the most deprived 20% in Wales
- Newtown Central 1, Newtown Central 2, St John 2 (Brecon) and Welshpool Gungrog 1 ranked in the most deprived 30%

Powys does not contain any LSOAs in the top 10% of least deprived areas in Wales, there are 10 LSOAs in the top 20% least deprived areas in Wales, in the top 30% of least deprived areas in Wales, Powys has a further 16 LSOAs (Welsh Gov, 2019).

To understand more about WIMD in Powys and how we rank against Wales, [click here to explore our interactive report](#).

Having local measures of deprivation like the WIMD is important when thinking about the health of populations, because it allows us to look at relationships between health and deprivation (deprivation is known to have multiple important effects on health). Specifically, we can examine the life-expectancy gap (the difference between life expectancy estimates for different groups) (Public Health Wales NHS Trust, 2020), to allow us to make comparisons between areas with differing levels of deprivation.

Analysis of this kind shows that, while the life expectancy in Powys compares favourably with that in Wales overall, **inequalities persist within Powys itself between the most and least affluent areas:**

- 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.**

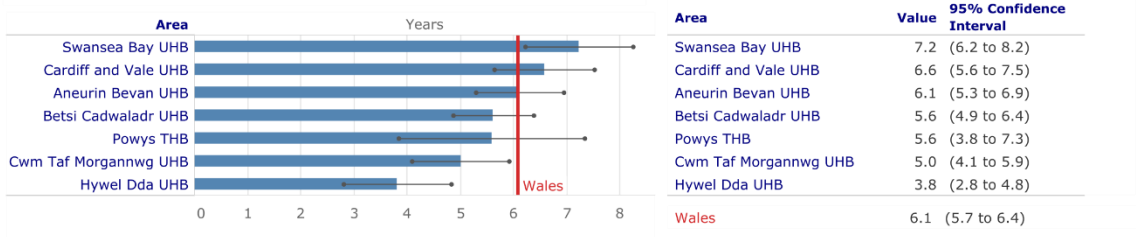
The life expectancy gap for each of the health board areas in Wales is illustrated in the chart below.

DRAFT well-being assessment Powys Public Service Board

Gap in life expectancy at birth between the most and least deprived fifth, 2015 to 2017

Years, females, health boards

--- 95% confidence interval

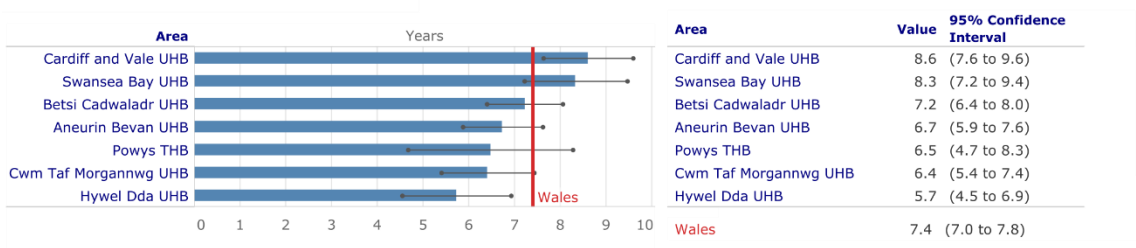


Produced by Public Health Wales Observatory, using WIMD 2014 (WG), PHM and MYE (ONS).

Gap in life expectancy at birth between the most and least deprived fifth, 2015 to 2017

Years, males, health boards

---95% confidence interval



Produced by Public Health Wales Observatory, using WIMD 2014 (WG), PHM and MYE (ONS).

Figure 10 Gap in life expectancy at birth between the most and least deprived, Male and Female, (PHW 2015-17)

Mental health

Positive mental health is a key factor for good health and relevant to the whole population. In 2007 the World Health Organisation stated that there is no health without mental health, which means that public mental health is integral to all public health work. Improving mental health is a critical issue for people of all ages and its impact is cross cutting, affecting life chances, learning, home life, employment, safety, physical health, independence, and life expectancy (Powys Teaching Health Board, 2021).

The coronavirus pandemic has had a significant impact on mental and emotional health and well-being. As of January 2022, mental and emotional health services, including primary, secondary and Third Sector care and support are experiencing unprecedented requests for help across Wales, for mild to moderate depression, anxiety, bereavement and lingering effects of grief, social isolation and loneliness. People accessing crisis services are also increasing, with emerging needs relating to eating disorders, psychosis, and complex needs (including substance misuse and risks of homelessness and debt) all becoming more prevalent.

Depression is the most common mental health problem for older people and prevalence rises with age (Powys Teaching Health Board, 2021).

Women are more often diagnosed with depression than men. **At any one time, around 10-15% of the over 65 aged population nationally will have depression and 25% will show symptoms of depression.** The prevalence of depression among older people in acute hospitals is 29% and among those living in care homes is 40%. **More severe depression is less common, affecting 3-5% of older people.**

Office of National Statistics data taken during 2020 evidences an increase in mental and emotional health issues. **19% of adults were likely to be experiencing some form of depression during the coronavirus pandemic in June 2020;** this had almost doubled from around 1 in 10 before the pandemic (July 2019 to March 2020) (ONS, 2020). 13% of adults developed moderate to severe depressive symptoms during the coronavirus pandemic.

People with mental health needs can seek advice and support from their GP. Access to GP surgeries declined during the pandemic, with many people choosing not to contact their GP, due in part to national lockdown(s) and other pressures relating to NHS services. As of January 2022, numbers of people accessing GP services are consistent (and rising) with pre-pandemic requests for help (Powys Teaching Health Board, 2020-2022).

However, two-thirds of older people with depression never discuss it with their GP, and of the third that do discuss it, only half are diagnosed and treated. **This means of those with depression only 15% or one in seven, are diagnosed and receiving any kind of treatment.** Even when they are diagnosed, older people are less likely to be offered treatment than those aged 16 to 64.

It has been estimated that **between 10-15% of women suffer from post-natal depression.** In Powys there are approximately 1,000 births per year, which would indicate that around 100 women will suffer post-natal depression.

The most common mental health disorders for working age population are anxiety and depression (Social Care Wales, 2017).

According to the pharmaceutical needs assessment (Powys Teaching Health Board, 2021), in the UK;

- 25% of older adults have depression requiring an intervention
- over 40% of those in their 80s are affected by depression
- depression is the leading cause of suicides in England and Wales each year
- Suicide is more common in men
- Substance misuse is more common in men

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In Powys there were **250 admissions to a mental health facilities in 2019-20**. The data shows admissions to mental health facilities in Powys have **decreased by 23%** since 2014-15, which correlates with the decrease for the Welsh Average (23.5%).

The figure for Powys is consistently below the Welsh average. Although the numbers seem to be decreasing it is not known if this is because of early prevention or if there are other factors affecting this. (Welsh Gov, 2021)

There were **285 suicides in Wales** in the year 2020. (Office for National Statistics, 2021)

Powys is the **6th highest** Local Authority with **1.05 suicide death rate per 10,000 population in 2020**, which accounts for 4.9% of all suicide deaths in Wales for 2020.

Over the last 10 years the number of suicides in Powys has ranged between 19 and 21 suicide deaths recorded annually. Between 2015 and 2019, 5.6% of all suicides in Powys were persons aged 25 and under.

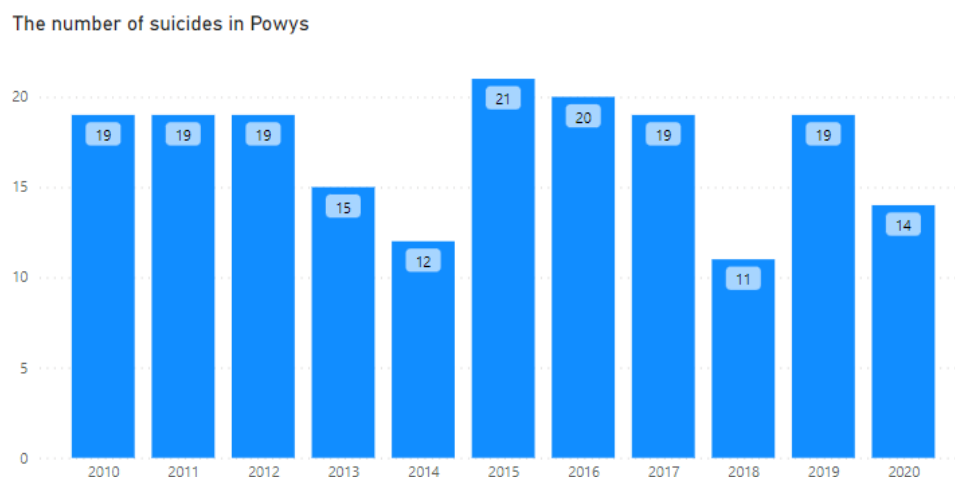


Figure 11 Number of suicides in Powys 2010-2020 (ONS 2021)

Dementia is a major public health issue in Wales.

Approximately **42,000 people in Wales** have dementia, however only 22,686 people have a dementia diagnosis. It is most common among older people - dementia affects one in twenty over the age of 65 and **one in five over the age of 80**.



Source: Wales: General medical services contract: Quality and outcomes framework Sept 2020

As life expectancy increases, there will be more older people and so more people with dementia (NHS Wales, n.d.) (Health Challenge Wales, n.d.)

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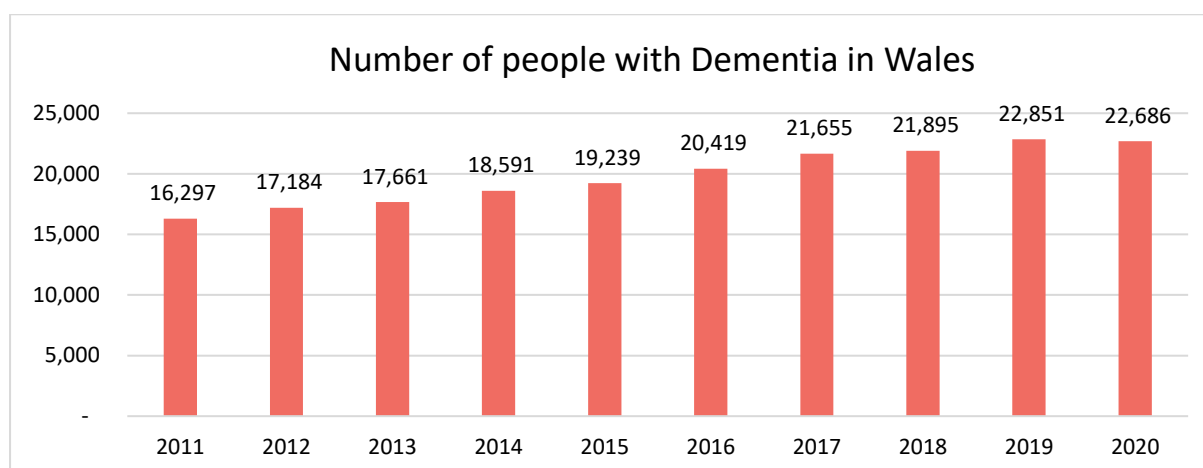


Figure 12 Number of people with Dementia in Wales (Alzheimer's Research UK, 2021)

In **Wales**, between 2015 and 2020, the number of people on the dementia register **increased by 18%**, from 19,239 to 22,686 (Alzheimer's Research UK, 2021).

Between 2010 and 2018, Powys Teaching Health Board had the highest prevalence rate for dementia out of the seven health boards in Wales, this diagnosis rate is calculated by dividing the number of people diagnosed with dementia (as reported in national health statistics) by the total estimated number of people living with dementia. For Powys Teaching Health Board this rate ranged from 59% to 76% between 2010 and 2020.

In 2019 Powys (PTHB) dropped to 2nd behind Betsi Cadwaladr Health Board with 76%, continuing its decline in 2020 where Powys (PTHB) dropped to being the 4th highest with a rate for dementia of 72%.

The diagnostic rates have been impacted by Covid-19 over the past 18 months due to no diagnostic clinics being held. Powys have a current diagnostic rate of 34% but it is predicted to increase when people on the waiting list attend their appointment and receive a potential diagnosis.

The Dementia Care Pathway of Standards were launched in March 2021 following consultation with over 1800 people. There are twenty standards narrowed down from over one hundred potential standards which drill down to the details of what people believe will make a positive difference to dementia care in Wales. Powys has led the way in arranging a workshop to present the Standards to health care staff, local authority and third sector partners.

Following the workshop four workstreams have been developed to progress the Standards in Powys and Memory assessment services feature in ten of the twenty standards, including improving the diagnostic rates. The Dementia Friendly Hospital Charter has a standard to put principles in to practice which reflect the aspirations in the Dementia Action Plan for Wales covering a number of person centred, and rights based approaches, which will improve dementia care during a hospital admission.

Establishing the Dementia Care Pathway of Standards in Powys will mean there is a clear focus for the development of robust dementia care provision.

What do we know about young people's mental health? (Social Care Wales, 2017)

- suicide is a major cause of death for people age 15-44
- one in five deaths of men aged 15-24 is a result of suicide
- Regions recognise those at higher risk of suicide, particularly young men. One region identifies higher self-harm levels in the LGBT community and other note the risk factors, such as substance misuse and those more socio-economically deprived

What we do to support it?

In March 2020, all Powys mental health charities stopped their face-to-face services, including drop-in groups and 1:1 counselling session. Some restarted some face-to-face sessions once the first lockdown was relaxed, and they had been able to put procedures and equipment in place to allow social distancing.

Across the county, most community centres for mental health and wellbeing have adhered to Welsh Government guidelines and are open for face-to-face support, by pre-appointment rather than "drop-in". Where possible, group work is taking place, either outdoors or where facilities enable adherence to social distancing and ventilation guidelines. The Third Sector has also embraced providing remote access to support, by phone, video or through Facebook and/or other social media methods. Restrictions have not prevented organisations from supporting their communities in whatever way possible, and numbers of people seeking support from mental health charities continues to increase. (PAVO, 2021)



"1 in 10 children have a diagnosed mental health disorder, the most common being a conduct disorder" (Social Care Wales, 2017).

As the pandemic progresses a mixed picture is emerging of the effects that lockdown, media coverage and disruption to normal routines are having on the well-being of children and young people.

At a local level it has become more evident that recent events have had a negative impact on the mental health and well-being of some children and young people in Powys resulting in a significant increase in demand for counselling services across the County.

Alongside this, mental health has impacted on demand for children's social care, with parental mental ill health being a factor for 39% of children receiving care and support,

(national average: 36%). It is important to note that this has risen by over 9% since 2017, a trend which is seen nationally.

17% of children (aged 10 or over) receiving care and support were reported to have a mental health issue, which is higher than the national average of 14%. This is similar to the 2017 figure of 18% (Welsh Government , 2021) (Welsh Government, 2021).

It is also anticipated that there will be an impact on the mental health of young people, with a likely increase in the number of referrals to Child and Adolescent Mental Health Services (CAMHS) to support them in managing their situation. May 2020 saw the lowest number of referrals (24) in the previous 18 months, and this is almost a 50% reduction from May 2019 (46). This does raise concerns that young people may not be accessing the required support at the right time, which may impact their well-being and suggests that there may be an increased demand for the service post COVID-19.

Current provision includes:

- developing a single point of access for CAMHS
- school counselling services
- raising awareness of mental health in schools and to promote youth mental health first aid
- self-harm pathway between health and education and PSE lessons addressing self-harm
- educating those working with young people on dealing with someone who self-harms or is experiencing anxiety and depression
- emotional well-being services

The “staying at home and social distancing rules” had both positive and negative impacts on the Welsh population. There is evidence that the first lockdown negatively impacted the mental well-being of the “...whole population.” However, the impact may have been particularly marked for children and young people, older people, key workers, people on low incomes and at risk of unemployment, people with existing poor mental health and those who were shielding (Powys Teaching Health Board, 2021) .

We know that of those who deliberately self-harm (DSH) and access Child and Adolescent Mental Health Services (CAMHS) (Powys Teaching Health Board, 2021):

- Only 50% who self-harm seek help – mainly girls
- 36% of 16–25-year-olds have self-harmed at some point
- Average age of young person using the service is 15 years (UK: 13 years)
- Waiting times – 85% of those referred and accepted are seen within 7 days (7 follow up), the other 15% are seen within 10 working days

(Referrals from January 2020 – August 28th, 2021 – 247)

As a result of successive lockdown periods, there has been a significant increase in recorded instances of children and young people within the county experiencing anxiety and a range of other mental health issues. An increase in demand for counselling led to a 64% increase in new referrals (September 2021 compared with September 2021).

Xenzone, our commissioned counselling service currently have 245 active cases. Working in close collaboration with key partners, Schools Service is making effective use of additional funds received from Welsh Government to reduce the number of children and young on the counselling waiting list and increase the numbers sessions available. (Schools Service (PCC), 2020)

What have people said?

In the Living in Powys well-being survey respondents were asked if they *considered themselves to be disabled*, of the which 13% answered yes. Of those

- 23% highlighted that they had mental health issues
- 9% had a learning disability or difficulty
- 39% had physical/mobility impairment
- 13% have hearing impairment
- 1% have visual impairment
- 2% speech impairment

In the same survey, respondents were asked how satisfied with their life they are nowadays:

- 61% were very happy or happy
- 26% neutral
- 13% unhappy or very unhappy

And *how happy they felt yesterday*,

- 61% were very happy or happy
- 25% neutral
- 14% unhappy or very unhappy

When asked what priorities they would put into a well-being plan, answers included:

- "Improve mental health for residents through a range of people led interventions."
- "Make health care more accessible-easier access to GP and shorter wait times for assessments for Mental Health/Autism."
- "Better mental health care and provision - currently very poor."
- "Access to quicker assessments for mental health (waiting time over 14 months)."
- "To be able to afford a nice home with a garden (not a shoebox overlooked by lots of others, people living like this will struggle to have good mental health. The current

new builds like Newydd Housing are a prime example of housing that will be bad for mental and emotional health).”

Staying healthy

How can we explain the differences in life expectancy and healthy life expectancy, both between Powys and other areas and within Powys? The chart below is from a Public Health Wales report from 2020. (Public Health Wales NHS Trust, 2019) It illustrates the extent to which risk factors contribute most to the burden of disease in the population of Wales.

Most of these risk factors relate to lifestyle (smoking, diet, alcohol, and drug use) or are themselves directly influenced by lifestyle (obesity and overweight, high fasting plasma glucose, high systolic blood pressure, high LDL cholesterol). A key message here is the important effect that risk factors to do with lifestyle play in influencing health.

Top 10 Global Burden of Disease identified risk factors for disability-adjusted life years (DALYs), count, Wales, 2017

Produced by Public Health Wales Observatory, using Global Health Data Exchange (IHME)

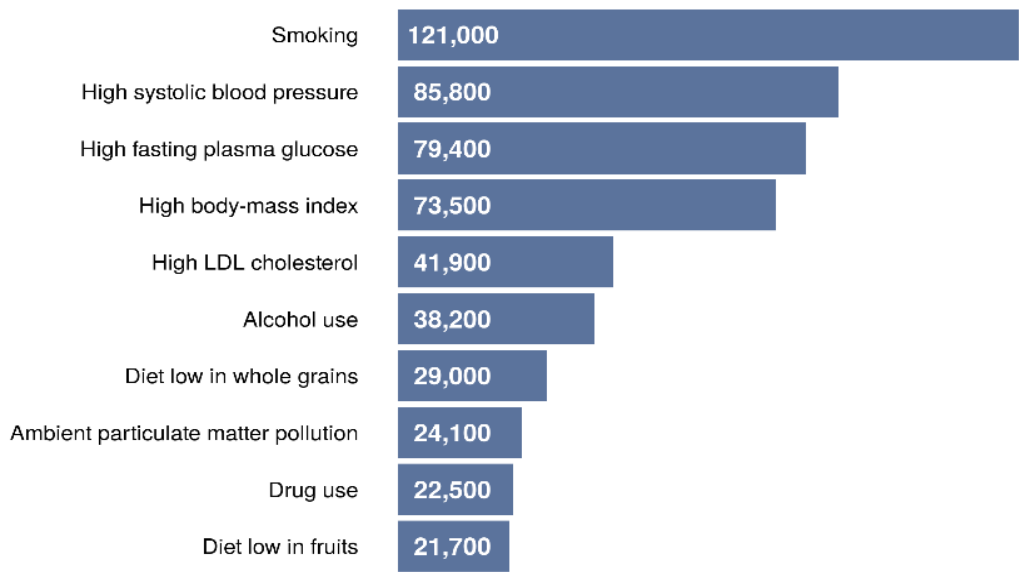


Figure 13 Top 10 Global burden of disease identified risk factors for disability (PHW 2017)

Lifestyles and the environment around us are key drivers of the health of our population. They have a much large role in determining population health than do other influences such as provision of health and social care services. Understanding how the Powys population is doing on these risk factors is important if we want to systematically improve the health of our population.

When compared with the rest of Wales, Powys adults tend to have healthier lifestyle behaviours (though this is not true for all risk factors). Using National Survey for Wales data (2020) we can understand how Powys compares to the other 22 Local Authorities and against the Welsh average for a number of these risk factors. (Welsh Gov, 2017)

Smoking

Smoking is a key determinant of population health, being the **single greatest cause of preventable death**. Smoking causes a range of cancers, cardiovascular diseases and a range of respiratory conditions (for example COPD and emphysema).

- **14.5% of adults in Powys currently smoke** (Wales 17.4%). Powys ranks the 4th lowest amongst the 22 local authorities in Wales for smokers (Welsh Gov, 2017)
- **27.3% of Powys adults are ex-smokers** (Wales 29.3%), ranking Powys as the 6th lowest amongst 22 Local Authorities in Wales (Welsh Gov, 2017)

Alcohol consumption

The proportion of adults over 16 whose **weekly average alcohol consumption** is over guidelines is higher than the percentage for Wales overall.

- **19.7% of adults in Powys weekly average alcohol consumption is over guidelines (above 14 units)**. This is above the Welsh average of 18.6%. Powys ranks 8th highest amongst the 22 local authorities in Wales.
- **17.4% of adults in Powys weekly average alcohol consumption hazardous (between 14 and 50 units)**. This is above the Welsh average of 16.1%. Powys ranks 9th highest amongst the 22 local authorities in Wales.
- **2.3% of adults in Powys weekly average alcohol consumption harmful (over 50 units)**. This is below the Welsh average of 2.5%. Powys ranks 10th highest amongst the 22 local authorities in Wales. (Welsh Gov, 2017)

Diet and physical activity

As well as being important risk factors in themselves, diet and physical activity in the population are key drivers of obesity. In this assessment, we have looked at consumption of fruit and vegetables as a useful indicator of the quality of a person's diet. The percentage of adults **who ate at least 5 portions of fruit of veg** (the previous day) is higher than the Welsh average, and the percentage who ate less than or no fruit or veg (the previous day) is lower than the Welsh average.

- **27.3% of adults in Powys ate at least 5 portions of fruit of veg (the previous day)**. This is above the Welsh average of 24.3%. Powys ranks 6th highest amongst the 22 local authorities in Wales.

- **65.9% of adults in Powys** ate some, but less than 5 portions of fruit or veg (the previous day). This is below the Welsh average of 67.8%. Powys ranks the 5th lowest amongst the 22 local authorities in Wales.
- **6.7% of adults in Powys** at no fruit or veg (the previous day). This is below the Welsh average of 7.9%. Powys ranks the 8th lowest amongst the 22 local authorities in Wales. (Welsh Gov, 2020)

The level of **physical activity** in Powys is also better in Powys than in Wales overall.

- **60.8% of adults in Powys** were active at least 150 minutes (in previous week), meeting the minimum required guidelines for activity. This is above the Welsh average of 53.2%. Powys ranks 4th highest amongst the 22 local authorities in Wales.
- **12.7% of adults in Powys** were active between 30 to 149 minutes (in previous week), below the guideline. This is below the Welsh average of 13.9%. Powys ranks the 10th lowest amongst the 22 local authorities in Wales.
- **26.4% of adults in Powys** were active less than 30 minutes (in the previous week), below guidelines. This is below the Welsh average of 33%. Powys ranks the 2nd lowest amongst the 22 local authorities in Wales (Welsh Gov, 2017)
- An important environmental risk factor for ill health is the quality of the air that we breathe, because poor air quality has effects on respiratory and cardiac disease and can lead to lung cancer and stroke. (Environment pollution, 2008) [10] Nitrogen dioxide (NO₂) is a gaseous pollutant and exposure to outdoor NO₂ is mainly related to road traffic emissions. Average nitrogen dioxide levels are a useful proxy indicator of overall air quality.
- For this indicator Powys ranks 2nd lowest of local authorities in Wales. Average NO₂ is 4.4 in Powys, compared to the Welsh average of 9.2. Predominantly this can be explained by rural nature of the county. The NO₂ pollutant has decreased in Powys over the years, since 2007 this has almost halved from 7.92 to 4.38 in 2019.
- Additional information on air pollution is contained in the 'Environment' section of this assessment.

To look at more lifestyle factors and how Powys ranks against Wales, [click here to explore our interactive report.](#)

Substance Misuse

Use of alcohol or drugs at some stage in life is common; it is estimated that approximately 45% of adult men and 34% of adult women in Wales report drinking above the recommended guidelines, (Public Health Wales, 2022) consume alcohol at levels associated with some risk to their health, and that nearly one in three of the adult population have tried illegal drugs. For a proportion of these individuals their alcohol and drug use may reflect dependency or excessive consumption and may be associated with substantial harmful consequences such as health problems or encounters with the criminal justice system.

Alcohol is one of the leading modifiable life-style related drivers of non-communicable diseases alongside smoking and obesity, and it is estimated to be the behavioural risk factor with the second highest impact on the NHS budget after poor diet (Scarborough P, 2011). Use of alcohol and drugs has also been highlighted as one of the six key drivers of crime due to associations with behavioural disorders and violence: it is estimated that 1 in 100 people each year will be a victim of an alcohol-related violent crime (Institute of Alcohol Studies, n.d.). The impact of alcohol and drug use on wider communities can be far-reaching, and include:

- direct economic costs on health and social care services, the criminal justice system, and the social welfare system.
- indirect costs from low productivity, unemployment, absenteeism and premature mortality or morbidity; and
- intangible costs to the affected individual or their family members from anxiety, pain, financial worries, and reduced quality of life.

Alcohol and drug treatment services have an important and evidence-based role in mitigating the personal and financial costs of problematic substance use and have the potential to provide cost-efficiency savings for a range of public services including health and social care, housing and welfare, and the criminal justice system.

Alcohol and drug use is also common in people with mental health problems and 70% of those in drug services and 86% of those in alcohol services report having experienced mental health problems (Weaver et al, 2003) (Delgadillo et al, 2013). The level of harmful and problematic drug and alcohol use amongst patients of community mental health services is estimated at around 44% (Public Health England, 2016). The relationship between mental illness and substance use is complex, and individuals with co-occurring mental health and substance use problems experience poor health outcomes (Hayes et al, 2011), increased use of health and other statutory services, and an increased chance of being homeless or known to the criminal justice system (Strathdee G et al, 2002). Suicide rates are also significantly higher in this population, with a history of alcohol or drug use being recorded in 54% of all suicides in people experiencing mental health problems (University of Manchester, 2016). Co-occurring conditions are more prevalent among psychiatric inpatients and people in secure services (Strathdee G et al, 2002) and are also common among the prison population (up to 75% of prisoners) (Prison Reform Trust, 2011).

There are several challenges to supporting recovery in this population group; and, despite the high prevalence of co-occurring conditions, detection of the problems remains low; and historically, individuals with such complex needs have experienced difficulties in accessing services which meet all their needs. This often leads to disengagement and poorer patient outcomes.

Mental health and substance use services are commissioned separately which can present organisational and clinical barriers to effective treatment, for example this may lead to disjointed care protocols resulting in services that are unwilling to manage the risk presented by people with co-existing mental health problems and substance misuse.

Research also shows that, despite the shared responsibility that NHS and local authority commissioners have to provide treatment, care and support, people with co-occurring conditions are often excluded from services (Care Quality Commission, 2015) (The Recovery Partnership, 2015).

The current Substance Misuse provision in Powys caters for the maintenance of approximately 500 individuals within treatment presenting with several complex issues.

The caseload is split almost 50/50 between alcohol clients and Class A substance misuse issues.

The incumbent service provider demonstrates within their service model how consideration of the following issues are addressed:

- Recognition of the impact of Adverse Childhood Experiences, how to identify and address this amongst the treatment cohort
- Awareness of the various routes of exploitation such as county lines and other risk factors for those vulnerable within communities
- Consideration of the family around the individual, ensuring provision of wider support and identification and management of safeguarding issues/risks
- Promoting positive community benefits and ensuring wellbeing of communities aligned to the Well-being of Future Generations (Wales Act 2015)
- Service users with co-occurring substance misuse and mental health issues

From a commissioning perspective, Powys is keen to consider innovative and transformative approaches to addressing these challenges, with a focus on a flexible model of delivery, responsive to the changing patterns and demands of drug and alcohol use and an increase in the use of outreach and digital technologies to engage service users before, during and after treatment. This includes maximising opportunities to deliver services from a range of settings and organisations to minimise stigma and increase service access and engagement from harder to reach groups.

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Obesity

In Powys, nearly 6 in 10 adults are overweight or obese and this is predicted to continue to rise.

Obesity and overweight are associated with several serious conditions, including type 2 diabetes, hypertension, coronary heart disease, stroke, osteoarthritis and cancer. (John B Dixon, 2013) Overweight and obesity are important over the life course of an individual, with childhood patterns of weight often carried over into adulthood. The chart below shows the percentages of people in Powys who were of healthy weight (using most recently available data) for two different groups: working age adults and older adults. Both groups in Powys have a higher proportion of people of a healthy weight than the Wales population overall.

- **42.6% of working age adults (aged 16-64) in Powys are of a healthy weight.** This is higher than the Welsh average of 38%. Powys ranks 7th highest amongst the 22 Local Authorities in Wales.

42.2% of older adults (aged 65+) in Powys are of a healthy weight. This is higher than the Welsh average of 38.1%. Powys ranks 7th highest amongst the 22 Local Authorities in Wales.

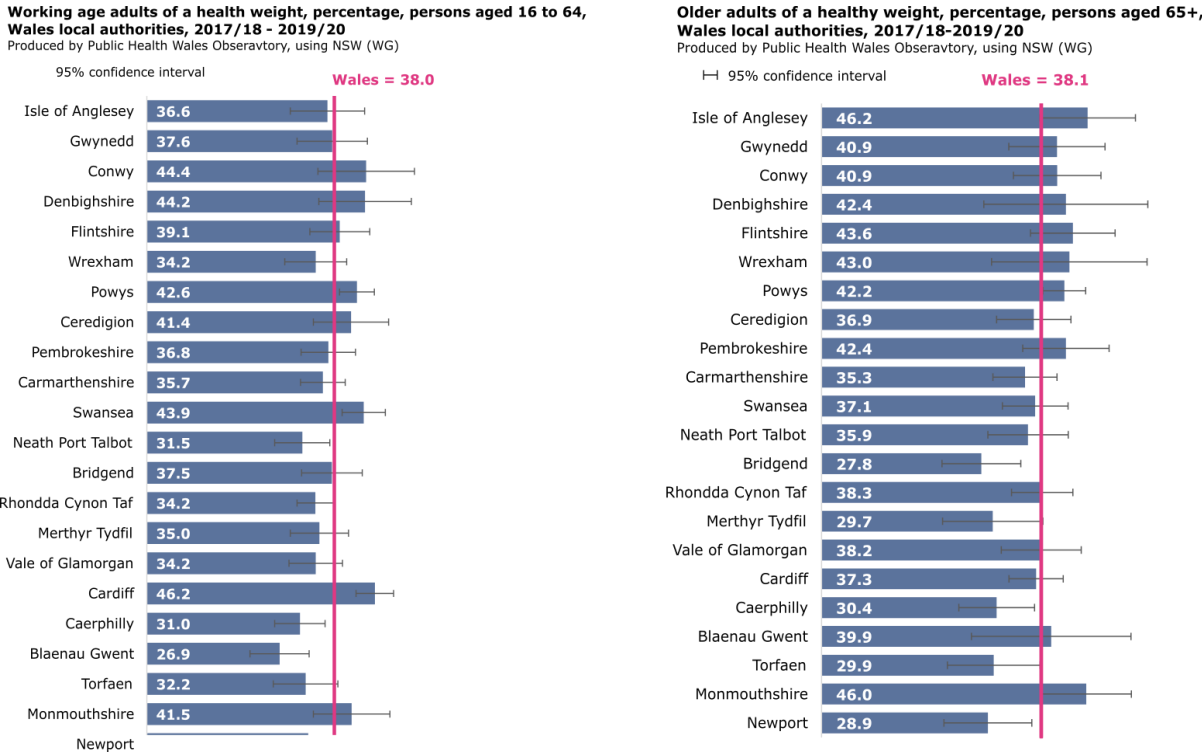


Figure 14 Working age adults of a health weight (PHW 2017-20)

Figures for childhood obesity for different health boards in Wales are shown in the chart below. In Powys in the year 2017/18. (Public Health Wales, 2017/18)

- **75.5% of children age 5 were healthy or underweight.** This is higher than the Welsh average of 73.6%

- **24.5%⁴** were overweight or obese, which is lower than the Welsh average of 24.5%⁵

Children age 5 of healthy weight or underweight, 2017/18

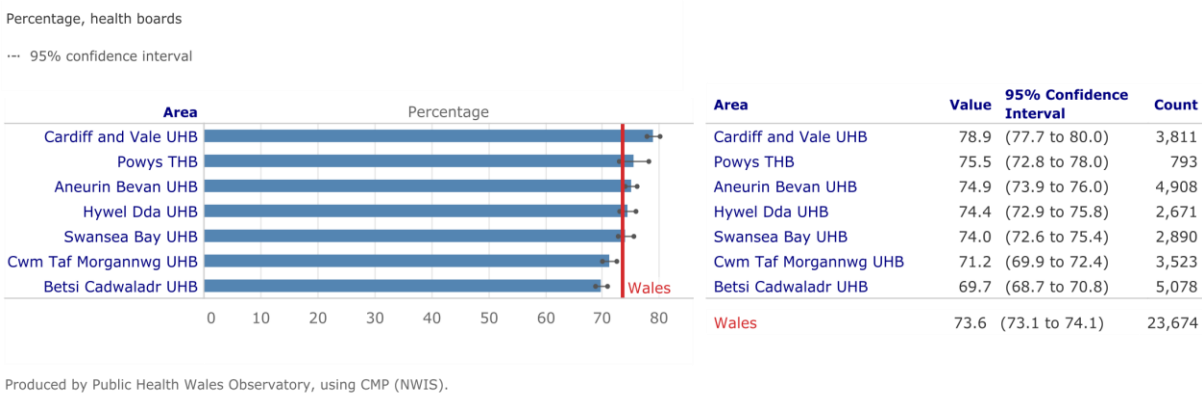


Figure 15 Children age 5 of healthy weight or underweight (PHW, 2017-18)

What have people said?

In the Living in Powys well-being survey, respondents were asked **“how many days per week they do at least 30 minutes physical activity?”** The responses were evenly spread across the options:

- 22% responded everyday
- 23% almost everyday
- 27% 2-3 times a week
- 15% once a week
- 13% rarely or never

In the same survey, when asked **“What would be your top priorities to put into a well-being plan?”** answers included:

- “Provide the infrastructure for people to get out of their homes and exercise without needing to drive, and to incorporate exercise into daily life.”
- “Safe cycling routes so people can move and travel actively and safely.”

And when asked to list **“things that you think positively impact on the health and well-being of you, your family, your business, or employment”** top themes identified included, exercise and eating healthier:

- “Create more outdoor spaces for all to access and enjoy, including pedestrianisation and cycle routes”
- “Support for enhancing walking opportunities in the county. Although on paper responsibility for maintaining public rights of way is the responsibility of Powys and

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⁴ percentage implied from the difference in those who were of a healthy weight

landowners, this responsibility is not enforced and too many paths are blocked or unusable. Being able to get out into the countryside for a relaxing, hassle-free walk is fundamental to promoting both physical and mental health. Walking is accessible to all, even the poorest in the community, as it doesn't require an expensive outlay of equipment or membership.”

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Educating Our Children

Our schools

At the time of writing there are **17,148 children in Powys schools,**

- 9,709 are attending a primary school
- 7,158 are attending a secondary school
- 281 are attending Special Schools.



In Powys, there are 77 primary schools, broken down into 13 catchment areas.

The Powys school catchment areas are:

- Llanfyllin
- Welshpool
- Llanfair Caereinion
- Machynlleth
- Llanidloes
- Newtown
- Llandrindod Wells
- Presteigne
- Builth Wells
- Brecon
- Hay and Talgarth
- Crickhowell
- Ystradgynlais

For 2021-22, the average budget share per pupil for Powys primary schools is £4,857, which is higher than the Welsh average of is £4,613. In Powys, 46 of our primary schools are below the Welsh average.

We have 11 secondary schools over 13 buildings and catchment areas. For 2021/22, the average budget share per pupil for Powys secondary schools is £5,471, which is lower than the Welsh average of is £5,488. 9 of our 11 secondary schools are below the Welsh average.

(Welsh Gov, 2021-22)

Powys has three special schools, two of the schools (Brynllwarch Hall and Ysgol Cedewain) are in the Newtown locality and one (Ysgol Penmaes) is in Brecon locality.

(Schools Service (PCC), 2020)

As of the 31st of August 2021, there were 214 active pupils on the Elective Home Education (EHE) register meaning that we have seen a **54% increase in pupils being registered for EHE during 20/21**. There is a link to COVID-19 and the increase in the number of students that are EHE. Welshpool and Montgomery locality has the highest EHE uptake with 33 pupils registered while Crickhowell has the lowest with only four EHE pupils in the locality.

Destination bilingual: the benefits of choosing a Welsh-medium education has been created to provide parents with the latest information about Welsh-medium education and the benefits of bilingualism.

The average **percentage of students educated through the medium of Welsh in Powys primary schools is 21%** (Welsh Gov, 2021). The highest catchment area with students taught through the medium of Welsh is Machynlleth with **84%**. Three of four schools in the catchment offer full Welsh medium provision. The five catchments (Welshpool, Newtown, Presteigne, Hay and Talgarth and Crickhowell) neighboring the English border have no Welsh medium provision available.

The average **percentage of students educated through the medium of Welsh in Powys Secondary schools is 12%** (Welsh Gov, 2021). The highest catchment area with students taught through the medium of Welsh is Machynlleth with **68%**. Six catchments (Welshpool, Newtown, Presteigne, Hay and Talgarth, Crickhowell and Ystradgynlais) have no Welsh medium provision available.

Follow the link to view more [information about Schools Benchmarking in Powys and how we compare to Wales via our interactive report.](#)

Support to pupils during the COVID pandemic

As a result of the COVID-19 pandemic, Welsh Government legislation on the 3 July 2020 temporarily removed the duties on governing bodies and local authorities to provide data on teacher assessment outcomes. In addition, the Welsh Government introduced a revised assessment system for formal qualifications, which included non-examination assessments, internal assessments, and externally set and marked assessments. This was then extended into the 2020-21 academic year. This means that there is no data available for the pupil attainment levels during 2019-20 and 2020-21.

The local authority acted swiftly and put in place appropriate community-based support for children and young people within the County. Three key multi-agency working groups, focused on emergency childcare provision, continuity of learning, and learner and staff well-being worked together to adapt existing services and develop new processes where required.

In response to the directive from Welsh Government, Powys staff and schools staff repurposed schools and provided free childcare for the children of key workers and the most vulnerable children and young people. In Powys, emergency childcare was provided between 8am and 6pm for seven days of the week and this extended into school, public and bank holidays. Emergency childcare commenced in Powys on 27 March 2020 and provided 16 Emergency Childcare Hubs (ECH) and two dedicated Emergency Childcare Specialist Hubs (ECSH), sited within the special schools to support our most vulnerable learners. The total weekly numbers of children accessing the hubs ranged between 148 – 245 over the period of provision.

Emergency childcare provision was also made available for pre-school children between 23 March and 29 June 2020. 28 settings were open to support the children of key workers and vulnerable children. During this period 271 pre-school children per week accessed emergency childcare provision.

(Schools Service (PCC), 2020)

Educational attainment

Nearly all schools have tracked and monitored learner progress over the course of the academic year. As COVID-19 operational guidance has been implemented in schools, this has resulted in schools not being able to resume their normal assessment procedures. In many Powys primary schools, most pupils have maintained expected progress in literacy and numeracy over the remote learning period and when they returned to face-to-face learning.

Nearly all schools report that where pupils were supported during remote learning, progress was at least maintained. In many Powys secondary schools, many pupils have maintained or exceeded their expected levels of progress. There were subjects that schools were able to deliver successfully remotely and there were other, mainly more practical subjects, which have been more limited during remote learning.

(Schools Service (PCC), 2020)

What have people said?

We conducted a survey of pupils and parents to capture experiences of remote learning during the pandemic (carried out during January 2021). A total of 3,422 responses were received from pupils and parents at primary, secondary and special schools across Powys.

Parents and pupil feedback showed that:

- Most (90%) agreed that they / their child had received the right amount of support, learning activities and lessons from their school.
- Many (86%) reported that they / their child had received live lessons.
- Most (93%) agreed that the school had successfully engaged with their pupils.

- The majority (64%) agreed that they had opportunities to work with other pupils whilst working online.
- Many (85%) agreed that the school had provided regular feedback on their work.
- Most (90%) agreed that they felt well supported by their school through regular contact.
- Nearly all (97%) agreed that they could contact the school if there was a problem, with 49% strongly agreeing, and
- Many (82%) agreed that they / their child had enjoyed most of the learning / activities available online.

Free school meals and educational attainment

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.**

Over the past two years from 2018-19 to 2020-21, Powys has seen the second largest increase (46% increase) among all Welsh Local Authorities in the number of children eligible for Free School Meals (Monmouthshire also experienced a 46% increase). The number of children eligible increased from 1,820 to 2,651 children. (Welsh Gov, 2021)

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. The Newtown catchment has the highest Free School Meals take up (23%). (Welsh Gov, 2021)

The following three primary schools have no pupils receiving Free School Meals;

- Ysgol Pontrobert
- Ysgol Gynradd Carno
- Llanfihangel Rhydithon C.P. School

The catchment with the lowest number of pupils receiving Free School Meals is Crickhowell, with only 7% of pupils receiving Free School Meals.

In Powys **Secondary** Schools, **14% of all pupils are receiving Free School Meals**, the highest up take is Ysgol Maesydderwen in Ystradgynlais catchment area with 23% of pupils receiving Free School Meals. This is followed by Newtown High School with 19% of pupils receiving Free School Meals.

Crickhowell High School has the lowest number of pupils receiving Free School Meals with only 7% of pupils receiving Free School Meals.

Poor educational attainment is likely to harm children and young people's future life chances and perpetuate the cycle of poverty.

- **15% of pupils in Powys are eligible for Free School Meals**, which is lower than the national Average of 22%.
- **33% of children and young people in Powys who are eligible for Free School Meals are currently not receiving them** (Wales 35%).

(Welsh Gov, 2021)

Follow the link to view more [information about Schools Benchmarking \(including free school meals and take up\) in Powys and how we compare to Wales via our interactive report.](#)

Educational attainment for pupils in Mid Wales at Key Stage 4 shows that **those eligible for free school meals have lower outcomes than the rest of the population.**

The gap between those receiving Free School Meals and those who are not achieving Level 1⁵ is **8%**. At Level 2⁶ it was **33%** and those achieving 5 A*-A grades **was 17%**.

(Welsh Gov, 2018/19)

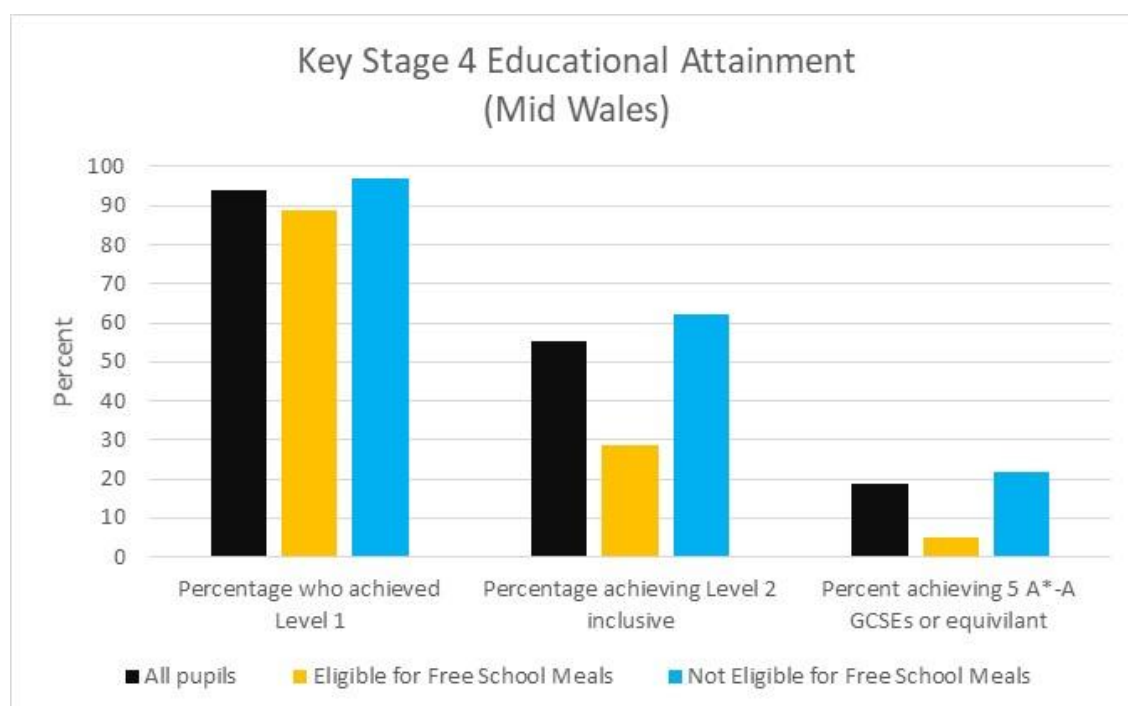


Figure 16 Key stage 4 Educational Attainment for level 1, level 2 and GCSE (Welsh Gov, 2018/19)

The educational attainment above is for academic year 2018-19. On the 18 March 2020 Welsh Government (along with the other devolved nations of the UK) took the decision to

⁵ Level 1 – 5 GCSE's A*-G

⁶ Level 2 – 5 GCSE's A*-C

cancel examinations for summer 2020. As a result, all schools provided pupils with centre assessed grades and legislation had disapplied the obligations on a school to supply the data.

This meant there was no verification process of examination grades or comparative data available to local authorities. In addition, Welsh Government legislation dated 3rd July 2020 removed the duties on governing bodies and local authorities to provide data to local authorities and Welsh Government, respectively, on teacher assessment outcomes.

Due to the coronavirus pandemic and impact on learning over the 2020-21 academic year, Welsh Government removed examinations for GCSE and A Levels. Each school used Centre Determined Grades to award overall grades to pupils for their GCSEs and A levels. However, Centre Determined Grades are not verified or published by Welsh Government.

What have people said?

School leaders including governors are required to carefully monitor the progress of vulnerable pupils and are required to publish plans detailing how the Pupil Development Grant (PDG) will be used. All schools are required to evaluate the impact of the grant, and nearly all schools state that they make good use of this grant.

Exclusions

There has been a consistent rate of permanent exclusions in schools, however there is variation between schools and exclusions are a complex issue.

Since 2018-19 the number of exclusions has reduced by 150 exclusions (from 492 to 342), 99% of these were fixed term and 1% were permanent exclusions.

68% of all exclusions were for those aged year seven and above, and 32% were for those year one through to year six.

Reasons for exclusions were: -

- 25% of all exclusions were for disruptive behaviour
- 19% for assault and/or violence against another learner
- 19% for verbal abuse/threatening behaviour against an adult
- 14.5% for assault and/or violence against staff
- Other reasons included substance misuse and damage to property

(Schools Service (PCC), 2020)

Childcare Sufficiency

Childcare is provided to 61% of 0-4 years olds within Powys, there are a total of **190 registered childcare settings**, offering 3,568 places. This is above the Wales provision of 48%.

DRAFT well-being assessment Powys Public Service Board

Powys is sixth highest out of all 22 Welsh Local Authorities in terms of the childcare places offered, Merthyr Tydfil has the lowest provision with only 24% and Denbighshire has the highest with 73%.

These registered childcare settings are made up of a mixture of privately operated, volunteer based, and school run organisations.

(Welsh Gov, 2021)

% childcare places against 0-4 year olds population



Figure 17 Map showing % childcare places against 0-4 year olds population (Welsh Gov, 2021)

Child Play Sufficiency

"The right to play is a child's first claim on the community. Play is nature's training for life. No community can infringe that right without doing deep and enduring harm to the minds and bodies of its citizens". David Lloyd George (1925)

"Play encompasses children's behaviour which is freely chosen, personally directed and intrinsically motivated. It is performed for no external goal or reward and is a fundamental and integral part of healthy development - not only for individual children, but also for the society in which they live". Welsh Government "Creating a Play Friendly Wales" 2012

Play Wales states that playing is one of the easiest and most natural ways that children of any age can engage in necessary levels of physical activity. The Welsh Government's Healthy Weight: Healthy Wales consultation, lists play as a main influencer on children's healthy weight behaviours.

The 'Physical Activity of Children and Young People' paper was written by the National Assembly for Wales in 2019, it sees the new curriculum as a chance to increase physical activity within schools, along with other benefits.

The paper recommends that all schools should provide wider access to their facilities to local communities, which will encourage more physical activity and an accessible space outside of the school day. (Powys County Councils Play Sufficiency Assessment (2019))

According to the National Survey for Wales (2018/19), in Wales:

- 58% of respondents were satisfied with play areas (30% dissatisfied)
- 55% were satisfied (26% dissatisfied) with clubs and organised activities
- 42% were satisfied (43% dissatisfied) with places for children to get together with friends.

During the 2017-18 national survey for Wales, it was noted that parents had concerns about the safety of the local area as a reason for dissatisfaction with play areas (this increased between 2014-15 and 2017-18):

- 36% stated there was too much crime and antisocial behaviour (compared with 21% in 2014-15)
- 32% stated they had concerns about strangers (compared with 16% in 2014-15)
- 31% had concerns about traffic (compared with 16% in 2014-15)

Play opportunities in Powys reduced dramatically during the Covid-19 pandemic; thankfully this was addressed by Welsh Government and additional funding was awarded in June 2021 to deliver a 'Summer of Fun' to children and young people 0-15 years across Powys. **Over 11,000 play sessions were delivered over July and August**, children and young people had access to sporting sessions, craft activities, outdoor pursuits, creative writing and dance classes and STEM activities, all free of charge.

As the Summer of Fun initiative was a huge success, additional funding has been awarded to support a Winter of Wellbeing and Play Capital funding has been allocated to develop some of our play parks in Powys. Further opportunities will be offered over the next 12 months to ensure children and young people have sufficient play opportunities.

What have people said?

Powys County Councils [Play Sufficiency Assessment](#) (2019) shows that during 'Have Your Say Days' and other engagement events children were asked **"how good are your opportunities for playing and hanging out?"**

- 57% said it's great and couldn't be much better
- 23% said it's great but could be made even better
- 9% said it's not good and needs to be made better
- 8% said it's rubbish and need to be made much better

Children were asked **"do you have enough time for playing or hanging out with friends?"**

- 36% said Yes, I have loads
- 35% said yes, I have enough
- 21% said no, I would like a bit more
- 8% said no, I need a lot more

When asked, "what is good about play in Powys?" responses included walking routes, feeling safe, green spaces, fresh air, trees, safe to ride bikes, animals, parks, surrounding community and space for football.

When asked, "what is not good about play in Powys?" responses included old play equipment, lack of space for 'older' young people, cars, limited pavements, lack of sites for bikes and skateboards, litter, public transport, cost of transport, dog fouling, rurality.

Sufficiency of Nursery Education

As part of the Welsh Government's Childcare Offer for Wales, the local authority receives funding to ensure that all children have access to ten hours of early years education from the beginning of the term following the child's third birthday. The education is provided in approved, funded preschool education settings, which include playgroups, Cylch Meithrin, day nurseries and school-based settings.

Following the establishment of a framework of providers in 2017 the LA currently contracts with 74 settings to deliver Early Years Education, 18 of which are Welsh-medium settings.

The Local Authority administers admissions for the Early Years Education places. As the number of children eligible for Early Years Education increases termly throughout the

academic year, the Local Authority contracts additional places to meet demand and try and ensure parental preferences are met; in cases of oversubscription, admissions criteria is applied and a suitable alternative offered.

TABLE 1 NUMBER OF CHILDREN ACCESSING EARLY YEARS EDUCATION IN 2020-21

Term	Number of children
Autumn 2020	1,056
Spring 2021	357
Summer 2021	275
Total	1,688

28.9% (422) of children in 2020/21 who accessed Early Years Education **attended an early year’s provision through the medium of Welsh.**

The Local Authority is currently undertaking a review of Early Years Education to inform the future tender of provision across the County (current contracts run until Aug 2024). (PCC, 2022). The findings from this review will be considered when available.

Social summary

Social well-being covers a vast array of topics, and each contribute to the well-being of Powys residents.

We know that housing plays an extremely important part for the well-being of Powys residents. We currently have **58,345 households in Powys** (ONS, 2011) (this figure is from the 2011 census we will be able to understand the housing make up from the 2021 census when the new data is released), and this figure is projected to rise. Powys **average household size is 2.2 persons.** (Welsh Gov, 2018)

According to future trends report (Welsh Gov, 2021), the number of people living in single-person households is likely to increase in the future. **It is predicted that Powys single person households will increase by 4.2% over the next 10 years.** Powys already has a higher than national average level of single person households, with this trend set to increase this may put **more pressure on already limited single housing stock in Powys for future generations.**

There is a need for more affordable, energy efficient housing. In Powys, **3,500 people are listed on the Council’s housing demand register.** A quarter of those are already social

housing tenants. Many require smaller accommodation, often one or two bedrooms, whilst others need larger homes to cater for their growing families. (Housing PCC, 2021)

There has been a **16% increase in homelessness** between 2019 and 2020 (from 527 to 621). (Housing PCC, 2021) Mostly single homeless presentations. We anticipate more families with dependent children to present due to the end of the furlough scheme.

Respondents to our survey have shown that affordable housing, carbon neutral housing, and sustainable housing stock are key priorities for them in the well-being plan.

All of the above indicated that there is a real need for the availability of smaller homes that are affordable and sustainable, we have an unmet demand across the county and if we do nothing the projected increase in those requiring smaller homes will lead to a housing crisis for future generations. **If we do not act, we will see an increase of overcrowding, homelessness, a generation that cannot afford to buy their own homes or afford to rent a home in their local areas forcing those to find homes outside of Powys.** This will have a knock-on effect on older generations who will not have family locally able to provide them with help and support.

Inflation in the UK has risen, with increasing fuel, food and transport costs are worrying for many across the country. Powys is no exception, the cost of living in such a rural area has always been more expensive than the rest of the country. As the cost of living rises this will cause even more pressure on people and families in Powys struggling with poverty. **In Powys 4,088 families live in absolute poverty**, 31% (1,248) of these were lone parent households (Department for Work and Pension, 2019-20). There has been a **48% increase in those eligible for Free School Meals** over the past two years, rising faster than the Welsh average. **33%** of children and young people in Powys who are eligible for Free School Meals are currently not taking them up (receiving them). (Welsh Gov, 2021)

We need to do more to understand poverty within our communities. As the cost of living increases and energy price rise, many families experiencing poverty will see the effects on their physical health (heat or eat) and mental health and ability to remain in their own homes.

17% of people in Powys report feeling lonely, if applied to the current population, there could be potentially 22,600 residents across Powys who are feeling lonely. We know that as you get older you are at a higher risk of becoming lonely and as people live longer there will be an increased need for help and support at home and in the community. By 2043 the population aged 65 and over is projected to **increase by 25.2%**. (Welsh Gov, 2018) Future trends report says, the old age dependency ratio will increase over time as the number of pensioners grows faster than the number of working aged people. The old age dependency ratio in Wales has historically been higher than the UK average. As Powys has a higher than the Welsh average of older people **this dependency ratio will cause increasing pressure on future generations in Powys.**

Another impact of an aging population could be a continuing rise in unpaid carers. During the 2011 census, 12% (16,154) of the Powys population were unpaid carers, with more unpaid carers in south Powys, particularly the Ystradgynlais locality. In the last 10 years the ageing population in Powys has seen a large increase in the number of carers, and with added pressures due to COVID-19, the number of carers will have increased even more. A report conducted by Carers UK in June 2020 shows that across the UK **there is an estimated 50% increase in carers since the 2011 census.** (Carers UK, 2020). If we apply the Carers UK Welsh national average, in terms of the percentage of carers against the Powys population today, we estimate the number of unpaid carers in Powys (before COVID-19) to be **25,275, an increase of 56% (9,121) since 2011.**

With the additional pressures of COVID-19, the average percentage of carers in Wales rose to 27%, in Powys meaning a rise to **35,918 carers, an additional increase of 10,643 carers since the beginning of the coronavirus pandemic.** However, in 2022 we will have more up to date figures once the 2021 Census data is released.

45% of respondents to our survey identified themselves as a carer, of these 59% had never had contact about their caring responsibilities. When we have looked at the carers that are “known” to us (through Powys County Council social services or through [CREDU Cymru](#)) we estimate that potentially only 10% of carers are getting support, **leaving up to 90% of carers in Powys without any official advice or support around their caring responsibilities.**

With an ageing population and projected increase in carers, we will need to ensure that we offer the right level of support to those with caring responsibilities to help support them and give them time away from their caring responsibilities to focus upon their own well-being. **If we do nothing, many of those who are currently being cared for by informal carers such as friends and family may not have the available support to live independently and remain within their community. This will likely increase the need to be provided services by social care, which will increase demand on health and care services.**

The coronavirus pandemic has increased existing health inequalities. Deprived groups have been more vulnerable during lockdowns and declining income. Mental health issues are increasing due to the coronavirus pandemic. For working aged people, the most common mental health disorders are anxiety and depression, 25% of older adults have depression requiring an intervention and over 40% of those in their 80s are affected by depression (Powys Teaching Health Board, 2021). 23% of respondents to our survey highlighted they had mental health issues. **More work needs to be done in Powys to understand the levels of mental health in Powys and in our 13 localities.**

Maintaining a healthy lifestyle is critical to our overall health and well-being. Preventative measures, like eating healthily and taking part in regular exercise will help ease increasing pressures on health services. Overall Powys’ health is better than the Welsh average, however it is still indicated that 14.5% of adults smoke, 19.7% of adults’ alcohol consumption is above guidelines and 65.9% of adults ate less than five fruit or veg (the

previous day). (Welsh Gov, 2020). **The current Substance Misuse provision in Powys caters for the maintenance of approximately 500 individuals.**

The level of physical activity is better than in Wales overall, 60.8% of adults in Powys were active at least 150 minutes (in previous week). However, in Powys, **nearly 60% of adults are overweight or obese and this is predicted to continue to rise, and 24.5% of children were overweight or obese by the age of 5.**

Childcare is provided to 61% of 0-4 years olds within Powys, there are a total of 190 registered childcare settings, offering 3,568 places. This is above the Wales provision of 48%. Child Play opportunities in Powys reduced dramatically during the coronavirus pandemic; to address this Powys delivered a 'Summer of Fun' to children and young people 0-15 years across Powys. **Over 11,000 play sessions were delivered over July and August 2021.** Nursery education in Powys saw **1,688 children access early years education across Powys.**

Cross cutting themes

Social well-being is also affected by many other cross cutting themes seen in the other Well-being topics, Economy, Culture and Community and Environment.

		How does Social interact with the other Well-being themes?
Economy	<ul style="list-style-type: none"> • Jobs and Wages • Businesses • Tourism • Staying Connected • Poverty and Deprivation 	<p>Social and economic outcomes are interlinked, an individual's economic circumstance is linked to their social well-being. For example, an individual's employment and wages will have an impact upon their ability to live independently and maintain a happy home life.</p> <p>Housing affordability (average salary vs average house price) is getting difficult for many residents, as the gap between salaries and house prices widens, there is an increased need for smaller, affordable social housing across Powys. Additionally, those with limited access to economic resources will likely have reduced access to tourism and business opportunities in their local communities. Limited access to economic resource often leads to longer term impacts to mental and physical health and impacts on young people's educational outcomes.</p>

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Culture and Community	<ul style="list-style-type: none"> • Welsh Language • Communities coming together • Participation in cultural life • Anti-social 	<p>Culture and community are intertwined within the various components of social well-being. An engaged community will improve an individual's home-life and ability to live independently. Active participation in cultural life leads to improved well-being and a sense of connectedness, helping to create friendships and support networks.</p> <p>Providing opportunities to use the Welsh language across all areas of social well-being is essential, by having good quality education and enabling residents to access services and groups through their language of choice (active offer) ensures that residents can fully immerse themselves in the Welsh culture.</p>
Environment	<ul style="list-style-type: none"> • Improving Biodiversity • Sustainable Land, Water and Air • Reconnecting People and Places • Forestry Resources • Climate Change 	<p>The environment in which people live has a large impact upon an individual's social well-being. For example, extreme weather situations such as flooding can have a detrimental impact to an individual's social well-being, it de-stabilises their homelife, ability to live independently and potentially has negative longer term health impacts. However, the natural world can improve social well-being through creating spaces and places with increased biodiversity. A community with many natural resources, (such as green spaces, clean air, rights of way) enables an individual to thrive in their local area.</p> <p>We need to ensure that we think sustainably (meeting our needs without compromising the need of future generations) when developing housing and businesses, producing renewable energy, and growing nutritious food that is affordable and accessible to all.</p>
High Level Impacts	Ageing population	<p>It is important to consider the impacts of an aging population when considering social well-being as older people will face pressures trying to maintain an independent home life within their community. As we get older, we are likely to encounter health and lifestyle issues associated with old age, needing support from those around us. It is vital that we have communities that look out for one another and services that enable our older population to live a happy life. Life expectancy in Powys like the rest of Wales has plateaued.</p> <p>For future generations there are going to be less working-age people living here to support those needing help and care, this is going to be a key focus for the short to medium-term.</p>
	Rurality	<p>There are challenges to social well-being due to Powys's rural make up. Over half of the Powys population live in villages, hamlets, or dispersed settlements and must travel a long way to access services (such as schools, hospitals, shops, public transport, or meet up with others). Obtaining affordable housing in the community you want to live can</p>

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		<p>be difficult, and accessing services such as domiciliary care can be limited due to geographical constraints.</p> <p>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.</p>
	Britain's exit from the European Union	<p>Whilst the full extent of the impact of Britain's exit from the European Union still remains largely unknown at a local level, it is important to note that this will impact social well-being over time, with scenarios such as the possible reduction in staff in the Health and Care sector (due to the reliance of European workers) having a longer-term impact to the populations access to health and care services.</p>
	COVID-19	<p>COVID-19 has increased loneliness and isolation across all age groups (especially children and the older population). Whilst education and health and care continued the services had to adapt and so have the residents of Powys, highlighting the importance of social well-being for all service users.</p> <p>Whilst this assessment has been produced during the coronavirus pandemic, which is still ongoing, the longer-term impact is still to be determined. However, the pandemic has highlighted new short-term issues affecting social well-being and has had a worse impact on deprived households, increasing inequalities and widening the socioeconomic gap.</p>

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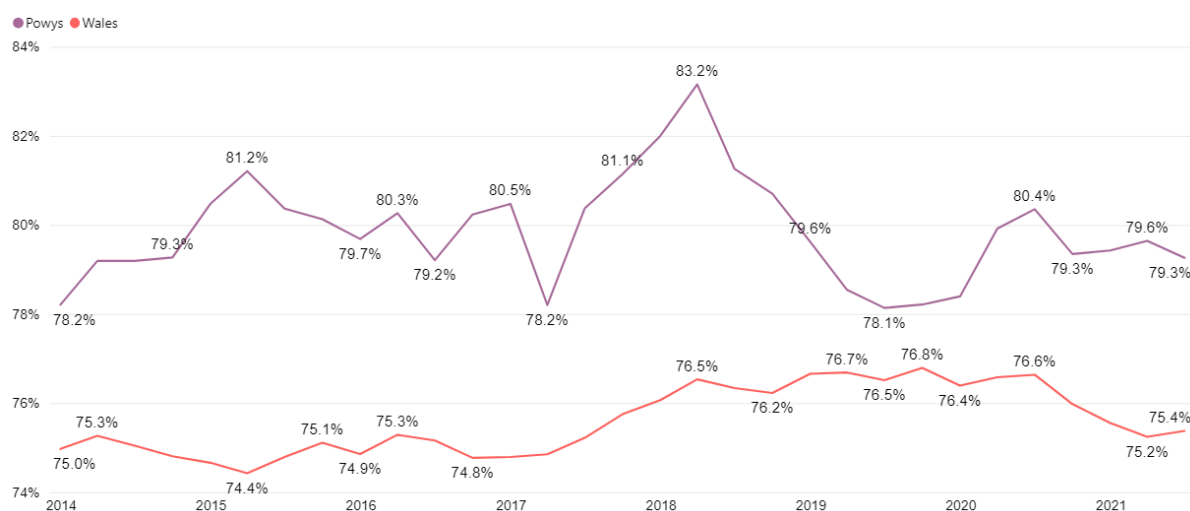
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Jobs and wages

Employment rates and unemployment

According to the Annual Population Survey (ONS, Dec 2021) Powys has maintained a higher rate of economically active residents (aged 16-64) than the rest of Wales, data going back to 2005 shows that Powys' rate has continually been higher than the Welsh average.

In the last 10 years the economic activity rate has remained stable, with the rates for Powys varying between 76% and 83%.



For year ending June 2021, **79.2% Powys residents aged 16-64 were economically active**, this is above both the Welsh average 75.4% and UK average 78.2%.

Powys ranked 3rd highest out of all Welsh authorities for the most economically active residents, Monmouthshire were highest with 80.3% followed by Vale of Glamorgan with 78.1%.

The Future Trends report (Welsh Gov, 2021) says “Over the period since the mid-1990s, the historic gap in employment rates between Wales and the rest of the UK has narrowed, and over the recent past the labour market in Wales has performed as well or better than a number of other UK countries and regions” in Powys we have seen the same stable performance, and we anticipate this will remain stable for future generations. However, there is a need for focus on the quality of jobs in Powys.

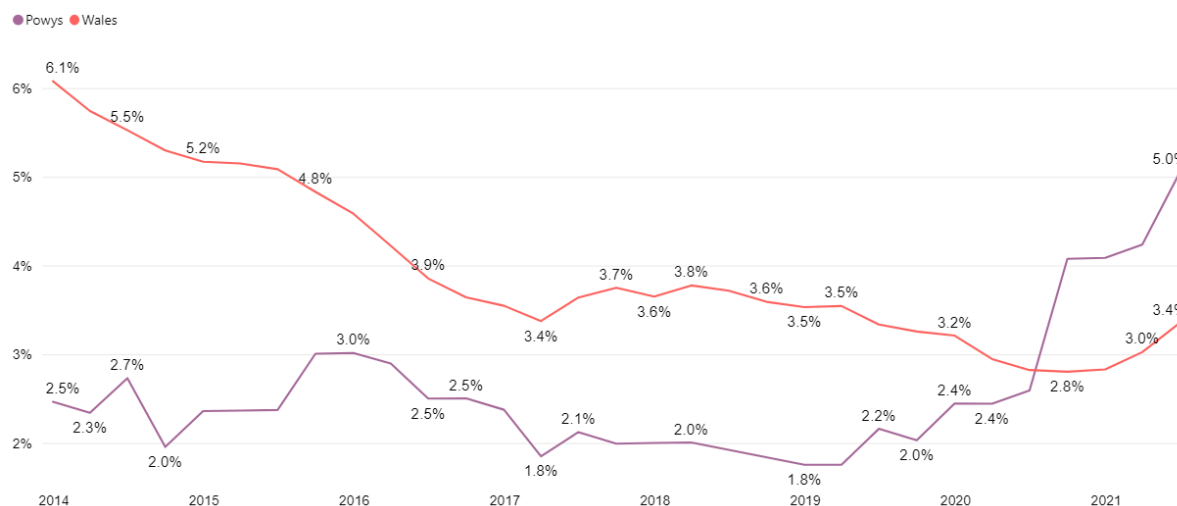
For year ending June 2021, **17.8% of residents in Powys were registered as self-employed**, this is higher than both the Welsh and UK averages at 8.9% and 9.4% respectively. With this rate, Powys had the highest rate of self-employment amongst all local authorities in Wales, Ceredigion ranked 2nd (14.9%) and Denbighshire 3rd (13.3%) (ONS, Dec 2021).

Unemployment rates from the Annual Population Survey (ONS, Dec 2021) also show that for many years Powys has consistently lower rates of unemployment compared to the rest of Wales.

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Between March 2005 and March 2020 Powys had below Welsh average rates of unemployment.

From March 2014 to March 2019 there have only been small variances in the rate of unemployment in Powys (fluctuated between 2% and 3%).



However, Since June 2019, as a result of COVID-19, **unemployment has risen sharply in Powys.**

The Annual Population Survey (ONS, Dec 2021) 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**, Welsh average from 4.2 to 4.4% (+0.2%).

The percentage change in unemployment rate from December 2019 to June 2020 shows that Powys has seen the **largest increase in unemployment of all 22 local authorities in Wales**, since the beginning of the coronavirus pandemic.

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.**

Follow the link to view more [information about employment workforce economic activity rates in Powys and Wales via our interactive report.](#)

To understand what impact the increase in unemployment has had across our 13 localities we must look instead at Claimant Count data (ONS, 2021). 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 and this information may be viewed at a locality level for Powys.

There has been a small increase in the number of claimants in Powys since late 2018 because of the roll out of Universal Credit, however the considerably more rapid increase

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that occurred between March and September 2020 is in response to the coronavirus pandemic.

From March 2020 to September 2020, claimant figures show an **increase of 151% in Powys** (Wales 92%). In September 2020 the records show an **additional 2,155 claimants in Powys**.

Powys had the **highest increase in claimants from March to September 2020 among all Welsh Local Authorities with 151%**, Monmouthshire was 2nd with an increase of 137% and Ceredigion was 3rd with an increase of 132%.

All age groups in Powys and Wales have seen a similar increase.

In Powys there has been a 35% (Wales 26%) reduction to the claimant count from September 2020 to September 2021, however when compared to March 2020, **the number of claimants in Powys and Wales are still higher than pre COVID-19 times**.

In September 2021, Powys has an increase of 64% of claimants (Wales 43%) when compared to pre-COVID-19 (March 2020), this equates to an additional 910 claimants. This is the 3rd highest increase in claimants amongst the 22 Welsh Local Authorities, Monmouthshire is 1st (75% increase) and Ceredigion is 2nd (66% Increase).

This general trend of claimant increase during March and September 2020 is present across all 13 Powys localities, but some areas saw a higher percentage of new claimants than others.

Between March 2020 and Sept 2020:

- Hay and Talgarth locality saw the largest percentage increase in the claimant count with an increase of 338% (from 40 to 175 claimants, 135 new).
- Llanfair Caereinion locality was 2nd highest with an increase of 300% (increased from 40 to 160 claimants, 85 new), and
- Llanidloes locality is 3rd with 289% increase (increased from 45 to 175 claimants, 100 new)

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%. Next Welshpool and Montgomery saw 300 new claimants (140% increase) and Brecon with 210 (168% increase).

- 11 of 13 localities in Powys saw unemployment grow by over 130%
- Llandrindod and Rhayader saw 91% increase
- Ystradgynlais which had the lowest change, still experienced an increase of 87%

In September 2021, five of our 13 localities still have over 100% increase in claimants when compared to pre-COVID-19 (March 2020).

- 1st Hay and Talgarth 200% (+80 claimants)

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- 2nd Knighton and Presteigne 143% (+100 claimants)
- 3rd Llanidloes 122% (+55 claimants)
- 4th Llanfair Caereinion 113% (+45 claimants)
- 5th Llanfyllin 107% (+80 claimants)

As of September 2021, Powys has 2,340 claimants. The Newtown locality has the highest number and the highest percentage of claimants out of all our 13 localities.

The Newtown locality accounts for 16.5% of all Powys' claimants (385), 2nd is Llandrindod and Rhayader locality with 14.1% (330) and Welshpool and Montgomery locality is 3rd highest with 13.2% (310) claimants.

Follow the link to view more [information about claimant count in Powys, understand this at a locality level, and see how this has changed over time, via our interactive report.](#)

The Future Trends report (Welsh Gov, 2021) says "Unemployment levels have been falling across Wales since 2013, although this is not occurring at an equal rate across the country – southeast Wales has seen steep decreases in unemployment, whereas mid Wales has experienced very little change". Due to the coronavirus pandemic little is known about the true impact of unemployment long term in Powys. Looking at the past trends and the information in the future trends report it is hopeful that we should return to a level like pre pandemic times. We will need to closely monitor this to understand how these levels change and what we expect the impact on future generations to be.

The Coronavirus Job Retention Scheme (CJRS) (HMRC, 2021) was announced on 20 March 2020 and has supported employers in paying their employees during the coronavirus pandemic.

In July 2020, Powys had its highest number of furloughed employments (8,900).

This equated to a 17% take up rate for Powys employments (Wales 17%). Powys ranked 7th highest amongst all Welsh local authorities.

The latest data release shows that for August 2021, **Powys furloughed employment reduced to 1,900, with a take up rate of 4% (Wales 4%)**. Powys has mostly mirrored the Welsh average for take up rates, Powys was slightly above this average between January 2021 and May 2021.

It might reasonably be expected that there was an increase in unemployment figures at stages when the furlough scheme changed, as employers were forced to address the longer-term viability of their business and consider the possibility of making staff redundant.

The Coronavirus Job Retention Scheme ended on 30th September 2021, as such there may be a further increase in redundancies across vulnerable sectors. As staff will be entitled to

due notice, the effects on the unemployment figures may not become apparent for some times.

Follow the link to see more [information about the number and rate of furlough in Powys and Wales via our interactive report.](#)

Powys has an above average level of qualifications among working age people, however, as of December 2020, an estimated **4.3% of the 18-64 age population had no qualifications** meaning that Powys ranked **20th** amongst Welsh Local Authorities (**Wales 7.3%**) (ONS, Dec 2021).

What have people said?

In the 'Living in Powys' well-being survey respondents were asked if they worked or studied in Powys, of the 464 responses, 79% answered 'yes'.

When asked "How did the coronavirus pandemic affect your working life?"

- 33% reported no changes
- 54% of respondents said that they 'changed to working from home'
- 5% were redeployed to another role
- 3% were furloughed
- 5% lost their jobs

Gross Value Added

Gross Value Added (GVA) measures the contribution to the economy of each individual producer, industry, or sector. Simplistically it is the value of the amount of goods and services that have been produced, less the cost of all inputs and raw materials that are spent on production.

Productivity measures are often used to indicate how well a country can use its human and physical resources to generate economic growth. Strong economic growth will generally mean an improvement in living standards. However, productivity alone does not tell us everything about the economic well-being of different areas. The potential of any given place depends on the mix of industries, infrastructure, and the size of settlements there. Based on these circumstances, even an area with low productivity might be performing as well as it can (GOV.UK, 2021).

Powys' Gross Value Added (GVA) per hour worked is 58% of the UK average (2019), well below the Welsh figure of 73%, **and the worst of all local authorities in the UK.** There were five local authorities in Wales with lower figures compared to the UK. Richmondshire (North Yorkshire, England) is the 2nd worst in the UK at 62% and is 4% below Powys.

In 2008, Powys fell to 63.5% of the UK average and became the worst local authority in the UK for GVA. Since 2008 Powys’ GVA has continued to fall relative to the UK average and is still the worst local authority in the UK (ONS, 2021).

The reason for this is Powys residents work on average much longer hours than other areas (mainly due to our strong agricultural sector), **full time workers worked on average 40.9 hours per week in Powys** with only Herefordshire having a higher figure at 41.1 hours per week (ONS, 2021).

We also have higher rates of economic activity than most areas, so the overall GVA is masking the poor level of pay for work (ONS, 2021).

The Future Trends report (Welsh Gov, 2021) says “GDP is projected to grow following a drop during the pandemic, however projections for recovery vary” and “As with other parts of the UK, productivity growth in Wales has been weak since around the time of the financial crisis. The UK compares poorly with other countries in terms of its level of labour productivity, and, in turn, Welsh performance is weaker than most other parts of the UK. The gap in productivity between Wales and the UK as whole widened over the years leading up to the financial crisis but has been broadly unchanged since”.

Employment by industry

According to the latest Annual Population Survey (ONS, Dec 2021) results, it is estimated that 60,600 people in Powys are in employment within the following industries:

Wholesale, retail, transport, hotels, and food	16,400
Public administration, defence, education, and health	12,900
Agriculture, forestry, and fishing	8,600
Production	7,100
Professional, scientific, and technical activities	7,000
Other service activities	3,200
Construction	3,100
Information and communication	1,000
Real estate activities	800
Finance and insurance activities	500

In terms of job numbers, Powys’ highest industry is Wholesale, retail, transport, hotels, and food with 16,400 jobs, this equates to 27% of Powys’ overall employment (Wales 26%). Powys ranks 8th highest for this category amongst the other local authorities in Wales.

14% (8,600) of Powys’ employment is in Agriculture, forestry, and fishing, well above the Welsh average of 3%. Powys ranks the highest local authority in Wales for this industry. Ceredigion is a close second with 13% then Pembrokeshire with 10%.

Follow the link to view more [information about Powys and Wales's employment by industry via our interactive report.](#)

The Future Trends report (Welsh Gov, 2021) says “Globally, businesses are increasingly adapting to digitalisation and adopting new technologies. The overarching trend is one of accelerating digitalisation of work processes. Evidence indicates that there is a trend in the UK towards increasing provision of remote working opportunities.” It is too early though to understand the impact of opportunities for businesses in Powys (though the public sector in Powys has shown the potential) but it is possible we might see growth of employment in non-traditional Powys industries.

There is uncertainty surrounding Brexit, we know that the Sustainable Farming Scheme will be launched in 2025 and have impacts on our agriculture sector. With a focus on nature and the environment, there could potentially be a rise in future food prices if farmers are incentivised to offset land currently used for grazing livestock for rewilding.

Brexit will also have wider implications for our workforce, the domiciliary care sector has utilised European workers, and leaving the European Union will present difficulties in terms of future staff recruitment and retention.

Number of businesses by industry

Powys has 8,665 businesses. 38% of Powys businesses are in agriculture, forestry and fishing, the highest-ranking business industry in Powys. Second is construction with 9.9% businesses and 3rd is Professional, scientific, and technical accounting for 6.8% of Powys businesses. (ONS, 2021)

The impact of COVID-19 across key sectors can vary widely but many businesses and industries have found the past years extremely difficult. Businesses, particularly those in retail, hospitality and tourism have relied on the business grants provided by government.

Our agriculture sector has continued, however social activities where farming families meet such as livestock sales and the Royal Welsh Show have not happened, and many events have been virtual, which has excluded those who cannot access the digital World.

Farming businesses who are dependent on seasonal labour and workers from the European Union have faced additional challenges to find workers in recent years. While farms that have diversified and sell services directly to the public (Agri-tourism, visitor attractions, farm shops) and those reliant on non-farm household income sources have been and continue to be affected by COVID-19. The ability of the government to bring in new post-Brexit policy during a period of social and economic shock may be especially compromised (Centre for Rural Economy, 2020).

Powys has 3,340 registered businesses in the agriculture, forestry, and fishing industry.

Llanfyllin locality are the highest ranked locality for the number of businesses in agriculture, forestry, and fishing with 11.5% (385) of the total businesses in Powys.

The agriculture, forestry, and fishing (mining and quarrying) industry provided 3,650 (4.4%) jobs in Powys in 2018 and contributed £127 million (5.6%) to Powys' Gross Value Added (GVA) (Welsh Gov, 2021) .

Between March and September 2020 Llanfyllin locality had a rise in their claimant count of 187% (140 new claimants), this locality still retains a high level of unemployment compared to pre-COVID-19 times, with an increase of 107% in September 2021 when compared to March 2020 (+80 claimants).

Powys has 855 registered businesses in the construction industry. Welshpool and Montgomery locality are the highest ranked locality for the number of businesses in construction with 14.6% (125) of the total businesses.

Construction provided 2,250 (4.4%) jobs in Powys in 2018 and contributed £109 million (5%) to Powys' 2019 GVA (Welsh Gov, 2021). In March and April 2020, this industry saw an estimated reduction in GDP of -40%.

During March and April 2020, the industry had 1,348 jobs, a reduction of 902 jobs compared to 2018.

Between March and September 2020 Welshpool and Montgomery locality had a rise in their claimant count of 140% (300 new claimants), this locality still retains a high level of unemployment compared to pre-COVID-19 times, with an increase of 44% in September 2021 when compared to March 2020 (+95 claimants).

Accommodation and food services are the industries that have been hit hardest by the coronavirus pandemic.

Powys has 565 registered businesses in the Accommodation and food services industry.

Brecon locality is the highest ranked locality for the number of businesses in accommodation and food services with 13.2% (75) of the total businesses in Powys (ONS, 2021).

Accommodation and food services provided 4,200 (8.3%) jobs in Powys in 2018 and contributed £95 million (4%) to Powys' 2019 GVA (Welsh Gov, 2021). In March and April 2020, this industry saw an estimated reduction in GDP of -92%.

During March and April 2020, the industry had only 369 jobs, a reduction of 4,131 compared to 2018.

Between March and September 2020 Brecon locality had a rise in their claimant count of 168% (210 new claimants), this locality still retains a high level of unemployment compared to pre-COVID-19 times, with an increase of 64% in September 2021 when compared to March 2020 (+80 claimants).

Follow the link to view more [information about Powys' businesses by industry and understand the distribution of businesses across our 13 localities via our interactive report.](#)

Jobs

Powys saw an increase in full time employment, from 68% to 75% between March 2013 and December 2019 among those aged 16 to 64. In 2020 this figure fell to 66% and it is unclear if this will continue. Over the same period, the UK and Wales have seen a long-term increase like that in Powys but have not experienced the sudden downturn in 2020 (ONS, Dec 2021).

70% of Powys' employees worked full time (as at June 2021), and part time employment has generally maintained the same rate in Powys over recent years. Since the start of the coronavirus pandemic, there has been a large range in full-time employment, with lows of 24% in December 2019 and highs of 34% in December 2020 (ONS, Dec 2021).

As at June 2021, **30% of 16-64 years olds were in part time employment** (ONS, Dec 2021).

In June 2021, **24% of residents in Powys were registered as self-employed**, this is much higher than both the Welsh and UK averages at 12% and 13% respectively (ONS, Dec 2021).

Powys has the highest rate of self-employment amongst all local authorities in Wales, Ceredigion was second highest (20%) and Denbighshire third (19%) (ONS, Dec 2021).

Powys has maintained a higher-than-average rate of self-employed persons aged 16-64. With lows of 20% in June 2011 and highs of 27% in December 2015 (ONS, Dec 2021).

What have people said?

In the recent Living in Powys Well-being Survey, when asked “**what is your current employment status?**” out of the 472 responses,

- 45% are working full time
- 24% working part time
- 8% self employed
- 1% are unemployed
- 14% are retired
- 2% volunteering

- 1% did not say
- 4% other

‘Other’ responses included:

- Working and studying
- Unpaid carer
- Living on savings
- Homemaker/Stay at home parent
- Unable to work due to poor health

Of those respondents who stated that they were employed, 79% stated that their job is within Powys.

Salaries

Median full-time earnings for Powys were £537 a week in 2021, compared with £571 in Wales and £613 in the UK. Powys was ranked 18th among Welsh local authorities in 2021 (ONS, 2021).

Powys has below average earnings compared to the rest of Wales and the UK, and this is further masked by the long hours that people work in Powys.

	Powys	Wales	Great Britain
Gross Weekly Pay			
Full-time workers	£537	£571	£613
Male	£584	£600	£656
Female	£463	£528	£558
Hourly pay (excluding overtime)			
Full-time workers	£12.87	£14.40	£15.65
Male	£13.15	£14.79	£16.26
Female	£11.84	£14.02	£14.86

(ONS, 2020)

Future Trends Wales states that the “average (median) pay in Wales has in broad terms kept pace with the UK since around the time of devolution”, therefore we expect Powys to retain its relative position compared to the rest of the UK in the future.

Income – household and disposable

Income is defined by PayCheck as gross household income from all sources including earnings, benefits, and investments. It provides income by band from £5,000 up to £200,000 plus. PayCheck provides financial health intelligence about the Powys population at detailed postcode level, delivering detailed insight and data enhancement not available via other sources. This information helps us to understand and benchmark affordability, assess the effects of welfare reform change, and allocate resources effectively (CACI, 2021)

According to household income data 2021 (CACI, 2021), **Powys' average household income is £33,700**, this is below both the Welsh average of £34,700 and UK average of £40,257.

The distribution of household income is skewed towards lower income households. The mean income for an area (total income divided by total number of households) will be many thousands of pounds higher than the median income (the income of the middle household in an area), and so low income in an area may be hidden by a few households with high earnings.

Against the Welsh average of £34,700 household income:

- **Four** of our 13 localities household income are **above the Welsh average** (Crickhowell, Hay and Talgarth, Llanfair Caereinion and Welshpool and Montgomery).
- **55% (33,149) households earn below** the Welsh average
- **35% (21,284) earn half or less** than the Welsh average (income bands 0-20k)
- **8.5% (5,075) earn double or more** than the Welsh average (income bands of £70,000 and higher)

Against the UK average of £40,257 household income:

- **One** of our 13 localities household income are **above the UK average** (Crickhowell)
- **70% (42,107) households earn below** the UK average
- **35% (21,284) earn half or less** than the UK average (income bands 0-20k)
- **5.7% (3,437) earn double or more** than the Welsh average (income bands 80k+)

Crickhowell locality has the highest average household income of our 13 localities with £42,116. Second highest is Hay and Talgarth locality with £36,333 and third highest is Llanfair Caereinion locality with £35,448.

Llandrindod and Rhayader locality have the lowest average household income of 13 localities with £30,140. Second lowest is Ystradgynlais locality with £30,367 and third lowest is Knighton and Presteigne locality with £31,678.

Follow the link to view more [information about household income in Powys and how this differs across our 13 localities compared to the Wales and UK average.](#)

The Powys average gross disposable household income (income available after taxes and benefits are taken out) was £18,287 (in 2019). This represented 85% of the UK average (£21,433) but was higher than the Welsh average of 81% (£17,263) (ONS, 2021).

The Future Trend report states that “wealth across the UK, like in many economically developed countries, is unequally divided. The richest households own a disproportionate and increasing proportion of the country’s total wealth, a trend that looks set to continue in the future. With less wealth and fewer higher earners, Wales has lower levels of income and wealth inequality than many other parts of the UK”. Given that the average Powys household income is slightly lower than the Welsh average, Powys’ household income position is not going to improve in the short to medium-term (Welsh Gov, 2021).

Powys previously had a figure closer to the UK average (peaking at 92% in 2011) but has fallen from that level according to the most recent data. As earnings have been falling in Powys relative to elsewhere in recent years, there is no expectation that Powys’ ranking will improve.

PayCheck Disposable household income 2021 (CACI, 2021), provides an estimate of the average available household income after tax, National Insurance, and other essential outgoings are deducted.

The data shows that in Powys annually, average household income is spent: -

- 35% Income tax and National Insurance
- 29% food and clothing
- 16% council tax, utilities, and insurance
- 8% mortgage and rent
- 8% childcare and student loans

(CACI, 2021)

What have people said?

In the Living in Powys survey, when asked “**How well would you say you yourself are managing financially these days?**”

- 25% of respondents said they were living comfortably
- 46% were doing alright
- 22% just about getting by
- 6% finding it quite difficult
- 1% very difficult

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Housing prices

In August 2021, **the average house price (for all properties) in Powys was £216,998**, higher than the Welsh average of £194,575. (Land Registry, 2021)

The most expensive area to purchase a property in Wales was Monmouthshire (average cost: £295,000). In contrast, the cheapest area to purchase a property was Blaenau Gwent (average cost: £112,000). **Powys ranks as 6th highest amongst the other local authorities in Wales.**

For different property types the average prices in Powys are:

- £288,603 Detached houses (Wales £295,890)
- £193,160 Semi-Detached (Wales £189,195)
- £151,232 Terraced houses (Wales £151,730)
- £92,229 Flats and maisonettes (Wales £126,094)

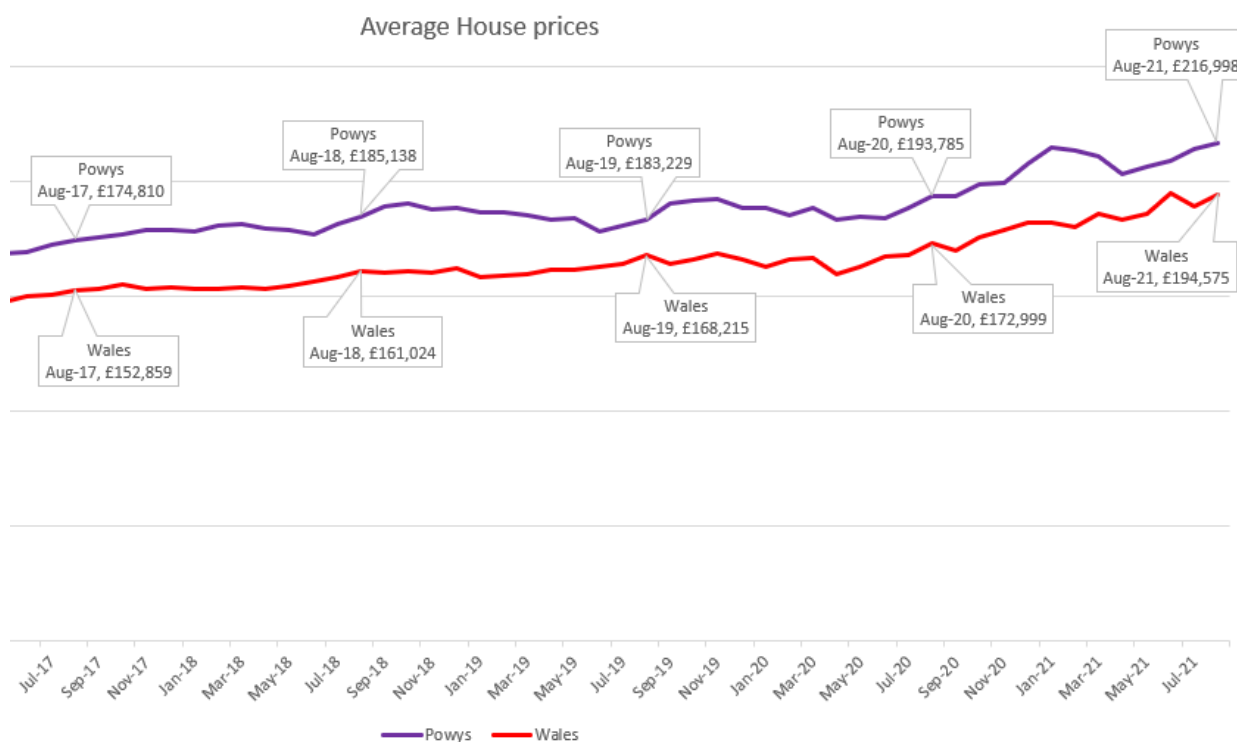


Figure 18 Average house prices in Wales and Powys over 3 years (Land Registry, 2021)

In Powys, house prices increased by 12% during the year up until August 2021, this is just under the average for Wales (12.5%) but growing faster than the UK annual rate of 10.6% in the year to August 2021. Notably, from May 2020 to May 2021, house prices in Powys increased by 17% (Wales 13%), **this was the fastest annual rise in average housing prices in Powys since 2005.**

In Wales, all local authority areas showed an increase in average house prices in August 2021 when compared with August 2020. Pembrokeshire showed the strongest growth, rising by 24% to £222,000 in the year to August 2021. In contrast, Monmouthshire showed the lowest annual change, with an increase of 1.2% in the year to August 2021, with the average house price at £295,000.

Powys ranked 14th out of the 22 local authorities in Wales for the percentage increase in house prices for August 2021.

Of all property types in Wales, detached houses showed the biggest annual growth, rising by 13.2% in the year to August 2021 to £296,000. The lowest annual change of all property types in Wales was for flats and maisonettes, with an increase of 7.6% in the year to August 2021 to £126,000.

There is anecdotal evidence that suggests people are moving into Powys from more urban parts of England and Wales. Much of this movement is due to flexible working and people being able to work from home and keep their current role. This will have an impact on the availability and affordability of homes for existing residents in Powys.

To understand housing affordability, we can compare the average house price against disposable income. **In Powys average housing prices are 11.8 times higher than the average disposable income** (Land Registry, 2021) (ONS, 2021).

Powys ranks **5th highest amongst the 22 Local Authorities in Wales** for having the most expensive houses compared to gross disposable income.

Powys reached a peak of 12.4 times higher than the average disposable income in 2007, just before the 2008 recession.

Powell Bethan
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Businesses

Business size, births, and deaths

There were **8,700 business in Powys** in 2021 (ONS, 2021).

The change in the number of businesses was flat, with 405 new business start-ups (births) and 430 businesses closed (deaths) (ONS, 2021).

Powys consistently has a very low turnover of businesses with new or closing businesses representing the lowest percentage. This is probably due to the largely static agricultural sector which makes up a large percentage of businesses in the area, and unless recent shocks to the economy have an impact on these numbers, we would not expect much variation.

Table 2 Number of businesses in Powys by size band

	Total	Micro (0 to 9)	%	Small (10 to 49)	%	Medium-sized (50 to 249)	%	Large (250+)	%
Powys	8,660	8,035	93%	545	6%	70	1%	10	0.1%
Wales	107,085	95,995	90%	9,305	9%	1,470	1%	315	0.3%
UK	2,765,150	2,480,140	90%	232,815	8%	41,655	2%	10,540	0.4%

Powys has the highest percentage of small businesses amongst Welsh local authorities and higher than the Welsh and UK average.

(ONS, 2021)

Powys Business survey

In response to the coronavirus pandemic a Powys Business Survey was conducted by Powys County Council. The survey took place online from Thursday 11 June to Sunday 12 July 2020. **There were 1,016 responses in total.**

To help the council understand the full effects of COVID-19 on the county's business community, businesses were asked for their views in a short survey.

Their views have been analysed and the results form part of ongoing discussions with Welsh Government, Business Wales, and other partner organisations as we work together to rebuild the Powys economy.

A wide range of businesses from all over the county completed the survey - big and small, old, and new.

- 39% of business respondents were from accommodation and food service industries, 13% from wholesale and retail and 8% from arts, entertainment, and recreation. **63% of respondent businesses consider their business to be tourism related.**
- 31% of respondents were sole traders, 41% had between 1-4 employees and 15% had between 5-9 employees.
- 34% of respondent businesses have been operating for 20+ years, 25% were trading between 1-5 years and 5% had been trading for less than 1 year.

Key statistics: impact of COVID-19

- 99% said their business has been affected by the pandemic
- **81%** rated the impact on their business **as severe**
- **344** said they had **laid off staff temporarily** (83 was the highest number of staff laid off by one company)
- **96** responded saying they had laid off staff **permanently** (38 was the highest number of staff permanently laid off by one company)
- **16% are very worried and likely to go out of business** and 50% are worried about the impacts of COVID-19 and staying in business.
- 99% of businesses reported a monthly decrease in revenue, 50% reported a 100% monthly decrease in revenue because of COVID-19.

More financial support is needed

Many businesses acknowledged the big difference that grants, and other financial support has made, but more of this is needed for businesses to recover. Uncertainty around finance was a strong theme throughout the survey.

66% are worried about the future of their business and 86% said their main cause of concern was their 'lack of income'.

Lifting restrictions is key to recovery

Since the survey closed, many businesses have been allowed to resume trading therefore not all comments made in relation to restrictions remain current. Lockdown measures have had a significant impact on the economy and businesses are keen to reopen safely and get back to work. **As one respondent commented: "Everything hangs on when we can welcome our clients back."**



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consider their business to be tourism related



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81%

rated the impact on their business as severe



344

responded saying they had laid off staff temporarily



96

responded saying they had laid off staff permanently



99%

of businesses reported a monthly decrease in revenue as a result of Covid-19

Small businesses and sole traders feel overlooked

Over 70% of respondents were either sole traders or had four or less employees. From this survey, many commented that they have failed to qualify for most support schemes and do not have the reserves that many bigger companies can fall back on.

Clear guidelines and timeframes are needed

It was noted by several respondents that they wished updates from Government were clearer, quicker, and more consistent. Plans need to be communicated quickly and effectively to ensure businesses are prepared and reassured.

Wider marketing of Powys as a top destination

Several businesses touched on the need for wider tourism promotion to support the hospitality sector and the seasonal businesses which have suffered extreme losses. Businesses are keen to see Powys promoted on a larger scale outside of the county.



Follow the link to [view the full findings to the Powys Business Survey.](#)

What have people said?

Businesses were asked what could be done to make the Powys and Welsh economy more resilient in the face of future crises. Here are some of the common themes that emerged:

“A dedicated disaster recovery fund which will also help businesses affected by natural disasters like flooding.”

“Speed up the Mid Wales Growth Deal”

“Learn from this pandemic - plan better and act faster”

“Home working is possible, and people should be allowed more flexibility going forward.”

"Clearer messages from Government. We need clarity at a time like this."

"Continue to promote the tourism industry and everything we have to offer."

"Online development and marketing of Powys-based businesses."

"The support we've had has been excellent. Businesses need to recover but not aware of any additional support needed."

"Increase the profile of Powys (especially North Powys) given its accessible location."

"Speak to people who have tried to set up businesses in the area and listen to them."

COVID-19 business grants

To help businesses during the coronavirus pandemic, Welsh Government has a varied range of support available to businesses to get through this difficult period. These packages of support are designed to cover as much of the Welsh Economy as possible and are mainly focused around providing financial support for businesses.

Powys County Council (along with the other local authorities in Wales) have been distributing business grant payments since 30th March 2020 until 3rd August 2021. There have been nine different grant types available to businesses.

During this period just over £85.6 million of support have been paid to Powys businesses.
(Powys County Council, 2021)

We can see the distribution of these payments by our 13 localities. Brecon locality has received the highest value of funding totalling £10.32m, Welshpool and Montgomery locality are 2nd highest with £9.33m and Newtown locality is 3rd with £8.77m. (Please note: Grant payment values depend on several factors, including type of grant, business size etc.)

5,084 businesses have been supported with grants during this period.

We can see the distribution of businesses in receipt of payments by our 13 localities. 602 businesses in Brecon locality have received grant payments, 568 in Welshpool and Montgomery, the 2nd highest number of businesses and Newtown locality is 3rd with 528 businesses.

A total of 14,663 payment transactions have been completed during this time.

As more grants and funding became available businesses were able to apply for more funding, according to the number of transactions each business has averaged 2.8 grant payments.

Follow the link to view more [information about Powys businesses grant funding value and the number of businesses paid over time and how this differs across our 13 localities via our interactive report.](#)

What have people said?

The council has received a lot of positive feedback from local businesses. Many of these comments refer to the swift processing of business grants, which were received by 56% of respondents (Powys business survey 2020).

“Powys County Council has in my opinion been extremely supportive. The grant arrived swiftly, and staff were well-informed and helpful.”

“The grant was efficient and has helped pay essential bills and wages.”

“I was very impressed by the speed in which the grants were paid out by the council. It made a big difference.”

“I think Powys CC adapted well to forced changes and have been good to us regarding advice and accessing grants.”

“I applaud the speed at which various measures were implemented by Welsh Government and PCC.”

Powell Bethan
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Tourism

Day visitors, Room nights and Average spend

Due to the impact of COVID-19, there is no recent data on tourism.

As of 2019:

- there were 3-million-day visitors, a small decline from the previous year.
- 960,000 paying visitor nights (up 0.2% from the previous year) (Powys County Council, 2021).

12.1 million visitors spent £1.012 billion in Powys in 2019, an average of £84 per person. This was up £4 from the previous year. (STEAM, 2020)

Post COVID-19, it is unclear how things will have changed. The number of day visits and average spend will be lower than in previous years due to the numerous lockdowns, however, may also rebound well due to the reduction in foreign travel, and events such as the Royal Welsh Show being back in the calendar. However, it is important to recognise that the rising cost of living will impact a household's ability to spend money on non-essentials, instead opting for free outdoor activities in their local green space.

Staying connected

Digitally excluded

"The term 'digitally excluded' describes a form of social deprivation where a person or household has no home internet access, through either desktop or mobile devices.

This might be due to a lack of money for hardware and connectivity, a lack of digital skills to navigate the Web, or a lack of desire to engage with the online world." Broadband deals Copyright © Bonus Media Ltd 2021

According to [Digital Communities Wales](#) (Welsh Gov, 2021) **10% of people in Wales today are not online**. As more and more vital public services are being delivered online, these people are at danger of being left behind. Organisations which work with the public, particularly in the health and care sector, need to think about how to increase digital inclusion so that everyone in Wales can benefit.

The level of digital exclusion in Wales is higher than in the UK, with as many as 10% of the population, or 255,000 people, not using the internet. Digitally excluded people are some of the heaviest users of health and social care services, so risk being left behind in the digital health revolution.

Applied to the current Powys population as many as 13,300 residents in Powys could be digitally excluded.

Future Trends Wales says “Internet usage is increasing across Wales and the UK. The number of proportion of adults in Wales who do not use the internet has dropped to around 10 per cent. However, the proportion of people aged 75 and over in the UK who do not use the internet is increasing. This age group also uses the internet ‘on the go’ far less than other adults – a trend which decreases with age” but as schemes to improve accessibility to the internet roll out across Powys, together with the population aging on and those who have become used to using the internet become older, the gaps would be expected to narrow (Welsh Gov, 2021).

Digitally excluded people are likely to be:

Older adults: There is a higher proportion of digitally excluded people in older age groups. **Only 36% of people over 75 have basic digital skills** (in Powys 36% of 75+ is 6,147 people), compared with 84% of 16–49-year-olds. Older adults are not, however, a homogenous group. Internet use is increasing among older adults. 53% of people aged 65-74 have all five basic digital skills.

People with disabilities or long-term health conditions: 82% of people with a disability or long-term health condition use the internet, compared with 90% of those without. People with disabilities may require help in identifying appropriate assistive technologies.

Those with lower educational attainment: 81% of those with qualifications at degree level or above demonstrated all five digital skills, compared with 49% of those with no qualifications. Many may benefit from more assistance in initial adoption of digital services or in broadening the range of services and activities which they use and participate in online.

Lower income individuals and families: Those who are economically inactive are less likely to visit a website (71%) than those in employment (82%). Lower income families and individuals may be affected by access to and affordability of devices and connectivity. As they may not have access to devices and networks, they may also not have developed digital knowledge, motivation, or skills.

People in rural areas: People living in rural areas who are not online are usually excluded due to problems in broadband provision, both for fixed line and mobile broadband services. There are still many areas of Wales affected by not-spots, although the prevalence of these is diminishing.

Welsh speaking people and others who do not use English as their first language: Digital systems and their associated support processes need to be designed to accommodate the needs of Welsh speakers and speakers of common minority languages. This does require consideration in how services are implemented and supported.

Socially isolated and lonely people: Digital exclusion can be a facet of other social issues faced by individuals, for example, those facing social isolation and loneliness may also be excluded from digital interaction.

Homeless people: It may be assumed that homeless people are excluded as a by-product of their situation. Homeless people, however, include groups that, while they may not have access to permanent housing, may be ‘sofa surfing’ or may be in temporary accommodation such as hostels. Many people in these situations do have access to mobile devices and may face issues of affordable connectivity rather than complete exclusion from digital services.

There are clear public policy and equality reasons for improving digital inclusion, as well as a strong business case.

What have people said?

In the ‘Future-proofing Powys’ survey at the end of 2020, we asked residents “What support would help you, or someone you know, to access more services online?”. We received the following responses:

Option	Total	Percent
Bookable sessions in your local library	47	17%
Support in your local community from a volunteer	46	17%
Videos on Powys Council’s website	39	14%
Printable ‘how to’ guides	43	16%
I don't need any help accessing services online	96	36%

Other responses included:

“If I'm hard of hearing or blind or have a disability, if I'm living on my own and can't access a computer, if I'm just fed up with dealing with everything online, I want to see someone face to face sometimes. I want a choice!!”

“Options that do not involve using online services, some people do not have computers, internet, the desire or the capabilities due to learning disabilities for example to use online services. Everything should be possible via post and telephone too. Bookable sessions at Citizens Advice and Job centre for ALL government services should also be available”

“The Councils website, has compliance problems, for Voice activated software, it does reasonably well with screen readers, however the information is very circular and not detailed enough in many respects, also the capacity to download forms is sparse and the customer visitor journey on the website is appalling.”

Powys Bethan
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Connectivity

In response to lockdown more of us are working from home and many businesses have been forced to adapt and boost online sales to recoup some loss of earnings. Broadband connectivity is poor in Powys when compared with other parts of Wales and this may have a negative impact on the ability of both businesses and individuals to adapt effectively to the new working practices.

According to OFCOM (OFCOM, 2020) **12.2% of properties in Powys have an internet connectivity speed of under 10mbps** (megabits per second) and this situation is likely to continue for the foreseeable future.

Powys has the highest rate of those unable to receive 10mbps amongst all local authorities in Wales. Second highest is Ceredigion with 11.5% and third is Carmarthen with 6.9%.

21% of premises in Powys are unable to access 30 mbps internet connectivity speed.

Powys has the highest rate of those unable to receive 30mbps amongst all local authorities in Wales. Second highest is Ceredigion with 19% and 3rd is Monmouthshire with 15%.

A closer examination of the situation regarding access to Broadband within Powys indicates that of the 79 LSOAs that make up the County, **29 LSOAs are falling below the standard of 30 mbps**

- 65% of households in the Llansilin LSOA,
- 58% in Beguildy and
- 55% in Llanafanfawr are unable to obtain this speed of connection.

Follow the link to view the [Powys LSOA broadband report](#).

According to findings from the Centre for Rural Economy, working from home is more challenging for many of those living in rural areas because of inferior access to high quality broadband. This weakness in communications infrastructure will also have a negative impact on households who are home educating their children during school closures and the situation may be worsened by the level of competing demand for a limited supply of available bandwidth (data transfer capacity) among multiple household members (2020).

In common with other rural locales, Powys faces a real challenge, with significant obstacles that need to be removed if businesses are to compete on an online level playing field and these issues are leaving many struggling with poor quality connectivity. The challenging situation is further exacerbated in many cases by a lack of the technical knowledge required to optimise the opportunities offered by online marketing for isolated rural businesses.

Mobile network coverage in Powys has its difficulties, due to the rural nature of Powys there are mobile blackspots throughout. According to OFCOM (OFCOM, 2020) 5.8% of Powys premises have no 3G indoors, this is the second highest percentage amongst all Welsh local authorities, first is Ceredigion with 6.3%, and third is Pembrokeshire with 3.5%.

7.3% of Powys properties cannot receive 4G mobile signal indoors, again this is the second highest amongst all local authorities, first is Ceredigion with 7.9% and third is Carmarthenshire with 3.9%. (OFCOM, 2020)

Follow the link to view more [information about Powys and Wales broadband and mobile coverage via our interactive report.](#)

What have people said?

When asked “Can you list five things that you think positively impact on the health and well-being of you, your family, your business or employment?” in the Living in Powys survey, some respondents highlighted the need for better broadband and mobile phone signal.

When asked to consider what they could do personally or collectively to improve the likelihood of them happening, responses included:

“Community bid for community broadband”

“As a community we are looking into the Government Rural Gigabit Broadband voucher scheme to get better connectivity”

Poverty and Deprivation

Least and most affluent areas

WIMD (Welsh Index of Multiple Deprivation) (Welsh Gov, 2019) is the Welsh Government's official measure of relative deprivation for small areas in Wales. It is designed to identify those small areas where there are the highest concentrations of several different types of deprivation. WIMD ranks all small areas in Wales from 1 (most deprived) to 1,909 (least deprived).

Powys has 79 Lower Super Output Areas (LSOAs). These small areas have been ranked by overall WIMD and show overall that 11% (9) of Powys' LSOAs are in the top 30% most deprived areas of Wales. These include:

- Ystradgynlais 1, ranked in top 10% most deprived in all Wales
- Llandrindod East/West, Newtown East, Newtown South, Welshpool castle, ranked in top 20% most deprived in all Wales
- Newtown Central 1, Newtown Central 2, St John 2 (Brecon) and Welshpool Gungrog 1, ranked in top 30% most deprived in all Wales

Powys does not contain any LSOAs in the top 10% least deprived in Wales, however we do have 10 LSOAs in the least deprived 20% including Builth 2, Forden and Guilsfield. And in the top 30% least deprived we have a further 16 LSOAs including Crickhowell, Knighton 2 and Newtown Llanllwchaiarn North.

DRAFT well-being assessment Powys Public Service Board

Income

These small areas have been **ranked by WIMD category Income** and show overall that 11% (9) of LSOAs in Powys are amongst the top 30% most deprived in all of Wales, with:

- 1.2% (1) of Powys' LSOAs are in the **top 10% most deprived (Ystradgynlais 1)**
- **3.7% (3) LSOAs are in the top 20% most deprived** (Newtown Central, Newtown South, Welshpool Castle)
- **6% (5) LSOAs are in the top 30 % most deprived** (Llandrindod East/West, Llandrindod North, Newtown Central 2, Newtown East, St John 2)

Follow the link [understand more about WIMD in Powys and how we rank against Wales using our interactive report.](#)

What have people said?

When we distributed the 'Living in Powys' well-being survey regarding poverty we asked residents if they felt that they were affected personally by fuel poverty and/or poor-quality housing.

- 18% responded yes
- 75% said no
- 7% said don't know

Respondents were also asked "In the last twelve months which of the following have you done for family members (not living with you) or friends?", the answers were as follows:

- 27% have given or lent money
- 17% have given or lent food
- 28% have given or lent other things
- 11% have taken them out for an evening
- 17% had either babysat in the evening or looked after children in the daytime

And in the last twelve months which of the following have members of their family (not living with them) or friends done for them, the responses were as follows:

- 21% had given or lent you money
- 16% had given or lent you food
- 28% had given or lent you other things
- 15% had taken you out for an evening
- 20% had either babysat in the evening or looked after your children in the daytime

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Economy summary

The economy plays a huge part to the well-being of the residents in Powys.

Powys has consistently lower rates of unemployment compared to the rest of Wales. However, Since June 2019, because of COVID-19, **unemployment has risen sharply in Powys.**

The Annual Population Survey (ONS, Dec 2021) results show that between December 2019 and June 2021 unemployment in Powys has **doubled**. The percentage change in unemployment rate from December 2019 to June 2020 shows that Powys has seen the **largest increase in unemployment of all 22 local authorities in Wales**, since the beginning of the coronavirus pandemic.

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 for the first time Powys' unemployment rate exceeded the Welsh average**. Looking at the past trends and the information in the future trends report it is hopeful that we should return to a level like pre pandemic times. **We will need to closely monitor this to understand how these levels change and what we expect the impact on future generations to be.**

During the coronavirus pandemic, in July 2020 Powys had its highest number of furloughed employments (8,900). This equated to a 17% take up rate for Powys employments (Wales 17%). As at August 2021, **Powys furloughed employment reduced to 1,900, with a take up rate of 4% (Wales 4%)**. The furlough scheme ended in September 2021 (HMRC, 2021).

79.2% of people are economically active and 17.8% are self-employed (ONS, Dec 2021). Powys had the highest rate of self-employment amongst all local authorities in Wales and is nearly double the Wales and UK average of 8.9% and 9.4% respectively (ONS, Dec 2021).

70% of Powys' employees work full time and 30% of 16-64 years olds are in part time employment (ONS, Dec 2021). The median weekly **full-time earnings in Powys is £519** (Wales: £542, UK £586) (ONS, 2021).

The **average household income in Powys is £33,458** (Wales: £34,700, UK: £40,257). 55% of households in Powys earn *below* the Powys average (£33,458) (CACI, 2021).

27% of all jobs in Powys are in the Wholesale, retail, transport, hotels and food sector (Wales 26%), 14% are in Agriculture, forestry, and fishing, well above the Welsh average of 3% (ONS, Dec 2021).

Powys had 8,665 businesses. 38% of Powys businesses are in agriculture, forestry and fishing, the highest-ranking business industry in Powys. Second is construction with 9.9% businesses and 3rd is professional, scientific, and technical with 6.8% businesses (ONS, 2021).

Powys has the lowest gross value added per hour worked in the UK (since 2008) (ONS, 2021). The reason for this is Powys residents work on average much longer hours than other areas (mainly due to our strong agricultural sector), **full time workers worked on average 40.9 hours per week in Powys** with only Herefordshire having a higher figure at 41.1 hours per week (ONS, 2021).

Powys has maintained a higher rate of economically active residents (aged 16-64) than the rest of Wales. In the last 10 years the economic activity rate has remained stable, and we anticipate this will remain stable for future generations. **However, there is a need for focus on the quality of jobs in Powys.** High levels of employment in industries such as agriculture and tourism (and not in high-quality industries), this tempered with high rates of self-employment, long working weeks, and very low levels of Gross Value Added per job/hour worked means that residents in Powys are working hard for low pay. **Coupled with the rising cost of living this will push more individuals and families into hardship or poverty.**

The **average house price** (for all properties) **in Powys was £216,998**, higher than the Welsh average of £194,575, and **Powys ranks as 6th highest amongst the other local authorities in Wales.** From May 2020 to May 2021, house prices in Powys increased by 17% (Wales 13%), **this was the fastest annual rise in average housing prices in Powys since 2005** (Land Registry, 2021).

To understand housing affordability, we can compare the average house price against disposable income. **In Powys average housing prices are 11.8 times higher than the average disposable income** (Land Registry, 2021) (ONS, 2021). Powys ranks **5th highest amongst the 22 Local Authorities in Wales** for having the most expensive houses compared to gross disposable income.

Research has shown that during the lockdown **30% of predominantly privately rented households with children experienced problems in the homes such as damp, mould, electrical hazards, and leaking roofs or windows**, with fewer than a third of those managing to resolve such problems (PCC, 2021).

There were **8,700 business in Powys** in 2021. 93% of those are Micro businesses, 6% small and 1% Medium sized or large. **Powys has the highest percentage of small businesses amongst Welsh local authorities and higher than the Welsh and UK average** (ONS, 2021).

According to the Powys Business survey, conducted in response to the coronavirus pandemic, 99% said their business has been affected by the pandemic, 81% rated the impact on their business as severe, 16% are very worried and likely to go out of business and 50% are worried about the impacts of COVID-19 and staying in business. The impact of COVID-19 across key sectors can vary widely but many businesses and industries have found and will find the coming months and years extremely difficult. More needs to be done to monitor the impact of the coronavirus pandemic across these sectors in the coming years.

Evidence indicates that there is a trend in the UK towards increasing provision of remote working opportunities. It is too early to understand the remote working opportunities for businesses in Powys (though the public sector in Powys has shown the potential) but it is possible we might see growth of employment in non-traditional Powys industries in the future. If we do not adapt to this new digital workplace Powys will be left behind.

We need to ensure that those residents who do not or cannot adapt to these new technologies are still supported, digital exclusion is still an issue in 2022.

According to [Digital Communities Wales](#) (Welsh Gov, 2021) **10% of people in Wales today are not online.** As more and more vital public services are being delivered online, these people are at danger of being left behind. Digitally excluded people are likely to be older adults, people with disabilities or long-term health conditions, people with lower educational attainment, lower income families, people in rural areas, Welsh speakers or those who do not use English as their first language, socially isolated or lonely people and homeless people.

12.2% of properties in Powys have an internet connectivity speed of under 10mbps (megabits per second) and **21% of premises in Powys are unable to access 30mbps internet connectivity speed.** This situation is likely to continue for the foreseeable future (OFCOM, 2020). This is the highest rate amongst all local authorities in Wales for both speeds. 7.3% of Powys properties cannot receive 4G mobile signal indoors, again this is the second highest amongst all local authorities, first is Ceredigion with 7.9%.

Continued development of digital working skills and the roll out of internet connectivity is critical to helping support businesses and residents to get online. If we do nothing Powys residents may miss out on new job opportunities/ training or learning which would help them improve their economic well-being.

The rural nature of Powys, in particular the poor road network and sparse population, makes it a challenge to attract large scale investment and businesses. The rise in digital business may be beneficial to Powys.

Powys has 79 Lower Super Output Areas (LSOAs). These small areas have been ranked **by overall WIMD** (Welsh Index of Multiple Deprivation) **and show overall that 11% (9) of Powys' LSOAs are in the top 30% most deprived areas of Wales.** These include:

- Ystradgynlais 1, ranked in top 10% most deprived in all Wales
- Llandrindod East/West, Newtown East, Newtown South, Welshpool castle, ranked in top 20% most deprived in all Wales
- Newtown Central 1, Newtown Central 2, St John 2 (Brecon) and Welshpool Gungrog 1, ranked in top 30% most deprived in all Wales

These small areas have been **ranked by WIMD category Income** and show overall that 11% (9) of LSOAs in Powys are amongst the top 30% most deprived in all of Wales, with:

- 1.2% (1) of Powys’ LSOAs are in the **top 10% most deprived (Ystradgynlais 1)**
- **3.7% (3) LSOAs are in the top 20% most deprived** (Newtown Central, Newtown South, Welshpool Castle)
- **6% (5) LSOAs are in the top 30 % most deprived** (Llandrindod East/West, Llandrindod North, Newtown Central 2, Newtown East, St John 2). (Welsh Gov, 2019)

It is important to explore the reasons for deprivation in our small areas and consider how we can tackle deprivation to improve well-being for future generations.

Cross cutting themes

Economy and well-being are also affected by many other cross cutting themes seen in the other Well-being topics, Social, Culture and Community and Environment.

		How does Economy interact with the other Well-being themes?
Social	<ul style="list-style-type: none">• Homelife• Living Independently• Health and Lifestyle• Education our Children	Social and economic outcomes are highly interlinked, as individuals’ economic circumstances is often a driver for their social well-being. For example, an individuals’ employment and wages will have an impact upon their ability to live independently and maintain a happy home life. Additionally, those with limited access to economic resources will likely have reduced access to tourism and business opportunities in their local communities. Digital exclusion can impact our most vulnerable residents as more services move online. Alongside this, limited access to economic resource often leads to longer term impacts to health and young people's outcomes in education.
Culture and Community	<ul style="list-style-type: none">• Welsh Language• Communities coming together• Participation in cultural life• Anti-social	Culture and community are intertwined with the various components of economic well-being, as individuals with access to economic resources are increasingly likely to be engaged with their wider culture and community. Additional drivers of community wellbeing include areas such as community cohesion and anti-social behaviour, which are often linked to individuals experiencing reduced economic well-being. Additionally, it is important to ensure all citizens have equitable access to opportunities within their community, such as cultural assets.

Powell Bethan
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Environment	<ul style="list-style-type: none"> • Improving Biodiversity • Sustainable Land, Water and Air • Reconnecting People and Places • Forestry Resources • Climate Change 	<p>The environment provides many natural resources which are essential in manufacturing and production.</p> <p>The natural world can improve economic well-being by providing greenspace and places that people can use free of charge, enabling them to freely access opportunities to be outdoors and active.</p> <p>It is also important to note there is a longer-term sustainability of certain industries and sectors, based on their reliance upon natural resources, which can be combatted with the creation of a greener economy.</p> <p>Environmental incidents such as flooding have a detrimental impact to an individuals' economic well-being as it de-stabilises their homelife, ability to live independently and potentially has negative longer term health impacts.</p>
High Level Impacts	Ageing population	It is important to consider the impacts of an increasingly aging population when considering economic well-being as an older demographic will face additional pressures in trying to maintain economic well-being within their community. An aging population could lead to a shortage of workers and potentially cause wage inflation, impacting the wider economy. Alternatively, with an increased life expectancy and potential to work longer, this could also become a barrier to young people's entering their local job market, which could impact the wider economy and lead to young people leaving the area for further education and employment.
	Rurality	There are also challenges to economic well-being due to Powys's rural make up. Due to its vast geography with more dispersed communities, it is largely reliant upon traditional areas of work, such as the Public Sector and agriculture, limiting the potential number of opportunities for individuals to improve their economic well-being. Rural communities are also likely to have limited access to resources such as public transport, hospitals, and schools, which impacts upon areas such as tourism. However, it is also important to note that rurality does have a positive impact to an individual's well-being as the affluence of green spaces and natural scenery lend itself to becoming a tourist economy.
	Brexit	Whilst the full extent of the impact of Britain's exit from the European Union remains largely unseen at a local level, it is still important to note that this will impact economic well-being over time, with scenarios such as increased product costs and reduced staffing having a longer-term impact to the population's economic outcomes.

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	COVID-19	<p>While this assessment has been produced during the coronavirus pandemic, which is still ongoing, the longer-term impact is still to be determined. However, the pandemic has already highlighted new short-term issues affecting economic well-being and exacerbated the existing challenges, such as its disproportionate impact to demographics.</p> <p>This has impacted an individuals’ economic well-being as many people have faced increased challenges in their personal lives, jobs and business. Wider society has also re-considered the importance of economic well-being, as delivery models for jobs, businesses and tourism have had to adapt to cope with the ever-changing situation.</p>
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Culture and Community

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A community is more than just a geographically bounded group of people who interact with one another, it includes sub-groups that have shared interests. Many of these communities are now combining digital catchups along with physical interaction, this change in the way we meet has been largely due to the impact of COVID-19.

Culture incorporates many things, the Welsh language, traditional activities as well as other social activities in the community. Access to cultural assets and participation in culture, heritage and sports is linked to an increased sense of place and togetherness.

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Welsh language

Powys is committed to ensuring that the Welsh language is promoted and treated no less favourably than the English language, and that people can live their lives through the medium of Welsh if they choose to do so.

The Welsh language forms an important part of cultural well-being in Wales, the proportion of Welsh speakers in Powys is very similar to that of the rest of Wales, with 19% of Powys residents able to speak Welsh (ONS, 2011).

In Powys the 2011 Census showed that:

- **72%** of residents in Powys had 'No Welsh Skills'
- **14%** could 'Speak, Read and Write Welsh'
- **14 %** had other combinations of Welsh language skills, including 'Speaking and Reading Welsh' and 'Speaking and Understanding Spoken Welsh'

There is a difference in the percentage of Welsh speakers within our localities in Powys.

The top three localities with the highest percentage of Welsh speakers⁷ are

- Machynlleth locality: 54%
- Ystradgynlais locality: 39%
- Llanfyllin locality: 35%

However, it is important to recognise that there are Welsh speakers within every locality in Powys and that the language is used in each of our communities.

New Welsh Language Standards have been introduced, under the Welsh Language (Wales) Measure 2011, and issued by the Welsh Language Commissioner, which list ways in which the Council is expected to provide services through the medium of Welsh and provide opportunities to use the language, to assess the impact of policies and decisions on the Welsh language, and state how it will promote the Welsh language in order to increase the number of Welsh speakers and its use within the county (National Survey for Wales) (Welsh Gov, 2020).

The percentage of people aged three and over able to speak Welsh has decreased over the last century, from 44% in 1911 to 19% in 2011. The percentage able to speak Welsh varies by age and is highest for those aged five to fifteen years old. Since 2011 estimates from the National Survey for Wales of those who speak more than a few words of Welsh have

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⁷ Welsh speakers are calculated by totalling the number of people in the following categories: 'Can speak, read and write Welsh' and 'Can speak but cannot read and write Welsh' categories.

remained stable at 19%, but there has been an increase in those who say they speak a little Welsh (Welsh Gov, 2017).

Follow the link to view more [information about Welsh language in Powys, how this differs across our 13 localities and LSOAs via our interactive report.](#)

According to the Future Trends Report (Welsh Gov, 2021) over time, the number of Welsh speakers in Wales is predicted to increase significantly. Projections based on 2011 census data, calculated in 2017 by the Welsh Government, estimated that there would be approximately 666,000 people 2050. This is equivalent to 21 per cent of the population and represents an increase of 100,000 Welsh speakers over the 40-year period. For Powys this means that we could have as many as 28,000 Welsh speakers, however the future trends report also highlights that they expect these figures to be surpassed by 2030, the overall increase is assumed to be driven by younger age groups and maintained through future generations.

What have people said?

In the recent Living in Powys survey, out of 469 responses, 17% answered 'yes' when asked "Do you have any concerns or evidence to suggest that the Welsh language is treated/used less favourably than English in Powys?"

Comments included:

"My children were not able to access Welsh-medium education in our area."

"During school our Welsh teacher left... we had no other teacher. Now when working in Powys you must understand Welsh, and the courses are available but not affordable. I don't have free money to pay for a course."

"Lack of bilingual resources. Local shops only displaying signage in English. Local green spaces have signs that are in English only. Lack of Welsh-speaking staff. Children not having the opportunity to speak Welsh outside of school. General negativity in the community regarding the Welsh language - described as "dead language", "waste of money" etc."

"You don't hear it spoken often and English is the dominant language in the area."

"Not enough opportunity to learn and put Welsh language into use. Need more groups to talk and discuss/learn"

When asked "What changes could be made so as to have a more positive effect on the Welsh language?" comments included:

Service providers should aim to offer a service in Welsh or English, if requested. Schools and colleges in Wales should enable all pupils to choose to learn in Welsh or English and participate in regular basic language activities in the second language."

“Ensure that we have good Welsh medium education so that ‘we grow our own’ Welsh medium speakers’ who will stay in our communities.

“Free Welsh lessons. Providing Welsh tuition for non-Welsh speakers who take up professional posts.”

“There needs to be a balance to keep the language alive, but also to realise that skills are important to. Welsh language needs to be taught to young people in education, people need to accept that older people may not have the capacity to learn a language.”

“Protecting Welsh language communities (housing, employment, keeping communities together). Concerted efforts to promote the Welsh language and make it more visible. More Welsh language events (currently these tend to be organised within the Welsh language or learner’s communities, so they are not visible from the outside. This creates two different worlds, so English-only speakers do not recognise Welsh as thriving and in use about them - that diminishes its status and undermines efforts to encourage people moving in to learn the language.”

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Communities coming together

Volunteering in Powys

In 2016-17, Powys had the highest percentage of people who volunteer with **38%** of the population volunteering, compared to the other Welsh Local Authorities (Wales 28%) (ONS, 2011).

By 2019-20 Powys had fallen two places with **32.1% of people volunteering (-4.9%)** and were the third highest behind Gwynedd with 32.8% and Monmouthshire with 32.3% (Wales 26%). (Welsh Gov, 2020)

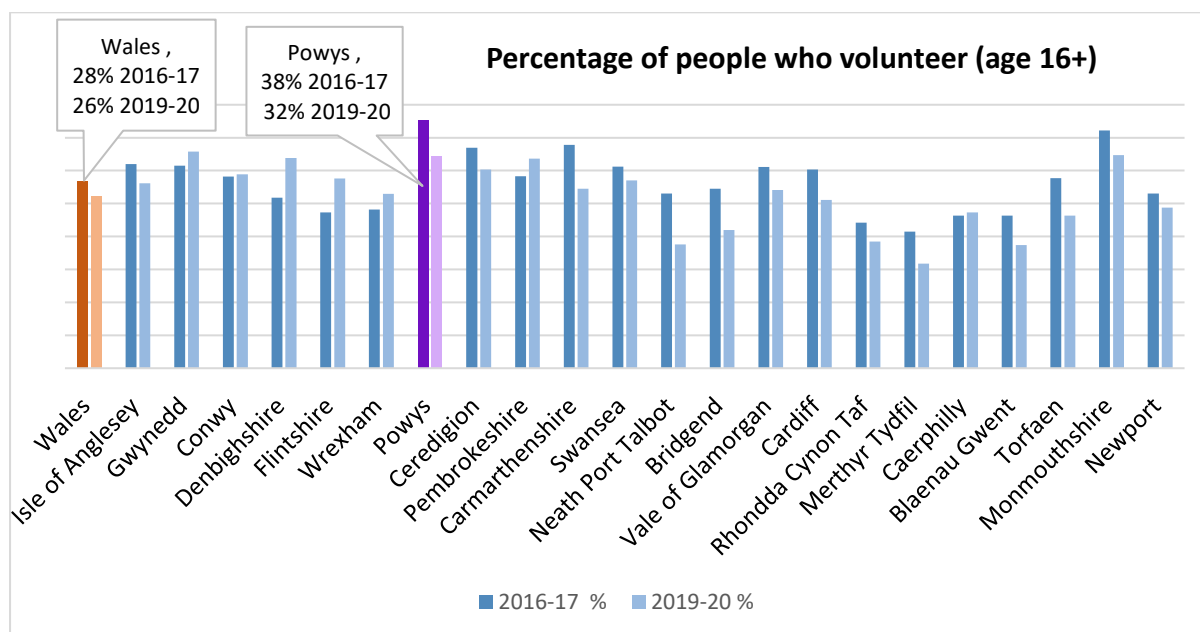


Figure 19 Percentage of volunteers by local authority over 2 years (Welsh Gov, 2020)

Calculated against the 2020 population, for Powys this would mean approximately 42,700 people volunteered during 2019-20.

According to the National Survey for Wales (Welsh Gov, 2020), people who volunteer are more likely to have one or a combination of the following characteristics:

- have higher educational qualifications
- use the internet
- be in good general health
- speak Welsh daily
- have a religious faith
- own their home
- participate in sport regularly
- feel that the things they do in life are worthwhile

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Volunteering can aid social cohesion and connection as well as improve the subjective well-being of volunteers by through factors such as a sense of purpose, confidence in one's own abilities, and new social connections.

One example of volunteering in Powys is Community Transport, which offers accessible door to door transport for people with mobility problems, it reduces social isolation by providing access to towns for those who otherwise would not be able to participate in education and training, employment or other everyday things we take for granted. In Powys there are several successful schemes in operation, and most have been developed to meet the needs of disabled and older people.

PAVO Volunteers

Data provided by PAVO shows that the number of PAVO registered volunteers has varied in the last three years, both in the number of volunteers registered and the hours that they are volunteering.

Over three years (2018 to 2020), there have been 8,478 registered volunteers who gave their time and volunteered 33,620 hours.

In 2018 there were 1,274 registered volunteers providing 6,596 hours. This is an average of **5.2 hours of volunteering per person**.

In 2019 there was a **18.6%** increase of volunteers compared to 2018, this is a total of 1,511 persons (+237 new registrations). There was a significant increase in the number of hours provided with a **160% increase** compared to 2018, with a total of 17,195 hours in the year (+10,599 hours). This is an average of **11.4 hours per person**.

In 2020 there was an increase in registered volunteers again, with 5,693 (+4,182 new registrations), this is an increase of **276.7% increase** compared to 2019. However, the number of hours decreased by **42%**, with 9,829 hours in total for the year (-7,366 hours). This is an average of **1.7 hours per person**.

The category COVID-19 had the highest number of volunteer hours during the coronavirus pandemic, COVID-19 volunteering accounted for **54%** of all volunteering during 2020.

It is encouraging to see so many volunteering, and a young age group providing volunteer time, however we will closely monitor to understand the volunteering landscape post-pandemic.

Volunteering improves social cohesion and connection, and boosts the well-being of volunteers (**Boelman, 2021**).

PAVO volunteer demographics (2019-2020):

- **67%** female and **33%** Male

- Age bands
 - **17%** aged 65 and over
 - **49%** aged 45-64
 - **20%** aged 26-44
 - **14%** aged 0-25

In Wales, the experience of community groups during the coronavirus pandemic suggests that place-based and interest-based groups can help to alleviate loneliness and provide a sense of purpose (**Havers et al., 2021**).

Between April 2018 and March 2021 PAVO's **Community Connectors** have had referrals totalling **7,454 individual clients**, this is a rate of 563 per 10,000 population. (PAVO 2021)

Llandrindod and Rhayader locality had the highest rate of client referrals with 870 per 10,000 population. 2nd highest was Builth and Llanwrtyd locality with a rate of 641 referrals and 3rd was Ystradgynlais locality with a rate of 613 referrals per 10,000 population.

Llanfair Caereinion locality has the lowest rate of referrals per 10,000 population with 329, 2nd lowest was Crickhowell locality with 335 and Welshpool and Montgomery locality was 3rd lowest with 414 referrals per 10,000 population.

(PAVO, 2021)

What have people said?

In the Living in Powys survey, we asked respondents if they volunteered. Out of the 465 respondents that answered the question, 41% said yes. Of those, 12% said they signed up due to the Covid-19 pandemic

Food banks



There are many food banks in Powys, some are run by the Trussell Trust, while others are community led. These food banks help to provide emergency food and compassionate support to people who are in a time of need.

In 2020 the total number of parcels distributed in Wales was 70,393.

Between April 2020 and March 2021, the number of 3-day emergency food aid parcels **given to families with children in Powys increased by 197%** (Wales 7%) when compared to 2019/20 (Child Poverty Action Group, 2021).

The child poverty action group showed that:

- 2,065 parcels were given to adults in 2019/20 and **3,871 parcels in 2020/21. This is an 87% increase** (+1,806 parcels) in 2020/21.
- 971 parcels were given to children in 2019/20 and **2,883 parcels in 2020/21. This is an 197% increase** (+1,912 parcels) in 2020/21.
- 3,306 parcels were given in total in 2019/20 and **6,754 parcels in 2020/21. This is an 84% increase** (+3,718 parcels) in 2020/21.

The number of food parcels may continue to rise in the short to medium term as the cost of living and inflation rise, and many families struggle to keep up with rising energy and fuel costs.

What have people said?

When asked in the recent Child Poverty in Powys survey “Can you think of any examples where something good has been done to tackle child poverty in your area?” responses included:

“The Ystradgynlais Food Bank has helped no end and the fuel poverty fund is amazing.”

“The nearby food Bank has a great, affordable charity store and they get to know people, run volunteer groups, get people active and step in gently and thoughtfully when help is needed but people might be afraid to ask for help because they dread that their children will be taken away.”

“The development of the food bank and other support at St Johns.”

Respondents were given the opportunity to comment on how poverty affects children and young people in Powys, responses included:

“People are depending on food banks due to the increased cost of living and insufficient wages.”

“The strong teaching tool of modelling is affecting children and young people in Powys such as: Increase in food bank use. Mental health issues of parents impacting on children. Cycle of non-working households being generational. Increase of drug activity in the area.”

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Participation in cultural life

Use of libraries/ leisure centres

There are many opportunities within Powys to access arts and culture, with several theatres and art centres and numerous attractions. Arts and cultural services in Powys are primarily independently delivered largely through charitable organisations, some receiving regular support from Powys County Council and from the Arts Council of Wales, some organisations receive little or no support and are reliant on volunteers to operate.

The arts and cultural sector (made up of voluntary, third party and private groups) including the creative industries makes a significant contribution to the local economy as well as ensuring places and communities are active, vibrant, and cohesive.

Regular participation in arts, culture and heritage activities tends to be highest among people aged 16 to 44 years old (Welsh Gov, 2020).

Participation in arts activities and events is relatively high in Powys (70.83%), ranking 7th out of the 22 Welsh Local Authorities and above the Welsh average (69.56%) despite the drop in percentage between 2017 (76.02%) and 2019 (70.83%). (Welsh Gov, 2017) It is still unknown how this is likely to be affected by the pandemic and the restrictions imposed during this time.

Libraries and leisure centres and the activities that they provide, contribute to the well-being of their customers. In Powys there are **18 Libraries** offering a wide range of services.

Libraries in Powys were one of the first non-business critical council services to reopen following the first COVID-19 lockdown, facilitated by the implementation of a contact-free Order and Collect book service. The doorstep book collection and delivery service provided via Order and Collect allows the library service to connect customers with reading materials at a time when book browsing in branches is not a viable option for those isolating and unable to visit library facilities. A network of volunteers from libraries and partner organisations has ensured that reading for well-being has continued, despite intermittent restrictions on visits to libraries.

Digital engagement in libraries, museums and archives has accelerated following the coronavirus pandemic, and Welsh Government funding has been invested in the development of a digital strategy for the council's cultural services. Investment has been made in the creation of a cultural services website and accompanying digital tours, acquisition of a range of digital resources and in staff training to develop digital communication skills. Improvements to digital service provision has resulted in the creation of virtual events and activities, including author talks, money advice, adult craft workshops, children's activities, quizzes and more.

A Circular Economy funded iPad loan scheme has recently been launched, enabling the library service to connect those digitally and socially isolated with digital resources. Registered library members can borrow these devices, and accompanying mobile data, for a set period at no charge.

With regards to [Leisure Centres](#), Freedom Leisure currently run **16 leisure centres** in Powys offering a wide range of facilities and classes to the public which provide leisure activities and support residents in maintaining a healthy lifestyle.

In 2019, **29.2 % of people in Powys participated in sporting activities three or more times a week** which was below the Welsh average (32.2%). This had fallen since 2017 when in Powys 32.1%, had participated in sporting activities three or more times a week, which was the highest percentage in Wales and was 12.1% higher than 2016, which had the lowest percentage of people participating in sporting activities three or more times a week at 28.6% (Welsh Gov, 2020).

In 2016-2017 there was a rising trend (28.6% - 32.1%) of people in Powys who participated in sporting activities three or more time a week which fell in 2018 (28.9%) and slowly increased in 2019 (29.8%).

We do not know how Powys residents' health activities have changed throughout lockdown, however many residents did find enjoyment in the outdoors and participating in outdoor activities such as walking, running and cycling during the lockdown period.

48% of children and young people participated in sporting activities three or more times a week during 2019-20 (Welsh Gov, 2017)

In adults, a lower proportion of women participate in three or more sporting activities a week than men.

49% of 16–24-year-olds have the highest percentage of any age group of adults who participated in three or more sporting activities, 2nd highest is 25–44-year-olds with 38% (all age average 32%).

Regular participation in sports is associated with improved physical and mental health, with the greatest increases seen in those who take up sports from a low baseline and when participants are involved at least weekly. Participating in outdoor recreational activities is associated with better well-being. Nature-based recreational activities increase well-being suggesting that time in nature is beneficial by itself (Wales Centre for Public Policy, 2021).

What have people said?

During the 'Future-proofing Powys' survey at the end of 2020, we asked, "many services have been impacted by COVID 19 restrictions. What services have you missed during lockdown?". Out of 186 respondents, 92 selected 'libraries' and 102 selected 'gyms and/or swimming pools'.

In the same survey, when asked “Are there any other services that you think should be prioritised when decisions are being made for and in the future?” comments included:

“Keep gyms and swimming pools open for people well-being and mental health”

“Services which improve the health and well-being, and confidence of the rural community, promoting much learning, enjoying leisure, fulfilling and healthy lifestyle, which is all in harmony with the environment.”

In the ‘Digital Services for Archives, Museums and Libraries survey’ conducted in March 2021, when asked “What can the staff and buildings across Powys Library, Museums and Archives offer you that is not available online from other organisations elsewhere?” comments included:

“General advice with and access to any local or council services.”

“Access to material not available online, e.g., old maps, art gallery, archives.”

“A friendly face, genuine interest in a particular request or question.”

“Real’ books, ‘real’ heritage items - a sad world if everything is digital and excludes many - there is such a thing as digital poverty”

“Digital services are welcome, but they are not a substitute for face-to-face services.”

Town centres and local events

In Powys there are 23 regeneration projects and 51 sub-projects with a funding of approximately £28.29M. Most recently the Council was also awarded £6.9m for three projects – two in Brecon, including refurbishing Theatre Brycheiniog and establishing a multi-agency hub, and one in Llandrindod Wells, where a brown-field site will be redeveloped for housing.

Brecon, Llandrindod and Rhayader and *Welshpool and Montgomery* are the localities with the highest number of projects. The highest number of sub-projects are based in *Llandrindod and Rhayader, Brecon* and *Ystradgynlais*. The largest percentage of funding for these sub-projects has come from Powys County Council, UK Government and Welsh Government.

A temporary event notice is notification of licensable activities (sale of alcohol / regulated entertainment) for a brief period usually a day, but up to 1 week this is usually served for parties, weddings, village shows, small festivals etc. The number of Temporary Event Notices (TEN) issued has fallen, resulting in an 81% decrease between 2016 (1,114) and 2020 (213). The main reason for the downward trend is due to COVID-19, where events have not been permitted but are now starting to pick up again as restrictions are removed. Prior to the

pandemic the number of TEN's had steadily been increasing (In 2019, prior to the pandemic there were 1,207 licences issued).

The coronavirus pandemic led to a 64% drop in tourism in Powys (compared to the previous year), for instance total visitor days dropped by 66% and total visitor numbers dropped by 70%. The virus had a significant impact here in Powys, as it did all over the World (STEAM, 2020).

The **number of jobs based in the tourism sector declined by 40% due to COVID-19 and numerous government lockdowns**. This was complicated by the introduction of the furlough scheme, meaning that many jobs were part-supported by the government and part by tourism spend.

In most areas this means that the employment figures for 2020 declined less than would be expected (due to the furlough scheme supporting businesses to retain staff). There were still significant falls, due to business closures and a lack of seasonal and casual staff being taken on.

Due to the coronavirus pandemic many events in Powys have been cancelled. This will have had a profound impact on the events, the economy, and the communities that they are held.

What have people said?

Following feedback from a recent engagement exercise on the future of Powys town centres, temporary changes to the town centres that were introduced last year to encourage the public back into our town centres and to help businesses open safely and in compliance with Covid-19 restrictions will stay in place for now (in Brecon, Newtown, Hay-on-wye, and Crickhowell).

These measures were designed to facilitate social distancing and provide additional outdoor space for both pedestrians and businesses to utilise. Feedback from the survey included:

Crickhowell:

"Initially adding cones at the outset of the pandemic helped queuing outside shops. Since then, the seating areas are taking up already limited parking. If there is nowhere to park, then shoppers will go elsewhere."

"Any ongoing measures need to take account of pre-existing problems e.g. parking and difficult disabled access."

"Pedestrianise the high street during the day, allow deliveries only and allow cafes to put tables out to create a more open European feel- or alternatively, create one way system and increase footpath widths to allow above."

Brecon:

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"Just close the town centre off completely. Do away with the temporary signs and do something that it easily identifiable. Take a look at what they have done in Hereford, it works! perhaps something similar would work in Brecon?"

"The measures in place have only benefited a few businesses and with the increased traffic it has made my life as a resident more difficult."

"Make the town a more desirable place to visit. Do up the park at the prom, not with another bandstand, but with some actual play equipment that can be used by all!!! And not just in that little space it's in now, spread it out. Families will visit for the park, then they will move into town. Put on more events in the town centre, like markets and music. Close off the town centre and spread it out. Advertise the events more so people know they are happening."

Newtown:

"The streets of Newtown were already wide enough to allow social distancing. The removal of parking for planters was unnecessary and the repositioning of parking spaces on Broad Street did not achieve anything other than reducing free parking spaces in town."

"I think it was an opportunity to consider closing Broad St altogether to traffic making it a pedestrian/ cyclist/market stalls only facility. The vast majority, if not all, the commercial and private buildings can be easily accessed from the back and side streets as indeed many do now."

"The planters take up valuable parking places for customers who want to pop into the town."

Hay on Wye:

"Money was spent on so called distancing measures, placing huge planters in the road which just clogs up the town even more and restricts deliveries to local shops and the chemist, not forgetting the centre of hay have residents living above many of the shops who need access to their properties especially if they have mobility problems. All it achieved is that a lot of locals now go to the supermarket to shop or out of town where parking is not an issue."

"There is one morning each week when it is really necessary to restrict traffic going through the centre of town, Thursday, market day. Many visitors and local people come into the town for the market, and it is really dangerous and difficult to social distance and dodge the cars and vans coming down Castle St."

"Most visitors are older generation and need vehicular access."

Powell Ryan
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Anti-social

Fly tipping

Litter and fly-tipping are a blight on our communities. They pose a threat to humans and wildlife, can damage our environment, and spoil our enjoyment of our towns and countryside.

Poor local environmental quality can also have a negative impact on people's mental health and well-being, with such anti-social behaviour often resulting in an area appearing run-down and neglected. This can result in further anti-social behaviour or crimes that are even more serious. These types of offences often disproportionately affect deprived communities (Welsh Gov, 2021).

Waste Data Flow data allows us to see fly tipping incidents in Wales and at a local authority level. During 2019-2020, **Powys had 494 recorded fly tipping incidents with a clean-up cost of over £29,000. That's an average of £60 clean-up cost per incident, this is above the Welsh average £53** (Welsh Gov, 2021)..

With 494 incidents Powys ranks 4th lowest amongst the other Welsh local authorities for the number of incidents. Ceredigion had the lowest number of fly tipping incidents with 159, Wrexham were 2nd lowest with 168 and Vale of Glamorgan were 3rd lowest with 371 fly tipping incidents.

During the same year there were 709 enforcement actions taken in Powys, ranking Powys 9th highest for issuing enforcement actions amongst all local authorities in Wales. Cardiff was highest with 5,443 enforcement actions; 2nd highest was Rhondda Cynon Taf with 2,979 and 3rd highest was Carmarthenshire with 2,472.

The number of fixed penalty notices served by Powys during 2019-20 was 57, this ranks Powys as the 3rd highest local authority in Wales, 2nd highest was Carmarthenshire with 67 and highest was Cardiff with 473 fixed penalty notices.

In Powys the number of fly tipping incidents dipped to a low of 551 incidents in 2011-12, from then the number of incidents has been rising year on year until a peak in 2017-18 of 1,436 fly tipping incidents, and during 2018-19 and 2019-20 has seen two years of lower recorded levels, 1,225 and 494 respectively.

From 2011-12 to 2015-16 enforcement actions in Powys remained at low levels annually, from 2016-17 there was a sharp rise in enforcement actions. From none in 2015-16 to 702 in 2016-17, and again an increase of 205% for the year 2017-18 (2,416 actions), when compared to 2016-17.

Since 2017-18 there has been a reduction year on year of both fly tipping incidents and enforcement actions in Powys.

The number of fixed penalty notices have increased since 2017-18, and in the last 3 years they have a steady decline in notices with 70 in 2017-18, 67 in 2018-19 and 57 for 2019-20.

The waste awareness team in Powys County Council deal with fly tipping issues. Although an Environmental Protection Officer will investigate complaints regarding fly tipping on private land and if an offence has been committed then fixed penalty notices may be issued or prosecutions taken. It is not envisaged that this situation will change given the resources available.

Despite the drop in numbers, according to *Mid and West Wales Fire and Rescue Service*, 2020 saw an increase in fly tipping with rural locations leading to accumulation and ignition which can cause wildfire incidents. The need to educate the public is needed to help get the numbers down and ease any pressures on our Fire and Rescue Service.

Follow the link to view more [information on fly tipping by Welsh Local Authority via our interactive report.](#)

Crime rates and public protection

The Police and Crime Commissioner's plan (Dyfed-Powys Police, 2021-2025) in relation to its *Crime and Disorder Reductions Plans* is to continue to develop a close working relationship with all communities.

The plan will focus on preventing harm to individuals and communities caused through crime, anti-social behaviour, and vulnerability. Working in a way that seeks to solve problems within our communities will ensure an efficient and effective use of resources. It is essential that these resources are visible, accessible and demonstrate enthusiasm in making a real difference to the public in Mid and West Wales.

As part of the priorities to ensure victim are supported, Dyfed-Powys Police has identified that a significant amount of resourcing continues to be needed to address safeguarding demand (Domestic Abuse). It is anticipated that the Dyfed-Powys area will see a 20-28% growth in older people, with those aged over 65 living with dementia in Wales increasing by 64% by 2035. Demand in relation to sexual offences is predicted to continue to increase. Dyfed-Powys Police has one of the highest rates of victims who withdraw from the criminal justice process at 37.3%, this is 14.7% above the national outcome ratio. Dyfed-Powys Police anticipates a rise in child exploitation, online protection issues and violence against children (in relation to the Removal of the Defence of Reasonable Punishment).

Community safety

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[WIMD](#) (Welsh Index of Multiple Deprivation) is the Welsh Government's official measure of relative deprivation for small areas in Wales. It is designed to identify those small areas where there are the highest concentrations of several different types of deprivation. WIMD ranks all small areas in Wales from 1 (most deprived) to 1,909 (least deprived).

Powys has 79 Lower Super Output Areas (LSOAs). These small areas have been **ranked by WIMD category Community Safety** and show overall that 11% (9) of LSOAs in Powys are amongst the top 30% most deprived in all of Wales, with:

- **5% (4) of Powys' LSOAs are in the top 10% most deprived** (Llandrindod East/West, Newtown East, St Mary 1 and Welshpool Castle)
- **3% (2) LSOAs are in the top 20% most deprived** (Newtown South, Welshpool Gungrog 1)
- **6% (5) LSOAs are in the top 30 % most deprived** (Newtown Central 1, Newtown Central 2 and Ystradgynlais 1)

Notably, Newtown East ranks 31st of all 1,909 LSOAs in Wales for most deprived for community safety.

Follow this link [understand more about WIMD in Powys and how we rank against Wales using our interactive report.](#)

Crimes and crime rates

In 2020, Wales total recorded crime was 237,089 with Powys having recorded 6,906 as part of that total. A decrease in number from the year before **(ONS , 2021).**

In terms of rates that puts Powys at the bottom compared to other Local Authorities with just 375 total recorded crime per 10,000 population.

The highest type of crime recorded were **Violence against the person** (113 per 10,000 population) and the least being **Weapons of weapons offences** (3 per 10,000 population) and (0 per 10,000 population) **Robbery** at the bottom of the type of crime committed.

Follow this link to view more [information about crime rates in Wales and Powys please via our interactive report.](#)

Data provided by Dyfed Powys Police for the time-period January 2018 to July 2021 shows that:

The three localities with the highest rate of crime are: -

- Newtown locality: 3,180 crimes per 10,000 population

- Llandrindod and Rhayader locality: 2,742 crimes per 10,000 population
- Brecon locality: 2,388 crimes per 10,000 population

The three localities with the lowest rate of crime are: -

- Llanfair Caereinion locality: 854 crimes per 10,000 population
- Llanfyllin locality with 967 crimes per 10,000 population
- Llanidloes locality with 1,235 recorded crimes per 10,000 population

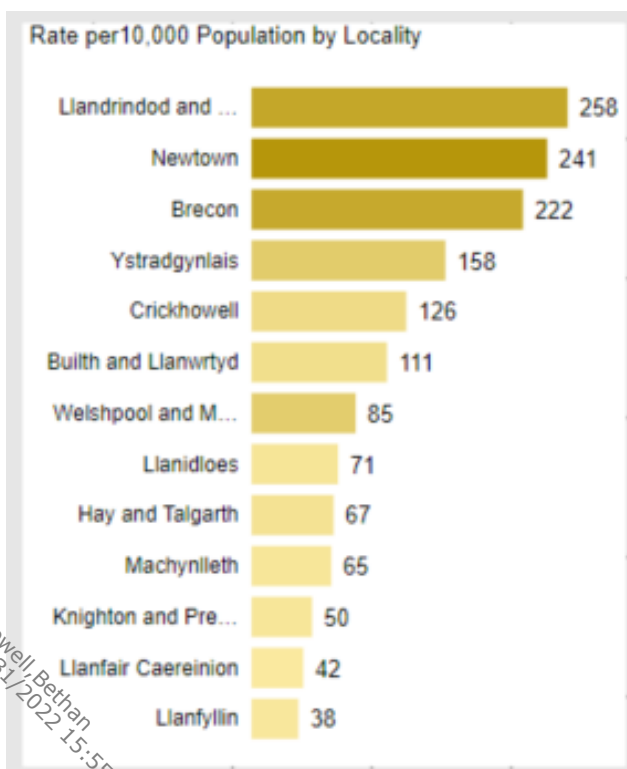
14.1% of crimes during this time were flagged as relating to Domestic Abuse and 10.5% related to cyber-crime.

The number of crimes increased by 81% between January 2018 and July 2021. There was a jump from 496 to 862 during its steepest incline between February 2021 and July 2021.

The highest number of recorded crimes in Powys is noted to have been in June 2021 with 996 number of offences and the lowest in January 2018 (476).

During this period:

- **67% of crimes were committed by men** (of those whose gender was known).
- Most offenders were aged **19–39-year-olds**
- **46% of victims were female** (where the gender was known)
- Most victims were aged **19–39-year-olds**



Drug related offences rate by locality (Jan 2018-July 2021)

- Llandrindod and Rhayader locality have the highest rate with 258 per 10,000
- Newtown locality 2nd highest with 241 per 10,000
- Brecon locality 3rd highest with 222 per 10,000

Between Jan 2018 and July 2021 there has been 1,847 recorded number of offences.

- 69% of drug related offences were committed by men
- 19–39-year-olds is the highest age band for offenders

16% of offences in Llanfyllin, Llandrindod and Rhayader, Newtown and Ystradgynlais localities were flagged for domestic abuse. The Powys average is 14%.

15% of offences in Knighton and Presteigne were flagged as cyber related, this is the highest locality in Powys. 2nd highest is Llanfair Caereinion with 13%. The Powys average is 10.5%. (All recorded crime figures, January 2018 - July 2021, Dyfed Powys Police)

According to Dyfed Powys Police: "As restrictions began to lift nationally via the various "tiers" throughout England and Wales, an increase in demand was experienced specifically in relation to reporting of crime as well as ASB (Anti-social Behaviour). These crime categories included public order and behavioural crimes. For example, verbal abuse aimed at staff working within the retail industry and at large gatherings which brought demand for the police and partner agencies to manage.

Parallel with the increase in reported crimes, work to improve our data integrity has been a key focus over recent months with many crimes within crimes being identified, thus resulting in an overall increase in volumes recorded.

Throughout the period reported, it could be suggested that the combination of many people working from home or being furloughed resulted in more reports of breaches of restrictions, resulting in a significant increase in reported ASB incidents. Furthermore, and indeed more recently, given the significant restrictions on travel, "staycations" have increased the population exponentially in Dyfed-Powys over the summer period. This has led to unprecedented volumes of demand both in terms of calls for service as well as crimes and incidents recorded."

Dyfed Powys Police recognise there has been more anti-social behaviour within the community, with many instances linked to lockdown breaches. Anti-social behaviour reports have now returned to pre-COVID-19 levels. There are ongoing issues with regards to community tensions and protests/demonstrations against the vaccinations and COVID-19 Passes. Security staff are at the mass vaccination sites and the tensions are monitored weekly by the police and Local Resilience Forum.

What have people said?

In the Living in Powys well-being survey, when asked about priorities to put in a well-being plan, the following responses were given connected to crime:

"Get the police to do something about teenage hooligans harassing elderly people and to actually respond to 999 calls from elderly people in distress."

"More police presence in the town on foot, rather driving around in their vehicles, and stop drivers on the bypass who may be exceeding the speed limit."

“Tackling local bullying and discriminatory behaviour”

Re-offending

Proven reoffending statistics for England and Wales (Welsh Government , 2021) show that the reoffending rate was 1 in 4 (25.2%) in Wales for the October to December 2019, Powys’ rate was 19.1% for the same period.

There is a downward trend in the reoffending rate amongst offenders affected by the impact of the pandemic; it represents the largest year-on-year decrease since the same quarter in 2008 and the lowest rate in the timeseries.

Further information - [Proven reoffending statistics: October to December 2019 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/proven-reoffending-statistics-october-to-december-2019)

Powys re-offending statistics for the period January 2019 – December 2019⁸

Adult Reoffending – Powys

• Proportion of offenders who reoffend (%)	19.1%
• Average number of reoffences per reoffender	2.28
• Number of reoffences	340
• Number of reoffenders	149
• Number of offenders in cohort	781
• Average number of previous offences per offender	12.87

Youth Reoffending – Powys

• Proportion of offenders who reoffend (%)	-
• Average number of reoffences per reoffender	-
• Number of reoffences	21
• Number of reoffenders	10
• Number of offenders in cohort	26
• Average number of previous offences per offender	-

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⁸ Number of offenders are suppressed if based on five or fewer offenders. This is to prevent the disclosure of individual information.

Road Traffic Collisions

The law defines reportable road traffic collisions as a collision involving a mechanically propelled vehicle on a road or other public area which causes damage or injury.

In 2020 there were 2,864 recorded traffic collisions in Wales. **With Powys' recording 9% (216) of all collisions.**

There was a steady downward trend in the number of collisions between 2016 and 2018, a small increase of 4.5% occurred in 2019 but **dropped by 62.5% in 2020. This is most likely due to the pandemic and the government restrictions imposed on travelling.**

During 2020, **34% Powys collision severity was classified as KSI** (Killed or seriously injured), (of the 216 recorded collisions) **ranking Powys highest amongst all local authorities in Wales** (Welsh Gov, 2021)

In Powys the highest road collision casualty encountered are *car, taxi, and minibus users* (66.10%), followed by motor cyclists (12.7%) and other road users (11.3%). 'Other road users' does not include pedestrians, pedal cyclists, motor cyclists, car taxi and minibus users (Infobase Cymru, n.d.).

Follow the link to see more [information about traffic collisions in Powys and Wales via our interactive report.](#)

Fire

Data provided by Mid and West Wales Fire and Rescue Service (WAWWFR, 2021) for the time frame 4th April 2018 to 18th July 2021 identifies:

- 358 fires, of which 48% were grass fires and 82% of fires were arson.

The three localities in Powys with the highest number of grass fire and arson incidents are: -

- Ystradgynlais locality: accounts for 35% (127) of incidents
- 2nd was Newtown locality: accounts for 14% (51) of incidents
- 3rd was Builth and Llanwrtyd locality: accounts for 10% (38) of incidents.

The three localities in Powys with the lowest number of grass fire and arson incidents are: -

- Llanidloes locality: accounts for 1% (3) of incidents
- Llanfair Caereinion: accounts for 2% (6) of incidents
- Llanfyllin: accounts for 3% (9) of incidents

The total number of incidents decreased by 78% between April 2018 and July 2021. The highest number of incidents was 41 in April 2020.

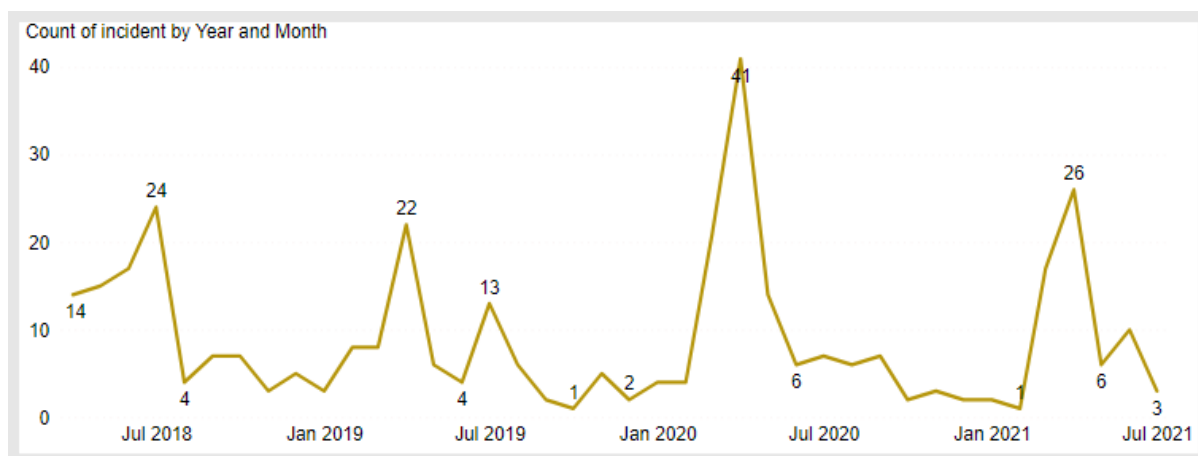


Figure 20 Fire incidents by month and year (MAWWFR, 2021)

Ystradgynlais has the highest rate per 10,000 population recorded during this period with 126 recorded incidents. Second highest was Builth and Llanwrtyd with a rate of 54 per 10,000, 3rd was Newtown locality with a rate of 30 per 10,000 population.

Although the number of incidents seem to be quite sporadic throughout the years, April 2021 has the highest number of incidents (41) followed by July 2021 (26 incidents).

According to Mid and West Wales Fire and Rescue Service (MWWFRS), between 2015-2020 there were 15,576 grassfires across **Wales**. **4,947** of these **grassfires** were under the region of **Mid and West Wales Fire and Rescue Service**.

In that same time period, the Fire and Rescue Service attended to:

- 1,694 Flooding incidents
- 2,951 House fires
- 4,919 Road Traffic Collisions

Satellite data estimates **6,580 hectares of grassland burnt** across Wales in 2020 (that's 12,296 football pitches burnt).

MWWFRS work with Local Authorities, Brecon Beacons National Park, and other key partners (including NRW) to prevent and reduce the impact of wildfires across the service area and have actions in place that limit these instances and has proven to be effective in safeguarding the environment as well as Public Health, as such, reducing the demand on fire and rescue resources utilised to control and extinguish the fire as well as provide valuable benefits to the immediate community.

The Arson Reduction Team and Farm Liaison Officers identify areas prioritised for protection including biodiversity, sensitive areas such as Sites of Special Scientific Interest, Special Areas of Conservation and Welsh Heritage sites. This work will involve partnership site assessments, analysis of incident data and pre-planning for annual prevention and

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protection work. The Farm Liaison Officers work with farmers and land managers to best protect their property and livestock from the threat of fire.

Ill-considered or illegal burning can damage or destroy:

- Valuable grazing
- Plants and wildlife
- Habitats and historic features
- Alter the physical structure, composition, and hydrology of the soil
- Affect water quality

The incidents above are costly and attendance at grassfires means may delay response in attending other life-threatening emergencies. To deploy a single appliance cost approximately £400/hr. Larger fires can take hours, even days to extinguish with obvious impact of availability.

- Rhos, Carmarthenshire – 4 days – 10 appliances
- Esgair Dafydd – Llanwrtyd Wells – 2 days – 10 appliances
- Taf Fechan, Brecon Beacons – 4 days – 9 appliances
- Near Furnace, Ceredigion – 2 day – 6 appliances
- Ambleston Common – April 2020 – 4 appliances
- Feindre Farchog, Crymych – April 2020 – 4 appliances

The coronavirus pandemic has also impacted the Fire and Rescue service as well as its partners, especially in areas such as community engagement and multi-agency collaboration. Community initiatives and interaction have been significantly reduced as working parameters were restricted to essential work and core functions. Longer term, the lack of effective engagement had the potential to dilute the previously strong presence and awareness within communities.

Education and Youth Intervention has also been affected. Applied non-engagement policies, social distancing and PPE restrictions during the firebreak period meant that we had to adapt along with partners during community work and events including Operation wildfire patrols.

Long term planning includes tackling the complex effect of climate change and working on changing the public perception of wildfires and the causes of wildfires.

(WAWWFR, 2021)

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Culture and Community Summary

A community is more than just a geographically bounded group of people who interact with one another, it includes sub-groups that have shared interests. Culture incorporates so many things, the Welsh language, traditional activities as well as other social activities in the community, and all these combined promote cultural well-being.

The Welsh language is an important part of cultural well-being, and the **proportion of Welsh speakers in Powys (19%) is like the rest of Wales**. However, there is variation across the county, from 54% of Welsh speakers in Machynlleth locality to 8.6% in Knighton and Presteigne. **Most Welsh speakers are aged 5-15 years old** (ONS, 2011), and estimates from the National Survey for Wales show that there has been an increase in those who say they speak a little Welsh. According to the Future Trends Report (Welsh Gov, 2021), the number of Welsh speakers in Wales is predicted to increase significantly, for Powys this means **we could have as many as 28,000 Welsh speakers**, and the increase is driven by younger age groups and maintained through future generations.

32.1% of people volunteer in Powys and those who volunteers are likely to feel the things they do in life are worthwhile and be in good general health. (Welsh Gov, 2020)

Volunteering has many benefits and promotes connection and social cohesion, giving volunteers a sense of purpose and confidence, as well as helping to connect with others.

There are many **food banks** in Powys, some are run by the Trussell Trust, while others are community led. Food banks provide emergency food and support to people who are in a time of need. **Between April 2020 and March 2021, there number of 3-day emergency food aid parcels given to families with children in Powys increased by 197%** (971 parcels) (Wales: 7%) when compared to 2019/20 (Child Poverty Action Group, 2021). In total, **6,754 parcels were given in 2020/21 (84% increase since the previous year)**. It is expected that these numbers will continue to rise in the short to medium term as the cost of living and inflation rise, and many families struggle to keep up with rising energy and fuel costs.

More needs to be done to understand the levels of food bank use in Powys. If the food banks have too much demand many families, children and individuals would go hungry. There is a risk of serious health conditions due to malnutrition, and in extreme cases this could lead to death.

There are **16 leisure centres in Powys offering a range of facilities** and classes to the public to help maintain a healthy lifestyle. **29.2% of adults participated in sporting activities three or more times a week** (below the Welsh average, 32.2%). **48% of children** and young people participated in sporting activities three or more times a week during 2019-20. Women tend to participate in sport less than men. Regular participation in sport is linked to improved mental and physical health.

There were 6,906 crimes in Powys during 2020, this equates to 375 crimes per 10,000 population. The highest type of crime recorded were **Violence against the person** (113 per 10,000 population) and the least being **Weapons of weapons offences** (3 per 10,000 population) and (0 per 10,000 population) **Robbery** at the bottom of the type of crime committed.

The **Welsh Index of Multiple Deprivation** (or WIMD) is the Welsh Government's official measure of relative deprivation for small areas in Wales. It identifies where there are high concentrations of several types of deprivation and ranks small areas in Wales from 1 (most deprived) to 1,909 (least deprived). Powys has 79 Lower Super Output Areas (LSOAs) and **6 of these are amongst the worst 20% in Wales for community safety** (Llandrindod East/West, Newtown East, Newtown South, St Mary 1 (Brecon), Welshpool Castle and Welshpool Gungrog 1). (Welsh Gov, 2019)

Most of Powys is poor for access to services (just under **half of Powys areas² are in the worst 20% in Wales in terms of access to services**). (Welsh Gov, 2019)

Newtown East ranks 31st most deprived area in Wales (of 1,909 areas² in Wales (Welsh Gov, 2019). It is important to explore the reasons for this and consider how we can tackle deprivation to improve well-being for future generations.

There were **358 fires in Powys** (between April 2018 and July 2021), **48% of these were grass fires** and **82% were arson**. The three localities in Powys with the highest number of grass fire and arson incidents were Ystradgynlais locality (accounts for 35% (127) of incidents), second was Newtown locality (accounts for 14% (51) of incidents), and third was Builth and Llanwrtyd locality (accounts for 10% (38) of incidents). Grass fire incidents are costly and attendance at grassfires may delay response in attending other life-threatening emergencies. To deploy a single appliance cost approximately £400 per hour. Many larger fires can take hours, even days to extinguish and the damage can have a devastating impact on habitats and wildlife.

Newtown East ranks 31st most deprived area² in Wales (of 1,909 areas² in Wales). (Welsh Gov, 2019) This is something to consider for future generations.

Cross cutting themes

Culture and community and well-being is also affected by many other cross cutting themes seen in the other Well-being topics, Social, Economy and Environment.

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		How does Culture and Community interact with the other Well-being themes?
Social	<ul style="list-style-type: none"> • Homelife • Living Independently • Health and Lifestyle • Education our Children 	Culture and community is intertwined intertwined within the various components of social well-being; as an established and engaged community will improve an individuals' individuals' home-life and ability to live independently if required, if they feel they live in a positive, cohesive local community. Additionally, participation in culture life often leads to improved outcomes in education and supports positive lifestyle behaviours.
Economy	<ul style="list-style-type: none"> • Jobs and Wages • Businesses • Tourism • Staying Connected • Poverty and Deprivation 	Culture and community are highly interlinked with the various components of economic well-being, as individuals with access to economic resources are increasingly likely to be engaged with their wider culture and community. Additional drivers of community wellbeing include areas such as community cohesion and anti-social behaviour, which are often linked to individuals experiencing reduced economic well-being. Additionally, it is important to ensure all citizens have equitable access to opportunities within their community, such as cultural assets.
Environment	<ul style="list-style-type: none"> • Improving Biodiversity • Sustainable Land, Water and Air • Reconnecting People and Places • Forestry Resources • Climate Change 	The environment in which people live is a critical component of an individual's cultural and community wellbeing, as the environment is the natural world in which communities are living. It is important for communities to be established in spaces that are sustainable and well-connected, with sustainable resources to live accordingly. The potential implications posed by climate change and a changing environment can potentially de-stabilise local communities, as a community's response to increasingly extreme environmental events could lead to individuals leaving their communities, which could impact wider cultural areas such as the Welsh language if there is increased migration.
High Level Impacts	Ageing population	It is important to consider the impacts of an increasingly aging population when considering cultural and community well-being as an older demographic will face additional pressures in trying to maintain an independent home life within their community with high levels of community engagement and participation. An aging population is also likely to encounter additional health and lifestyle issues associated with older ages, which

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		could limit their ability to interact with their local communities and culture.
	Rurality	There are also challenges to community and cultural well-being due to Powys's rural make up. Due to its vast geography with more dispersed communities, it can have an impact on the ability to secure housing in the area of your choice, potentially leading to moving away from their community. Rural communities are also likely to have limited access to culture resources with a limited public transport network potentially limiting peoples access to cultural assets, which could impact upon longer term well-being.
	Brexit	Whilst the full extent of the impact of Britain's exit from the European Union remains largely unseen at a local level, it is still important to note that this will impact cultural and community well-being over time, with scenarios such as migration disconnecting communities that had previously existed. Alongside this, cultural opportunities that previously existed due to European Union funding or easier travel are likely to have to look at alternative delivery mechanisms to adapt to the change, which could potentially have an impact to an individuals' cultural well-being.
	COVID-19	Whilst this assessment has been produced during the coronavirus pandemic, which is still ongoing, the longer term impact is still to be determined. However, the pandemic has already highlighted new short term issues affecting economic well-being and exacerbated the existing challenges, such as its disproportionate impact to particular demographics. This has impacted an individuals' economic well-being as many people have faced increased challenges in their job and/or business, whilst also exacerbating and increasing the number of people becoming impoverished. This has also forced the wider society to re-consider the importance of economic well-being, as delivery models for jobs, businesses and tourism have had to adapt to cope with the ever-changing situation.

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[The second State of Natural Resources Report \(SoNaRR2020\)](#) (NRW, 2020) is an assessment of the extent to which Wales is achieving the sustainable management of natural resources (SMNR). The report concludes that Wales, and all Local Authorities including Powys, are not yet meeting the four long-term aims of SMNR below:

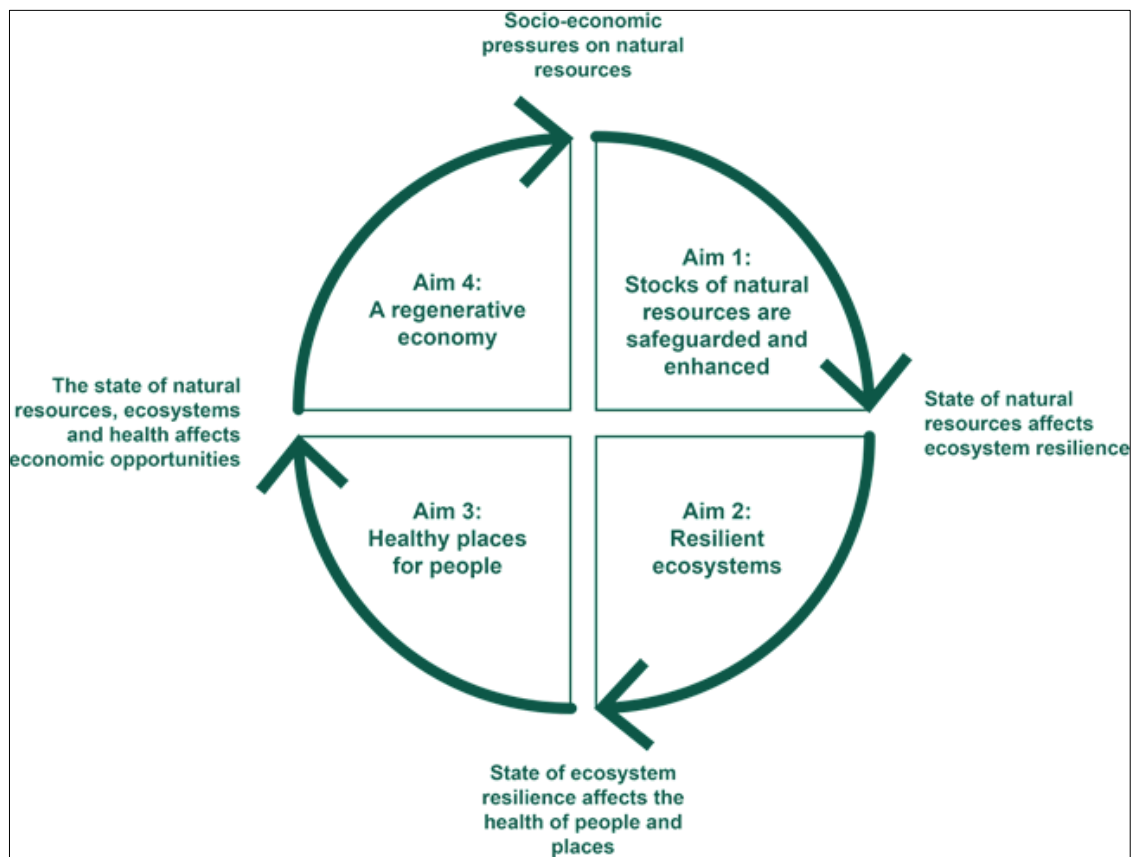


Figure 21: The four aims and the linkages of sustainable management of natural resources (NRW, 2020)

Powys is not maintaining stocks of natural resources (aim 1). Iconic species like curlews are predicted to become extinct within a couple of decades.

The deteriorating state of natural resources in Powys has a negative impact on the resilience of our ecosystems. Resilient ecosystems (aim 2) are declining in line with global trends. The UN predict that globally, one million of the estimated eight million species on the planet will be extinct within 20 years.

Without stable levels of natural resources and resilient ecosystems, we will not have health places for people to live (aim 3) and a regenerative economy (aim 4) cannot be achieved if economic activity takes place at the expense of the environment.

Sustainable development will not be achieved overnight, but Wales has laws and policy processes in place to achieve its well-being goals for a sustainable future. The Public Service Board's Well-Being Assessment is one piece within this puzzle and allows us to highlight issues on a local level and to track progress over time.

The Well-being Assessment takes place every five years and is in line with [the Mid Wales Area Statement](#). (NRW, 2020)

The Mid Wales Area Statement was published in April 2020 and has been informed by a wide range of partner organisations. The Area Statement identifies the key risks, opportunities, and priorities that we all need to address to build the resilience of our ecosystems, support sustainable management of the natural resources and enhance and guarantee the well-being of future generations. It sets out actions that we can take forward to address the issues identified.

Improving Biodiversity

Biodiversity is essential to all ecosystems, with its complex interactions generating the services and benefits that human health, well-being and resilience depend on. This connection is so fundamental, an assessment of biodiversity is crucial to any wider assessment of the success of the sustainable management of natural resources (SMNR). The assessment picture is complex with both winners and losers for different aspects of biodiversity. However, the overall trend is one of serious decline, reflecting the global situation and internationally recognised nature emergency.

Biodiversity recovery is fundamental to sustaining the vital services that are provided by natural resources. Wales has more regulatory and policy frameworks in place to help protect and support these resources and with the recent increasing focus and investment on action, all parts of society need to act faster and more cohesively to help deliver improvements at a better and larger scale. There is a need to work more collectively on the dual plight presented by the climate and nature emergencies to win further support for the transformational and behaviour changes required.

Follow the link [for more information download the SoNaRR Biodiversity Chapter](#).

Following the first SoNaRR, this second report raises further concerns regarding habitat and species decline and reduced habitat connectivity and ecosystem resilience. The Powys Nature Recovery Action Plan (NRAP) is a helpful source of material alongside the published [Nature Recovery Action Plan \(NRAP\)](#) (Brecon Beacons National Park, 2019). The latter refers

- to the scarce or declining habitats and species of the Brecon Beacons National Park
- includes a useful summary of Welsh legislation and policies, plans and strategies
- sets out the five key objectives
- includes strong focus on developing resilient ecological networks, to understand what we are going to do to aid nature recovery

(Brecon Beacons National Park, 2019)

Welsh Government has also published the “[Nature Recovery Action Plan for Wales: Our Strategy for Nature](#)” with several objectives to support recovery

Urgent short-term action includes:

- Working with developers to enact Planning Policy and demonstrate progress
- Building delivery capacity and skills across all sectors
- Ramping up landscape scale nature projects

The need for urgent but longer-term actions was also identified to include:

- Environmental education to connect people and nature in a lifelong way,
- Continuing to tackle Invasive non-native Species,
- Exploring and developing new biodiversity valuation techniques e.g., valuation through the Green Book for Wales

(Welsh Gov, 2020-21)

Protected Sites

Protected sites represent some of our most important and cherished areas for biodiversity, habitats and species. Natural Resources Wales (NRW) undertook a [Protected Sites Baseline Assessment in 2020](#), which assessed the quality of the protected sites evidence base to help understand (where possible) the relative ‘health’ of key species and habitats across earth science, freshwater and terrestrial features on protected sites in Wales. The condition of species and habitat at our best sites can provide some indication as to the health of biodiversity across the region, given that they provide some of the best condition examples of biodiversity. (NRW, 2020)

NRW currently has sufficient evidence to determine the condition of around 51% of the features on these sites in Mid Wales (Powys and Ceredigion combined). Of those features, an estimated 41% are ‘favourable’, around 57% are ‘unfavourable’ and almost 2% are destroyed. This information suggests that our habitats and species are under increasing pressure across the region.

There are **264 Sites of Special Scientific Interest** (commonly known as SSSI’s) that lie wholly or partially in Powys as well as important national nature reserves such as Cors y Llyn, Stanner Rocks, Rhosgoch Bog, the Berwyn Mountains, Craig Cerrig Gleisiad, Craig y Ciliau and Ogof Ffynnon-du.

There are also 17 Special Areas of Conservation (SACs) and 3 Special Protection Areas (SPAS) wholly or partially within Powys.

(NRW, 2020)

There is only **one Local Nature Reserve (LNR) in Powys at the Lake Park in Llandrindod**, but a wide range of local wildlife sites, Wildlife Trust reserves and there are references to road verge nature reserves in the Powys [Local Development Plan “Biodiversity and Geodiversity” Supplementary Planning Guidance \(2018\)](#).

Like other SSSIs in Wales, many of our sites are small and fragmented and are therefore vulnerable to management changes and the influence of surrounding land use. (PCC, 2018)

What have people said?

According to SoNaRR2020 there are a variety of pressures and demands affecting biodiversity. Agricultural intensification has been identified as having the single biggest impact on biodiversity in the UK. Other key drivers include land and sea use change, direct exploitation of species, climate change, pollution, and invasive non-native species.

The Mid Wales Area Statement seeks to:

- identify the main causes of the nature emergency including what needs to be done, by whom and where
- improve the Favourable Conservation Status of designated sites
- identify opportunities for connectivity between those sites and other areas
- make nature a priority through planning, policy, and practical measures

Invasive non-native species

Invasive non-native species are defined as any non-native animals or plants that can spread outside their native range causing damage to the environment, the economy, our health, and the way we live. Invasive non-native species have been estimated to cost the Welsh economy £128 million annually.

Widely spread invasive non-native species in Mid Wales include Japanese knotweed (*Fallopia japonica*) and Himalayan balsam (*Impatiens glandulifera*) particularly along larger river catchments, such as the Wye and Usk. More detailed information about the distribution and impact of invasive non-native species can be found in the following story map [“Invasive Non-Native Species \(INNS\) \(arcgis.com\)”](#) on the Wales Environmental Information Portal.

(NRW, n.d.)

Sustainable Land, Water and Air

Land, water, and air are essential for people’s lives and well-being, well managed land plays an important role in meeting human needs while ensuring the long-term health of

ecosystems and the economy. Managing land areas in regenerative ways can deliver a range of environmental and well-being benefits for future generations including food, flood risk reduction, recreation opportunities and clean air.

Our rivers, lakes, groundwater, and estuaries provide us with important natural benefits, many of which contribute to the well-being of local communities and the wider population. These natural benefits include access to drinking water, clean rivers for recreation and relaxation, income generation from business and industry, tourism, green energy production and angling. By working together to improve and maintain the quality of these watery assets we can deliver benefits for the environment, the local economy, health, and quality of life.

Clean air is a critical natural resource and is essential to protect human health and Wales's natural environment. Air pollution is recognised by the World Health Organisation (WHO) as being the biggest environmental contributor to the burden of disease in Western Europe. Public Health Wales estimates that around 1,600 deaths are attributable to fine particulate matter (PM2.5) exposure and around 1,100 deaths to nitrogen dioxide (NO2) exposure each year in Wales.

Land

The total productive land area in Wales has remained stable for many years but there are pressures from other land uses that need to be considered more holistically. Agriculture accounts for approximately 80% of the land use in Wales. Farmed land comprises of four ecosystems – enclosed farmland, semi-natural grassland, coastal margins and mountain, moor, and heath. A smaller proportion of land is used for forestry and woodlands (15%, some of which is within enclosed farmland) (NRW, Forest Research, 2019) and urban (approximately 11%) with some integration of use. A small fraction of land can be considered 'unmanaged' or 'abandoned'.

Urban expansion has often been at the expense of the most productive land, although the predicted annual loss of best and most versatile (BMV) agricultural land to urbanisation over the next five decades is expected to be minimal when compared to historical losses (enclosed farmland natural resources register).

An ongoing commitment to tree planting will take land out of agricultural production. According to Forest Research, in 2017 there were estimated to be 92,700ha of tree cover (urban and rural) outside National Forest Inventory (NFI) defined woodlands (Forest Research, 2017). This is comprised of small woods less than 0.5 hectares in size (49,200ha), groups of trees (33,400ha) and lone trees (10,100ha). The total woodland as a percentage of land cover in Wales is 15%. If you include trees outside woodland, this brings the total land cover of woodlands and trees in Wales to 19.4%.

Land utilised for renewable energy development has continued to increase to help meet the target of 70% of Wales’s electricity consumption from renewable energy sources by 2030 (Woodland natural resources register). These include wind, solar, hydropower, ground heat source, energy from waste and bioenergy projects plus the required electricity supply infrastructure.

Follow the link to view more [information about Powys’ and Wales low carbon energy projects via our interactive report.](#)

The way in which land is used is in continual flux. Historically, conversion of arable land to permanent pasture, removal of hedgerows, and land drainage have reduced diversity across the landscape. Up until now, there has not been a mechanism to consider this productive resource. It is important to consider what current and future generations need from Wales’s land resource, and how Wales is best placed to deliver that in a global marketplace.

Water Quality

In Powys, most rivers are not achieving good ecological status under the Water Framework Directive 2018 interim classification. A range of pressures are compromising the health of our freshwater ecosystems, including climate change, diffuse and point source pollution, physical modification, abstraction, and invasive non-native species. Local water courses, particularly in the River Wye catchment area, are suffering from an increase in nutrient pollution arising from agriculture and development. Invasive non-native plants are also threatening habitats through Powys.

The tables below provide an overview about the ecological status of all 271 surface water bodies in Mid Wales for the years 2015 and 2018.

Table 3 The ecological status of all rivers in Mid Wales (2015)

Local Authority Area	High	Good	Moderate	Poor	Bad	Total
Powys	0	85	101	15	0	201
Ceredigion	0	13	37	9	0	59
Span both	0	0	9	2	0	11
Whole of Mid Wales	0	98	147	26	0	271

Table 42018)

Local Authority Area	High	Good	Moderate	Poor	Bad	Total
Powys	0	92	89	19	1	201
Ceredigion	0	15	34	10	0	59
Span both	0	1	7	3	0	11
Whole of Mid Wales	0	108	130	32	1	271

[Wales's Environmental Pollution Incidents report](#) has recorded **335 water-related pollution incidents in Powys** (between March 2016 to December 2020). In 2020 alone there were 85 water-related pollution incidents recorded in Powys – or in other words almost two water pollution incidence per week (NRW, 2016-20).

There is a need to tackle water quality issues by focusing on the following areas:

- support farm businesses to minimise their impact on the environment
- take measures to reduce pollution incidents through better management of potential sources of pollution (such as slurry and manure stores)
- work with businesses, communities, and policy makers to review current agricultural policies and schemes and explore new options for payment for Ecosystem Services
- manage our water resources to improve the quality and quantity of available water, without causing detriment to the natural environment

(NRW, 2016-20)

Flood risk

Flooding continues to threaten our communities, businesses, and environment, as witnessed in the winter of 2020. NRW produced an extensive [review of the February 2020 floods](#) (NRW, 2020) including a multimedia [story map](#) which shows the devastating impacts that this event has had in Powys and elsewhere. As incidents of flooding are set to become more frequent in the future because of climate change, the communities of Mid Wales need to become more adaptive and resilient, enabling them to respond more quickly to events through better planning and management.

In Powys, there are 9,613 properties with a flood risk (all ratings):

- 5,700 properties are low flood risk
- 1,429 properties are medium flood risk
- **2,404 properties are high flood risk**

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Follow the link to view more [information about flood risk in Powys and Wales via our interactive report.](#)

The 2018 preliminary flood risk assessment outlines the significant flood risk areas (second cycle Flood Risk Regulations). Significant flood risk areas are the key areas in Wales and shows the top 32 communities in Wales. Individual ranking for communities at risk within Wales can be obtained from Lle or my map; Welsh Government Funding is directed to the at most communities at risk/communities affected by flooding.

(NRW, 2018)

Table 5: Top ten communities at risk from flooding in Powys.

Local Authority	Fluvial	Tidal	Pluvial	Combined	Significant Flood Risk Area 2018
Powys	Llanfyllin Carno Plas Llysn Brecon Knighton Cilcewydd Llanfrynach Presteigne Llandiloes Llangattock	Not applicable	Ystradgynlais Newtown Llandridod Wells Brecon Welshpool Llanidloes Machynlleth Penrhos Llanllwchaiarn Llanfair Caereinion	Ystradgynlais Newtown Brecon Llanfyllin Llandridod Wells Carno Llandiloes Welshpool Plas Llysyn Knighton Llanfair Caereinion	None

741 properties in the county receive flood warnings.

The consequences of flooding are not just financial. Even **modest flooding events can significantly impact on the physical and mental well-being of the individuals** affected for many years after the actual flooding event. **Often, the worst affected are the more vulnerable in society.** Several recent studies point to the need for commissioners and providers of primary care, community services and mental health services and emergency planners to be alert to the potential for poor mental health amongst people whose homes have been flooded, as well as those whose lives have been disrupted by flooding and to plan for an increased need for services in areas affected, or likely to be affected, by flooding (see e.g. [PHE 2017](#)).

The Mid Wales Area Statement recognises the significant consequences that flooding can have on rural communities like Powys, particularly disrupting access to essential services, transport, education, work, and businesses.

The Mid Wales Area Statement identified **Natural Flood Risk Management (NFRM)** as one way to help address flood risk. NFRM can provide environmentally sensitive approaches to reducing flood risk in areas where further hard flood defences are not feasible or cost-effective.

These can include **tree planting, in-stream obstructions (such as porous dams), soil and land management, dune and beach management and creation of new wetlands**. The principal aim of adopting NFRM measures is to help slow water flows ('slow the flow') through a catchment, thus reducing and delaying peak flows. It is often most effective in larger catchment scale projects.

Air quality

Poor air quality is one of the largest environmental risks to ecosystems and human health in Wales. Air pollution adversely affects biodiversity and has led to widespread changes to species distribution and to the quality of habitats in Wales. Poor air quality threatens the conservation status of many habitats and reduces the ability of ecosystems to deliver their services such as clean drinking water and timber.

Air pollution is a local, regional, and international problem caused by the emission of pollutants, which either directly or through chemical reactions in the atmosphere lead to negative impacts on human health and ecosystems. **It is important to stress that air pollution affects both urban and rural areas**, and that there are interlinkages across space (see [Bosanquet 2021](#)).

Most air pollutants have declined in Wales in recent decades. **However, concentrations of ammonia are rising and having an impact on sensitive ecosystems.** Ammonia emissions from the UK and Europe continue to be above damage thresholds, resulting in widespread exceedance of critical loads (deposition) and critical levels (atmospheric concentrations) for both acidity and ammonia. This pollution also contributes to ozone production, which damages not only vegetation but human health (Public Health Wales, 2016) and many human-made materials such as plastic, rubber and metal.

Ammonia and nitrogen pollution from agriculture is affecting 59% of the land area of Wales. In 2018 88% of sensitive habitats exceeded their critical load for atmospheric nitrogen (down from 98% in 2009). It is currently having an adverse effect on 29% of the most sensitive habitats for plants and wildlife (Guthrie et al., 2018).

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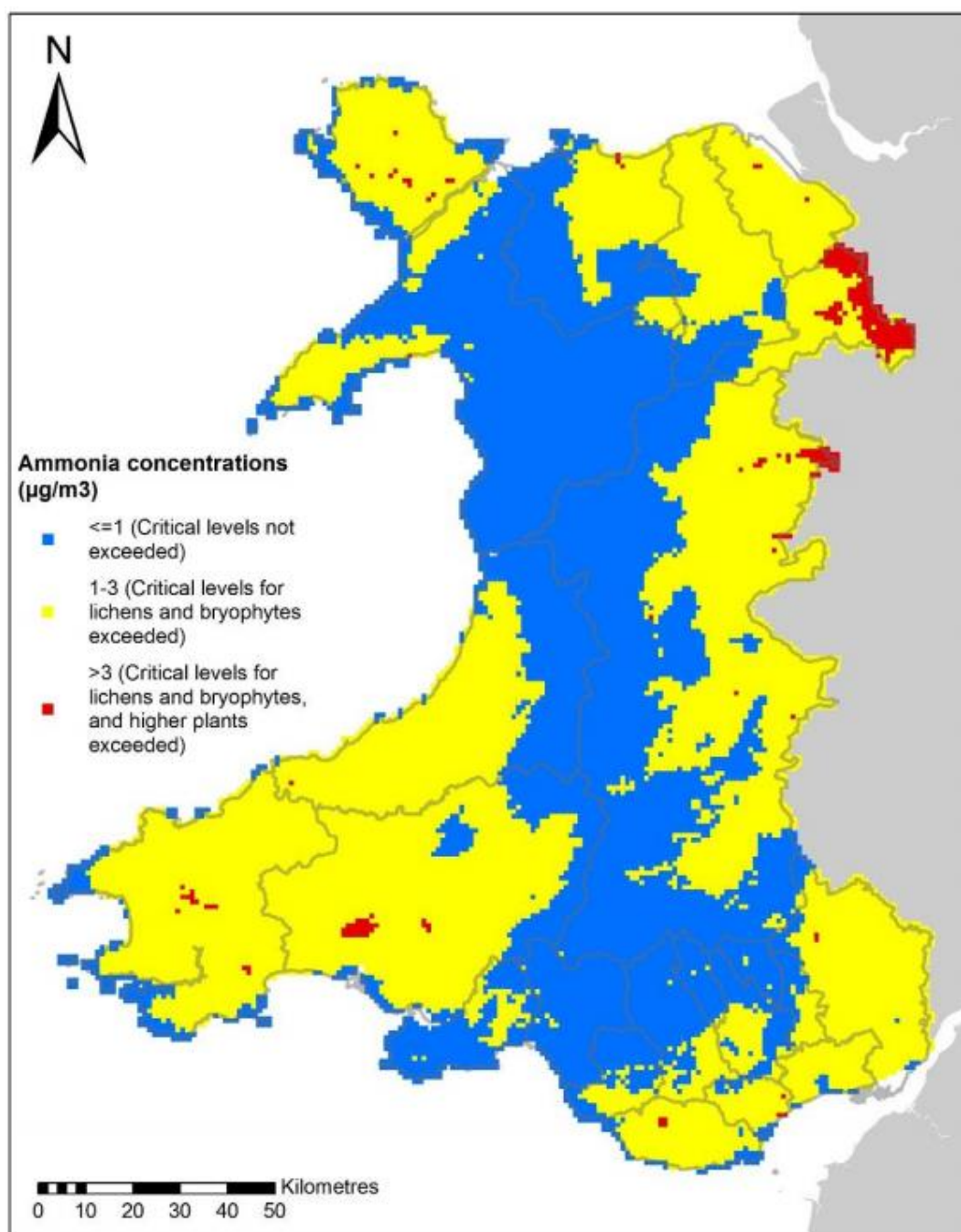


Figure 22: Ammonia concentrations in Wales (Source Rowe et al. 2020)

A key concern identified in SoNaRR 2020 and one which is particularly relevant to Powys are

“The localised impacts of new ammonia sources associated with the rapid expansion of intensive poultry developments” (Aazem and Bareham, 2015 cited in SoNaRR 2020).

The [infographic of the European Environmental Bureau](#) illustrates how agricultural emissions also affect peoples’ health. In this context it is critical to understand that agricultural emissions can transform in the atmosphere and contribute to increased levels of particulate matter and ozone. Particulate matter is of concern to both ecosystems and people, with smaller particle sizes having a greater effect on people as they are easily

inhaled. Overall concentrations of PM_{2.5} (particulate matter 2.5 microns or less in diameter) in most of Wales are low, although hotspots in industrial and densely populated urban areas exist. For Wales this means that agriculturally-dominated and sparsely populated counties like Powys have an important role to play – and arguably a responsibility for – mitigating any negative impacts of agricultural emission on the well-being of people in other parts of the country.

PM particles are formed because of burning fuel and chemical reactions that take place in the atmosphere. Natural processes such as forest fires also contribute to PM_{2.5} in the air. PM₁₀ is a particulate matter 10 micrometres or less in diameter.

For this indicator Powys ranks 5th lowest of local authorities in Wales. Powys is lower than the Welsh average at 10.25, Welsh average 11.62.

The PM₁₀ pollutant has decreased in Powys over the years, in 2007 the concentrations were 13.33 and in 2019 this has fallen to 10.25.

PM_{2.5} is a particulate matter 2.5 micrometres or less in diameter. PM_{2.5} is generally described as fine particles. For this indicator Powys ranks 5th lowest of local authorities in Wales. Powys is lower than the Welsh average at 6.53, Welsh average 7.48.

The PM_{2.5} pollutant has decreased in Powys over the years, in 2007 the concentrations were 7.43 and in 2019 this has fallen to 6.53. (Welsh Gov, 2021)

Follow the link to [understand more about air pollutants in Powys and how we rank against Wales via our interactive report.](#)

What have people said?

SoNaRR 2020 has highlighted the adverse effects of air pollution on peoples' well-being. It states:

"A growing body of evidence indicates that the impact of air pollution goes beyond physical health and can impact on human well-being due to people's personal connections to the richness of their natural environment. The health impacts from air pollution, for example exposure to particulate matter reducing lung function, reduces people's ability to access nature and benefit from other ecosystems services; it therefore affects their quality of life. Measures to combat air pollution, for example green infrastructure, can help transform urban and rural spaces by improving enjoyment and promoting positive behavioural changes. In addition, the cultural services imparted by ecosystems often depend on nitrogen-sensitive biodiversity, for example, in flower-rich meadows or lichen-draped woodlands.

(Theme: Air Quality, p. 22) (SoNaRR NRW, 2020)

For more information please [download the SoNaRR2020: Air quality chapter \(PDF\).](#)

The Mid Wales Area statement acknowledges that urgent measures are required to address ammonia pollution in Powys. Ammonia pollution from the increasing number of intensive agricultural units is now a very significant threat to the survival of the rich variety of rare pollution-sensitive lichens scattered throughout Mid Wales.

Waste

Living in a 'disposable' society where waste is continually generated increases pressure on the use of our natural resources. For example, once waste is generated it requires treatment at facilities that require land, consume energy, and water and produce emissions to the environment. If waste is not handled and treated properly it can be harmful to ecosystems, biodiversity, and the well-being of the population.

Wales is transitioning to a high recycling nation which is a necessary component of a circular and regenerative economy. However, more needs to be done to prevent waste from being generated if we are to achieve zero waste and one planet living. The pace of becoming a high recycling nation must be matched with the provision of suitable waste facilities and end markets for materials, particularly for material streams that are currently difficult to recycle. [For more information download the SoNaRR2020: Waste Chapter.](#) (NRW, 2020)

During 2019-20, **Powys reused, recycled, and composted (RRC) 63%** (34,732 tonnes) **of waste**. There was a large increase in the percentage of waste that was RRC, increasing from 51% to 65% (between 2012-13 and 2016-17). This dropped in 2017-18 to 60% and since has slowly been increasing. (Welsh Gov, 2021)

Follow the link to view more [information on Waste Management by Welsh Local Authority via our interactive report.](#)

Waste crime poses risks to the condition and resilience of ecosystems and the benefits they provide through mismanagement of waste.

During 2019-2020, **Powys had 494 recorded fly tipping incidents with a clean-up cost of over £29,000. That's an average of £60 clean-up cost per incident, this is above the Welsh average (£53).** (Welsh Gov, 2021)

Follow the link to view more [information on fly tipping by Welsh Local Authority via our interactive report.](#)

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Reconnecting People and Places

Reconnecting people with the environment emerged as a key theme for Powys due to Natural Resources Wales Area Statement engagement. Recreation and tourism are major contributors to the local economy of Powys. Activity tourism is rapidly growing in the area, and with parts of the Brecon Beacons, the Cambrian mountains, many watercourses, and two National Trails (Offa's Dyke & The Glyndwr Way) within its boundary this is not surprising. There are many **leisure related businesses currently supporting 10% of the Welsh tourism economy**. In Powys, a rural and sparsely populated part of Wales, this income is vital to many local communities.

The natural environment of Powys offers us many outdoor activities, however the value of these is often not fully appreciated by society, and sometimes those who live closest to it are least aware of its advantages. It is time to highlight these resources and reconnect both visitors and local people alike with places here in Powys. This section looks at access and recreation, green/social prescribing, sustainable tourism, and active travel.

Access and recreation

Over 300,000ha of land in Wales is accessible under the Countryside and Rights of Way [CRoW] Act 2000 by virtue of it either being Open Country or Registered Common Land. This right of access allows people to access the land "for the purposes of open-air recreation" on foot (without precluding a pushchair, wheelchair, or "invalid carriage").

Public rights of way and Access Land are the main means by which people can access the countryside of Mid Wales. The network is significant to the economy and tourism and play an important role in improving the health and well-being of people of Mid Wales. Public rights of way represent a major public asset that is protected by law. The local highway authority has a duty to ensure that they are kept open, available, and properly maintained.

Local highway authorities are required by the Countryside and Rights of Way Act 2000 to produce a [Rights of Way Improvement Plan](#) for their area. Many of the new plans long-term vision will be to support a network of paths, easy to use and useful, connecting the countryside with the towns and villages ensuring that the network is well used by people of all ages and abilities, walking or riding for leisure or for work.

NRW manages a vast and varied estate. Almost 100,000ha of NRW managed Welsh Government-owned woodland has already been dedicated as access land. Natural Resources Wales also coordinates the delivery of two National Trails in Powys. The **Offa's Dyke Path traverses the length of Powys** as it follows all the way down the England/Wales border. **Glyndwr's Way is entirely situated within the county**. These two routes provide great linear walks with a high standard of way-marking.

A new opportunity is that a series of short circular walks is now being developed that use sections of the trails plus nearby Public Rights of Way. These circular routes will satisfy the needs of residents who want a good but shorter walk in their area, with all the associated health benefits and a better feeling of a sense of place.

Access to and onto Water

Powys has many streams, rivers, reservoirs, and some lakes. It almost goes without saying that access to these water bodies is highly sought after for a variety of reasons.

Simply walking by a watercourse can provide mental health benefits. Other obvious uses and pastimes include fishing, canoeing, wild swimming and even paddling in rockpools.

There are difficulties in some areas where heavy use of a river for canoeing is considered by some other users to be a problem. These issues may take time to resolve, and there may not be a perfect solution. But rather than just focusing on honeypot sites it makes sense to seek out alternative and additional locations where the stress on the environment and other users may be lower and more manageable. An example of this is the River Wye at Glasbury where it is heavily used for canoe launching, however in **Newtown there is a new option for canoeing the River Severn in an area where there is no conflict.**

The quality of the water environment is critical to all the above, so putting great effort into ensuring high water quality is essential.

Another indicator that still appears useful to understand peoples' access to the benefits of greenspaces was mentioned in the Greenspace Toolkit (2011). This tool recommends that **no person should live more than 300m from their nearest natural greenspace.** This is roughly the equivalent of a six-minute walk. Provision should be made for at least 0.25ha of accessible natural greenspace per 1000 population following a system of tiers into which sites of different sizes fit, as follows:

- Tier 1: no person should live more than 300m from their nearest natural greenspace
- Tier 2: there should be at least one accessible site of >20ha within 2km of home;
- Tier 3: there should be one accessible 100ha site within 5km;
- Tier 4: there should be one accessible 500ha site within 10km.

According to this classification practically all of Powys is covered with greenspace infrastructure, in fact all of Powys is within a 300m buffer area of a greenspace infrastructure of at least 0.25ha. However not all these sites have full legal access, and no distinction was made between different types of green infrastructure (due to lack of time resource). This number is decreasing to around 75% of the population with access to sites of >20ha within 2km from home and about half of the population lives within 10km of one accessible 500ha site in Powys.

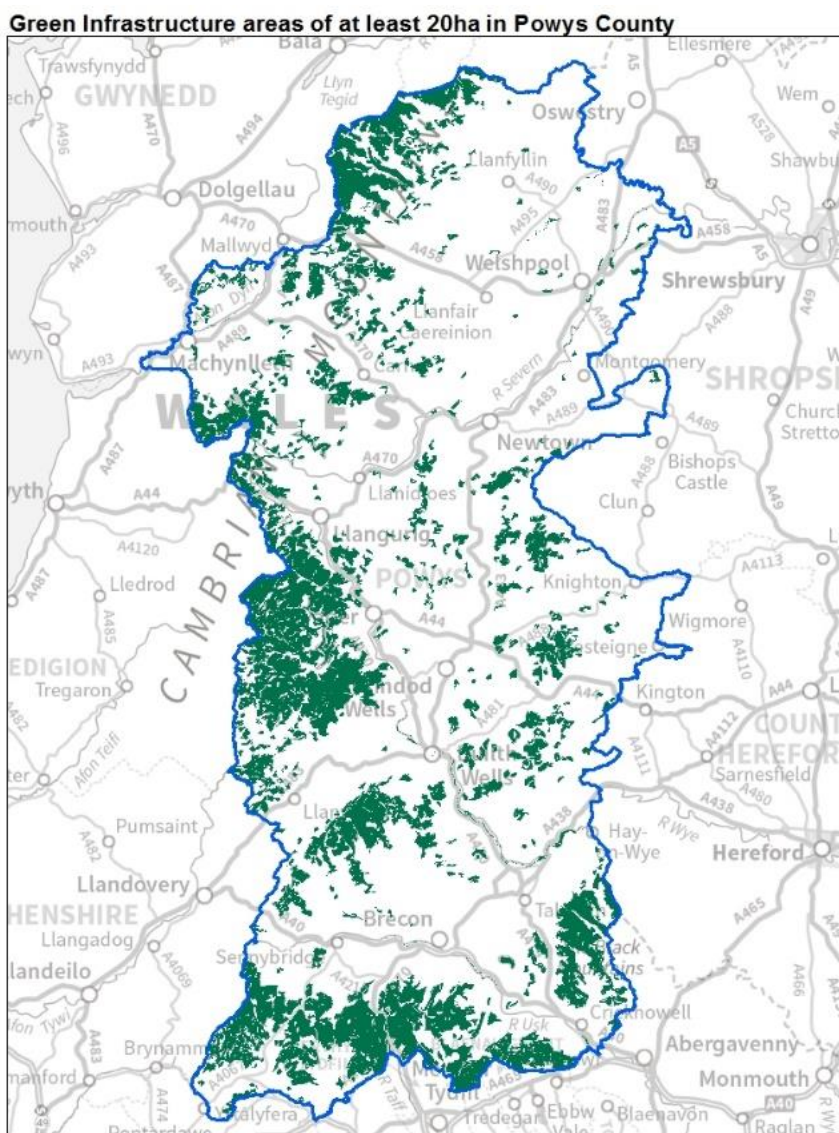


Figure 23 Map showing green infrastructure areas of at least 20ha in Powys

Green/social prescribing

There is increasing evidence that being in the natural environment can benefit people's mental well-being. Our urban and rural green spaces, parks, woodlands, fields, mountains, and water help us feel better both mentally and physically. Access to the natural environment can provide a range of opportunities in addition to physical activity, including companionship, meaningful activity, reflection, adventure, and learning.

Outdoor recreation can make a significant positive contribution to our physical health. Increasing levels of physical activity is known to help reduce the incidence of chronic diseases. Outdoor recreational activities are often free and provide opportunities for everyone, regardless of age or ability.

Sustainable tourism

More sustainable management of 'honeypot' visitor attractions, and increased public awareness and empathy for the natural environment they visit

Community led engagement to better connect local people to nature & the environment

Channel visitors to less popular (non-honeypot) areas: With two aims

- 1. to reduce pressure on heavily visited areas,**
- 2. Encourage spending at these less popular areas and contributing to the local economy.**

Active travel

Active Travel means walking or cycling for everyday short-distance journeys. It covers trips to school, shops, work, services, and transport hubs. Also, it can include the use of electric wheelchairs or mobility scooters. Yet it does not include journeys purely for recreation, or social reasons. Local authorities must encourage walking and cycling, they achieve this by improving cycle routes in all road developments.

Existing Route Maps' (ERMs) detail the current Active Travel routes approved by the Welsh Government. They do not show every walking or cycle route in an area, but only the existing routes deemed suitable for Active Travel by Local Authorities. [For further information on ERMs visit the local authority active travel pages.](#)

New routes and improvements to existing routes should avoid creating conflicts of use. For instance, cyclists heading to work tend to cycle quickly, whereas any dog-walkers on the same route will probably have dogs on long leads and inadvertent conflict may result. Multi-user routes work in some places but should not be seen as the universal answer.

There are also many other places people can visit including Local Nature Reserves, country parks and most National Nature Reserves. Horse riding is allowed in some NRW managed woodland. There are cycle routes across Wales allowing active travel and more technical mountain bike routes in some woodland. Enjoyment of the outdoors is also an important part of appreciating the cultural and landscape heritage of Wales. Outdoor recreation can make a significant contribution to the physical health and mental well-being of the population; increasing levels of physical activity has beneficial consequences in terms of increasing healthy life expectancy and reducing the incidence of chronic disease, including cardiovascular disease, some cancers, type 2 diabetes, and osteoporosis. Many outdoor recreational activities are free to all, enabling participation across and between communities.

What have people said?

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Reconnecting people with their natural environment emerged as a key priority from the Area Statement engagement sessions, stakeholders told us that:

- Using the environment to tackle health and well-being was an essential part of our society
- social isolation can be a major contributor to poor mental health
- Widespread green/social prescribing through local community initiatives and GP surgeries is desirable
- they would like to see improved mental, physical health, and well-being across Mid Wales
- they would like an increase in sustainable recreation and better access to green space
- they value nature and want to be better connected to their local environment
- we need to increase sustainability in managing tourism and developing the local economy

The main areas of focus under this Area Statement theme are to:

- promote sustainable tourism opportunities to help boost the local economy
- promote, encourage, and support sustainable recreation, reconnect local people and visitors with access to the natural environment
- look for new ways in which people can connect with their local environment to help improve their health and well-being
- work with different organisations to develop opportunities for using the natural environment on our doorstep as a tool in preventative medicine
- develop the evidence base to further support the theories around health and well-being and links to the natural environment

In the recent Living in Powys survey (July 2021), when asked “***What would make it easier for you to access nature?***” residents responded with a variety of comments including:

- “Promoting local areas, listing areas that are accessible, how to get there, where to park, child friendly info etc”
- "I would like to know more about wild swimming spots in the area. More publicised walks and group walks to introduce me to new areas whilst meeting new people"
- “Being able to access somewhere to grow things”
- “Improve cycling opportunities to access green space or to ride into town. Cycling on the main road in Llandrindod is difficult, especially with a child”
- “More disabled access places and public toilets”
- “Nothing really, where I live nature is easily accessible”
- “Park and ride from Brecon to the beacons”

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- “Public transport links, not necessarily everyday but more opportunities to go to places like Lake Vrnwy, Bala, beaches etc.”
- “Secure areas and walkways away from livestock”
“Improved rights of way network - signposts and signs etc”

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Forestry Resources

Woodlands deliver a range of ecosystem services which are important for well-being. These include providing timber, supporting biodiversity, storing carbon, improving air and water quality, reducing the risk of flooding and drought, improving our physical and mental health, and providing opportunities for education and learning.

Woodland types in Wales vary from ancient to recent, semi-natural to plantations (conifer, broadleaf and mixed). Wales's woodlands include significantly important semi-natural woodland habitat types and species.

The character of woodland in Wales has been influenced by both historic land use and previous government policy. Woodlands now cover approximately 15% of the land area of Wales. In the early 1900s, coverage was as low as 5% but this increased significantly in the mid-1900s as state owned forests were established. However, Wales remains one of the least wooded countries in Europe and there is a strong push to increase the rate of new woodland creation. [SoNaRR2020: Woodlands chapter](#); see also [Forest Research: Forestry Statistics 2020](#).

Powys has 15.75% (or 81820 ha) woodland cover which is slightly higher than the average across Wales (Scottish Government, 2020).

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Woodland Cover in Powys (National Forest Inventory 2018)

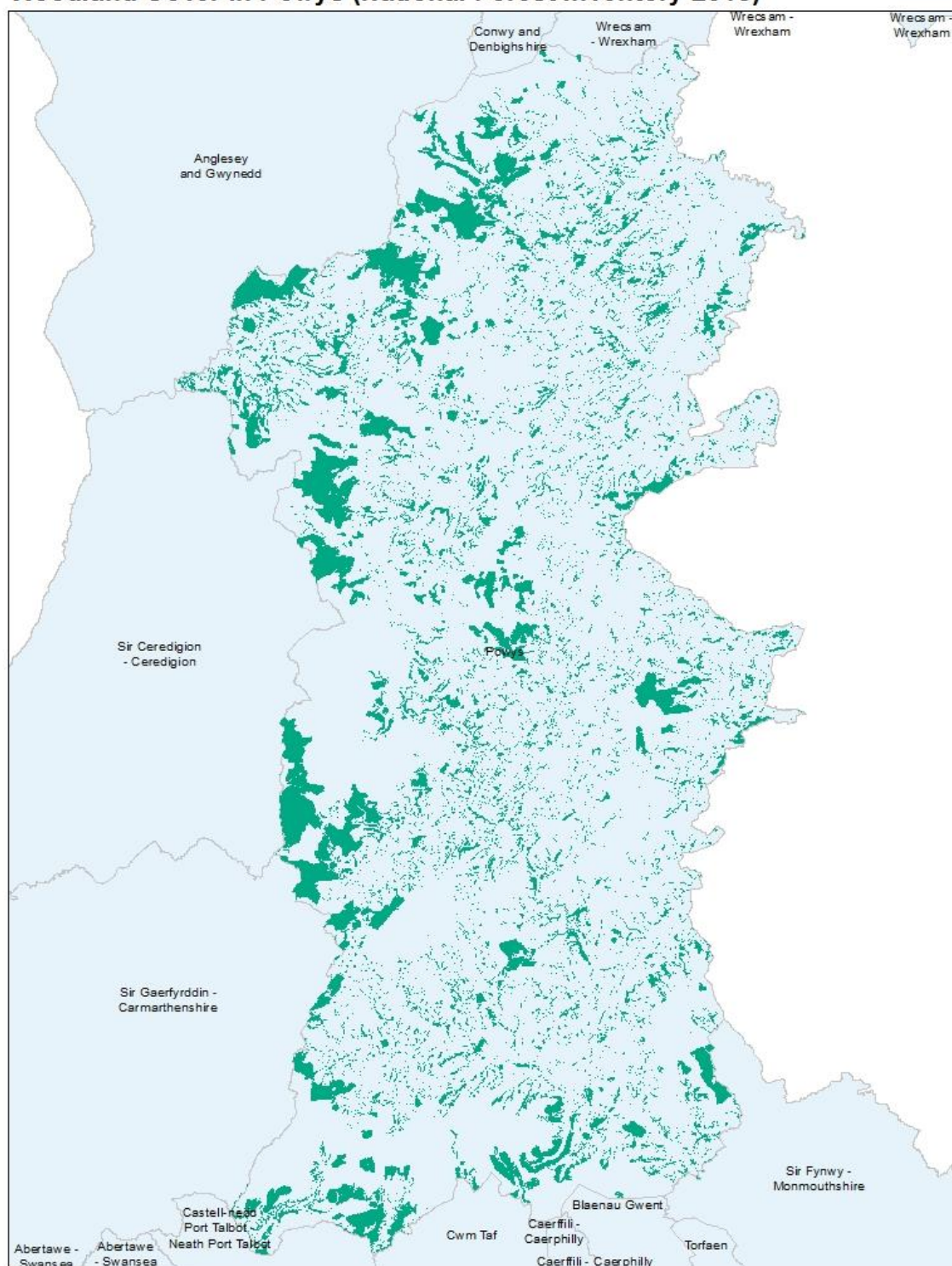


Figure 24 Map of Woodland cover in Powys

Urban tree cover: In Wales, we have over 16% canopy cover in our urban areas (over 14,000 ha in total) which is mid-range in world rankings. The mean urban tree cover in Wales was estimated to be 16.3% for 2013, down from 17.0% in 2009.

Powys' urban cover was estimated to be 14.5% in 2013, down from 15.3% in 2009." (NRW, 2016).

"Urban woodlands represent 35% of Wales's urban canopy cover, with Powys on 30%. The rest is made up of so-called 'amenity' non-woodland trees, those individual and groups of trees growing along streets, gardens, car parks and other urban public and private open spaces" (NRW, 2016). Tree cover in deprived areas tends to be lower and relatively less rich in amenity trees.

Economic value: Timber, as a sustainable and natural resource, makes a valuable contribution to the Welsh economy and there is potential for it to contribute more (SMNR Aim 4). Forestry based industries are worth over £400 million per annum to the Welsh economy, however, we still import 63% of softwood and 94% of our hardwood timber. National harvest of timber is approximately 1.65million metres cubed per annum and around 11,000 people are employed in forestry or forestry-related business (Confor).

This is likely to be higher in Powys, as Powys has a higher proportion of forest, and as forestry production jobs tend to be more focussed in rural areas. Softwood removals in Wales (combined public and private) over the last 10 years have fluctuated from a low of 1,038,000 green tonnes in 2009 to a peak of 1,541,000 green tonnes in 2017 with an average of 1,308,600 green tonnes over the ten-year period (Forest Research, 2019d).

Key trends:

- **Tree health is declining**, due to pests and diseases and variations in the seasonal amount and pattern of rainfall and temperature. The situation is likely to be further exacerbated by future climatic changes as well as global trade.
- **Climate change will affect Welsh woodlands in future** with current predictions suggesting a drier/warmer climate in the east of the country which may cause drought stress with species such as Sitka spruce but also bring opportunity to plant high yielding species such as Douglas Fir in the uplands; a warmer / wetter climate in the North & West which may increase timber yields but could also cause more wind instability and damage to forest infrastructure. Recent research (Environment Systems, 2020) suggests changes in the availability of land suitable for planting of sessile oak and Sitka spruce. Environment Systems (2020) states that planting schemes should take a longer-term view to consider the large geographic shift in land suitability (from lowland to upland areas) which is predicted to occur between 2050 and 2080, as these trends could affect the viability of woodlands planted between now and 2050.
- **Increasing tree cover across Wales:** A total of 1,300 ha of new woodland was created in Wales between 2016-2019 (Forest Research, 2019a). Welsh Government's ambition is to achieve 2,000 ha of new woodland creation per annum, rising to 4,000 ha per annum as rapidly as possible (Welsh Government, 2019a). [Opportunity mapping](#) for woodland creation.

- **Decreased timber availability** current forecasts of timber availability (Forestry Commission, 2014a; Forestry Commission, 2014b) predict a drop in softwood timber availability over the next 30 years which is a potential concern for the sector and more widely for Wales as it risks the continued flow of ecosystem services and well-being benefits from woodlands. Future predicted changes in the availability of softwood and hardwood timber may affect the forestry sector and its potential contribution to the Welsh economy, including the reliance on imports to meet domestic needs.

The Mid Wales Area Statement has identified the following priorities under the Forestry Resources theme:

- Managing forest resources sustainably, while also supporting the timber industry
- Increasing woodland cover with conifer, broadleaved and mixed woodland, following the 'right tree, right place' principle (which ensures that important areas that are already storing significant carbon, support priority habitats and species, or are protected sites are not planted with trees where there are negative effects on the interest of the site)
- Supporting training and local employment opportunities in forest management and skills
- Valuing woodlands for their commercial, recreational and biodiversity value
- Adapting to the impacts of tree disease and climate change
- Working with policy makers to balance the need for re-stocking upland forests whilst avoiding damage to natural peatland habitats
- Seeking opportunities for carbon capture and storage through well managed woodlands

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Climate Change

The Mid Wales Area statement highlights how climate change is one of the defining issues of our time for communities across Powys. From shifting weather patterns threatening food production to rising sea levels and the prospect of catastrophic flooding, the impact of climate change is global in scope, unprecedented in scale, and of widespread concern to our local communities. Immediate, effective action needs to be taken to reduce our carbon footprint, while also establishing policies and taking action to improve our resilience for the future. It is important to note that simply leaving adaptation for the future will make it more difficult and costly and leaves us open to the risk that we act too late.

The influence of humans on the climate system is clear. Emissions of greenhouse gases stemming from human activity (sometimes referred to as anthropogenic emissions) are the highest in history. Recent reports have confirmed that the UK climate is already changing rapidly. The [‘State of the UK Climate’ report \(Royal Meteorological Society, 2020\)](#), finds that disruptive climate change is impacting on our daily lives, with the UK becoming 6% wetter and 0.9C warmer in the last 30 years. These changes will have impacts for the frequency and magnitude of extreme weather events such as heatwaves and floods.

The IPCC have recently published the findings of [Working Group 6](#), presenting the physical science basis underpinning our understanding of how climates may change in the future (IPCC, 2021). The [Summary for Policy Makers](#) finds that extreme weather events such as heatwaves and intense rainfall have become more frequent and intense across most of the Earth’s landmasses since the 1950s, due to human influence on the climate system (IPCC, 2021). The chart below shows projected annual emissions of CO₂ across five illustrative scenarios (SSPs) used by the IPCC:

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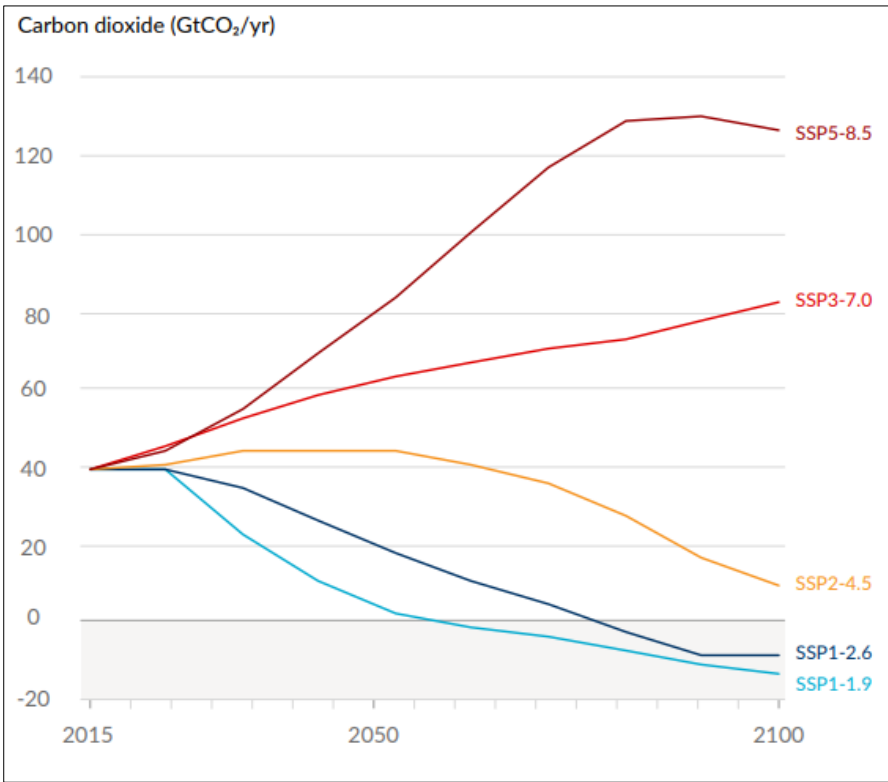


Figure 25: Different scenarios of projected annual emissions of CO₂, IPCC 2020

In 2021, the UK [Climate Change Committee](#) released the [third independent assessment of UK Climate Risk](#) (CCRA3) (Climate Change Committee, 2021).

Key findings from the report show that adaptation has not kept pace with evidence that the climate risk is likely to be more severe than previously thought.

Eight risks have been marked as the highest priority UK wide which require urgent adaptation action in the next two years:

1. Risks to the viability and diversity of terrestrial and freshwater habitats and species from multiple hazards
2. Risks to soil health from increased flooding and drought
3. Risks to natural carbon stores and sequestration from multiple hazards leading to increased emissions
4. Risks to crops, livestock and commercial trees from multiple hazards
5. Risks to supply of food, groceries, and vital services due to climate-related collapse of supply chains and distribution networks
6. Risks to people and the economy from climate-related failure of power system
7. Risks to human health, well-being, and productivity from increased exposure to heat in homes and from other buildings
8. Multiple risks to the UK from climate change impacts overseas

The CCC have also produced a [Summary for Wales](#) (Climate Change Committee, 2021), which shows that 26 risks from climate change have increased since the second risk assessment carried out 5 years ago.

Table 6: Climate change risks for Wales that have increased in the last 5 years (CCC 2021)

Risk and opportunity	Urgency score CCRA2	Urgency score CCRA3
N2. Risks to terrestrial species and habitats from pests and pathogens and invasive species	Sustain current action	More action needed
N6. Agricultural and forestry productivity	Research priority	More action needed
N7. Risks to agricultural and forestry from pests and pathogens and invasive species	Sustain current action	More action needed
N14. Risks to marine species, habitats, and fisheries from changing climactic conditions	Research priority	More action needed
N16. Risks to marine species and habitats from pests, pathogens and invasive species	Sustain current action	More action needed
N.18 Risks and opportunities from climate change to natural heritage and landscape character	Watching brief	Further investigation

CCRA 3 also lists new risks that did not appear in CCRA 2. The Summary for Wales identifies the following risks as high magnitude, requiring action now:

1. The impact of climate change on the natural environment (terrestrial, freshwater, coastal and marine, forests and agriculture)
2. Increases in the range, quantities and negative consequences of pests, pathogens, and invasive non-native species
3. More frequent flooding and coastal erosion, leading to: (a) damage to coastal businesses; (b) increased severity and frequency of flooding to homes and communities; and (c) damage to infrastructure services (energy, transport, water supplies and ICT)
4. The impact of high temperatures, high winds, and lightning on the transport network
5. The impact of high temperatures on people’s health and well-being
6. Extreme weather events causing disruption of health and social care services
7. Changes in temperature, precipitation, groundwater, and other landscape changes causing damage to cultural heritage assets
8. International impacts of climate change (e.g., food availability, safety and security, risks to international law/governance) that could affect the UK through disruption of trade routes, supply chains and public health

(Climate Change Committee, 2021)

NRW’s [State of Natural Resources Report 2020](#) (SoNaRR NRW, 2020) draws on the [Welsh Donut Report](#) (OXFAM, 2020), which evaluates how well we are living within sustainable

levels in respect of a suite of both environmental and societal parameters. Currently, Wales is not meeting goals related to society and well-being, nor are we within sustainable limits for our use of environmental resources (SoNaRR NRW, 2020).

As outlined above, CCRA 3 Summary for Wales specifies eight high magnitude risks that require action to enhance adaptation and resilience to future climatic shifts. CCRA 3 also highlights those UK-wide risks that require urgent action in the next two years. The next Powys well-being plan will need to consider how to advance cross-cutting policies, procedures, and strategies to address these risks, incorporating technology, economics, and society.

The [Welsh Donut Report](#) (OXFAM, 2020), SoNaRR 2020 and CCRA 3 all make it clear that in order to address the challenges faced by climate change, a transformative approach is needed. Technological, societal, and economic systems need fundamental reorganisation, coupled with equally important input from individuals to reduce production and consumption while maintaining levels of well-being. Reducing our environmental footprint cannot come at the expense of the well-being of our societies and communities.

In a report produced by the [National Atmospheric Emissions Inventory in 2021](#), it shows that 68% of all emissions in Wales are produced by energy supply, businesses, and transport (National Atmospheric Emissions Inventory, 2021). It is therefore recommended that policies and strategies are aimed at these areas in the first instance, while seeking to tackle the highest priority risks identified in CCRA 3.

The Welsh Government [Well-being of Wales Report 2019](#) makes it clear that if everyone used resources at the same rate as we do in Wales, it would require 2.5 planets. This is clearly not sustainable for the future (Welsh Gov, 2018/19).

SoNaRR 2020 uses the example of '[One Planet Cardiff](#)' as a case study of the kind of transformative, integrated approach required to ensure that we fulfil the principles of SMNR, while meeting the seven well-being goals set out in the Well-being of Future Generations Act.

Ideas that could be adapted for Powys and explored in future well-being plans include:

- Reducing our reliance on fossil fuels and energy consumption
- Prioritising green infrastructure across the county, increasing, and connecting green spaces in both rural and more urban areas
- Encouraging an increase in the use of active travel and public transport, with a focus on 'clean' vehicles
- Increase recycling rates and minimise waste – ensure Powys participates fully in making Wales a Zero Waste nation by 2050
- Reduce the impact of food choices on the environment, e.g., community farms and gardens

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- Undertaking appropriate actions to increase the resilience of our communities to flooding and other extreme weather events

With regards to a regenerative economy, SoNaRR 2020 recommends using the '[DISRUPT](#)' approach (NRW, 2020):

- Design for the future
- Incorporate digital technology
- Sustain and preserve what is already there
- Rethink the business model
- Use waste as a resource
- Prioritise regenerative resources
- Team up to create joint value

The DISRUPT model makes it clear that achieving the degree of necessary transformation in the economy, technology, transport, and society cannot be done by any one organisation alone. NRW has implemented the Area Statements and is a statutory participant in the Powys Public Service Board, with the overarching purpose of achieving the goals of the Well-Being of Future Generations Act, and the principles of SMNR (NRW, 2020).

An advantage of the PSBs is that they foster the creation of a 'civil society', incorporating a wide range of non-profit, non-governmental community organisations and volunteering networks, faith groups and charities (SoNaRR NRW, 2020). This diversity enables delivery of change at a range of scales, both county-wide and within individual communities. We need to consider how to strengthen these communities across Powys in a range of activities designed to appeal to diverse interests. It will be important to incorporate work looking at values, behaviours, and different forms of knowledge, rather than more traditional technological or economic focused approaches (SoNaRR NRW, 2020).

Transport

Transport remains the third highest producer of greenhouse gases in Wales for 2019. Wales has had [consistently high rates of car use for commuting since 1990](#), which is likely to be due to the rural nature of much of the country, and this is particularly true in Powys (NRW, 2020).

In such a challenging context, SoNaRR 2020 recommends considering actions in the social sphere, driving change in how and why people travel or transport things.

- Build on the change of lifestyle we all experienced during the COVID-19 pandemic - more working from home, limited travel, people staying local for holidays and recreation

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- Build on the impact Covid-19 had on how we shop – encourage purchase of local produce to reduce transport costs
- Enact policies to convert to electrically powered vehicles for public transport, where possible (or within Powys' control)
- Increase the number of charging points for electric vehicles – **Powys as a county is approximately 112 miles from top to bottom**, so having opportunities to charge vehicles will be critical to the uptake of electric cars
- Establish community networks for electric car users (this has already commenced in Powys) to share tips and knowledge
- Improve active travel routes, particularly in towns or areas where commuting in this way is possible; try to join up existing schemes that can be piecemeal in nature

Energy

Powys has old and inefficient housing, and therefore there are potentially significant reductions in carbon output to be made in terms of improving energy efficiency. We can explore some of the following:

- Encourage the local generation of energy (e.g., support the installation of technology such as solar panels or battery storage systems; transfer communities to electrical heating from fossil fuels).
- Promote demand management and energy efficiency (e.g., the roll out of smart meters).
- Establish policies to include energy efficient technology into any new housing development.
- Establish policies, networks and community initiatives to encourage 'prosumers' - energy users who produce and/or conserve energy through use of solar panels, heat pumps, energy storage devices (such as batteries) and electric vehicles.

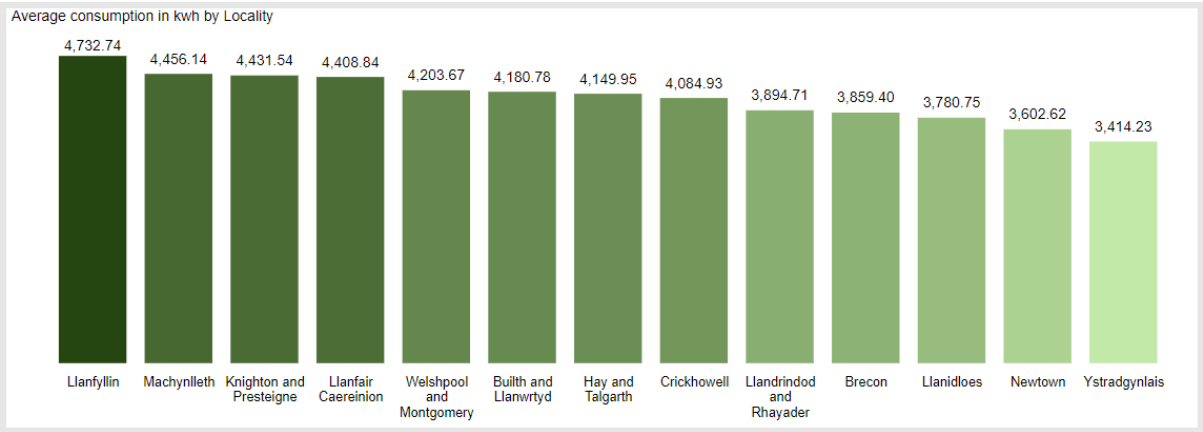
Many homes in Powys are not connected to the gas network due to Powys' rural nature. These homes are likely to rely on other, more carbon intensive and expensive forms of heating, such as oil, liquid petroleum gas, and coal (ONS, 2011).

Powys' average household electricity consumption is significantly higher than the Welsh average, as well as the UK average (Department for Business, Energy & Industrial Strategy, 2021).

The average domestic electricity consumption is 4,037 kWh per annum for Powys, which is higher than the Welsh average 3,578 kWh/annum, but lower than the GB average 4,079 kWh/annum. Between 2015 and 2019, electricity consumption in Powys has fallen by 5%, Wales and GB have fallen by 8%.

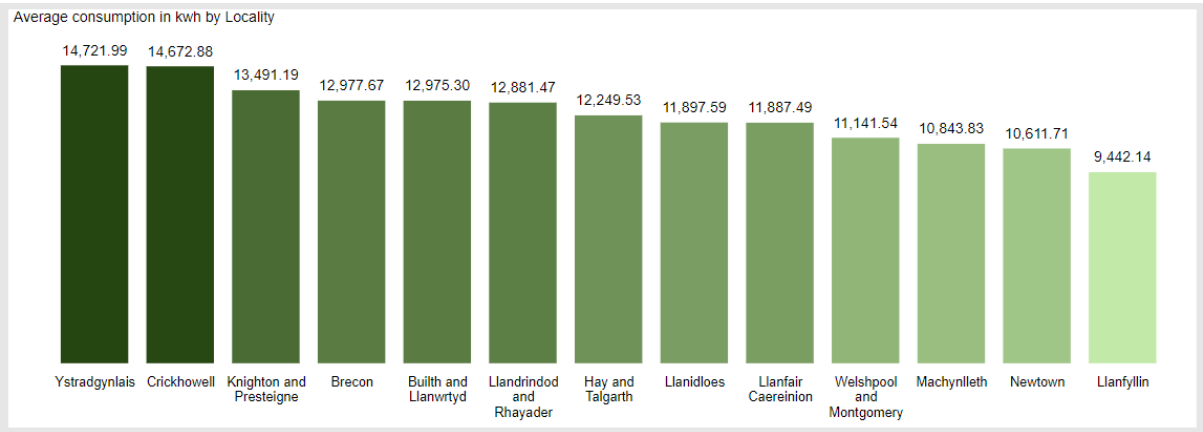
The average domestic gas consumption per meter is lower than both the Welsh and the UK average.

The average electrical consumption differs across Powys, with Llanfyllin locality showing the highest electricity consumption of all 13 localities, the lowest being Ystradgynlais.



The average domestic gas consumption per meter in Powys is 12,442kWh/annum which is lower than both the Welsh average 13,502 kWh/annum, and higher than the GB average 12,368 kWh/ annum. Between 2015 and 2019, mean domestic gas consumption in Powys has risen by 2%, and Wales 2% GB by 1%.

The average gas consumption differs across Powys, with the opposite from electrical consumption Ystradgynlais locality showing the highest gas consumption of all 13 localities, the lowest being Llanfyllin.



Due to the rurality of Powys, more rural localities will not be connected to the gas network.

In Powys, 53% of properties are not connected to the gas network (Wales: 15%, UK: 10%).

Estimates of the number of properties not connected to the gas network vary, with one source **estimating that 43,000 properties in Powys are not connected to the gas network (ONS, 2011).**

Due to rising energy prices, many residents are finding it difficult to heat their homes to a comfortable standard.

The percentage of households in Powys who are in fuel poverty was 17% (Welsh average: 12%). Powys ranks third highest amongst all local authorities in Wales (Gwynedd is highest (23%) and Ceredigion second highest (21%) (Welsh Gov, 2018)).

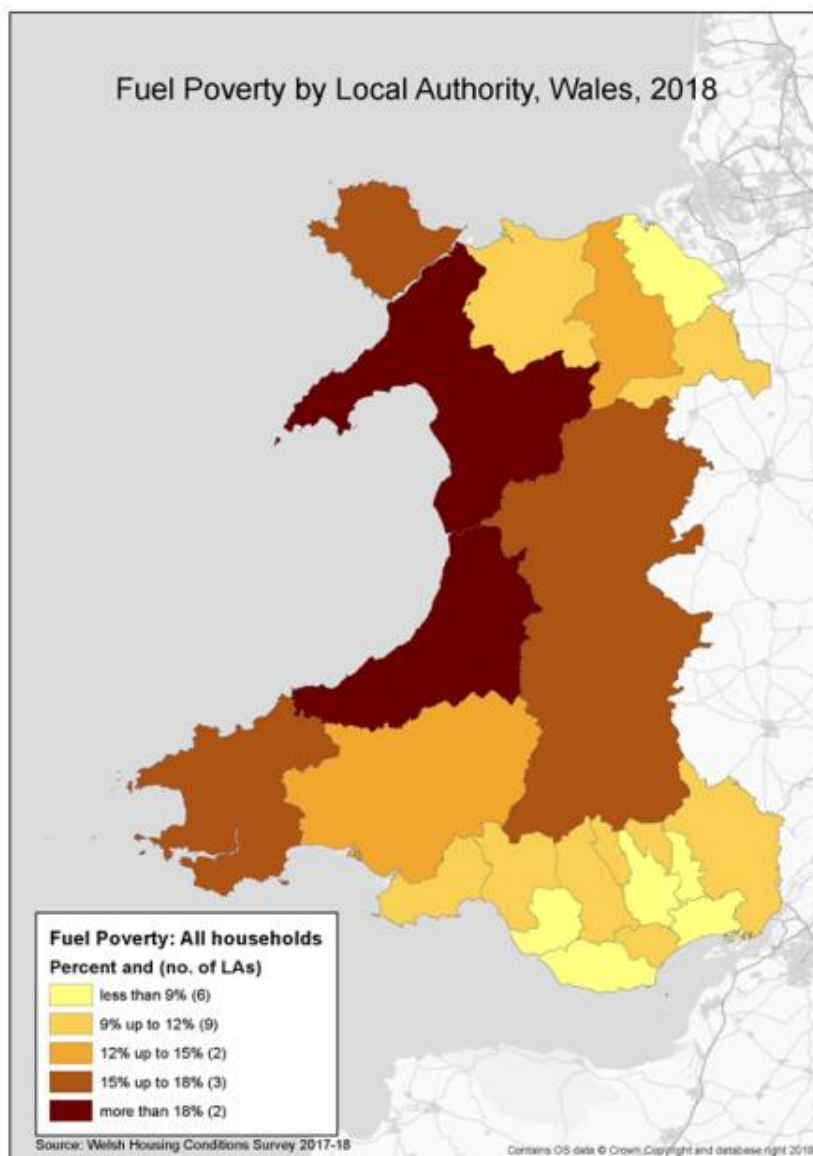


Figure 26 Map: Proportion of households in fuel poverty (10% definition), Wales (Welsh Gov, 2018)

Follow the link to view more about [energy consumption in Powys and our 13 localities via our interactive report.](#)

Food

The food system, in meeting society's nutritional needs, is responsible for many impacts on the environment. Examples include emissions of pollutants, depletion of resources, loss of biodiversity and degradation of ecosystems in Wales and beyond.

Options for making the existing food system more efficient include:

- Low carbon management practices

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- Increased biodiversity-friendly management practices
- New incentives and regulatory mechanisms
- Changing diets
- Reducing food waste
- Increasing food production from a smaller area of land

What have people said?

Living in Powys survey (July 2021)

82% of 468 respondents to the 'Living in Powys' survey agreed or strongly agreed that we are seeing more extreme weather events including flooding. 5% answered that they strongly disagreed, and 13% answered neutral.

When asked "what action they are taking to address climate change", 12% of respondents said that they would source renewable energy.

- 83% of respondents agreed or strongly agreed that action to address climate change is important to them.
- 74% agreed or strongly agreed that they are acting to address climate change and 72% felt informed about climate change.

Respondents were asked what action they take to address **climate change**, highest answers included:

- 17% reduce what I buy new
- 17% repair what I already have
- 16% expand lifetime of products through good maintenance
- 14% buy used, refurbished or re-manufactured
- 14% buy sustainable options e.g. From recycled content or low carbon
- 10% source renewable energy
- 1% said do nothing

For those selecting 'nothing' they were asked what is preventing them from acting, responses included:

- "I feel climate change is an exaggerated problem designed to increase taxation of everyday items, force us into buying very expensive electric cars and undermining our lifestyles."
- "Absolutely no need to do anything."
- "Climate has always changed, CO2 is not a pollutant, wind and solar are expensive yet useless. Wasteful use of resources is wrong but so far fossil fuels are the most effective, efficient, and beneficial provisions of the Creator God for mankind. The Maldives will show us when sea level change happens. I am all for good stewardship

of resources, but not to be done under the false pretences of the current "climate change" agenda. "While the earth remains, seedtime and harvest, cold and heat, winter and summer, and day and night shall not cease". God's promise, Bible (Genesis)."

- "It is over exaggerated. All climate is cyclical."

Some respondents mentioned **electric and hybrid cars** in their response to what their priorities would be in a well-being plan:

- "Powys will need many more charging stations for all the electric and hybrid cars that will be taking over from petrol and diesel vehicles. How will you make sure there is capacity for us all to charge when we are not at home?"
- "Businesses can install more electric vehicle charging infrastructure and create more green spaces around the town."

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Environment Summary

There are connections between the people of Powys and the natural world. Communities in this part of Wales are acutely reliant on and impacted by the benefits and risks that the county's natural resources provide in a way which is more immediate and direct than other urbanised regions of Wales. This direct reliance on natural resources is particularly evident when we look at the economic, social and cultural well-being benefits derived from Powys' special and significant broad ecosystems:

Enclosed farmland in Powys contributes to approximately 24% of the entire Welsh resource, around 249,166ha in extent. **This ecosystem covers around 47% of Powys and comprises the improved and semi-improved agricultural land that is surrounded by field boundaries.** The ecosystem is managed mostly for food production, in particular the production of livestock for meat and milk. Enclosed farmland is an intensively managed ecosystem with small areas of high biodiversity value such as hedgerows, traditional orchards, wood pasture, parkland and extensively managed arable land. Agricultural productivity has remained relatively stable for the last two decades. The provision of food has negative impacts on other ecosystem services. Ammonia emissions and nutrient run-off have the potential to cause pollution to land, water and air. This, along with the planting of crops and species-poor grassland, causes the loss of native biodiversity. Agriculture faces a major challenge in reducing its contribution to climate change. It needs to reduce greenhouse gas emissions and has a role to play in storing carbon. More efficient use of nutrients at field, farm and catchment scales could reduce diffuse pollution and improve soil condition without affecting the amount of food production. However, system changes to current agricultural practices are required to fully address both the nature and climate emergencies.

Mountains, Moorland and Heath in Powys contribute to approximately 35% of the entire Welsh resource, around 129,000ha in extent. **This ecosystem covers around 25% of the land area in Powys and provides key benefits including carbon storage, flood mitigation, food, fibre and some of Wales's most iconic species and landscapes valued by residents and tourists.** The predominant land use is stock rearing, with sheep being the major component, and there is also commercial forestry. The majority of Mountains, Moorland and Heath ecosystems occur in the uplands, the land lying above the upper limit of enclosure. This upland part of the ecosystem accounts for 19.3% of the Welsh land making it the largest continuous block of habitat. It includes large areas of acid grassland much of it resulting from overgrazing of heath and bog. The uplands are crucial in supplying clean drinking water, sequestering carbon and providing renewable energy. Mountains, Moorland and Heath landscapes also have huge cultural and heritage value, are key areas for access and recreation and play important roles in physical, mental and spiritual well-being. In contrast, the lowland peatlands and heathlands are frequently small, highly fragmented and impacted by neighbouring land uses. Decline in traditional grazing and other management practices are often apparent and lead to loss of valued features. Problems are compounded

in both upland and lowland Mountains, Moorlands and Heath by aerial and groundwater pollution with high levels of reactive nitrogen.

Freshwater: Rivers, lakes, ponds and floodplains harbour rich biodiversity including some of the most threatened wildlife in Wales such as the freshwater pearl mussel, salmon and water vole. In Wales, only 44% of rivers are achieving good ecological status under the Water Framework Directive 2018 interim classification. A range of pressures are compromising the health of our freshwater ecosystems, including climate change, pollution, physical modification, abstraction and invasive non-native species. The sustainable management of freshwater ecosystems is intimately linked with the neighbouring land within their catchments. Freshwater ecosystems provide important ecosystem services including water supply, renewable energy production, flood management, waste disposal, fisheries and recreation. Balancing the use of these services with one another and the sustainable management of catchments is a significant challenge.

Powys includes part of some of the most important river systems in Wales including the Wye, Usk, Severn and Dyfi. The rivers Wye and Usk are designated riverine Special Areas of Conservation (SACs). In January 2021, NRW published new evidence on phosphate levels for all river SACs across Wales. The evidence shows that overall, phosphorus breaches are widespread within Powys' SAC rivers. **The river Usk was assessed to have an 88% failure rate and the river Wye a 60% failure rate for phosphorus.** Too much phosphate can cause eutrophication, resulting in decreased levels of oxygen and the subsequent destruction of plant and animal life. This threatens some of Powys' most special wildlife such as the Atlantic salmon and wild trout. Phosphates can enter river systems from land management practices, sewerage and foul water that contain detergents and food waste. Local Planning Authorities are required to ensure that all planning applications within SAC catchment areas meet stringent tests. This has created an impasse on certain developments, which could have damaging impacts on local economies and communities.

Woodlands in Powys contribute to approximately 25% of the entire Welsh resource, around 83,979ha in extent. Woodlands and trees provide a variety of benefits to well-being. They help regulate our climate, provide income and jobs from timber and other activities, store carbon; contribute to reducing flood and low river flow risk; safeguard soils; improve air quality; reduce noise; and regulate pests and diseases. They play a major role in pollination, soil formation, nutrient cycling, water cycling and oxygen production, all of which are crucial in supporting well-being. Upland oakwoods are the characteristic and iconic woodland type of Mid Wales, accounting for around 60% of the native woodland area (national average c. 50%) and widely recognised for its high biodiversity and cultural value.

In common with native woodlands throughout Wales, **the condition of woodlands in Powys shows that many of them are in unfavourable condition.** Some of the main factors influencing their condition are habitat loss and fragmentation, grazing management, structure and management, INNS, pests and diseases and pollution.

Data and evidence shows that we fall short of achieving the sustainable management of natural resources in Powys. We are using stocks of our natural resources at a rate which is unsustainable and that our ecosystems are under increasing pressure and threat from the impacts of climate change, land use change, invasive non-native species (INNS), pollution and over-use. **This jeopardises the ability of our natural environment to provide a number of vital well-being benefits now and in the future.**

Climate risk is an increasing concern which is predicated to have a significant impact on the habitats, people and places of Powys. This assessment has looked at some of the risks to the environment using future climate predictions, but more work will need to be done to make sure we take an integrated approach to climate risk across cultural, economic and social well-being.

The failure of current practices to achieve a model of sustainable natural resource management is putting the well-being of future generations at risk in Powys.

Brexit is a key risk which has the capacity to have a significant future impact on land management in Powys and while future trade deals and policy creation is a national issue, more can be done to reduce the impact of future changes at the local level.

More work needs to be done to address the drivers of unsustainable management which exist outside of the environmental well-being sphere. As a result of this analysis, it is recommended that a closer and more integrated look at key challenges is taken, where transformation and systemic change would have significant well-being benefits to all four well-being themes. **Transformation in the food, energy and transport sectors has the greatest potential to improve well-being in Powys.**

Cross cutting themes

The environment and well-being is also affected by many other cross cutting themes seen in the other Well-being topics, Social, Economy and Culture and Community.

		How does Environment interact with the other Well-being themes?
Social	<ul style="list-style-type: none">• Homelife• Living Independently• Health and Lifestyle• Education our Children	The environment in which people live has a large impact upon an individual's social well-being. For example, extreme weather situations such as flooding can have a detrimental impact to an individuals' social well-being as it de-stabilises their homelife, ability to live independently and potentially has negative longer term health impacts. However, the natural world can improve social well-being through creating spaces and places with increased biodiversity and a community that has an affluence of natural resources which allows for an individual to thrive within the environment of their local community.

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Economy	<ul style="list-style-type: none"> • Jobs and Wages • Businesses • Tourism • Staying Connected • Poverty and Deprivation 	<p>The environment in which people live has a large impact upon an individual's economic well-being. For example, jobs and wages alongside commercial opportunities such as business and the tourism industry will be impacted upon by increasingly extreme weather situations such as flooding. This can have a detrimental impact to an individuals' economic well-being as it de-stabilises their homelife, ability to live independently and potentially has negative longer term health impacts.</p> <p>However, the natural world can improve economic well-being through creating spaces and places with increased biodiversity and a community that has an affluence of natural resources which allows for an individual to thrive within the environment of their local community.</p> <p>It also important to note a clear link between the longer-term sustainability of certain industries and sectors, based on their reliance upon natural resources, which can be combatted with an innovate environmental approach or an extension of a greener economy. We need to make use of locally sourced materials, particularly wood grown in Wales, rather than buying in goods. Sustainability is key, ensuring that we use goods produced or grown locally and replant to ensure a sustainable future for the next generation.</p>
Culture and Community	<ul style="list-style-type: none"> • Welsh Language • Communities coming together • Participation in cultural life • Anti-social 	<p>The environment in which people live is a critical component of an individual's cultural and community wellbeing, as the environment is the natural world in which communities are living. It is important for communities to be established in spaces that are sustainable and well-connected, with sustainable resources to live accordingly. The potential implications posed by climate change and a changing environment can potentially de-stabilise local communities, as a community's response to increasingly extreme environmental events could lead to individuals leaving their communities, which could impact wider cultural areas such as the Welsh language if there is increased migration.</p>
High Level Impacts	Ageing population	<p>It is important to consider the impacts of an increasingly aging population when environmental well-being, as an older demographic. An aging population is likely to encounter additional health and lifestyle issues associated with older ages, alongside additional affects from the current which could limit their ability to interact with their local communities and culture.</p>

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	Rurality	Due to Powys's rural make up and vast geography, the role of the environment to well-being is essential. For example, people living within these communities are likely to have living amongst increased biodiversity and feel more connected to their natural environment, with easier access to green spaces. Rural communities are also likely to be impacted by the impacts of climate change as there is an increased dependence on natural resources compared to urban areas, with agriculture also affected due to land becoming less fertile.
	Brexit	Whilst the full extent of the impact of Britain's exit from the European Union remains largely unseen at a local level, it is still important to note that this will impact environmental well-being over time as UK/Welsh policy and legislation changes to move away from those that were previously worked to as part of the EU.
	COVID-19	Whilst this assessment has been produced during the coronavirus pandemic, which is still ongoing, the longer-term impact is still to be determined. However, the pandemic has already highlighted new short-term issues affecting economic well-being and exacerbated the existing challenges, such as its disproportionate impact to particular demographics. This has impacted an individuals' economic well-being as many people have faced increased challenges in their job and/or business, whilst also exacerbating and increasing the number of people becoming impoverished. This has also forced the wider society to re-consider the importance of economic well-being, as delivery models for jobs, businesses and tourism have had to adapt to cope with the ever-changing situation.

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Methodology

Our assessment combines quantitative data and insight, alongside qualitative user feedback. We have used publicly available data, our own engagement information from all partners, as well as national research, reports, and evidence to help understand the situation and experience of residents and those using services.

Partners engaged with people throughout the county and encouraged everyone to share thoughts and ideas. All engagement activity was structured around the four core themes and the data and intelligence gathered was a mixture of new engagement as well as utilising existing user feedback and previous consultation and engagement information.

The assessment was delivered in three phases:

Phase 1 – Data Gathering (June – September 2021)

We identified what data was readily available and the data gaps we had from our previous assessment. All relevant quantitative and qualitative evidence from any recent consultations that partners have been involved in was considered. The group developed a list of stakeholders to engage with, as well as the best mechanisms to do so, e.g., utilising existing groups to better engage. The team realised that COVID-19 would be a feature of the Well-being Assessment, however it would not be the sole focus.

Phase 2 – Engagement and Testing data (September – November 2021)

Partners worked together to conduct consult and engage on the emerging data gaps, using a range of channels and techniques to capture further insights. This included a mix of digital and 'piggy-backing' opportunities. We engaged with hard-to-reach groups and the public on our insight and tested these.

Phase 3 – Analysis (November 2021 – January 2022)

Detailed analysis of the results collected were carried out and included a mix of qualitative data and insights (e.g., resident attitudes and feelings) which complimented the more traditional quantitative information that we captured (e.g., numbers of residents satisfied with a service). By effectively cross-referencing the two types of data we ensured that had a robust assessment.

The written Well-being Assessment evolved during this process and was refined during each step as we had access to richer insights from our residents and service users.

We engaged with a vast number of stakeholders across a huge area and a common set of groups, we undertook a detailed stakeholder mapping exercise to ensure our assessment reflects people's needs as accurately as possible.

Living in Powys survey

We conducted a Living in Powys Well-being survey over a period of 8 weeks in June/July 2021. The survey (which was available in English and Welsh) was themed closely to the national well-being goals with the aim of understanding the differences across the county.

Due to the Covid-19 pandemic, and Welsh Government regulations, face-to-face focus groups, on-street surveys, and public events, have been unable to take place and our well-being engagement exercises were primarily online, with printed copies only distributed if/when required.

This engagement campaign targeted the population of Powys, and whilst it was not possible to collect information from the whole population, we used a sample of those whose key characteristics were representative of the target group. To ensure we had results representative of the Powys population, 384 responses were required to have a confidence level of 95% (with a margin of error of +/-5%). Our initial 'Living in Powys' survey received 475 responses and our follow-up 'Well-being Assessment' survey received 614 responses.

The survey was promoted through: Powys County Council and PSB partner social media accounts; the local press; direct emails to PSB Partners, their staff and stakeholders, the Powys People's Panel 1,000+ members, County Councillors, Town and Community Councils; internal communications to Council staff; and on bus stops throughout Powys.

As we move into the well-being plan, Welsh Government Covid-19 regulations allowing, it would be good to have face-to-face engagement with residents and local groups to gain more qualitative data and even case studies to include in the plan. Using more qualitative data will help highlight sentiment across the county and re-occurring themes and in which geographical areas they are most prevalent.

Stakeholders

We engaged with many groups. Please note this is not an exhaustive list:

- Partnership Engagement Forums
- Town and community councils
- The workforce
- Service user and carer groups
- Citizens panels
- Carers Fora
- PSB partners
- Disability / access groups
- Environmental groups
- Dementia action groups
- Tenant associations
- PCC housing tenants

- Other equality groups
- Youth groups
- Women's Institute
- 50+ groups
- Pensioner groups
- Eat Carrots Be Safe from Elephants
- Powys Youth Forum
- Corporate Parenting Group Members
- Schools
- Sports associations
- Governing bodies
- Voluntary groups and charities (via PAVO)
- Businesses

To ensure engagement activities were successful, we employed the following tactics:

- Be clear about what we are asking and why
- Focus on 'what matters' to people
- Make sure any events or engagement materials are meaningful, accessible, and easy to understand
- Use existing networks as much as possible to avoid duplication (piggybacking)
- Use a wide range of techniques and a multi-channel approach
- Ensure seamless communication between partners throughout

We used the following channels to ensure we captured people's views:

- Surveys
- Focus groups
- Press releases
- Social media
- Intranets
- Video
- Virtual forums
- 'Piggy-backing' events and meetings
- Email

Wherever possible, we have provided a locality level picture. As Powys is such a large county, with a landmass covering a quarter of Wales, the 13-locality approach helps understand differences across place.

Data Gaps

Well-being Theme	Local Well-being: Areas of focus	Data Gaps
Demographics		<ul style="list-style-type: none"> <u>Ethnicity and Place of Birth</u> - The latest data available is from the census, 2011. This is now over 10 years old
Social	Homelife	<ul style="list-style-type: none"> <u>Number of households</u> – The latest data available is from the census, 2011. This is now over 10 years old <u>Loneliness and Isolation</u> – The latest data available is from the census, 2011. This is now over 10 years old <u>Poverty</u> - The data made available to us is only down to Powys level.
	Living Independently	<ul style="list-style-type: none"> <u>Carers</u> - The latest data available is from the census, 2011. This is now over 10 years old.
	Health and Lifestyle	<ul style="list-style-type: none"> <u>Mental Health</u> – Data we had made available to us is at national level (Wales). <u>Staying Healthy</u> – The data made available to us is only down to Powys level. <u>Obesity</u> – The data made available to us is only to Powys level
	Educating our children	<ul style="list-style-type: none"> <u>Educational attainment</u> – latest data is from 2018/19 as examinations were cancelled due to COVID-19 in 2020. <u>Childcare sufficiency</u> – The data available is only to Powys level. <u>Child Play sufficiency</u> - The data available is only to Powys level. <u>Sufficiency of Nursery Education</u> - The data currently available is only to Powys level.
Economy	Jobs and wages	<ul style="list-style-type: none"> <u>Annual Population Survey</u> - The data made available to us is only down to Powys level. <u>Gross Value Added (GVA)</u> - The data made available to us is only down to Powys level. <u>Annual Survey of Hours and Earnings (ASHE)</u> -- The data made available to us is only down to

Well-being Theme	Local Well-being: Areas of focus	Data Gaps
		Powys level. Only with age and gender, no other protected characteristics available
	Businesses	<ul style="list-style-type: none"> <u>Business Register and Employment Survey BRES</u> - The data made available to us is only down to Powys level. <u>UK Business Count</u> - The data made available to us is only down to Powys level.
	Tourism	<ul style="list-style-type: none"> <u>STEAM model</u> - The data made available to us is mostly a Powys level (some Shire information available but not used). No data about protected characteristics of visitors.
	Staying connected	<ul style="list-style-type: none"> <u>OFCOM</u> - The data made available to us is only down to Powys level.
	Poverty and deprivation	<ul style="list-style-type: none"> <u>Annual Survey of Hours and Earnings (ASHE)</u> -- The data made available to us is only down to Powys level. Only with age and gender, no other protected characteristics available <u>Welsh Index of Multiple Deprivation (WIMD)</u> - small area (LSOA data) available but only gives relative levels of deprivation, not actual numbers.
Culture and Community	Welsh Language	<ul style="list-style-type: none"> <u>Welsh Language Skills</u> - The latest data available is from the census, 2011. This is now over 10 years old <u>Projected Welsh Language Speakers</u> - We only data we had made available to us is at national level (Wales). <u>Welsh Language</u> – Further explore the longer-term future of the Welsh language in Powys, in conjunction with national level predictions and relevance to your area.
	Communities coming together	<ul style="list-style-type: none"> <u>People who volunteer (age 16+)</u> - Data we had made available to us is at national level (Wales). <u>Foodbanks</u> - We only data we had made available to us is at national level (Wales). Levels of foodbanks within local communities unknown.

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Well-being Theme	Local Well-being: Areas of focus	Data Gaps
	Participation in cultural life	<ul style="list-style-type: none"> • <u>Use of Libraries</u> – Data we had made available to us is at Powys level. • <u>Use of Leisure Centres</u> – No data available/provided • <u>Powys Cultural Assets and National Heritage</u> • <u>Town centres and local events</u> - Data we had made available to us is at national level (Wales).
	Anti-social	<ul style="list-style-type: none"> • <u>Fly tipping</u> - The data made available to us is only down to Powys level. No data about locality level fly tipping • <u>Road Traffic Collisions</u> - The data made available to us is only down to Powys level.
Environment	Improving Biodiversity	<ul style="list-style-type: none"> • <u>Protected Sites</u> – there is insufficient evidence to determine the condition of around half of the features on protected sites in Powys. • <u>INNS</u> - Information about actions to tackle INNS in Powys (size, effectiveness, drivers and cost of the actions).
	Sustainable Land, Water and Air	<ul style="list-style-type: none"> • <u>Land</u> - The state and trends of soils in Powys • Impact of <u>nutrient enrichment</u> due to diffuse pollution on ecosystems in Powys. • <u>Water quality</u> - Sources and impacts of water pollution on freshwater ecosystems in Powys • Interaction of chemical pollutants and their combined impact on ecology and human health alone and in combination with other pressures. • <u>Air quality</u> - Ammonia - more comprehensive field data is needed improve our understanding of the actual impacts and ensure our evidence-based decision making remains robust. • Impact of atmospheric pollution on broad ecosystem habitats in Powys • <u>Waste</u> - Current waste data sources are limited.
	Reconnecting People and places	<ul style="list-style-type: none"> • <u>Access & Recreation</u> – Lack of data about the quality of accessible green spaces to meet peoples' needs for health and well-being.

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Well-being Theme	Local Well-being: Areas of focus	Data Gaps
		<ul style="list-style-type: none"> • <u>Access to and onto water</u> - The trends in numbers of people accessing freshwater ecosystems in Powys for outdoor recreation • <u>Green/social prescribing</u> – There's a need to systematically capture data and information about green/social prescribing in Powys
	Forestry Resources	<ul style="list-style-type: none"> • The barriers in Powys preventing more woodland, particularly native woodland, being brought into planned management to improve resilience and the flow of ecosystem services, including well-being benefits, from them. • Understanding the interventions needed to increase the use of Welsh grown timber in construction in Powys, to support decarbonisation and a regenerative economy. • <u>The Gross Value Added (GVA) contribution</u> from the woodland sector that includes woodland-based recreation and other woodland-dependent businesses.
	Climate Change	<ul style="list-style-type: none"> • Climate change predictions indicate significant changes to water flows, levels and temperatures. However the magnitude of those changes, and the potential impacts and consequences on our ecosystems, natural resources and people's well-being remains poorly understood. • Impact of emerging technologies for renewable energy on human well-being. • Likely impacts on human health of heatwaves in urban areas in Powys.
COVID-19 and BREXIT		<ul style="list-style-type: none"> •
Protected Characteristics		<ul style="list-style-type: none"> • While Powys is not very ethnically diverse, it would be worthwhile acknowledging how inequality affects people in Powys. For example, ethnicity and gender-based oppression can result in significant health inequalities. Some characteristics data not

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Well-being Theme	Local Well-being: Areas of focus	Data Gaps
		<p>generally captured (unlike age and gender which is more common amongst datasets).</p> <ul style="list-style-type: none">• <u>LGBT+ experiences</u> - Currently no reference within the assessment. Data generally not captured• <u>Disability</u> - Greater analysis (going beyond rates of disability) could be useful to understand levels of accessibility and experience accessing services in Powys.• <u>Awareness</u> - Welsh Government’s Race Equality Action Plan, LGBTQ+ Action Plan, Disability Rights Taskforce and how these potentially affect Powys and organisations on the PSB.

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DRAFT POPULATION NEEDS ASSESSMENT

Regional Partnership Board

Health and Social Care

22/02/2022

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Get in touch

If you would like any further information or have any questions about this Population Needs Assessment, there are many ways to get in touch with us:

Email: Business_intelligence@powys.gov.uk

Post: F.A.O. Powys RPB, Commissioning Unit, Powys County Council, County Hall, Llandrindod Wells, Powys. LD1 5LG.

Phone: 01597 826 000

The Powys Regional Partnership Board (RPB) is a statutory legal body, established in April 2016 by the Social Services and Well-being (Wales) Act. Its key role is to identify key areas of improvement for care and support services in Powys. The Powys RPB has also been legally tasked with identifying opportunities for integration between social care and health services.

The Powys RPB is multi-agency and brings together:

- Powys County Council - www.powys.gov.uk
- Powys Teaching Health Board - www.powysthb.wales.nhs.uk
- Powys Association of Voluntary Organisations - www.pavo.org.uk
- Public Health Wales – www.phw.nhs.wales
- Action For Children - www.actionforchildren.org.uk
- Care Forum Wales - www.careforumwales.co.uk
- Social Registered Landlord representation
- Citizen and carer representatives



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Introduction

The purpose of the Population Needs Assessment (PNA)

Since April 2017, regions across Wales have published an assessment of the care and support needs in their area. These population needs assessments are a requirement of the Social Services and Well-being (Wales) Act 2014.

This assessment is the second published for Powys, and is a joint exercise undertaken by Powys Teaching Health Board and Powys County Council, in partnership with the third and independent sectors. It is overseen by Powys Regional Partnership Board (RPB) whose purpose is to drive the delivery of integrated health and social care services.

This PNA aims to provide a focused view of current and future health and social care needs in Powys from three key perspectives:

1. identifying existing and future care and support needs (including the needs of carers)
2. looking at the services and assets available to meet those needs
3. identifying actions required to address any gaps in services or unmet needs

This **PNA looks at need in this way across eight core themes:**

1. Children and young people
2. Older people
3. Health
4. Physical disabilities and sensory Impairment
5. Learning disability and autism
6. Mental health
7. Carers who need support
8. Violence against women, domestic abuse, and sexual violence

The purpose of the PNA is to enable Powys RPB to understand the views of Powys residents, this will enable the RPB to focus on the right services in the short to medium term. We need to build on the evidence we gathered during our first PNA, and to provide an honest account of what we know. However, there are also things that we do not know, or may only know at a Powys level, rather than down to a lower level, and these are clearly listed as data gaps.

We know that there are clear data gaps that we need to fill, and addressing these gaps needs to be a focus over the coming years. The COVID-19 pandemic has required us to work and live differently; it has had effects on the services we provide; it has increased uncertainty around how we identify needs, plan services and deliver care – all of which has affected the preparation of this assessment. While the COVID-19 pandemic is not the sole focus of this PNA, it has inevitably impacted on what has been included, both because content related to COVID-19 has had to be incorporated, but also because the pandemic has

had effects on areas not related to COVID-19. A priority for all services will be recovering from the coronavirus pandemic and supporting the needs of our residents.

The population needs assessment (PNA) links to, but is distinct from, the Well-being Assessment – a separate assessment that is a duty of Public Service Boards (PSBs) under the Well-being of Future Generations (Wales) Act 2015. The Well-being Assessment has a broader scope than the PNA, looking beyond health social care services at the general needs of the population of Powys in terms of social, culture, economy and environment.

Next Steps

Following the publication of our PNA, we will produce an area plan which outlines our integrated priorities for the next five years. **The plan will be published in March 2023.**

The PNA will be used to inform the upcoming regional **Market Stability Report which is due for publication in June 2022.** The Market Stability Report will assess the stability and sufficiency of the social care market considering the findings and needs identified within this assessment.

It is important to note that the data-insight and intelligence we have access to is used regularly to help shape service delivery and continuous improvement.

Our 13-locality approach



Figure 1 Map of Powys localities

Powys covers one quarter of Wales's landmass, so to gain a better understanding of our residents' needs we use geo-spatial analysis.

Geo-spatial analysis is the gathering of data and use of maps to visualise the data.

We have split the county into 13 localities, centred around Powys' largest towns and their surrounding areas using boundaries set by the Office of National Statistics. (ONS, 2020)

This enables us to understand and compare areas of the county with each other and target support.

Where possible, we will look at data using this 13-locality approach.

Our 13 localities are

- Brecon Locality
- Builth and Llanwrtyd Locality
- Crickhowell Locality
- Hay and Talgarth Locality
- Knighton and Presteigne Locality
- Llandrindod and Rhayader Locality
- Llanfair Caereinion Locality
- Llanfyllin Locality
- Llanidloes Locality
- Machynlleth Locality
- Newtown Locality
- Welshpool and Montgomery Locality
- Ystradgynlais Locality



About the people of Powys

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Understanding the features of the population that lives in Powys is essential to assessing needs. There are several key points about the people of Powys:

- Most recent population estimates indicate that there are 133,030 people living in Powys (ONS, 2020)
- The average age of the Powys population is higher than both the population of Wales and the population of the UK overall (ONS, 2020)
- The Powys population is predicted to continue to increase its average age and to increase in size in the coming years (Welsh Gov, 2018)
- The rural nature of Powys as a county, its low population density both and its age structure all have important implications for how we deliver services (ONS, 2020)
- Powys has 58,345 households (ONS, 2011), with an average household size of 2.2 persons (Welsh Gov, 2018)
- WIMD category Access to Services show overall that 75% (59) of LSOAs in Powys are amongst the top 30% most deprived in all of Wales (Welsh Gov, 2019)
- Population changes and workforce need to be a key focus, if we do nothing there will be a care crisis in the short to medium term



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Powys Population

Powys is made up of 133,030 people.

(ONS, 2020)

The highest population numbers within Powys are in the Welshpool and Montgomery locality (14% of Powys residents live in this area) followed by Newtown (13%) and Brecon (11%) localities.

Llanfair Caereinion, Machynlleth, Llanidloes, Builth and Llanwrtyd and Crickhowell localities all have small populations (each one accounts for 5% of the total population).

Follow this link [to explore Powys' population via our interactive report.](#)



Age groups in Powys

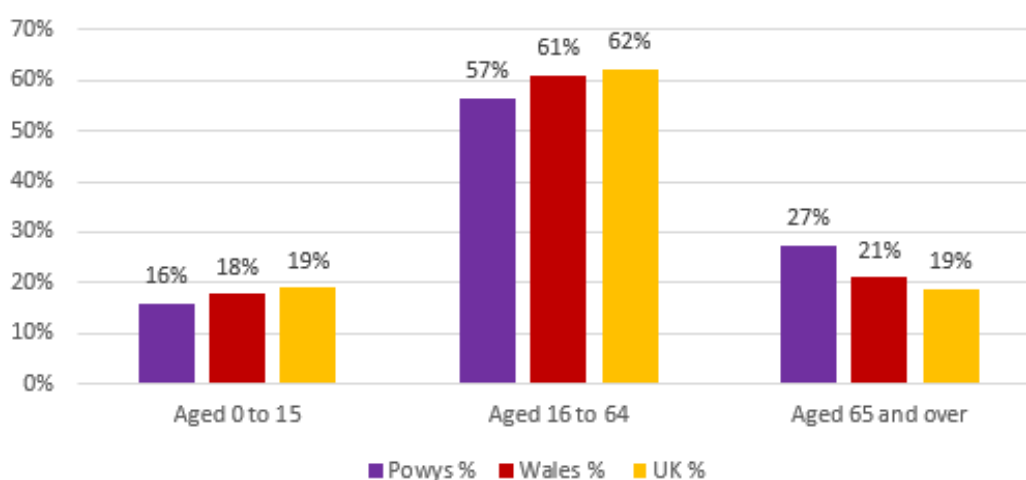


Figure 2 Percentage breakdown of Mid-Year Estimates (ONS, 2020) by age bands

Powys has an older age population than both the Welsh and UK average. Powys residents aged 65 and over make up 27% of our population, the Welsh average is 21% and UK 19%.

Due to this older aged population, Powys has a lower working age population than the Welsh and UK average, with 16 to 64 year olds making up 57% of Powys overall population (Wales 61%, UK 62%). The 0-15 age group makes up 16% of Powys residents, again lower than the Welsh and UK averages of 18% and 19% respectively.

The distribution of those aged 0-15 fluctuates across the Powys 13 localities with Newtown locality having the highest number of 0–15-year-old residents and Machynlleth having the lowest number.

57% of Powys residents are aged 16-64, meaning that, as with 0–15-year-olds, this segment of the population makes up a smaller percentage of the Powys population than we would see if we looked at the Welsh average (61%) or UK average (62%).

The Welshpool and Montgomery locality has the most residents aged 16-64 and Llanfair Caereinion has the fewest.

27% of Powys residents are aged 65 and over and represent a significantly higher percentage of the population in Powys compared to the national average. The Welsh average is 21% and UK average is 19%.

Welshpool and Montgomery have the highest number of residents aged 65 and over and Machynlleth has the lowest (ONS, 2020).

Follow this link for more [demography insights and to see how our 13 localities compare to each other, via our interactive report](#)

Ethnicity and place of birth

According to the 2011 census (ONS, 2020), **94% of Powys residents were born in the UK.**

Of those not born in the UK:

- 0.3% (418) were born in Ireland
- 3.4% (4,638) were born in EU countries
- 2.1% (2,855) in other (non-EU) countries.

Ethnicity in Powys shows that:

- 98% (130,827) are White
- 0.86% (1,142) are Asian/Asian British
- 0.57% (760) are Mixed/ multiple ethnic groups
- 0.1% (132) are Black/African/Caribbean/Black British
- 0.09% (115) other ethnic groups

There is little known about changes in ethnicity and place of birth information over the last 10 years, as this data was captured in the 2011 census. We will be able to understand how this has changed and update the information when the new 2022 census data is released during 2022/23.

Follow this link to view [more information about Powys population Ethnicity and Place of birth and to understand the differences by locality in our interactive report.](#)

Welsh language

Powys is committed to ensuring that the Welsh language is promoted and treated no less favourably than the English language, and that people can live their lives through the medium of Welsh if they choose to do so.

When providing our services, we have a duty to ensure our residents can access services in their preferred language. The “active offer” is a part of the Welsh Government framework for Welsh language services “more than just words”, meaning that residents should be offered services in Welsh without having to ask.

Accessing services in Welsh is fundamental to those residents in Powys who wish to communicate in their preferred language.

The Welsh language forms an important part of cultural well-being in Wales, the proportion of Welsh speakers in Powys is very similar to that of the rest of Wales, with 19% of Powys residents able to speak Welsh (ONS, 2011).

In Powys the 2011 Census showed that:

- **72%** of residents in Powys had ‘No Welsh Skills’
- **14%** could ‘Speak, Read and Write Welsh’
- **14 %** had other combinations of Welsh language skills, including ‘Speaking and Reading Welsh’ and ‘Speaking and Understanding Spoken Welsh’

There is a difference in the percentage of Welsh speakers within our localities in Powys.

The top three localities with the highest percentage of Welsh speakers¹ are

- Machynlleth locality: 54%
- Ystradgynlais locality: 39%
- Llanfyllin locality: 35%

However, it is important to recognise that there are Welsh speakers within every locality in Powys and that the language is used in each of our communities.

¹ Welsh speakers are calculated by totalling the number of people in the following categories: ‘Can speak, read and write Welsh’ and ‘Can speak but cannot read and write Welsh’ categories.

Follow the link to view more [information about Welsh language in Powys, how this differs across our 13 localities and LSOAs via our interactive report.](#)

According to the Future Trends Report, over time the number of Welsh speakers in Wales is predicted to increase significantly. (Welsh Gov, 2021) Projections based on 2011 census data, calculated in 2017 by the Welsh Government, estimates that there will be approximately 666,000 people speaking Welsh by 2050. This equates to 21% of the population and represents an increase of 100,000 Welsh speakers in Wales over the 40-year period. For Powys this means that we could have as many as 28,000 Welsh speakers, however the future trends report also highlights that they expect these figures to be surpassed by 2030, the overall increase is assumed to be driven by younger age groups and maintained through future generations.

Powys' population past and future

Past population (all ages)

In the last 20 years the number of people who live in Powys has increased by 5%, from 126,134 people in 2000 to 133,030 in 2020. This is lower than the 9% population increase experienced across Wales as a whole.

This increase largely took place in the first 10 years of the period, with the last 10 years showing an increase of just 0.1% (the Welsh average over this same period was 4%).

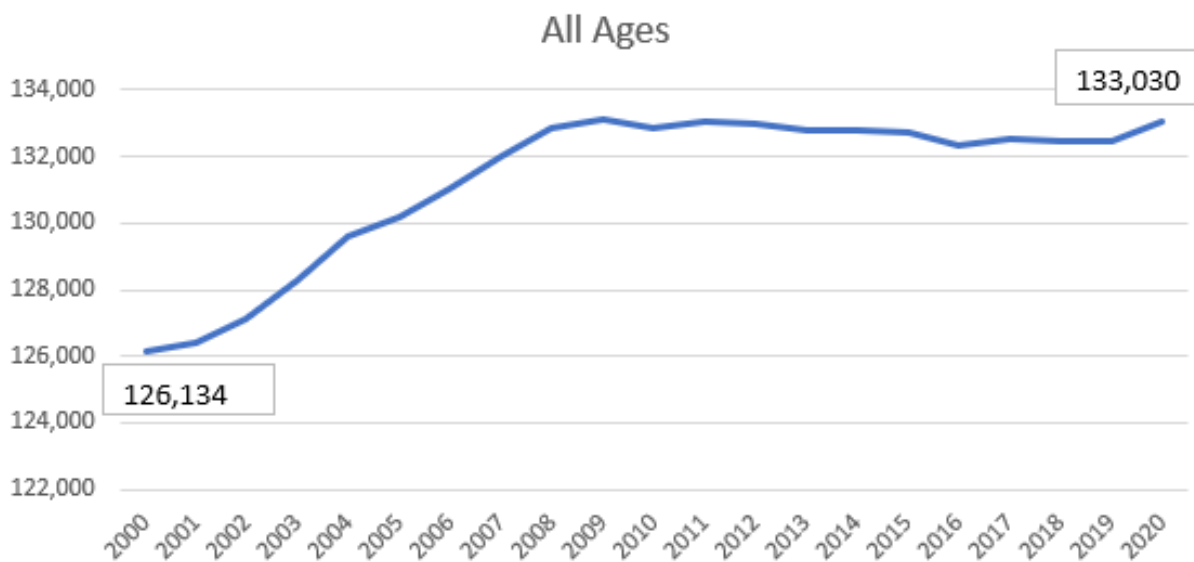


Figure 3 population trend over 20 years (ONS, Mid Year Estimates 2020)

Changes in population growth have not been equally spread across all age groups.

Age 15 and under

The age 15 and under group saw a -7% decrease (Wales -6%) in population between 2000-2010, and in the last 10 years has seen an additional -8% decrease (Wales 1% increase).

The 15 and under 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 (Wales -5% reduction).

Age 16 to 64 group

The 16-64 age group has seen both an increase and decrease in Powys across the last 20 years, with an increase of 4% from 2000-2010 (Wales 7%), but between 2010-2020 has seen a -6% decrease overall (Wales 0%).

The 16-64 age group has seen a reduction in Powys over the last 20 years of -2%, from 76,607 in 2000 to 75,160 in 2020. Wales in the same period has experienced a 7% increase.

Age 65 and over

The 65 and over age group has seen dramatic increase across Powys, during 2000-2010 there was an increase of 20% (Wales 11%) in this population age band, from 2010-2020 saw an increase of 23% (Wales 20%).

The 65 and over age group has seen a large increase in Powys over the last 20 years of 47%, from 24,999 in 2000 to 36,801 in 2021. (Wales 33% increase).

Age 80 and over

The age 80 and over population group has the largest increase of all age groups, between 2000-2010 there was a 29% increase in this age group (Wales 20%) and in the last 10 years the increase has been a further 19% (Wales 15%).

The aged 80 and over 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).

(ONS, 2020)

Follow this link to view more [information about Powys historical population and to understand the differences by locality and single year of age in our interactive report.](#)

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Population projections

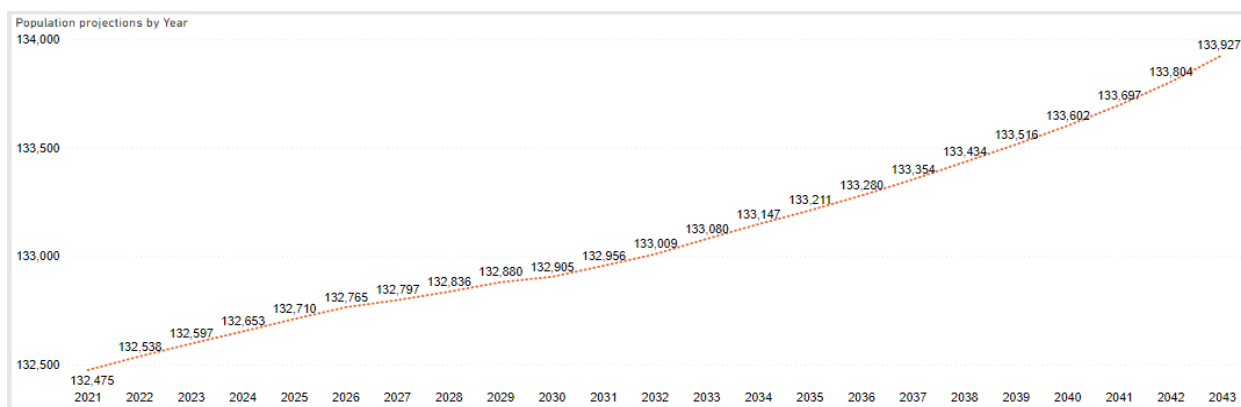


Figure 4 Population projections by year (Welsh Gov, 2018)

Between 2021 and 2043 is it projected that Powys population will increase by 1%, from 132,475 to 133,927. This is lower than the 4.6% population increase projected across Wales as a whole.

Population projections are not equally spread across all age groups.

Age 15 and under group

The age 15 and under group has seen a reduction in Powys over the last 20 years, and this trend is set to continue with a **further reduction of -6.5% (-1,382 persons) projected by 2043 (Wales -3.8%).**

The year 2037 shows the lowest figure for the under 15 age group of 19,589 before slowly increasing to 20,473 by 2043.

Age 16 to 64 group

The 16-64 age group is projected to have a steady decline in Powys between 2021 and 2043. **This equates to a reduction of -8.8% (-6,512) persons of working age (Wales -0.5%)**

Age 65 and over

The 65 and over age group is projected a large increase in Powys of 25.2% (+9,346 persons), during the same period Wales 65+ age group will see a similar increase of 26.5%.

Age 80 and over

The 80+ age group is projected a large increase in Powys of 63.7% (+6,318 persons), during the same period Wales 85+ age group will see a similar increase of 61%.

The increase in the number of elderly people in Powys will occur as the number of people of working age 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.

(Welsh Gov, 2018)

Follow this link to view more [information about Powys population projections by fixed age bands in our interactive report.](#)

Follow this link to view more [information about Powys population projections by single year of age \(or create your own age bands\) in our interactive report.](#)

Where the people of Powys live

Powys is the most sparsely populated local authority in all Wales and England.

Over half of the Powys population live in villages, hamlets, or dispersed settlements (Powys: 58.7%, Wales: 17.1%) (ONS, 2011)

Powys covers a quarter of Wales landmass. Powys has a small population and large geographical cover meaning that Powys' average population density is only 26 people per square kilometre (Welsh average 153 persons per KM²). To put this in perspective, Cardiff's population density is 2,620 people per KM², and London has a population density of 5,727 people per KM².

The population density differs across our 13 localities, with the highest density in the Newtown locality with 78 people per KM², Welshpool and Montgomery locality are second highest with a density of 64 and Ystradgynlais are 3rd highest with 61 people per KM².

Builth and Llanwrtyd are the most sparsely populated of our 13 localities with 11 people per KM². Second lowest is Machynlleth with a population density of 12 and 3rd lowest is Llanfyllin with 17 people per KM².

(ONS, 2020)

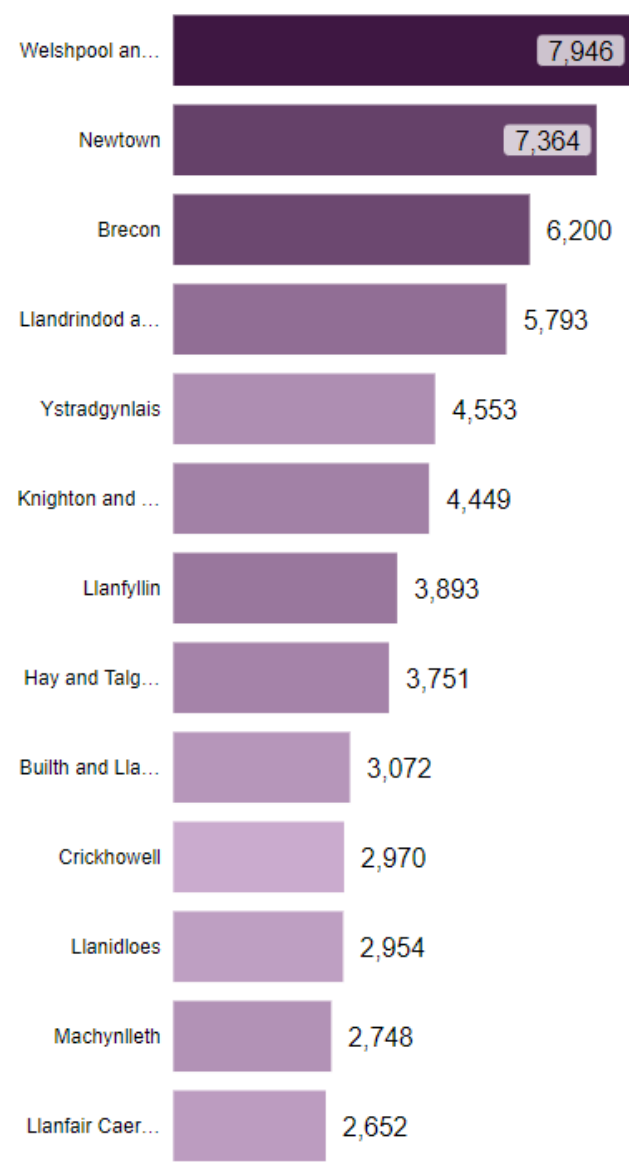
Follow the link for more [information about the Powys population density via our interactive report.](#)

Housing and household size

Houses are more than physical structures providing shelter. They are homes – where we bring up our families, socialise with friends, provide space where we can unwind and take refuge from the rest of the world. They are where we spend most of our time and have an influence on our health.

According to a report by The Health Foundation, “A healthy home needs to be affordable, provide for all household needs, somewhere we feel safe and connected to our community” (The Health Foundation, 2017)

Total Number of Households by Locality



In Powys, there are **58,345 households**, distributed across the county. (ONS, 2011)

There are differences in the number of households across our 13 localities: Welshpool and Montgomery (7,946), Newtown (7,364) and Brecon (6,200) localities rank 1st, 2nd and 3rd for the most households per locality in the county.

The locality household data here is from the 2011 census and as such is out of date, we will be able to provide an update on these figures and understand how households in Powys localities have changed in the last 10 years when the 2022 census data is released.

Nationally, the number of households in the UK has continued to rise, whilst the average household size (2.4 people) has remained stable over the past two decades, the proportion of people living alone has increased.

In Powys the **average household size is 2.2 people per household**. (Welsh Gov, 2018)

Follow this link to [view more information about the number of households and household size by our 13 localities from the 2011 census.](#)

In Powys, 2021, 36% of households are 2 person households (no children) (21,584) and **34% are single-person** (1 person) households (UK: 28% of households are single-person). (Welsh Gov, 2018)

According to future trends report (Welsh Gov, 2021), the number of people living in single-person households is likely to increase in the future.

Housing projections show that there are 20,085 single-person households in Powys in 2021, **in the next 10 years single-person households in Powys will increase by 4.2%** to 20,940. (Welsh Gov, 2018)

- Powys already has a higher than national average level of single person households, with this trend set to increase this may put **more pressure on already limited single housing stock in Powys for future generations.**

There is anecdotal evidence that suggests people are moving into Powys from more urban parts of England and Wales. Much of this movement is due to flexible working and people being able to work from home and keep their current role. This will have an impact on the availability and affordability of homes for existing residents in Powys.

Follow this link to [view more information about projected household and household type and historical household numbers in Powys.](#)

There is a need for more affordable, energy efficient housing. In Powys, **3,500 people are listed on the Council's housing demand register.** A quarter of those are already social housing tenants. Many require smaller accommodation, often one or two bedrooms, whilst others need larger homes to cater for their growing families. (Housing PCC, 2021)

For the first time, we have gathered registered social landlord data² and provided a snapshot of social housing across the county.

Social housing in Powys

There are nearly **9,000 registered social landlord homes** and Powys County Council owns 61% of these. Along with the council there are nine housing associations offering social housing in Powys. The number of homes in each locality varies, 22% of all social housing provided are within the Newtown locality, whilst other localities have lower numbers. (Housing PCC, 2021)

Most houses offer two and three bedrooms, we have **1,890 one-bedroom properties**, our housing demand list shows that we have 2,065 people waiting for a one-bedroom property.

The future trends report (Welsh Gov, 2021), additional housing units will be needed in the future to meet increasing demand for future generations. This can be seen in housing

² The snapshot includes information from eight of the nine providers in Powys, September 2021.

projections where there is a predicted rise in households in Powys to 60,034 households in 2026. (Welsh Gov, 2018)

48% of properties have a low energy EPC (Energy Performance Certificate) rating (rating D-G), this is something we need to focus on to tackle climate change.

The average rent differs depending on the size of the property. There are slight differences in the weekly rent price across our 13 localities, however they are not statistically significant.

We have insight into where those on the housing demand register would like to live, and the data shows there is an unmet demand for affordable housing in the communities where people come from. **Research shows that people in need of social housing could rise rapidly as a result of the coronavirus pandemic, with low-income earners twice as likely to lose their jobs** (National Housing Federation, 2020).

Follow this link to [view more information about social housing in Powys.](#)

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Accessing Services and Getting around

Powys is a rural county offering plenty of green space, however one disadvantage is that many residents often live a long way from services. 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.

There are large differences in distances to a District General Hospital throughout Powys for example, Beguildy LSOA (in the Knighton and Presteigne locality) has the furthest to travel, it would take approximately 86 minutes to arrive at their nearest District General Hospital (note: Beguildy is ranked second highest in Wales in terms of limited access to services).

Whereas residents living in Crickhowell LSOA (in the Crickhowell locality) only have a travel time of nine minutes to the nearest District General Hospital.

Follow the link to view more [information about Transport and travel times for residents in Powys to District General Hospitals](#).

68% (65,000) of working-age people travel to work using their own vehicle, whilst 16% (15,000 persons) walk or bike and 2% (2,000 persons) travel by public transport (ONS, 2011).

Welsh Index of Multiple Deprivation (Welsh Gov, 2019) is the Welsh Government's official measure of relative deprivation for small areas in Wales. It is designed to identify those small areas where there are the highest concentrations of several different types of deprivation. WIMD ranks all small areas in Wales from 1 (most deprived) to 1,909 (least deprived).

Powys has 79 Lower Super Output Areas (LSOAs). These small areas have been ranked by WIMD category **Access to Services** and show overall that 75% (59) of LSOAs in Powys are amongst the top 30% most deprived in all of Wales, with:

- 51% (40) of Powys' LSOAs are in the top 10% most deprived
- 18% (14) LSOAs are in the top 20% most deprived
- 6% (5) LSOAs are in the top 30 % most deprived

Notably we have 9 LSOAs who rank in the top 30 LSOAs in Wales for most deprived for **access to services**, these include:

- Beguildy ranks the 2nd most deprived area in the whole of Wales
- Llanbrynmair and Banwy ranks 8th
- Dissert and Trecoed ranks 9th
- Llansilin ranks 12th
- Llangunllo ranks 17th
- Yscir ranks 19th
- Nantmel ranks 21st

- Llanellwedd ranks 22nd
- Llanrhaeadr-ym-Mochnant ranks 24th

Powys does not contain any LSOAs in the top 10% least deprived for access to services in Wales, however we do have five LSOAs in the least deprived 20% including Llanidloes 1, Llanidloes 2 and St Marys 1. And in the top 30% least deprived we have a further two LSOAs including Hay and Ynyscedwyn. (Welsh Gov, 2019)

Follow this link [understand more about WIMD in Powys and how we rank against Wales using our interactive report.](#)

In Powys, the percentage of people satisfied with their ability to get to and access facilities and services they need **for 2020-21 is 85% which is a 17% increase from 2017-18**. This is only slightly behind Wales overall with 87% for 2020-21. (Welsh Gov, 2021)

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This section considers matters that relate to the younger residents of Powys.

24% (32,376) of the Powys population are **aged between 0 and 24 years**. (ONS, 2020)

By 2043, the number of 0 to 24 year olds in Powys is **projected to fall by 6%** (to 29,634).
(Welsh Gov, 2018)

In our last Population Assessment, we reported that there was expected to be an 18% drop in 0 to 24-year-olds by the year 2039, however, the most recent Welsh Government population projection has revised this forecast to provide a far less dramatic view. We do know that **as the percentage of younger residents decreases, it still has the potential to affect many of the services we provide**.

This decrease in younger residents is the result of an on-going trend for young people to leave the county in favour of more urban areas.

Fewer young adults and families living in Powys results in a lower number of births in the county and the effects of this are already becoming apparent, with the average age of the population increasing rapidly. While some services, such as schools, have started preparations to mitigate the impact of this changing demographic, there is a high likelihood of other services needing to adapt to a reduced child population.

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Education

At the time of writing there are **17,148 children in Powys schools,**

- 9,709 are attending a primary school
- 7,158 are attending a secondary school
- 281 are attending Special Schools.



In Powys, there are 77 primary schools, broken down into 13 catchment areas.

The Powys school catchment areas are:

- Llanfyllin
- Welshpool
- Llanfair Caereinion
- Machynlleth
- Llanidloes
- Newtown
- Llandrindod Wells
- Presteigne
- Builth Wells
- Brecon
- Hay and Talgarth
- Crickhowell
- Ystradgynlais

For 2021-22, the average budget share per pupil for Powys primary schools is £4,857, which is higher than the Welsh average of £4,613. In Powys, 46 of our primary schools are below the Welsh average.

We have 11 secondary schools over 13 buildings and catchment areas. For 2021/22, the average budget share per pupil for Powys secondary schools is £5,471, which is lower than the Welsh average of £5,488. 9 of our 11 secondary schools are below the Welsh average. (Welsh Gov, 2021-22)

Powys has three special schools, two of the schools (Brynllwarch Hall and Ysgol Cedewain) are in the Newtown locality and one (Ysgol Penmaes) is in Brecon locality. (PCC, 2020)

As of the 31st of August 2021, there were 214 active pupils on the Elective Home Education (EHE) register meaning that we have seen a **54% increase in pupils being registered for EHE during 20/21**. There is a link to COVID-19 and the increase in the number of students that

are EHE. Welshpool and Montgomery locality has the highest EHE uptake with 33 pupils registered while Crickhowell has the lowest with only four EHE pupils in the locality.

Destination bilingual: materials outlining the benefits of choosing a Welsh-medium education has been created to provide parents with the latest information about Welsh-medium education and the benefits of bilingualism.

The average **percentage of students educated through the medium of Welsh in Powys primary schools is 21%** (Welsh Gov, 2021). The highest catchment area with students taught through the medium of Welsh is Machynlleth with **84%**. Three of four schools in the catchment offer full Welsh medium provision. The five catchments (Welshpool, Newtown, Presteigne, Hay and Talgarth and Crickhowell) neighboring the English border have no Welsh medium provision available.

The average **percentage of students educated through the medium of Welsh in Powys Secondary schools is 12%** (Welsh Gov, 2021). The highest catchment area with students taught through the medium of Welsh is Machynlleth with **68%**. Six catchments (Welshpool, Newtown, Presteigne, Hay and Talgarth, Crickhowell and Ystradgynlais) have no Welsh medium provision available.

Follow the link to view more [information about Schools Benchmarking in Powys and how we compare to Wales via our interactive report.](#)

Free school meals and educational attainment

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.** (Welsh Gov, 2021).

Over the past two years from 2018-19 to 2020-21, Powys has seen the second largest increase (46% increase) among all Welsh Local Authorities in the number of children eligible for Free School Meals. 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 Maesyrhandir C.P. School in Newtown catchment area with 46% of pupils receiving Free School Meals. The Newtown catchment has the highest Free School Meals take up (23%).

The following three primary schools have no pupils receiving Free School Meals;

- Ysgol Pontrobert
- Ysgol Gynradd Carno
- Llanfihangel Rhydithon C.P. School

The catchment with the lowest number of pupils receiving Free School Meals is Crickhowell, with only 7% of pupils receiving Free School Meals.

In Powys **Secondary** Schools, **14% of all pupils are receiving Free School Meals**, the highest up take is Ysgol Maesydderwen in Ystradgynlais catchment area with 23% of pupils receiving Free School Meals. This is followed by Newtown High School with 19% of pupils receiving Free School Meals.

Crickhowell High School has the lowest number of pupils receiving Free School Meals with only 7% of pupils receiving Free School Meals.

Poor educational attainment is likely to have an impact on children and young people's future life chances and perpetuates the cycle of poverty.

- **15% of pupils in Powys are eligible for Free School Meals**, which is lower than the national Average of 22%.
- **33%** of children and young people in Powys who are eligible for Free School Meals are currently not receiving them (Wales 35%).

(Welsh Gov, 2021)

Follow the link to view more [information about Schools Benchmarking \(including free school meals and take up\) in Powys and how we compare to Wales via our interactive report.](#)

Educational attainment for pupils in Mid Wales at Key Stage 4 shows that **those eligible for free school meals have lower outcomes than the rest of the population.**

The gap between those receiving Free School Meals and those who are not achieving Level 1³ is **8%**. At Level 2⁴ it was **33%** and those achieving 5 A*-A grades **was 17%**.

(Welsh Gov, 2018-19) (Welsh Gov, 2021)

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³ Level 1 – 5 GCSE's A*-G

⁴ Level 2 – 5 GCSE's A*-C

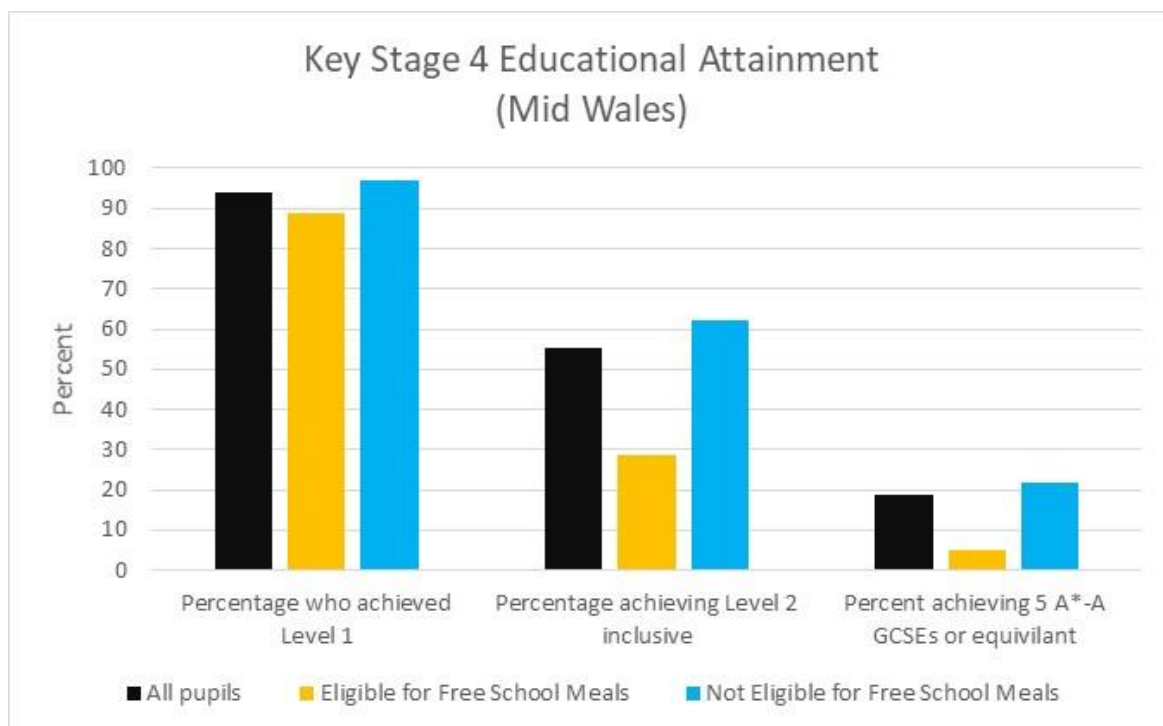


Figure 6 Key stage 4 Educational Attainment for level 1, level 2 and GCSE (Welsh Gov, 2018/19)

The educational attainment above is for academic year 2018-19. On the 18 March 2020 Welsh Government (along with the other devolved nations of the UK) took the decision to cancel examinations for summer 2020. As a result, all schools provided pupils with centre assessed grades and legislation had removed the obligations on a school to supply the data.

This meant there was no verification process of examination grades or comparative data available to local authorities. In addition, Welsh Government legislation dated 3rd July 2020 removed the duties on governing bodies and local authorities to provide data to local authorities and Welsh Government, respectively, on teacher assessment outcomes.

Due to the COVID-19 pandemic and impact on learning over the 2020-21 academic year, Welsh Government removed examinations for GCSE and A Levels. Each school used Centre Determined Grades to award overall grades to pupils for their GCSEs and A levels. However, Centre Determined Grades are not verified or published by Welsh Government.

Child poverty

Childhood poverty is a very important driver of population health for two reasons: first, adverse effects on health in childhood can be very powerful in setting children on a trajectory towards poor health throughout the life course; second, poverty itself is associated with a whole host of adverse risk factors, sometimes being thought of as a 'risk factor for risk factors' meaning that it can bring with it many negative effects on health.

The chart below indicates the percentages of children living in poverty for the different local authority areas in Wales for the year 2019.

24% of children in Wales overall were living in poverty that year, with the figure for Powys at 15%, lower than Wales overall, but still a startling **1 in 6 children in the county**.

Powys ranked lowest (alongside Monmouthshire) against the other 22 Local Authorities in Wales. (Welsh Gov, 2019)

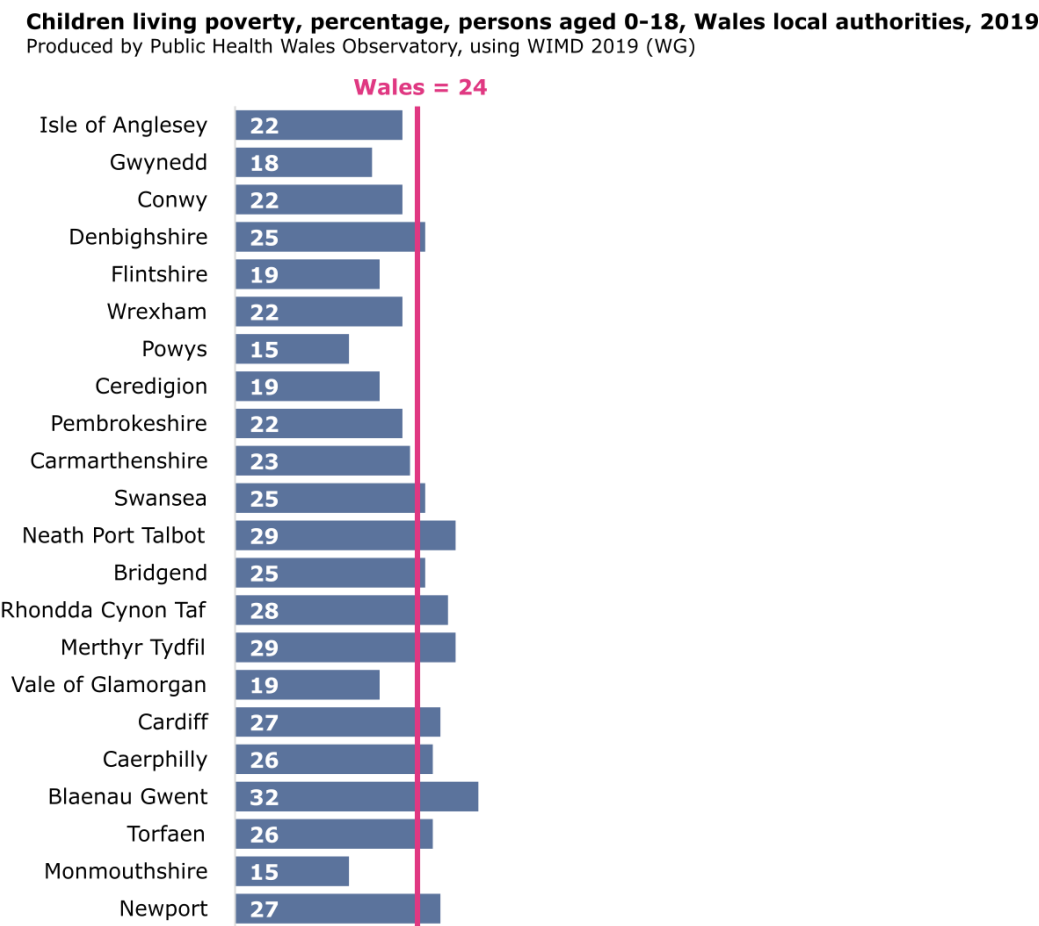


Figure 7 Bar chart showing % children living in poverty by Local authority (Welsh Gov, 2019)

Since the release of the WIMD 2019 data, the COVID-19 pandemic has impacted every aspect of society and exacerbated child poverty in Powys. We know that there were:

- **4,088 families with children in absolute poverty** (income is below 60% of median income) in 2019/20 in Powys, and **of these 1,248 (31%) were lone parent households**.
- **20% (4,324) children (aged under 16) living in Relative low-income families in 2020.** Powys ranks 14th out of 22 among Welsh Local Authorities.
- **15% (3,207) children (aged under 16) living in Absolute low-income families in 2020.** Powys ranks 7th highest among the 22 Welsh Local Authorities.

(Department for Work and Pension, 2019-2020)

In Powys 55% (33,149) households earn below the Wales average household income of £34,700 (37% earn above). However, **70% (42,107) households earn below the UK average** household income of £40,257 (24% earn above). (CACI, 2021)

Follow this link to [view more information about household income in Powys and how this differs across our 13 localities.](#)

Research has shown that during the lockdown **30% of predominantly privately rented households with children experienced problems in the homes** such as damp, mould, electrical hazards, and leaking roofs or windows, with fewer than a third of those managing to resolve such problems (PCC, 2021). Living in these conditions can lead to many ill health problems and can therefore put these children on a trajectory towards poor health throughout their life.

Flying Start

Flying Start is a Welsh Government funded programme offered to targeted postcode areas in the most disadvantaged areas in Wales. Children and their families are registered from pre- birth and remain part of the service until the child is four years old.

Help includes:

- High quality funded, part-time childcare for 2 to 3 year olds
- Enhanced Health Visiting service
- Support for children to learn to talk and communicate
- Access to parenting programmes

There are currently (January 2022) 836 eligible children on the Flying Start Health Visitor caseload in the five [Flying Start eligible](#) areas in Powys.

Of the 836 eligible children in Powys, the percentages by the five eligible areas are

- 42% are in Newtown
- 16% are in Llandrindod Wells
- 15% are in Brecon
- 12% are in Ystradgynlais
- 15% are in Welshpool

(PCC, 2022)

This provision targets the most disadvantaged postcodes in Powys, however, there are many households in poverty throughout Powys and children who are living in “non disadvantaged” areas will be missing out on this provision. More work needs to be done to understand hidden poverty across Powys and to ensure that all those eligible are accessing the right level of services, despite where they live. More so now as the rise in cost of living will mean more families are facing difficulties.

Vulnerable Children

Further data is available on these vulnerable children at a more local level, but in order that they remain unidentifiable we are publishing this Powys level data.

Early Help

Since the last assessment, there has been a significant increase in the demand for [Early Help](#), a service which considers how services, partner agencies and communities can work with children and families, looking at issues as they happen to ensure they get 'the right help at the right time' before requiring further care and support. A breakdown of the number of new referrals to the service can be seen as below:

Year	Number of Referrals	% Increase versus 2018/19
April 2018 – March 2019	682	
April 2019 – March 2020 ⁵	954	40%
April 2020 – March 2021 ⁴	795	17%

Of these, the age groups impacted most were those aged 0-4, which increased from 4% of total referrals in 2018/19 to 10% of referrals in 2021, and those age 5-9, which increased from 23% of total referrals in 2018/19 to 29% of referrals in 2021.

(PCC, 2021)

Children receiving Care and Support

The number of children receiving care and support in Wales for the year 2020 shows Powys is the 10th highest (out of 22) local authority in Wales with 665 children. Cardiff is the highest with 1,860, followed closely by Rhondda Cynnon Taf with 1,825.

The lowest local authority with children receiving care and support is Pembrokeshire with 295, followed by Isle of Anglesey with 365. (Welsh Gov, 2021)

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⁵ It is important to note that the Early Help service was suspended due to COVID-19 between March – June 2020.

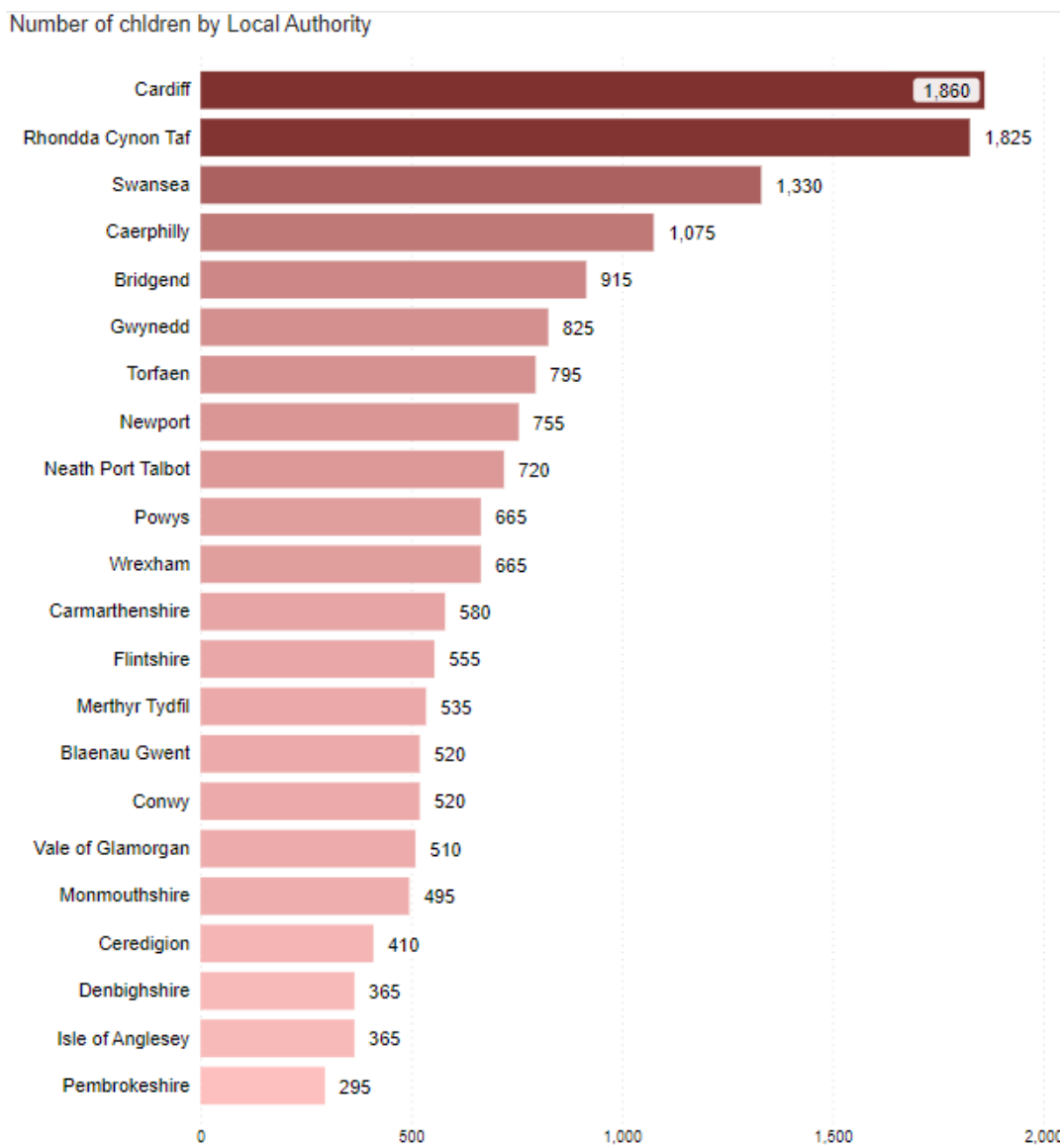


Figure 8 Bar chart showing number of children receiving care and support by Local Authority (Welsh Gov, 2021)

Over the last three years in Wales, the number of children [receiving care and support](#) has increased by 5%. **However, Powys has seen a 20% increase during the same period.** (PCC, 2021)

The age demographics show of the children receiving care and support in Powys in the year 2020

- 3% (30) are aged under 1 year
- 15% (100) are aged 1 to 4 years
- 24% (160) are aged 5 to 9 years
- 41% (265) are aged 10 to 15 years
- 16% (115) are aged 16 years and over
- 56% are male and 44% are female.

Follow the link to [read more about children receiving care and support in Powys and Wales by viewing our interactive report.](#)

Lower-level support is offered through the Early Help service to support young people, with over 1,400 young people referred between April 2019 and March 2021. This includes one to one support for families, parenting support and information services.

There are a number of young people across Powys who have emotional health and well-being support needs. Many do not meet a CAMHS (Child and Adolescent Mental Health Services) criteria however still require additional support with their emotional health and well-being.

207 young people were signposted by CAMHS to other services to receive other support between 30th September 20 and 1st October.

Between December 2020 and December 2021, **11 young people entered Local Authority Care in Powys** following concerns over escalating behaviours parents did not feel they were able to manage, and this increased the risks of these young people being at risk of significant harm.

Provisions were offered to the families and put in place through Edge of Care Services that maintained these young people at home for longer. However, if we could have offered therapeutic-based interventions to the young person through skilling of staff from all areas of their support package (including parents) we could have stabilised issues much sooner to prevent escalation to this level.

Between 2020-2021, **61% of children referred to the Youth Justice Service had committed crimes related to violence, substance misuse and public order.** All areas which with therapeutic interventions in place as a preventative measure could assist young people to better regulate their emotions and prevent escalation of behaviours which can lead them into the criminal justice system.

Children Looked After

A child who has been in the care of their local authority for more than 24 hours is known as a Child Looked After. Children Looked After (CLA) are also often referred to as children in care, a term which many children and young people prefer.

As at the 31st October 2021 there are 224 individual Children Looked After in Powys. 55.6% of Children Looked After in Powys as at 31st October 2021 were Male, 43.6% were female and the other 0.9% recorded gender as other.

The age demographics for Children Looked After shows

- **24%** (55) are aged 0 to 4 years
- **28%** (62) are aged 5 to 9 years
- **40%** (90) are aged 10 to 15 years
- **8%** (17) are aged 16 to 18 years

The number of Children Looked After by Powys broken down by placement location shows

- **55%** (124) are inside the Powys boundary
- **26%** (58) are outside the Powys boundary but still within Wales
- **19%** (42) of Children Looked after are outside Powys and outside Wales

(PCC, 2021)

Young People who have experienced care are supported to ensure a smooth transition as possible into adulthood, either moving to adults' services for further support, or being supported in areas such as housing, education and employment. However, we know that many young adults leaving care have an increased likelihood of becoming homeless, **13% of all care leavers experienced homelessness during 2020/21.**

Working with young people, we continue to support them with our 'Closer to Home Strategy' with the usage of residential placements being the least preferred option if a foster carer placement is available and suitable.

There are currently 81 approved foster parents on Powys' register. However, there is a need to recruit additional Foster Carers, and support them with training and other resources (as at 31st October 2021).

The Powys Children Looked After Strategic Framework sets out Powys' aspirations, intent and vision for improving outcomes for Children Looked After. For those children 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.

Placements include:

- In-house Foster Care
- Independent Foster Care
- Residential Care
- Supported Lodgings and Semi-independent Accommodation
- Short-Breaks and Respite Care
- Adoption.

Children's Residential Homes

There are 18 Children's Residential Care Homes in Powys registered with Care Inspectorate Wales (CIW), 1 of which is Council owned and run in-house and 17 independent Homes run by 12 external providers.

- 12 homes provide mainstream residential care (34 beds including 1 solo provision)
- 1 home provides specialist residential care for males only in relation to sexualised behaviours (12 beds)

- 3 homes provide specialist residential care for children and young people with complex needs (34 beds)
- 1 home provides 26-week assessment resource for males who present significant complex and challenging behaviours that impact on their social, emotional and educational development needs (4 beds)
- 1 home provides 12-week assessments resource for children and young people with complex emotional and behavioural needs (3 beds)
- These 18 homes equate to 87 beds across North, Mid and South Powys
- Of these 18 homes, 4 homes also provide on-site education provision.

Short-Breaks

A range of short breaks are available to children and young people across Powys including:

- residential short-breaks up to 28 nights per year with external provider in- county
- residential short-breaks in excess of 28 nights per year with external provider out-of- county.
- Short breaks with in-house foster carers
- Direct payments for children and young people.

Semi-Independent Accommodation

A range of 16+ accommodation and support have been developed with a variety of on-site tailored support levels or floating support with internal and external providers.

- 3 Springboard Shared Houses in Newtown, Llandrindod Wells and Brecon (6 beds)
- 1 Training Flat in Newtown (1 bed)
- 3 Shared Houses with 24/7 on-site support in North, Mid and South Powys (12 beds)
- Solo flats in North, Mid and South Powys (3 beds)

Child Protection Register

The child protection register (CPR) is a **confidential list of all children in the local area who have been identified as being at risk of significant harm**. The register allows authorised individuals in social work, education, health, police, and the voluntary sector to check if a child they are working with is known to be at risk.

As of the 31st of October 2021, there are **107 children on the Powys Child Protection Register (CPR)**.

The age demographics for Children on the Child Protection Register (CPR) shows

- **38%** (41) are aged 0 to 4 years
- **23%** (25) are aged 5 to 9 years
- **33%** (35) are aged 10 to 15 years
- **6%** (6) are aged 16 to 18 years

The highest reason for children being on the Child Protection Register is **Emotional or psychological abuse with 44% (47)**. 2nd highest reason is **Neglect with 24% (26)**, followed by **Sexual Abuse, 11% (14)**.

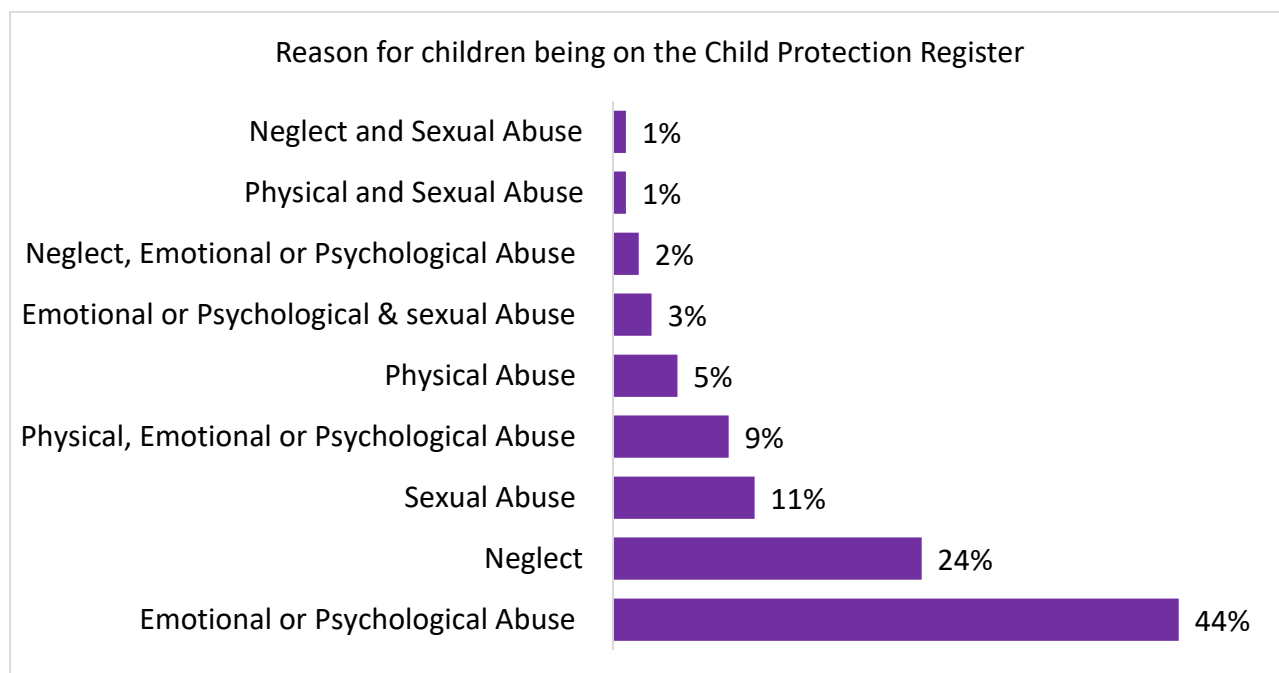


Figure 9 Bar chart showing % children on Child Protection register by reason

Child exploitation is an umbrella term which includes (but is not limited to) sexual, criminal and financial exploitation, forced marriage, domestic servitude and forced labour.

The Powys Child Exploitation Hub was created in July 2020 to support children up to the age of 18 years old who are identified as at heightened risk of child exploitation.

This programme focuses upon Prevention, including community facing events and Protection. Powys County Council currently **support 37 children at heightened risk of exploitation** and offer support to families and social work practitioners.

(PCC, 2021)

What have people said?

Childrens' Services have joined with Coram Voice and the University of Oxford to undertake the Bright Spots programme between November 2021 – June 2022 to gather the views of Children Looked After and Care Experienced Young people up to the age of 25.

The surveys have asked young people to give their views on their care, well-being, the people they know and their rights and opportunities.

Survey results will be published in April 2022 for the Children Looked After (0 to 18 year olds) and in June 2022 for Care Experienced Young people (18 to 25 years old). You can find out more about the survey online at www.coramvoice.org.uk/brightspots

A survey for **young people and their views on emotional health and services** in Powys took place between 9th June 2021 and 5th November 2021. The survey was conducted online and a total of **233 responses** were received.

Most respondents (119) had not used any services in Powys previously (e.g., CAMHS, YIS, Credu, Kooth) whereas 114 had. For those who had accessed services 40% had used the School Nurse, followed by Kooth Online (18%) and CAMHS (16%) (JSWB, 2021).

When responding to what could be improved about the services in Powys, 'knowing what services are available' (41%) and 'better communication around these services' (16%) were identified as the main areas for improvement.

Other areas raised were:

- Lack of opportunity to socialise
- Missing education
- Timely access to information and services
- The need to feel listened to
- Stigma of talking about Mental Health

Need for professionals being upskilled to understand and be able to support young people if they raise issues around mental health.

It is evident school nurses provide a much-valued service in schools for young people. This raises concerns, as at present school nurses are on reduced timetables in schools so it is not apparent who young people are seeing in their absence. It is transparent that Powys young people don't know about services that are available to them and is therefore vital we ensure information is accessible and available. Young people want professionals to listen to them and not just assume they know best and would like support available during waiting times and clearer exit strategies. We also feel it's important for this information to be fed back to GP's (JSWB, 2021).



2. Older people

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We want to support older people to live independent lives. This includes supporting people to live at home or providing suitable accommodation options. As the elderly population increases (including the number of people with dementia), it will create increased demand on the services that we provide. Some elderly residents currently live-in social housing and many of these may wish to stay in their own home for as long as possible. When people are moved to live in a care home, they are sometimes placed somewhere that is not close to their home.

The number of people that we support through domiciliary care is increasing. There are challenges for independent living, especially isolation and loneliness which can increase as people get older. Rural areas can face extra challenges in terms of supporting people to live at home for example the number of people that we support through domiciliary care varies across the county.

By 2030, the number of **elderly persons in Powys is projected to rise by 15%, whilst at the same time the working age population is projected to fall 3,200 (4%).** (Welsh Gov, 2018)

The population change in the next 10 years will **create a gap between those who will need help and support in their later years, and those of working age who will be providing it.** The old age dependency ratio in Wales has historically been higher than the UK average. As Powys has a higher than the Welsh average of older people this **dependency ratio will cause increasing pressure on future generations in Powys.**

The National Population Survey (Welsh Gov, 2020) estimates for each year will vary, but around **7,000 people are employed in the care sector in Powys.** A 4% fall in the working age population implies a fall of 280 employees from the Care Sector in Powys. A 15% rise in the

elderly population implies a need for an additional 1,050 persons that may need Adult Social Care support. **A total gap of 1,330 persons by 2030.**

This section assesses the older population in Powys, with reference to people aged 65 and over.

Support at home

In Powys, we are supporting older people to remain in their own homes as much as possible. This is initially via preventative support using tools, such as Technologically Enabled Care (TEC) and Occupational Therapy aids and adaptations.

Alongside these, there are a range of services available to provide support, including:

- Domiciliary care
- Reablement
- Direct Payments
- Technology enabled care (TEC)

As of September 2021, approximately two-thirds of older people with a package of care are being supported in their own homes.

We support people to live at home through services that include domiciliary care and assistive technology.

Domiciliary care

Domiciliary care is the range of services put in place to support an individual in their own home. Services may involve routine household tasks within or outside the home, personal care of the person and other associated domestic services necessary to maintain an acceptable level of health, hygiene, dignity, safety, and ease in their home.

There are **713 recipients receiving 10,200 hours of Domiciliary care a week in Powys** (1st October 2021). (PCC, 2021)

The highest recipients of Domiciliary care are residents in Welshpool and Montgomery locality with 105 clients, followed by Newtown locality with 102 clients.

Llanidloes locality has the lowest clients of Domiciliary care with 25 clients, followed by Llanfair Caereinion with 27 Domiciliary care clients.

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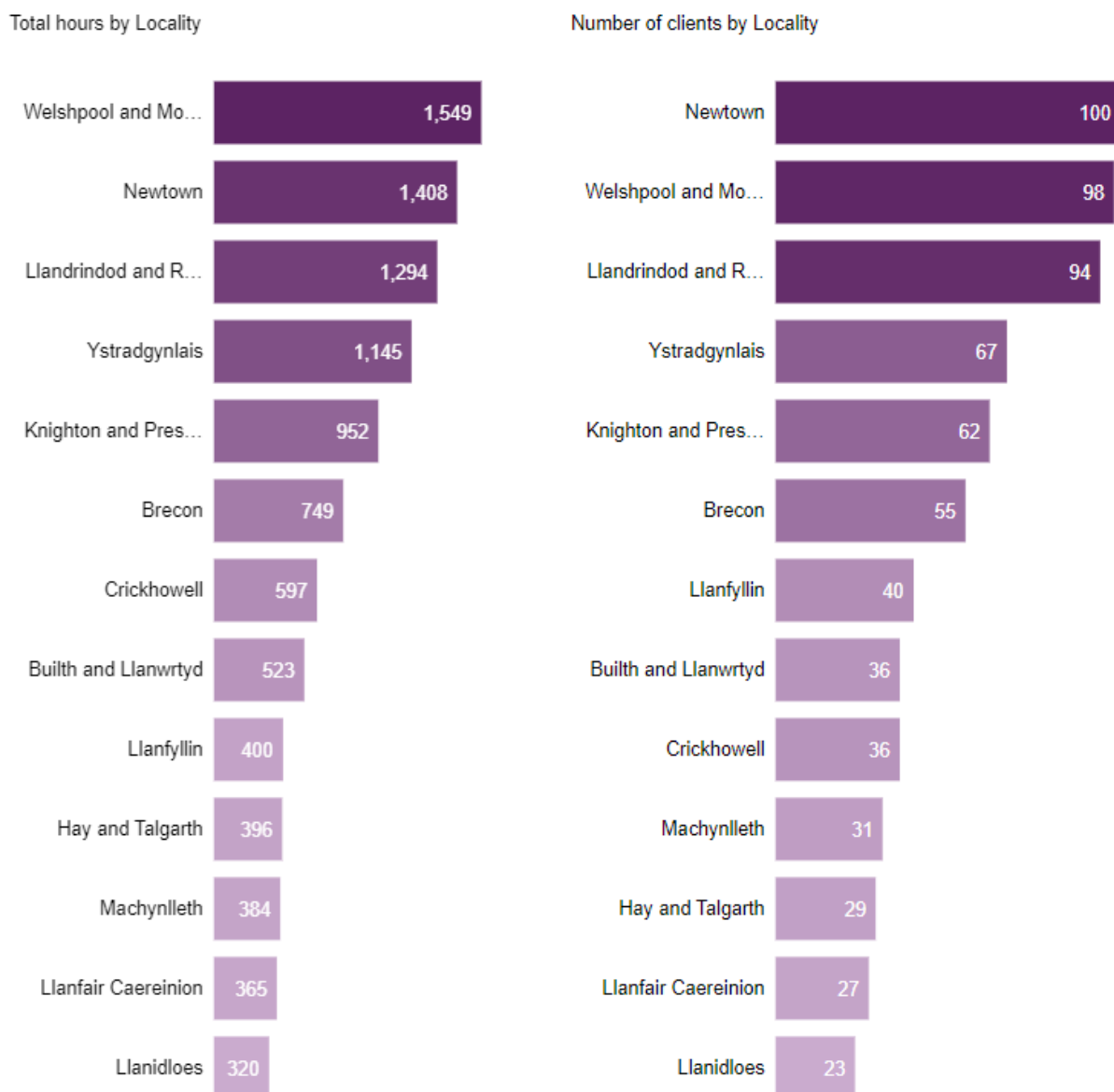


Figure 10 Bar charts showing number of Domiciliary care clients and hours by locality (PCC, 2021)

Welshpool and Montgomery locality however received the highest number of hours, with 1,549 hours of Domicilliary care provided. Next was Newtown with 1,408 hours of care and 3rd highest was Llandrindod and Rhayader locality with 1,294 hours of care.

Llanidloes locality had the lowest number of Domicilliary hours provided with 320 hours, second lowest was Llanfair Caereinion locality with 365 hours and Machynlleth are their lowest with 384 hours of Domicilliary care provided to residents.

Between October 2019 and October 2021 there has been a **5% increase** (+34) in clients but a **6.5% decrease** in hours (-669 hours).

(PCC, 2021)

[Follow this link to view more information about Domiciliary Care in Powys via our interactive report.](#)

Reablement

Reablement is the official title given to **short-term care at home**, to aid recovery after discharge from hospital. While post-operative care and post-discharge care are more general terms, referring to care offered for however long it takes for the individual to get back on their feet, reablement is more specific. The benefits of reablement are:

- leads to improved health and well-being
- uses a strengths-based, person-centred approach
- supports timely discharge from hospital or enable an individual to remain living at home if, due to illness or disability, they have increasing difficulty with daily life activities
- is time limited, where short-term support is provided, usually for up to six weeks, but possibly for a shorter period depending on progress
- focus should be on achieving outcomes rather than completing care tasks

Between April 2019 and September 2021, **there have been over 600 periods of reablement completed**, with **82% of these individuals aged 65 and over**. (PCC, 2021)

The locality with the highest number of reablement discharges is Welshpool and Montgomery locality with 93 discharges, Llandrindod and Rhayader locality is the 2nd highest with 90 discharges.

The lowest locality is Machynlleth locality with 24 reablement discharges followed closely by Llanidloes locality with 28.

Out of the 656 total reablement discharges since April 2019,

- 290 clients had all their identified goals achieved
- 226 partially achieved their goals
- 115 did not achieve their goal
- 33 were unknown

There were 115 clients whose identified goals were not achieved through reablement alone.

Over half of the reablement clients between April 2019 and September 2021 were female (67%) and 33% of the reablement clients were male.

Direct payments allow individuals to receive payments from the local authority instead of traditional packages of care. This provides much more flexibility and greater control, and allows the individual to act as the employer, using the payment as they see fit to meet their needs. In November 2021 there were **481 recipients of Direct Payments** in Powys receiving **over 11,000 hours weekly**. (PCC, 2021)

Between November 2019 and November 2021 there has been a **25% increase (124 clients)** and a **15% increase in hours (1720hrs)**. There has been a minimal decrease in the last year (November 2020 to November 2021) of 17 clients and 229 hours. (PCC, 2021)

Welshpool and Montgomery locality has the highest uptake of direct payments (96 clients), followed by Llandrindod and Rhayader locality (68 clients). Brecon locality and Newtown locality are both third highest (65 clients).

The locality with the lowest number of Direct Payments is Machynlleth locality (27 clients), followed closely by Ystradgynlais locality (28 clients).

The increase in direct payments uptake has supported the domiciliary care market, with some individuals setting up micro-enterprises within their own communities to support individuals in meeting their needs. Since November 2020 to September 2021 there has been a **55% increase in domiciliary care micro-enterprises** from 16 to 29 (November 2020 to September 2021). (PCC, 2021)

Technology Enabled Care (TEC) is a newer way of talking about care which incorporates services such as telecare, telehealth, telemonitoring, digital health and devices like alarms, monitors, apps or wearables – any technology-based solution that improves care in our homes and communities.

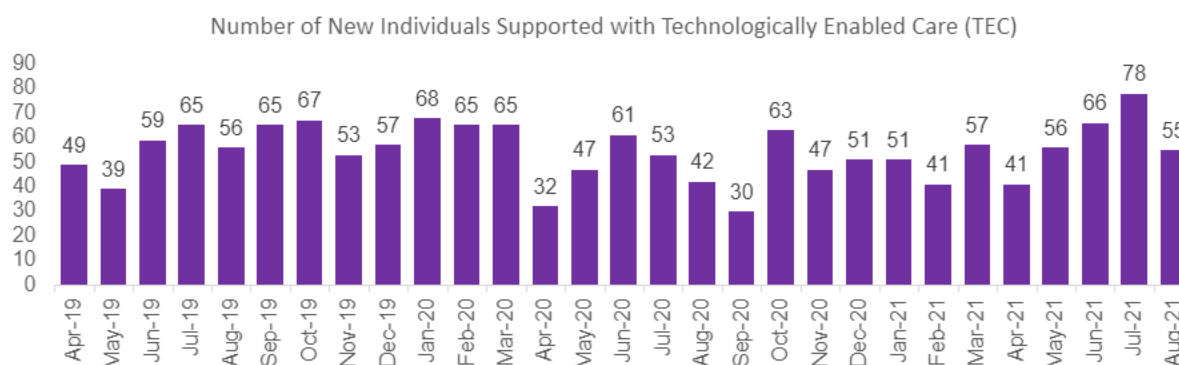


Figure 11 Bar chart showing number of new individuals supported by TEC by month. (PCC, 2021)

There has been a constant uptake of technology enabled care each month since April 2019.

For the period April 2019 to March 2020 there were a total of 708 new individuals, however for the same period the following year (Apr 20 to March 21) there was a decrease of 133 with 575 new individuals. This is to be expected, once individuals have received equipment it is unlikely that they will need more in the future.

Occupational therapy focuses on developing, recovering, or maintaining the daily living and working skills of people with physical, mental, or cognitive impairments. Their aim is to help people improve their ability to function as independently as possible so that they can participate in whatever activities are meaningful and important to them. Occupational

therapists do this mainly by identifying and eliminating environmental barriers to independence and participation in normal daily life. Examples of means of support include things such as toilet seat raisers, grab rails and ramps. Within Powys, there has been an increased demand for Occupational Therapy Services. There has been a **40% increase** in referrals to Occupational therapy between the periods January to August 2020 and 2021. This is aligned to the wider increase in demand for Adult Social Care. (PCC, 2021)

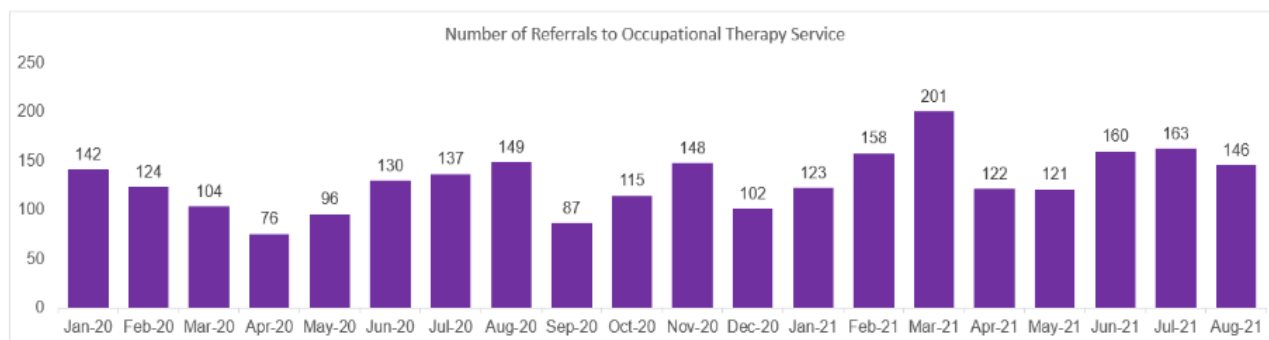


Figure 12 Bar chart displaying the number of new referrals to Occupational Therapy by month (PCC, 2021)

Community connectors (PAVO) helps people in Powys (aged 18+) and their families or carers, to access community-level services and activities that will help them maintain independent lives and which help prevent their circumstances deteriorating to a point where they might need higher level health or social care services. The service can also help support people when they return to home from hospital by helping other Third Sector services, such as Red Cross, identify additional local services that may be needed.

The service has seen a large increase in contacts over the year 2021/21 in comparison with the last 3 years. Community connectors received 2,180 contacts in 2018/19, which rose slightly to 2,945 in 2019/20 but in 2020/21 we saw a huge increase of 7,385 contacts into the service. The year 20/21 makes up 65% of all contacts received. (PAVO, 2021)

The top 3 reasons for contacts were:

- **3,787 Covid-19 shielding call (36%)**
- **1,937 Prescription/collection/injection (16%)**
- **672 Shopping (6%)**

The year 2020/21 shows there was a large influx of contacts in April 2020 and May 2020, we can see the coronavirus pandemic is a large contributor to this.

When looking at which communities in Powys use Community connectors more frequently, we can see that **Llandrindod and Rhayader locality are 1st with 20% (1,439)** of the contacts in the period 2020/21. **2nd highest is Newtown locality with 11% (793)**, followed by **Brecon locality with 10% (746)**.

The **lowest is Llanfair Caereinion locality with only 2% (176)** of all contacts, followed by **Crickhowell locality with just under 3% (206)** then **3rd lowest is Machynlleth locality with just over 3% (250)**. (PAVO, 2021)

Accommodation

Older people in Powys are entitled to be supported in several accommodation settings, ranging between sheltered housing, extra care, or care homes.

Due to the rurality of Powys, it is sometimes very difficult to place people in a care home within or near their community. There are challenges for independent living, especially isolation and loneliness which can increase as people get older.

Care Homes

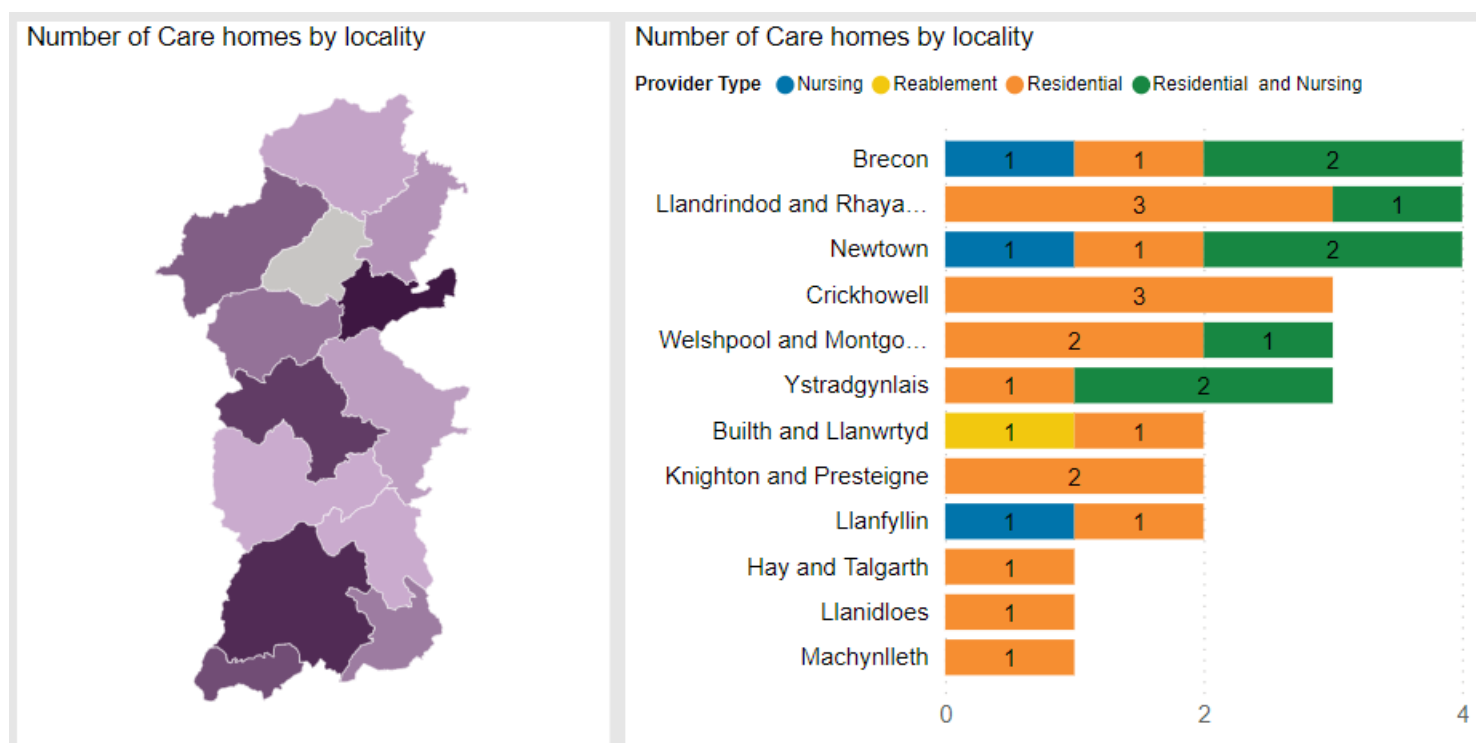
In Powys, we currently have three main supported accommodation types: sheltered housing, care homes (residential or nursing) and Extra Care Units.

There are **29 care homes** in Powys registered with **Care Inspectorate Wales (CIW)**, 12 of which are council owned homes run by Shaw Homes, 17 privately run homes, and 1 reablement unit run by Shaw Homes.

- Three homes provide nursing care only
- 18 homes provide residential care only
- Eight homes provide both residential and nursing care
- One reablement provider

(PCC, 2021)

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Brecon, Llandrindod and Rhayader and Newtown localities have four care homes each. The care homes in these three localities are a mix of Nursing Care homes, Residential Care homes and Dual Care homes (both Nursing and Residential).

Note – the Reablement unit in Builth Wells is not a Care home, this is a specific unit connected to Brynhyfryd Care home and provides 12 reablement beds (six funded by Powys County Council and six funded by Powys Teaching Health Board).

Hay and Talgarth, Llanidloes and Machynlleth localities each have one care home and all three of these are Residential Care home providers.

Llanfair Caereinion is the only locality without a care home.

In Powys there are:

- 571 Residential care beds registered with Care Inspectorate Wales
- 12 reablement beds
- 118 are Residential Dementia care beds
- 280 nursing care beds and
- 139 Dementia Nursing care beds.

Newtown locality has the highest number of registered beds with 202, 2nd highest is Ystradgynlais with 183 beds and Welshpool and Montgomery locality is 3rd highest with 164 beds.

As stated above, 12 of these care homes are owned by Powys County Council, however, Powys commissions some beds within private care homes too.

Powys County Council funds 49% (553) of the care home beds within the county, Powys Teaching Health Board funds 7% (80) with CHC funding (CHC stands for **NHS continuing healthcare**, with continuing meaning long-term life care) and the rest are either out of county placements (residents from outside the county placed within a Powys Care home) or are privately funded care home residents. (November 2021).

In additionally, both Powys County Council and Powys Teaching Health Board also fund placements for Powys residents in out of county care homes.

(PCC, 2021)

Extra Care Units

There are **58 extra care units**, currently one 10-unit Extra Care Housing facility attached to a Sheltered Housing scheme (Bodlondeb) in Llanidloes (Llanidloes locality) and a 48-unit Extra Care Housing scheme at Llys Glan yr Afon in Newtown (Newtown locality). These schemes are currently only available to rent.

There are two more extra care units due to open in mid-2023. Neuadd Maldwyn, in Welshpool (Welshpool and Montgomery locality), which will consist of 66 extra care units and Pont Aur, Ystradgynlais (Ystradgynlais locality) which will have 41 units, 10 of which are new extra care apartments.

(PCC, 2021)

Sheltered housing

Sheltered Housing is accommodation for elderly or disabled people consisting of private independent units with some shared facilities and a warden. A great option for people who want to live independently but need a bit more support, or just need to live in a smaller and easier-to-manage home.

In Powys there are 2,170 sheltered housing homes.

To show it equally across the county we have converted this into a rate per 1,000 population of 75+ Powys residents.

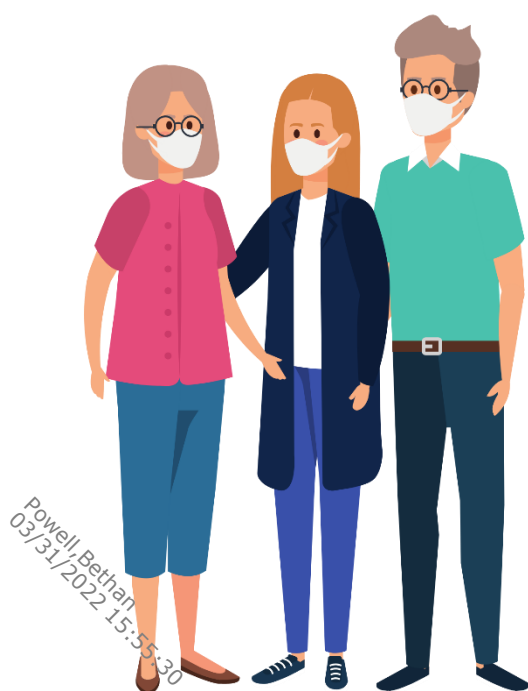
Powys has a rate of 94 sheltered housing per 1,000 of 75+ population. 1st and 2nd highest localities are Knighton and Presteigne locality (213) and Llanfair Caereinion locality (209) which have more than double the Powys average.

Newtown Locality has the lowest rate with only 30 sheltered housing per 1,000 of 75+ population.

There are 6 localities above the Powys Average (94 sheltered housing) which are:

1. Knighton and Presteigne Locality (213)
2. Llanfair Caereinion Locality (209)
3. Builth and Llanwrtyd Locality (177)
4. Llanidloes Locality (156)
5. Llanfyllin Locality (123)
6. Crickhowell Locality (114)

(PCC, 2021)



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A key focus for partnership working in Powys is the health of people in the county. Understanding health at the level of the Powys population is important to us for seeing how we are doing and how health might be improved. In this section, we have focused on three important measures that can help give us a population perspective on overall health in Powys: life expectancy; healthy life expectancy; and the life expectancy gap.

It is also important to consider the influences on the health of populations (not focusing just on the effects of health and social services). Particularly important are the effects of lifestyle risk factors (for example diet or smoking). We have therefore also summarised below important information on these and other risk factors in Powys.

The COVID-19 pandemic that began in 2020 has had major implications for the health of people in the county. In the final part of this section on population health, we have looked at these effects in Powys in further detail.

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Life expectancy

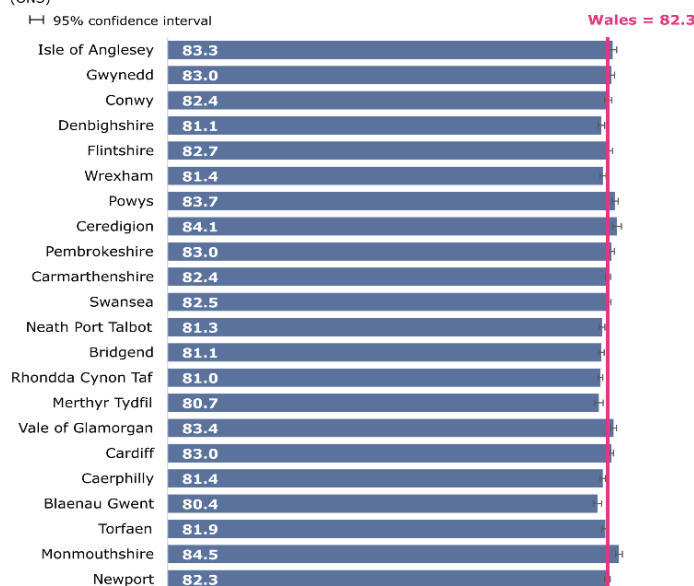
Life expectancy

Life expectancy is an estimate of the average number of years that new-born babies could expect to live, assuming that current mortality rates for the area in which they were born applied throughout their lives. (Public Health Wales NHS Trust, 2020)

The most recently available data (2017-2019) shows that life expectancy in Powys is **83.7 years for women and 80.0 for men**. For both women and men this is higher than the overall life expectancy for Wales (Wales 82.3 for women; 78.5 for men).

Life expectancy for women and men for different local authorities in Wales is shown in the chart below.

Life expectancy at birth, females, Wales local authorities, 2017-2019
Produced by Public Health Wales Observatory, using Life Expectancy Mid Year Estimates (ONS)



Life expectancy at birth, males, Wales local authorities, 2017-2019
Produced by Public Health Wales Observatory, using Life Expectancy Mid Year Estimates (ONS)

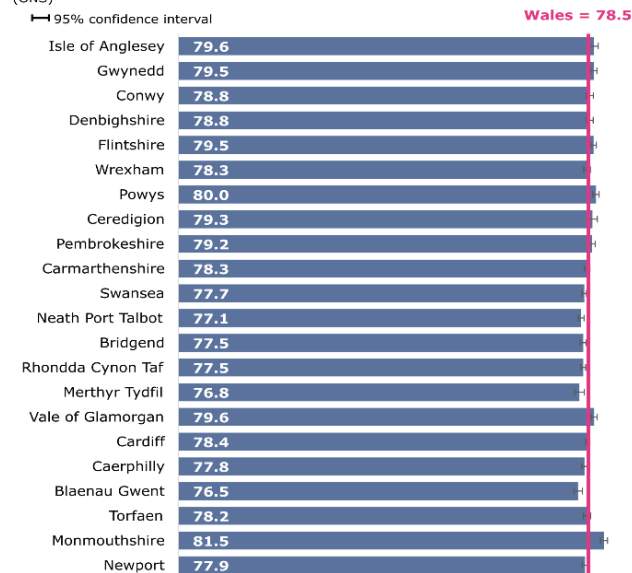


Figure 13 Bar charts showing life expectancy at birth for Males and Females (ONS, 2020)

A Public Health Wales report from 2020 indicates that there may be a plateauing in life expectancy improvements in Wales. We also know that it is also occurring in many other developed nations. (Public Health Wales NHS Trust, 2020)

Evidence from 2018 (Public Health Wales NHS Trust, 2018) suggests that a plateau in life expectancy in Wales (which had been improving for many decades) is evident from around 2011 – a phenomenon that has been seen across much of Western Europe – but which occurred earlier in Wales. (Public Health Wales NHS Trust, 2018)

This faltering in improvements in mortality has been mainly driven by deaths in the 85 and over age groups; however, it is also true that mortality in 55 to 84-year-olds is no longer declining (Public Health Wales NHS Trust, 2018). The same pattern appears to be occurring

at a Powys level, where improvements in life expectancy at birth seem to have stalled in recent years, both for men and women.

Life expectancy in Powys is greater than for Wales overall, but this needs to be seen as part of a bigger picture: life expectancy at birth in the UK in 2018 to 2020 was 79.0 years for males and 82.9 years for females (ONS, 2018) – in line with the figures for Powys – but international comparison indicates that the UK overall lags, particularly for women, behind several developed countries on this measure. For example, in 2019 life expectancy at birth in Japan was 81.5 for men and 86.9 for women; for Switzerland it was 81.75 for men and 85.08 for women. (WHO, 2021)

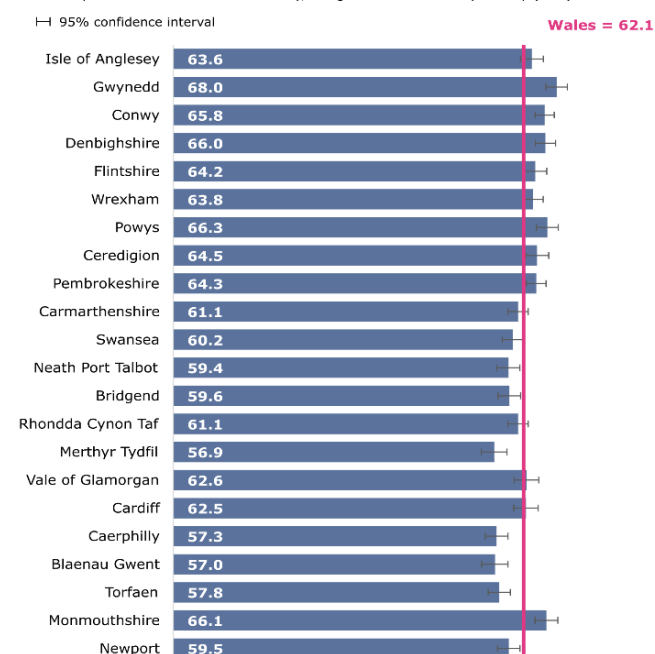
Healthy life expectancy

Healthy life expectancy is the average number of years a person can expect to live in good health, assuming that current mortality rates and levels of good health for the area in which they were born applied throughout their lives. (Public Health Wales NHS Trust, 2020)

For the period 2017 to 2019, **healthy life expectancy (at birth) for Powys was 66.3 years for women and 63.3 years for men.** These figures are also illustrated in the chart below.

People in Powys can expect to live longer in good health than the population of Wales overall, for which healthy life expectancy is 62.1 for women; 61.2 for men.

Healthy life expectancy at birth, females, Wales local authorities, 2017-2019
Produced by Public Health Wales Observatory, using Health state life expectancy (ONS)



Healthy life expectancy at birth, males, Wales local authorities, 2017-2019
Produced by Public Health Wales Observatory, using Health state life expectancy (ONS)

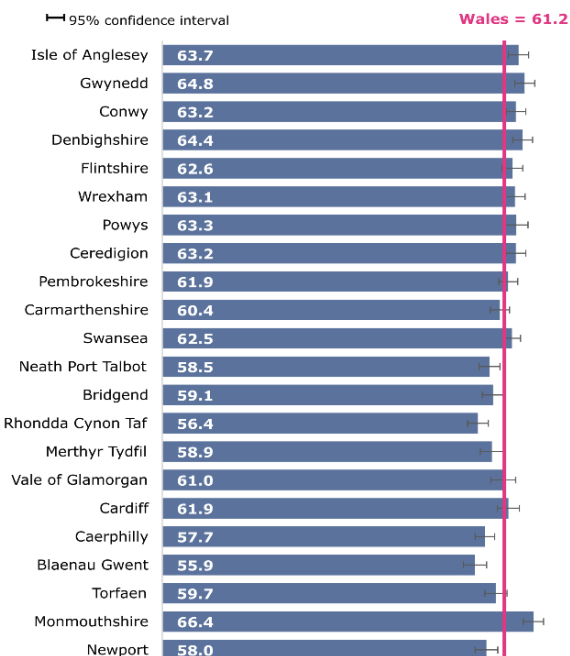


Figure 14 Bar charts showing healthy life expectancy at birth for females and males (ONS, 2017-19)

Healthy life expectancy in Wales also compares favourably with this indicator for the UK as a whole: for the equivalent period healthy life expectancy at birth for the UK overall was 62.9 years for men and 63.3 years for women. (ONS, 2018)

These overall figures however do not capture inequalities in life expectancy between groups, which are discussed below.

The life expectancy gap

The Welsh Government produces a relative measure of deprivation called the Welsh Index of Multiple Deprivation (Welsh Gov, 2019). Measurement across eight domains of deprivation (including for example income, employment and housing) allows comparison of relative deprivation at small area-level in Wales. WIMD ranks 1,909 small areas in Wales, named Lower Super Output Areas (LSOAs), from 1 (the most deprived) to 1,909 (the least deprived). (Welsh Gov, 2019) These ranks can be used to understand relative deprivation of small areas in Powys.

Powys has 79 LSOAs: 11% (9) of these are in the top 30% most deprived areas of Wales, including

- Ystradgynlais 1 (in the top 10% most deprived in Wales)
- Llandrindod East/West, Newtown East, Newtown South and Welshpool Castle all ranked in the most deprived 20% in Wales
- Newtown Central 1, Newtown Central 2, St John 2 (Brecon) and Welshpool Gungrog 1 ranked in the most deprived 30%

Powys does not contain any LSOAs in the top 10% least deprived in Wales, but 10 LSOAs are in the least deprived 20% including Builth 2, Forden and Guilsfield. And in the top 30% least deprived we have a further 16 LSOAs including Crickhowell, Knighton 2 and Newtown Llanllwchaearn North. (Welsh Gov, 2019)

Follow the link to understand more about [WIMD in Powys and how we rank against Wales.](#)

Having local measures of deprivation like the WIMD is important when thinking about the health of populations, because it allows us to look at relationships between health and deprivation (deprivation is known to have multiple important effects on health). Specifically, we can examine the life-expectancy gap (the difference between life expectancy estimates for different groups) (Public Health Wales NHS Trust, 2020), to allow us to make comparisons between areas with differing levels of deprivation.

Analysis of this kind shows that, while the life expectancy in Powys compares favourably with that in Wales overall, **inequalities persist within Powys itself between the most and least affluent areas:**

- 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

The life expectancy gap for each of the health board areas in Wales is illustrated in the chart below.

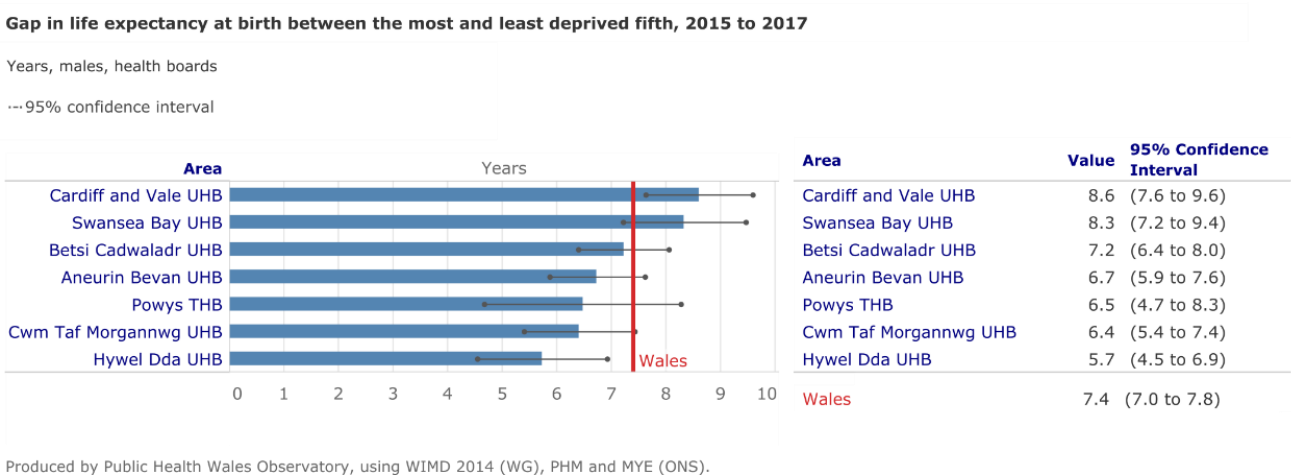
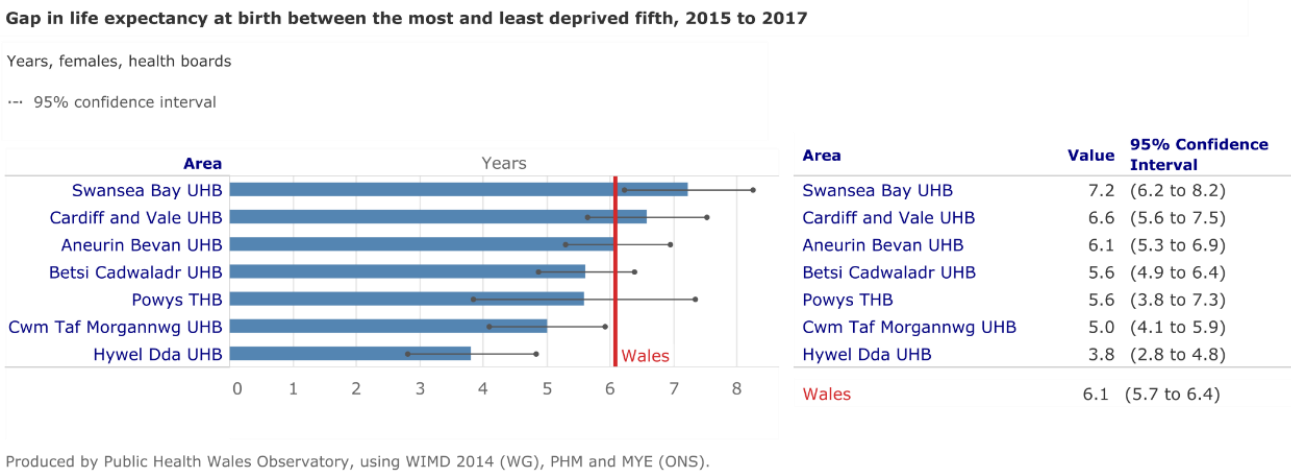


Figure 15 Gap in life expectancy at birth between most and least deprived by local authority (Public Health Wales, 2015-17)

Risk factors for poor health

How can we explain the differences in life expectancy and healthy life expectancy, both between Powys and other areas and within Powys? The chart below is from a Public Health Wales report from 2020. (Public Health Wales NHS Wales Trust, 2019). It illustrates the extent to which different risk factors are important in driving ill-health – indicating which risk factors contribute most to the burden of disease in the population of Wales.

Most of these risk factors relate to lifestyle (smoking, diet, alcohol and drug use) or are themselves directly influenced by lifestyle (obesity and overweight, high fasting plasma glucose, high systolic blood pressure, high LDL cholesterol). A key message here is the important effect that risk factors to do with lifestyle play in influencing health.

Top 10 Global Burden of Disease identified risk factors for disability-adjusted life years (DALYs), count, Wales, 2017

Produced by Public Health Wales Observatory, using Global Health Data Exchange (IHME)

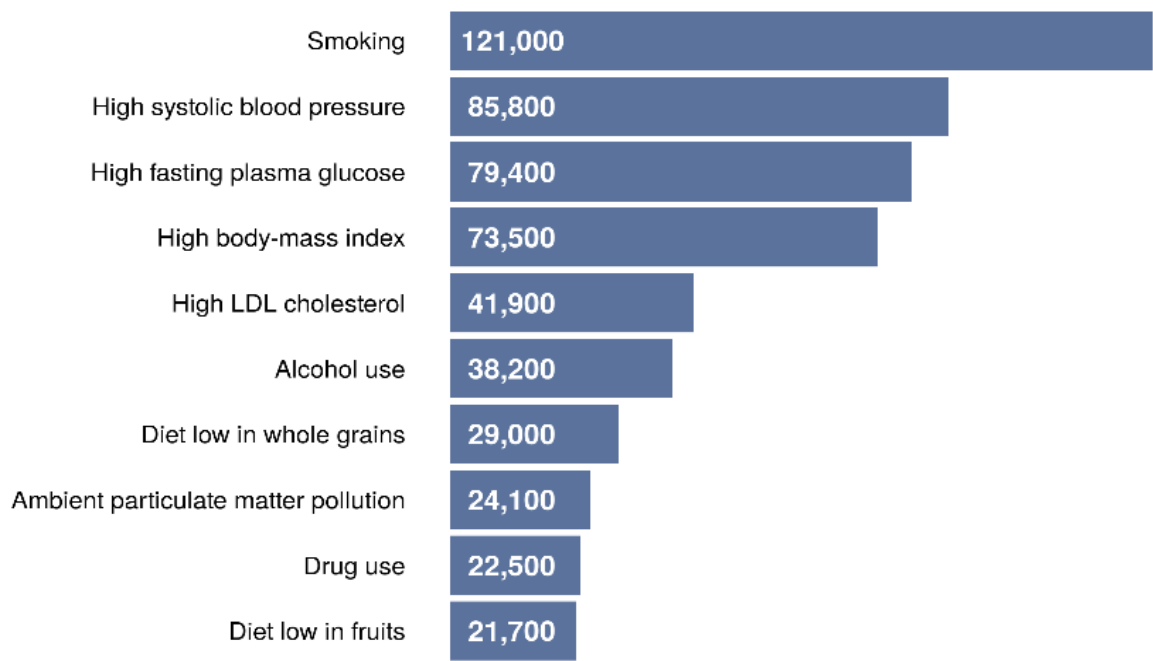


Figure 16 Top 10 global burden of disease identified risk factors for disability adjusted life years (Public Health Wales, 2017)

Lifestyles and the environment around us are key drivers of the health of our population. They have a much larger role in determining population’s health than do other influences such as the provision of health and social care services. Understanding how the Powys population is affected by these risk factors is important if we want to systematically improve the health of our population.

When compared with the rest of Wales, Powys adults tend to have healthier lifestyle behaviours (though this is not true for all risk factors). Using National Survey for Wales data (2020) we can understand how Powys compares to the other 22 Local Authorities and against the Welsh average for a number of these risk factors.

Smoking is a key determinant of population health, being the **single greatest cause of preventable death**. Smoking causes a range of cancers, cardiovascular diseases and respiratory conditions (for example COPD and emphysema).

- **14.5% of adults in Powys currently smoke** (Wales 17.4%). Powys ranks the 4th lowest amongst the 22 local authorities in Wales for smokers. (Welsh Gov, 2020)
- **27.3% of Powys adults are ex-smokers** (Wales 29.3%), ranking Powys as the 6th lowest amongst 22 Local Authorities in Wales. (Welsh Gov, 2020)

Alcohol consumption

The proportion of adults over 16 whose **weekly average alcohol consumption** is over guidelines is higher than the percentage for Wales overall.

- **19.7% of adults in Powys weekly average alcohol consumption is over guidelines (above 14 units).** This is above the Welsh average of 18.6%. Powys ranks 8th highest amongst the 22 local authorities in Wales.
- **17.4% of adults in Powys weekly average alcohol consumption is hazardous (between 14 and 50 units).** This is above the Welsh average of 16.1%. Powys ranks 9th highest amongst the 22 local authorities in Wales.
- **2.3% of adults in Powys weekly average alcohol consumption is harmful (over 50 units).** This is below the Welsh average of 2.5%. Powys ranks 10th highest amongst the 22 local authorities in Wales. (Welsh Gov, 2020)

Diet and physical activity

As well as being important risk factors in themselves, diet and physical activity in the population are key drivers of obesity. In this assessment, we have looked at consumption of fruit and vegetables as a useful indicator of the quality of a person's diet. The percentage of adults **who ate at least 5 portions of fruit of veg** (the previous day) is higher than the Welsh average, and the percentage who ate less than or no fruit or veg (the previous day) is lower than the Welsh average.

- **27.3% of adults in Powys ate at least 5 portions of fruit of veg (the previous day).** This is above the Welsh average of 24.3%. Powys ranks 6th highest amongst the 22 local authorities in Wales.
- **65.9% of adults in Powys ate some, but less than 5 portions of fruit or veg (the previous day).** This is below the Welsh average of 67.8%. Powys ranks the 5th lowest amongst the 22 local authorities in Wales.
- **6.7% of adults in Powys at no fruit or veg (the previous day).** This is below the Welsh average of 7.9%. Powys ranks the 8th lowest amongst the 22 local authorities in Wales. (Welsh Gov, 2020)

The level of **physical activity** in Powys is also better in Powys than in Wales overall.

- **60.8% of adults in Powys** were active at least 150 minutes (in previous week), meeting the minimum required guidelines for activity. This is above the Welsh average of 53.2%. Powys ranks 4th highest amongst the 22 local authorities in Wales.
- **12.7% of adults in Powys** were active between 30 to 149 minutes (in previous week), below the guideline. This is below the Welsh average of 13.9%. Powys ranks the 10th lowest amongst the 22 local authorities in Wales.
- **26.4% of adults in Powys** were active less than 30 minutes (in the previous week), below guidelines. This is below the Welsh average of 33%. Powys ranks the 2nd lowest amongst the 22 local authorities in Wales. (Welsh Gov, 2020)

To look at more lifestyle factors and how Powys ranks against Wales, [click here to explore our interactive report.](#)

Obesity and overweight

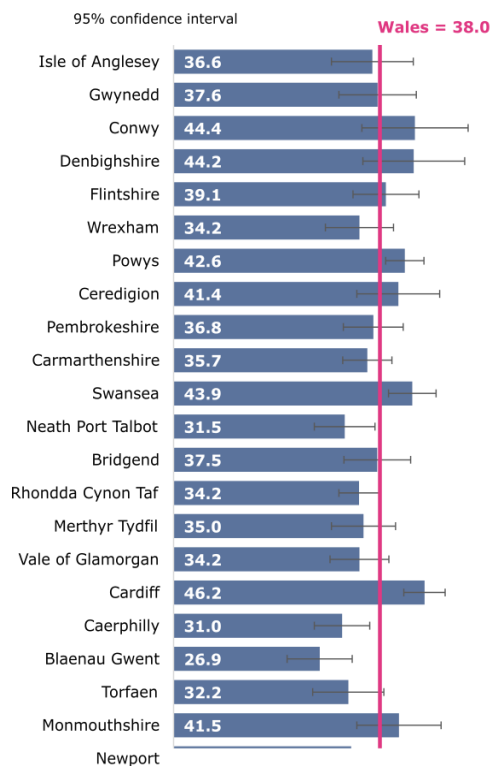
In Powys, **nearly 6 in 10 adults are overweight or obese and this is predicted to continue to rise.**

Obesity and overweight are associated with several serious conditions, including type 2 diabetes, hypertension, coronary heart disease, stroke, osteoarthritis and cancer. (Dixon, John B., 2010) Overweight and obesity are important over the life course of an individual, with childhood patterns of weight often carried over into adulthood. (Inge, Thomas H, 2013) (International journal of obesity, 2011) The chart below shows the percentages of people in Powys who were of healthy weight (using most recently available data) for two different groups: working age adults and older adults. Both groups in Powys have a higher proportion of people of a healthy weight than the Wales population overall.

- **42.6% of working age adults (aged 16-64) in Powys are of a healthy weight.** This is higher than the Welsh average of 38%. Powys ranks 7th highest amongst the 22 Local Authorities in Wales.
- **42.2% of older adults (aged 65+) in Powys are of a healthy weight.** This is higher than the Welsh average of 38.1%. Powys ranks 7th highest amongst the 22 Local Authorities in Wales.

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Working age adults of a health weight, percentage, persons aged 16 to 64, Wales local authorities, 2017/18 - 2019/20
Produced by Public Health Wales Observatory, using NSW (WG)



Older adults of a healthy weight, percentage, persons aged 65+, Wales local authorities, 2017/18-2019/20
Produced by Public Health Wales Observatory, using NSW (WG)

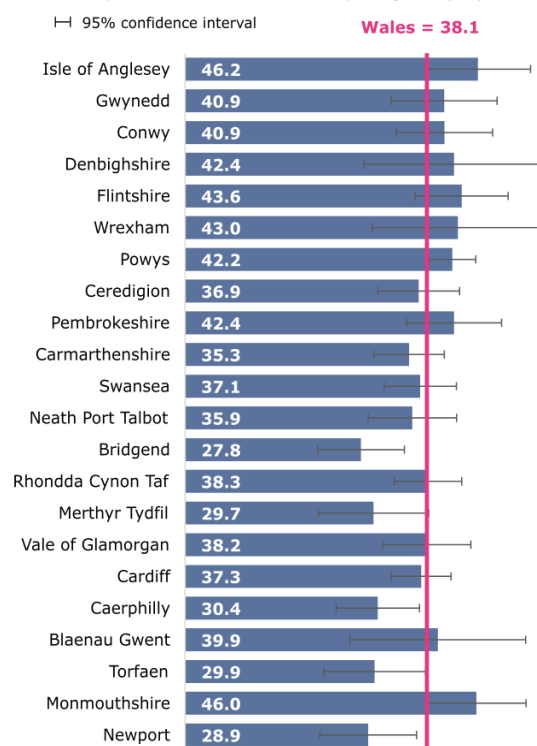


Figure 17 Working age adults of a health weight (Public Health Wales, 2017/18-2019/20)

Figures for childhood obesity for different health boards in Wales are shown in the chart below. In Powys in the year 2017/18

- **75.5%** of children aged 5 were healthy or underweight. This is higher than the Welsh average of 73.6%
- **24.5%**⁶ were overweight or obese, which is lower than the Welsh average of 24.5%

(Public Health Wales, 2017/18)

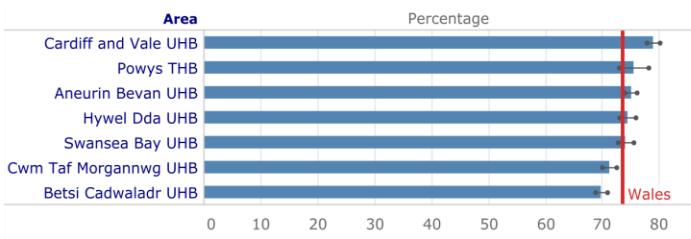
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⁶ percentage implied from the difference in those who were of a healthy weight

Children age 5 of healthy weight or underweight, 2017/18

Percentage, health boards

--- 95% confidence interval



Area	Value	95% Confidence Interval	Count
Cardiff and Vale UHB	78.9	(77.7 to 80.0)	3,811
Powys THB	75.5	(72.8 to 78.0)	793
Aneurin Bevan UHB	74.9	(73.9 to 76.0)	4,908
Hywel Dda UHB	74.4	(72.9 to 75.8)	2,671
Swansea Bay UHB	74.0	(72.6 to 75.4)	2,890
Cwm Taf Morgannwg UHB	71.2	(69.9 to 72.4)	3,523
Betsi Cadwaladr UHB	69.7	(68.7 to 70.8)	5,078
Wales	73.6	(73.1 to 74.1)	23,674

Produced by Public Health Wales Observatory, using CMP (NWIS).

Figure 18 Children aged 5 of healthy weight or underweight 2017-18 (PHW, 2017/18)

Air quality

An important environmental risk factor for ill health is the quality of the air that we breathe, because poor air quality has effects on respiratory and cardiac disease and can lead to lung cancer and stroke. (Environmental pollution 151.2, 2011) Nitrogen dioxide (NO₂) is a gaseous pollutant and exposure to outdoor NO₂ is mainly related to road traffic emissions. Average nitrogen dioxide levels are a useful proxy indicator of overall air quality.

For this indicator Powys ranks 2nd lowest of local authorities in Wales. Average NO₂ is 4.4 in Powys, compared to the Welsh average of 9.2. Predominantly this can be explained by rural nature of the county. The NO₂ pollutant has decreased in Powys over the years, since 2007 this has almost halved from 7.92 to 4.38 in 2019.

To understand more about air pollutants in Powys and how we rank against Wales, [click here to explore our interactive report.](#)

Loneliness and social isolation

Loneliness and social isolation have effects on physical health – where effects include cardiovascular disease, inflammation and functional decline, as well on mental health – where effects include depression, increased risk of suicide and cognitive decline. (International psychogeriatrics, 2019) (International psychogeriatrics, 2019) (Journal of Ageing life care, 2018) They are also associated with an overall increased risk of dying. The effects of loneliness occur at every stage of life, but older people are particularly at risk. (International journal of obesity, 2011) (Journal of Ageing life care, 2018)

17% of people in Powys report feeling lonely in the most recently available data – applied to the current population, this would mean approximately 22,600 residents across Powys. This percentage is higher than Welsh average of **15.5%** (though this difference is not statistically significant). The figures for each of the local authority areas in Wales are illustrated in the image below.

People feeling lonely, age-standardised percentage, persons aged 16+, local authorities, 2019-20
Produced by Public Health Wales Observatory, using NSW (WG)

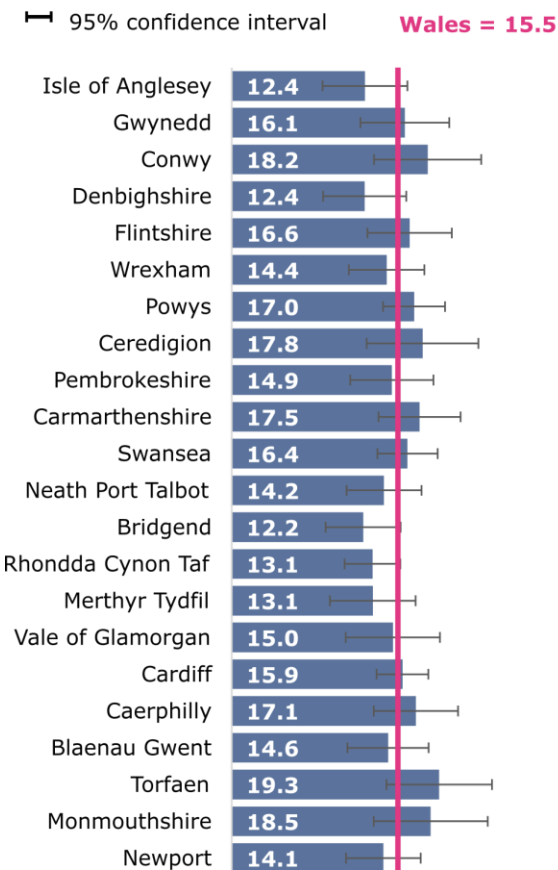


Figure 19 People feeling lonely by local authority (Public Health Wales, 2021)

COVID-19

The coronavirus pandemic has disproportionately hit older people and those with underlying health conditions. In nearly all countries, **at least 90% of COVID-19 deaths were amongst people aged 60 and over**. In many, about half or more were amongst residents in long-term care facilities. There has been a clear social gradient in COVID-19 deaths. **Underserved people, people living in deprived areas and ethnic minorities have been disproportionately affected. Those groups most affected are those that were already experiencing the greatest vulnerability to poor health and well-being.** (PTHB, 2021)

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Direct health impact – contracting infection, severe illness, death	Indirect impact – through the five essential conditions (wider determinants of health)
People with pre-existing chronic conditions or disability Minority ethnic groups, especially Black and Asian People living in areas of higher socio-economic deprivation People living in, and at risk of, poverty and social exclusion Self-employed, those in insecure/informal/low income employment (often key jobs) Front-line health or social care workers Living or working in crowded conditions, such as meat processing plants Marginalised or transient groups, such as homeless people, refugees and migrant workers, prisoners Those who do not have basic water, sanitation or hygiene facilities	
Older age Men Living in a care home	Children and young people Women, especially mothers Unskilled workers

Figure 20 COVID-19 related vulnerability: the most affected, Source: Public Health Wales

Alongside the elderly, young people have been impacted by the pandemic. COVID-19 response measures have included mass school closures for prolonged periods, **resulting in negative impacts on child development, health and well-being, educational attainment, future educational and employment prospects, family income and the overall economy.** Lockdowns have been associated with direct negative psychosocial impacts, including lack of social contact, for example, for those 12 to 18 years; and experiencing loneliness for those aged 16 to 24 years.

For many people, **COVID-19 has been experienced as a syndemic** – a co-occurring, synergistic pandemic that interacts with and exacerbates existing chronic diseases and social conditions.

The estimated overall impact of COVID-19 on some specific conditions is set out below:

- The proportion of working- age adults *limited a lot by long standing illness* is projected to increase from 18.1% in 2019/20, to 24.4% in 2022/23: **In Powys, this is 4,719 more adults**
- The proportion of working- age adults with *musculoskeletal problems* is projected to increase from 17.1% in 2019/20, to 19.4% in 2022/23: **In Powys, this is 1,723 more adults**
- The proportion of working- age adults with *heart and circulatory problems* is projected to increase from 12.8% in 2019/20, to 15.5% in 2022/23: **In Powys, this is 2,023 more adults**
- The proportion of working- age adults with *respiratory problems* is projected to increase from 8.2% in 2019/20, to 10.6% in 2022/23: **In Powys, this is 1,797 more adults**

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- The proportion of working- age adults with *endocrine and metabolic problems* is projected to increase from 7.9 in 2019/20, to 10.9% in 2022/23: **In Powys, this is 2,247 more adults**
- The proportion of working- age adults with *mental health problems* is projected to increase from 8.8% in 2019/20, to 11.9% in 2022/23: **In Powys, this is 2,322 more adults**

Impact of COVID-19 on common conditions (Public Health Wales, 2021)

The **four harms from COVID-19** will continue to exert an effect both in the short and longer term.

1. Direct harm from infection	<p>Acute infections, hospitalisations and deaths.</p> <p>Longer term complications of COVID infection and hospitalisation</p> <p>Long COVID</p>
2. Indirect harm from overwhelmed services	<p>A profound shock to the NHS and social care systems: There has been a major decrease in elective and emergency hospital admissions in Wales in 2020 when compared to 2019</p> <ul style="list-style-type: none"> • 55% decrease for elective admissions • 30% decrease in emergency admissions
3. Indirect harm from changes in health seeking behaviour	<p>Limited access to prevention, treatment and rehabilitation services, such as:</p> <ul style="list-style-type: none"> • Cancer screening and treatment • Mental health referrals, despite increasing demand <p>Changes in health-seeking behaviours and the availability of access to essential diagnostic services may result in additional deaths from cancers (including breast, colorectal, lung and oesophageal) in the medium (1 year) and long term (5 years).</p>
4. Indirect socioeconomic harms	<p>22% of households in Wales lost at least 20% of their weekly income between February and April 2020.</p>
5. Harms arising from the way COVID-19 has exacerbated existing, or introduced new, inequalities in our society	<p>Socio-economic gradient in hospitals and deaths: The rate of hospital admission and death from COVID-19 in the 20% most deprived areas in Wales is double that in the 20% least deprived</p>

(Welsh Gov, 2021)

(Welsh Gov Technical Advisory Group, 2021)

Our understanding of the population health impact of the pandemic is still developing, and this will need to be kept under review as new research and intelligence is published particularly in respect of long Covid.

Summary of population health in Powys

In general Powys compares favourably with Wales overall in terms of key population health indicators such as life expectancy and healthy life expectancy. However, there is no room for complacency: international comparison shows that Wales and Powys fall short of the healthiest countries on these indicators; the last decade has seen a concerning stalling in the improvements in life expectancy that previous decades had seen; the most deprived parts of Powys are notably less healthy than the least deprived – inequality in outcomes remains a significant challenge.

Likewise, many of the population levels of key risk factors in Powys look good compared to Wales overall but addressing inequality in Powys and moving life expectancy in Powys towards that of the healthiest nations will inevitably require sustained focus on improving population risk factors – partly through the way we provide services, but also through our wider partnership efforts.

Achieving the effects that we want to see has become more difficult in the face of the global pandemic: our understanding of its many effects on population health is still developing, but it is already clear that COVID-19 has brought with it widespread and interacting effects on many factors that influence population health.

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4. Physical disabilities and Sensory Impairment

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Physical Disability

A physical disability is a limitation on a person's physical functioning, mobility, dexterity or stamina. Other physical disabilities include impairments which limit other facets of daily living, such as respiratory disorders, blindness, epilepsy and sleep disorders.

In Powys, 35.67 people per 1,000 of the population are recorded as having a physical disability (in Wales as a whole, this figure was 9.17 per 1,000 population in March 2018). Powys is the second highest Local Authority in Wales with only Conwy being higher with 35.97 residents per 1,000 population.

(Welsh Gov, 2019)

Note: The registers of people with physical or sensory disabilities include all persons registered under Section 29 of the National Assistance Act 1948. However, registration is voluntary, and figures may therefore be an underestimate of the numbers of people with physical or sensory disabilities.



Rate by Local Authority, A physical disability included in other categories

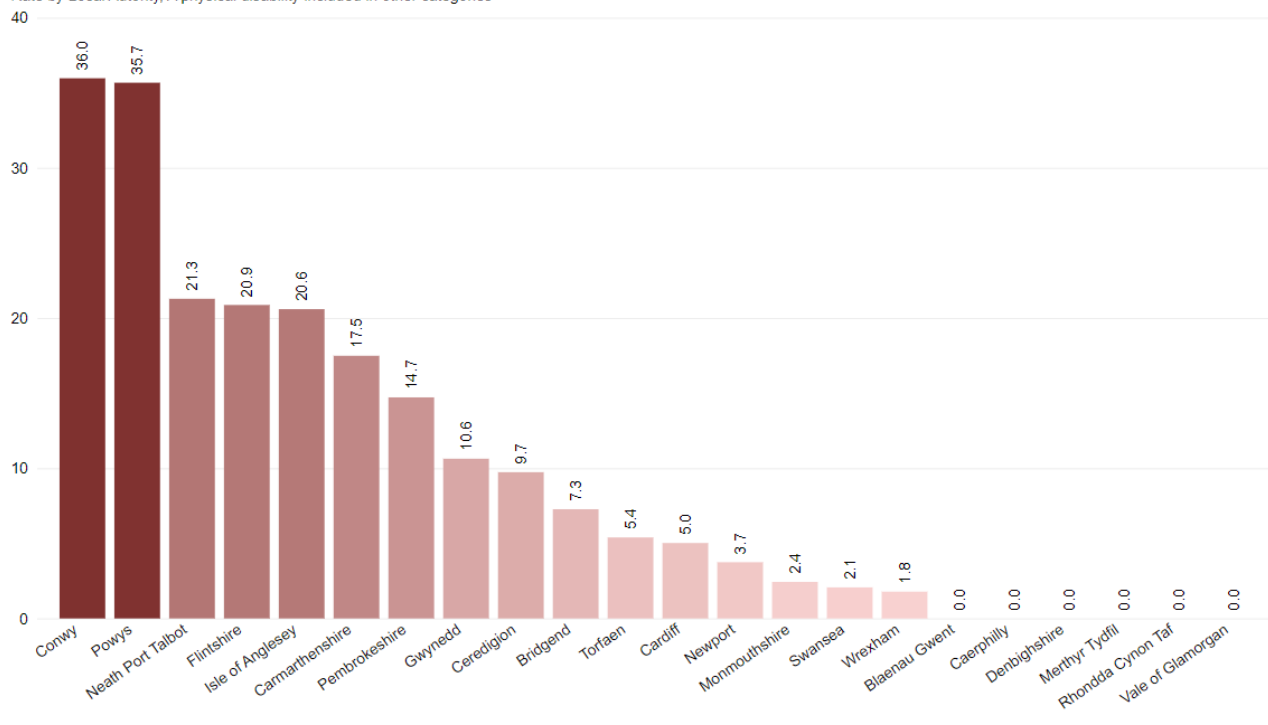


Figure 21 Rate of persons (per 1,000 population) with a physical disability by local authority (Welsh Gov, 2019)

Follow the link to [view more information about disability and sensory lost via our interactive report.](#)

There are three types of payments you can receive if you are registered with a disability, they are:

- Disability Living Allowance (DLA)
- Personal Independence Payment (PIP)
- Attendance allowance

Disability Living Allowance (DLA) has been discontinued by the government and is gradually being replaced by Personal Independence Payment (PIP). (UK Gov, 2021)

In Powys, 20% of people of working age are Equality Act (EA) core or work-limiting disabled (Wales is 23%, 2015).

5% of the working age people were claiming Disability Living Allowance.

In February 2021, there were 2,577 Powys residents claiming Disability Living Allowance, the highest locality was Ystradgynlais with 466 residents, followed by Newtown locality with 341 residents claiming. The locality with the least number of residents claiming Disability Living Allowance with 97 in February 2021 was Llanidloes locality and Hay and Talgarth locality.

In the same period, there were 6,270 Powys residents claiming Personal Independence Payment, the highest locality was Newtown locality with 1,032 residents, followed by Ystradgynlais locality with 860 residents claiming.

The locality with the least number of residents claiming Personal Independence Payment with 199 residents in February 2021 was Crickhowell locality.

As of October 2021, there were a total of **3,437 carers registered with CREDU** in Powys. 2,390 are adult carers are defined as persons aged 26 years and over, and 870 are young carers. (*177 carers registered are of unknown age).

Of those adult carers 22% (518) having a physical disability/illness as the highest type reported. Of those young carers 6% (48) having a physical disability/illness as the highest type reported. For more information about Carers in Powys please see the Carers chapter.

What have people said

[Wales Neurological Alliance](#) members in Powys took part in a small, virtual focus group (January 2022) and told us:

Support is needed with PIP assessments from someone with an understanding of the long-term issues of living with a specific chronic condition. Advocacy and help is needed in terms of attending the PIP appointment. There was concern that the PIP is only valid for three years and reassessment due.

Sian who has the Multiple Sclerosis (MS) said: “The PIP assessment and process was very stressful, complex and daunting. The form was horrendous. Without the support of the MS Society I wouldn’t have been able to complete it alone. I worry that many others don’t have the support that I was fortunate to get through the MS Society project.”

The pandemic has resulted in huge disruption to care and treatment for people with disabilities. Examples such as delays in scans and tests and treatment plans

Feedback from a family in North Powys caring for their child with a long term and chronic illness raised concerns about:

- Finances due to travel costs for the long journeys to hospital and whilst being unable to work due to caring responsibilities, one family has had to re-mortgage their house to pay for the increased costs.
- Mental health of their child and the rest of the family due to the stressful situation they find themselves in.

Integration of the services needed to support these families from Social Services, Education, health care and CAMHS.

In the Living in Powys well-being survey respondents were asked if they *considered themselves to be disabled*, of the which 13% answered yes. Of those

- 23% highlighted that they had mental health issues
- 9% had a learning disability or difficulty
- **39% had physical/mobility impairment**
- 13% have hearing impairment
- 1% have visual impairment
- 2% speech impairment

Sensory Impairment

Sensory Impairment is the common term used to describe deafness, blindness, visual impairment, hearing impairment and deaf blindness.

Sensory impairment can be a significant life limiting condition and its incidence increases with age. This means the challenges associated with the condition are likely to grow over coming decades. Accelerating factors in relation to sight loss include diabetes and obesity.

People with sensory impairment have a range of care and support needs. Early identification is vital, as is prevention, support to reduce loneliness, isolation and promote mental health, well-being and measures to support access to employment.

Effective care and support are likely to reduce other risks associated with age and frailty, such as falls. A range of services are available across Wales. These provide a foundation for improvement in the future. Improvements need to focus on further development of generic and specialist services and improving access to other services for people with a sensory impairment. This will require collaborative approaches to ensure consistency and that common challenges are addressed.

Powys County Council employ fully qualified rehabilitation officers who will assess a person with sensory loss' needs, they will help the individual learn new skills and provide information to carers. An assessment aims to identify problems that sensory impairment causes on a day-to-day basis. The rehabilitation officers work with individuals to put together a rehabilitation plan which will list the help needed to live independently.

Wales Council of the Blind and the wider sight loss sector are concerned about the reducing numbers of Rehabilitation Officers for the Visually Impaired (ROVIs) in Wales. The recommended number is 1 per 70,000 residents. There are 30.3 FTE in Wales compared to the recommended 44.9 FTE recommended. This shortfall will exacerbate an already challenging scenario where Covid restrictions have created both a backlog of cases and additional cases due to lost skills and the impact of reduced services in primary and secondary healthcare.

ROVIs are the only specialists qualified to work within social care with adults with sight loss. This threatens the independence and well-being of future generations of blind and partially sighted people in Wales

Only six local authorities out of 22 meet the minimum standard of employed ROVIs. Powys County Council is 7th out of the 22 local authorities with 1.8 FTE when the recommended is 1.9 FTE (-0.5%) The worst of the local authorities is Cardiff with only 1 FTE out of the recommended 5.2 FTE (-81%).

The latest data available (2018) shows there are **11.83 people per 1,000 population in Wales registered with having a sensory impairment**. Powys is the highest local authority in Wales with **22.36 people per 1,000 population registered with a sensory impairment**.

The rate of people registered as severely sight impaired in **Wales is 2.07 people per 1,000 population**. Powys has the highest rate out of the 22 local authorities, with **3.56 people per 1,000 population registered as severely sight impaired**. (Welsh Gov, 2019)

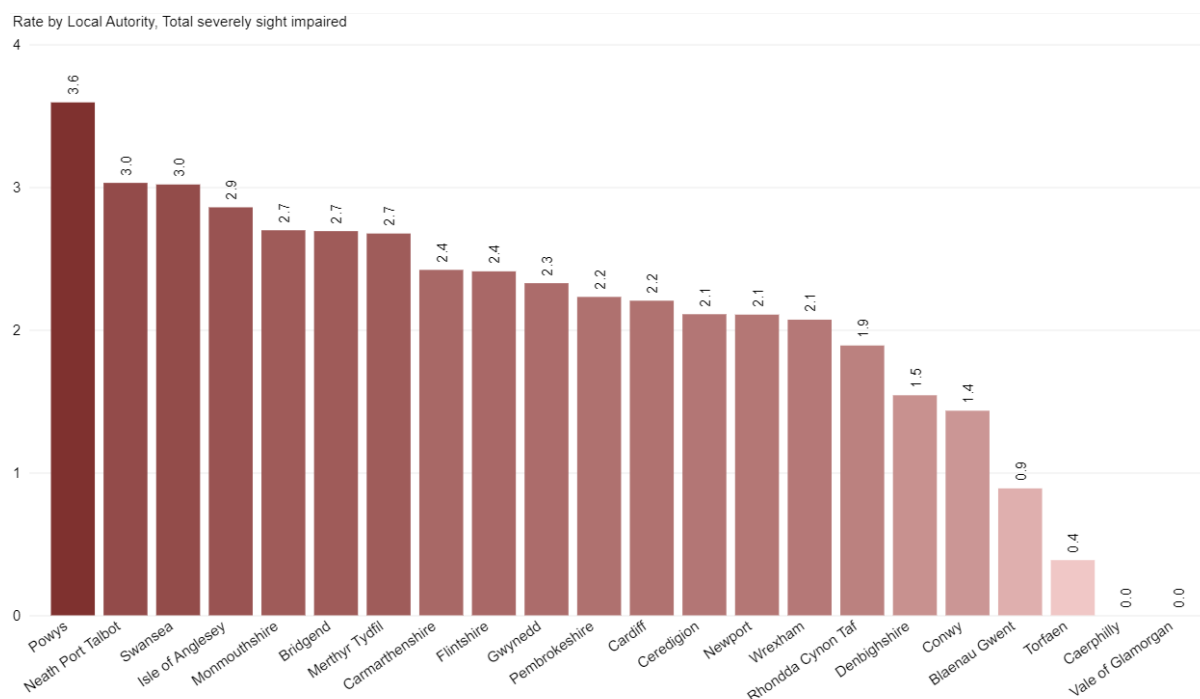


Figure 22 Rate of persons (per 1,000 population) who are severely sight impaired (Welsh Gov, 2019)

Note: The registers of people with physical or sensory disabilities include all persons registered under Section 29 of the National Assistance Act 1948. However, registration is voluntary, and figures may therefore be an underestimate of the numbers of people with physical or sensory disabilities.

Follow the link to [view more information about disability and sensory lost via our interactive report](#).

What have people said

In the Living in Powys well-being survey respondents were asked if they *considered themselves to be disabled*, of the which 13% answered yes. Of those

- 23% highlighted that they had mental health issues
- 9% had a learning disability or difficulty
- 39% had physical/mobility impairment
- **13% have hearing impairment**
- **1% have visual impairment**
- 2% speech impairment

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Learning Disability

People who have a learning disability and their families want to live as independently as possible, socialise in their local community and live as full a life as possible.

Powys has several systems in place to support people to access services and support. These include assessment and care management systems, resource allocation systems, continuing health care, health checks, direct payments, transition arrangements, ongoing consultation, planning and strategy systems.

Learning disability services in Powys are provided by the two statutory authorities and by independent sector providers. The joint learning disability services in Powys includes Consultant Psychiatrist, Psychologist, Social Workers, Speech & Language Therapist, Occupational Therapist, Community Support Officers, Health Care Assistants, Community Learning Disability Nurses, Physiotherapist, Clinical Nurse Specialist and Team Leaders.

A range of long-term and short-term accommodation services are commissioned in Powys, including residential care placements, and supported living tenancies. However, there are also people that are placed out of county. These placements include small domestic settings, residential homes, residential specialist colleges, specialist behavioural facilities and larger residential communities catering for a diversity of service users with differing disabilities, care needs and behaviours which challenge services. To enable these people to return home would require an appropriate support within health and social care to sustain local placements.

National research shows that approximately **2.16% of the adult population** will have learning disabilities and approximately **2.5% of children in the UK** are believed to have a learning disability (Mencap, 2019)

In Powys, there **were 401 people entered on the register with a learning disability** on 31st March 2021. 380 (94%) are living within their communities.

- **15% are living in their own home**
- **34% are living with parents or family**
- **0.5% are living in foster homes**
- **45% are living in lodgings and supported living**
- **5% are in a local authority residential accommodation**

Table: Number of persons on the register of people with a learning disability as at 31st March 2021. (PCC, 2021)

Place of residence	Aged under 16	Aged 16 to 64	Aged 65 and over	TOTAL 2021
Community placements a. own home		42	20	62
Community placements b. parents/family	30	99	6	135
Community placements c. foster home	2	2	0	4
Community placements d. lodgings/supported living	0	132	47	179
Community placements e. subtotal (a-d)	32	275	73	380
Health service accommodation (inc. hospitals/hostels etc.)	0	0	0	0
Local authority residential accommodation (staffed or unstaffed)	1	8	12	21
Private or voluntary residential accommodation (staffed or unstaffed)	0	0	0	0
Other accommodation	0	0	0	0
TOTAL 2021	33	283	85	401

Children with Learning disabilities

There are 3 different individual development plans (IDPs) used in Powys County Council Schools these are as follows;

- **School Action (SA):** School Action is defined as provision that is 'additional to or otherwise different from' expected mainstream differentiated provision. It will be

made available at the earliest possible stage to any pupil who experiences greater difficulty in learning than the majority of their peers.

- **School Action Plus (SA+):** School Action Plus external support services, both those provided by the LEA and by outside agencies, will usually see the child, in school if that is appropriate and practicable, so that they can advise teachers on new IEPs with fresh targets and accompanying strategies, provide more specialist assessments that can inform planning and the measurement of a pupil's progress, give advice on the use of new or specialist strategies or materials, and in some cases provide support for particular activities.
- **Statement (S):** For a small number of pupils, including all those for whom a special school or an out-of-county special school placement is needed, it is possible for the council to maintain a Statement of Special Educational Needs.

There are currently 3,545 (21%) pupils with Special Educational Needs (SEN)/Additional Learning Needs (ALN) in Powys. Of these,

- 57% (2,011) pupils are on School Action
- 32% (1,119) are on School Action Plus
- 12% (415) pupils have statements of SEN
- 279 pupils attend one of the three special schools located in the county
- 138 attend primary or secondary specialist centres based in local schools.

Powys currently has three special schools and two pupil referral unit (PRU) settings, as shown on the map below,

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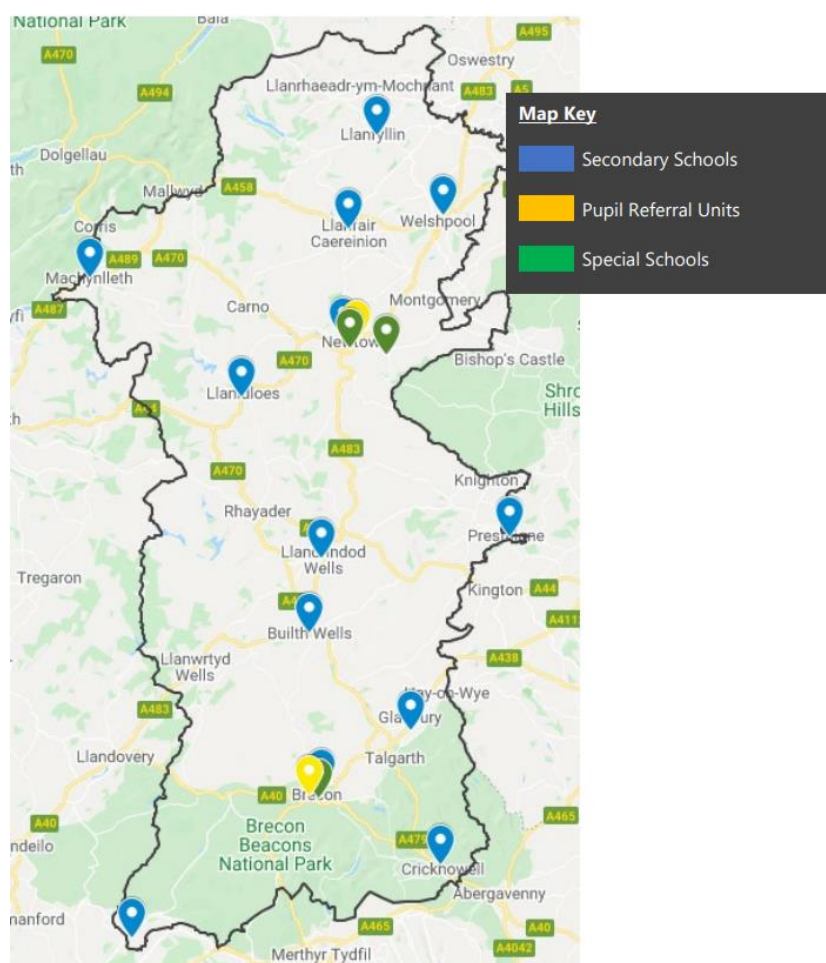


Figure 23 Locations of special schools and pupil referral units in Powys (PCC, 2021)

In addition, there are currently 23 specialist centres in Powys. 19 of these cater mainly for pupils with moderate learning difficulties (MLD), and autistic spectrum disorder (ASD), based in primary and secondary schools. Four of them are also pre-school assessment centres.

To support the implementation of the Additional Learning Needs and Education Tribunal (Wales) Act 2018, Powys County Council has a new inclusion platform, Tyfu, which will support schools and settings to work in partnership with pupils, parents and professionals to support the learning needs of pupils. The bilingual electronic system will allow a co-ordinated approach to additional learning needs, ensuring pupils receive the support they need as early as possible.

On 5 November 2020, Powys County Council Cabinet considered and approved a strategy for [The Future of Special Educational Needs / Additional Learning Needs in Powys](#). The vision for pupils with additional learning needs in Powys is that:

- All pupils across Powys will receive high quality provision that meets their needs, no matter where they live
- Most pupils with SEN/ALN will be taught in their local mainstream school

- All pupils with SEN/ALN will be placed in a provision that meets their needs, as near to home as is practicably possible, with the appropriate specialist teaching, support and facilities that enables every learner to meet their potential
- There will be a comprehensive range of specialist provision, including special schools, pupil referral unit (PRU), specialist centres, satellite centres and early assessment provision
- This will include both English and Welsh medium provision
- Special schools will cater for those pupils who have the most complex needs, for example severe learning difficulties (SLD), profound and multiple learning difficulties (PMLD) and complex autistic spectrum disorder (ASD)
- Schools within and across geographical areas will support each other and share effective practice

(PCC, 2021)

Powys County Council Inclusion Team

The central team for inclusion has been further strengthened with additional appointments and a range of training, coaching and mentoring to upskill officers. As a result, schools in Powys are well supported with an experienced and knowledgeable inclusion team who provide good quality guidance to schools for pupils with ALN.

Powys Inclusion Panel

The Powys Inclusion Panel (PIP) is a multi-agency referral panel which began in September 2019, following consultation with schools. The key principle of PIP is that there is no 'wrong front door'. There are clear terms of reference, which are reviewed annually with stakeholders to ensure that the referral system meets requirements. PIP is attended by a range of multi-agency professionals including schools, children's services, educational psychology service, sensory service, neuro-developmental service, CAMHS, Youth Services.

An Early Years Additional Learning Needs Lead Officer (ALNLO) has been appointed to support the work of early identification and intervention for children across Powys. The Early Years ALNLO has developed very effective relationships with colleagues in health and children's services and with schools and settings. This is a strength of the service. An experienced foundation phase advisory teacher has been appointed as an Early Years specialist teacher to strengthen the support for ALN to 3+ settings. As a result, good quality training and guidance is provided and there are close working links with the foundation phase advisory team.

Following a recent review with stakeholders, further improvements have been made to improve the referral system, including the development of a PIP triage. Due to the Covid pandemic, **the number of referrals, especially related to pupils with anxiety and non-attendance, have significantly increased**, with 90 referrals received by the panel on one occasion. Inclusion and Youth Services are very proactive in seeking solutions for support to

schools by working collaboratively with partners in health and Children's Services. As a result, colleagues across these services have established an integrated access to services and an 'early help' pilot to support pupils with anxiety, school avoidance and family related issues. These projects are at an early stage of development and have not been evaluated. 73% of headteachers agree or strongly agree that the referral process for pupils with Special Educational Needs (SEN) / Additional Learning Needs (ALN) are clear and effective.

There is a better co-ordinated approach to provision for post-16 SEN/ALN pupils through the post-16 workstream, demonstrating a more co-ordinated approach between school improvement, schools, the SEN/ALN team and other officers. Improved co-ordination between the admissions team and ALN managers ensures that all pupils are placed in the appropriate provision in Powys schools.

Recently ALN managers have provided training on the new Additional Learning Needs and Education Tribunal (Wales) Act 2018 and code for colleagues in children's services and health and for cabinet. Regular updates are provided for senior leaders, schools and governors, with specific training for Additional Learning Needs Coordinators (ALNCos). This has led to a common understanding of the requirements and key responsibilities of officers regarding the act across the council. Speech and language therapists have recently engaged in the pre-school project which is being developed to ensure early identification and intervention. We have worked with Health and Children's Services to map out the provision that is currently in place to develop a co-ordinated approach to supporting young children with SEN/ALN, we have instigated the joint planning of training with CAMHS, Health (Regionally and locally), and Integrated Autism Services.

(PCC, 2021)

Older people with learning disabilities and autism

People with learning disabilities are living longer than in the past and as a result, the number of older people with a learning disability is increasing. Approximately 1.5 million people in the UK have a learning disability. This is even though people with learning disabilities are 58 times more likely to die before the age of 50 than the rest of the population.

Older people with a learning disability need more support to age well, to remain active and healthy for as long as possible. Research by the Disability Rights Commission in 2006 found that people with a learning disability are two and a half times more likely to have health problems than the rest of the community.

29,000 adults with a learning disability live with parents aged 70 or over, many of whom are too old or frail to continue in their caring role. In only 25% of these cases have a Local Authority planned alternative housing.

- Less than 20% of people with a learning disability work, but at least 65% of people with a learning disability want to work. Of those people with a learning disability that do work, most work part time and are low paid.
- People with a learning disability are four times more likely to die of preventable causes compared to people in the general population.
- People with a learning disability are ten times more likely to have serious sight problems and six out of ten people with a learning disability need to wear glasses.

(Powys Teaching Health Board, 2021)

As at 31st October 2021 Powys provides 128 adults with learning disabilities with direct payments to assist them in living independent lives.

- 62.4% of the recipients are male
- 37% are female
- 0.6% are Transgender

The age bands of those receiving adults with learning disabilities with direct payments are

- 32% are under 25
- 35% are aged 25-34
- 24% are aged 35-54
- 5% are aged 55-64
- 4% are aged 65 plus

(PCC, 2021)

What have people said

In the Living in Powys well-being survey respondents were asked if they *considered themselves to be disabled*, of the which 13% answered yes. Of those

- 23% highlighted that they had mental health issues
- **9% had a learning disability or difficulty**
- 39% had physical/mobility impairment
- 13% have hearing impairment
- 1% have visual impairment
- 2% speech impairment

Supported Housing

Powys Accommodation and Support delivery plan predicts the likely development of accommodation and support services over the next 5 years. Although predicting future

demand is difficult, it is anticipated numbers will fluctuate due to need, strength-based assessments and the progression model informing move on options future demand for specialist accommodation in Powys shows the need for 72 places by 2026.

The localities with the highest demand are shown in the Demand Forecast image, with further details given below.

Current provision 2021:

In county

- supported housing – 188 placements
- Residential care – 27 placements

Out of county

- supported housing – 18 placements
- Residential care – 87 placements

Homelessness and complex needs

- Temporary accommodation – 204 placements
- Bed and breakfasts – 21 placements
- Rough sleeping – 4 placements

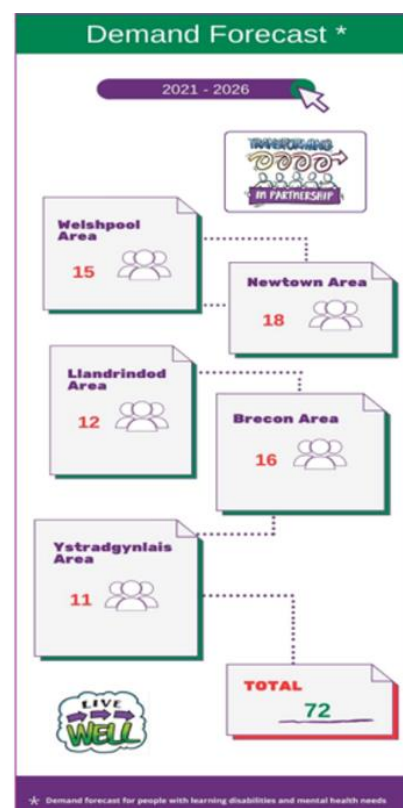
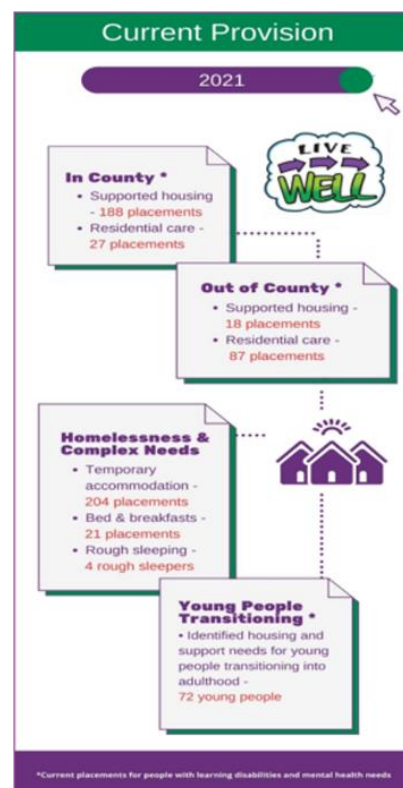
Young people and transitioning

- Identified housing and support needs for young people transitioning into adulthood – 72 young people

Demand forecast 2021 to 2026

- Welshpool area 15
- Newtown area 18
- Llandrindod Wells area 12
- Brecon area 16
- Ystradgynlais area 11
- Total 72

We have identified four ways in which we will drive the strategic intent of an Accommodation and Support Plan for people living with learning disabilities, mental health conditions, multiple & complex needs, and physical & sensory disabilities.



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Figure 24 What will we do? Accommodation and Support (PCC, 2021)

(PCC, 2021)

What have people said?

In June 2021 BCA consulted with people who attend our weekly Zoom self-advocacy meetings to find out what services and activities they would like in the future. The answers informed a wider consultation which was posted out to 77 people with a learning disability in south and mid Powys. We received 55 replies: 71% of the people who replied could use Zoom, leaving a significant 29% who could not, of those who did use Zoom 36% did not like it, 70% of respondents wanted more social activities. Replies from the consultation echoed what people have been telling us in the Zoom meetings, that face-to-face contact with other people is greatly valued but people also want meaningful activities.

BDA clients show there is a demand for activities, as demonstrated by a lockdown art project we ran in February/March 2021 – we anticipated 30 participants, but 65 people requested art packs and took part in Zoom art workshops and/or completed artwork at home. Our members consistently tell us that they value face-to-face contact. Our first outside meeting of our Choir Cats singing group in May 2021 was attended by a young man unable/unwilling to access Zoom, it was only the third time he had left his house since September 2020, he now looks forward to attending every week.

What issues do we need to address in the next plan?

DRAFT Population Needs Assessment – Regional Partnership Board

The current issues facing Powys now include:

- Until recently, the local authority (LA) has not had a clear enough vision for learners with SEN/ALN
- The purpose of some of the specialist provision has been unclear
- Depending on where pupils live, they have access to a different quality and type of provision
- Some pupils have to travel long distances to reach a provision that meets their needs
- Some pupils who are currently placed in specialist provision (special schools or specialist centres) could be educated in a mainstream school
- Access to provision through the medium of Welsh is inconsistent
- Mainstream schools do not all have the facilities or expertise required to support pupils with a wide range of learning needs
- Processes for identifying and providing intervention for pre-school children with SEN/ALN are inconsistent across Powys

Autism Spectrum Disorder (ASD)

Autism is a lifelong developmental disability which affects how people communicate and interact with the world (NAS, 2022). Autism is a spectrum. This means everyone with autism is different. Some autistic people need little or no support. Others may need help from a parent or carer every day. Being autistic does not mean you have an illness or disease. It means your brain works in a different way to other people. It's something you are born with or first appears when you are very young. If you are autistic, you are autistic your whole life. (NHS, 2019). There are a range of therapeutic interventions and environmental approaches which can support autistic individuals to maximise their potential.

It is estimated that **autism spectrum disorders (ASD) affect one in 100 people in the UK** (NAS, 2022) and in **Powys**, ASD's are the **most common presentation of disability within children**. (Integrated Autism Service, 2021)

3.44% of all mainstream pupils have a diagnosis of autism spectrum disorder (ASD), or traits associated with autism (PCC, 2022). 5.9% of Pupils of all additional learning needs across the county are diagnosed with autism spectrum disorder, or traits associated with autism. (PCC, 2022)

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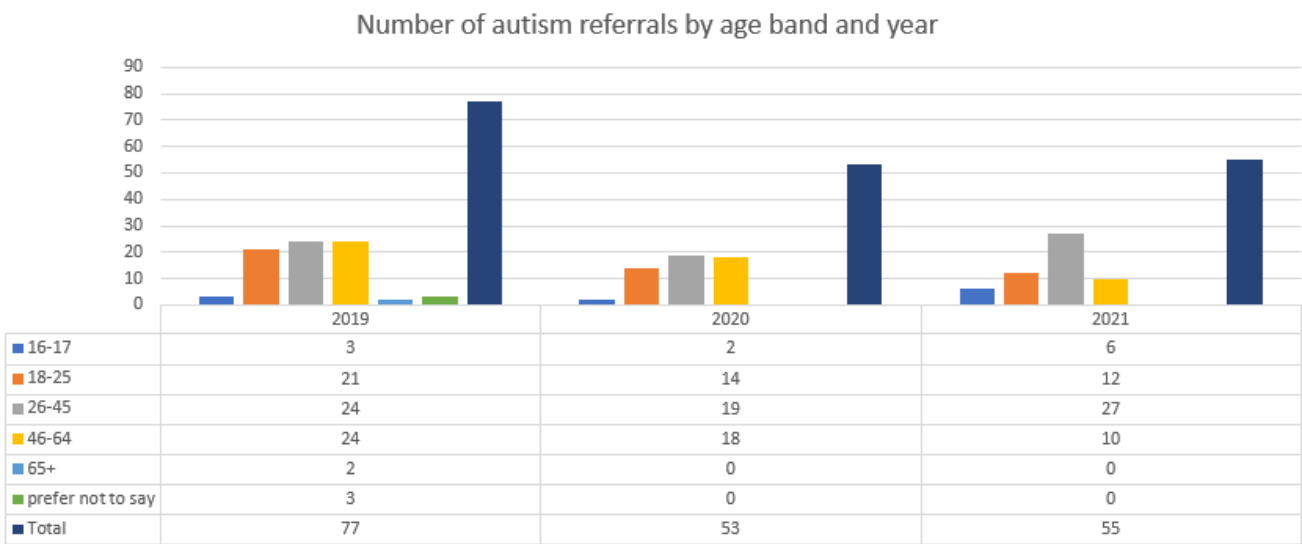


Figure 25 Bar Chart showing number of autism referrals by age and year (Integrated Autism Service, 2021)

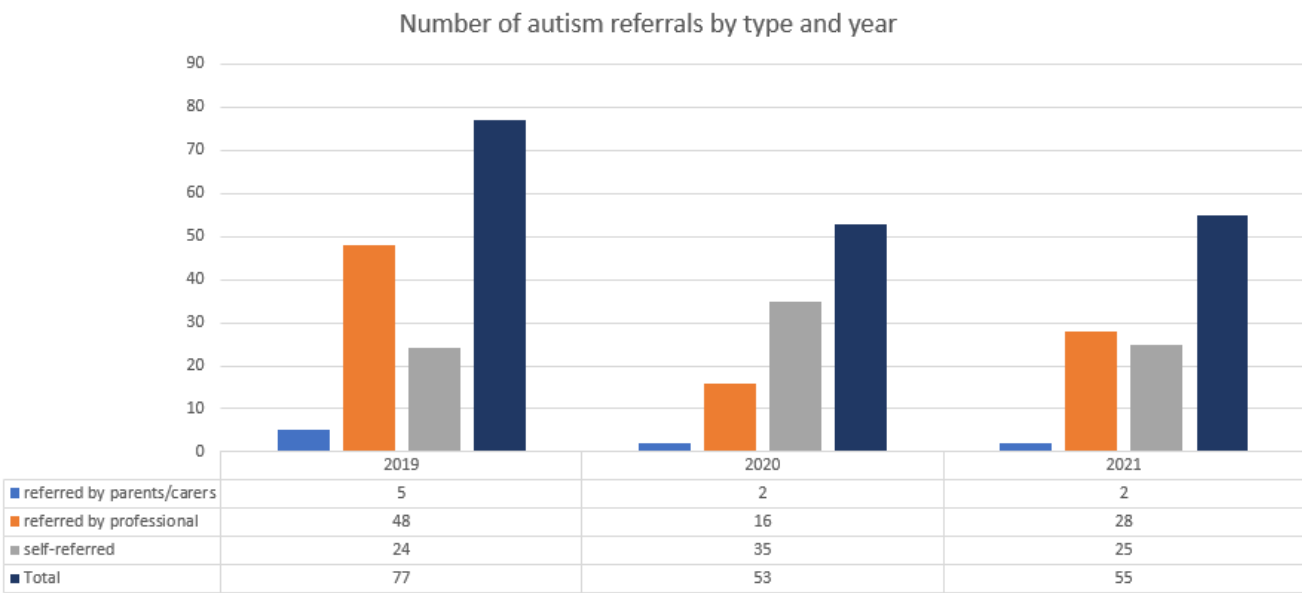


Figure 26 Bar chart showing number of autism referrals by type of referral and year (Integrated Autism Service, 2021)

The Integrated Autism Team (IAS) in Powys has been set up to offer a mix of health and social care expertise.

The local authority is working with stakeholders and partner agencies to ensure that it can deliver services for all autistic people and their families and ensure that their voice is heard in all aspects of planning and rollout. We are working to implement the ASD Code of Practice and are developing systems and processes with autistic people to ensure that support and facilities are fit for purpose and targeted to meet needs.

Historical data shows that adults experienced difficulties accessing assessments and obtaining diagnosis. Even though the IAS improved on performance the objectives were not achieved due to a combination of staff resignations and COVID-19 when the service was 'stepped down' and some staff were redeployed to deliver other COVID-19 duties.

Since January 2020 the IAS has restructured the service to improve access to assessment and diagnosis and now has a full complement of qualified assessors.

There are 110 clients on the waiting list for assessment and the **waiting times** (which have been exacerbated by the COVID-19 cessation of the service), **currently stands at 12 months**. Currently there is no waiting list for support, but it is envisaged that this will increase.



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Mental Health in adults

Positive mental health is a key factor for good health and relevant to the whole population. In 2007 the World Health Organisation stated that there is no health without mental health, which means that public mental health is integral to all public health work. Improving mental health is a critical issue for people of all ages and its impact is cross cutting, affecting life chances, learning, home life, employment, safety, physical health, independence, and life expectancy (Powys Teaching Health Board, 2021).

The coronavirus pandemic has had a significant impact on mental and emotional health and well-being. As of January 2022, mental and emotional health services, including primary, secondary and Third Sector care and support are experiencing unprecedented requests for help across Wales, for mild to moderate depression, anxiety, bereavement and lingering effects of grief, social isolation and loneliness. People accessing crisis services are also increasing, with emerging needs relating to eating disorders, psychosis, and complex needs (including substance misuse and risks of homelessness and debt) all becoming more prevalent.

Depression is the most common mental health problem for older people and prevalence rises with age (Powys Teaching Health Board, 2021).

Women are more often diagnosed with depression than men. **At any one time, around 10-15% of the over 65 aged population nationally will have depression and 25% will show symptoms of depression.** The prevalence of depression among older people in acute hospitals is 29% and among those living in care homes is 40%. **More severe depression is less common, affecting 3-5% of older people.**

Welsh Government published data shows there were 22.2% of all pregnant women under Powys Teaching Health Board with Mental Health conditions at their first pregnancy appointment in 2020. This is a slight increase from the previous year (21.6%). However, it is quite a significant decrease from 2018 (29.6%) (Welsh Government, 2020).

Office of National Statistics data taken during 2020 evidences an increase in mental and emotional health issues. **19% of adults were likely to be experiencing some form of depression during the coronavirus pandemic** in June 2020; this had almost doubled from around 1 in 10 before the pandemic (July 2019 to March 2020) (ONS, 2020). **13% of adults developed moderate to severe depressive symptoms during the coronavirus pandemic.**

People with mental health needs can seek advice and support from their GP. Access to GP surgeries declined during the pandemic, with many people choosing not to contact their GP, due in part to national lockdown(s) and other pressures relating to NHS services. As of January 2022, numbers of people accessing GP services are consistent (and rising) with pre-pandemic requests for help (Powys Teaching Health Board, 2020-2022).

However, two-thirds of older people with depression never discuss it with their GP, and of the third that do discuss it, only half are diagnosed and treated. **This means of those with depression only 15% or one in seven, are diagnosed and receiving any kind of treatment.** Even when they are diagnosed, older people are less likely to be offered treatment than those aged 16 to 64.

It has been estimated that **between 10-15% of women suffer from post-natal depression.** In Powys there are approximately 1,000 births per year, which would indicate that around 100 women will suffer post-natal depression.

The most common mental health disorders for working age population are anxiety and depression. (Social Care Wales, 2017)

According to the pharmaceutical needs assessment (Powys Teaching Health Board, 2021), in the UK;

- 25% of older adults have depression requiring an intervention
- over 40% of those in their 80s are affected by depression.
- depression is the leading cause of suicides in England and Wales each year.
- Suicide is more common in men
- Substance misuse is more common in men

In Powys there were **250 admissions to a mental health facilities in 2019-20.** The data shows admissions to mental health facilities in Powys have **decreased by 23%** since 2014-15, which correlates with the decrease for the Welsh Average (23.5%).

The figure for Powys is consistently below the Welsh average. Although the numbers seem to be decreasing it is not known if this is because of early prevention or if there are other factors affecting this. (Welsh Gov, 2021)

There were **285 suicides in Wales** in the year 2020. (Office for National Statistics, 2021)

Powys is the **6th highest** Local Authority with **1.05 suicide death rate per 10,000 population in 2020**, which accounts for 4.9% of all suicide deaths in Wales for 2020.

Over the last 10 years the number of suicides in Powys has ranged between 19 and 21 suicide deaths recorded annually. Between 2015 and 2019, 5.6% of all suicides in Powys were persons aged 25 and under.

The number of suicides in Powys

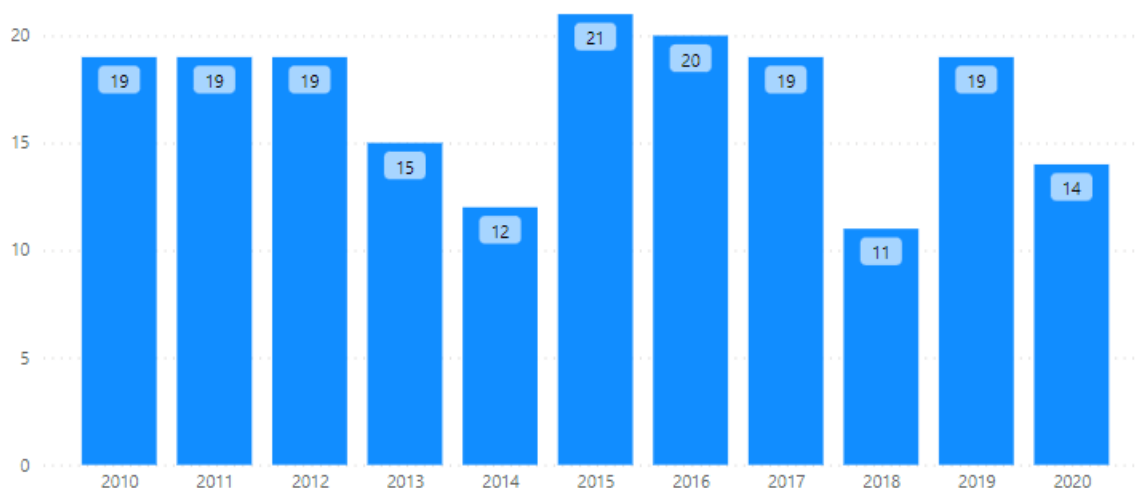


Figure 27 Number of suicides in Powys over time (ONS, 2021)

What do we know about young people's mental health? (Social Care Wales, 2017)

- suicide is a major cause of death for people age 15-44
- one in five deaths of men aged 15-24 is a result of suicide
- Regions recognise those at higher risk of suicide, particularly young men. One region identifies higher self-harm levels in the LGBT community and other note the risk factors, such as substance misuse and those more socio-economically deprived

Dementia is a major public health issue in Wales.

Approximately **42,000 people in Wales** have dementia, however only 22,686 people have a dementia diagnosis. It is most common among older people - dementia affects one in twenty over the age of 65 and **one in five over the age of 80**.

As life expectancy increases, there will be more older people and so more people with dementia (NHS Wales, n.d.) (Health Challenge Wales, n.d.)).



Source: Wales: General medical services contract: Quality and outcomes framework Sept 2020

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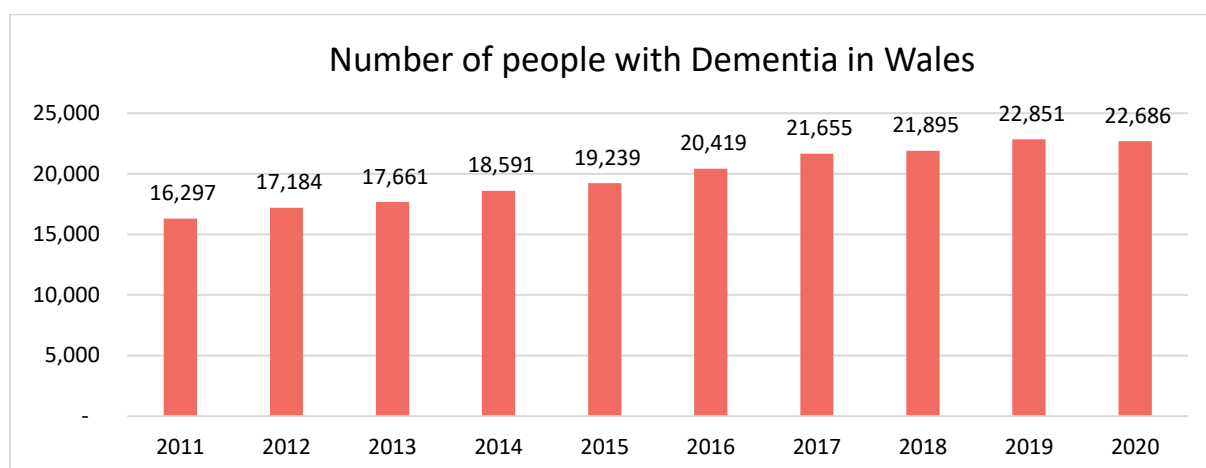


Figure 28 Bar Chart showing the number of people in Wales diagnosed with Dementia between 2011 and 2020 (Alzheimer's Research UK, 2021)

In **Wales**, between 2015 and 2020, the number of people on the dementia register **increased by 18%**, from 19,239 to 22,686 (Alzheimer's Research UK, 2021).

Between 2010 and 2018, Powys Teaching Health Board had the highest prevalence rate for dementia out of the seven health boards in Wales, this diagnosis rate is calculated by dividing the number of people diagnosed with dementia (as reported in national health statistics) by the total estimated number of people living with dementia. For Powys Teaching Health Board this rate ranged from 59% to 76% between 2010 and 2020.

In 2019 Powys (PTHB) dropped to 2nd behind Betsi Cadwaladr Health Board with 76%, continuing its decline in 2020 where Powys (PTHB) dropped to being the 4th highest with a rate for dementia of 72%.

The diagnostic rates have been impacted by Covid-19 over the past 18 months due to no diagnostic clinics being held. Powys have a current diagnostic rate of 34% but it is predicted to increase when people on the waiting list attend their appointment and receive a potential diagnosis.

The Dementia Care Pathway of Standards were launched in March 2021 following consultation with over 1800 people. There are twenty standards narrowed down from over one hundred potential standards which drill down to the details of what people believe will make a positive difference to dementia care in Wales. Powys has led the way in arranging a workshop to present the Standards to health care staff, local authority and third sector partners.

Following the workshop four workstreams have been developed to progress the Standards in Powys and Memory assessment services feature in ten of the twenty standards, including improving the diagnostic rates. The Dementia Friendly Hospital Charter has a standard to put principles in to practice which reflect the aspirations in the Dementia Action Plan for

Wales, covering a number of person centred and rights based approaches, which will improve dementia care during a hospital admission.

Establishing the Dementia Care Pathway of Standards in Powys will mean there is a clear focus for the development of robust dementia care provision.

What we do to support Mental Health?

In March 2020, all Powys mental health charities stopped their face-to-face services, including drop-in groups and 1:1 counselling session. Some restarted some face-to-face sessions once the first lockdown was relaxed, and they had been able to put procedures and equipment in place to allow social distancing.

Across the county, most community centres for mental health and well-being have adhered to Welsh Government guidelines and are open for face-to-face support, by pre-appointment rather than “drop-in”. Where possible, group work is taking place, either outdoors or where facilities enable adherence to social distancing and ventilation guidelines. The Third Sector has also embraced providing remote access to support, by phone, video or through Facebook and/or other social media methods. Restrictions have not prevented organisations from supporting their communities in whatever way possible, and numbers of people seeking support from mental health charities continues to increase. (PAVO, 2021)

What have people said?

The Powys Mental Health Planning and Development Partnership has a sub-group for engaging with different service user and carer representatives, along with Third Sector and multi-agency staff and seeks to consistently ensure the voice of stakeholders shapes the way our mental health services are developed.

Engage2Change Powys Mental Health Report 20-2021

After engaging with various population groups in Powys, access to timely, in-county mental health services for both children and adults is highly valued. Residents want faster diagnosis and referral with reduced waiting times, coupled with more specialist services provided closer to home. During public engagement for the North Powys Well-being Programme in 2019, there was consensus across all groups for all-age integrated mental health services delivered in county.

When the first COVID-19 lockdown came into force (March 2020), referrals to the SilverCloud service went up from 130 per month to 550, almost overnight. Rapid expansion of the SilverCloud support team was necessary - secondments from other PTHB teams and Public Health Wales filled the gap to meet the increased demand.

Throughout 2020-21, Engage to Change have undertaken several initiatives to raise awareness of mental health in Powys. In Spring 2020, a survey was released to capture

peoples' experiences of accessing Powys mental health services during the pandemic. Feedback was varied but provided valuable insight into the needs of the population. The results helped us identify future areas of investment such as befriending and support services for younger people.

The Patient's Council is a project facilitated by the Powys Association of Voluntary Organisations (PAVO) and aims to give a voice to patients currently in Felindre Ward, who are offered acute in-patient mental health services. The Council hold regular, patient-only meetings which give people an opportunity to express their views on the services they receive whilst they are in hospital. We have seen several initiatives introduced as a direct result of the Patients' Council highlighting need. Powys Citizens Advice Bureau have been providing a pilot in reach service to Felindre Ward, Bronllys Hospital to support patients in managing their financial and social circumstances to help aid their recovery and enable a smooth transition home.

Patient feedback noted that patients can be admitted suddenly with little notice, (such as via a Section 136) leaving them with only the clothes on their back. Many people arriving on the ward **felt unprepared** and didn't manage to bring any of the necessities. Welcome packs (inset) have now been introduced on Felindre Ward. The goal of the welcome packs is to make Felindre inpatients feel at ease on the ward by addressing some of their immediate personal care needs. The packs contain items such as information leaflets, toothbrush, toothpaste, underwear, flannels, and a comb. For 2021-22, the Council's future focus is to **increase the activities** available on the Ward ahead of smoking cessation in mental health hospitals in September 2022.

'Small Steps' is a service innovation research project designed to take people with moderate to severe mental health difficulties using secondary mental health services for weekly activities in the Brecon Beacons National Park. The aim of the project was to evaluate the mental health and well-being benefits associated with outdoor activities for this client group. Many research studies have demonstrated the benefits of engagement with the natural world and greenspace for physical health, mental health and well-being. Physical activity in natural environments can ease stress, anxiety and depression and improve mood and self-esteem. After offering some taster sessions to people using mental health services within Ty Illtyd CMHT in Brecon, a group of participants were then identified to join the project and engage in the 2–3-hour weekly activity group sessions in Brecon Beacons National Park led by staff from the National Park's Communities team. The programme was co-produced from a list of available activities which included hill and nature walks in the National Park and around Brecon canal; sensory and interest walks e.g., learning about plants, local geography, and history; geocaching; wildlife surveys; tree identification; navigation practice; rural and survival skills; art and photography. Participants reported **increased confidence, sense of purpose and motivation**, and reflected on the **helpful social aspects** of the group – for example being motivated to attend the group despite feeling anxious, which brought great **benefits to their mental health** when they might otherwise

have cancelled an appointment due to anxiety. Some particularly commented on the benefits of now feeling able to access the National Park for outdoor activities during Covid-19 lockdown, which helped them **feel less trapped** and still able to **engage in meaningful activities**.

Other new priority areas of focus for this year will include:

Eating Disorders - a service that is relatively new in Powys, but with the upturn in referrals into the service, additional capacity for clinical support has been factored into our budget(s) in terms of service improvements for this year.

The development of a **single point of access** for mental health calls in Powys providing out of hours support, including the proposed development of our of hours “Sanctuary” type services with the Third Sector supporting people experiencing crises is underway.

The links between housing/homelessness, substance misuse and mental health needs and joining up services and pathways to support people who have complex needs

Children and Young People’s mental health priorities, including a “Whole School Approach” to family and/or children/young people’s need, where education is the gateway for knowledge and support

Psychologically informed services, including new trauma-based psychology support service for people with complex needs

Continuing to provide our **Silvercloud CBT** service, including our “Blended Approach” to support people to access the online service if people are struggling, via our commissioned Third Sector providers in Powys

Continued focus on our improvement to services with growing our Early Intervention in Psychosis, Eating Disorders, Perinatal, Complex Trauma and specialist support for our CAMHS (Child and Adolescent Mental Health Services), with a multi-agency focus on additional support for people living with substance misuse and at risk of becoming homeless.

Suicide and Self-Harm support is a key area of priority for us this year and we are intending to launch a new services supporting people bereaved by Suicide.

Arts in Health and our focus on Eco-Therapy interventions, linking with the need to access “social prescribing” is also a key area of development. We are working closely with Third Sector providers, such as Montgomeryshire Wildlife Trust and other Trusts to support referral pathways for patients, services users, and carers

Evidence of Impact of COVID-19 on Mental Health

COVID-19 has had a direct impact on non-COVID related activity in the NHS, on case volume, the demands associated with infection prevention and control measures and has impacted the workforce. Lockdowns and social distancing measures have also caused severe disruption to health services and impacted non-COVID activity.

The harms associated with a reduction in non-COVID NHS activity include (but are not limited to) increases in behaviour which risks health (for example, alcohol consumption), due to the cessation of primary preventive services; delayed diagnosis (due to a range of factors); and delay and other disruptions within health care treatment pathways (Powys Teaching Health Board, 2021).

The proportion of working-age adults with mental health problems is projected to increase from 8.8% in 2019/20, to 11.9% in 2022/23. For PTHB, this mean there could potentially be 2,322 more adults of working age diagnosed with a mental health problem in Powys, over this period.

Women are more likely to report, consult and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men. Traditionally men have been more reserved when it comes to their emotional health and well-being, however we are starting to see more initiatives for men to speak to others, which should encourage them to open up about their well-being.

Public Health Wales has provided further information showing potential increased risk to physical and mental health because of the pandemic.

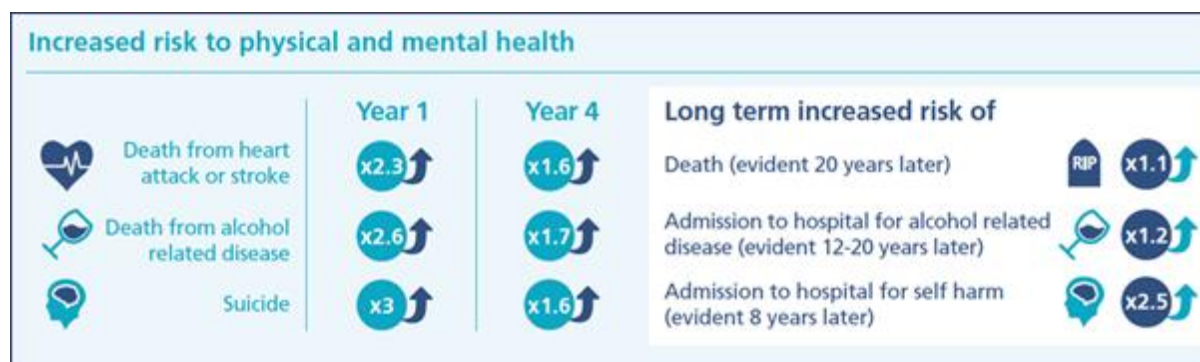


Figure 29 Visual showing the risk to Physical and Mental Health (PHW)

There is international evidence that disruption to health services, due to coronavirus, has impacted those living with non-communicable disease such as mental health. There is evidence that the percentage of working-age adults with chronic health conditions is projected to increase following the COVID-19 pandemic.

Internationally, there is evidence that around 60% of adults (including around three quarters of people aged 18-24 years) experienced a deterioration mental health during April to May 2020. There is evidence that the risk of such a deterioration is higher in people with a history of mental health problems. There are also particular risks and patterns amongst younger people and older adults (Powys Teaching Health Board, 2021) (NHS Wales, 2020).

Although the overall picture is complex, there is evidence that COVID-19 and related interventions – including school closures – had a negative impact on the mental health and well-being of children and young people in the UK, during the first lockdown (Powys Teaching Health Board, 2021) (Welsh Government, 2020).

Concern has been expressed that there will be a surge of exacerbated and untreated mental illness after the pandemic (Powys Teaching Health Board, 2021) (Champs Public Health Collaborative, 2020).

The proportion of working-age adults with mental health problems is projected to increase from 8.8% in 2019/20, to 11.9% in 2022/23. For PTHB, this mean there could be 2,322 more adults of working age with a mental health problem in Powys, over this period.

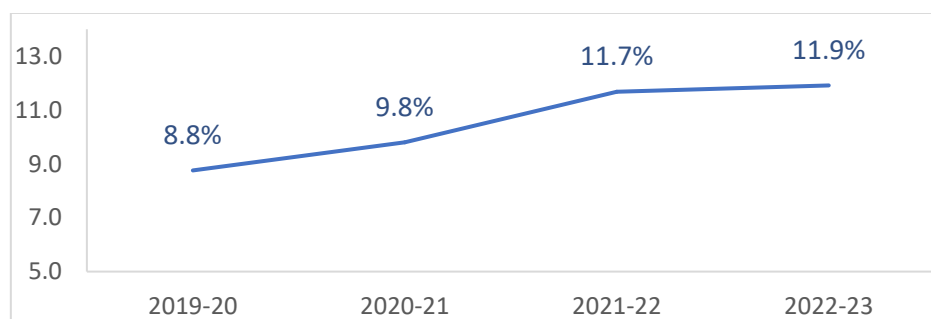


Figure 30 Line graph showing projected percentage of adults with mental disorders (PTHB)

Mental Health in children



“1 in 10 children have a diagnosed mental health disorder, the most common being a conduct disorder” (Social Care Wales, 2017)

As the pandemic progresses a mixed picture is emerging of the effects that lockdown, media coverage and disruption to normal routines are having on the well-being of children and young people.

At a local level it becomes more evident that recent events have had a negative impact on the mental health and well-being of some children and young people in Powys resulting in a significant increase in demand for counselling services across the County.

Alongside this, mental health also impacts upon demand for children’s social care, with parental mental ill health being a factor for 39% of children receiving care and support, (national average: 36%). It is important to note that this has risen by over 9% since 2017, a trend which is seen nationally.

17% of children (aged 10 or over) receiving care and support were reported to have a mental health issue, which is higher than the national average of 14%. This is similar to the 2017 figure of 18%. (Welsh Gov, 2017)

It is also anticipated that there will be an impact on the mental health of young people, with a likely increase in the number of referrals to Child and Adolescent Mental Health Services (CAMHS) to support them in managing their situation. May 2020 saw the lowest number of referrals (24) in the previous 18 months, and this is almost a 50% reduction from May 2019 (46). This does raise concerns that young people may not be accessing the required support at the right time, which may impact their well-being and also suggests that there may be an increased demand for the Service post COVID-19.

Current provision includes:

- developing a single point of access for CAMHS
- school counselling services
- raising awareness of mental health in schools and to promote youth mental health first aid
- self-harm pathway between health and education and PSE lessons addressing self-harm
- educating those working with young people on dealing with someone who self-harms or is experiencing anxiety and depression
- emotional well-being services

(Social Care Wales, 2017)

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The number of children and young people attending counselling by Local Authority
2019-2020

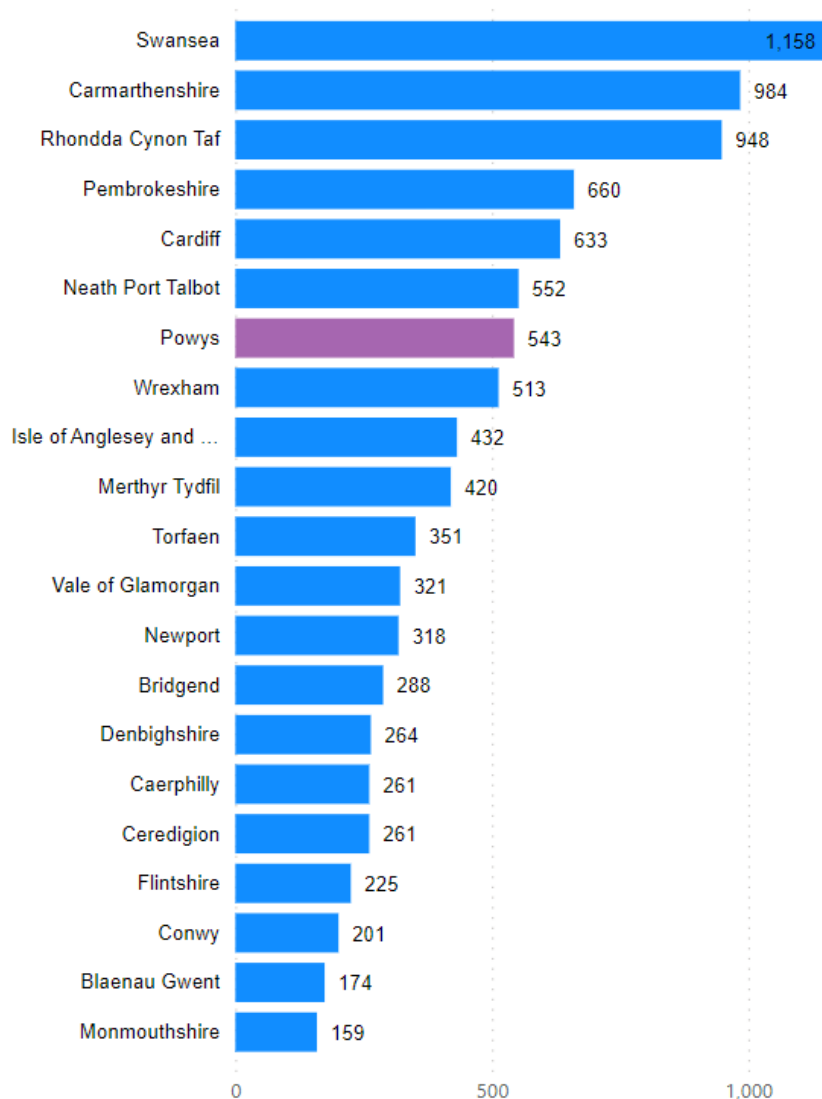


Figure 31 Bar chart showing the number of children and young people attending counselling by Local Authority for the year 2019 – 2020 (Welsh Gov, 2021)

The above chart shows Powys is the 7th highest local authority of children and young people attending counselling during the year 19-20 with 543 attending.

Swansea is the highest with 1,158 and Monmouthshire is the lowest with 159.

(Welsh Gov, 2021)

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Number of children and young people attending counselling over time

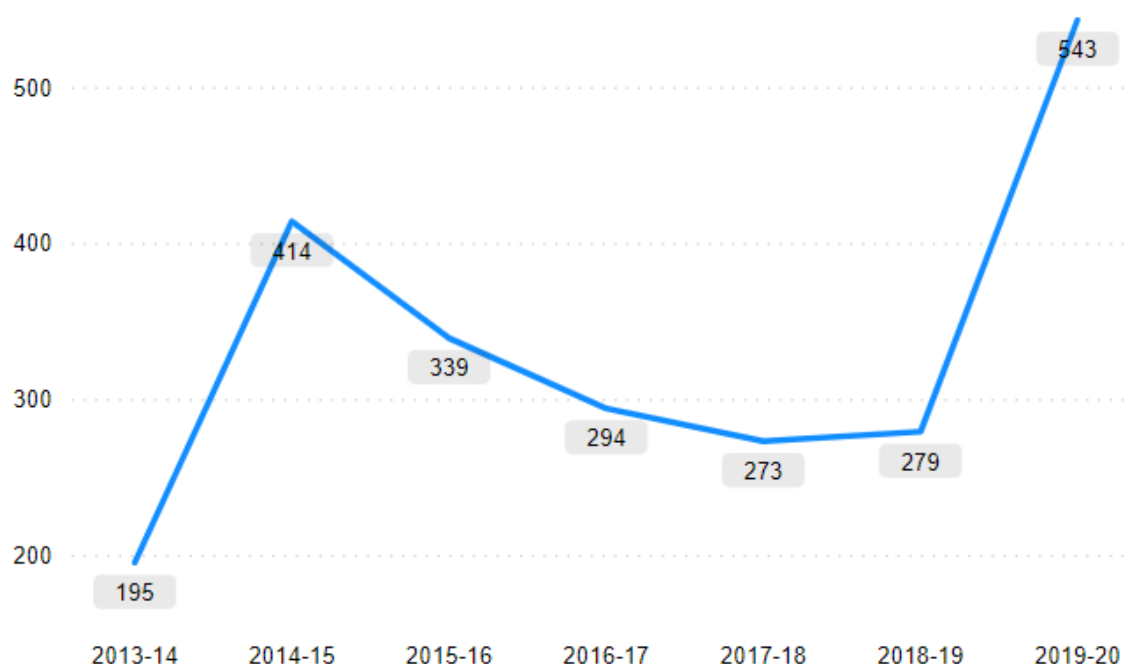


Figure 32 Line chart showing the number of children and young people in Powys attending counselling over time (Welsh Gov, 2021)

The above chart shows the number of children and young people attending counselling within Powys over a 6-year period. The highest peak is in 2019-20 with 543, this is a 48% increase on the previous year (2018-19, 279) (Welsh Gov, 2021).

The second highest peak was in 2014-15 with 414. However, this still shows a 23% increase from 2014-15 to 2019-20. (Welsh Gov, 2021)

The “staying at home and social distancing rules” had both positive and negative impacts on the Welsh population. There is evidence that the first lockdown negatively impacted the mental well-being of the “...whole population.” However, the impact may have been particularly marked for children and young people, older people, key workers, people on low incomes and at risk of unemployment, people with existing poor mental health and those who were shielding (Powys Teaching Health Board, 2021).

Of those who Deliberately self-harm (DSH) and access Child and Adolescent Mental Health Services (CAMHS), under referrals and wait times it is known that:

- Only 50% of those CYP who self-harm seek help – mainly girls
- 36% of 16–25-year-olds have self-harmed at some point
- Referrals from January 2020 – August 28th, 2021 – 247
- Average age of Young Person (YP) accessing CAHMS Powys is 15; UK is 13
- 15 signposted, refused to attend
- Wait times – 85% of those referred and accepted are seen within 7 days (7 follow up) rest seen within 10 working days

(Powys Teaching Health Board, 2021)

As a result of successive lockdown periods, there has been a significant increase in recorded instances of children and young people within the county experiencing anxiety and a range of other mental health issues. A corresponding increase in demand for counselling has seen an increase of 64% in new referrals when comparing September 2020 with September 2021; Xenzone, our commissioned counselling service, currently have 245 active cases. Working in close collaboration with key partners, Schools Service is making effective use of additional funds received from Welsh Government to reduce the number of children and young people on the counselling waiting list and increase the number of sessions available. (PCC, 2021)

What have people said?

(Engage2Change, 2021)

Young people have been hit hard by the COVID-19 Pandemic. Not necessarily in the life-threatening ways generally reported in our older populations, but in the restrictions and impacts in their social lives, education, and relationships, as well as the worries and fears around their family members.

Powys have seen an increase in acuity within children's mental health services over this past year, as the unseen toll of the pandemic continues to reveal itself. Powys have maintained a service throughout the pandemic and have benefitted from the outstanding multi-agency partnership work and relationships that we have continued to foster.

Advancements in digital technology means that many meetings can be conducted virtually, saving time and being more efficient across the county. The virtual platform, Attend Anywhere, was also rolled out to enable appointments via a smartphone or computer. Throughout the pandemic Powys have continued to have face to face appointments for those in most needs, complex issues and increased risks.

'Teams around the Cluster' – bringing all relevant agencies together across the 13 school clusters in Powys, each one having an allocated Primary Mental Health Practitioner from CAMHS. This development has continued with partners on the Early Help Hubs and development of a single point of access for all referrals of young people with emotional health and well-being issues across Powys, which would mean that referrals will no longer bounce between agencies, instead decisions would be made at one central point and this supports recommendations of the Missing Middle Report including the No Wrong Door Report.

The CAMHS In-Reach Schools project – The pilot has been hugely successful and has resulted in new monies coming from Welsh Government to Powys for the Development of our own in reach service in the coming months / year which will see all schools in Powys benefit from specialist mental health support and liaison. Powys CAMHS now have access to

an age-appropriate bed at Felindre Ward, Bronllys Hospital. This provides a safe and well needed provision for our young people when they are at their most vulnerable in Powys.

(PCC, 2019)

Residents commented on the importance of mindfulness and would like to see more classes, including mindfulness sessions for children, of which more are currently being delivered across schools in Powys.

Activities for children and young people were perceived to be insufficient and a lack of variety. Views were shared that there is a lack of local youth centres in Powys and that it would be good to upgrade to a 'youth learning centre' for disadvantaged youths. Free play classes for children, including improved access to free swimming classes, clear and safe outdoor play areas, as well as access to arts and cultural activities for children and young people were also seen as being a positive move forward in offering more variety.

Powys Community Health Council, Mental Health of Young People During COVID-19 – September 2021

In September 2021 Powys Community Health Council published the results of a survey circulated in June/July 2021 to find out from young people in Powys about the mental health and well-being support available to them during the pandemic. The survey also asked how young people thought those services could be improved. 337 responses were received with a majority (91%) from the 11- to 17-year-old age bracket.

Respondents were asked whether they felt able to speak to anyone about their feelings and, if so, who did they speak to.

- Parent or Carer 203 (60%)
- Brother/Sister/Other Family Member 106 (31%)
- Friend 205 (61%)
- Teacher/Tutor/Other Staff Member at school/college/ university 69 (20%)
- School Counsellor/School Nurse 23 (7%)
- GP/Doctor 25 (7%)
- Telephone Helpline (eg Childline, Young Minds, Samaritans) 10 (3%)
- I haven't felt able to speak to anyone 34 (10%)

View the full report here [Mental Health of Young People During COVID-19 - Powys Community Health Council \(nhs.wales\)](#)

In the Living in Powys well-being survey respondents were asked if they *considered themselves to be disabled*, of the which 13% answered yes. Of those

- 23% highlighted that they had mental health issues

- 9% had a learning disability or difficulty
- 39% had physical/mobility impairment
- 13% have hearing impairment
- 1% have visual impairment
- 2% speech impairment

In the same survey, respondents were asked how satisfied with their life they are nowadays:

- 61% were very happy or happy
- 26% neutral
- 13% unhappy or very unhappy

And how happy they felt yesterday,

- 61% were very happy or happy
- 25% neutral
- 14% unhappy or very unhappy

When asked what priorities they would put into a well-being plan, answers included:

- “Improve mental health for residents through a range of people led interventions.”
- “Make health care more accessible-easier access to GP and shorter wait times for assessments for Mental Health/Autism.”
- “Better mental health care and provision - currently very poor.”
- “Access to quicker assessments for mental health (waiting time over 14 months).”
- “To be able to afford a nice home with a garden (not a shoebox overlooked by lots of others, people living like this will struggle to have good mental health. The current new builds like Newydd Housing are a prime example of housing that will be bad for mental and emotional health).”

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7. Carers who need support

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The Welsh Government defines a carer as “anyone of any age, who provides unpaid care and support to a relative, friend or neighbour who is disabled, physically or mentally ill, or affected by substance misuse”.

Carers can be involved in a whole range of tasks; from cooking, housework; lifting, washing and dressing the person cared for, helping with toileting needs, administering medication, and providing emotional support.

Based on the 2011 Census there were **16,154 people living in Powys providing unpaid care, 12.1% of the Powys population** (ONS, 2011).

Carers in Powys provide many hours of care:

- **63%** provided unpaid care for **one to 19 hours** per week
- **13%** provided unpaid care for **20 to 49 hours** per week, and
- **24%** provided unpaid care for **50 or more hours** per week

Most adult carers are retired (39%), 23% are caring full-time and do not have paid employment, and 12% do have part-time paid employment. The age demographic of our carers is: -

- 57% are women and 43% are men.
- **Age bands**
 - 27% (4,304) aged 65 and over
 - 38% (6,096) aged 50 to 64
 - 23% (3,736) aged 35 to 49
 - 6% (942) aged 25 to 34
 - 4% (698) aged 16 to 24
 - 2% (378) aged 0 to 15 (ONS, 2011)

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Number of unpaid carers

There are large differences in the number and rate of unpaid carers across our 13 localities.

Welshpool and Montgomery (2,080), Newtown (1,885) and Brecon (1,745) localities rank first, second and third for the highest number of unpaid carers in the county.

Rate of unpaid carers

Ystradgynlais (150 per 1,000), Crickhowell (134 per 1,000) and Knighton and Presteigne (128 per 1,000), Hay and Talgarth (123 per 1,000) localities have the 1st, 2nd, and 3rd and 4th highest rates of carers per 1,000 population.

The rate of unpaid carers for Powys is 122 persons per 1,000. Four of our 13 localities are higher than the Powys average.

It is important to note that some LSOAs (Lower Super Output Areas) within our localities have significantly higher rates of carers than the overall locality. For instance, Ystradgynlais 2 LSOA (in Ystradgynlais locality) has 53 more carers per 1,000 than the Powys average and has the highest rate of carers than all 79 Powys LSOAs with 175 carers per 1,000.

The 2nd highest LSOA is Aber-craf (Ystradgynlais locality) with 171 carers per 1,000 and the 3rd highest LSOA is Yscir (Brecon Locality) with 164 carers per 1,000.

Follow this link to [view more information about unpaid carers in Powys, via our interactive report.](#)

However, it is important to note that these figures are significantly outdated, in the last 10 years the ageing population in Powys has seen a large increase in the number of carers in the county and with added pressures due to COVID-19, the number of carers will have increased even more. During the last assessment it was predicted that the number of carers was set to rise by up to 40%, due to the ageing population in Powys. A report conducted by Carers UK in June 2020 shows that across the UK **there is an estimated 50% increase in carers since the 2011 census.**

In Wales 19% of the adult population said they were already providing care before the COVID-19 outbreak (487,000 people) and a further 8% said they have started caring since the COVID-19 outbreak (196,000 people). This suggests there are currently as many as 683,000 unpaid carers in Wales (Carers UK, 2020)

Carers UK research shows that there has been a 7% increase in unpaid carers in the last 10 years, from 12% to 19%. Combined with the additional 8% who began caring since the COVID-19, nearly one third (27%) of Wales population are currently providing unpaid care.

Profile of carers in Wales (Carers UK, 2020)

- 57% are women and 43% are men.

- Half of unpaid carers are in paid employment (50%)
- 31% are in full-time work
- 19% are in part-time work
- Age bands
 - 17% are aged over 65
 - 28% are 55-64
 - 19% are 44-54
 - 25% are 35- 44
 - 5% are 25-34
 - 6% are 18-24

If we apply the Welsh national average, in terms of the percentage of carers against the Powys population today, we estimate the number of unpaid carers in Powys (before COVID-19) to be **25,275, an increase of 56% (9,121) since 2011.**

With the additional pressures of COVID-19, the average percentage of carers in Wales rose to 27%, in Powys this would mean a rise to **35,918 carers, an additional increase of 10,643 carers since the beginning of COVID-19.** However, in 2022 we will have more up to date figures once the 2021 Census data is released.

It's important to note here that the research carried out by Carers UK only includes carers aged 18 or over, and carers under 18 are not included in these estimates.

What have people said?

In the 'Living in Powys' well-being survey, out of 470 responses, 45% identified themselves as being (or had been) a carer for a friend, neighbour or family member. Of these respondents, 59% had never had contact about their caring responsibilities with either the Council, the Department of Work and Pensions, carers organisations or their GP practice.

Challenges faced by unpaid carers in Wales (Carers UK, 2020)

When asked what challenges unpaid carers are faced with, the general public stated the following as the top challenges:

- not being able to take time away from caring (**78%**)
- managing the stress and responsibility (**77%**)
- the financial impact of the additional care costs (**72%**)
- the impact it has on other personal relationships (eg with family, friends, partners etc.) (**70%**).

Whereas unpaid carers responded with the following challenges:

- not being able to take time away from caring (**74%**)

#1

The Welsh public said the top challenge affecting unpaid carers in Wales was:

not being able to take time away from caring



- managing the stress and responsibility **(73%)**
- the negative impacts on their physical and mental health **(73%)**
- the impact it has on other personal relationships (eg with family, friends, partners etc.) **(65%)**
- the financial impact of the additional care costs **(53%)**
- the negative impact it has on their ability to do paid work **(50%)**
- not having anyone to talk to about the challenges of caring **(46%)**.

Adult Carers

As of October 2021, there were a total of **3,437 carers registered with CREDU**. According to the above estimates this shows that potentially only 10% of carers are getting support, leaving up to 90% of carers in Powys without any official advice or support around their caring responsibilities.

70% of those (2,390) are adult carers*, adult carers are defined as persons aged 26 years and over. (*177 carers registered are of unknown age).

The distribution of adult carers known to CREDU (of known age) across age bands show that:

- 6% (190) of carers are aged 80 and over
- 17% (594) aged 65 to 79
- **24% (829) are aged 50-64, this is the largest age band for carers**
- 17% (584) aged 36 to 49
- 6% (193) are 26 to 39

71% of adult carers are female, 29% are male and less than 1% are transgender or other.

Of those adult carers 31% (742) self-reported as having a disability.

- **With 22% (518) having a physical disability/illness as the highest type reported.**
- **5.5% (132) of adult carers reported to have a mental/emotional health issue.**
- The remaining 3.5% of carers have reported other disabilities including, Neurological, Learning Disability, Sensory Impairment, Substance Misuse, ASD, Dementia, Long term health condition, Behavioural or End of life planning.

The employment status of those adult carers known to CREDU are,

- **32% (442) are full time carers**
- 22% (319) are in full or part time or self-employment
- 9% (122) are in full or part time education
- 5% (68) are on long term sick and 3% (38) are unemployed or looking for work

Of those whose relationship to carer is known,

- **38% of carers are caring for their partner/spouse**
- 30% are caring for their son/daughter (step/in law)
- 24% are caring for their mother/father (step/ in law)
- 3% are caring for their sibling (step/in law)
- The remaining 5% are caring for either a friend, grandparent, ex-partner/spouse, grandchild, neighbour or other family member.

The number of adult carers registered differs across our 13 localities, Newtown has the highest number of registered carers with 369, Llandrindod and Rhayader are second highest with 307 and Welshpool and Montgomery third highest with 266 registered carers.

Crickhowell has the fewest registered carers with 85, second fewest is Llanidloes with 88, and third fewest is Llanfair Caereinion with 113. 104 of the registered adult carers locality is unknown.

Between January 2020 to March 2020, CREDU issues log recorded that they had contacts from carers for help and advice on a number of subjects, notably:

- 133 adult carers contacted the service for advice on emotional support
- 107 contacted for health and well-being advice
- 89 contacted for advice on managing the caring role/impact
- 85 contacted for advice on finance/benefits

Other contacts needed support and advice on other topics such as, Advocacy, Social/Connecting/ Friendships, Employment, Education and practical help (to name a few).

As of November 2021, there are 94 open carers cases known to Adults Services in Powys County Council. The council offers several services to help support these carers including short breaks (respite).

There were 262 contacts through ASSIST (Adult Social Services Information Support Team) from carers between April 2021 and November 2021. For the same period in 2019 there were 188 contacts, this shows a **39% increase in contacts from carers compared with same period in the last year.**

Young Carers

Young Carers are children and young people aged 25 and under who have caring responsibilities from someone who has a physical or mental illness, a physical or learning disability or a drug or alcohol problem.

Being a young carer can have a big impact on the things that are important during growing up, young carers on average achieve lower grades at GCSE and miss or cut short on average 48 days of school each year. Young adult carers are four times more likely to drop out of higher education. In a survey by Carers Trust, 39% said that nobody in their school was aware of their caring role, 26% have been bullied at school because of their caring role and one in 20 miss school because of their caring role. (Social Care Wales, 2017).

As of October 2021, there were a total of **3,437 carers registered with CREDU**.

25%* of those (870) are young carers (*177 carers registered are of unknown age).

The distribution of young carers known to CREDU (of known age) across age bands show that:

- 2% (69) of carers are aged under 8
- **7% (236) aged 8 to 11, this is the largest age band for young carers**
- 4% (147) are aged 12 to 13
- 4% (143) aged 14 to 15
- 4% (134) are 16 to 18
- 4% (141) are 19 to 25

56% of young carers are female, 44% are male and less than 1% are transgender or other.

Of those young carers 16% (139) self-reported as having a disability.

- **With 6% (48) having a physical disability/illness as the highest type reported**
- **3% (29) of young carers reported to have ASD (autistic spectrum disorder)**
- **3% (25) have mental/ emotional health issues**
- The remaining 4% of young carers have reported other disabilities including, Learning disability, Behavioural, Neurological, Sensory impairment, Long term health condition or Substance misuse issues/addiction/recovery.

The employment/education status of those young carers known to CREDU are,

- **87% (523) are in full time education**
- 2% (14) are home educated
- 1% (6) are full time carers
- 4% (25) are in full or part time or self-employment
- The remaining are either, NEET (not in education, employment or training), looking for work or unemployed.

Of those whose relationship to carer is known,

- **55% are caring for their mother/father (step/ in law)**
- 36% are caring for their sibling (step/in law)

- 4% are caring for their son/daughter (step/in law)
- 2% of young carers are caring for their grandparent
- 2% of young carers are caring for their partner/spouse
- The remaining 1% are caring for other family members/other.

The number of young carers registered differs across our 13 localities, Newtown has the highest number of registered young carers with 174, Llandrindod and Rhayader are second highest with 134 and Welshpool and Montgomery third highest with 115 registered young carers.

Crickhowell has the fewest registered young carers with 13, second fewest is Llanidloes with 29, and third fewest is Hay and Talgarth with 30 young carers. 44 of the registered young carers locality is unknown.

Between January 2020 to March 2020, CREDU issues log recorded that they had contacts from young carers for help and advice on a number of subjects, notably:

- 48 adult carers contacted the service for advice on emotional support
- 43 about education and 6 about employment
- 42 about social/ connecting and friendships
- 39 about managing caring role and impact
- 30 about respite

Other contacts needed support and advice on other topics such as, Advocacy, supporting family relationships, voice/influence, practical help, finance and benefits and safeguarding (to name a few).

Between April 2021 to November 2021, there have been 40 young carers presented to Childrens Services, Powys County Council through their front door. 27 of those needed information and advice, 6 have gone on to receive early help and support, 7 have gone on for further assessment. Trend data is not available due to historical reporting data gaps.

What have people said?

According to a survey carried out by Carers Trust UK ([My Future, My feelings, My family](#)) in July 2020 about the impact of COVID-19 on young carers found that (in the UK),

- 58% of young carers and 64% of young adult carers felt that the amount of time they spend caring had increased since COVID-19.
- 8% of young carers and 15% of young adult carers cared for over 90 hours per week during the pandemic
- 42% of young adult carers were unable to take a break from caring

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- 19% of young carers and 21% of young adult carers told us that time away from the person they care for was an important coping mechanism during lockdown
- 40% of young carers and 59% of young adult carers say their mental health is worse (since coronavirus)
- 30% of young carers and half of young adult carers want mental health support
- 19% of young adult carers are drinking more alcohol and 4% are using illegal drugs to help them cope
- 56% of young carers and 39% of young adult carers said their education is suffering
- 41% of young carers said they didn't have enough time to spend on schoolwork
- 69% of both young carers and young adult carers say they feel less connected to others than they did before the pandemic

CREDU commissioned a video series for Carers Week 2021 to highlight the diversity of caring. Each carer lives in a different part of Powys and has a different caring role.

Follow the link to [view all videos in the series through the CREDU YouTube channel](#).

Transcript sections taken from, ["I care" - Ffion](#) about a young carer named Ffion who lives in Newtown Powys and cares for her parents.

"It was around year 8 someone from school referred me to CREDU, and that's when I really realised, I was a young carer."

"Homework and being in school all the time and focussing can be really tricky, I feel that that is something that a lot of young carers struggle with. I am pretty supported in school about being a young carer. I 'm quite a well-known young carer I am a member of the carers steering group, junior start well board, Carers trust youth council and the Powys ambassadors for youth safeguarding.

I feel that something I have in common with every young carer is the worry. You worry all the time you are in school, there is always worry at the back of your mind, you are always worrying about something whether that is school or the person you care for. Always worrying about something.

Being a young carer, there is such a community, I have made loads of friends and some of my closest friends are young carers because they understand what I am going through more than others. My friends will just dismiss me if I am having a bad day but my young carer friends will give me a hug and reassure me.

Being a young carer doesn't limit me, it makes me better, in a way. My message to young carers would be don't be ashamed of being a young carer. Don't be limited. Just be yourself, be unique and you'll be fine, and everything is going to be ok." Ffion.

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8. Violence against women, domestic abuse, and sexual violence

*“It is estimated that **one in four women and one in six men will experience violence in their lifetime.***

The majority of those who will experience violence and abuse are women. However, some regions note that, although most people who experience violence and abuse are women, there are specific issues for men that need to be addressed. ***Men are three times more likely not to tell anyone they are experiencing abuse.***

There has been an increase in reporting of historical sexual abuse in recent years, but much abuse still goes unreported. We need to make every contact count so that people are supported to escape abuse. Reasons for keeping it secret include feeling ashamed, not realising it was abuse, and thinking it won't be taken seriously.”

(Social Care Wales, 2017)

The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 was the first law of its kind in the UK. It addresses domestic abuse and sexual violence regardless of gender or sexual orientation. There is also no age limit in the Act, so it also covers children and older people.

Between January 2018 and December 2020, a total of 2,152 incidents relating to domestic abuse against women were reported to the police (Dyfed Powys Police, 2021). It should be noted that this figure may not accurately reflect the true number of incidents as many occurrences of domestic violence continue to go unreported. During the same period there were 1,681 domestic abuse related violence against the person crimes reported to the police, relating to women (Dyfed Powys Police, 2016), a 50% rise from January-August 2016.

The figures below are reported by Dyfed Powys Police (2018-2020)

- Number of people aged 18-64 who were alleged victims of violence against the person: 1,618 female; 2,156 (all genders)
- Number of people aged 65 or over who were alleged victims of violence against the person: 63 females; 107 (all genders)
- Number of people aged 18-64 who were alleged victims of a sexual offence: 102 females; 106 (all genders)
- Number of people aged 65 or over who were alleged victims of sexual offences: 2 females; 2 (all genders)
- Number of people aged 18-64 years who were alleged victims of domestic abuse: 2,071 females; 2,707 (all genders)
- Number of people aged 65 or over who were alleged victims of domestic abuse: 81 females; 139 (all genders)

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- Incidence of domestic abuse: 2,152 females; 2,973 (all genders)
- Incidence of sexual crime (including those that are not DA Related): 818 females; 983 (all genders)

Caveat: There may be a number of crime reports that do not document the victim's age and therefore the figure above may be slightly under estimated. Despite this most numbers have increased significantly compared to the previous assessment.

Data provided by Dyfed Powys Police for the time-period January 2018 to July 2021 shows that:

The three localities with the highest rate of crime are: -

- Newtown locality: 3,180 crimes per 10,000 population
- Llandrindod and Rhayader locality: 2,742 crimes per 10,000 population
- Brecon locality: 2,388 crimes per 10,000 population

The three localities with the lowest rate of crime are: -

- Llanfair Caereinion locality: 854 crimes per 10,000 population
- Llanfyllin locality with 967 crimes per 10,000 population
- Llanidloes locality with 1,235 recorded crimes per 10,000 population

14.1% of crimes during this time were flagged as relating to Domestic Abuse.

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Equalities

To help us determine whether this population assessment and resulting plan will assist or inhibit our ability to eliminate discrimination; advance equality; and foster good relations an Equality Impact Assessment (EIA) was carried out. The outcome is to ensure that Powys County Council and Powys Teaching Health Board services are delivered equitably.

Carrying out an EIA involves systematically assessing the likely (or actual) effects of a policy or practice on people in respect of the 9 protected characteristics: Disability, Gender, Gender Identity, Race, Age, Religion and Belief, Sexual Orientation and Marriage/Civil Partnership. Also when assessing impact we have tried to look at diversity within, as well as between the groups e.g. disabled people with different impairments.

For each of the 8 core themes we have summarised how we have:

- Engaged with the 9 protected characteristics and any gaps
- Made sure we've taken these groups into account in the population assessment itself
- Reflected their needs in the data collected.
- Identified if there any groups of people we don't know enough about and set an action to resolve.

A full Equalities Impact Assessment will be carried out on our local area plans.



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Methodology

The PNA was undertaken collaboratively and has been agreed by the Powys RPB, this signifies a shared commitment to address all the issues highlighted in this report. Our assessment combines quantitative data and insight, alongside qualitative user feedback.

We have used publicly available data, our engagement information (Public Health Wales, Powys Teaching Health Board, Powys County Council and Powys Association of Voluntary Organisations), as well as national research, reports, and evidence to help understand the situation and experience of residents and those using services.

Partners engaged with people throughout the county and encouraged everyone to share thoughts and ideas. All engagement activity was structured around the eight core themes and the data and intelligence gathered was a mixture of new engagement with people needing care and support, as well as utilising existing user feedback and previous consultation and engagement information.

The assessment was carried out in three phases:

Phase 1 – Data Gathering (June – September 2021)

We identified what data was readily available and the data gaps we had from our previous assessment. All relevant quantitative and qualitative evidence from any recent consultations that partners have been involved in was considered. The team developed a list of stakeholders to engage with, as well as the best mechanisms to do so, e.g., utilising existing groups to better engage. The team realised that coronavirus would be a feature of the PNA, however it would not be the sole focus.

Phase 2 – Engagement and Testing data (September – November 2021)

Partners work together to conduct consultation and engagement around the emerging data gaps, using a range of channels and techniques to capture further insights. This included a mix of digital and ‘piggy-backing’ opportunities. We engaged with hard-to-reach groups and the general public on our insight and tested these.

Phase 3 – Analysis (November 2021 – January 2022)

Detailed analysis of the results collected were carried out and included a mix of qualitative data and insights (e.g. resident attitudes and feelings) which complimented the more traditional quantitative information that we captured (e.g. numbers of residents satisfied with a service). By effectively cross-referencing the two types of data we ensured that had a robust assessment.

The written PNA evolved during this process and was refined during each step as we had access to richer insights from our residents and service users.

We engaged with a vast number of stakeholders across a huge area and a common set of groups, we undertook a detailed stakeholder mapping exercise to ensure our assessment reflects people's needs as accurately as possible.

Living in Powys survey

We conducted a Living in Powys survey over a period of 8 weeks in June/July 2021.

Due to the Covid-19 pandemic, and Welsh Government regulations, face-to-face focus groups, on-street surveys, and public events, have been unable to take place and our well-being engagement exercises were primarily online, with printed copies only distributed if/when required.

This engagement campaign targeted the population of Powys, and whilst it was not possible to collect information from the whole population, we used a sample of those whose key characteristics were representative of the target group. To ensure we had results representative of the Powys population, 384 responses were required to have a confidence level of 95% (with a margin of error of +/-5%). Our initial 'Living in Powys' survey received 475 responses and our follow-up 'Well-being Assessment' survey received 614 responses.

The survey was promoted through: Powys County Council and PSB partner social media accounts; the local press; direct emails to PSB Partners, their staff and stakeholders, the Powys People's Panel 1,000+ members, County Councillors, Town and Community Councils; internal communications to Council staff; and on bus stops throughout Powys.

Stakeholders we engaged with, *note this is not an exhaustive list:*

- RPB Partnership Engagement Forums
- Town and community councils
- The workforce
- Service user and carer groups
- Citizens panels
- Carers Fora
- PSB partners
- Disability / access groups
- Environmental groups
- Dementia action groups
- Tenant associations
- PCC housing tenants
- Other equality groups
- Youth groups
- Women's Institute
- 50+ groups
- Pensioner groups

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- Corporate Parenting Group Members
- Schools
- Sports associations
- Governing bodies
- Voluntary groups and charities (via PAVO)
- Businesses

To ensure engagement activities were successful, we employed the following tactics:

- Be clear about what we are asking and why
- Focus on 'what matters' to people
- Make sure any events or engagement materials are meaningful, accessible, and easy to understand
- Use existing networks as much as possible to avoid duplication (piggy-backing)
- Use a wide range of techniques and a multi-channel approach
- Ensure seamless communication between partners throughout

Channels included:

- Surveys – mainly online
- Focus groups
- Press releases
- Social media
- Intranets
- Video
- Virtual forums
- 'Piggy-backing' events & meetings
- Email

Wherever possible, we have provided a locality level picture. As Powys is such a large county, with a landmass covering a quarter of Wales, the 13-locality approach helps understand differences across place.

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Lessons learned

Producing the PNA within the timescales has been challenging. The impact of the coronavirus pandemic has been felt across all health and social care services and has limited the opportunity for staff to fully engage in the development of the PNA as they have done previously. This is due to health and social care focussing on delivering vital services to vulnerable persons through the coronavirus pandemic.

One of the main limitations has been access to good quality data about the population, services, and “usual” demand for those services. Trend data has been impacted due to the lockdowns and restricted provision of services. The 2021 census data will not be published in time to include in the assessment and many indicators were unavailable due to increased pressures on services.

There is a lack of locality level data in some themes, particularly, disability and sensory loss, health, mental health and autism, making it difficult to understand needs at a lower than Wales/Powys level. Whilst we know about age and gender of our service users, we have limited or no knowledge about some of the other protected characteristics within Powys.

Wherever possible we have aligned the findings from the PNA and the Well-being Assessment, and vice versa. The overall population needs in terms of health and care link with the overall well-being of residents when looking at their health, economy, community and environment factors.

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Data Gaps

Population Needs Assessment themes	Data Gaps
Protected Characteristics	<ul style="list-style-type: none"> While Powys is not very ethnically diverse, it would be worthwhile acknowledging how inequality affects people in Powys. For example, ethnicity and gender-based oppression can result in significant health inequalities. Some characteristics data not generally captured (unlike age and gender which is more common amongst datasets). <u>LGBT+ experiences</u> - Currently no reference within the assessment. Data generally not captured <u>Disability</u> - Greater analysis (going beyond rates of disability) could be useful to understand levels of accessibility and experience accessing services in Powys. <u>Awareness</u> - Welsh Government's Race Equality Action Plan, LGBTQ+ Action Plan, Disability Rights Taskforce and how these potentially affect Powys and organisations on the PSB.
Demographics	<ul style="list-style-type: none"> <u>Ethnicity and Place of Birth</u> - The latest data available is from the census, 2011. This is now over 10 years old <u>Welsh Language Skills</u> - The latest data available is from the census, 2011. This is now over 10 years old <u>Projected Welsh Language Speakers</u> - We only data we had made available to us is at national level (Wales). <u>Welsh Language</u> – Further explore the longer-term future of the Welsh language in Powys, in conjunction with national level predictions and relevance to your area. <u>Number of households</u> – The latest data available is from the census, 2011. This is now over 10 years old
Children and Young people	<ul style="list-style-type: none"> <u>Educational attainment</u> – latest data is from 2018/19 as examinations were cancelled due to COVID-19 in 2020. <u>Hidden needs</u> – There are children and young people who have not been identified and decision makers should be mindful that they may have a care and support need <u>Children with disabilities</u> - Some local level data is known (those known to social care only) but this is not representative of the needs of the population. This is not included in this assessment.
Older People	<ul style="list-style-type: none"> <u>Hidden needs</u> – There are older people who have not been identified and decision makers should be mindful that they may have a care and support need

Population Needs Assessment themes	Data Gaps
Health	<ul style="list-style-type: none"> • <u>Loneliness and Isolation</u> – The latest data available is from the census, 2011. This is now over 10 years old • <u>Welsh Index of Multiple Deprivation (WIMD)</u> - small area (LSOA data) available but only gives relative levels of deprivation, not actual numbers. • <u>Staying Healthy</u> – The data made available to us is only down to Powys level. • <u>Obesity</u> – The data made available to us is only to Powys level
Physical disabilities and sensory impairment	<ul style="list-style-type: none"> • <u>Hidden needs</u> – There are people with physical disability and sensory loss who have not been identified and decision makers should be mindful that they may have a care and support need • <u>Physical disabilities</u> - The data made available to us is only down to Powys level. • <u>Sensory Loss</u> - The data made available to us is only down to Powys level.
Learning disability and autism	<ul style="list-style-type: none"> • <u>Hidden needs</u> – There are people with learning disabilities and/or Autism who have not been identified and decision makers should be mindful that they may have a care and support need • <u>Children awaiting autism diagnosis</u> - Neuro developmental Team
Mental health	<ul style="list-style-type: none"> • <u>Mental Health</u> – Some data made available to us is at national level (Wales) or at a Powys level only. • <u>Hidden needs</u> – There are people with mental health issues who have not been identified and decision makers should be mindful that they may have a care and support need
Carers	<ul style="list-style-type: none"> • <u>Carers</u> - The latest data available is from the census, 2011. This is now over 10 years old.
Violence against women, domestic abuse, sexual violence	<ul style="list-style-type: none"> • <u>Hidden needs</u> – There are people who have been victims that have not been identified and decision makers should be mindful that they may have a care and support need

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