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Feasibility of integrating outdoor health and wellbeing at the Bro Ddyfi Community Hospital

Consultation with community, hospital staff and key stakeholders

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Summary

Introduction

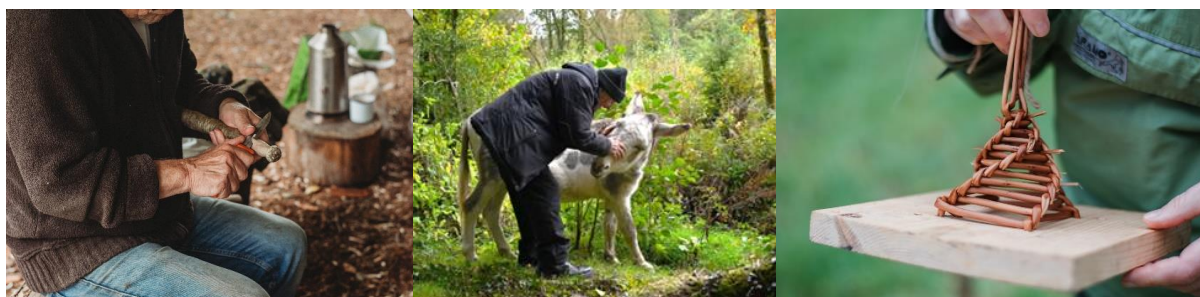
This study explores the feasibility of Bro Ddyfi Community Hospital, situated in the Dyfi Biosphere in Mid Wales, integrating outdoor health and nature-based wellbeing alongside its clinical care. The study was undertaken by Coed Lleol/Small Woods in partnership with local development trust, Ecodyfi, and it was led by a Steering Group of key local and regional stakeholders. It was funded by the UK Government and Powered by Levelling Up, through the Shared Prosperity Fund, managed by Powys County Council.

The policy landscape is increasingly pointing towards more joined-up approaches across sectors, with a focus on sustainability and preventative approaches, including green social prescribing. The need for this study emerged at the end of the three-year Trywydd Iach | Outdoor Health Network project that provided outdoor activities on prescription in the area, with one of the key recommendations to engage further with one healthcare location to build an exemplar site. Feedback from hospital staff and the Patients Forum suggested a need for and a willingness to take this forward with the Bro Ddyfi Community Hospital.

This report is relevant to stakeholders who took part in this study, decision makers and practitioners at the Community Hospital, outdoor health activity providers and individuals and organisations involved more widely in implementing preventative and alternative models of healthcare.

Methodology

The approach included desk research, surveys, engagement events, interviews and focus groups, and site visits were also undertaken. Over 600 different stakeholders were engaged by the study, including 400 adults and 45 children and young people responding to the surveys. Consultation work was followed by focused meetings and desk research to assess the feasibility and cost of potential interventions.



Key findings

A wide range of physical and mental health challenges are experienced by the community, as well as staff and patients in the hospital. The majority of respondents felt that the outdoors helped their health and wellbeing and were interested in taking part in outdoor activities. They also felt that outdoor and nature-based activities should be available on prescription. This was supported by the hospital's clinical staff, who would like to be able to 'prescribe' outdoor activities alongside medical interventions. The main barriers to this were lack of time and availability of provision.

Adult respondents' most popular outdoor activities were woodland skills, cooking and foraging, arts and crafts, accessible walking and movement, conservation, and nature mindfulness. Young people were most keen on spending time with animals, woodland skills, cooking and foraging, wild swimming, and cycling. Barriers to taking part included lack of time, not knowing what is available, limited transport, and lack of confidence. Most would be willing to pay for activities using a 'pay what you can' approach and would like a central point for information to publicise what is on offer, such as a website and a hospital noticeboard.

The need for more activities to signpost people to was highlighted by hospital and surgery staff. There is currently a gap in outdoor activities for health and wellbeing in the area. Whilst there is a diverse range of outdoor practitioners, there is currently a lack of funding to deliver outdoor health and wellbeing programmes.

A network of experienced and skilled outdoor activity providers is available in the area. These providers would like to have stronger connections with the healthcare sector and run activities at the hospital and in the surrounding area. Their challenges included working part-time, often on a self-employed basis, with irregular work that is funding dependent. There is currently a lack of funded opportunities in the area. They would like to be part of a network that provides support, collaboration opportunities and that ensures minimum standards.

The community hospital site would benefit from developing its outdoor spaces. Proposals included a garden for inpatients on the Twymyn Ward, private outdoor spaces for each palliative suite, the addition of interpretation to the sensory garden. Other suggestions included more seating across the site, more trees, and more flowers. There was interest from activity providers in supporting the development of the gardens and in running sessions there for patients. The staff would benefit from a relaxing and private outdoor staff area, in which to relieve stress, have meetings and take breaks.

A community interest in volunteering was an unexpected outcome of the research, with more than half of respondents saying they 'would be' or 'may be' interesting in volunteering. There is potentially a need for volunteer support to enable the community to get involved in volunteer opportunities, such as outdoor health activity groups, walking groups, and developing a patient garden.



There is a need for the development of a more joined-up approach that integrates outdoor health into the existing patient referral process at the hospital. This would need to be quick and user-friendly, with a mechanism for tracking the healthcare journey for patients. It is key that this development links in effectively with the existing Community Connector service in the area, hosted by the Powys Association of Voluntary Organisations.

Any interventions need to be proportionate and implemented sensitively. Challenges with healthcare capacity and budgets mean that if there are to be opportunities for staff and patients, this must not be at the expense of other critical services.

Vision for integrating outdoor health at the Community Hospital

The collective vision emerging from this study is for a thriving Community Hospital at the heart of the Dyfi Biosphere. It would support the health and resilience of its community and the environment by offering an outdoor health service that is integrated and complementary to its primary and secondary clinical care. By developing the hospital outdoor spaces and gardens to link with other green sites across the Biosphere, the hospital could connect patients, staff, and community members to evidenced-based outdoor wellbeing interventions. With a focus on reducing healthcare burdens, enhancing wellbeing and addressing environmental challenges, the hospital could engage local organisations and volunteers in a collective effort to sustainably promote the health and resilience of people and place.

Recommendations

1. Establish an Outdoor Health Development Group to oversee the study's follow-up and delivery of its recommendations. This approach fosters continuity and collaboration to address the diverse needs of the community and healthcare services.
2. The Outdoor Health Development Group to consider the creation of a new role, for the purpose of this report referred to as the Outdoor Health Coordinator. This role could address the need for enhanced staff capacity to enable integrated outdoor health services and effective communication between all stakeholders.
3. The Outdoor Health Development Group to facilitate the collective leverage funds to address the financial implications of proposed recommendations, with an aim to create more capacity and sustainability for outdoor health, alongside clinical care. Partner organisations would fundraise, develop collaborations, and implement recommendations. Stakeholder organisations could explore creating a sustainable investment portfolio to ensure continual programming. Community willingness to pay for some activities could also supplement funding.
4. Establish a sustainable and targeted programme of outdoor health and wellbeing activities, including formal and informal programmes, and taster days that meet the needs of the community, ensuring continuity of provision and accessibility. Connect with other outdoor

sites across the Dyfi Biosphere for wellbeing and volunteering opportunities, including the two Woodland Hub sites.

5. Establish a volunteering programme that supports the engagement of community members interested in maintaining and enhancing green spaces in and around the Community Hospital, fostering a sense of collective care, and supporting biodiversity efforts.
6. Introduce a tailored outdoor wellbeing program for staff at the Community Hospital to address their aspiration to have more outdoor engagement and support their overall wellbeing needs that complements the current Powys Teaching Health Board staff wellbeing offer.
7. Establish and support an activity leader network in the Dyfi Valley, to ensure the consistent delivery of high-quality outdoor health and wellbeing programs. This network will facilitate collaboration starting at the hospital, provide ongoing training and professional development, and ensure adherence to minimum standards.
8. Facilitate effective communication and information dissemination regarding outdoor health opportunities via a centralised communication platform, such as a website, a hospital noticeboard, and a social media presence. This platform will serve as a resource for community members, healthcare providers, and activity providers.
9. Establish an integrated registration and referral pathway that caters to both formal referrals and self-referrals. This pathway should streamline the process for healthcare providers, patients, and community members, ensuring efficient and effective engagement with outdoor health programmes. It should be developed to work in synergy with the existing Community Connector service that provides social prescribing to a range of services, hosted by the Powys Association of Voluntary Organisations.
10. Revitalise the outdoor spaces at the Community Hospital, enhancing biodiversity and putting into practice the proven wellbeing benefits of the outdoors and nature for patients, staff and visitors. Community and staff would like a safe accessible dementia friendly patient garden, private patios for palliative care rooms, a private outdoor space for staff, amenity space for visitors, and engaging written and artistic interpretation linked to outdoor health and the 'hub' ethos of the hospital.

Conclusion

The study revealed that there is enthusiasm for outdoor health and nature-based wellbeing to be integrated into the wellbeing offer of the Community Hospital, alongside its clinical care. The needs and aspirations of the stakeholders engaged in this study was brought together into a set of proposals and assessed for feasibility. The result was ten key recommendations to take forward these proposals and realise the collective vision. With the overall positivity of the stakeholders, the willingness to collaborate and the skilled practitioners in the area, incorporating outdoor health appears achievable.



1. Introduction

The aim of this study is to understand if the newly renovated Bro Ddyfi Community Hospital, set in the heart of the UNESCO Dyfi Biosphere in Mid-Wales, could complement hospital-based healthcare outdoor health and wellbeing opportunities, and create a model of how this could work in practice for other sites in Powys and across Wales.

Running from September 2023 to April 2024, the study was led by Coed Lleol/Small Woods which specialises in social forestry and nature-based health, in partnership with local development trust, Ecodyfi, which fosters and supports sustainable community initiatives. It was guided and informed by a project steering group of representatives. This included Bro Ddyfi Community Hospital and Dyfi Valley Health Surgery staff, Powys Teaching Health Board staff from Estates, community engagement and environment teams, and representatives from the local Patient Forum, Machynlleth Town Council, Powys Association of Voluntary Organisations and Rural Health & Care Wales. It was funded by the UK Government and Powered by Levelling Up, through the Shared Prosperity Fund, managed by Powys County Council.

Through community and staff consultation, and research, the feasibility of a coordinated outdoor health offer from the Community Hospital was explored for its catchment population of approaching 7,000 people (based in Powys but also stretching into Ceredigion and Gwynedd).

The study starts by outlining why this work is timely and important. It considers national, regional and local strategies, before sharing the results of the study's consultation and research phases. Reviewing these results, it then looks at the feasibility of a series of recommendations that would help develop a community-led outdoor health offer.

This report is relevant to stakeholders who took part in this study, decisionmakers and practitioners at the Community Hospital, outdoor health activity providers and individuals and organisations involved more widely in implementing preventative and alternative models of healthcare.

1.1. Outdoor health and a preventative approach

Evidence demonstrates that outdoor, nature-based activity can improve mental health, increase lifespan, and reduce the incidence of chronic disease^{i,ii,iii,iv}. Even a view or suggestion of nature via another sense (e.g. hearing birdsong or other natural soundscapes, smelling natural oils secreted by plants) can have potent effects in indoor environments, reducing stress and anxiety and boosting immune function^{v,vi,vii,viii}. The health and wellbeing benefits of time spent in – and connection with – nature is an area of research that has gained momentum in recent decades, reinforced by many studies in response to the COVID-19 pandemic.

In a 2024 study^{ix} of the economic value of the benefits of nature-based physical activity, it was estimated that, of 22 million adults who visited natural environments in England at least weekly, physical activity on these visits prevented 12,763 cases of non-communicable disease. This was then estimated to have saved £108.7 million in annual societal costs.

In Wales, many people do not regularly access natural spaces; Wales's latest national survey^x showed that, despite the number of people participating in sporting activities three or more times a week increasing from 34% to 39%, only 6% participated in outdoor pursuits, like rambling, kayaking or sailing.

Opportunities to engage in guided outdoor health activities range considerably from area to area. Delivered through independent agencies and charities, often there is little-to-no joined-up network

linking them to healthcare providers, which might help to explore and embed this offer of healthcare more fully.

A longitudinal study of 2.3 million adults in Wales over a 10-year period showed that greater exposure to green spaces was associated with reduced risk of *future* common mental health disorders, especially for those living in deprived communities^{xi}. Indeed, every additional 360 metres between subjects' homes and the nearest green or blue space (e.g. parks, lakes, beaches) was associated with higher odds of developing a common mental health disorder.

While further research is needed into the causative pathways for the links between nature and wellbeing^{xvi}, additional health benefits associated with undertaking nature-based activities include statistically significant reductions in diastolic blood pressure, salivary cortisol and heart rate, and statistically significant reductions in the incidence of diabetes and cardiovascular mortality^{xii}.

Of all outdoor environments, spending time in forests to derive health and wellbeing benefits is a long-established practice in Japan. 'Forest bathing', a translation of the Japanese, Shinrin-yoku, has been widely studied. One such Japanese study, as far back as 2009, showed that healthy subjects taking the same amount of exercise in a forest as they would normally do on a working day in the city had higher immune function and lower stress levels during forest walks, when compared with a regular working day^{xiii} – and this effect lasted for more than 30 days after the trip.

1.2. A national framework for social prescribing

Timely for this study has been Welsh Government's launch of the *National Framework for Social Prescribing*^{xiv} in December 2023. This was co-created through a consultation engaging over 1,000 stakeholders. It sets out a preferred model of social prescribing in Wales, creating a shared language to describe social prescribing and ensure consistency of delivery across the country, regardless of setting (urban/rural, indoor/outdoor, etc.). More framework guidance will be launched in 2024, with Regional Partnership Boards in the meantime nominating a social prescribing lead, to take forward planning of the delivery of social prescribing as part of area plans.

The Framework sets out a nationally recognised definition of 'social prescribing':

An umbrella term that describes a person-centred approach to connecting people to local community assets. Community assets include community groups, interventions and services which could be delivered online or in person, as well as buildings, land or even a person within a community.

The Framework includes compelling evidence of the value of nature to human health, with one avenue being 'green social prescribing', or 'green referrals' through nature-based activities or 'greenspace exposure', such as local walking, tree planting, and food-growing projects.

As well as addressing 'nature connectedness', group activities in the outdoors may also provide a sense of community and connection to others. They may encourage movement, creativity, learning and/or a sense of play, depending on the session, thereby also addressing other themes acknowledged in the Framework as helpful for health and wellbeing.

While those living in greener neighbourhoods or close to the sea report higher positive wellbeing, this only happens in response to recreational visits to such areas^{xv}. Frequency of visits to green spaces, inland waters and coastal areas has been shown to be associated with higher wellbeing and lower mental distress. During the COVID-19 pandemic, greater greenness within a 250m radius of a person's post code was a good predictor of higher levels of mental wellbeing^{xvi}, suggesting that proximity to nature is an important factor in accessing it.

1.3. Alignment with national and regional strategies

1.3.1. Addressing the climate and biodiversity crisis

This study also looks at the opportunity to deliver against key environmental strategies – *Welsh Government’s Net Zero Strategic Plan^{xvii}* and the *NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030^{xviii}* – to address the challenge of the climate and biodiversity crisis, and to reach net zero. The UK Government’s *National Over-Prescribing Review 2021^{xix}* noted that the manufacture and distribution of medicines, and the use of some medicines, has a significant impact on greenhouse gases.

It argued that reducing unnecessary prescriptions would have a positive impact on the environment. While medication, of course, plays a vital role in the treatment of many conditions, social prescribing can help to reduce over-prescription – and this, in turn, can help reduce carbon emissions.

According to the latest State of Nature^{xx} report, Wales – along with the other UK countries and most other regions worldwide – has experienced a significant loss of biodiversity. This includes 18% of species threatened, and a fall in abundance of terrestrial and freshwater species by an average of 20% since 1994. The report acknowledges that, to make significant improvements in this trend, it will be important to not just conserve and restore biodiversity but tackle the drivers of loss (e.g. food production) and that all of society needs to be involved in these efforts.

Bringing people into connection with nature through green social prescribing can foster a greater understanding and care of the natural environment. Connection to nature has been shown to correlate with certain wellbeing, educational, pro-environmental and pro-conservation behaviours or outcomes^{xxi} and may, therefore, benefit both people and the natural environment. In our region, the *Mid-Wales Regional Investment Plan* notes:

The Wellbeing Assessments of respective counties [Powys and Ceredigion] show the value that local people place on their local environment and the crucial role it plays in their wellbeing, but that coordinated action needs to be taken now to protect the environment and mitigate the impacts on both the environment and biodiversity around us.

1.3.2. Evolution of healthcare – integrated health and social care hubs

This study also looks to the development of healthcare, delivering against Welsh Government’s *A Healthier Wales* (2018) priorities^{xxii}, and its vision for a ‘whole system approach to health and social care’ in Wales. Regionally, it looks at the delivery of the *A Healthy Caring Powys – Powys Regional Partnership Board’s Joint Area Plan 2023-2028^{xxiii}*, and the opportunity for supporting its outlined outcomes such as ‘early help and support’, ‘transforming in partnership’, ‘innovative environments’, ‘joined-up care’ and ‘workplace future’.

A key part of this plan is taking forward the development of integrated health and social care hubs, funded by the Health & Social Care Integration & Rebalancing Capital Fund – with an aspiration by Welsh Government to develop 50 such sites across Wales. These hubs are multi-purpose, providing or hosting a range of activities and services used by different people. The range of activities reflects local need, and can be delivered by local people, organisations or public agencies as an integrated way to deliver health and care services differently.

1.3.3. Informed by the Wellbeing of Future Generations Act

Underpinning and informing this work is the Wellbeing of Future Generations Act (2015)^{xxiv}, that gives us the ambition, permission and legal obligation to improve social, cultural, environmental and economic wellbeing. This study looks to deliver on all seven of the wellbeing goals, in particular a 'Healthier Wales'. Each Council has an obligation to embed the Act within their work. For Powys County Council, there is the Corporate Plan of Stronger, Fairer, Greener to deliver its ambitions^{xxv}. This study's process and recommendations looks to provide a stepping stone towards continuing and expanding on the inspiring collaborations and community led projects in Powys and surrounding area, providing a series of recommendations that would help develop a community-led outdoor health offer, that will enhance the wellbeing of both people and environment.

1.4. Local Context

1.4.1. The new Bro Ddyfi Community Hospital

The Community Hospital is based in Machynlleth, in the UNESCO Dyfi Biosphere. It was recently re-developed and opened in May 2023. Previously it was the Machynlleth Union Workhouse, built in 1860¹, then the Machynlleth Chest Hospital in 1920. An investment of £15 million in capital funding was provided by the Welsh Government^{xxvi} to enhance the hospital's physical infrastructure and enable a community-centred holistic approach to healthcare.

The Community Hospital now integrates primary care, community services, and social care, aiming to provide patients access to a range of services under one roof, eliminating the need for multiple visits to different locations. It also looks to create stronger links to the third sector and wider community by using the indoor and outdoor spaces for community gatherings, workshops, and health education programmes.

Community enhancements include the café, a sensory garden, podiatry, community dentistry, and aims to integrate complementary therapies and third sector services^{xxvii}.

1.4.2. Work in progress

Great progress has been made to date in the creation of a community hub for wellbeing. However, at the time of the study, this goal is not yet fully achieved, with systems and procedures for the community use of the indoor and outdoor spaces still being developed, some infrastructure work to bring the back of the Community Hospital up to the same standard as the front yet to be completed, and the outdoor spaces in need of maintenance and development work.

In April 2023, just before the Community Hospital re-opened, the Bro Ddyfi Patient Forum and Dyfi Valley Health Surgery staff raised concerns over the lack of public consultation regarding the community facilities at the Community Hospital, which had not happened due to the COVID-19 pandemic. They highlighted that the development of these community facilities was key for many people, particularly older people, to access health and wellbeing effectively in person rather than

¹ [The Workhouse in Machynlleth, Montgomeryshire \(workhouses.org.uk\)](https://workhouses.org.uk)

online, the online offer causing frustration and difficulty for some of the forum in finding information and help that people need.

As a result, the hospital community engagement plan is still in process, with the Patient's Forum in partnership with Community Action Machynlleth and District (CAMAD) and the Health Board working towards the creation of processes and programmes. CAMAD and Versus Arthritis held a public session in March 2024 to help older people who have difficulty accessing support online. This was also a pilot in community use of the facilities.

The Health Board's Estates department launched a survey in November 2023 that is still open, seeking feedback from the public about the re-worked buildings and campus. With the Community Hospital's 'hub' model and commitment to innovation, there are still opportunities for third sector and community organisations to be more involved and explore wider lifestyle and other preventative health interventions.

1.4.3. Opportunities offered by the UNESCO Dyfi Biosphere

The Community Hospital is at the heart of a UNESCO 'Biosphere Reserve'² – the only one in Wales. People and organisations work together under this framework in the Dyfi Valley, Tywyn and Aberystwyth. They aim to co-create sustainable futures that help the community to address global and local challenges and connect them to nature and cultural heritage, whilst strengthening local partnerships and economy.

The Partnership's draft development plan has green social prescribing and associated development of skills and livelihoods as one of the workstreams it is pursuing, recognising the multiple and interacting benefits to people and nature and the co-creation of green social prescribing programmes through Trywydd Iach | Outdoor Health Network, described below.

With the community aware of the impact of the climate crisis (Machynlleth became Wales's first town to declare a Climate Emergency in 2019), an abundance of diverse natural landscapes accessible from the Community Hospital, and within this broader framework, there is great opportunity for outdoor health activity in and around the Community Hospital, as well as ways to explore and undertake care for the natural environment together.

1.5. Trywydd Iach | Outdoor Health Network

1.5.1. Collaborative green social prescribing in the Dyfi Biosphere to date

In tandem with the timescale of planning and redevelopment of the Community Hospital in Machynlleth was the delivery of a three-year project across the Dyfi Biosphere called 'Trywydd Iach | Outdoor Health Network'^{xxviii} (hereafter 'Trywydd Iach') from 2019 to 2023. The main funders were the National Lottery Community Fund and the Welsh Government's Enabling Natural Resources and Well-being or 'ENRaW' funding stream of European money. Its precedents lay in a preceding one-year pilot, and in a previous 'Mentro Allan' project (2006-2011).

This project's work and recommendations provide the foundation for this study. Alongside a separate strand of work encouraging walking and cycling more generally, the central aim of Trywydd Iach was

² www.dyfibiosphere.wales

to improve the wellbeing of residents through providing led group activities outdoors, thereby moving this approach to prevention of ill-health nearer to mainstream health provision.

One key mechanism was to provide a single point of entry for outdoor wellbeing activities in the area for people with health needs, or for preventative health care – helping people to live healthier and happier lives.

A second mechanism was a 'cluster' approach. The core delivery partnership was between Coed Lleol/Small Woods and Ecodyfi. They worked with a Project Board of representatives from four GP surgeries in the area (including Dyfi Valley Health, now located within the new community hospital); other referral agencies included CAMAD and Borth Family Centre, Community Connectors, schools, outdoor health activity leaders, and activity sites such as RSPB Ynys-hir and the Centre for Alternate Technology (CAT).

This network collaborated to address barriers for health professionals and participants in delivering green social prescribing, by providing six different outdoor health programmes. These responded to community need, as identified in a Dyfi Valley community consultation³. Work included developing and testing a referral system where people could be referred by their GP or link worker to the project, for discussion and registration to the most appropriate activities, as well as enabling self-referrals. This system also allowed for in-depth monitoring of participants' wellbeing against recognised scales.

Activities included beginners and more advanced walking groups, woodland wellbeing groups, bump-to-buggy walks and animal-assisted therapy provided by Dyfi Donkeys. They were designed to be delivered within the framework of the NHS's Five Ways to Wellbeing. A significant number of people engaged in these demonstration programmes and the referral process, reporting notable health and wellbeing benefits. Two hundred and sixty-six individuals were engaged in one or more activities between April 2021 and June 2023 (Year 1 engaged 91 people and Year 2 engaged 228 people). 43% of participants were referred and 57% self-referred (responding to posters/advertising/social media). 85% of participants who completed the evaluation evidenced increased wellbeing following activities. 48% of participants who completed the evaluation evidenced increased physical activity.

Taking time to build partnerships, offering GPs and other partners 'taster days', and publicising activities in the surgeries via 'postcards' and on the surgery television screens were found to be effective ways to communicate with staff and the public. The development and learning from the first project year provided a model that was then trialled successfully in three other areas of Wales^{xxix}, to create three other Outdoor Health Networks in Rhondda Cynon Taf, Pembrokeshire and Gwynedd.

1.5.2. Trywydd Iach recommendations informing this study

We have chosen three key themes from Trywydd Iach to explore based on this previous project to make direct links:

1. How do we fully integrate to healthcare to make referrals mechanisms work better?
2. How can staffing work (both in terms of time and location) to ensure people are supported to attend and remove barriers?
3. Which organisations can be involved in a network of outdoor health and wellbeing activity to ensure long-term sustainability, both financially and structurally?

³ Coed Lleol/ Small Woods and Ecodyfi 2018 Community Consultation, Making a Difference.

1.6. Aims of the study

Building on the experience and recommendations emerging from the Trywydd Iach, the need expressed by the Patients Forum and staff at the Bro Ddyfi Community Hospital and the policy direction towards embedding social prescribing and green health, this study aims to:

- Engage with a wide range of stakeholders to steer and inform the study;
- Consult with the community on their needs and aspirations related to their health, the outdoors and the new Community Hospital;
- Explore if outdoor provision can be part of the integrated approach to healthcare at the Community Hospital; and
- Propose a vision of this integrated approach with a set of recommendations focused on the next five years.

This study is a stepping stone towards continuing and expanding on the existing collaborations and community led projects in this area.

2. Methodology

2.1. Study area and sample groups

Desk research was undertaken reviewing strategic documents, current research and documentation on the development of the Community Hospital.

Scoping of relevant stakeholders was carried out including statutory, third sector and community organisations involved in health, wellbeing and outdoor provision in the area.

Two focused site visits were undertaken. This was to identify and understand the indoor and outdoor areas of the Community areas of the hospital. The current and potential of these areas was assessed.

Accessible green spaces within the catchment area were mapped and assessed for suitability for health and wellbeing activities.

The community to be surveyed and area of focus for this study was defined by the catchment area of the Dyfi Valley Health GP practice. The map below from the Powys Teaching Health Board. This includes areas in South Gwynedd, North Ceredigion and North-West Powys with a total of 6,789 registered patients in 2023.

Powys Teaching Health Board Patient distribution - W96011 Iechyd Bro Dyfi/ Dyfi Valley Health

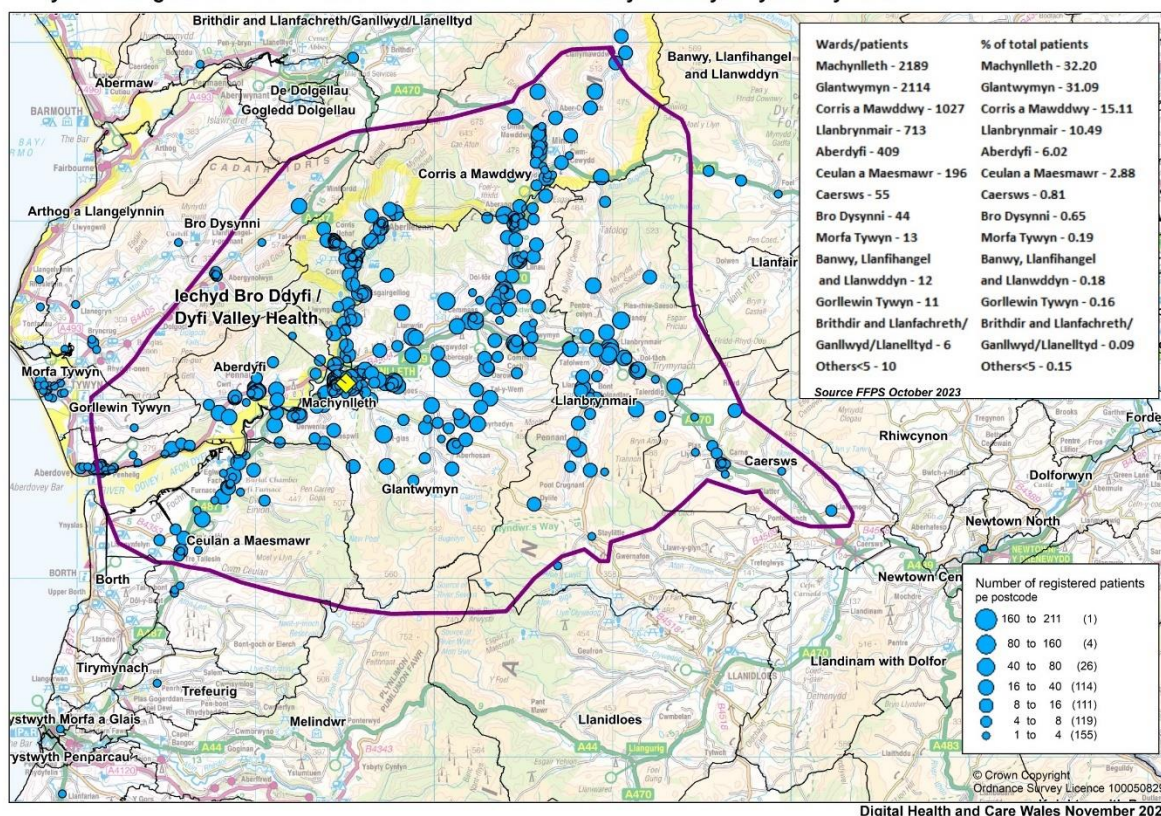


Figure 1 Catchment area of the Bro Ddyfi Community Hospital.

The groups consulted as part of this feasibility study are in Table 1.

Table 1 Summary of consultation activity for this feasibility study.

People consulted	Responses	Method	Detail
Hospital staff	31 out of 73 staff	Staff survey	An open questionnaire with responses from staff in a range of departments and job roles
Hospital staff	10	Interviews	Department representatives
Community – adults	400	Survey	Adults from all areas of the catchment area responded to the online/paper survey
Community – adults	100	Engagement events	Various community events – see Appendix D for details
Community – children and young people	45	Survey	Children and young people (up to 15 years of age) responded to the online/paper survey
Community – children and young people	30	Engagement events	Various community events – see Appendix D for details
Activity leaders	11	Focus Group	Outdoor and nature-based activity leaders

2.2. Stakeholder mapping and engagement

Key organisations and individuals were identified including staff at the Community Hospital, support services, and outdoor activity providers. The stakeholders were engaged via meetings, interviews, focus groups and / or taking part in the steering group.

Having gathered the results, a second engagement with key stakeholders was carried out to assess feasibility. Focused meetings were organised to explore the social, organisational, technological, legal and economic feasibility.

2.2.1. Steering Group

The Steering Group was set up to advise on and support the delivery of the feasibility study providing experience and expertise. The meetings were organised and facilitated by Coed Lleol/Small Woods with an agreed Terms of Reference. The full list of steering group members and their areas of expertise is available in appendix A.

The Steering Group met three times over the course of the study, with numerous additional meetings with sub-groups or individuals on particular topics. They also reviewed and input into this report.

2.2.2. Activity leader focus groups

Two focus groups were carried out with outdoor activity leaders. The study team reached out to 23 individuals and organisations providing this type of service in the area. The first focus group was carried out in person as the Bro Ddyfi Community Hospital, and the second was an online meeting to enable the maximum number of people to take part.

The first was attended by 7 individuals representing themselves and organisations. The second online focus group was attended by 3 in person with 1 inputting after the event. A total of 11 people took part in the focus group discussions. A full list of individuals and organisations taking part in the focus groups is available in Appendix B.

2.2.3. Interviews with key stakeholders

Nine semi-structured interviews were conducted with key stakeholders. These each took approximately one hour and were conducted in person where possible, or online via Teams.

Representatives from the following Community Hospital departments were interviewed:

- Occupational Therapy & Physiotherapy;
- Midwifery;
- Mental Health;
- Dentistry;
- Nursing;
- General Practice; and
- Facilities & Estates.

District nurses and health visitors were invited to interview but were not able to attend.

Key stakeholders were also interviewed:

- National Exercise Referral Scheme (NERS) Coordinator at the Leisure Centre; and
- Powys Association of Voluntary Organisations (PAVO) Bro Ddyfi Community Connector.

In addition, 26 additional meetings were conducted with key stakeholders to explore specific areas of the study and inform the feasibility analysis. These stakeholder meetings are listed in Appendix C.

2.3. Community and Hospital staff surveys

Two surveys were designed to gather opinions from members of the community: one for adults and one for children and young people up to the age of 14. Questions were intended to gauge the attitude towards nature-based and outdoor activities, the appetite for volunteering, what would help community members to engage and what barriers exist. Location, timing and cost of activity opportunities were explored. Thoughts were also gathered on the potential for developing the Community Hospital site to be able to deliver health and wellbeing opportunities.

Adult community members were asked demographic questions about gender identity, age, ethnicity, Welsh language skills, health conditions, and were asked for their full post code and the name of their general practice surgery. The children and young people's questions were a subset of those asked to the adults, without the demographic questions.

A total of 400 responses were gathered from adults in the community, with 19 people opting to complete the Welsh language version of the survey and the remaining 381 completing the English language version. With a catchment of 6,789 people, a response of 400 is above what we would want (365) to have a statistically significant result and, therefore, represents a very good sample size.

A total of 45 responses were gathered from children and young people. Two people opted to complete the Welsh language version of the online survey, 27 people completed the English language version online, and a further 16 people's responses were collected at a group meeting.

A separate survey was designed with questions pertinent to Community Hospital staff members, open to both clinical and non-clinical roles. Questions sought to identify health and wellbeing needs and how these are currently being met, the interest level in a range of activities, what barriers exist for accessing such activities, and what might be put in place at the Community Hospital to provide health and wellbeing benefits. Thirty-one responses were received, two of those preferring to complete the Welsh form, and the remaining 29 completing the English form. Details of job role, department, gender and age group were collected. There are 73 employees at the Community Hospital, so this represents a 42% response rate.

All surveys were put online via Microsoft Forms and paper versions were supplied at request, as well as copies available at the library, Y Plas and Surgery. A bilingual display was set up in the surgery waiting room, with the survey also promoted on the Community Hospital television screens. Bilingual posters were put up in key locations throughout the catchment area of the study, inviting people to take part in the survey and have their say. As an encouragement to complete any of the three surveys (as appropriate), there was a prize draw offering a woodland experience with the Dyfi Donkeys.

To engage as widely as possible, different methods of involving the community and staff were delivered between November 2023 and January 2024. In addition to an online campaign via local newspaper coverage, newsletters, websites and social media, 19 engagement events were held (see Appendix D). The events ranged in locations and nature, with a focus in reaching as wide a range of different people from different demographics as possible within the time available. Many included a nature-based activity as part of the engagement. 16 of these events were targeting groups within the local community, engaging 330 people and 3 were targeting staff engaging 48 people.

2.4. Community and Hospital staff taster sessions

Six of the 19 engagement events for the surveys allowed for informal trialling of outdoor and indoor nature-based health taster sessions with different community groups in different locations, to explore how they could work in the future. These included:

- Making wood-fired pizza with Ieuenctid Mach Youth Club at Canolfan Owain Glyndŵr (30 young people);
- Willow bird feeders in the community room with visiting mental health patients in the Hafan y Berllan Adult Mental Health Unit at the Community Hospital (5);
- Wreath making Christmas Staff wellbeing event with the nurses and domestic staff on Twymyn Ward at the Community Hospital (20);
- Basket making with the local Women's Group at the Community Action Machynlleth and District (CAMAD) community rooms (10);
- Tree planning and forest art with the Taliesin Community at Coed Taliesin Woodland Wellbeing Hub (45); and
- Apple bird feeders with the National Exercise Referral Scheme groups at the Leisure Centre (20).

2.5. Scope of the study

This study was undertaken over a seven-month period from initiation, engagement, research to final report. Every effort has been made to engage with a wide range of stakeholders, represent their views fairly and bring together a set of practical recommendations, in collaboration with the project Steering Group. However, due to the timescale and availability, some views and delivery options may not be represented in this study. Should any errors or omissions be found, please contact the authors of this report.

The organisations undertaking this study, Coed Lleol / Small Woods and Ecodyfi, are directly involved in outdoor health and community development in the study area. This places them in an ideal position to understand the context and make the most of local contacts and networks. However, this also presents a potential conflict of interest; to mitigate this the methodology, delivery and the content of the report were presented to and reviewed by the Steering Group.

2.6. Acknowledgements

The team would like to thank every member of the Steering Group for sharing their knowledge and expertise to direct this study; the community members who took the time to engage in events, taster sessions and the survey to share their feedback, needs and ideas; the staff at the Bro Ddyfi Community Hospital for engaging enthusiastically with the interviews, taster sessions and survey; and the activity providers who gave their time to attend the focus groups.

3. Results

Analysis of the study area and the perspectives of stakeholders via the above methods revealed a set of distinctive themes.

First, the existing Community Hospital site was analysed, in terms of current and historical layout and use, the recent redevelopment project and what improvements could be made to provide outdoor health and wellbeing opportunities.

The wider area was then considered, in terms of what provision there is currently for wellbeing activities, and views of stakeholders on travel distances and accessibility of sites.

Then wellbeing needs were considered, from a range of perspectives: community members; patients; staff; and activity leaders. In order to meet these needs, provision of outdoor health opportunities was reviewed, with surveys and interviews revealing what outdoor and nature-based activities were most popular among stakeholders.

The next discussion point was whether outdoor health activities should be available on prescription. Views were gathered from stakeholders and the supporting literature on the topic was reviewed.

Finally, is the theme of collaboration. This considers how a joined-up delivery approach might be taken, reducing competition between suppliers and creating a network of provision administered by a central coordinator.

Each theme is discussed in a section below and draws on information gathered through the methods outlined in Section 2: Methodology, including perspectives from community members, hospital staff, activity leaders and other stakeholders.

3.1. The Community Hospital site and local area analysis

The newly opened Community Hospital remodelled the buildings to create a multi-purpose integrated health and social care hub. This section focuses on the outdoor spaces at the hospital, what is already in place, the challenges and the potential to develop these spaces for the wellbeing of staff, patients and the wider community. The indoor provision that could be available for third sector and community use, and how these spaces link with the outdoors are also explored.



Figure 2 Entrance to the Bro Ddyfi Community Hospital. Source PTHB.

3.1.1. Outdoor spaces at the Community Hospital

Encircling the Community Hospital are hedges, trees, shrubs and grassy areas. Surveys carried out between 2017 and 2020 identified common pipistrelle bat (*Pipistrellus pipistrellus*) roosts, House Martin (*Delichon urbicum*) colonies, starling (*Sturnus vulgaris*) nests, waxcap fungi, and habitats for amphibians, reptiles and hedgehog (*Erinaceus europaeus*)^{xxxi}.

During the development some of the areas were disturbed, with some trees, shrubs and grassland areas removed or relocated. Mitigation plans to support existing and potential biodiversity were put in place and have been integrated into the long-term management of the site. How to implement these plans with ongoing cuts to the associated budgets is an ongoing challenge for the hospital staff.

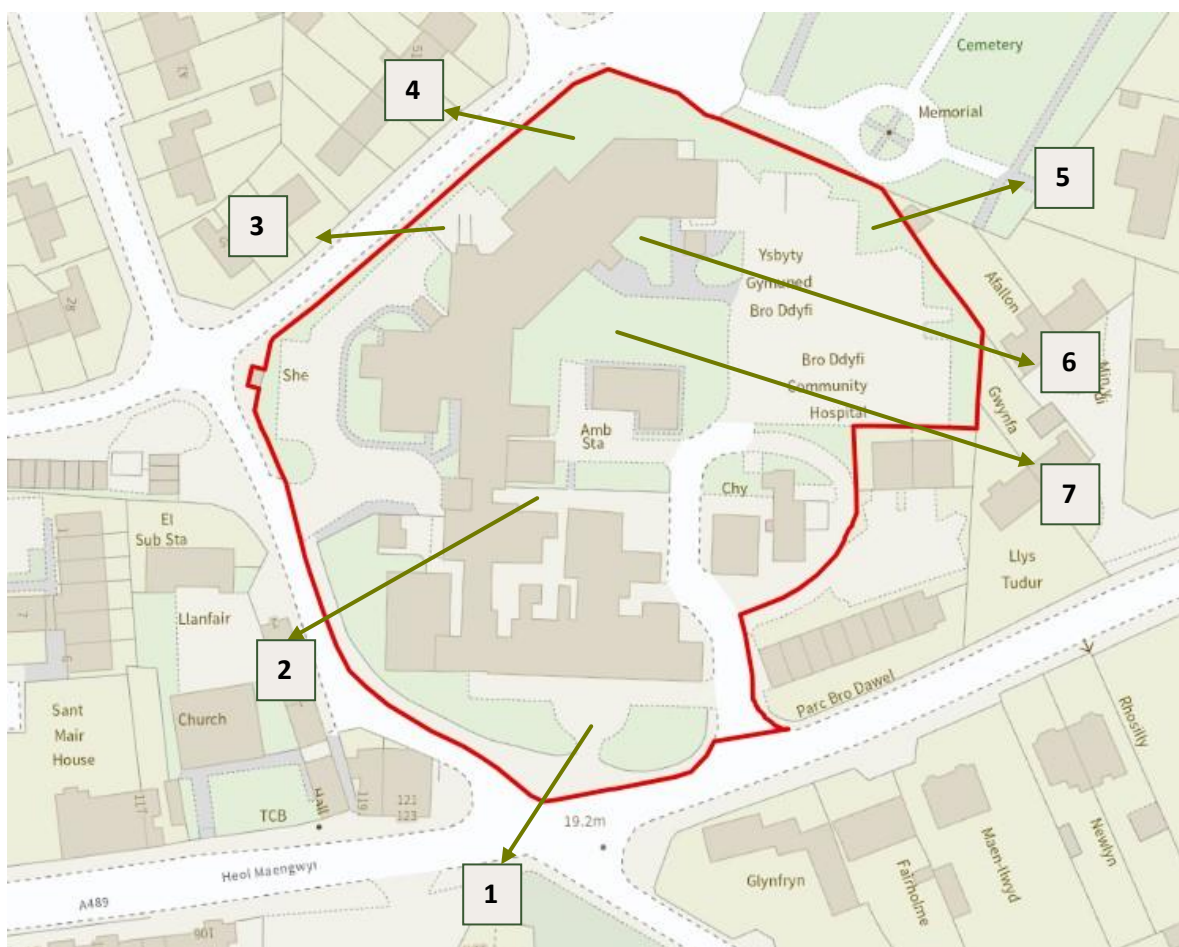


Figure 3 Annotated map of the building layout and grounds of the Bro Ddyfi Community Hospital. Source PTHB GIS site map, 2024.

Area 1

This area is at the front of the Community Hospital and is the public facing outdoor space. During the development Wild Cherry, Magnolia, Cypress, Holly and Sycamore trees⁴ were felled to make way for drainage works and new entrance for the new developments. This caused public backlash from community members, who were not made aware of the plans to fell the highly valued trees^{xxx}. Tree and hedgerow planting has taken place.

Challenges and opportunities

There was a loss of trust with the community when the trees were removed without sufficient public engagement; whilst relandscaping and planting of the area has taken place, further involvement of key groups would be an opportunity to rebuild that trust and co-create the public facing gardens. This area could be a focus for outreach and dissemination of the new focus of the hospital as a 'hub' that offers much more to the community.



Figure 4 Front (left) and side (right) views of Area 1, at the front of the Community Hospital.

Area 2

At the centre of the Community Hospital a 'sensory garden' has been created. This garden, connected to the hospital waiting room, was designed by Stride Treglown^{xxxi} to be a relaxing space for patients and staff. There are beds with young fruit trees and groundcover herbs.

Challenges and opportunities

The hospital staff have identified a lack of capacity to maintain and develop the sensory garden; they would welcome third sector and/or volunteers to support the maintenance and enhance the garden. The hospital redevelopment plans for biodiversity suggest a 'bug hotel' in this area, to provide nesting habitat for invertebrates^{xxxxi}. This could be a project for volunteers and/or group activities. Another suggestion from hospital staff is to create interpretation and signage that interfaces nature and health and wellbeing information, this could be part of a collaborative funded project.

⁴ [Bro Ddyfi Community Hospital Tree Protection Plan 2020](#)



Figure 5 Front (left) and side (right) views of Area 2, the sensory garden.

Area 3

This is a paved garden space that historically has been used by patients on the ward, there is a greenhouse and a tap giving outdoor access to water. It is accessed from the Twymyn Ward for long-term patients and palliative care. There is also access from the patient day room that is currently being re-developed. The garden is currently in a state of disrepair, with uneven paving.

Challenges and opportunities

The state of disrepair of this area has meant that patients are no longer able to access this area. One of the outdoor interventions that would make the biggest difference to patients on the ward would be to redevelop this area into an accessible, secure, dementia friendly garden. This is an opportunity for third-sector collaboration, volunteer involvement and jointly seeking funding to develop this garden and provide ongoing maintenance and activities for patients.



Figure 6 View of Area 3, towards the entrance next to the Twymyn Ward (left) and into the garden from the side entrance (right).

Area 4

The area behind the Twymyn Ward is currently overgrown with shrubs and is inaccessible in its current condition. In the original redevelopment plans for the ward building, recovery and palliative care suites were to be fitted with bi-fold doors to give access to this outdoor space^{xxvii}. Funding reviews and tight budgets have put a question mark on whether there are the funds available to do this. Only one of the palliative suites has an outdoor space, a small patio area that has recently been planted up with flowers by the partner of one of the patients.

Challenges and opportunities

This area is very overgrown and would need a considerable amount of work to develop. In addition, plans are reliant on capital funds to make the necessary access for the patient suites. Further development plans need to await funding decisions. However, these plans should be highlighted as important due to the potential wellbeing benefits for patients. Maintenance and development of these areas would be another opportunity to involve volunteers and potentially the families and friends of the patients on the ward.



Figure 7 View of Area 4, alongside the Twymyn Ward (left) and the palliative care suite patio (right).

Area 5

This is a corner of the hospital carpark dominated by a mature beech tree, with some smaller trees including two hornbeams. Bat roosts have been placed on the beech tree.

Challenges and opportunities

This area is in an awkward position for access but does offer the opportunity for biodiversity and habitat improvements that links with other green areas on site. This area would suite minimal ongoing intervention, as a set aside 'wild' space. A potential addition would be to create a pond to enhance the range of habitats on site.



Figure 8 Beech tree with bat roosts.

Area 6

This is a grassy area kept to lawn with Horse Chestnut and Birch trees. It is adjacent to the Twymyn Ward with access to the conservatory where staff have meetings and the staff kitchen. The conservatory needs repair. The staff sometimes come out and sit on a bench at the edge of this garden.

Challenges and opportunities

With its proximity to a staff meeting space and a kitchen there is the opportunity to create an outdoor space for staff to recharge. The main addition that would be needed is to build a fence and/or hedge along the perimeter of this area. As the conservatory is in need of repair, an improvement would be to move the entrance to point into the garden area, creating a light indoor – outdoor space. Adding plants to the interior of the conservatory would further enhance the feeling of being in nature.



Figure 9 View of Area 6 and the conservatory from the front (left) and side (right).

Area 7

This is a grassy area kept to lawn with European Larch, Whitebeam, Birch and Goat Willow. There is a landscaped hillock that wraps around the ambulance station.

Challenges and opportunities

Although this is one of the larger green spaces on the grounds, due to the uneven terrain it would be difficult to access for anyone with mobility needs. Modifying the terrain would mean the removal of more mature trees and that would not be recommended. This is a space that would suit enhancing biodiversity and increasing the variety in habitats. There could be the addition of benches and interpretation signage for interest and enjoyment of the central green space at the hospital. This could be an area where volunteers could learn about and help with enhancing biodiversity. Some activities could be delivered in this space, for those who do not have accessibility needs.



3.1.2. Indoor spaces at the Community Hospital

The redevelopment of the buildings aimed to create a space that enables wider third sector involvement and community engagement to offer community health and education offers alongside clinical care. The indoor spaces at the hospital create a link with the community, natural environment and health with engaging murals.



Figure 10 Example of one of the murals at the Community Hospital by Gemma Green-Hope and Di Ford.

The most prominent community space is the new Café that provides a welcome and friendly environment within the hospital. The café is open to staff, patients, visitors, and the local community to enjoy. Access to this space for staff has been noted to have helped surgery staff with their wellbeing and productivity. However, some staff have indicated that they prefer not to take breaks here if they have their uniforms on, as they are often approached by members of the public.

Challenges and opportunities

The café on site is a welcome bonus for patients and anyone visiting the hospital. Having a café with refreshments on site is useful for activity leaders, whether leading sessions inside or outside. It means they do not need to bring in refreshments.



When the building was designed, it intentionally integrated rooms that could be booked and used by the community, other organisations and for groups, therapy or fitness.

- A 20-seat board room/meeting room.
- 3 therapy rooms; used part time to deliver services such as speech and language therapy.
- 2 group rooms; one utilised by Health Visitors and Paediatric Physiotherapy, the other for Women and Childrens Services.
- One small interview room.



The hospital plans with the different areas are available in Appendix E.

Although these spaces are intended to and have the potential to be booked out of hours and when not in use by staff. The main barriers are concerns over security, access and staffing to facilitate their use. These barriers are being investigated by Powys Teaching Health Board.

Challenges and opportunities

The indoor spaces are an integral part of the hospital fulfilling the intended function of a 'hub'. Once the barriers to their use have been resolved, these spaces could be useful multifunctional spaces for community/charitable or third sector groups.

3.1.3. Green space near the Community Hospital

Machynlleth is situated in a valley surrounded by wooded hills, with the river Dyfi running nearby. The Bro Ddyfi Leisure Centre⁵ has a swimming pool, gym and sports facilities and offers the National Exercise on Referral Scheme (NERS) sessions. Y Plas "the Mansion" sits in accessible gardens with a children's play park and café, with plenty of flat accessible spaces to explore. Nearby is the Bro Ddyfi Community Gardens⁶ that provides a therapeutic community wildlife garden for all people in the Bro Ddyfi area, especially those at risk of social exclusion. Mach Maethlon (Edible Mach) is a community-led project that grows edible crops with 14 sites around Machynlleth⁷.

In all directions around Machynlleth are many walking routes for different abilities. In 2023 Coed Lleol/Small Woods collaborated with Rural Health and Care Wales to co-produce a leaflet of three wellbeing walks starting and ending at the Community Hospital. These leaflets have been available at the Community Hospital and Y Plas receptions. See Appendix F.

3.1.4. Cross-border opportunities and the UNESCO Dyfi Biosphere

The Dyfi valley is the historic meeting place of North and South Wales. The widespread community that has Machynlleth as its main service centre operates flexibly across County, Health Board and other boundaries. This can sometimes be a constraint but is also an opportunity for service providers to match this flexibility, sometimes by working at larger scale.

The Dyfi Biosphere is rich in habitats from the estuary salt marshes, ancient woodland, conifer plantation, lakes, grazed upland and nearby mountains. With this varied and wild habitat, there is an abundance of exciting flora and fauna. Nature reserves that offer the opportunity to engage with the landscape include Ynys-Hir RSPB reserve⁸, the Montgomeryshire Wildlife Trust's Cors Dyfi Nature Reserve⁹ home to the Dyfi Osprey Project¹⁰ and Glaslyn Nature Reserve¹¹, the Dyfi National Nature Reserve¹² with Cors Fachno¹³ (Borth Bog) and the Ynyslas Visitor Centre¹⁴. Natural Resources Wales

⁵ [Bro Ddyfi Leisure Centre | Freedom Leisure \(freedom-leisure.co.uk\)](https://freedom-leisure.co.uk)

⁶ [Gerddi Bro Ddyfi Gardens - provides and promotes a therapeutic community wildlife garden for all people in the Bro Ddyfi area.](#)

⁷ [Map of Mach Maethlon Edible Sites](#)

⁸ [Ynys-Hir Nature Reserve, Powys \(rspb.org.uk\)](https://rspb.org.uk)

⁹ [Cors Dyfi | Montgomeryshire Wildlife Trust \(montwt.co.uk\)](https://montwt.co.uk)

¹⁰ [Dyfi Osprey Project](#)

¹¹ [Glaslyn | Montgomeryshire Wildlife Trust \(montwt.co.uk\)](https://montwt.co.uk)

¹² [Natural Resources Wales / Dyfi National Nature Reserve - Ynyslas Visitor Centre, near Aberystwyth](#)

¹³ [Natural Resources Wales / Dyfi National Nature Reserve - Cors Fachno, near Aberystwyth](#)

¹⁴ [Natural Resources Wales / Dyfi National Nature Reserve - Ynyslas Visitor Centre, near Aberystwyth](#)

has several woodland sites that can be accessed for walks and recreation, including Tan y Coed¹⁵ and Gogerddan Wood¹⁶.

There are a range of well-maintained walking routes in and around the Dyfi Biosphere area, including parts of the Wales Coastal Path¹⁷ and Glyndŵr's Way¹⁸. Walking routes in the Dyfi Biosphere, connected by bus and rail, were explored during the Trywydd Iach project and are available on the Dyfi Biosphere website¹⁹.

There are several organisations in the area that offer outdoor experiences, volunteering, and courses. These include the Centre for Alternative Technology, though recently closing its visitor centre, still offers courses, volunteering, and a woodland²⁰ with a woodworking workshop and fire circle. Coetir Anian/Cambrian Wildwood²¹ near Machynlleth leases 350 acres from the Woodland Trust with open access, volunteering, school visits, youth camps and nature experiences.

Coed Lleol/Small Woods runs activities for health and wellbeing on many of the local sites²², and recently collaboratively developed two Woodland Hub sites for health and wellbeing programmes.

Coed Taliesin Woodland Hub

Located on the edge of Taliesin village, this 4-acre woodland is a plantation on an ancient woodland site (PAWS). The woodland is characterised by large ponderosa pine with a dense broadleaf understorey. This woodland has been developed in partnership with the woodland owner and it has been used for many years for health and wellbeing and community woodland management activities. This is one of Coed Lleol's Woodland Hub sites, with an open round wood shelter, accessible composting toilet and fire circle built in 2023.

This site is appropriate for:

- Groups of up to 20;
- Activities such as mindfulness, green woodworking, nature crafts;
- Getting involved in the management of the woodland; and
- Campfire and cooking.

¹⁵ [Natural Resources Wales / Dyfi Forest - Tan y Coed, near Machynlleth](#)

¹⁶ [Natural Resources Wales / Gogerddan Wood, near Aberystwyth](#)

¹⁷ [The Ceredigion Coast Path - Discover Ceredigion](#)

¹⁸ [Glyndŵr's Way - National Trails](#)

¹⁹ [Walking | dyfibiosphere](#)

²⁰ [Sustainable Woodland Management - Centre for Alternative Technology \(cat.org.uk\)](#)

²¹ [Cambrian Wildwood: Cambrian Wildwood](#)

²² [Woodlands for Wellbeing \(smallwoods.org.uk\)](#)



Figure 11 Photos of Coed Taliesin Woodland Hub and the roundhouse.

Gwersyllt y Bryniau Woodland Hub

This unique site, owned by Montgomeryshire Scouts has a large open timber structure, a 4-acre level field for camping and activities, a mature woodland, stream and waterfall. This is one of the sites Coed Lleol/Small Woods supported to become a Woodland Hub and there is an ongoing agreement for at least 5 years for health and wellbeing activities to be hosted here.

This site is appropriate for:

- Groups of up to 80;
- Activities such as mindfulness, green woodworking, nature crafts;
- Overnight activities with camping and basic facilities; and
- Campfire and cooking.



Figure 12 *Gwersyllt y Bryniau Woodland Hub shelter and woodland walks.*

3.1.5. Transport links

The local area has train and bus services linking the villages. The main sites mentioned in the section above are mostly accessible by public transport, the bus routes linking the areas. However, the timetables are limited and can be a barrier to access.

Transport for Wales rail services connect to bus routes at Tywyn, Aberdyfi, Penhelig, Dyfi Junction, Borth, Bow Street and Aberystwyth as well as Machynlleth²³. The Dolgellau-Machynlleth-Aberystwyth route is well served by buses, and there are reasonable services between Machynlleth and Llanbrynmair and Machynlleth-Tywyn²⁴. The one stop shop for public transport information is Traveline Cymru²⁵.

The Fflecsi bus service²⁶ has just been launched in the Dyfi Valley. This is a service that is booked via an app or by phone, changing its route to adapt to passenger requests, but has to be booked in advance. This is particularly useful for people living in rural areas that are not well serviced by the main bus or rail routes in the area. There are taxi services in Machynlleth and Aberystwyth, that have been helpful in the past in assisting participants access the Coed Lleol woodland sessions.

²³ Transport for Wales <https://tfw.wales/places>

²⁴ Lloyds Coaches <https://lloydscoaches.com/bus-timetables/>

²⁵ Travel Line Cymru <https://www.traveline.cymru>

²⁶ Transport for Wales Fflecsi Bus <https://tfw.wales/fflecsi>

3.2. Community perspectives

3.2.1. Demographics

Adult community members were asked demographic questions about gender identity, age, ethnicity, Welsh language skills, health conditions, and were asked for their full post code. Responses are summarised and represented graphically, below.

- Responses were skewed towards females; 72% identified as female, 23% as male, 2% as non-binary, <1% in another way, and 3% preferred not to say (n=389; Figure 13).
- Responses were normally distributed through the age categories (n=391; Figure 14).
- 94% of respondents identified as white (four sub-categories), 0.5% as black, 0.3% as Asian, 0.3% as Middle Eastern, 1.8% as mixed or multiple ethnic groups, and 2.8% preferred not to say (n=390; Figure 15).
- Just under a quarter of respondents said they were bilingual (23%), 37% identified as Welsh learners, with the largest group only by a small margin was those who only spoke English (40%) (n=395; Figure 16). Sixty percent, therefore, reported some Welsh language skills.
- Twelve categories of health condition were reported. Those with the greatest number of positive responses were *depression and/or anxiety* (43%), followed by *mobility issues and/or joint pain* (33%), arthritis/osteoporosis (24%), high blood pressure (17%), obesity (14%) (n=364; Figure 17). A further 15% said they had 'other disease'. Responses indicating depression and/or anxiety were not restricted to one gender and could be found across six age categories, from 30 to 89 years of age. This is also true of those indicating mobility issues and/or joint pain.
- Most respondents lived in a rural area (62% in E2 – Rural: Village in a Sparse Setting; 37% in D2 – Rural, Town and Fringe; and 1% in C2 – Urban, City and Town in a Sparse Setting) (n=353; Table 2).
- Respondents lived in areas of low deprivation, according to the Welsh Index of Multiple Deprivation (85% of post codes fell into the 5th, 6th and 7th deciles) (n=353; Figure 18). This is reflective of Machynlleth and the surrounding areas.

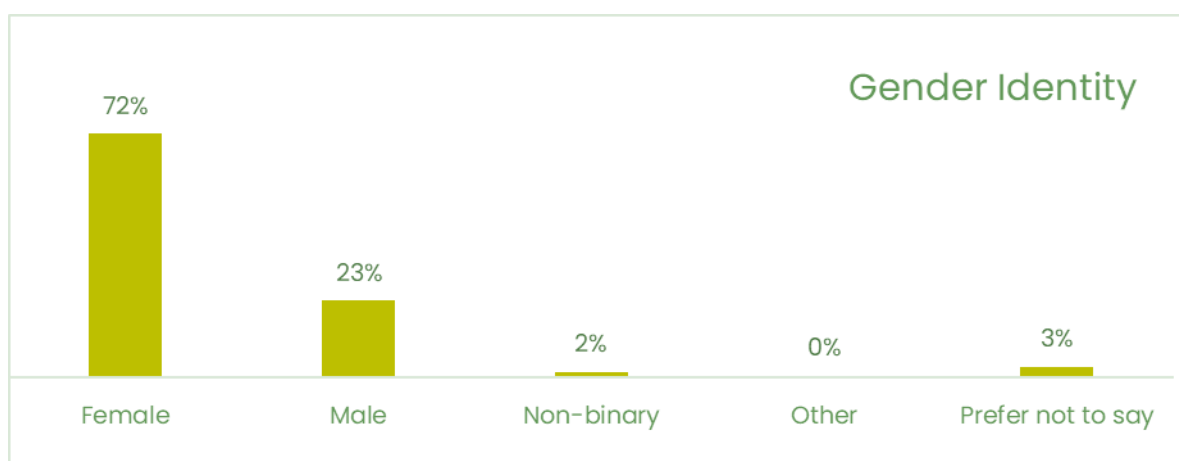


Figure 13 Responses to the adult community survey about gender identity (n=389).

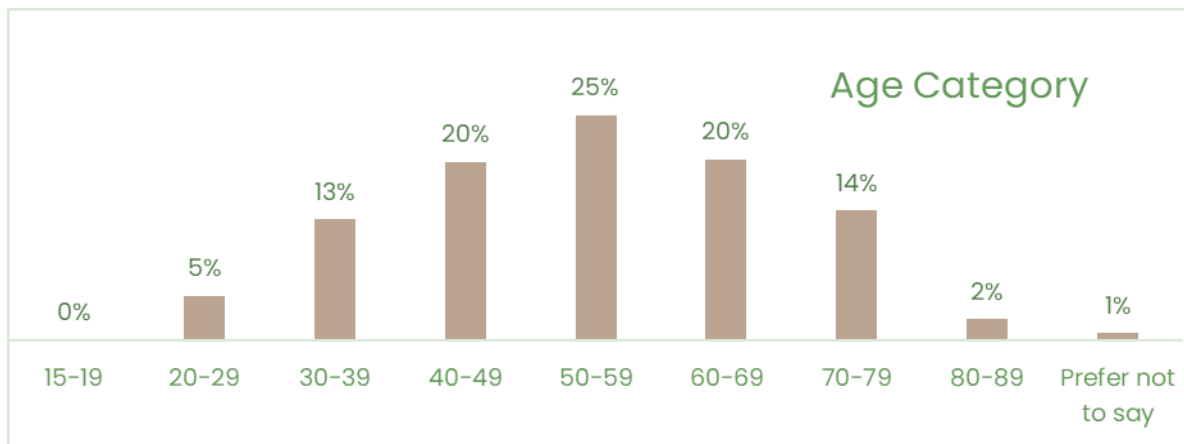


Figure 14 Responses to the adult community survey about age (n=391).

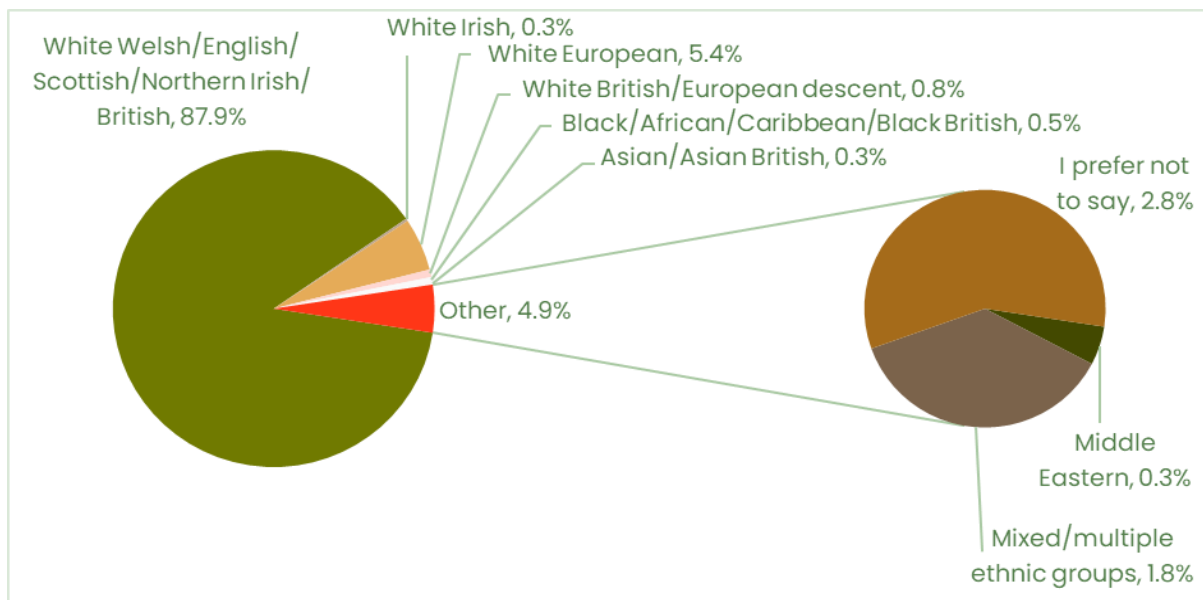


Figure 15 Responses to the adult community survey about ethnic group (n=390).

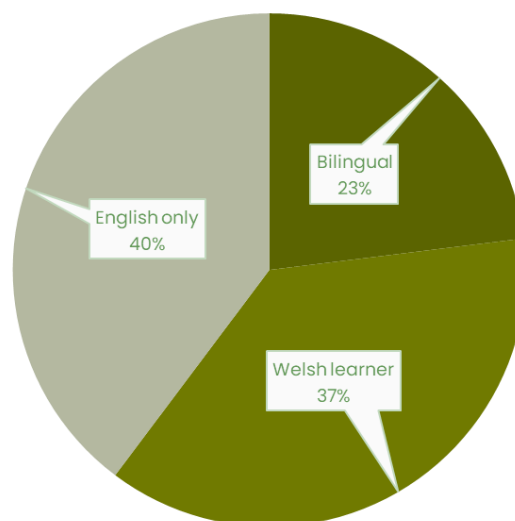


Figure 16 Responses to the adult community survey about the Welsh language (n=395).

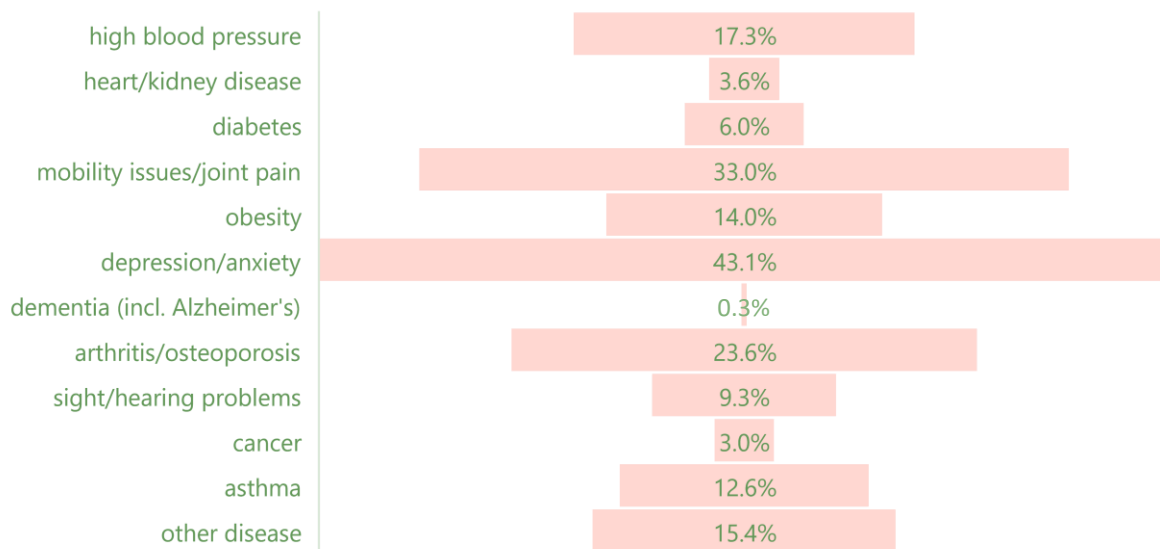


Figure 17 Responses to the adult community survey about health conditions (n=364).

Table 2 Respondents' home addresses fell into the E2 Rural (62%), D2 Rural (37%) and C2 Urban (1%) categories for rural-urban classification (n=353).

Rural-Urban Classification	
C1 - Urban: City and Town	0%
C2 - Urban: City and Town in a Sparse Setting	1%
D1 - Rural: Town and Fringe	0%
D2 - Rural: Town and Fringe in a Sparse Setting	37%
E1 - Rural: Village	0%
E2 - Rural: Village in a Sparse Setting	62%

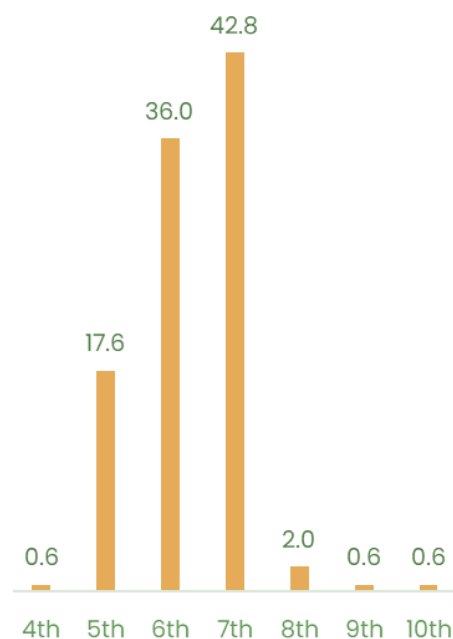


Figure 18 Respondents' home addresses mainly fell between the 5th and 7th deciles of the Welsh Index of Multiple Deprivation (n=353).

3.2.2. Nature-based and outdoor activity preferences

When asked if they thought that nature-based and other outdoor activities could improve their health and wellbeing, 98% of community adults (n=399) and 96% of children and young people (n=45) said 'yes' (Figure 19).

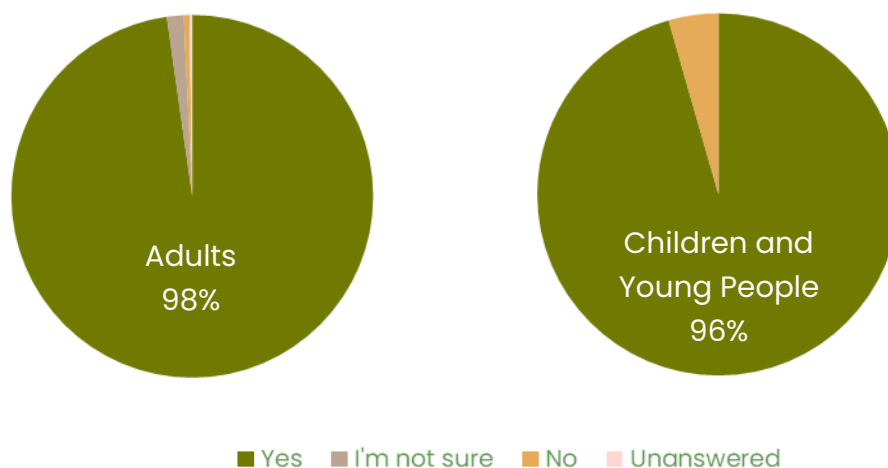


Figure 19 Do you think nature-based and other outdoor activities can improve your health and wellbeing? Both community groups had a majority voting 'yes'.

3.2.2.1. Which group activities did the community prefer?

Responders to the community surveys were asked which of a list of group activities they would be interested in taking part in, if these were offered to them to support their health and wellbeing. They could answer 'yes' or 'no' to as many as they wished.

There were no activities that everyone disliked (Figure 20). In both the community adult and the children and young people's survey results, all of the suggestions received a 'yes' from at least 22% of respondents.

Eight of the activities received 'yes' from at least 60% of adults (n=400), with the highest number given to 'woodland skills activities' and 'accessible walking/movement' (66% each). In the children and young people's survey, the most popular activities had a higher proportion of yes responses. The top three activities received 'yes' from 87%, 84% and 82% of respondents (n=45). These were for 'spending time with animals', 'woodland skills activities' and 'outdoor cooking and foraging', respectively.

When adults' and children and young people's scores were combined, the top activities were 'woodland skills activities' (68%), 'outdoor cooking and foraging' (67%), and 'outdoor arts and crafts' and 'accessible walking/movement' (66% each).

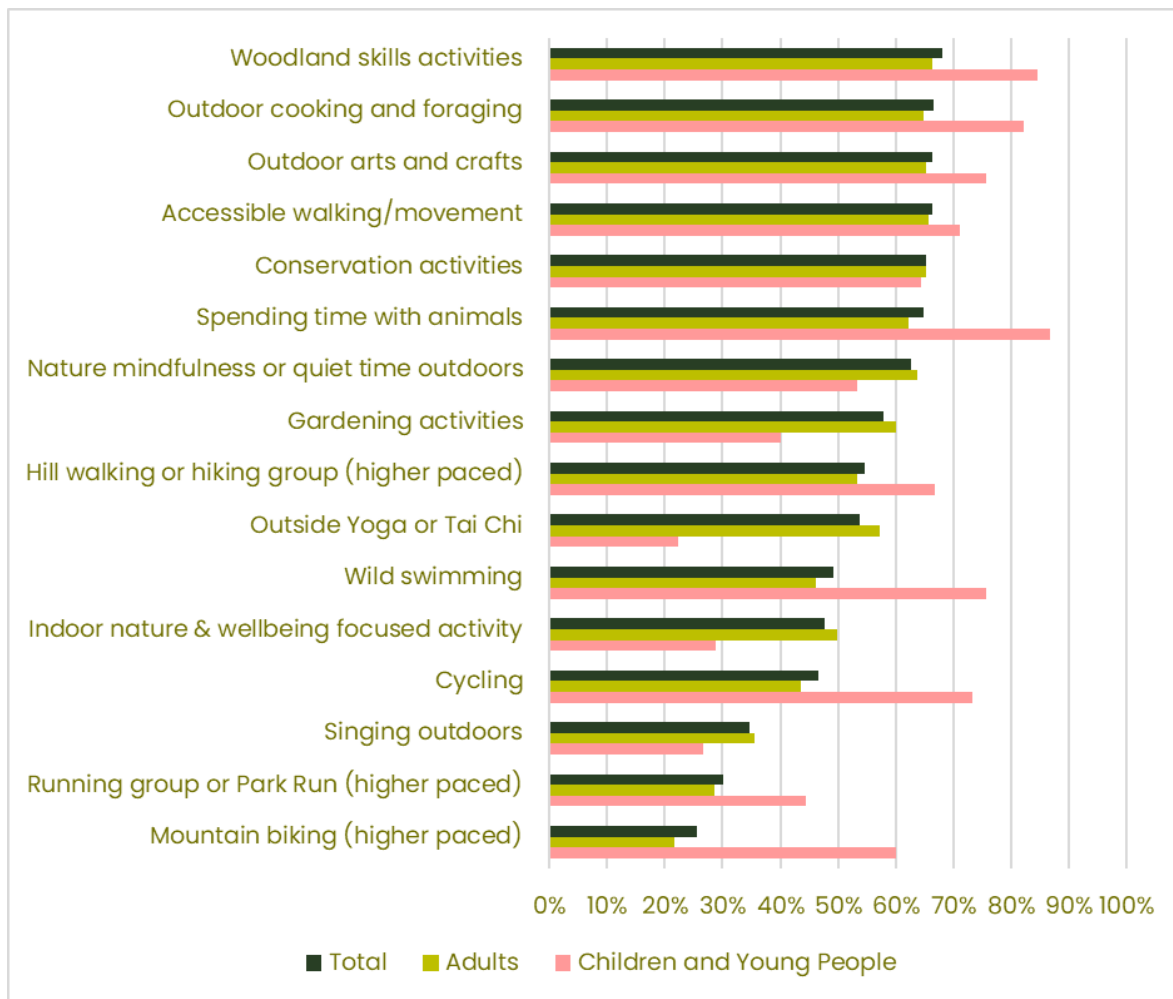


Figure 20 Would you be interested in taking part in the following group activities if they were offered to you to support your health and wellbeing? Ranked by total number of 'yes' responses.

Both groups had suggestions of their own to offer for group activities. The children and young people mentioned biking, birdwatching, catching bugs, climbing trees, football, pet therapy and other interactions with animals, and activities in the sea, including swimming.

There were 116 responses from adults, so these have been made into a word cloud (Figure 21). The most popular activity mentioned was birdwatching, mentioned by ten people, and many suggestions featured walking, e.g. dog-walking, Nordic walking, guided walks. Many people stated that they would be keen to do something created with certain participants in mind, rather than a specific activity; disabled people, families, babies, autistic adults, children, those of limited mobility, older people, work teams, and those with dogs were all mentioned.

The two receiving the most 'yes' responses were 'a website with all the activities listed in the area' (82%), followed by 'a taster session to see if I like it' (76%) (Figure 23).

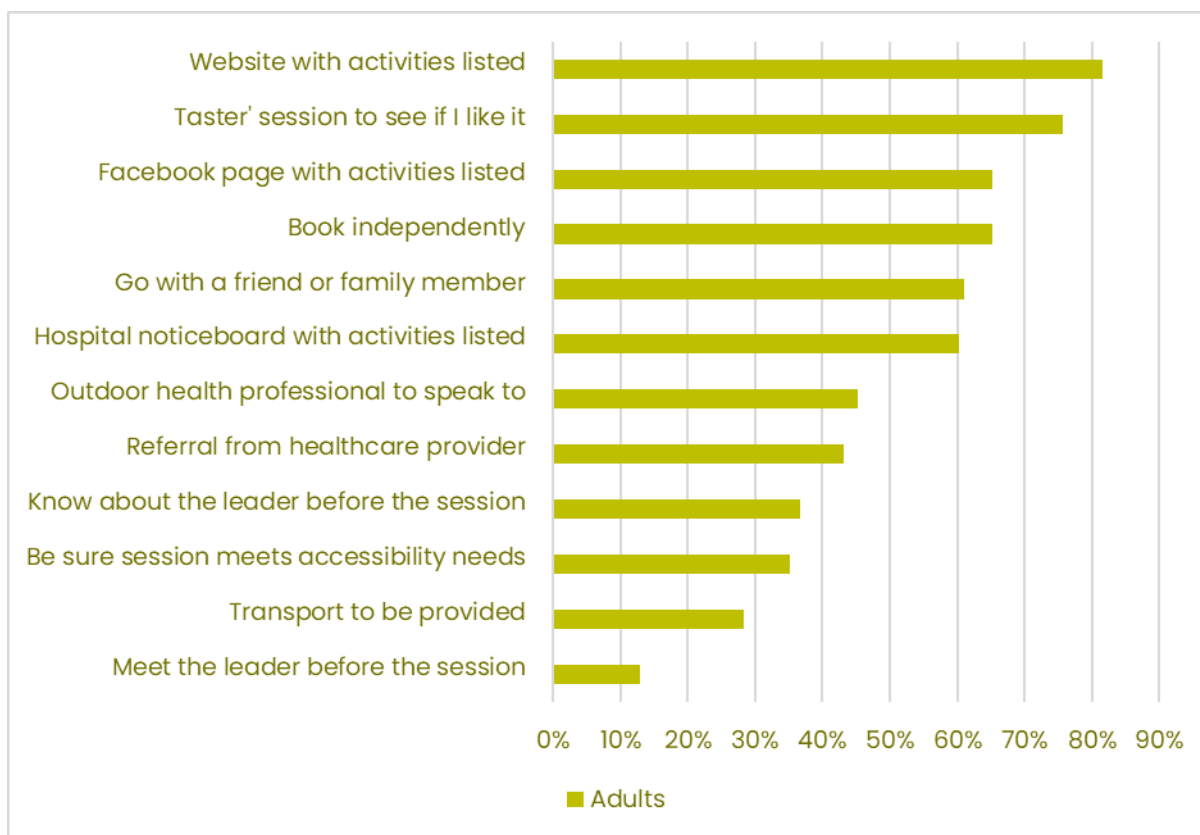


Figure 23 What would help you to join outdoor activities for health and wellbeing?

Other suggestions from adults included a chat group or social media, e.g. WhatsApp or Instagram, regular meeting places, clear descriptions and gradings (e.g. easy-moderate-hard) of activities to allow people to ascertain how accessible it might be to them, and sessions to which people could bring a friend/family member/their dog along with them.

3.2.5. Prescribing activities for health and wellbeing

When asked whether they would like healthcare staff at the Bro Ddyfi Community Hospital to be able to prescribe outdoor activities for health and wellbeing, alongside clinical prescriptions, 80% of adults in the community responded 'yes', 3% responded 'no' and 15% responded 'maybe'. The remaining 2% either did not answer this question or reported that it was not relevant to them. Asked the same question, 82% of children and young people responded 'yes', 2% responded 'no' and 11% responded 'maybe'. Again, 2% did not answer this question.

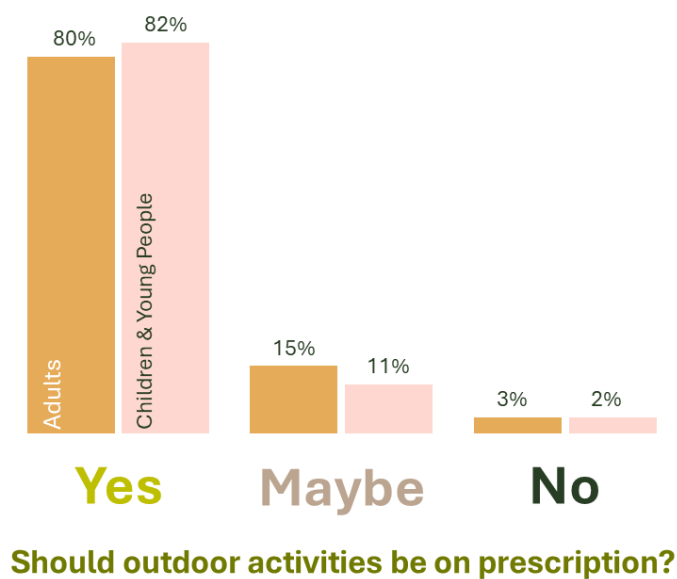


Figure 24 Would you like healthcare staff at the Bro Ddyfi Community Hospital to be able to 'prescribe' outdoor activities for health and wellbeing alongside clinical prescriptions? The majority of community members said 'yes'.

3.2.6. Barriers to taking part

Community members were asked via the survey, 'would there be any barriers to you taking part in outdoor activities for health and wellbeing?' They could answer 'yes' or 'no' to as many as they wished.

The highest number of 'yes' responses from adults were given to 'not enough time with work commitments' (50% of respondents), followed by 'hard to find out what is available and appropriate to me' (49% of respondents). For children and young people, the greatest barrier was 'bad weather' (53% of respondents).

Interestingly, for adults, the lowest priority was 'lack of outdoor clothing or walking shoes' (only 8% of respondents said 'yes'). Given the rural and semi-rural nature of the area, this suggests that the community is well adapted to outdoor conditions.

A lack of own transport was agreed to be a barrier to nearly a quarter of all respondents (20% of adults and 40% of children and young people) and the lack of public transport affected 37% of respondents, with both groups responding similarly.



Figure 25 Would there be any barriers to you taking part in outdoor activities for health and wellbeing?

Another barrier mentioned by respondents was cost, for example, for fuel to travel to activities or in purchasing equipment to partake in activities, e.g. bicycle.

Suggestions for what might overcome these barriers included transport (e.g. public transport, a link bus, lift-shares, car-pooling, mentioned by 15 people), detailed information on the session, activities at different times of the week, a buddying/befriending service, and options for bringing dependents with them. A note at the end of the survey suggested that some women's only and men's only activities might be provided.

3.2.7. Locations, times and costs

Adults in the community were asked about their choice of location for being offered health and wellbeing opportunities. They could agree or disagree with as many as they wished. The most popular option was 'an accessible outdoor green space in Machynlleth' (87% of respondents), followed by 'an accessible outdoor green space within 3 miles of Machynlleth' (77% of respondents) and 'Bro Ddyfi Leisure Centre' (75% of respondents; Figure 26).

Other locations suggested included other towns and villages in the region, including Aberdyfi, Aberystwyth, Borth, Clywedog, Dolgellau, Glaslyn, Llanbrynmair, Llanidloes, Newtown, Tywyn and Welshpool.

Other venues listed included CAT, Dyfi Osprey Centre, Dyfi Bike Park, Machynlleth bowling club, MOMA Tabernacle, Owain Glyndŵr Centre, village halls, the library, and the Taliesin woodland hub.

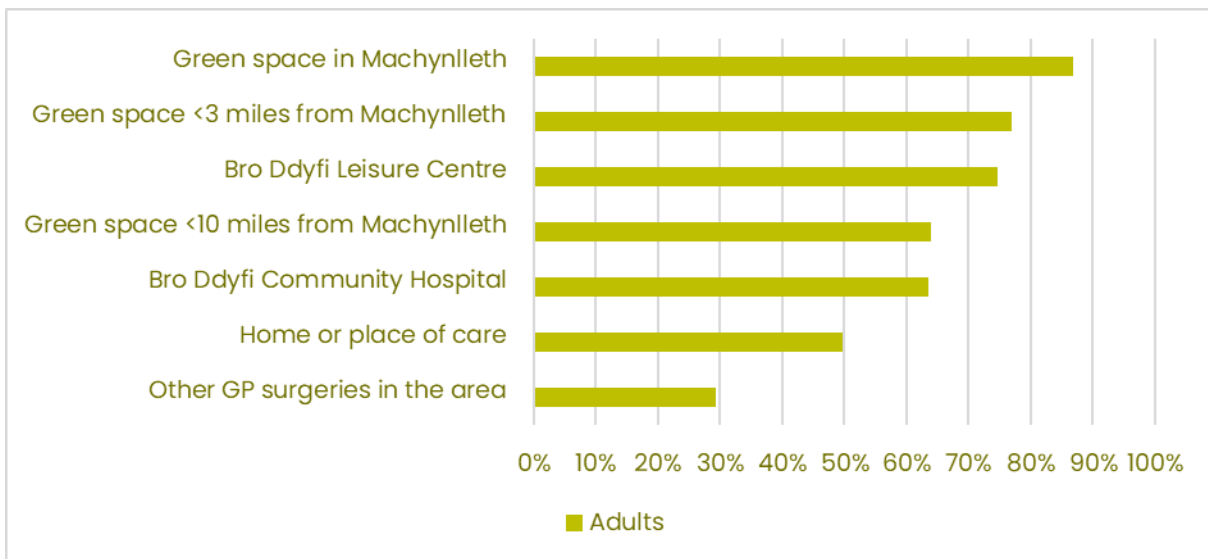


Figure 26 If outdoor activities for health and wellbeing were available, which locations would work for you?

In terms of timings in the week for planning such activities, the most popular response was for weekend daytimes (73% of adults said 'yes'). Weekend evenings and times during the weekend received between 31% and 45% of 'yes' responses).

Responders to the survey were informed that one aim of carrying out this research would be to provide activities that are free or subsidised; however, how much would they be prepared to contribute to an outdoor activity for health and wellbeing?

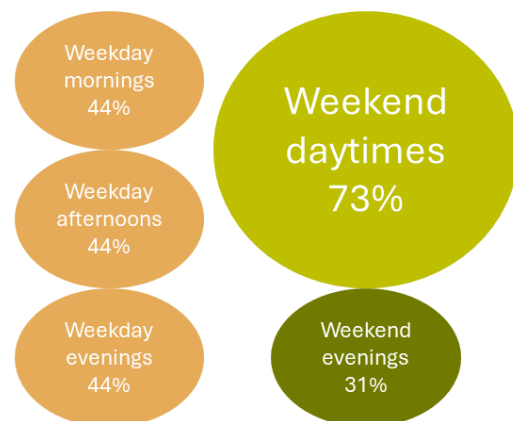


Figure 27 What times in the week would generally be best for you to engage with outdoor activities for health and wellbeing?

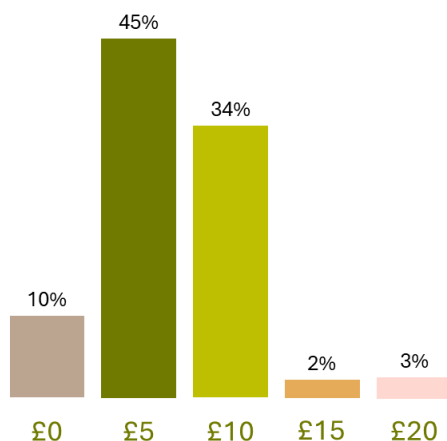


Figure 28 How much would you be prepared to contribute to an outdoor activity for health and wellbeing?

Forty-five percent of responders said £5 or under and 34% of responders said £10 or under. Other responses indicated some flexibility in the price they would pay, depending on what was being offered. Two people suggested a 'pay what you can' approach. Another said that a nominal fee would make participants more likely to attend after booking.

3.2.8. Hospital site improvements

Members of the community were asked via the surveys about what improvements might be made to the hospital grounds to better support health and wellbeing opportunities. Respondents were free to say 'yes' or 'no' to as many as they agreed or disagreed with.

There were no suggestions that everyone disliked. All of the suggestions received a 'yes' response from at least 46% of community adults, and 33% of community children and young people.

The most popular response was 'a garden for patients staying on the ward' (82% of adult respondents and 78% of children and young people). Conversely, 'a private garden for staff only' received the fewest responses (46% and 33%, from each group, respectively) from the community.

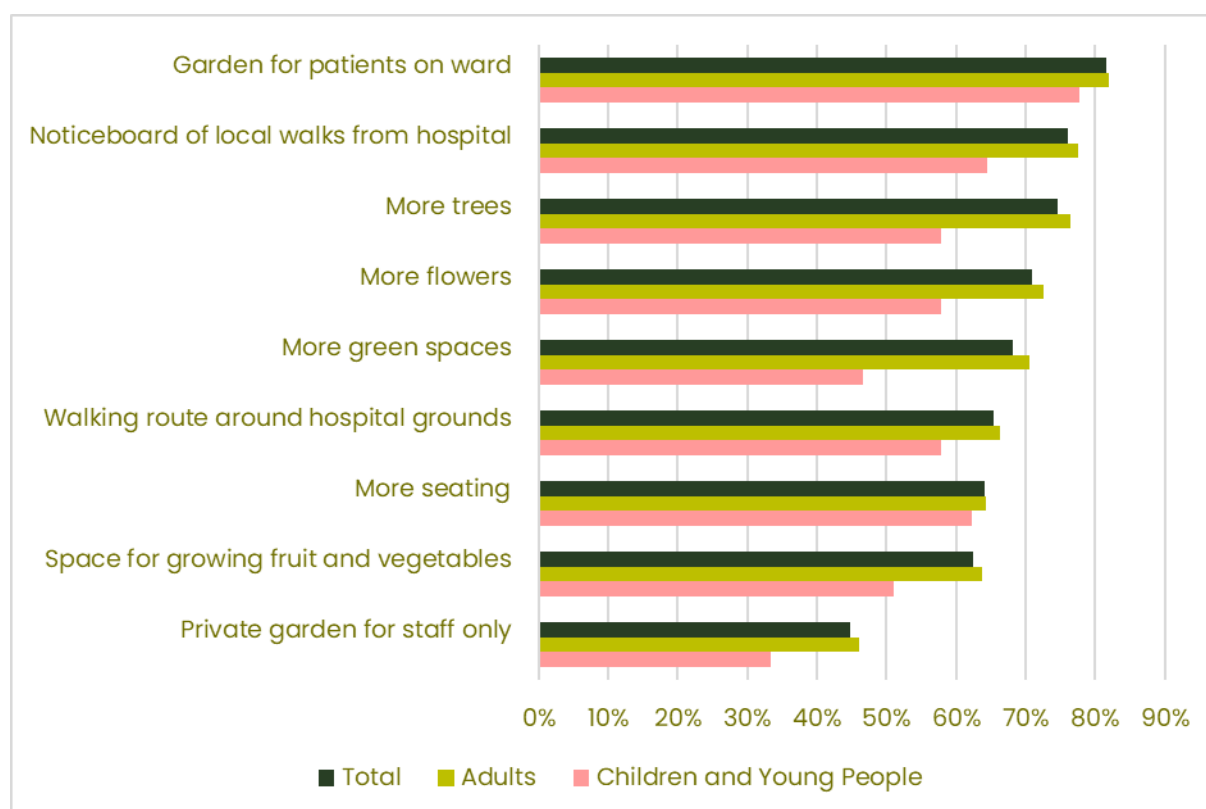


Figure 29 What would you like to see at the Bro Ddyfi Community Hospital that would help support the health and wellbeing of staff, patients and community outdoors?

Other things respondents would like to see included an outdoor covered area, a dayroom for palliative patients and their families, a gym, a water feature, bird feeders, bird and bat boxes, insect houses, fruit trees, wood carvings, a herb garden and a library. Spaces for play and for quiet were mentioned, as well as somewhere safe to leave a dog, whilst at a hospital appointment. Alternative healthcare options were requested.

Ten people mentioned a wish for more doctors and other healthcare staff, with one person commenting that initiatives like this should not be diverting NHS funding away from healthcare provision.

When asked if they had any further comments, there were many positive comments about the importance of nature and the outdoors for health and wellbeing, sharing that they had had fulfilling experiences with such organised activities in the past, and commending the intentions of this study.

3.3. Staff perspectives

Staff were asked about gender identity, age, job role and department. Responses were skewed towards females; 96% identified as female and 4% as male. The majority of responders fell into the 40-49 or 50-59 age categories (Figure 30). Responses were received from staff in a range of job roles, with the greatest number of responses from nurses (Figure 31). At 26% of responses from nurses, this is slightly higher than the proportion employed on the ward (approximately 14% of employees are nurses).

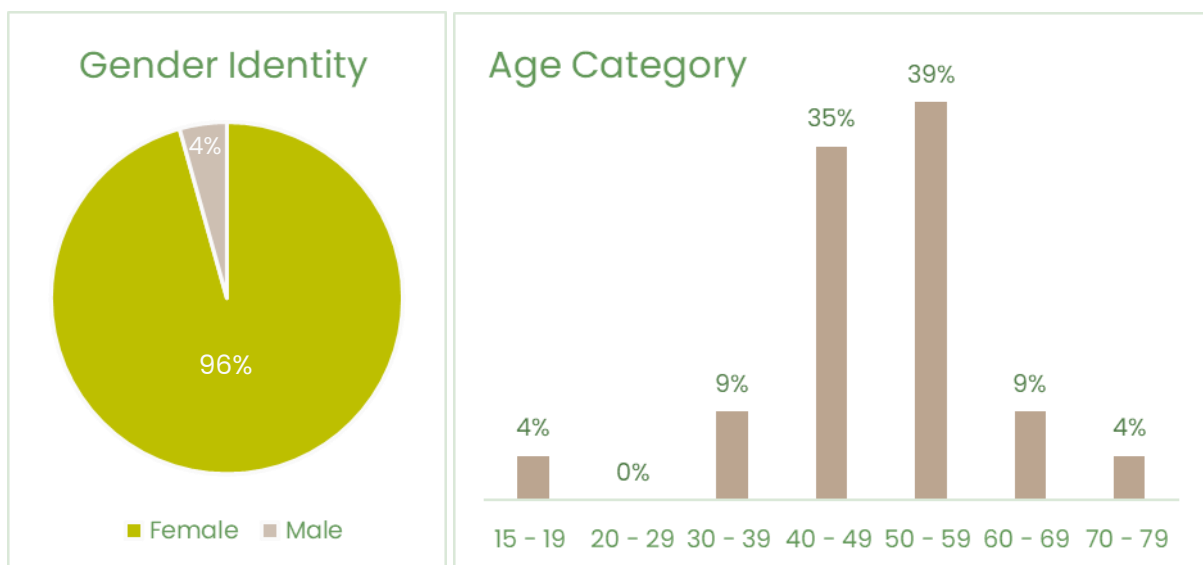


Figure 30 Responses to the staff survey about gender identity and age (n=23).

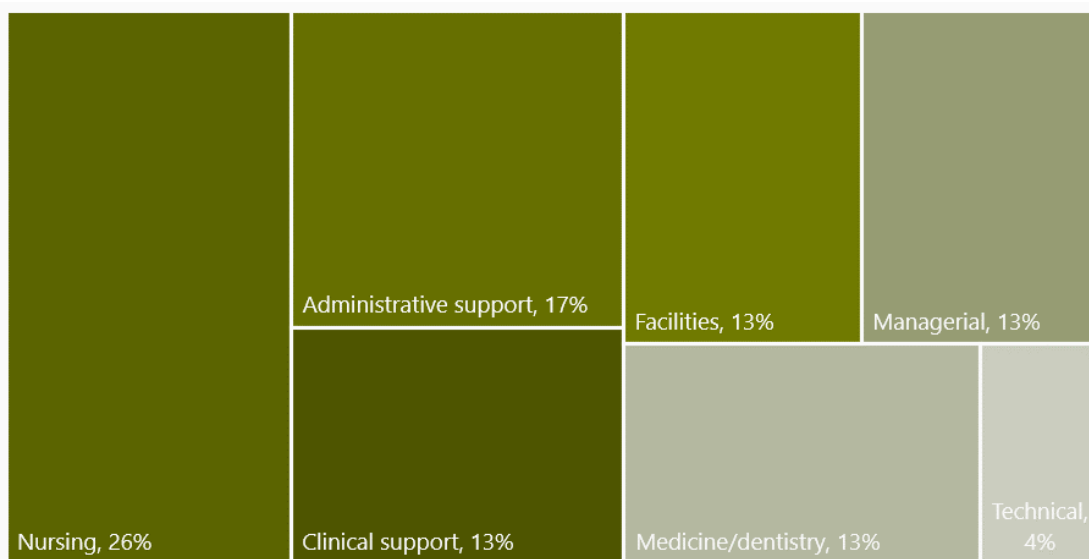


Figure 31 Percentage of responders by job role type. The largest group of responders were nurses (26%) but there was also representation from medicine and dentistry, clinical and administrative support, management, facilities, and technical job roles.

Interviews with representatives from each of the key departments of the hospital explored the needs of staff, their current use of the site, barriers and aspirations.

All staff interviewed showed an interest in and enthusiasm to engage more with the outdoors for their own and their team's wellbeing. Staff felt that this would have benefits, including feeling more positive towards work, getting time away from computer screens, connecting with others and sharing a love of nature.

3.3.1. Wellbeing needs of staff

Reflecting on their health and wellbeing needs at work, 83% of 31 responders to the staff survey agreed that 'managing stress' was one of these. 'Social time with colleagues' was considered a need by 74%, and 71% said 'getting enough exercise' was important. A smaller number of people responded that dealing with anxiety was a need (45%) and 10% of staff respondents reported needs associated with an existing health condition.

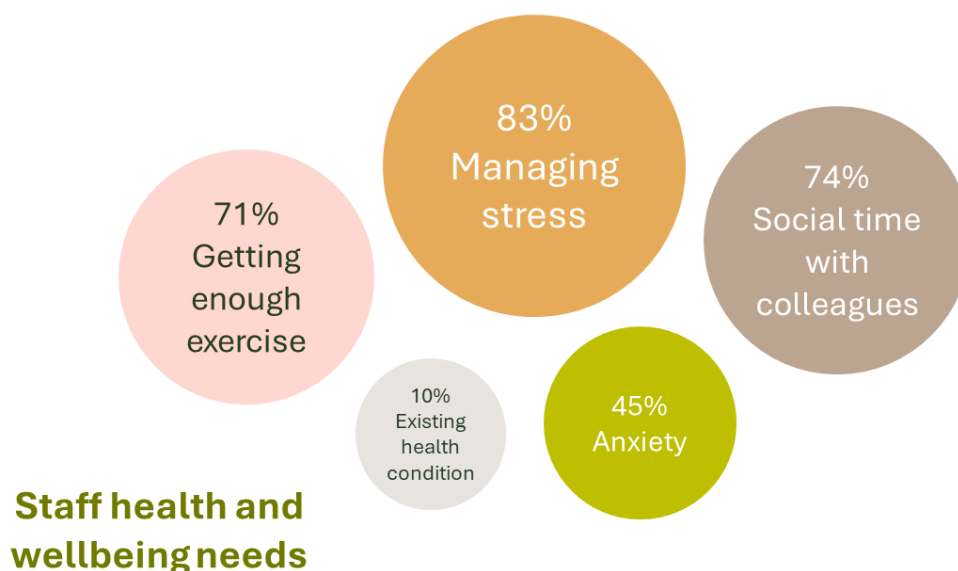


Figure 32 What are your health and wellbeing needs at work?

When asked if there was anything else that they needed at work for their health and wellbeing, people said: natural light; easily accessible outdoor spaces (as the garden was too far away for break-times); quiet time away from people, phones and computers; and to feel supported in clinical decision-making. It was noted that seeing patients one-to-one all day could be isolating for the staff member. Teamwork, camaraderie and humour was considered important for coping with the pressures associated with patients' needs.

The staff interviewees highlighted wellbeing needs amongst their teams at the hospital with the most common challenge being lack of time, which was mentioned in all of the interviews. This led to being too busy to take wellbeing breaks, feelings of stress and, in some cases, low morale. Contributing to this pressure were issues around staffing and recruitment, in that some departments were understaffed.

Some of the staff reflected that they had not yet recovered from the COVID-19 pandemic, feeling that they were constantly on-call. Some staff noted the increased time spent online and looking at computer screens, with more digital requirements of their roles, as well as an increase in online meetings.

Staff involved in mental health services reported challenges of meeting the needs of increasing population-level distress, with staff sometimes feeling isolated and not having enough support in dealing with difficult clinical situations.

The new building developments at the hospital were highlighted as having had a positive impact on staff morale, with the new building being a light and airy space with better facilities. However, the larger space and the new café were also putting more pressure on the Domestic and Catering teams to keep everything running; new staff are not yet in place to share this workload.

The new developments have also meant that the large staff room adjacent to the Twymyn Ward is no longer used by staff and is being turned into a day room for patients. The interviews highlighted that the new staff room on the upper levels of the hospital is in an inconvenient location and does not provide enough space for everyone who needs to use it. Some staff were taking breaks in the café, but most felt that this was an overly public space; as they were identifiable by their uniforms, they were often approached by patients or members of the public.

3.3.2. Current health and wellbeing opportunities for staff

In consideration of the workplace health and wellbeing opportunities already available to them, 74% of responders to the survey said they could take daily 15-minute wellbeing breaks (13% said they could not), 65% said they had access to informal peer support (10% said they did not), and 48% said they had access to counselling (19% said they did not). In response to these questions, 19% were unsure if they could access counselling and 16% if they could access informal peer support.

Other activities that staff said they had access to were financial planning support, walking, staff nights or days out, and wreath-making activities. However, multiple people stated that they were unsure of the wellbeing support offered. A distinction was also made between the general practice and the wider hospital, with respondents being unsure if such activities were also available to those in the practice.

The main wellbeing opportunity that staff cited during interviews was having a protected half-hour lunch break and one 15-minute wellbeing break each day. Some staff were not aware that the wellbeing break was in addition to their statutory break time allowance. The short nature of this wellbeing break seemed to be limiting what they could achieve for their wellbeing during that time, as joining these times together is not currently allowed.

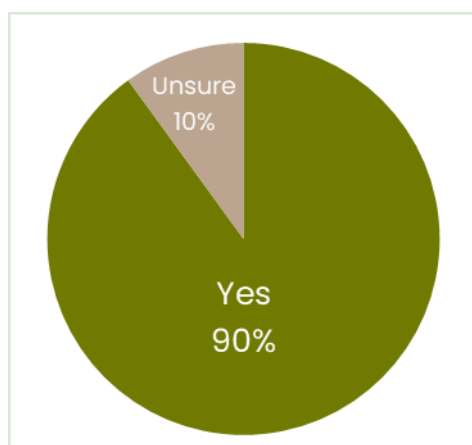
Other opportunities that interviewees identified included:

- Wellbeing roadshows, organised by the PTHB to inform staff about the wellbeing opportunities available to them;
- Referral to the counselling service;
- Informal peer support, i.e. sharing experiences with individual colleagues;
- Team meetings, i.e. sharing experiences with groups of colleagues; and
- Support from trade union representatives.

Some teams had recently implemented wellbeing interventions, such as a 20-minute wellbeing activity for GP surgery staff, and social trips or walks. The feedback was that the staff would like to do more of this type of activity. There were also more *ad hoc* activities organised by staff members themselves.

There is a regular internal email from the Health Board, but some staff report not engaging with this. The notice boards are used to publicise wellbeing activities and some teams have WhatsApp groups to communicate. Some staff commented that they are not always aware of the opportunities that are available.

3.3.3. Current nature-based and outdoor activity participation



When asked the question, 'do you think nature-based and other outdoor activities can improve your health and wellbeing?', 90% of staff respondents said, 'yes', and 10% said, 'I'm not sure' (Figure 33).

When asked if they currently took part in outdoor activities at certain times of the day, and how frequently they did this, the most commonly used time period was the weekend (48% 'frequently', 23% 'sometimes'), followed by the period after work (23% 'frequently', 39% 'sometimes') (Table 3). The periods before work and during working hours were used never or rarely by over half of responders.

Figure 33 Do you think nature-based and other outdoor activities can improve your health and wellbeing?

Table 3 Staff responses to survey question about current participation in outdoor activities at different times of the day.

Time period	Staff responses			
	Never	Rarely	Sometimes	Frequently
Before work	42%	13%	7%	10%
During working hours	45%	19%	3%	3%
After work	16%	16%	39%	23%
At the weekend	16%	10%	23%	48%

When asked about use of outdoor spaces at or near the hospital during the working day, respondents to the survey said: a walk around and eating outside at lunchtime; going to the sensory garden; cycling and use of the car park; sitting on benches in summer. Some people stated that there was not enough time to go outside for lunch. The walking routes seemed to consist of a walk around the hospital, to the Plas gardens, down to the main street, or walking to and from work.

Interviews suggested staff members are not currently using the outdoor spaces around the hospital very much. The surgery staff reported spending time in the sensory garden, but most feel this space is too public.

Staff were asked in the survey which outdoor spaces at the hospital could be used for nature-based and other outdoor health and wellbeing activities, for patients and staff. All three areas were supported, with the sensory garden receiving the greatest number of ‘yes’ responses (Table 4).

Table 4 In your opinion, which outdoor spaces at the Bro Ddyfi Community Hospital could be used for nature-based and other outdoor health and wellbeing activities for patients and staff?

Area	Yes	No
Sensory garden	81%	7%
Other green space in hospital grounds	55%	13%
Specially designed space	71%	7%

When asked to expand on their responses to the above, many people mentioned the space outside the Twymyn Ward (Area 5, as shown in Figure 3). There is also an area in front of the ward (Area 3), where there are wildflowers; however, one person commented that this would be too public for an activity. The car park (between Areas 3 and 4) might be useful once people had left for the day.

3.3.4. Barriers to accessing health and wellbeing opportunities

Staff answering the survey were asked, ‘what would make it difficult for you to take part in outdoor activities for health and wellbeing in your working day?’ Ninety percent of respondents agreed that time was a barrier to achieving this, with only 7% responding that this was not a factor (Figure 34). Fifty-five percent of people felt that weather would be a barrier, while 32% did not. Ten percent of respondents said that health or mobility concerns would be a barrier, with 65% stating that this would not be a barrier. Other responses were more closely divided between ‘yes’ and ‘no’.

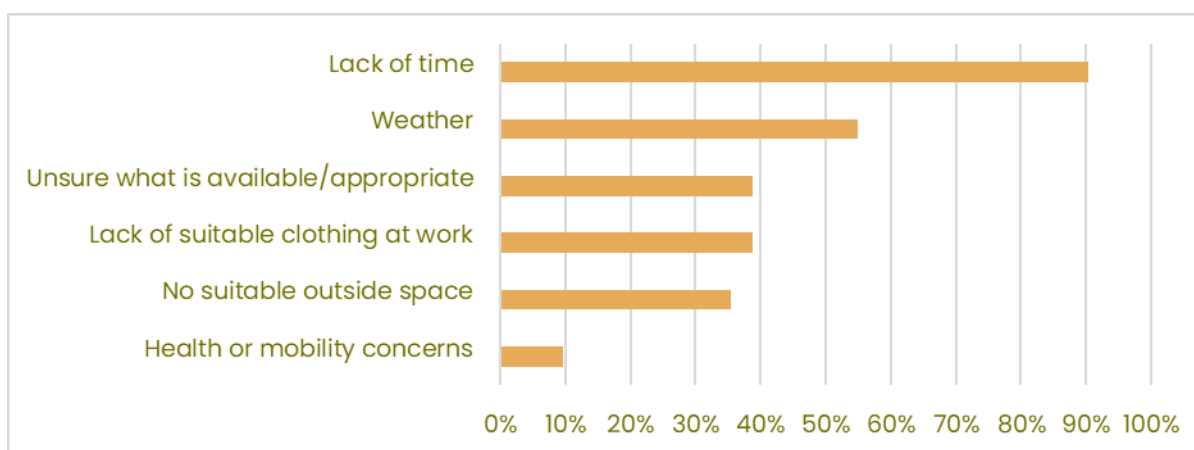


Figure 34 What would make it difficult for you to take part in outdoor activities for health and wellbeing in your working day?

Other barriers offered by respondents included: irregular working hours on site; a need to change out of uniform before participating, which takes time; and planning wellbeing activities too late in the day.

During interviews, the main barriers identified were closely linked to a lack of time, pressure on staff to deliver, and a perceived inability to take breaks. Staff found it hard to find time to organise wellbeing activities and could not commit to regular sessions due to work pressures. Some staff did not live locally and could not arrive earlier or stay for longer after work for such activities. The weather

was also mentioned, in terms of inclement weather being a barrier, and the need to keep uniforms clean/uncontaminated for clinical work.

One interview highlighted the difficulty in implementing change in the team:

“They don't like to see change. When we float new ideas, staff aren't keen, “how can you afford that, when you can't [afford] other, more urgent things?” When things are put in place it needs to be done sensitively and feel proportionate”

Another interviewee suggested that there needs to be a culture shift with

“more emphasis on group activity and peer support”

One interviewee pointed out that if staff could save up their break time to be taken in a longer period of an hour or more, this would be more likely to achieve wellbeing goals.

Other suggestions for overcoming these barriers included:

- Incorporating a half hour of wellbeing into a protected learning session;
- Booking a room for drop-in wellbeing sessions; then the staff member can decide when they can go, or if the team could spare that staff member for half an hour;
- A private outdoor space for staff to use that has a shelter and seating;
- Having activities organised externally for staff;
- Activities that fit into the 15-minute wellbeing break; and
- More support to help staff meet up and check-in on their wellbeing levels.

3.3.5. Future health and wellbeing opportunities for staff

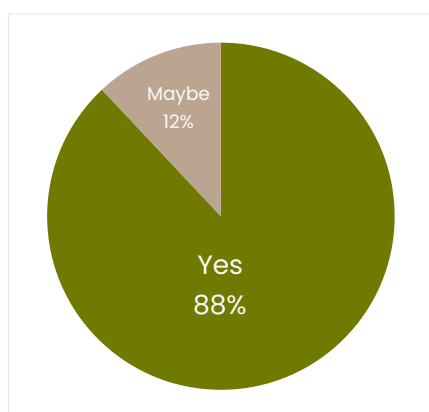


Figure 35 Would you like to be offered nature-based and other outdoor activities in your workplace?

When asked if they would like to be offered nature-based and other outdoor activities at their workplace, 88% of survey respondents said, ‘yes’, and 12% said, ‘maybe’ (Figure 35). Suggestions for nature-based or other outdoor provision were made. All suggestions were received positively by at least 70% of respondents. The highest-scoring option was ‘an outdoor space where I can take my break/lunch’ (93% of respondents; Figure 36).

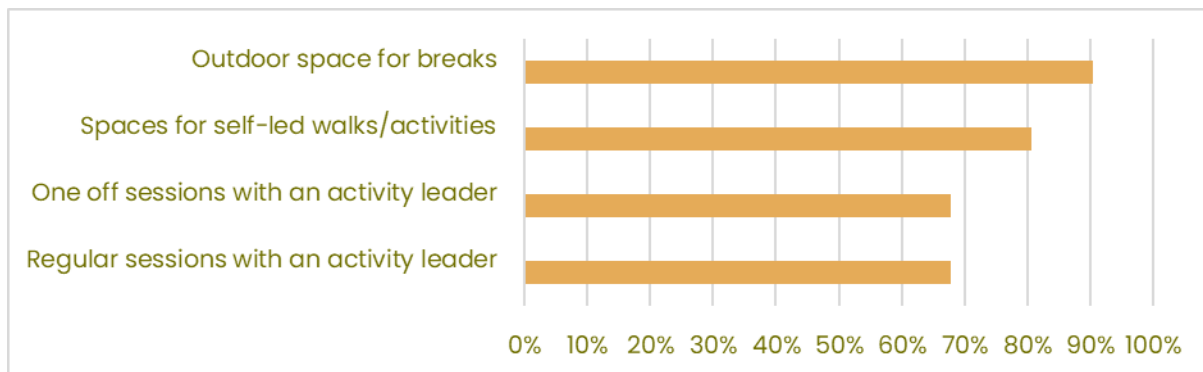


Figure 36 What nature-based or other outdoor provision would help your wellbeing at work?

A further question invited free-text responses. Answers included: a more private outside area, which might be used for these activities; a covered outside area for use in inclement weather; and an improved culture of taking breaks, with enough time to be able to take them.

Staff answering the survey rated the outdoor spaces currently available at the hospital. Of 30 responses, the median value was 3.5 of a possible five stars.



3.3.6. Locations, times and costs

There was a range of answers to the survey question asking what the best times in the week would be for staff to engage with nature-based or other outdoor activities (Figure 37). The most popular times were 'at the weekend' (64.5% of respondents said 'yes') and 'after work' (61.3% of respondents said 'yes').

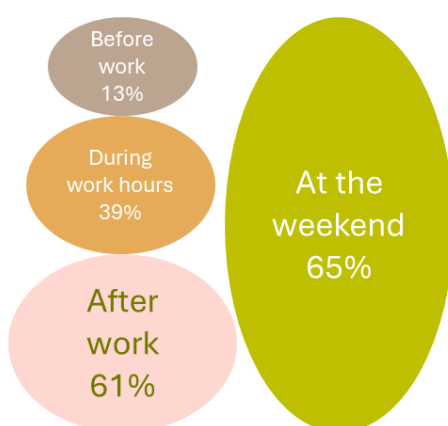
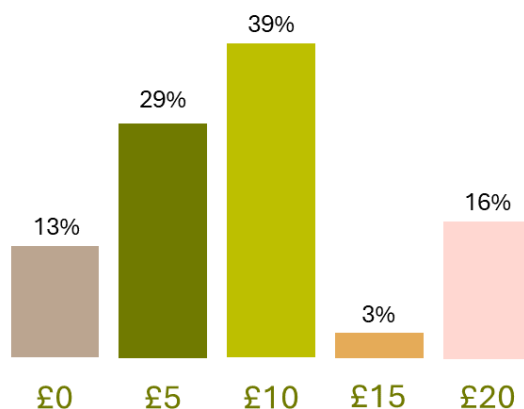


Figure 37 What times in the week would generally be best for you to engage with nature-based and other outdoor activities?

Other comments on the topic of scheduling included that many staff work in shifts, which can mean long working days. There are seasonal differences in when to schedule for the best, i.e. summer versus winter. Although no one expanded on this, a reason could be that, in summer, it is lighter later into the evening and it is warmer with less rain, making outdoor activities more viable or enjoyable. Others expressed concerns about activities encroaching on time used for pet care; potentially activities could be 'dog-friendly'. Some people mentioned that breaks during the working day would be more helpful, although they were not able to see how this could be introduced. There was a suggestion that meetings could be carried out on a walk, although the fact that there is usually use of a computer in such meetings was seen as an obstacle. Someone

mentioned the need to factor-in time to change out of or cover uniforms before taking part in any activity.

Staff responding to the survey were asked how much they would be willing to pay for activities, if they needed to. The largest group (39%) said they would pay £10 or under (Figure 38).



How much would you pay for an activity?

Figure 38 How much would you be prepared to contribute to an outdoor activity for health and wellbeing?

In interviews, staff discussed having wellbeing activities made available to all staff – some more active and others for relaxation or social interaction. The theme of team building and increasing interaction between the different hospital departments emerged.

Suggestions for what activities or facilities could be offered included:

- Short relaxation sessions, such as yoga, Pilates or mindfulness;
- Therapy animals, such as donkeys or dogs coming to the ward to see patients and staff;
- Seasonal activities, such as weaving and other forms of crafting;
- A private outdoor space, in which staff can relax, take breaks and meet;
- A short walk around the site that can be completed in 10 minutes, to fit in with breaks; and
- Enabled active travel, such as an encouragement to walk or cycle to work.

As identified in the survey, interviews showed that incorporating wellbeing into the working environment and daily schedules was popular amongst staff. They suggested that this could be achieved with:

- Drop-in sessions either inside by booking one of the community rooms or outside. The activity available for the day, and staff drop in when they have a moment in their schedule.
- Set times for activities; this would need to be scheduled with each department individually, as each have different schedules. Afternoons were more popular.
- A space outside for staff to enjoy, that is calm and private. There was also a wish for this space to have a covered area that is light but protects from the elements, as well as a table and seating for staff to gather.

- A walk and nature interpretation around the site, creating interest, with a focus on nature and health and wellbeing. For example, with information about the health benefits of spending time outside, medicinal plants, the environmental impacts, etc.

3.3.7. Improvements to outdoor spaces at the hospital

Staff were asked via the surveys about what improvements might be made to the hospital grounds to better support health and wellbeing of staff, patients and community. Respondents were free to say 'yes' or 'no' to as many as they agreed or disagreed with.

There were no suggestions that everyone disliked. All of the suggestions received a 'yes' response from at least 58% of staff respondents (18 responses; Figure 39). The most popular option was 'a garden for patients staying on the ward', which received 26 responses (84% of respondents).

Other suggestions included a water feature in the grounds, a herb garden, a safe enclosed space for dementia patients, chickens, an outdoor shelter and raised beds.

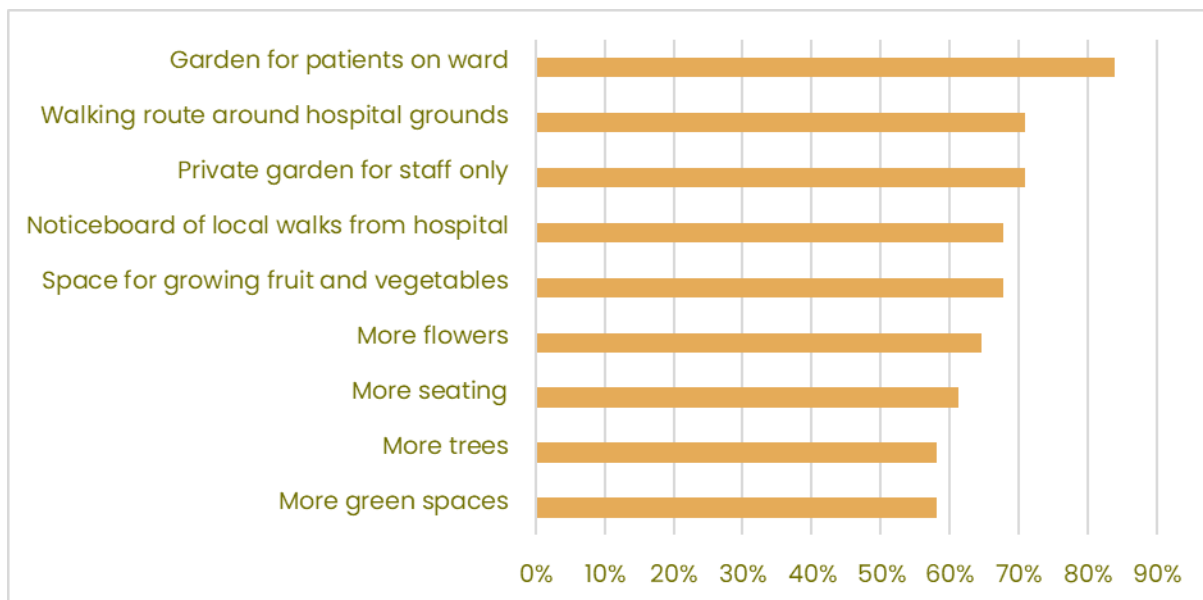
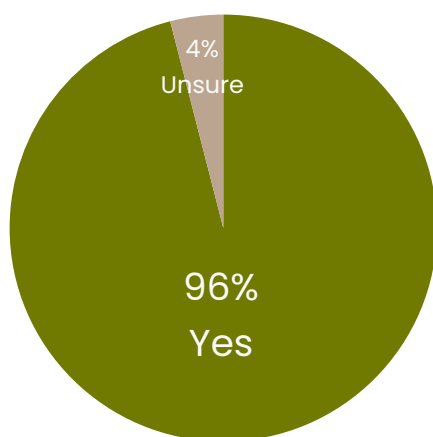


Figure 39 What would you like to see at the new Bro Ddyfi Community Hospital that would help support the health and wellbeing of staff, patients and community?

3.4. Staff perspectives on patients

Staff were asked in the survey if they were involved in the care of patients. Those who said ‘yes’ or ‘sometimes’ were then asked a series of questions pertaining to the provision of health and wellbeing opportunities for patients. Twenty-one of the 31 staff responding to the survey said ‘yes’ and two said ‘sometimes’.

3.4.1. Nature-based and other outdoor activities for patients



When asked if they thought that nature-based and other outdoor activities could be beneficial for the patients at Bro Ddyfi Community Hospital, 96% of staff said ‘yes’ and 4% said they were not sure (n=21; Figure 40).

Eighty-three percent of these staff agreed that healthcare staff should be able to prescribe nature-based and other outdoor activities for health alongside clinical prescriptions. The remaining 17% said ‘maybe’.

Figure 40 Do you think nature-based and other outdoor activities could be beneficial for the patients at the Bro Ddyfi Community Hospital?

3.4.2. Current health and wellbeing opportunities for patients at the hospital

Those who said they were involved in the clinical care of patients were asked in the survey what health and wellbeing opportunities, in addition to clinical care, they were aware of that were currently available for patients at the Bro Ddyfi Community Hospital. They gave the following answers:

- A therapy dog;
- A garden;
- Activities outside of the hospital;
- Jigsaws and a small library; and
- An activity programme is being developed, where staff take patients outside when there is time.

Many reported that they were not aware of anything or that such opportunities were limited.

Inpatients are cared for in the Twymyn Ward at the Bro Ddyfi Community Hospital; a space for longer-term patients, recovery, dementia and palliative patients. Interviews with the nursing team suggest that currently there is very little on offer to these patients.

"[We used to] have lunch together, play bingo, activities, etc. all quite seasonal. It felt like we had more resources. COVID got in the way; we weren't allowed to have books or socialising. Couldn't even talk to each other. It's lingered a bit, and we're not back to how we were yet."

There is a garden space beside the ward but it is currently unused as it is not secure, the paving is uneven and it is overgrown.

At the hospital, GPs who were interviewed also suggested that there is not much available to refer or signpost patients to beyond the services of the Community Connector and NERS.

"We do miss being able to refer to the green health initiatives [Trywydd Iach]; that was a really supportive, nice option for some people. It doesn't work for some people, but others get a lot out of getting out into green spaces, [to] access the donkeys for anxiety management, and it works well for our neurodivergent patients".

GP, Dyfi Valley Health

The mental health services at the Bro Ddyfi Community Hospital are currently carrying out the most links to community provision, with informal referrals to Pont Hafren, Gerddi Bro Ddyfi, MIND Aberystwyth, CAMAD, Kaleidoscope, and to individual practitioners. They also referred onto Trywydd Iach activities when this project was active.

Midwifery has seen cuts to their services that has reduced the wellbeing opportunities available during pregnancy and post-partum.

"The health promotion workers, their funding has been cut; that's no longer running. They were looking at people's diet, walks, etc. That was stopped last March. We haven't got links to the leisure centre now. Where we did when I first started, we had midwives who had special training. So not much at all".

Occupational therapists are referring patients to the NERS scheme, but are also experiencing a reduction in wellbeing opportunities for their patients as,

"...throughout Powys, there is a shortage of opportunities recently. Day centres and hospitals have closed. Volunteer services are stretched. I don't think there is much at all".

The dental practice at the Bro Ddyfi hospital does not currently refer patients externally, but they could see the usefulness of having groups to which they could signpost, for example, if a patient is

"...grinding/clenching teeth caused by stress. We can't formally onward prescribe but having a leaflet or something to give them would be good".

The Midwifery team has a peri-natal mental health nurse who is new in post, and two Healthy Living Workers, who support people who want to stop smoking, but all other services have been cut:

"...If there were groups we could refer to externally that were appropriate, that would be very good".

Mental Health services stated that there was no formal system in place but they are proactive in seeking support for their patients:

"It's down to me to keep a track on what is available and find out/make a judgement whether it is a safe, reliable and quality offer, who to contact, and taking the client there if they need helping to settle in".

3.4.3. External health and wellbeing opportunities and services

Two key services currently facilitate referrals for the community for health and wellbeing – the Community Connector for Bro Ddyfi (PAVO) and the National Exercise Referral Scheme Coordinator. Both these providers were interviewed for this study.

The Community Connector Service helps people across 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. There are 12 Community Connectors across the county including one that looks after Bro Ddyfi. 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. Patients can be referred by a healthcare provider or other service, or members of the public can contact them directly. The Community Connector gathers information and connections with voluntary sector and third sector organisations and is key in facilitating patient access to support and opportunities available. The first step is to explore their needs through a 'What Matters' conversation with a focus on early prevention and intervention²⁷. Support can be advice, links to other services and, if appropriate, to join a group.

“Anxiety and loneliness are the biggest presenting issues for people who speak to us. I cover all sorts - benefits, care, welfare, transport, housing - whatever matters to the client.”

Community Connector for Bro Ddyfi (PAVO)

However, the Community Connector felt that there is currently a lack of services and groups to signpost patients to.

“Outdoor health is one aspect that I can signpost to, but there are not enough actual groups and activities available.”

Community Connector for Bro Ddyfi (PAVO)

Patients can also be referred to the National Exercise Referral Scheme (NERS), a chronic condition prevention and management programme which aims to improve the health and wellbeing of sedentary and inactive adults who are at risk of developing or who have an existing chronic condition. In the Dyfi Valley it operates from the Bro Ddyfi Leisure Centre providing evidence-based circuit and gym-based indoor programmes.

“[The NERS sessions] have been made to be generic to suit all conditions that are referred to us. Length of the sessions can vary depending on the health condition. We did try outdoors - around COVID time this happened. And we have looked into walking sessions before in other parts of Powys, trying them out. Basically, we need more staff members to do it, and it requires more health and safety and paperwork.”

NERS Coordinator

Previously, NERS participants upon finishing their six weeks could then be signposted onto the outdoor walking and activity sessions run via the Trywydd Iach programme.

²⁷ [Community Connectors \(pavo.org.uk\)](http://pavo.org.uk)

The interviews strongly support the need for consistent provision of outdoor activities, a coordinated approach to providing support to patients, and the need for a mechanism to streamline the process and information sharing.

3.4.4. Current process for ‘referring’ to outdoor activities

The GPs at the hospital keep records on a system called *Emis*; when they refer to outside services there are secondary care interfaces. GPs also encourage patients to self-refer to activities and programmes.

Coed Lleol/Small Woods set up a referral pathway for the Trywydd Iach project that facilitated both GP referrals and self-referral.

NERS has recently implemented an online portal for referrals. GPs and occupational therapists use the portal to refer patients, but they have found it time consuming, and they complete the forms after hours; NERS are providing support.

3.4.5. Barriers to referring patients

Staff involved in the care of patients were asked in the survey what barriers there were to referring to nature-based and other outdoor activities. The largest number of ‘yes’ responses were in agreement that they did not know what was available (87%; Figure 41). Only 4% agreed that this type of referral was not a priority for patients.

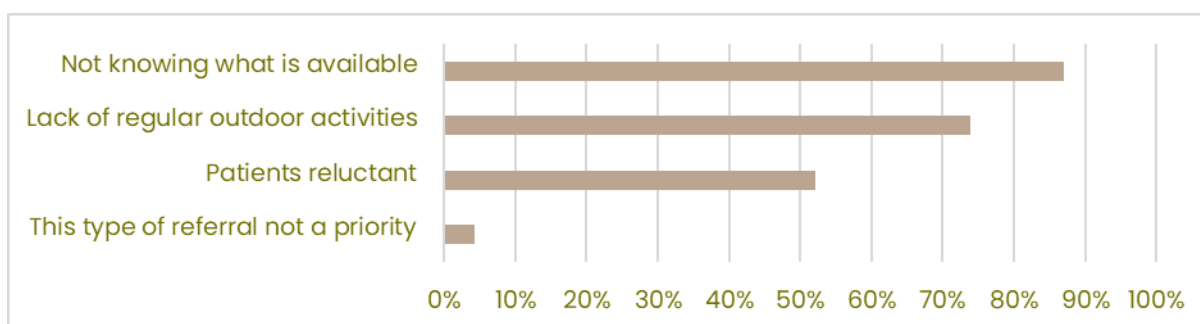


Figure 41 What barriers are there to referring patients to nature-based and other outdoor activities?

Other barriers to referral included that dementia patients need a safe space, and that many patients have social anxiety and are therefore not keen on attending group sessions. Offering support with this and taster sessions could be helpful, but relies on there being staff capacity. There were also suggestions for making time within the consultation to discuss any referral to a non-medical approach, using ‘motivational interviewing’.

Interviews with relevant staff highlighted the following key barriers to referring patients to nature-based and other outdoor activities for health and wellbeing:

- Staff knowing what is available; this is challenging with the time constraints of staff;
- Time to fill in referral forms within the 15-minute appointment with the patient;
- Budgetary links to ‘lifestyle’ interventions not being straightforward;

- Access for patients that have higher needs, provision of activities suitable for different patient groups;
- Patient attendance – patients with many physical and mental health conditions may not be able to routinely attend sessions; and
- Concern over quality of provision; difficulties in knowing if the sessions are suitable for patients, if the activity leaders have the experience or training to provide a safe, effective and reliable service.

The interviews with staff suggest that improvements in access to information on what is available, a quick streamlined referral system, and potentially a new role focusing on outdoor health within the hospital that works in synergy with staff, the Community Connector for Bro Ddyfi (PAVO) and activity providers, would help overcome these barriers.

It was also highlighted that there is a need to have a system to ensure that activity leaders have the necessary training for the level of support that patients need, that the provision is reliable and long-term, and a need for feedback to come from the activity leaders to the health professionals to ensure that the interventions are effective.

3.4.6. Future health and wellbeing opportunities for patients

Staff involved in the care of patients were asked in the survey where they felt there were opportunities to enhance patient experience. All suggestions were thought to be helpful and received ‘yes’ responses from at least 70% of respondents (n=23; Figure 42).

The largest number of responses were in agreement that regular sessions led by qualified leaders at the hospital would be beneficial (91%). Sessions might involve crafting, gardening, relaxation or exercise, for example.

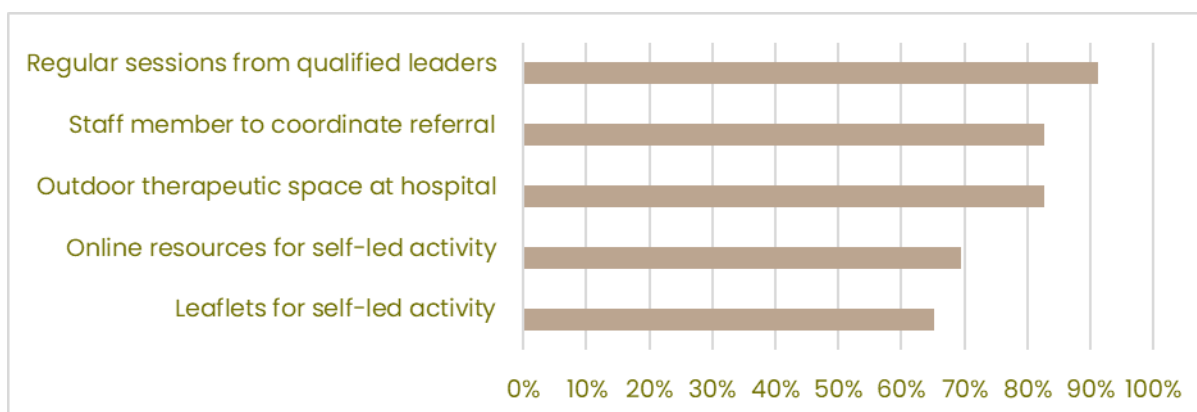


Figure 42 What do you think would work to enhance the patient experience with nature-based and other outdoor activities?

Other suggestions from staff for what could be put in place to support the health and wellbeing of patients, in addition to clinical care, included having a social prescriber, and scheduling weekly walks. Another respondent suggested that some of the clinical care itself might be offered outside, for example mental healthcare or health coaching, where a physical examination is unnecessary and a computer not essential.

From interviews carried out with staff, the GP surgery team would like to have an ongoing programme like Trywydd Iach, running regular outdoor and nature-based programmes to which they can refer patients, such as walking, animal therapy and woodland groups.

The nursing team would like the area beside the ward to be developed into a safe, accessible, beautiful garden for patients on the Ward and private outdoor spaces with direct access from the palliative care suites for patients and their families. A nurse on the Twymyn Ward said that the ward's patients,

"...are some of our most vulnerable [patients] and I feel their wellbeing would be hugely improved by access to an outside space... any help that could be offered in acquiring a secure outdoor space for inpatients would be invaluable."

They would like to embed the use of this garden into the patient experience, with activities such as gardening. Healthcare assistants and students, in particular, could take a role in this. Volunteers to help maintain the gardens would be useful.

"Sometimes I feel like there is a lack of presence in the town to do with the actual hospital – there feels like a disconnect. I feel there is a lot of good will in the town that is not tapped into at all."

The midwifery team would like to have organised activities, such as buggy walking groups and pregnancy yoga.

Community Mental Health would like to see an emphasis on community and connection; there is a need for activities that serve a higher purpose, such as building or creating something with a tangible benefit to the community.

The dental practice stated that they would benefit from activities to signpost patients to for stress management; this would not be a 'formal' referral, as this falls outside of their clinical remit. There would need to be a quick and easy way to give patients the information, such as in a flier or leaflet to be given at the end of an appointment.

3.4.7. Minimum standards of training for activity leaders

Staff involved in the care of patients were asked in the survey about minimum standards of training and experience for activity leaders. The top two suggestions receiving agreement were that leaders should have experience in working with people with health needs and should have received training in safeguarding (61% each; n=23; Figure 43).

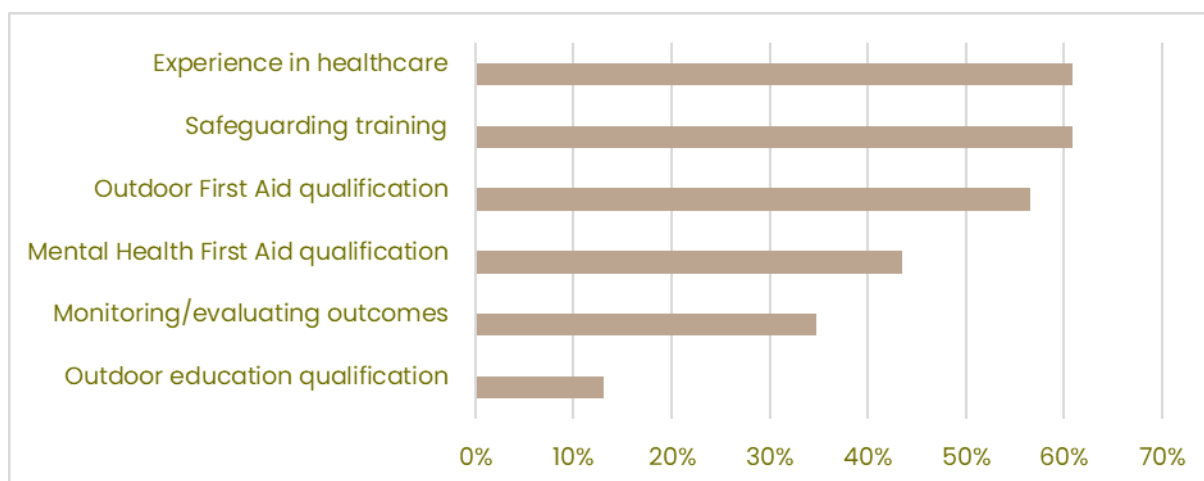


Figure 43 What minimum standard of training for activity leaders would help you feel confident in referring patients to activities?

Interestingly, these two were considered to be far more important than the leader having a specific qualification in designing and delivering outdoor activities, which only received ‘yes’ responses from 13% of respondents. Despite this, one comment made by a staff member was that leaders should have a qualification in or experience of delivering the activity they were to offer, such as an understanding of safety aspects in leading walks, or experience in delivering mindfulness sessions for healthcare populations.

Other suggestions made by staff were that leaders have dementia training, a Disclosure and Barring Service check and that a risk assessment is prepared for the activity.

3.5. Activity leader perspectives

3.5.1. Outdoor and nature-based activity providers in the area

There is a diverse range of activity leaders in the area, including community gardening, social forestry, therapeutic play, animal therapy, Scouts, a running group, etc. Several organisations intersect in providing outdoor activities and, whilst most do not focus directly on health and wellbeing, many of the activities could be suitable for health and wellbeing referrals.

During the focus group meetings, the activity leaders highlighted the challenges of working part-time, often on a self-employed basis. This means that it is more difficult to access funding, keep updated with information, and make time for promotion and outreach.

“It’s difficult to consistently reach groups in need and healthcare providers to let them know of our offers.”

The activity providers often work on grant-funded programmes, either as part of the organisations they work for or contracted in to deliver services. This results in irregularity of work availability. Currently there is a ‘dry’ period, i.e. there is not a lot of work available for activity leaders, with many different organisations seeking funding from a decreasing pool of available funds.

3.5.2. Exploring a more joined-up future of outdoor provision

The focus groups explored how there could be more coordination in the delivery of outdoor activities that link in and run alongside clinical care.

The benefits were seen as creating a collaborative approach, avoiding duplication, meeting the needs of the community in different ways and providing more continuity for participants.

The key themes identified in the discussions that would facilitate a more joined-up approach are discussed below.

Activity providers would benefit from a central place for information, with two-way sharing of need and availability; both online and distributed to key places in the community. This needs to be a flexible system that can capture what is available in the changing landscape of different funded projects. Ideas included having a page on the new website that the Town Council is developing, a monthly information sheet, a notice board for information about everyone's offers/activities at the hospital, and also sharing this in key locations in the community, such as: the library; the historic building, Canolfan Owain Glyndŵr, which has a café and a noticeboard outside; the laundrette; and the community-owned café and shop, Cletwr.

Activity leaders acknowledged that facilitating this joined up approach would be additional work, and suggested there could be a paid position to link activity providers with the health sector, acting as a coordinator of information and support for patients, practitioners, and hospital staff.

“The dream would be a central coordinator/administrator who can coordinate – a central point for information – someone with an overview of what’s available. If we had someone who knows what the needs are in the hospital – then there could be a two-way flow of information – what the needs are to what can be provided.”

They identified that ideally this role would be financed long-term and not rely on transitory project funding. It was also suggested that it would be useful if this person had access to a pot of funding, or the capacity to apply for funding to commission outdoor activity programmes.

Activity providers would like to be able to offer their services via a single registration / referral pathway so that people do not have to fill in different forms for different providers. Some could self-refer, but others would need one-to-one support to engage with activities.

The information provided through the registration/referral pathway would need to give adequate health information for activity leaders to risk-assess the inclusion of particular participants.

“As a leader you want to know physical and mental issues. Some people don’t want to say these things, and it can be problematic during a session... there were times we haven’t felt safe”.

The organisations providing activities, such as Coed Lleol / Small Woods, Tir Coed and Gerddi Bro Ddyfi Gardens, have registration and monitoring in place. However, some activity leaders expressed that with the system that they are currently using they do not always get all the information they need.

The activity providers highlighted that they would like to be able to feed back to the referring organisation/clinical staff, particularly if they are concerned about something.

The need for activity providers to have all the qualifications necessary to safely host groups was highlighted, and for healthcare providers to feel confident in referring to their sessions. These include Disclosure and Barring Service (DBS) checks and training in safeguarding, outdoor first aid, mental

health first aid and child protection. There was also interest in Forest School Leader and Wellbeing in Nature Practitioner training.

“Would be good to have minimum requirements - all the leaders on the network have the qualifications, insurance, etc”.

Most activity leaders already have all the needed qualifications, but some would like to access training. The activity providers highlighted the importance of programmes being long-term, with suggestions of at least 6-week programmes. They have had feedback from participants that they would prefer the programmes to continue for longer than six weeks. It was also suggested that, after a programme, participants could be encouraged to organise their own self-sustaining meetups with others, in the outdoors. This then would not be funding dependent.

Another suggestion was that patients could receive outdoor health ‘tokens’ and that they could choose to ‘spend’ these on a selection of different groups and activities. This would create more engagement and ownership of their own choices.

There was interest from activity leaders in delivering sessions at the hospital, and in creating a dementia-friendly garden. The idea of the hospital developing into a hub of wellbeing that includes outdoor and nature-based interventions was discussed.

“The hospital has the infrastructure. It could be pioneering. Creating a model that could work in other areas”.

There was interest in helping to create a dementia-friendly garden at the hospital and providing ongoing activity and volunteering sessions in the garden. Cyfle Newydd Day Care Centre, based near the hospital, would like their participants to get involved with activities at the hospital.

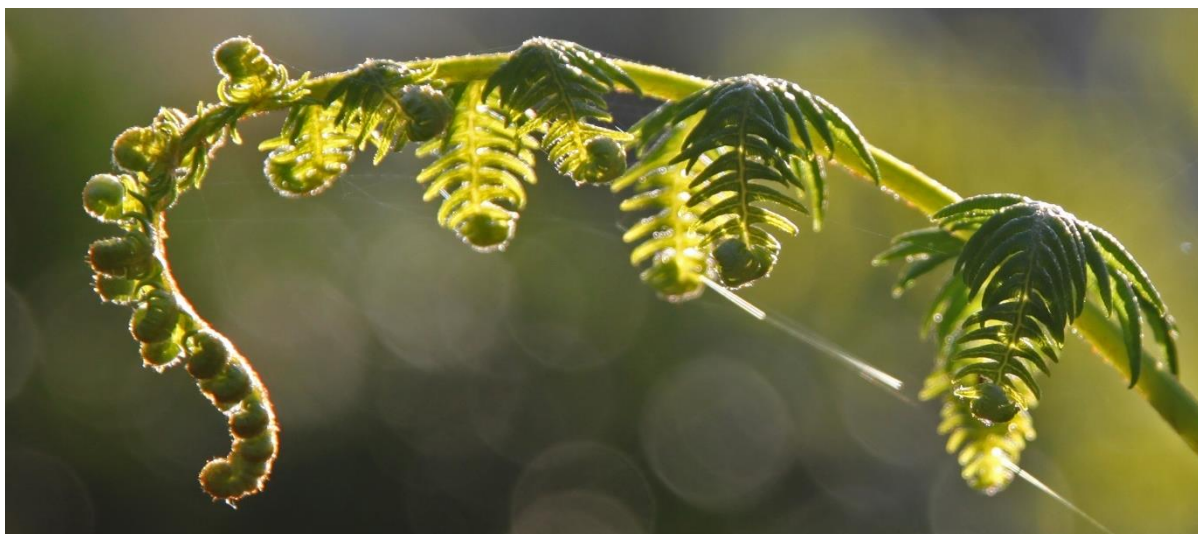
It was suggested that networking events, where outdoor health providers come and meet healthcare providers, would be useful. It would help to create a greater awareness of which sites are set up to enable accessible wellbeing activities outdoors. For example:

“Taliesin Woods. All up and ready to go with comfortable and accessible facilities.... but no funding to use it”.

The barrier to participants accessing this site was identified as a lack of public transport.

The focus groups made some suggestions as to the practical steps to achieving the above:

- Creating a more formal network of outdoor activity providers in the area;
- Working in partnership with an organisation that can apply for funding; this would help independent activity leaders;
- Subsidised/funded training to ensure minimum standards are in place;
- Regular meetings and networking for activity leaders in the area;
- Support with publicity and promotion;
- A pool of equipment available to leaders, including rain protection, boots; and
- Transport, if off-site, to allow for the use of other areas available in the area; ideas included accessing community transport options, taxi provision and getting funding for a ‘Nature Bus’.



3.6. Emerging themes

This section brings together the key themes from analysis of the surveys, interviews, focus groups and site analysis. These will inform the vision and exploration of feasibility, and the recommendations.

3.6.1. Wellbeing needs

- Mental health is top of self-reported conditions in the community survey.
- Almost half the responses to the survey self-reporting depression and / or anxiety, more than a third with mobility issues, as well as other conditions (mobility/joint pain, arthritis/osteoporosis, high blood pressure, asthma, and sight/hearing problems).
- The mental health unit at the Community Hospital are experiencing challenges dealing with an increase in population level distress.
- Staff at the Community Hospital have heavy workloads and would benefit from support with managing stress, anxiety and team connection/team building.
- All the staff interviewed felt that more support for staff wellbeing would be welcome.

3.6.2. Prescribing nature and the outdoors

- Community adults, young people and the hospital staff feel that the outdoors helps their health and wellbeing.
- All who took part in the community survey were interested in taking part in outdoor activities.
- Staff think nature-based and other outdoor activities would be beneficial for the patients at the Community Hospital.
- There is strong support for outdoor and nature-based activities to be available on prescription from the community survey.

- Clinical staff would like to be able to ‘prescribe’ outdoor activities alongside clinical prescriptions.
- The Community Hospital staff have an interest in and enthusiasm to engage more with the outdoors for their wellbeing.
- The main barriers to staff engaging in outdoor wellbeing activities is lack of time and not having a private area outside.

3.6.3. Activities – what, when, where and how?

- The most popular outdoor activities that adults responding to the survey would like to take part in were woodland skills, outdoor cooking and foraging, outdoor arts and crafts, accessible walking/movement, conservation and nature mindfulness or quiet time outdoors.
- Children and young people were most keen to spend time with animals, woodland skills, outdoor cooking and foraging, wild swimming and cycling.
- The biggest barriers identified in the survey to taking part in outdoor activities for adults were lack of time, not knowing what is available / appropriate for them, bad weather and limited public transport, and nervousness to meet new people.
- For children and young people, it was bad weather, lack of own transport and limited public transport options.
- There is a preference for local and a willingness to travel up to 10 miles to take part in outdoor activities.
- There is a preference for activities at the weekend, however almost half of survey respondents would attend during the week.
- Most people would be willing to pay for outdoor activities for health and wellbeing.
- Support for transport should be explored for future projects.
- 90% of community respondents would be willing to pay for outdoor activities, depending on what was being offered and potentially a ‘pay what you can’ approach.
- The community would like a central point of information for the community to know what outdoor opportunities are available.

3.6.4. Network of outdoor health activity providers

- There is already a range of experienced and skilled outdoor Activity Providers in the area.
- Activity providers highlighted the challenges of working part-time, often on a self-employed basis.
- Work for Activity Providers can be irregular and funding dependent, and there is currently a lack of funded opportunities in the area.
- Activity providers would like to have stronger links with the healthcare sector and meet the needs of patients and the community.

- Activity leaders would like to be part of a network that provides support, collaboration opportunities, access to funding and ensure minimum standards.
- There is an interest from activity leaders to run sessions at the Community Hospital.

3.6.5. The hospital site – gardens and walks

- There is strong support for a garden for patients staying on the ward, and there is an appropriate site identified on the grounds of the hospital.
- There is interest in there being a walking route around the grounds of the Bro Ddyfi Community Hospital, but that would be difficult to put in place. An alternative would be to develop the central green spaces at the hospital, with interpretation signage and seating that becomes a pleasant area to walk and spend time in.
- Improvements supported by the community and staff surveys include more seating, more trees, and more flowers. There was interest from activity providers in supporting the development of this garden and in running sessions there for patients.
- The staff would benefit from a relaxing and private outdoor staff area. Having an outside private, stress relieving space for staff to take a break, have meetings, socialise was one of the key themes emerging that would benefit staff wellbeing.
- The community and staff would like there to be a noticeboard of local walks at the hospital.

3.6.6. Volunteering

- More than half of respondents express a potential interest in volunteering. 19% of adults said they *would* be interested and 40% said they *may* be interested.
- The site analysis and interviews identified a need at the Community Hospital for volunteer support to help maintain and develop the green spaces around the hospital. There could also be opportunities for volunteers to get involved in activity groups, walking groups, and developing and running a patient garden on the grounds of the hospital.

3.6.7. Linking healthcare with outdoor health and wellbeing

- Out-patients can be referred by health care staff to the National Exercise Referral Scheme (NERS) and the Community Connector for Bro Ddyfi (PAVO). Interviews with both services highlighted the need for more activities to signpost people to.
- There is a need for a joined up and connected approach to referrals for outdoor health, that works in synergy with the processes for engagement by healthcare staff and the local community with the Community Connector for Bro Ddyfi (PAVO).
- Since the Trywydd Iach programme finished there has been a gap in outdoor activities for health and wellbeing in the area.
- Any interventions need to be proportionate and implemented sensitively. The challenges in healthcare capacity and budgets came up many times in the different interviews. If there are

to be opportunities for staff and patients at the Community Hospital it must not be at the expense of other critical services.

- It is key to fit in with and complement what is in place, and work towards bringing in additional resources to the system.



Figure 44 Photos from some of the engagement events and taster sessions.

4. Proposals and Feasibility

Leading on from the results and emerging themes, this section lays out ten proposals arising and assesses their feasibility. The underlying aim is to establish a way forward that can be well facilitated, co-developed collaboratively, sustainably funded, sensitively implemented, and effectively evaluated. What does this look like practically? How feasible is it? What are the costs? What are the next steps?

Examples of cost are provided based on past experience and costs in 2023. However, costs do vary, prices of materials and services change, and the level of care and support for participants attending activities will affect the amount and quality of resources/skills required.

4.1. Outdoor Health Development group

To take forward the recommendations and deliver the collaboration and co-working that stakeholders have requested, this study points to the need for a development group to guide the process through its next steps.

4.1.1. How could this work?

The feasibility study steering group members, who have been part of creating these recommendations, have expressed an interest in continuing to provide support and direction, as have the Social Prescribing Lead and Coordinator on the Powys Regional Partnership Board. For the purposes of this study, this group will be called the 'Outdoor Health Development Group'.

This group is likely to need different representatives at different stages and could co-opt additional members. In particular, the need for representation from a diverse range of community stakeholders to continue to facilitate community consultation after this study was highlighted as important.

The group could meet quarterly, using the facilities at the Bro Ddyfi Community Hospital, to hold hybrid meetings in the board room, enabling flexibility in attending. The current Terms of Reference could be updated to reflect the new nature of the group. These meetings could be open to individuals and organisations to come and present and / or discuss potential opportunities and partnerships.

4.1.2. Cost implications

The group would need administrative and facilitation support, as well as staff time to implement the decisions made in this group. The creation of a new paid role that would support this group is discussed in Section 4.2.

Each organisation sending a representative to this Outdoor Health Development Group would be making an in-kind contribution via that staff member. It is recognised that some of these members will not be in a relevant paid position and, in this case, it is recommended that paid time to attend the meeting and travel expenses are provided according to the agreed terms of reference for the group.

4.1.3. Next steps

- Establish an Outdoor Health Development Group to guide the follow-up to this study, integration of outdoor health, developing the referral process and development of the

outdoor spaces at the Community Hospital. This will ensure continuity and a joined up collaborative approach that meets the diverse needs of the community and health service.

- Consider keeping the locally used and recognised name for outdoor provision in the area Trywydd Iach.

4.2. Outdoor Health Team

The evidence gathered strongly suggests that there is a need for additional staff capacity to enable the delivery of preventative, long-term, reliable, joined up services to the community, patients and staff.

For the purpose of this study, the proposed new post is referred to as the Outdoor Health Coordinator.

4.2.1. How could this work?

Create a new role of Outdoor Health Coordinator steered by the Outdoor Health Development Group to facilitate an outdoor health service at the Community Hospital and beyond.

Ideally this new staff member would be based, at least part of the time, at the Community Hospital and could be managed and hosted by organisations such as Coed Lleol/Small Woods, Ecodyfi, Powys Association of Voluntary Organisations (PAVO). This should be discussed and agreed by the Outdoor Health Development Group.

To ensure a joined-up service, the Outdoor Health Coordinator job description and activities would need to ensure this person works in synergy with other local services including the Community Hospital clinical staff, the Community Connector for Bro Ddyfi (PAVO), NERS Coordinator and the network of Activity Providers, as well as CAMAD and the Machynlleth & District Care Centre Trust, to create an integrated service.

To support this staff member and the development of the outdoor health offer at the Community Hospital one or more of the potential host organisations would also need to be responsible for:

- Managing the new staff member;
- Fundraising and commissioning;
- Partnership building and policy level engagement;
- Providing training, continued professional development and networking support for activity leaders to ensure minimum standards in delivery of outdoor health;
- Providing outdoor health training and taster days such as the Wellbeing in Nature Agored qualification for local and visiting health care practitioners and other practitioners looking to learn and practice outdoor health; and
- Monitoring and evaluation.

4.2.2. Cost implications

Costs for an Outdoor Health Coordinator with this level of responsibility range from £25-£30K pro rata, or up to £35K pro rata for someone with senior experience or working with specialised levels of

healthcare training. In previous projects it has been possible to coordinate activities through a part time role, but it is recommended that the role has time allocated every day of the week, even if this was at 0.8 of fulltime. This could allow for coordination and availability each day, and possibly some programme delivery, depending on their skillset.

The hosting organisations and those providing management, administrative and practical aspects to the implementation of this programme would also need funds to support existing or additional staff roles. Further scoping is needed to discover if this would be part of existing provision or if additional funding or income should be factored in.

The Community Hospital could provide in-kind support by providing an office space, potentially in one of the smaller community rooms. This has not yet been agreed.

4.2.3. Next steps

- Outdoor Health Development Group to look at the potential to create a new role and engage with the potential hosting organisations to decide which is best set up to host and support the new staff member.
- Put together a job description, management structure and office space for an Outdoor Health Coordinator, ensuring that other local services are consulted and taken into consideration.
- Hosting organisation recruits and provides appropriate training in collaboration with other partner organisations to upskill as required. Depending on the background of the new recruit this could focus on outdoor health provision and/or referral and patient support.
- The Outdoor Health Coordinator facilitates and supports the Outdoor Health Development Steering Group ensuring well managed productive meetings (*see section 4.1*). These meetings will steer the work of the Outdoor Health Coordinator.
- The Outdoor Health Coordinator becomes central point of communication for outdoor health, keeping track, publicising opportunities and managing the communications strategy for *outdoor health in the Dyfi Biosphere* (*see section 4.8*) alongside the Community Connector for Bro Ddyfi (PAVO).
- The Outdoor Health Coordinator manages referrals to outdoor health activities and provides support to patients to engage with outdoor activities (*see section 4.9*).
- The Outdoor Health Coordinator supports the delivery of volunteering opportunities at the Community Hospital in conjunction with other relevant staff and partner community organisations and activity providers (*see section 4.5*).

4.3. Leverage funds collectively

It is clear from the study that the proposed recommendations could meet multi stakeholder ambitions and needs. And as identified in each recommendation there is a cost or resource implication to its delivery. The Outdoor Health Development Group could create a multiple stakeholder investment portfolio to meet the multiple stakeholder needs. If done well this could ensure longevity.

4.3.1. How could this work?

The aim of collectively leveraging funds is to create more capacity and abundance in the system to allow for more creative and preventative approaches such as outdoor health. The PTBH and Dyfi Valley Health at the Community Hospital are operating in a financially challenging environment and need to continue to demonstrate value for services.

Initially, there is the need for partner organisations to work together to fundraise to create the capacity to develop collaborations, put in place the practices and procedures, deliver some of the recommendations emerging from this study, and explore integrating outdoor health sustainably for the future. Potentially, the scope of monitoring and evaluation of programmes could be expanded, to start to monitor the financial return on investment as well as wellbeing benefits. This is a relatively new field of research, but building on what exists currently^{xxxii} could continue to develop the case for further investment by stakeholders and funders. With some funders it may be appropriate to consider a geographic scope larger than the Dyfi valley, whether for the whole of the Dyfi Biosphere or a part of it. Efficiencies of scale and increased learning and impact may be available.

Coed Lleol / Small Woods and Ecodyfi, in parallel with this study, have been looking at fundraising and engaged with some of these potential funders and have shared progress with the study Steering Group as they develop. At the time of the report funding in general is currently limited and highly competitive.

The Shared Prosperity Fund²⁸ that supported this Feasibility Study and could have taken forward its recommendations is not currently expected to continue. Despite Welsh Government launching a National Prescribing Framework for Wales, there are not funds to deliver against this yet.

There are some charitable funds available at the time of this study to support revenue costs such as People & Places – The National Lottery Community Fund (a maximum of £500K for 5 years) and smaller local funds such as the Social Value Forum through the Powys Regional Partnership Board (a total pot of £150K in the most recent round at the time the study was written). This would need a lead organisation that is not a statutory service to apply.

The ongoing commitment of the Community Hospital to be a hub of community wellbeing, and the findings of this study, fit well with the Welsh Government's Integration and Re-Balancing Capital Fund²⁹ which could be a possible funding stream, and would be a good match for developing the hospital outdoor spaces. This would need Powys Teaching Health Board to apply.

In the future, exploring how interested stakeholder organisations could create a sustainable investment portfolio. Organisations could pool expertise and resources collectively to ensure that there is a continual programme across the year. For example, if each organisation contributed to a pot of £6K it could allow for walking programmes and short wellbeing programmes at the surgery; a pot of £45-60K could allow for a wide and varied programmes at the hospital and nature sites across the catchment area with someone to help coordinate it.

Finally, there is evidence from this study that the community and staff would be willing to pay for some activities. This would only be appropriate for some groups and could be trialled alongside funded programmes.

²⁸ [UK Shared Prosperity Fund: prospectus - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/684823/UK_Shared_Prosperty_Fund_prospectus_-_GOV.UK.pdf)

²⁹ [Health and social care integration and rebalancing capital fund: guidance 2022 to 2025 | GOV.WALES](https://www.gov.wales/government/health-social-care-integration-rebalancing-capital-fund-guidance-2022-2025)

4.3.2. Cost implications

There is a need for staff time to write the funding bids, coordinate the input of partner organisations and, if fundraising is successful, to administer the funding and reporting requirements of the fund.

4.3.3. Next steps

- Joint funding bid to one or more large funds for the main activities and wellbeing programmes. Smaller pots of funding could be sought for the easier to fund related but potentially standalone aspects such as the patient garden (*see section 4.10*).
- Fundraising could be led by the host organisation in collaboration with partner organisations. Ongoing management, administration and reporting should be factored into the funding bid to support that work.
- Build in the exploration of sustainably financing this type of service in the future into the funding bid.

4.4. Programme of outdoor health and wellbeing activities

The community survey identified a need for outdoor health activities in the area, accessed proactively by the individual, or via referral/signposting from their healthcare provider. The relevant staff at the Community Hospital would like to have activities to refer or signpost to. The National Exercise on Referral Scheme, the Community Connector for Bro Ddyfi (PAVO) and Dental Practice would like to have outdoor activities to signpost to. So far there have been successful projects such as Trywydd Iach; however, the short-term nature of funded projects has led to interrupted provision when funding is not available.

Ideally there would be a continual provision of outdoor health programmes that meet the needs of the community and patients, so that everyone can rely on the service without being in doubt as to its continuation.

4.4.1. How could this work?

There are already good examples of how this could work in practice, such as the Trywydd Iach project. There is also an existing network of experienced activity providers in the area.

Initially this could be part of a larger collaborative fundraising effort, to establish long-term provision and partnerships.

4.4.2. Cost implications

The key challenge to implementing activity programmes is securing sustainable funds.

A freelance activity leader working with Coed Lleol/Small Woods in 2024 receives £150-£187.50 per day, to deliver sessions, including preparation, risk assessing and record keeping. This has been set up to reflect a fair rate of pay for leaders for the work involved in delivering high quality, effective and safe outdoor health sessions.

Additional paid time is needed for patient support, coordination, administration and ongoing evaluation and learning – which could be carried out by the Outdoor Health Coordinator.

The surveys also suggested that most people would be willing to contribute financially to sessions, depending on what was on offer. However, care should be taken not to exclude those most in need of support.

There are a wide variety of delivery and cost implications for programmes, largely dependent on the level of support needed for individuals to attend and the skills and support of the leaders. Some services could be run by volunteers, but these would need to be for those without any support needs.

For example, a walking programme led by volunteers, with regular support from a paid leader could cost approximately £1,740 per year (for a weekly session). To cover costs, participants could pay approximately £3/ session (with 12 people attending). Minimal support would be given to individuals.

Alternatively, a walking programme led by two paid leaders, providing support for participants, and alternative grading options, could cost in the region of £7,000 per year (for a weekly session) with participants needing to pay approximately £12/session (with 12 people attending) or another source of funding to be sought to cover the cost.

A six-week woodland skills and wellbeing programme would cost in the region of £2,400 (for six weeks only) or £33.50 per participant per session, £210 for the programme per participant (with 12 people attending).

4.4.3. Next steps

- Design and offer outdoor health programmes at the Community Hospital and within the Dyfi Biosphere at identified accessible outdoor health locations that meet community needs – as defined and expressed by health professionals, Community Connector for Bro Ddyfi (PAVO) and ongoing community consultations.
- Focus on outdoor activities that can support people to manage their own health and wellbeing across a range of need and capacity. In particular, those who need support self-managing their particular chronic conditions, improving mental health and / or living well into old age.
- Consider expanding programmes to engage with pre-school and school-aged children, offering early experiences in nature, focusing on those who do not normally access those experiences.
- Work towards engaging with harder-to-reach members of the community, ensuring the outdoor health programmes are inclusive and welcoming, with a wider reach.
- Build on the successful Trywydd Iach, that has also been trialled in other areas of Wales, to provide a range of outdoor activities for different interests and abilities, implementing the learning from this project. Trial participants in some groups contributing to activities on a self-assessed sliding scale – by donation. To minimise administrative burden on activity providers, the payment should be at the point of booking.

4.5. Programme of volunteering opportunities

More than half of the community survey respondents expressed a potential interest in volunteering and there is a need for volunteers to help maintain and develop the green spaces around the Community Hospital.

This would be an opportunity to rebuild trust with the community after the felling of the cherry, magnolia and apple trees during the development of the Community Hospital, and ensure the delivery of Powys Teaching Health Boards' commitments made after this to continue to support biodiversity on site.

There could also be opportunities for volunteers to get involved in activity groups and walking groups at the Community Hospital and across the valley or developing and running a patient garden in the grounds of the Community Hospital.

4.5.1. How could this work?

Ongoing community engagement would be needed to involve community members interested in volunteering. Initially, an open day at the Community Hospital focusing on outdoor health and wellbeing and the link to the healthcare offered at the hospital.

Volunteering could be offered as an opportunity to care for the people and place that cares for the community. Community members can then sign up to become volunteers and go through a process of induction and training.

It is important that the volunteers find the experience rewarding and that they socialise, gain skills and feel that they are making a difference. There should, therefore, be some level of coordination and a lead person to support the volunteers and ensure the volunteering opportunities meet the needs of the individuals involved.

The following routes that could coordinate, manage and support volunteers were identified in the consultation:

1. Powys Teaching Health Board could be responsible for the volunteers and their work, but through recruiting and training a Community Engagement Volunteer Leader, just as Countryside Services do with Rights of Way maintenance in some areas.
2. The organisations that host and manage the Outdoor Health Coordinator also recruits, trains and manages a Community Engagement Volunteer Leader.
3. A local group might have a direct arrangement with Powys Teaching Health Board, whereby the group runs sessions on site and is responsible for a group of volunteers and their recruitment and support. Gerddi Bro Ddyfi Gardens, for example, were interested in the development of a patient garden and helping with planting schemes.
4. The work of a Community Engagement Volunteer Leader for outdoor health would form part of the role of Local Volunteer Coordinator that currently supports local volunteering promotion and development based at the Taj Mahal Community Hwb. This is the local hub for the PAVO-funded Powys Volunteer Service in the area. It could also become part of a similar role that exists in the future.

4.5.2. Cost implications

Costs for a Volunteer Coordinator range from £25-£30K pro rata. This role could be part-time at 0.6, or if full-time they could get involved in actively taking the volunteers to different nature sites to support biodiversity, as well as activities within the hospital grounds.

The activities would also have a minimal cost, i.e. transport to sites, expenses for volunteer travel, refreshments, which would mean allowing approximately £50-£100 per session, depending on where the group were volunteering. Total: £2,500-£5,000.

Capital expenses for tools and personal protective equipment would depend on the number of volunteers but allowing for £50 per volunteer would be worthwhile initially. Total: £1,000 for 20 volunteers.

4.5.3. Next steps

- The Outdoor Health Development Group to consider the different options for a hosting organisation to deliver outdoor volunteering at the Community Hospital and beyond.
- Engage with the local hub for the PAVO-funded Volunteer Service
- The potential hosting and partner organisations to consider if they have the capacity in-house to support volunteering at the Community Hospital and beyond or would want to with financial support.
- Develop a programme of volunteering focusing on the Community Hospital's outside places (*see section 4.10*).
- Develop a programme of volunteering focusing on other sites around the Dyfi Biosphere, including the two Woodland Hub sites.
- Develop volunteering opportunities assisting wellbeing walking and activity groups, in conjunction with the development of those programmes (*see section 4.4*).

4.6. Wellbeing outdoors for staff at the Community Hospital

Most staff surveyed at the Community Hospital would like to engage more with the outdoors and have wellbeing sessions integrated into their working patterns, and the study results suggest a need to support staff with their wellbeing.

4.6.1. How could this work?

There are challenges in implementing regular outdoor wellbeing sessions at the Community Hospital due to work pressures, shift patterns, limited break times, and the need to keep uniforms clean and hygienic.

Suggestions included having drop-in sessions so that staff can choose when to attend, making wellbeing part of protected learning sessions and occasional longer sessions or away-days that bring staff together, such as the wreath-making taster session run as part of this study.

If it can be scheduled it would be beneficial for the staff to have occasional cross-team events that build collaboration, mutual support and understanding between staff from different departments, at a local nature site: for example, at one of the Woodland Hubs.

Development and delivery of these activities would need to complement and work in synergy with the Powys Teaching Health Board's current staff wellbeing programmes including their Staff Wellbeing Roadshow, online resources and in conversation with 'Chat 2 Change' – a staff engagement group with representatives from all the different professions within the health board that meet regularly to help change the culture of staff development and wellbeing.

4.6.2. Cost implications

An activity leader could come to the hospital and run an ongoing drop-in activity, they could be paid to come in for half a day at £75, or £150 for a full day, plus any materials needed for the sessions. It is likely that they would need time for planning and preparation, risk assessing, etc. so the length of any session would need to be doubled to cover this time.

For quarterly events there would likely need to be two leaders or a leader and assistant, costing roughly £300 plus any materials and refreshments and site booking fees if applicable.

In addition, there would be a small amount of coordination and administration time needed, unless staff wanted to organise this internally.

Investing between £3,750 to £9,375 per year could mean a regular weekly programme of wellbeing activities for the staff, run by one or more external freelance providers.

Ideally this service would be internally funded for staff wellbeing. However, at least for a trial period, funding could be sought to run these activities.

4.6.3. Next steps

- Engage with the Powys Teaching Health Board's Staff Wellbeing Team and 'Chat to Change' group to explore further.
- The Outdoor Health Development Group to consider if this is a service that should be internally paid for, for staff wellbeing, or if it should be part of the fundraising effort for a trial period.
- Design and offer an outdoor health programme at the Community Hospital for staff that meets their needs - as defined and expressed by staff and Community Hospital management.
- Offer quarterly cross-team events that build collaboration, mutual support and understanding between staff from different departments at a local nature site: for example, at one of the Woodland Hubs.

4.7. Activity leader network and training

To provide the high quality and consistent provision of outdoor health and wellbeing programmes, the activity leaders need to know what is needed and have the training, resources and support to respond to that need. The focus groups with activity leaders suggest that there is a desire amongst

practitioners to be part of a network, to meet the needs of the community and work more closely with healthcare providers.

4.7.1. How could this work?

Building on the group of activity leaders who engaged in this study and the Coed Lleol/Small Woods database of local leaders, establish a local group that meets regularly. The activities and priorities of the network would be co-created with this group.

This group would need administrative and facilitation support, as well as training and continued professional development to ensure that they work to minimum standards. Facilitation could be provided by the Outdoor Health Coordinator.

Coed Lleol/Small Woods are specialists in outdoor health training and network support for activity leaders across Wales and could continue to expand this support in the Dyfi Valley.

4.7.2. Cost implications

Coed Lleol/Small Woods staff time is dependent on funding availability; therefore, some staff time would need to be factored into financial plans if this were to be a long-term role. The cost of a Leader Support role is in the region of £25-£30K pro rata but this role could be 0.2.

If no funding is available, once established, this group could be self-organising. However, most of the leaders are freelance and/or only work part-time. It would therefore be preferable to keep any additional time and cost to a minimum.

Supporting freelance leaders with financial support to attend skill-shares and deliver activities for each other would enable them to put time aside for this important activity. Each skill-share would cost in the region of £200 to £600, so a budget of £800 to £2,500 would allow for a series of events across the year.

Providing training bursaries to support leaders to meet minimum standards and attend career professional development (CPD) courses would be beneficial. Recommended £1K-£5K per year.

4.7.3. Next steps

- Consolidate the network of outdoor activity leaders to provide support, information sharing, CPD, and skill-shares.
- All leaders providing activities are registered and meet training and experience standards.
- Put in place a fair and transparent mechanism for activity providers to access contracts and funding to run health and wellbeing programmes.

4.8. Centralised communications

Key to delivering a coherent and collaborative service is excellent communication. The results of this study suggest strong support for a centralised platform for information around the provision of outdoor health opportunities. The key suggestions were a website, a Facebook page and a notice board at the Community Hospital. It was also highlighted that a section of the community experiences

the digital divide and that it is important to also communicate via printed posters, fliers and inclusion in local publications.

4.8.1. How could this work?

The proposed new Outdoor Health Coordinator would develop these with the guidance of the Outdoor Health Development Group and with reference to existing communication processes used by the Community Connector for Bro Ddyfi (PAVO) and other local services, to ensure synergy and best practice in communication planning and delivery.

The Outdoor Worker would be responsible for compiling and communicating opportunities and identifying any gaps in provision.

The website could be developed in collaboration with other local or regional services to publicise all community health opportunities that include outdoor health, similar to other successful and integrated health hubs such as the Bromley by Bow Centre³⁰, in East London.

4.8.2. Next steps

- Develop a communication plan for outdoor health opportunities locally, in partnership with activity providers in the area.
- Develop a central online resource with dissemination to key community locations both digitally and in printed form.

4.9. Integrated registration and referral pathway

The results of this study suggest there is strong support for outdoor and nature-based programmes to be available on prescription. Feedback from clinicians suggests the need for a quick and straightforward process.

During the Trywydd Iach project, a process was developed and piloted with Dyfi Valley Health with some success. This could be used as a basis for integrating green health into the hospital's processes, developing this further. It is essential that this process links up seamlessly with the internal Community Hospital referral processes and that it complements the services offered by the Community Connector for Bro Ddyfi (PAVO) and other local services. Further discussion on how this would work in practice would be needed before implementation.

4.9.1. How could this work?

Proposed outdoor health process for formal referrals:

1. GP, Community Connector for Bro Ddyfi (PAVO) or other health provider offers outdoor health services to suitable patients.

³⁰ [Social Prescribing - Bromley by Bow Centre \(bbbc.org.uk\)](http://bbbc.org.uk)

2. Consent and basic contact details are provided by GP or other referrer; this should flag any particular physical or mental health conditions that need to be considered for the outdoor health referral.
3. This is logged as an outdoor health referral on patient records so that patient 'journeys' can be followed by the medical professional who referred them.
4. The patient has a phone call or in-person meeting with an Outdoor Health Coordinator to fill in a more detailed referral form and to look at options for outdoor health activities and volunteering available.
5. If needed, the patient receives targeted support to engage with activities and overcome barriers during their initial sessions.
6. At 6 weeks the participant has a second meeting with the Outdoor Health Coordinator to assess if they would benefit from continuing the sessions or have an exit interview.
7. Wellbeing is monitored at the start and at 6 weeks. The Link Worker then shares the wellbeing and any other outcomes with the health professional who referred the patient – completing the feedback loop.

Proposed outdoor health process for self-referrals and signposted patients:

1. Outdoor activities are advertised online and via fliers available at the Community Hospital and in key community locations.
2. The participant fills out a registration form online, by post or by phone.
3. If the participant needs additional support, they move to step 4 of the *formal* referral process (see above).
4. The participant is sent the details for joining the activities.

Further consideration is needed as to whether self-referred/signposted participants engage in wellbeing monitoring and have the level of support as for those being referred to the service. This would partly depend on if these participants are paying for the service or if it is funded and monitoring and evidence is needed to demonstrate the effectiveness of the intervention. It is also worth considering building the bank of evidence more generally for outdoor health provision.

4.9.2. Cost implications

Propose trialling a charge for self-referral and signposted participants that partially or fully covers their costs. The formal referral and patient support to attend activities should be provided free of charge to the patient.

Support for setting up and running the referral process could be part of a funded project, but this report strongly suggests that longer-term financial support of this type of intervention is needed. With the extremely tight budgets of the NHS and local health services, a mechanism for this has not presented itself. Further policy and local level exploration is needed.

4.9.3. Next steps

- Co-develop a referral and registration pathway that integrates with the Community Hospital systems and other existing referral processes run by the Community Connector Bro Ddyfi (PAVO).
- Training sessions for Hospital and Surgery staff, Community Connector for Bro Ddyfi (PAVO) and other relevant stakeholders on the referral system and what is on offer. Aim for all stakeholders to be on board with using the referral system and where to get the information needed.
- Investigate if the Community Hospital can be a case study for wider roll-out of social prescribing in Wales. This fits with the Wales-wide social prescribing framework.
- The Outdoor Health Development Group should have a representative on the Task and Finish group for the social prescribing framework. Currently Coed Lleol/Small Woods attend the meetings and could continue to do this and report back to the Steering Group, a member of the Development Group or seek to co-opt an additional member.

4.10. Development of the Community Hospital outdoor spaces

The site analysis and interviews for staff suggests that there is potential to develop an inspiring outdoor focus at the Community Hospital. There is enthusiasm from staff and the community for the site to develop its green spaces, particularly a garden for inpatients, a more engaging outdoor space for visitors and from the staff a request for a private outdoor space. It is considered that the outdoor space at the hospital is best suited to quiet space, wellbeing, seating, gardening and a short walk. Other sites in the local area (see 3.1.3) are better suited to other referenced activities such as cycling and woodland groups.

The vision for the outside spaces, focused on in this study, should complement and interact with the indoor community facilities (see 3.1.2) as mutually valuable to a Community Hospital aiming to be a hub of community wellbeing. Although beyond the scope of this study, it was highlighted that the indoor community spaces currently have some issues to resolve around access and staffing to facilitate use.

4.10.1. How would this work?

Site visits undertaken as part of the study have identified areas that could be developed to meet the needs identified (see 3.1.1).

Developing the green spaces at the Community Hospital could be an exciting project to undertake with support from community volunteers.

Different spaces could be taken on by volunteers or community groups in the area, who could support the development of that area within a wider management plan of the site, in collaboration with Estates.

The patient garden fits well into an area that was previously used for this purpose and could be improved and expanded. An accessible, safe, and dementia-friendly garden, as well as private outdoor spaces for patients and their families coping with long-term conditions, recovery and end of life would make a huge impact on the wellbeing of patients in the ward.

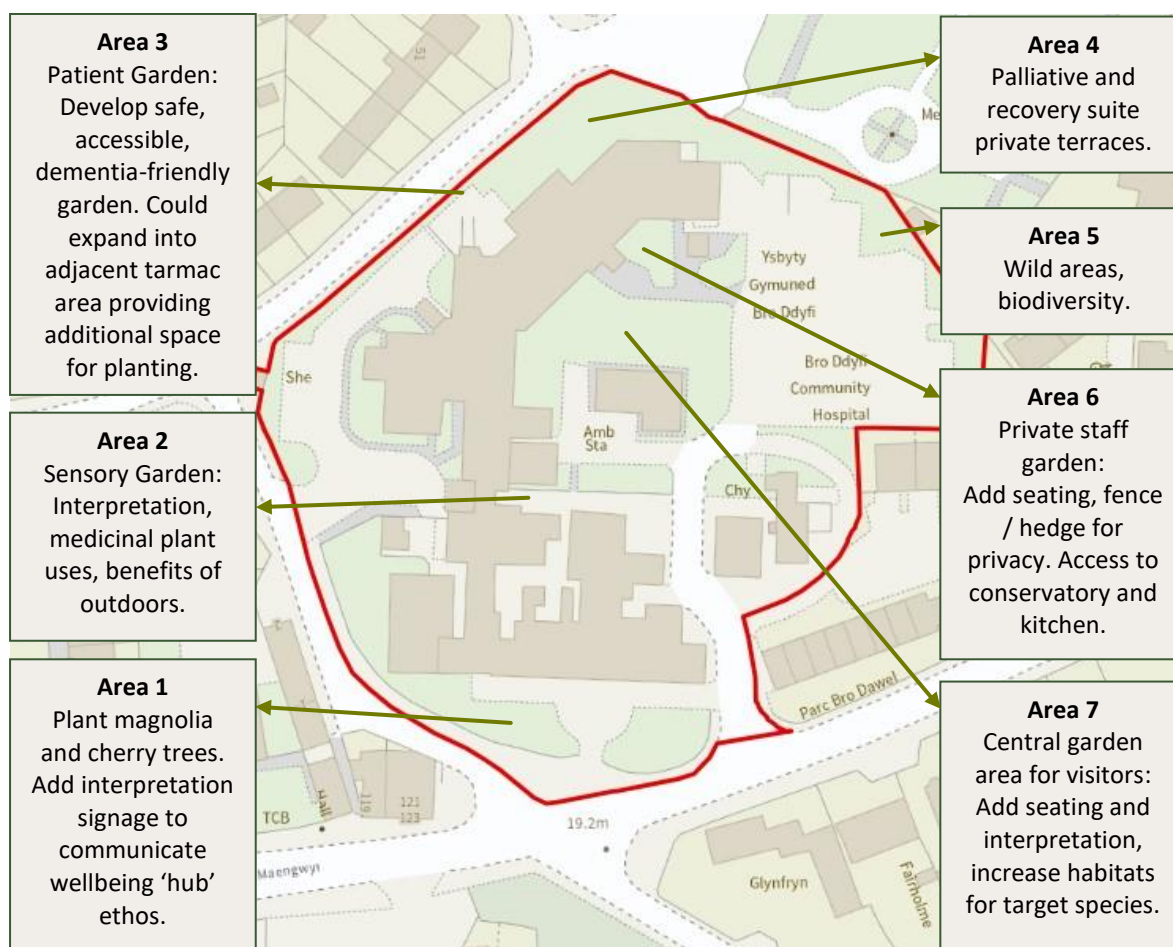


Figure 45 The Community Hospital with the main green spaces and potential developments that could be implemented in each area. Map source PTHB.

The map of the site with the suggestions for each of the main green spaces on the grounds of the Community Hospital developed from a combination of the site analysis, interviews with staff and the results of the surveys. However, further consultation with staff and patients would be needed to finalise the locations and details of the developments to be made, alongside a full costing of the interventions.

It was not obvious where to locate a private area for staff due to the nature of the site, with most areas being overlooked or accessible by the public, but an area has been identified that has potential. The suggestion of a walking route around the site would be more difficult to implement but could instead take the form of different areas to walk to that are engaging and promote wellbeing.

Some aspects of the staff garden could be integrated into some of the wellbeing sessions for staff, enjoyable sessions that would encourage a sense of ownership and encourage ongoing engagement with the space. Workshops could run over 6-12 weeks where staff could learn weaving, fencing, building and planting skills in the development of the garden, dropping in to lend a hand along with skilled practitioners.

4.10.2. Cost implications

The maintenance of the grounds is the responsibility of the Community Hospital. However, this could be supported by volunteers getting involved in site maintenance and development.

Funding could be sought for a project to develop the green spaces and create interpretation linking wellbeing, biodiversity and the Community Hospital.

The patient garden is currently being costed up by the PTHB and, at the time of writing, an application is being considered to the Health and Social Care Integration and Rebalancing Capital Fund (IRCF), which has £180 million available to develop 50 innovation hubs for health across Wales over three years.

For the staff garden, the main cost would be fencing or putting in place a hedge to protect the privacy of the staff. If the staff were involved in the development of the garden as part of the outdoor wellbeing provision this might cost in the region of £2,400 to £6,000 for skilled workers and materials, depending on how much work is done by contractors.

4.10.3. Next steps

- With the guidance of the Outdoor Health Development Group, create a site plan for development to inform planning and fundraising.
- Design and install interpretation to communicate the wellbeing 'hub' ethos of the Community Hospital and the benefits of the outdoors and nature on wellbeing. The focus of this interpretation could be different in each area, with the aim of creating relaxing and engaging spaces.
- Develop a patient garden in collaboration with local community groups, that meets the needs of patients. Focus on accessibility, creating a safe and secure space that is dementia-friendly, as well as planting for year-round interests.
- Further consultation with staff on the need for, location of and design of a private staff garden. The garden could be co-created with staff as part of a wellbeing programme that focuses social activities that have a purpose.

5. Recommendations

5.1. Vision for integrating outdoor health at the Community Hospital

The collective vision emerging from this study is for a thriving Community Hospital at the heart of the Dyfi Biosphere. Building on its achievement and commitment to become a wellbeing 'hub' providing integrated services for and with the community, outdoor health becomes embedded and complements primary and secondary clinical care. Developing the Community Hospital outdoor spaces and linking with other green sites across the Biosphere, patients, staff and community members can access evidence-based outdoor wellbeing interventions. With a focus on reducing healthcare burdens, enhancing wellbeing and addressing environmental challenges, the Community Hospital collaborates with local organisations and volunteers in a collective effort to sustainably promote health and resilience of people and place.

5.2. Recommendations

Recommendation 1:				
Establish an Outdoor Health Development Group to oversee the study's follow-up and delivery of its recommendations. This approach fosters continuity and collaboration to address the diverse needs of the community and healthcare services.				
Specific	Measurable	Achievable	Relevant	Time-bound
Review and renew the Terms of Reference for the group. Regular meetings to be established. Set up staffing requirements for the facilitation and administration of the group.	Agenda and minutes taken for each meeting. Members of the group take forward actions and report back.	The Steering Group is ready to transition into the Development Group.	Development Group represents relevant cross-sector perspectives and co-opts additional members as needed.	Coed Lleol / Small Woods will organise the first meeting. Following meetings scheduled quarterly, or as agreed.

Recommendation 2:

The Outdoor Health Development Group to consider the creation of a new role, for the purpose of this report referred to as the Outdoor Health Coordinator. This role could address the need for enhanced staff capacity to enable integrated outdoor health services and effective communication between all stakeholders.

Specific	Measurable	Achievable	Relevant	Time-bound
<p>The Development Group identifies suitable host organisation.</p> <p>Clearly define responsibilities, support and management needs of the role.</p>	<p>Set measurable targets for the Outdoor Health Coordinator.</p>	<p>Ensure salary range aligns with the organisation's budget and funding sources. Explore potential cost-sharing or grant opportunities to cover salary expenses.</p>	<p>Direction provided by the Outdoor Health Development Group.</p>	<p>Fundraising for the role to start as soon as possible.</p> <p>Aim to have the new position in place by the end of the year.</p>

Recommendation 3:

The Outdoor Health Development Group to facilitate the collective leverage funds to address the financial implications of proposed recommendations, with an aim to create more capacity and sustainability for outdoor health, alongside clinical care. Partner organisations would fundraise, develop collaborations, and implement recommendations. Stakeholder organisations could explore creating a sustainable investment portfolio to ensure continual programming. Community willingness to pay for some activities could also supplement funding.

Specific	Measurable	Achievable	Relevant	Time-bound
<p>Define the roles of partner organisations in fundraising, coordinating inputs, and administering funds, ensuring clear communication channels and accountability.</p>	<p>Set targets for fundraising efforts.</p> <p>Explore expansion of monitoring and evaluation practices to include financial return on investment.</p>	<p>Dependent on the capacity of partner organisations to commit staff time to fundraising activities.</p>	<p>Align fundraising efforts with the specific needs and goals identified in the report and ongoing engagement.</p>	<p>Coed Lleol / Small Woods to report on progress at the first Development Group meeting and this group to set targets.</p>

Recommendation 4:

Establish a sustainable and targeted programme of outdoor health and wellbeing activities, including formal and informal programmes, and taster days that meet the needs of the community, ensuring continuity of provision and accessibility. Connect with other outdoor sites across the Dyfi Biosphere for wellbeing and volunteering opportunities, including the two Woodland Hub sites.

Specific	Measurable	Achievable	Relevant	Time-bound
<p>Long-term consistent outdoor programmes of activities based at the hospital and other sites in the Dyfi Biosphere</p> <p>Work with activity leaders to capitalise on and expand existing capacity.</p>	<p>Implement monitoring and evaluation mechanisms to track program effectiveness.</p>	<p>Build on the successful Trywydd Iach programmes.</p>	<p>Align with community preferences and healthcare provider referrals, focusing on activities that promote physical and mental wellbeing in outdoor settings.</p>	<p>Dependent on access to funding.</p>

Recommendation 5:

Establish a volunteering programme aimed at engaging community members in maintaining and enhancing green spaces around the Community Hospital, fostering a sense of ownership, and supporting biodiversity efforts.

Specific	Measurable	Achievable	Relevant	Time-bound
<p>Identify roles for volunteers, in line with site management plan and community interest. Explore other volunteer opportunities with patients and activity groups.</p>	<p>Set measurable targets for volunteer recruitment and retention, such as the number of volunteers trained, hours contributed, and impact.</p>	<p>Take into account factors like staffing capacity, resource availability, and volunteer support needs. Assess if additional staffing is required.</p>	<p>Coordinate with existing staff and local volunteer bureau offer as part of Powys Volunteer Centre.</p>	<p>This may be achievable with existing staffing or need a boost from funding.</p> <p>Develop a timeline for launching the volunteering programme.</p>

Recommendation 6:

Introduce a tailored outdoor wellbeing program for staff at the Community Hospital to address their aspiration to have more outdoor engagement and support their overall wellbeing needs that complements the current Powys Teaching Health Board staff wellbeing offer.

Specific	Measurable	Achievable	Relevant	Time-bound
Identify the types of outdoor activities and events that would best match staff schedules, including drop-in sessions, protected learning sessions, and occasional longer events.	Establish measurable goals for the programme, such as staff participation rates and staff wellbeing indicators.	Explore options for external funding or internal budget allocations to support the programmes, ensuring sustainability and scalability over time.	Coordinate with existing staff wellbeing initiatives within Powys Teaching Health Board to complement and enhance overall staff support efforts.	Dependent on access to budget allocations or funding.

Recommendation 7:

Establish and support an activity leader network in the Dyfi Valley, to ensure the consistent delivery of high-quality outdoor health and wellbeing programs. This network will facilitate collaboration starting at the hospital, provide ongoing training and professional development, and ensure adherence to minimum standards.

Specific	Measurable	Achievable	Relevant	Time-bound
Identify a core group of activity leaders committed to participating in the network to establish next steps.	Monitor participation in meetings and support activities.	Build on the group of activity leaders that engaged in the study.	Ensure the network's objectives align with the goal of enhancing outdoor health provision.	Coed Lleol / Small Woods will organise the first meeting, following that meeting, as agreed.

Recommendation 8:

Facilitate effective communication and information dissemination regarding outdoor health opportunities via a centralised communication platform, such as a website, a hospital noticeboard, and a social media presence. This platform will serve as a resource for community members, healthcare providers, and activity providers.

Specific	Measurable	Achievable	Relevant	Time-bound
Develop a Communications Plan. Stand-alone or shared online platform. Strategies to address digital exclusion.	Monitor reach and engagement through digital analytics and community feedback mechanisms.	Collaborate with partner organisations to find the best way to jointly promote relevant opportunities.	Dovetail with the Community Connector information services. Tailor key messages and content to audience.	Dependent on access to funding.

Recommendation 9:

Establish an integrated registration and referral pathway that caters to both formal referrals and self-referrals. This pathway should streamline the process for healthcare providers, patients, and community members, ensuring efficient and effective engagement with outdoor health programmes. It should be developed to work in synergy with the existing Community Connector service that provides social prescribing to a range of services, hosted by the Powys Association of Voluntary Organisations.

Specific	Measurable	Achievable	Relevant	Time-bound
Co-develop a referral and registration pathway that integrates with the Community Hospital systems and in synergy with the Community Connector for Bro Ddyfi (PAVO).	Wellbeing is monitored at the start and at 6 weeks.	Build on the registration and referral processes developed by Trywydd Iach and Dyfi Valley Health.	Align with the Social Prescribing framework and the referral processes of the Hospital and the Community Connector.	Dependent on access to funding.

Recommendation 10:

Revitalise the outdoor spaces at the Community Hospital, enhancing biodiversity and putting into practice the proven wellbeing benefits of the outdoors and nature for patients, staff and visitors. Community and staff would like a safe accessible dementia friendly patient garden, private patios for palliative care rooms, a private outdoor space for staff, amenity space for visitors, and engaging written and artistic interpretation linked to outdoor health and the 'hub' ethos of the hospital.

Specific	Measurable	Achievable	Relevant	Time-bound
<p>Develop a design for the grounds of the garden.</p> <p>Focus meeting the key needs of patients and staff.</p> <p>Create an interpretation board that includes links to local walks and connects people with outdoor health provision in the area.</p>	<p>Establish benchmarks for progress, such as the completion of landscaping improvements, start of gardening initiatives.</p>	<p>Dependent on allocation of resources.</p> <p>Involve local community organisations and volunteers.</p>	<p>Based on consultation with staff and community.</p> <p>Further consultation needed to develop the design for the grounds.</p>	<p>Dependent on access to budget allocations and / or external funding.</p>

6. Conclusion

The enthusiasm for outdoor and nature-based activities to support health from all the stakeholder groups that participated was stronger than anticipated and suggests an increasing awareness and willingness to engage with this type of intervention. At the start of this study the focus was primarily on outdoor health, and as the stakeholder engagement was carried out, it became clear that the potential was much wider, and the barriers intertwined with a complex multi sector system.

Whilst not directly focussing on the wider barriers in this study, it is anticipated that by supporting staff wellbeing, making patient referrals more straightforward, giving patients on the ward a more relaxing and nurturing experience, enhancing the hospital outdoor spaces and creating strong links to natural environment around the Dyfi Biosphere, this could ease wider issues to an extent. For example, in helping with staff recruitment and retention at the Community Hospital.

Building on the stakeholder engagement and refined by the study Steering Group, the collective vision is for a resilient and healthy local community and environment supported by a thriving Community Hospital at the heart of the Dyfi Biosphere, which offers nature as a natural health service, integrated and complementary to its primary and secondary care.

It is possible that the Bro Ddyfi Community Hospital could be a model of how this can work in practice on a small site, a wellbeing centre 'without walls' where care takes place in its biodiverse outdoor spaces and gardens, linking by walking routes, public transport and a nature bus to a constellation of accessible outdoor wellbeing hubs in the town of Machynlleth, and across the Dyfi Biosphere's abundant natural environment.

Core to this vision is addressing the key challenges of an increasing burden on the health service and climate crisis and biodiversity loss. With improvements to the physical, social and mental wellbeing of the Dyfi Valley community, this has the potential to reducing the numbers of appointments and prescriptions, connecting people to nature and contributing to the care of the local environment.

It is key that the next steps are steered and supported by a wide range of local organisations and community groups that will benefit from and are committed to this work. Together they could coordinate their financial, social and environmental resources to co-produce an ambitious collective offer and ensure its long-term sustainability. This study proposes the study Steering Group continue their engagement and become an ongoing Outdoor Health Development Group. To implement the next steps increased staff capacity is needed, and the creation of a new role is proposed to take forward the key elements of this integrated approach. This would be complementary to and work closely with existing services such as the Community Connector for Bro Ddyfi (PAVO). The exact remit of this role is still to be decided, but some suggestions are put forward in this report. The main block to taking forward proposals is the current challenging financial environment, and to set up the next steps it is proposed that key organisations engage in a fundraising effort. Coed Lleol / Small Woods and Ecodefy are already exploring potential funding options to address this.

With the resources in place, it would be possible to take forward the other recommendations in this report including a year-round offer of outdoor activities, tailored wellbeing sessions for staff at the hospital, volunteering opportunities, support for activity leaders, improved and centralised communication and the development of the Community Hospital site.

With the overall positivity of the stakeholders engaged in this study, the willingness to collaborate and the skilled practitioners in the area, taking these next steps towards the vision appears achievable.

7. References

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Appendices

Appendix A – Steering Group

Coed Lleol/Small Woods helps to improve the health and Wellbeing of people across Wales through woodland and nature-based activities. They are a national charity and company limited by guarantee based in Machynlleth, with a network of staff and freelancers across Wales. The organisation has been running a range of outdoor and nature-based health and wellbeing activities since 2010.

Ecodyfi is an independent development trust, delivering sustainable community regeneration in the Dyfi Valley and UNESCO Dyfi Biosphere, and beyond. Established in 1988 and based in Machynlleth, Ecodyfi is a bilingual locally controlled organisation fostering and supporting a green economy and community.

Bro Ddyfi Patient Forum – Chair

The Forum consists of individuals and representatives from local organisations. Their objectives are to facilitate debate among local residents concerning health needs and current service provision. This includes collecting feedback from the community about current health service provision to identify gaps and service improvements; ensuring the needs and interests of all patient groups are taken into consideration – including people with specific illnesses or conditions, people with a disability and people from minority ethnic groups; ensure patients' needs are considered in the development of the practice and Health Boards systems e.g. appointment systems and telephone systems; and support the Health Board to achieve its health promotion aims.

Powys Organisation of Voluntary Organisations – Bro Ddyfi Community Connector and Senior officer Community Wellbeing.

PAVO is the County Voluntary Council for Powys supporting the third sector in Powys (third sector is a term for the range of organisations including voluntary and community organisations, registered charities and associations, self-help groups and community groups, social enterprises, mutuals and co-operatives).

Powys Teaching Health Board – Community Liaison Officer; Assistant Director, Community Services Group and Environmental and Sustainability Manager

PTHB is the local health board of NHS Wales for Powys in Mid Wales. PTHB is responsible for healthcare in Powys, covering the same area as Powys County Council, and the management of the Bro Ddyfi Community Hospital.

Rural Health & Care Wales – Head of Rural Health and Care Wales (RHCW)

RHCW is an organisation of excellence that is leading the way in the field of rural health and social care in Wales, the UK and internationally. It was formed and is supported by Hywel Dda University Health Board, Betsi Cadwaladr University Health Board, Powys Teaching Health Board and Welsh Ambulance Services NHS Trust. RHCW works in collaboration with the Universities of Aberystwyth, Bangor, Cardiff, Swansea, Trinity Saint David and Coleg Cymraeg Cenedlaethol, along with the local authorities of Ceredigion, Powys and Gwynedd.

Machynlleth Town Council - Town Councillor

Representing the interests of the Machynlleth community the Town Council work closely with Powys County Council.

Dyfi Valley Health Surgery - GP Partner and GPs

Based within the Community Hospital and offering many clinics for the management of chronic diseases such as asthma and diabetes and offering a wide range of other medical services including antenatal and postnatal care, minor surgery, minor injuries, childhood vaccinations and well-person check-ups.

Bro Ddyfi Hospital Inpatient Twymyn Ward – Sister and Nurse

The ward has 14 beds which support medical and rehabilitation patients. It is supported by General Practitioners from Dyfi Valley Health. The ward is also well supported by a multidisciplinary team which incorporates Physiotherapy, Occupational Therapy, Dietetics, Speech and Language Therapy, Parkinson's Specialist Nurse, Respiratory Nurse Speciality, Tissue Viability, Incontinence Nurse Specialist, Mental Health Team and Social Workers.

Appendix B – Activity Leaders

Outdoor and nature-based activity providers

Coetir Anian – Cambrian Wildwood

Ecodyfi

Gerddi Bro Ddyfi Gardens

Mach Maethlon

Centre for Alternative Technology

Eginiad

Gelli Deg Dyfi

Dyfi Bike Park

Forgeways – Neil Hopkins

Dyfi Donkeys

Scouts

Braich Goch

Outdoor health activity leaders

Jeanette Grey

Mark Vrionides

Simon Griffiths

Jane Rigby

Gareth Fysh Foskett

Jenny Dingle

Abi Price

Fiona Moran

Deirdre Raffan

Clare Lloyd

Maggie Langton

Appendix C – Key meetings with stakeholders

Date/Meeting	Overview
8/8/2023 – Coed Lleol Feasibility Study Coordinator and Ecodyfi.	Set up of Consultancy partnership and review of actions to initiate the project.
16/8/2023 – Coed Lleol Feasibility Study Coordinator, Ecodyfi and Keith Jackson, Chair of Patients Forum.	Meeting to discuss broader picture of community engagement health offer at the Wellbeing Centre, and how the study can form part of this.
22/8/2023 – Coed Lleol Feasibility Study Coordinator and Head Receptionist at Dyfi Valley Health Surgery.	Meeting to discuss a potential health and wellbeing session with staff members, and look at Community spaces at the Hospital.
22/8/2023 – Coed Lleol Feasibility Study Coordinator and Dr Julia Wallond, Dyfi Valley Health Surgery.	To update each other on their work (Julia has a new job on the Long-Term Health Conditions Team, as well as continuing her work as a GP at the surgery and was a member of the Trywydd Iach Project Steering Group).
30/8/2023 – Coed Lleol Feasibility Study Coordinator and Jacqui, Bronllys.	To meet and understand what can be learnt from their work doing feasibility studies in healthcare and development of community engagement and use of the Bronllys Healthcare site.
5/9/2023 – Coed Lleol Feasibility Study Coordinator and Mark Stafford Tolly, Community Liaison Officer, Powys Teaching Health Board	Intro the project and find out about how his new role as Community Liaison Officer, Estates Department Powys Teaching Health Board works.
5/9/2023 – Coed Lleol Feasibility Study Coordinator, Ecodyfi and Rhwydwaith Machynlleth Locality Network meeting.	Presentation to the Locality Machynlleth Network members about the project including town council, PAVO and other third sector organisations involved in healthcare.
30/9/2023 – Coed Lleol Feasibility Study Coordinator and Dr Zoe Wang, Dyfi Valley Health surgery.	To update each other on their work (Zoe supported Trywydd Iach work and had also just come back from the British Society of Lifestyle Medicine conference).
9/10/2023 -Coed Lleol Feasibility Study Coordinator and Andrea Blayney, Mid Wales Coordinator for Llais.	Checked in about Llais plans for Machynlleth, introduced the study project, ensured our work would not clash but compliment. Joined Llais mailing list.
12/8/2023 – Coed Lleol Feasibility Study Coordinator & Anna Prytherch, Head of Rural Health Wales.	Brought up to speed on project, discussed broader strategy of rural health and how this study relates/can help – rural health education was the focus.
12/8/2023 – Coed Lleol Feasibility Study Coordinator & Norma McCarten, Town Council representative.	Brought up to speed on project and discussed best practice for community consultation with her recommendations.

Date/Meeting	Overview
16/10/2023 – Coed Lleol Feasibility Study Coordinator and Treena Davies, Organisational Development Practitioner including staff wellbeing, Powys Teaching Health Board.	Discussed PTHB's staff wellbeing offer including annual roadshow and Chat 2 Change – a staff engagement group with representatives from all the different professions within the health board.
19/10/2023 – Coed Lleol Feasibility Study Coordinator presentation – Powys Teaching Health Boards Chat 2 Change group.	Presentation of the study at Powys Teaching Health Boards Chat 2 Change group and understanding better what they do and how we could collaborate.
11/11/2023 – Ecodyfi and Anna Swan Diabetes Nurse Dyfi Valley Health Surgery.	Discussion of the study and testing of the staff survey with feedback.
17/11/2023 – Coed Lleol Feasibility Study Coordinator and Social Forestry and Wellbeing Manager Meeting and Welsh Government Health Minister.	Shared update on project and discussed sharing the report for her to read and take forward when published.
7.12.23 – Coed Lleol Feasibility Study Coordinator attendance at launch of National Framework for Social prescribing.	Attendance to gather information about new framework and future plans.
6.12.23 – Coed Lleol Feasibility Study Coordinator and Rhwydwaith Machynlleth Network meeting.	Project update to the Locality Machynlleth Network members about the project including town council, PAVO and other third sector organisations involved in healthcare, and request of help in community consultation.
19.12.23 – Coed Lleol Feasibility Study Coordinators and Jen Hawkins, PAVO Senior Officer Community Wellbeing.	Update on the North Powys Wellbeing Programme – its progress and plans.
22.1.24 – Coed Lleol Feasibility Study Coordinator and Mark Stafford Tolly, Community Liaison Officer, Powys Teaching Health Board.	Review of how his work is progressing at Bro Ddyfi and other Powys sites – the challenges and opportunities.
30.1.24 – Coed Lleol Feasibility Study Coordinator and Steven Bromley, Environment and Sustainability Manager, Powys Teaching Health Board.	Find out more about Steven's role doing Environmental and Sustainability work at PTHB. Share information with Steven about the feasibility study and aims. Appraise ways our work benefits/overlaps and Steven's involvement in the study.
1.2.24 – Coed Lleol Feasibility Study Coordinator and PAVO fundraising team.	Appraise trends coming out of the consultation and how best to fund these. Linking to Regional Partnership Board for further discussion.
19.2.24 – Coed Lleol Feasibility Study Coordinator and Sian Davies, Former Trywydd Iach Outdoor Health Officer and Dr Sara Bradbury Willis – GP Partner Dyfi Valley Health Surgery.	Appraise trends coming out of the consultation and look at social prescribing offer in the area together – how can it evolve and change?

Date/Meeting	Overview
26.2.24 – Coed Lleol Feasibility Study Coordinator, Social Forestry Manager, Research Coordinator, Ecodyfi and Anna Prytherch, Head of Rural Health Wales.	Appraise trends coming out of the consultation and how best to fund these.
14.3.24 – Coed Lleol Feasibility Study Coordinator, Social Forestry Manager, Research Coordinator, Ecodyfi, Dr Julia Wallond, Dyfi Valley Health Surgery, Sioned Jones Pritchard, PAVO Bro Ddyfi Community Connector.	Appraise trends coming out of the consultation and look at social prescribing offer in the area together – how can it evolve and fit with the PAVO Community Connector role?
22.3.24 – Coed Lleol Feasibility Study Coordinator, Mark Stafford Tolly – Community Engagement Officer Powys Teaching Health Board, Jen Roberts, Sister Twymyn Ward Bro Ddyfi Community Hospital.	Site walk of the hospital to discuss potential of volunteering, site development including dementia garden.
26.3.24 – Coed Lleol Feasibility Study Coordinator, Joe Wellard – Coordinator, Powys Regional Partnership Board (RPB), Clair Swales – CEO of PAVO and lead for Social Prescribing for the Powys RPB, Dr Sara Bradbury Willis – GP Partner Dyfi Valley Health Surgery, Mark Stafford Tolly – Community Engagement Officer Powys Teaching Health Board.	Bring up to speed on the project and look at how it fits into Powys RPB and the emerging Powys Social Prescribing strategy as well as supporting the outcomes of the study in terms of resources and guidance.

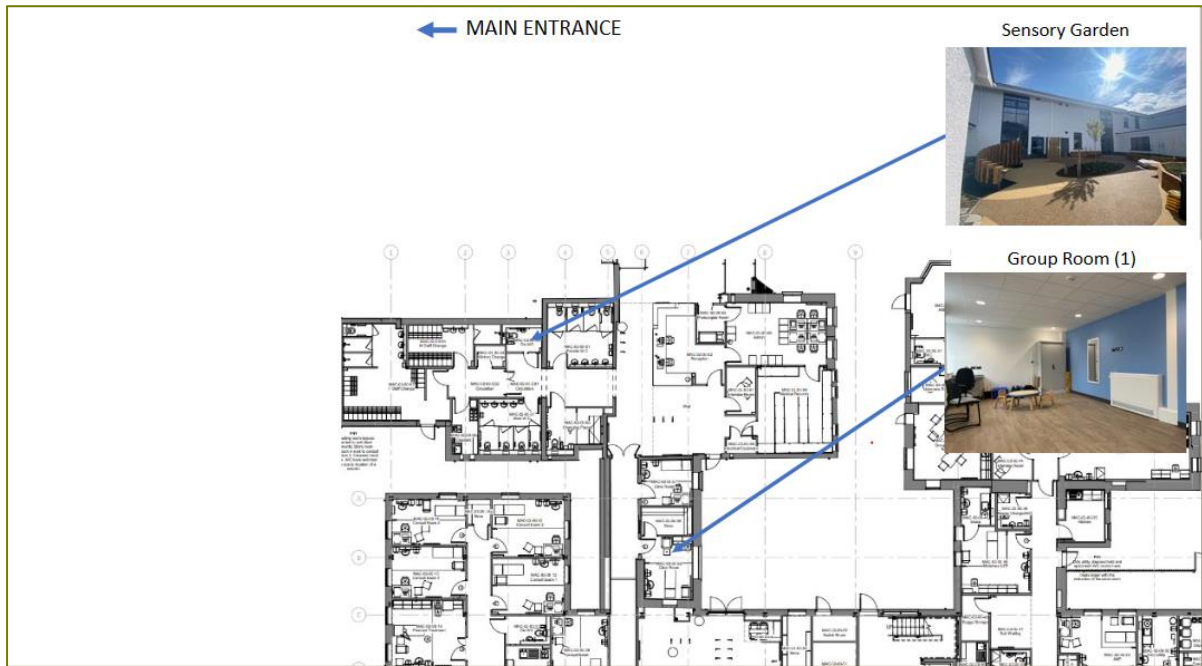
Appendix D – Engagement events

Community event	Audience	Activity
Coed Taliesin Community open day	Community – engaged 45 individuals	Display, nature-based activity (willow weaving, tree planting), survey
Credu Outdoor Wellbeing Walk with Dyfi Donkeys for young carers	Community – Young carers and their families – engaged six individuals	Cancelled due to bad weather but survey shared with those who booked
Machynlleth market charity stall (three market stalls/days in total)	Community – engaged 115 individuals	Display, nature-based activity (willow weaving), survey
Taj Mahal Community Hub event – Eginriad Christmas Meal (three events in total)	Community – engaged 50 individuals	Chat, survey
Machynlleth Patients Forum meeting	Community – Patient Forum members – engaged 15 individuals	Chat, survey
Hafan y Berllan Adult Mental Health Unit patients	Community – Mental Health patients – engaged five individuals	Display, nature-based activity (bird feeders), survey
National Exercise Referral Scheme groups at the Leisure Centre (two events in total)	Community – engaged 40 individuals	Display, nature-based activity (bird feeders), survey
CAMAD Women’s Group	Community – Women of all ages – engaged 10 individuals	Display, nature-based activity (basket making), survey
Machynlleth Youth Group	Community - Young people – engaged 30 individuals	Display, nature-based activity (Wood fired pizza), survey
Machynlleth Community Council meeting	Community Councillors – engaged 10 individuals	Chat, survey
Machynlleth Breastfeeding Group	Community – Mothers Families – engaged four individuals	Chat, survey

Staff event	Audience	Activity
Twymyn Christmas staff wellbeing event	Nursing staff and domestic team – engaged 20 individuals	Display, nature-based activity (wreath making), survey
Dyfi Valley Health Surgery protected learning session	Surgery staff – engaged eight individuals	Display, nature-based activity (bird feeders), survey
Powys Teaching Health Board Staff & Wellbeing Road Show at the Hospital/centre	Hospital staff – engaged 20 individuals	Display, chat, survey

Appendix E – Schematics of the Community Hospital Site





Appendix F – Machynlleth Wellbeing Walks



Gatiau i'r Plas
Gates to the Plas

From the Plas Gates new trees are part of the Gelli Deg project, cared for by Tree Guardians. See cherries, sweet chestnut, elder, walnut and fruit.

From the Plas Gates new trees are part of the Gelli Deg project, cared for by Tree Guardians. See cherries, sweet chestnut, elder, walnut and fruit.

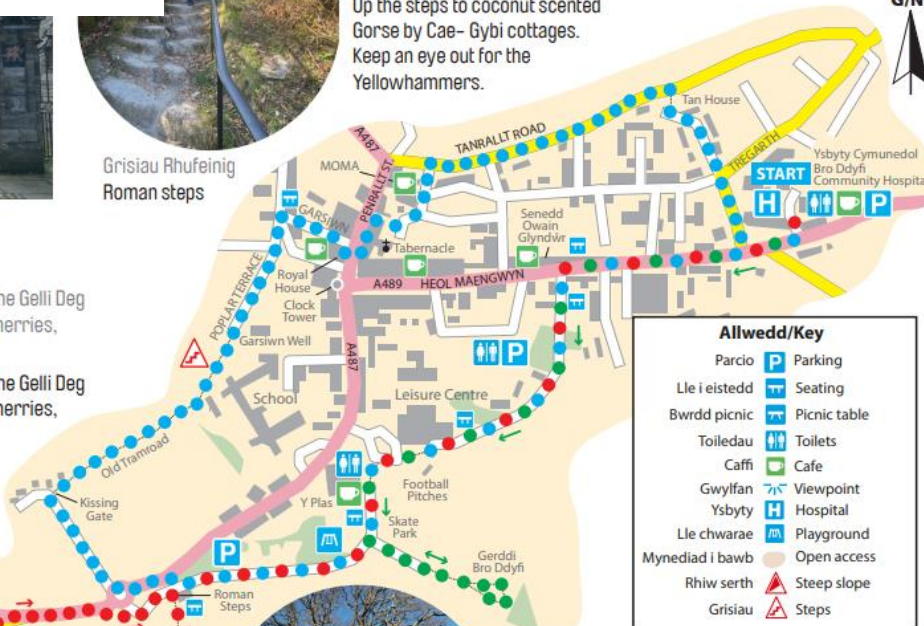


Grisiau Rhufeinig
Roman steps

Up the steps to coconut scented Gorse by Cae- Gybi cottages. Keep an eye out for the Yellowhammers.

Up the steps to coconut scented Gorse by Cae- Gybi cottages. Keep an eye out for the Yellowhammers.

0 0.15mi 0.25km



Allwedd/Key

Parcio		Parking
Lle i eistedd		Seating
Bwrdd picnic		Picnic table
Toileddau		Toilets
Caffi		Cafe
Gwylfan		Viewpoint
Ysbyty		Hospital
Lle chwarae		Playground
Mynediad i bawb		Open access
Rhwy serth		Steep slope
Grisiau		Steps



LLWYBR 1



WALK 1

Pellter: Tua 1.5 milltir/2.5cm
Time: Caniatewch 45 munud
Arwyneb: Arwynebedd caled sy'n addas i gadael olwyn.
Graddiant: Gwastad

Distance: About 1.5miles/2.5km
Time: Allow 45 mins
Surface: Hard surfaces – wheelchair friendly.
Gradient: Level



Ehedydd
Skylark

Y gerddi a'r hen goeden dderwen
Gerddi gardens and the ancient oak tree



A wildflower meadow, fruit trees, an edible pergola, a herbal garden and newts in the pond! Look for the sculptures.

A wildflower meadow, fruit trees, an edible pergola, a herbal garden and newts in the pond! Look for the sculptures.

On unimproved grassland of the Wylfa look for brightly coloured waxcap fungi. Listen to skylarks in summer.

At the top, views of Machynlleth and the Dyfi Valley, the Tarrens to the North, and looking west, the Dyfi winding it's way to the sea.



Golygfa o'r grisiau Rhufeinig
View from the Roman steps

LLWYBR 2



WALK 2

Pellter: Tua 2 filltir/3cm
Amser: Caniatewch awr
Arwyneb: Arwynebedd caled. Rhai llwybrau cul.
Graddiant: Mostly level with a couple of short steep bits up/down.

Distance: About 2 miles/3km
Time: Allow an hour
Surface: Hard surfaces. Some narrow earth paths.
Gradient: Mostly level with a couple of short steep bits up/down.

LLWYBR 3



WALK 3

Pellter: Tua 3 milltir/5cm
Amser: Caniatewch tua 2 awr
Arwyneb: Varied – hard uneven surfaces, grassland.
Graddiant: Quite strenuous, steady climb, steep descents, some steps.

Distance: About 3 miles/5km
Time: Allow about 2 hours
Surface: Varied – hard uneven surfaces, grassland.
Gradient: Quite strenuous, steady climb, steep descents, some steps.

Cysylltwch â ni | Get in touch

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