

EITEM AGENDA / AGENDA ITEM: 5.3**Cyd-bwyllgor Iechyd a Gofal y Canolbarth ar gyfer Iechyd a Gofal /
Mid Wales Joint Committee for Health and Care**

Enw'r Is-Grŵp: Name of Sub-Group:	Rural Health and Care Wales Stakeholder Group
Cadeirydd y Is-Grŵp: Chair of Sub-Group:	Jack Evershed
Dyddiad y Cyfarfod Is-Grŵp diwethaf: Date of last Sub-Group Meeting:	14 th June 2022
Cyfnod Adrodd: Reporting Period:	March – June 2022

**Y Penderfyniadau a'r Materion a Ystyriodd yr Is-Grŵp:
Key Decisions and Matters Considered by the Sub-Group:****Agenda for Meeting held 8th March 2022**

- Minutes of the RHCW Stakeholder Group meeting held on 14th December 2021
- Matters Arising and Table of Actions
- RHCW Progress Report
- RHCW Work Programme and Budget 2022/23
- Consultation: the mental health Workforce Plan for Health and Social Care in Wales
- Mamwlad Project – supporting the agricultural community in Powys
 - *a presentation by Amy Peter, Care & Repair Powys, and Mary Evans, Age Cymru Powys*

Agenda for Meeting held 14th June 2022

- Minutes of the RHCW Stakeholder Group meeting held on 8th March 2022
- Matters Arising and Table of Actions
- RHCW Progress Report
- Feedback on the Rural Virtual Hospital proposal (PCIP grant application)
 - *Dr Tom Howson, Bevan Commission*
- Rising to the Triple Challenge of Brexit, COVID-19 and Climate Change for health, well-being and equity in Wales. Spotlight on : Rural Communities
 - *a presentation by Liz Green & Michael Fletcher, PHW*
- PhD Research: How living in rural areas contributes to feelings of loneliness in diverse rural communities and the role communities play in addressing social inequality
 - *a presentation by Stephanie Jones, PhD student at Aberystwyth University*

Materion sydd angen eu cytuno new trafod ymhellach gan y Grŵp Gweithredol Cynllunio a Chyflenwi:

Items to be referred to the Planning and Delivery Executive Group for agreement or discussion:

The following relevant Matters Arising rising from both RHCW Stakeholder Group meetings are outlined below for approval from the MWJC:

- JE to highlight the recommendations from the Health and Social Care Education review to the next MWJC meeting (Conclusion and Recommendations of the report attached as Appendix 1).
- JE to present the proposed dates for the RHCW Conference 2022 of 8th and 9th November 2022 to the MWJC for approval, including that the Stakeholder Group did not wish to move the Conference timing to the Spring.

Minutes of the meeting held on 8th March 2022 are attached as Appendix 2 for information; minutes of the meeting held on 14th June 2022 were not written up by the time of submission of this report (16/06/22).

Gwaith Cynlluniedig yr Is-Grŵp ar gyfer y cyfnod nesaf:
Planned Sub-Group work for the next period:

To continue to monitor progress made against the RHCW Work Programme 2022/23 (once finalised / approved by the MWJC).

To complete identified actions from both meetings.

Dyddiad y Cyfarfod Is-Grŵp Nesaf:

Date of Next Sub-Group Meeting: 13th September 2022

A Review of Health and Social Care Education and Training in Wales 2021

Conclusion and Recommendations:

It could be concluded that Wales has a plethora of Health and Social Care educational and training courses on offer, with 500 Health and Social Care courses identified that are offered by Universities in Wales, divided into 231 Undergraduate and 269 Postgraduate courses. Whilst it would therefore appear that there are ample courses to meet the health and social care workforce needs, the availability and accessibility of these courses differ in terms of geographical access and flexibility in terms of entry requirements, length and manner of study. Mid Wales is particularly poorly catered for in terms of having “local” access to courses that domiciled people could reasonably study without necessitating re-location or considerable upheaval that cause barriers to study.

Whilst both Cardiff and Swansea Universities offer placements for their medical students in rural areas of Wales, including the Mid Wales region (e.g. through the CARER longitudinal clerkship model at Cardiff University and Swansea University’s Primary Care Academy), and Aberystwyth University has now confirmed that it will be offering nursing degrees, it is no surprise to note that rural Mid Wales is poorly catered for in terms of ease of access to courses and training, both for those new to the health and care sector and also to those wishing to develop their careers in the sector.

Some recommendations are made below:

- Whilst it is impractical to expect a full range of health and social care courses to be available everywhere across Wales, more could be done to develop flexible teaching models that enable part-time study from remote locations
- The Covid-19 pandemic has seen a surge in the adoption of technology and use of digital interventions across the health and social care sectors; this is an opportune time to likewise see a move to use technology more routinely in teaching and delivery of educational courses which will be particularly beneficial to those living in rural areas; mobile teaching units could be considered for remote places and community learning
- There is great potential for Universities to work together collaboratively to offer health and social care courses from different HEI locations, whilst retaining individual University specialist areas – the health and care sector is very broad, with ample scope for differentiation
- The Open University’s model of home learning is well established although the nurse degrees have only recently been made available in Wales; it will be interesting to see how this provision develops
- It should still be noted that distance learning does not suit all learners and there remains the need for in-person teaching and contact / support
- Better integration of courses could be considered, so that general core modules and training are available that can lead to selection of more specific

qualifications in health and care in 2nd and 3rd years of study that cater for both health and care careers

- Apprenticeship schemes, not contained within this review, could be better recognised as entry points to a broader range of undergraduate courses, akin to the nursing progression route that does lead to a degree
- There remains ample scope to develop courses that cater for the “new” roles that now play a significant part in multi-disciplinary teams across the health sector, such as Nurse Practitioners, Physician Associates, Pharmacist Practitioners etc.
- Some sectors remain weak despite a growing demand, such as the provision of much-needed dentistry training
- CPD training opportunities and career progression routes are poorly catered for and much could be done to focus on the needs of the health and care sector; research that focusses on the needs of the health and care workforce living and working in rural areas is recommended
- Work is underway in developing a rural credential for GPs, however this could and should be extended to other disciplines, such as rural nursing, to recognise the broader skills often required by those working in rural areas; this will also raise the profile and recognition of the rural health and social care workforce
- Further analysis and recommendations are required to delve into rural localised needs that should be married to workforce requirements; to do this further work should be undertaken with the health boards in Mid Wales.

A full copy of the report can be supplied by request to anna.prytherch@wales.nhs.uk.

**APPROVED MINUTES OF THE
RURAL HEALTH AND CARE WALES
STAKEHOLDER GROUP MEETING**

Time and date of meeting:	2pm on Tuesday 8 th March 2022
Venue:	Virtual meeting via Microsoft TEAMS
Present (via MS TEAMS):	<ul style="list-style-type: none"> • Jack Evershed, Chair, RHCW (JE) • Rachel Rahman, Aberystwyth University (RR) • Amanda Edwards Powys Teaching Health Board (AE) • Wendy Hooson, Head of Health Strategy and Planning, BCUHB (WH) • Kalee Thomas (from 3pm) UWTSD (KT) • Mari Wynne Jones Gwynedd County Council (MWJ) • Tom Brooks Public Representative Gwynedd / Community Hospitals Association (TB) • Sue Fish, GP Borth Surgery, Primary Care (SF) • Nicola Ruck Powys Public / Patient Representative (NR) • Sara Jones Coleg Ceredigion (SJ) • Paul Buss PTHB (PB) • Michelle Dunning Senior Project Manager Value Based Health Care (MD) <p style="margin-left: 40px;">Speakers:</p> <ul style="list-style-type: none"> • Amy Peter • Mary Evans • Lesley Price
In attendance (via MS TEAMS):	<ul style="list-style-type: none"> • Anna Prytherch, Head of RHCW (AP) • Helena O Sullivan RHCW Development Officer (HoS) • Lleucu Morgan Cardi Care Co-ordinator (LIM)

Agenda item	Item	Action
StG (21)	<p>1. Welcome and Introductions</p> <p>JE welcomed members to the RHCW Stakeholder Group meeting and asked everyone to introduce themselves. JE also requested that members:</p> <ul style="list-style-type: none"> • keep microphones on mute, unless speaking 	

	<ul style="list-style-type: none"> • use the 'raise a hand' option when wishing to speak • use chat activity for messaging / making comments. 	
StG (22)	<p>2. Apologies for absence</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Peter Skitt, County Director, HDdUHB (PS) • Francis Gerrard, Cardiff University (FG) • Nigel Rees, Head of Research & Innovation, WAST (NRe) • Lauren Blake, Swansea University (LB) • Kate Wright, Powys Teaching Health Board (KW) • Jason Killens, Welsh Ambulance Service Trust (JK) • Hayley Thomas, Powys Teaching Health Board (HT) • Lynne Williams, Bangor University (LW) • Jo Whitehead, Chief Executive BCUHB (JW) • Alison Bulman, Powys County Council (AB) • Dafydd Gibbard, Gwynedd County Council (DG) • Prof Wendy Dearing, UWTSD (WD) • Carol Shillabeer, Chief Executive Powys Teaching Health Board (CS) • Nerys Morgan, Coleg Ceredigion (NM) • Caroline Turner, Powys CC (CT) • Sarah Bartlett, North Wales RI&I (SB) • Elin Brock, West Wales RI&I (EB) • Heather Parry, Cambrian Training (HP) • Gabrielle Heathcote, Ceredigion Public / Patient Representative (GH) • Samantha Ruthvern-Hill, Powys Teaching Health Board (SRH) • Caroline Evans, Powys Teaching Health Board (CE) 	
StG (23)	<p>3. Minutes RHCW Stakeholder Group meeting held on 14th December 2021</p> <p>The minutes of the RHCW Stakeholder Group meeting held on the 14th December 2021 were presented for accuracy and comments; the minutes were agreed as an accurate record.</p>	
StG (24)	<p>4. Matters Arising and Table of Actions</p> <p>StG(07) (15) (17) (18) Members had been circulated with a copy of the article on the Dolgellau Community Hospital written by TB, a copy of LIM's presentation, a copy of the</p>	

	<p>Digital Services for Patients and Public – Digital Health and Care Wales presentation and a copy of the update on the Powys Rural Health and Care Academy presentation on the 4th January 2022.</p> <p>(StG14) AP had raised TB’s comments in relation to connectivity in rural areas during and RR’s proposal for a PhD student to take one of the identified themes forward at her meeting held with TEC Cymru on 13th January 2022. TEC Cymru and RHCW are happy to support the PhD proposal by Aberystwyth University. RR confirmed that the PhD application is in progress.</p> <p>No suggestions for future speakers at RHCW Webinars had been received from members; members are encouraged to submit suggestions if any arise.</p> <p>(StG16) AP and JE met on the 17th February 2022 to discuss the Health and Social Care Education and Training recommendations and actions are now being taken in line with these; JE will also take the recommendations forward to the to the MWJC at its next meeting being held on the 25th April 2022.</p>	<p>All</p> <p>JE</p>
<p>StG (25)</p>	<p>5. RHCW Progress Report</p> <p>AP presented Paper 3 relating to progress in attaining the RHCW Work Programme 2021/22, with specific reference made to the following:</p> <p>p1. On your Bike – changes in personnel with Aberystwyth Town Council resulted in the previously agreed location being turned down and there was now no support from the Town Council to take ownership of the bikes once the research ended, therefore it had been agreed with Cynnal y Cardi to just move ahead with 3 sites in Ceredigion, not 4 (Aberaeron, Lampeter and Cardigan). It is hoped that the bikes will be installed by the end of March 2022.</p> <p>p.1 Well-being Walks - AP is meeting with Coed Lleol on the 28th March 2022 to explore extending the initiative to Tywyn (Gwynedd) and Machynlleth (Powys).</p> <p>p.1 The consultation on the Social and Green Prescribing national framework has not been published, however AP is attending a meeting on the 14th March 2022 when an update should be provided. AP had also contacted Prof. Carolyn Wallace USW regarding the new evaluation tool for social prescribing interventions that they have developed, but again this is not yet publicly available.</p>	

p.1 A meeting of the **Green Health in Practice Network** is scheduled for the 16th March 2022.

p.1 Cardi Care – the project is coming on in leaps and bounds. LIM is now in Aberporth 1 day a week; volunteers have been recruited and a list of local people in need is being built. LIM is developing a 6 month calendar of events (1st April 2022 to 30th September 2022) which will incorporate events that are already planned in Aberporth and those that will be arranged by Cardi Care. There is also going to be exchange visits between Aberporth and Solva in the summer. There has been a lot of interest from people needing help with IT / digital platforms and Cardi Care has been asked to continue with the coffee mornings as from April 2022.

p.2 The **Integrated Care** research is continuing, as additional one-to-one and focus group sessions were added. It is hoped that this phase of the work will be completed in the next two weeks; to date, RHCW has spoken to approximately 60 people.

p.2 An application for funding to develop a Virtual Rural Hospital across Mid Wales was submitted to the **Bevan Commission's Planned Care Innovation Programme** in collaboration with Amanda Edwards (PTHB), Elin Brock (HDdUHB) and Sarah Bartlett (RPB North Wales) and WAST. AE noted that the programme had received a high number of applications, around 75, meaning that the date for receiving a decision on submissions was delayed, with an indication given that applicants would hear by 11th March 2022. AP said that developing the project had been a great exercise in working collaboratively across the region, which was quite a feat. PB noted that he was part of a panel that had assessed a large number of the applications, but not the **Virtual Rural Hospital**; he believes that it is a great application however the bottom line is that large numbers have applied. The pot is £1million and everyone was surprised with the huge number of applications; we have to keep our fingers crossed. It would be great for Mid Wales, as it's innovative and shows forward collaborative thinking. JE believed that this is what the Mid Wales Collaborative was all about. TB was of the opinion that the virtual hospital would be a critical strategic development as far as Rural Wales is concerned; he is involved in two other applications, one being with the Corporation of the City of London, looking at a hospital from home, and he was also approached informally about a Bill the Government is preparing, titled Discharge from

	<p>Acute hospitals to Homely Settings. This, TB said, is in the line of what you are approaching for rural Mid Wales. AE said that if the application is not successful, we need to look at alternative funding and not abandon the concept; JE agreed. PB also agreed wholeheartedly with AE and said that all 3 Health Boards have such large populations there is need for innovation in this sphere and to base this on Value Based Health Care principles. WH said that AP did make contact with regards to the project and asked if she could see a copy of the final application. AP agreed to circulate a copy to all the Stakeholder Group, noting that the online submission had had to be cut due to word number restrictions. WH thanked AP for the work on the application and for developing it; she was aware that AP had spoken with people in North Wales and that it had been aligned to their work; SB was a big part of it as well. JE said that there was a need to keep the collaborative working alive and ongoing; AP stated that EB had also spoken very positively about the collaborative working across the region.</p> <p>.</p> <p>p.2 The concept of trialling a Mobile Health assessment unit across Mid Wales, which was the second potential application for the Bevan Commission Planned Care Innovation Programme, had not submitted due to limited resources. This project was to be a collaboration with TEC Cymru, but due to the magnitude of the first application, AP said that RHCW would be stretched on resources to fulfil both projects at this time. RHCW would still like to proceed with the pilot, but as TEC Cymru didn't want to lead on it and asked for RHCW to do this, it was decided to wait for wait for the completion of some current projects before pursuing this further.</p> <p>p.2 AP noted again that she had liaised with RR and TEC Cymru with regard to a possible second application to support a PhD student at AU and asked RR to update the Group on the work that Steph was doing on her PhD on loneliness. RR said that Stephanie Jones (SJ) was doing great and was in the process of obtaining ethics approval. RR thanked AP for helping establish some very useful contacts for SJ with the North Powys Hub. AP wondered if SJ would like to come and give a presentation on her proposed research at the next Stakeholder Group meeting in June 2022 or in September 2022. RR said she was sure SJ would be pleased to as there was still scope with developing certain elements of the PhD and this could be an opportunity to have consultation with Stakeholder group members. JE said he believed that this would be worth</p>	<p>AP</p>
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	<p>doing as soon as was feasible as she could get some good input.</p> <p>p.2 AP and JE had met to go through the recommendations of the review of Health and Social Care Education and Training in Wales 2021; actions included writing to HEIW and to the health board and local authority workforce leads. JE is going to raise the recommendations at the next MWJC meeting.</p> <p>AP asked SJ of Coleg Ceredigion about the forthcoming trip to Canada and SJ confirmed that it was all going ahead, and she would be sending further details to AP.</p> <p>p.3 New Roles in Health and Care some further comments have been received and this is now with the designer for production as an infographic.</p> <p>RHCW was also taking part in the Career Wales' event Choose Your Future 2022 which was being held virtually today (8th March 2022); RHCW had a virtual booth at the event, which HoS had manned it in the morning and LIM in the afternoon. HoS confirmed that the booth had been quite busy.</p> <p>p.3 AP noted that approximately 40 people had attended the second RHCW Webinar on the 25th January 2022; whilst this number was slightly less than the first Webinar, it was a very interactive session, with excellent scores and feedback received via Mentimeter. JE believed that the Community Cardiology Diagnostic Vehicle session had been particularly popular and one that people had really engaged with; it was one that had shared best practice. JE suggested future RHCW Webinars could focus on things that were happening rather than just information. AP said the NHS Screening – Working Together session was also popular.</p> <p>p.4 AP noted that the proposed dates for this year's RHCW Conference are the 8th and 9th November 2022. The proposal is to once again to hold a hybrid Conference over two days. The proposed dates will go to the next meeting of the MWJC on the 25th April 2022 and also the proposal that the Conference does not move to the Spring time.</p> <p>p.4 AP said that before Covid she had been asked to attend the Rethinking Remote Conference in Scotland (2020); this has now been rescheduled for the 28th and 29th April 2022. AP will be hosting a workshop on Rural Health</p>	<p>RR / AP</p> <p>AP / JE</p> <p>SJ</p> <p>JE</p>
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	<p>and Care in Wales and exploring how something similar could be taken forward in Scotland.</p> <p>p.4 RHCW had submitted 2 Poster applications to the Rethinking Remote Conference – A Review of Health and Care Education and Training in Wales (HoS), and Cardi Care (LIM); both had been accepted. An application on Cardi Care initial research has also been made to the WISERD Conference (Wales Institute of Social and Economic Research and Data); still waiting to hear on this application.</p> <p>JE asked if there would be more in person conferences moving forward; AP said that she believes the hybrid model will continue but from a networking, engaging and making linkages, in person conferences can't be beaten. AP noted that the Public Health Wales annual Conference and the Health and Research in Wales Conference are the two main conferences in the sector, both of which normally (pre-Covid) would take place in the Celtic Manor, Newport.</p>	<p>AP</p> <p>HoS / LIM</p>
<p>StG (26)</p>	<p>6. RHCW Work Programme and Budget 2022/23</p> <p>AP presented the proposed Work Programme for RHCW for the period 1st April 2022 to 31st March 2023. With recent MWJC and PDEG meetings having been cancelled, due to operational pressures, the MWJC strategic aims for 2022/23 have not been confirmed, so we are in a similar position to last year in presenting a Work Programme that may need adjusting, since RHCW aligns its work to the strategic aims of the MWJC. The proposed Work Programme continues to build on the work that is currently being undertaken, with the following noted:</p> <p>Cardi Care, as noted in the Progress report, is progressing well and in addition to what was previously covered, there will also be research undertaken on the wellbeing impact of volunteering.</p> <p>Green Health in Practice Network – the network will reconvene on the 16th March 2022, this being the first meeting in over two years. NR asked if more activity is planned in green health; AP responded to say that whilst there is still a lot of green / social activities, strategically people are waiting for the National Framework on Social Prescribing to be published. NR asked if RHCW be more involved; AP said that RHCW has been quite active until January 2020 when the <i>Social and Green Solutions For</i></p>	

	<p><i>Health Summit</i> had been held, with everything then put on hold due to Covid and none of the actions taken forward. JE said the meeting in Lampeter in January 2020, led by Ros Jervis, was well attended; everyone involved with social prescribing had a wish list and that the hope was that the national framework, which is yet to be published, will mirror those wishes. It seems logical to wait for it, but it's a shame it's being delayed. Whether that means we need to plan to do more around it we will need to wait to see what the framework says.</p> <p>PB noted that evaluation of the Work Programme should include whole system impact of the projects; if we look at the evaluation from a particular standpoint it's missing the impact of the whole response on the whole system, including working with the Third Sector and Local Authorities and what they do, so we need to look at how we could evaluate the work from a whole system approach. Outcome measurements are important but so also are the measures that are needed as to what does the community offer and the collective power of the Councils. JE asked if this fitted with the value-based working, adding that we need to think of the metrics, as it's a rich programme. There may be merit in aligning the RHCW Work Programme with the value-based work programme, which MD is developing. PB believes the rest of Wales would look at us to lead on this.</p> <p>PB believes this is the right time to also consider social value; it's interesting to look at governance and value and consider how do we co-produce with service users, what metrics matter to them? A lot has been said about public engagement, but any intervention needs to be about the dominance of the person and not the hospital. AP said that to measure and evaluate community outputs / benefits is very difficult they tend to be subjective. AP asked members of the Stakeholder Group that if they had any ideas on evaluating community-based initiatives to please send this information to her. AP said that RHCW pilot's new initiatives, to evaluate their impact, with the hope that, if successful, it will be main streamed.</p> <p>PB said that value-based healthcare is in danger of being hijacked by secondary care, whereas it needs to focus on primary and community care, referring to metrics used in an University of Warwick study in 2012; prudent healthcare is about co-production. JE said that PB is alluding to the benefit to the whole system, for example Cardi Care is of benefit to the local community and health service, but should there be a way of measuring the whole system</p>	<p>AP / MD</p> <p>All</p>
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	<p>benefit? AP said this afternoon's presentation was an example of whole system impact, whereby the housing system works to enable people to remain in their own homes as long as possible, with health impact.</p> <p>Early findings from the Integrated Working research is proving interesting, with a final report hoped to be completed in April, which will be shared with the Stakeholder Group once it is made public.</p> <p>Covid research - RHCW has been asked to undertake research on how care homes across Hywel Dda and PTHB coped during COVID, with the work due to start end of March / beginning of April. This should be a very interesting piece of work.</p> <p>Education and Training - as noted earlier, the recommendations are now being taken forward, with AP noting that the whole point of conducting a review like this is to instigate change, if a need is identified.</p> <p>Rural Credentials - AP noted that the last update received was in December 2021 and she asked if SF had any further update. SF confirmed that she also had heard nothing further. AP believed that the next steps included looking at adjusted models for Wales and England and said she'd contact Tom Lawson (HEIW) to find out more.</p> <p>AP understands that Aberystwyth have had a high number of applications for the nursing courses. The University has been really supportive of the Wellbeing Walks and offered to do signposting. The nursing course is fairly innovative and includes supporting green initiatives, including basic car mechanic training (for community nursing) and is encouraging integration with the agricultural community during lambing etc.</p> <p>Under Communication AP noted that RHCW will be starting to broadcast Podcasts in 2022/23 and hope to work closely with Bronglais radio on this, as they could be used as audio bulletins. They need to be kept informal and light, no more than 20-30 minutes in length, and will start in April/May 2022. AP asked all the Stakeholders to contact her if they had an idea for people to interview for the Podcasts or if they know of any exciting events which would work for a Podcast.</p> <p>RR noted that AU is also working to develop Podcasts and video snippets and suggested that launching both initiatives</p>	<p>AP</p> <p>All</p>
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	<p>the model but SF doesn't know what the model should be yet. PB agreed with the great point made by SF; moving the focus to care being delivered closer to home, the model needs to be fundamentally changed, there needs to be training provided in local communities and primary care, this comes with a cost. Currently we are left with having to train more and more professional, but they are not coming with the money and the resources. SF said that one person attached to one supervisor is not going to work and asked how can we develop good value education? JE and AP to instigate a discussion with HEIW.</p>	JE / AP
StG (27)	<p>7. Consultation: the mental health Workforce Plan for Health and Social Care in Wales</p> <p>JE said he had hoped for a collaborative response to the consultation from across Mid Wales. The deadline for response is the 28th March 2022, therefore JE asked if everyone could email any comments or thoughts they have to AP in the next week and she will pull them together into a collective response. AP stated that she had attended workshop on the consultation and had expressed her opinion that mental health training should become compulsory for all employees in the same vein that First Aid training is in the workplace; also that there should be mental health modules taught across all Health and Care education courses as mental health is going to become endemic.</p>	ALL / AP
StG (28)	<p>8. Mamwlad Project – supporting the agricultural community in Powys</p> <p>JE introduced Amy Peter (APe), Care and Repair in Powys, Mary Evans (ME), Age Cymru Powys, and Lesley Price (LP), Care and Repair in Powys.</p> <p>APe introduced the Mamwlad Project which is a joint project between Care and Repair Powys and Age Cymru, that aims to enable people from the agricultural community to remain at home as long as possible whilst also addressing loneliness issues. Historically farmers are reluctant to ask for help and very seldom retire, often working well beyond pension age. The project will fund home adaptations after conducting “healthy home” checks and link individuals to various support services offered by Age Cymru, including toenail cutting, financial advice and activities that address loneliness etc. Case studies were provided to illustrate how the support might be delivered.</p> <p>At the end of the presentations, JE made reference to the Dolgellau mart project run by Ann Thomas and noted that</p>	

	<p>both projects highlighted two key features, that of time and building communications. APe said it could be linked back to the whole system approach this emphasis of allowing people to live healthy lives in their own homes. ME said that they get assistance from the Powys Occupational Therapy team, Age Cymru and Citizens Advice bureau. Age Cymru is on the phone a lot with Assist in Powys but this always needs to be with the consent of the individual involved. ME said this could be looking at MDT discharges, phoning doctor surgeries and a lot of time is spent on the phone with the Council, Health or Social Service, supporting individuals who are vulnerable and can be a bit confused.</p> <p>JE asked if the project was funded permanently and APe confirmed that funding was in place until 2025, so it was a 5-year fixed term project; it is unclear whether it will continue after this, but they very much hope it will. ME said capacity was an issue as they are a small team working as a charity.</p> <p>TB asked for the source and number of referrals; ME responded to confirm that around 300 individuals had been referred to the service in the last year, with an anticipated 500 over the next year. APe noted that around 50% of referrals were from the family / self-referral, with the next most number coming from Powys' Community Connectors and then through Care and Repair itself. Occasional referrals are received through the OTs, primarily grant-related, with hardly any referrals from Primary care or from Social Workers. ME believed that more signposting / referrals could be done from statutory organisations.</p> <p>The project has uncovered a large number of people living in deprivation, as the agricultural community can often be asset rich but cash poor. JE made the point that the anticipated increase from 300 to 500 highlights the extend of the problem.</p> <p>JE thanked the presenters and asked if it was ok to share the presentation and their contact details with members and thanked them for the fantastic work they are doing. A copy of the presentation will be shared with Stakeholder Group members.</p>	HoS
StG (29)	<p>9. Any other business</p> <p>No other business was raised; JE thanked everyone for attending and for their contributions to discussions.</p>	

	Date and Time of Next Meeting 14th June 2022, 10am – 12:30pm [Dates of future meeting in 2022: 13/09/22 and 13/12/22]	
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