

Better Together: Seeking Your Views on Adult Physical and Mental Health Community Services in Powys

Engagement Document: We are seeking your initial views on adult physical and mental health community services in Powys by 27 July 2025. This document explains how you can find out more and have your say.

1. Welcome

Thank you for your interest in Better Together. It is our big conversation with you to shape the future of safe, quality health services for Powys and ensure delivery of our Health and Care Strategy.

We are committed to working with patients, service users, communities, health and care staff, and partner organisations to improve health outcomes and make services more efficient and effective.

Whilst we have some excellent foundations to build on, we now need to radically change the way we provide services so that we can meet increasing demand and the future needs of the population.

We have a duty of care to ensure that we provide high quality services to our population. We also have a duty to live within our means. To achieve this, we need to consider options for how and where we could provide services in the future. This might mean patients need to access services in a different way or in a different place.

We will do this by working 'Better Together' with local people, partners and staff to shape health and care services that are sustainable, effective, and focused on what matters most to our communities.

This document explains why change is needed, our level of ambition to transform healthcare services, and how you can have your say.

Through listening to our patients, and to our clinical and professional teams, we have identified the need to focus our efforts initially on our physical and



mental health community services. This is due to the challenges these services are experiencing, and the increasing impact this is having on quality and our ability to provide safe and effective care.

We are seeking your views on how we address the challenges and provide sustainable services for the future.

The following explains what we mean by physical and mental health community services and what is included in this phase of our work:

- **Inpatient Services:** we are looking at our inpatient care, which includes our community hospital inpatient wards and mental health inpatient wards. It will also include how we are providing palliative and end of life care both in and out of hospital.
- **Urgent Care:** this includes looking at how we meet urgent care needs in the future, including the Minor Injury Units that the health board provides and how we work with the GP practices and acute hospitals that the Health Board funds.
- **Mental Health:** this includes our single 'front door' to access mental health services and our teams in the community that support older adults and inpatient care.
- **Other important community-based services** include those teams which may visit someone at home to provide support and treatment and work closely with primary care and third sector partners. These include District Nursing, Home First and Falls Prevention teams, as well as services where you might have an appointment either in person or online, for example condition specific teams, therapies and imaging.

We will be working closely with primary care (General Practice, Dentists, Pharmacy and Optometry), third sector (community & voluntary organisations), adult social care, and secondary care providers (e.g. District General Hospitals) to improve patient experiences and outcomes.

There will be other opportunities to hear your views on how we address other challenges identified within [the Case for Change which we published in April](#). During 2025 we are focusing on adult physical and mental health community services. After this, we will focus on planned care (such as routine outpatients, surgical day cases and investigations which help to identify a health condition or disease) followed by services which support children, families and women's health.

2. Healthcare in Powys

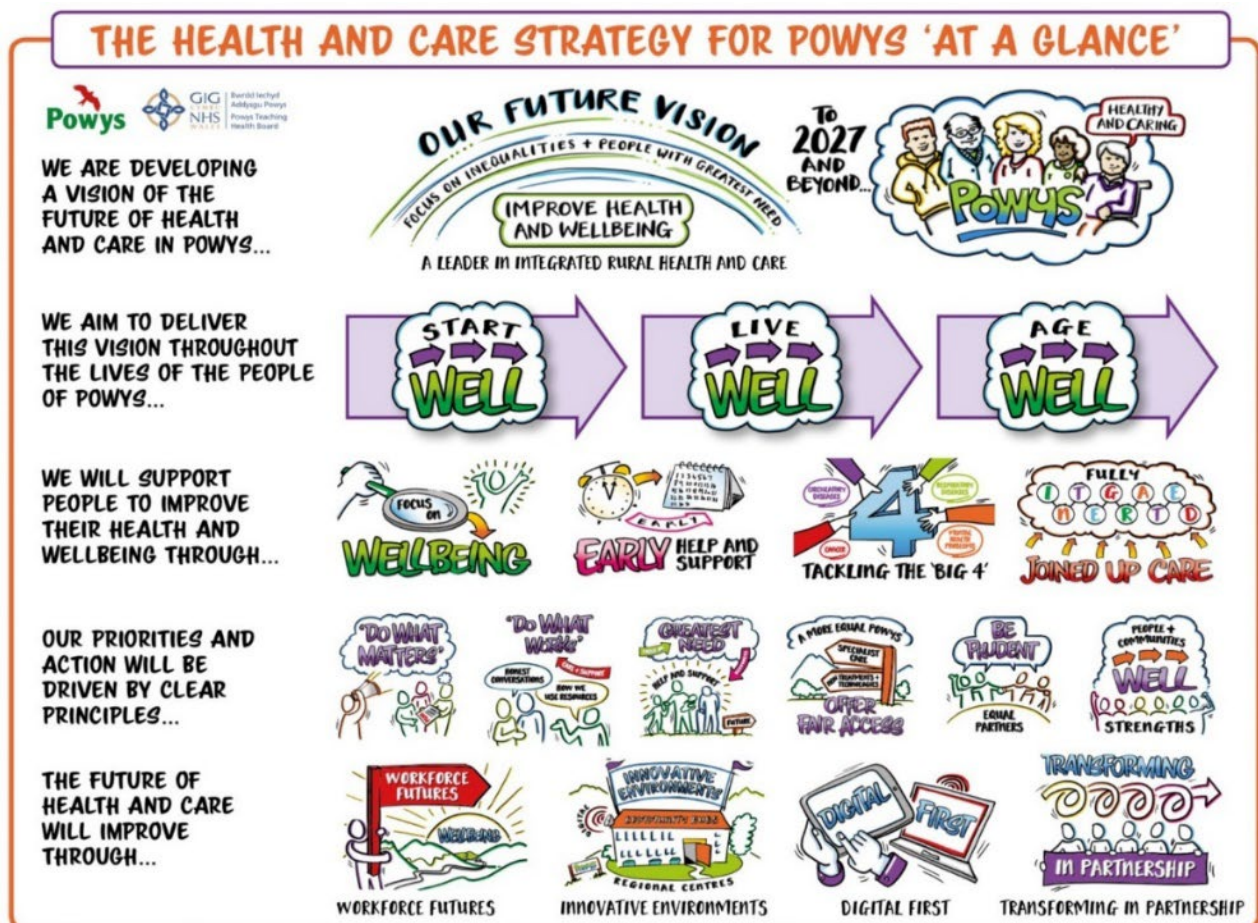
Powys Teaching Health Board (PTHB) is one of seven health boards in Wales. It plans and provides health care for about 133,000 people living in Powys.

Powys is the biggest county in Wales by size, but it has one of the smallest and most spread-out populations.

The number of older people in Powys is growing. Right now, 28% of people living in Powys are over 65, which is more than in most other parts of Wales and the UK. In the last 20 years, the number of people aged 80 and over has gone up by more than 50%. At the same time, there are fewer people of working age (people who are most likely to be in jobs like health professionals and carers), and this number is expected to keep going down.

Because Powys is so rural and people live far apart, it can be hard to offer health services close to home. The health board can only run services in Powys if it's safe to do so. For some specialist types of care, it's safer and better for people to go to hospitals outside of Powys, in other parts of Wales or in England.

In 2017, Powys created a strategy called *A Healthy Caring Powys*. This strategy focuses on giving people help earlier, and making sure care is joined up and close to home whenever possible.



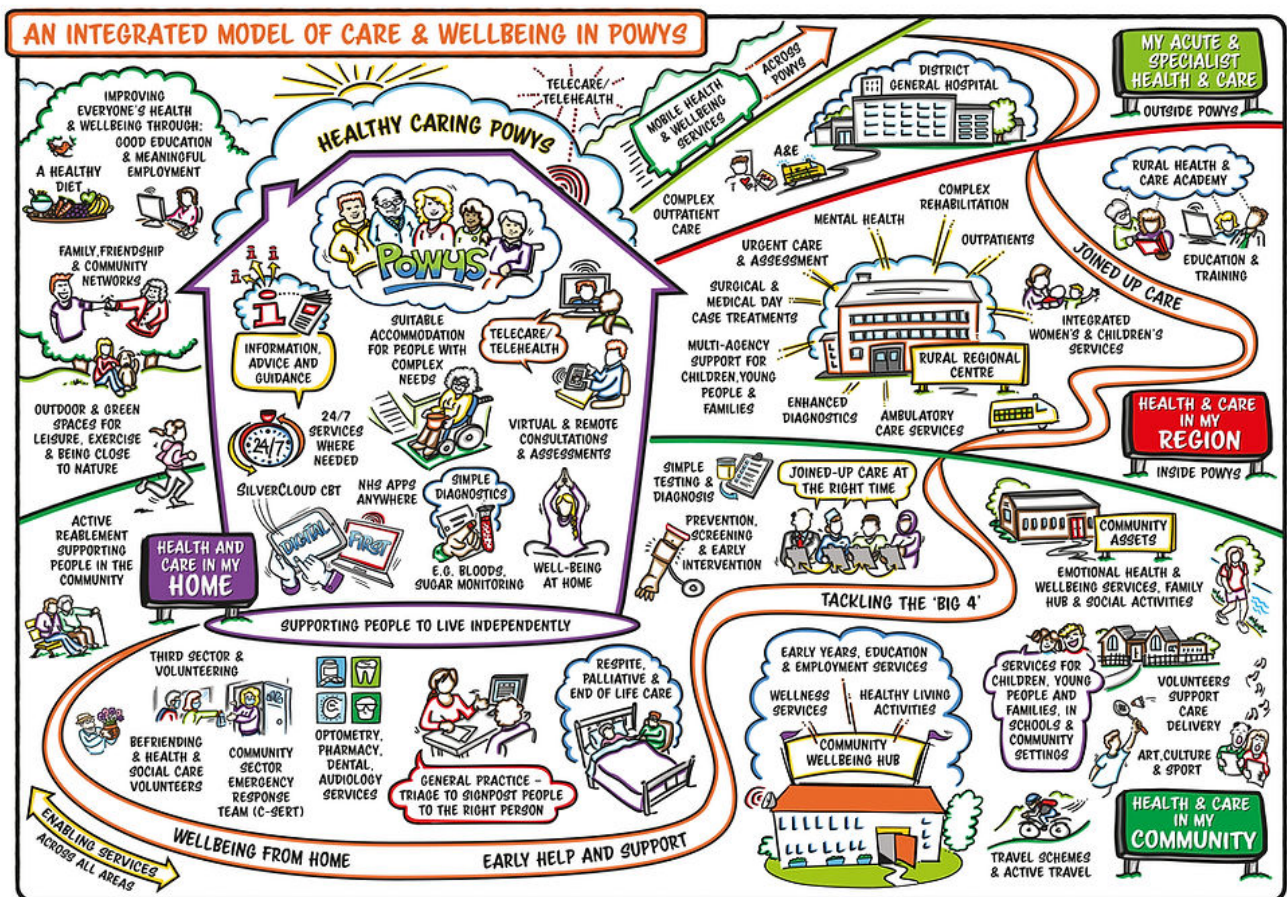
Three Rural Regional Centres – in Newtown, Llandrindod Wells and Brecon – were identified in the strategy. These will deliver more specialist community services in Powys where safe to do so, reducing the need to travel for care outside the county. It also introduced the idea of Community Wellbeing Hubs

that could meet local community needs, support people to stay well, prevent ill health and bring age groups together within communities.

The core principles in the Health and Care strategy will continue to guide Better Together to support the delivery of sustainable services for the future:

- Do What Matters
- Do What Works
- Focus on Greatest Need
- Offer Fair Access
- Be Prudent
- Work with the Strengths of People and Communities

The Integrated Model of Care and Wellbeing for Powys (pictured below) built on the Health and Care Strategy. It was developed through feedback from patients, communities and staff on 'what matters' about their health.



It outlines the health and care services people want to be available in the home, within community areas, at a Powys regional level (for example, Rural Regional Centres), and via pathways of care to acute and specialist centres outside Powys. Importantly, it continues to recognise that acute and specialist care normally need to be provided outside the county due to the rural nature of Powys.

3. Why Change is Needed

The dedication of health and care staff & volunteers continues to help us improve outcomes and experience for the people of Powys. However, to ensure services that are safe, sustainable and high quality, we need to make changes to address the significant challenges for our community physical and mental health services. Our [Case for Change](#) discussed these challenges in more detail, and your feedback on the Case for Change is helping us to make sure we understand what matters to you. Key challenges include:

More people need help, and their needs are more complicated

More people are living longer and getting long-term illnesses. This means that more people in Powys need care. Many of them have more than one health problem, affecting both physical and mental health, so they need care that is planned ahead, joined up, and in the right place.

Staying in hospital for too long can make older people weaker. The goal in Wales is for more people to leave hospital within 21 days following an admission. In Powys they often stay around 40 days. This is too long. Research shows that older people can lose a lot of muscle strength after just 10 days in a hospital bed. It can be similar to ageing 10 years. This is called "deconditioning." Many older people who could walk without help before they went to hospital need help to walk after leaving.

More people are needing help with their mental health. The COVID-19 pandemic, followed by global economic instability and political conflict, have significantly contributed to poorer mental health for some people. In Powys, we have some areas of high poverty and rurality, which can increase social isolation. Our current services will not be able to cope with the increased demand for mental health services. This means some people are waiting too long for the help they need. We need to change how we work; if we don't then data tells us that the number of people needing support from mental health services could go up by a third in the next 10 years.

People experience differences in outcomes and access to services

We are not always able to offer patients the person-centred care they would like. This can be harder because Powys is very sparsely populated. For example, many primary and community care facilities are located in towns, so people need to travel from villages and isolated communities. Also, district general hospitals are provided in neighbouring counties so patients from all parts of Powys need to travel to use these services.

We face challenges in recruiting and retaining staff

There are not enough health and care workers, especially in hospitals and local community services. It is hard for us to recruit the right staff in some places,

so many jobs are filled by temporary staff. This makes care more expensive and has an impact on the cost and quality of care that we provide. At the moment, about 14 out of every 100 jobs are empty with this rising to 17 out of every 100 jobs in our hospital wards. In addition, the number of people of working age in Powys is declining as the population ages and the number of people needing our services is increasing, this is not just a problem for the health board but also for areas such as General Practice where over a third of permanent GPs are aged over 50.

Health services are fragile and could work together better

Different parts of the health system often work separately. Some services have very few staff, which can affect your care and experience particularly when people need to take time off work. This also affects the quality of care we can provide. Also, the way that our wards and teams are arranged across Powys makes it difficult to move staff and equipment from one location to another to ensure safety and best use of staff as would be normal practice elsewhere. Due to our geography, community-based staff can spend a long time travelling between locations reducing their time to care. Health services, social care, and the third sector do not always work as closely together as we could. This can make the system confusing for patients and for staff, and patients may have to repeat things to different teams or wait too long.

We need to live within our means

There are financial pressures across all public sector services and there is not enough public money to meet increasing demand for services. For every £100 we spend we overspend by £3. This is in addition to the major savings programmes already in place including reduction in back office costs.

We do not always spend our money where we would want to. In 2023/24 we spent £240,000 every week to pay temporary staff to fill gaps. If we stopped using these staff it would mean that in theory we would be unable to use 57 of our inpatient beds. We also spend a lot of money on both general and mental health inpatient beds in other providers due to delays in social care and the ways our own services are currently set up. Through designing our services in a better way we could be using this money in other places to improve quality of care, patient outcomes and experience. We need to focus on things that help the most, like preventing ill health and caring for people in their own communities, making best use of our staff, buildings and funding.

Many of our buildings are old and not designed for modern care

Many of our buildings are old and not designed in a way that supports us to provide modern healthcare and develop new ways of working. This makes it hard for teams to work well together and give the best care. The layout of our acute mental health wards and some of our general wards means that we often require additional staffing to ensure patients are safe. Improved facilities

would improve patient experience during their stay, improve patient outcomes and reduce the time that people spend in hospital as well as staffing requirements and costs. We currently spend a lot of money on keeping our buildings running and do not have enough funding to bring them up to modern standards.

Many people welcome digital solutions but some face barriers

We have seen a lot of progress in using digital technology in recent years. There is more that we can do, particularly to make sure that care is person-centred and is cost effective. This work needs to recognise that some people do not have digital access or skills.

4. What have you told us?

We make sure that we are always listening and learning from the people of Powys about what is important to you.

For example, thousands of voices from patients, citizens, health and care staff and partner organisations helped us to develop the Health and Care Strategy for Powys. Your views and experiences have informed local and national priorities for health services which are set in key documents such as:

- A Healthier Wales
- The Powys Well-Being Plan
- The Powys Area Plan

We've also listened carefully to feedback from residents, staff, and partners about "what good looks like" and "what matters to you" for physical and mental health community services' in the future. This has included:

- Feedback you share about your experience of care.
- Representations from Llais, the Citizen Voice Body for Wales, based on what they have heard from the people of Powys.
- Views you share through surveys and focus groups.
- Working with other organisations to hear your views, such as Powys Association of Voluntary Organisations and the Bevan Commission.

We recognise that we cannot always respond by providing all the services you *want* here in Powys. But we do ensure that your feedback helps us to provide services that best meet your *needs* in ways that meet NHS quality standards and are affordable to the public purse.

Temporary Changes to Services from December 2024

Following a period of engagement with you in summer 2024, we made some temporary changes to our inpatient wards and Minor Injury Units. These

changes were needed because of challenges we face to keep these services safe and to maintain quality. These temporary changes are subject to ongoing monitoring. A detailed evaluation is taking place. This takes account of many different factors including patient experience, patient safety, and the impact on patient independence and “deconditioning”. Recommendations from this evaluation will be discussed at a meeting of the Board in July 2025.

You can find out more about the temporary changes and next steps using the address and QR code below:



pthb.nhs.wales/temporary-2025

Better Together Case For Change

In April 2025, we published the Better Together: Case for Change. This explains why “no change” is not an option, and why we need to take steps to change the way we deliver health services in Powys.

You can find out more from the Case for Change web page using the address and QR code below:



www.haveyoursaypowys.wales/better-together-spring25

Key themes from your feedback

Some of the key themes from your feedback include:

- There is significant civic pride in local services, including recognising and valuing that many health services are provided by and with local communities including dependence on volunteer and unpaid carers.
- You are concerned about the distance to District General Hospital care for planned and emergency care, with concerns about access to travel and transport (including ambulance services), pressure on the NHS, waiting times for planned care, and Emergency Department waits.
- You describe varied patient and user experience, including concerns about equity of access between different parts of the county, and variation in quality of care.
- There is recognition that Powys is at the forefront of an ageing population, and with an increasing number of people living with multiple health conditions – and that our workforce is also ageing.

- You see opportunities for the NHS, local authority, third sector and other partners to work more closely together e.g. ensure timely discharge from hospital to home with a package of care and support in place.
- You experience challenges in patient communication. This includes ensuring that “information follows the patient”, particularly when you receive care in England.
- You feel we could use digital options to provide more care at home or close to home, whilst also highlighting there is a need for education in the use of digital tools, and also some people prefer not to use them.
- You feel the impact of social isolation and loneliness in a sparsely populated county, and this can affect circles of support including for unpaid carers, and impact on mental & emotional health.
- You say that more can be done to focus on prevention to reduce the future burden of ill health for individuals and society.
- You are concerned about the number of staff available in Powys and whether we can continue to offer services safely and effectively, and what more can be done to train, recruit and retain the future workforce given the reducing number of people of working age.
- You ask whether more funding could be provided to the NHS in Powys, and whether public resources could be used more effectively.

5. How are we developing ideas for the future?

We have already made important progress to deliver the vision we set out in the Health and Care Strategy.

Some of our developments include:

- A £15m redevelopment at Ysbyty Bro Ddyfi has significantly improved the environment of care in the Integrated Health & Wellbeing Hub in Machynlleth
- Work is progressing on our ambitious plans for a new integrated health and care campus in Newtown serving communities across North Powys. Our goal is for the first phase of this development to open in 2028.
- A £1.7m investment by Welsh Government has brought state-of-the-art X-ray equipment to five locations across the county: Brecon, Llandrindod Wells, Newtown, Welshpool and Ystradgynlais.
- We have created a Mental Health “Single Point of Access” linked with the new NHS 111 Press 2 service to help offer quicker and easier access to mental health advice and support.

- Llandrindod Wells County War Memorial Hospital has seen over £10m of investment including improved outpatient facilities, birthing suite, surgical and diagnostic facilities, and community dental clinic.

But progress has been affected by a range of factors including the COVID pandemic, and cost of living challenges and we know we need to go further. The Better Together Programme will help us achieve this by:

- Building on the firm foundations in our Health and Care Strategy and the Integrated Model of Care and Wellbeing
- Listening and learning from your feedback (see Section 4)
- Working with clinical and professional teams, third sector and social care partners.
- Drawing on best practice and evidence – locally, nationally and internationally.

This work is generating ideas to address the challenges set out in the Better Together Case for Change and has informed the development of our ambitions and scenarios for how services could be provided in the future.

6. Our Ambitions for Adult Physical and Mental Health Community Services in Powys

The Health Board wants to work with you – our communities, and our health and care partners – to solve the challenges we have talked about in our Case for Change. This will help us all to take better care of people’s physical and mental health and make sure we can continue to do so in the future by making best use of our people, places and funding.

Together we want to create a future that:

- **Helps people to stay healthy** – We want to focus more on preventing ill health. This includes helping people connect with local groups and activities that support their health and wellbeing. We want everyone to feel confident about looking after their own health and finding support in their community.
- **Makes local health services better** – We want to improve access to health services close to home, so fewer people need to go to hospital. This will save money so that we can better spend it on keeping people well and help people get better faster and go home sooner if they do need to stay in hospital. We want to provide as much care as we can locally but there is a balance of what we can provide safely locally and more specialist care which will need to be provided on a regional basis or out of county to make best use of our resources and gain the best outcomes for people.

- **Joins up care for the whole person** – We want services to work better together and for us to work closely with Primary Care, Specialist teams in and out of county, Social Care and Third Sector to achieve this. This includes having one place to contact, doing full health checks and assessments together on or behalf of each other, and making care plans in advance to support people before problems get worse. We want to reduce the number of times that people have to tell their story to different teams through appropriate sharing of information and joined up plans centred around the person.
- **Improves how we provide our inpatient care** – when needed we want inpatient care in our hospitals to be high quality, in buildings that are fit for purpose and with the right staff available to deliver safe and effective care for people with both physical and mental health needs. We want our hospital-based teams, community teams and partners to work closely together to make sure that people are only in hospital for as long as they really need to be.
- **Improves same day care in the community** – We want people to get tests, assessments, interventions and treatments at the right time and as near to home as possible so they do not need to be admitted to hospital unless they really have to. We want to work closely with our Primary Care, Social Care and Third Sector partners to ensure that we can respond to people's needs in a timely and joined up way. We want to be able to identify quickly if someone needs more help to prevent them having to go to hospital and get them the right care in the right place to meet their needs.
- **Uses technology to help people** – We want to use tools like online clinics, remote check-ups, and shared health records to make care easier to get and make it more connected.
- **Makes Powys Teaching Health Board a great place to work** – We want our staff to feel motivated, enthused and providing the right care to our public, patients and each other. We recognise that some staff are working in buildings that are not conducive to delivering modern day healthcare and are often working with gaps in the team. These issues impact on staff and create a barrier to being seen to be a great place to work. Whilst we recognise that any changes that might be made to service design and delivery could worry some of our staff, we also have heard that change is needed and staff excitement about the opportunities for career and skills development, greater team resilience and less reliance on agency usage. We will continue to work with our Trade Union partners to help reassure and support our staff through any changes that might be made in the future.
- **Enables us to live within our means** - We want to plan and commission our physical and mental health community services for the

future to ensure our resources are directed to those with the 'greatest need' in a way that is affordable. We also need to do this in a way that ensures that services are safe, timely, effective, efficient, equitable, and person-centred.

7. Developing ideas for the future shape of adult physical and mental health community services

We have been listening to feedback from patients and the public, from clinical and professional colleagues working in health and care services, and from organisations we work with in Powys and beyond.

This includes the ideas you have shared during our recent engagement on the "Case For Change".

Based on this feedback we have developed some initial scenarios for how physical and mental health community services could be provided in Powys in future. These are broad scenarios rather than detailed options. These scenarios focus on adult physical and mental health community services. Next year we will focus on planned care. After that we will focus on services for women, children and young people.

These scenarios do not all have to happen separately. Some could occur together. For example:

- If we develop Centres of Excellence (Scenario 3) then we may also be able to strengthen the way we provide community services (Scenario 4).
- But, if we only make minor service changes and developments (Scenario 2), we would not be able to re-focus our staff, buildings and funding on strengthened community services (Scenario 4)

Scenario	Advantages (ways in which this may improve my experience or outcomes)	Disadvantages (ways in which my experience or outcomes may be worse)
1. No Change	<ul style="list-style-type: none"> • "No Change" is not option. We need to develop and change how we provide your adult physical and mental health community services to respond to the challenges described in this document. 	
2. Minor changes and developments to the way we provide physical and mental health community services (we refer to this scenario as "do minimum")	For patients and citizens: <ul style="list-style-type: none"> • Right now, my care continues to be provided broadly in the way it is now (although it may need to change in future). For health and care staff:	For patients and citizens: <ul style="list-style-type: none"> • The health board may not be able to continue to provide services in the way they do now. Urgent or emergency changes to services may happen that

	<ul style="list-style-type: none"> • I will predominately work in the same location and places as I do now. • I will continue to work with the same colleagues, within the same team. 	<p>affect the way I receive my care</p> <ul style="list-style-type: none"> • My services continue to be provided in buildings that are not designed for modern healthcare. • Improvements happen more slowly than they could. • The challenges affecting the experience, safety and outcomes of my care are not addressed as quickly as they could be. <p>For health and care staff:</p> <ul style="list-style-type: none"> • I may be required to do more with no additional resources and therefore will experience increased workload pressures and demand. • I may be subject to formal organisational change on a frequent basis affecting my contract of employment, to deal with urgent or temporary changes to services. • I may feel more uncertain about the changes and the impact on my personal and professional circumstances. • I will continue to work in buildings that are not designed for modern healthcare and that offer the best staff wellbeing and patient experience.
<p>3. More services in Powys are provided within “centres of excellence” including in Rural Regional Centres. This would mean that some of our services (such as hospital beds) are provided in fewer locations than now.</p>	<p>For patients and citizens:</p> <ul style="list-style-type: none"> • I can continue to access the care, I currently receive, within Powys. • The services I receive, within Powys, will be improved and enhanced, because of this I am less likely to have to travel outside of the county for certain care and treatment. 	<p>For patients and citizens:</p> <ul style="list-style-type: none"> • I may need to travel further than I do now because some services within Powys are provided from fewer locations than now. <p>For health and care staff:</p> <ul style="list-style-type: none"> • I may be required to go through a formal organisational change affecting my contract of employment.

	<ul style="list-style-type: none"> • This will help improve my health experience and outcomes, for example I will not spend unnecessary time in hospital I will and maintain my independence. • I am more likely to receive earlier diagnosis and treatment because there are improved facilities in the county's Rural Regional Centres. <p>For health and care staff:</p> <ul style="list-style-type: none"> • I can deliver patient-centred care focusing on what matters. • I can work collaboratively across organisational and sector boundaries and communication has improved. • I will have greater job satisfaction by working in a multi-disciplinary setting. • The care I deliver will be enhanced for patients improving their outcomes and experiences. • I will have more opportunities to learn new skills and competencies. • I will have more support through targeted investment in workforce development, supporting my career progression. 	<ul style="list-style-type: none"> • I may need to travel further than I do now because some services within Powys are provided from fewer locations and different places. • I may experience changes to my line management, role and job description.
<p>4. Developing and expanding the range of services available at home through strengthened primary & community teams. This includes changing and</p>	<p>For patients and citizens:</p> <ul style="list-style-type: none"> • I am supported to stay at home which also means that I stay more connected to my community. • I can be more responsible for my own 	<p>For patients and citizens:</p> <ul style="list-style-type: none"> • This may mean that the more specialised care I currently receive in Powys would be provided from fewer locations. <p>For health and care staff:</p>

<p>developing the way we provide services in communities across Powys.</p>	<p>health and wellbeing, in partnership with health and care staff.</p> <ul style="list-style-type: none"> Information and support are more easily available, how and when I need it. <p>For health and care staff:</p> <ul style="list-style-type: none"> I can deliver patient-centred care focusing on what matters. I can work collaboratively across organisational and sector boundaries and communication has improved. I will have greater job satisfaction by working with multi-disciplinary services. The care I delivered will be enhanced for patients improving their outcomes and experiences. I will have more opportunities to learn new skills and competencies. I will have more support through targeted investment in workforce development, supporting my career progression. 	<ul style="list-style-type: none"> I may be required to go through a formal organisational change affecting my contract of employment. I may need to travel further than I do now to deliver a greater range of service at home. I may experience changes to my line management, role and job description.
<p>5. Inpatient care, including community hospital beds, is provided outside the county in neighbouring health boards.</p>	<p>For patients and citizens:</p> <ul style="list-style-type: none"> More of the staff and resources in Powys can focus on supporting me in my own home. <p>For health and care staff:</p> <ul style="list-style-type: none"> My role in Powys is likely to be more focused on supporting people in their home. 	<p>For patients and citizens:</p> <ul style="list-style-type: none"> I have to travel outside the county for inpatient community care. <p>For health and care staff:</p> <ul style="list-style-type: none"> I may be subject to an organisational change which may result in my role being made redundant, subject to TUPE with a new employer or redeployed to a new role in Powys.
<p>6. Provide a District General Hospital in Powys</p>	<ul style="list-style-type: none"> There are no safe and feasible options for providing a District General Hospital in Powys because of the rural and sparsely populated nature of the county. 	

During this engagement, we would like to hear your views about these scenarios. For example:

- What do you feel are the advantages and disadvantages of the scenarios?
- How might these scenarios affect different people based on factors such as age, carer responsibilities, deprivation, disability, gender reassignment, marriage & civil partnership, race, religion & belief, sex, sexual orientation, and Welsh Language.
- Are there other scenarios we need to consider as part of this work?

To help imagine what adult physical and mental health services could look like in the future we have developed examples of Powys service users each with different needs. These are available [from our website](#).

As we develop these scenarios, we will then need to test them against our “hurdle criteria” to identify a shortlist of options for the future. We will then need to use our “assessment criteria” to make recommendations for the future which we will share and test with you.

Using these scenarios will also help us decide the way forward in relation to temporary changes that have taken place over the last five years. These include temporary changes to inpatient wards and minor injury units.

8. The principles and assessment criteria that will guide our planning and decision making

Our approach to designing the future includes:

- **Design Principles** – these are the key factors that we take into account when designing the future shape of services. This helps us develop a “long list” of options.
- **Hurdle Criteria** – these are tests that any options need to pass before they can be given further consideration. This helps us focus on a “short list” of options.
- **Assessment Criteria** – we use these to test the shortlisted options and make recommendations.

Design Principles

When we design services, we need to consider how best to deliver them in our rural environment. This includes deciding whether they can be provided in your home, in your locality, within Powys at a regional level, or need to be provided outside the county:

Level	Description
Home	<ul style="list-style-type: none"> Some services can be delivered safely and effectively in people's homes. This includes health and care staff who visit you to provide services at home. It also includes online and telephone services, as well as tools to help you manage your own care at home.
Locality / Community	<ul style="list-style-type: none"> Some services can be provided locally within the community you live in. For example, GP primary care services are provided in all 13 localities in Powys. The 13 localities in Powys are Brecon, Builth & Llanwrtyd, Crickhowell, Hay & Talgarth, Knighton & Presteigne, Llandrindod & Rhayader, Llanfair Caereinion, Llanfyllin, Llanidloes, Machynlleth, Newtown, Welshpool & Montgomery, Ystradgynlais.
"Powys Region" or "Cluster"	<ul style="list-style-type: none"> Some services need to be provided at a "regional" level within Powys. They may need specialist equipment and staff that is best provided in a single location serving a larger population. For example, we currently provide day surgery and endoscopy in Brecon and Llandrindod Wells. We also have an ambition to provide these services in Newtown in future as part of the North Powys Wellbeing programme. Our "regions" are North, Mid and South Powys.
"Once for Powys"	<ul style="list-style-type: none"> Some services can safely be delivered within the county, but because they are much more specialised in nature they may need to be provided from one location or by one centralised team. For example, Felindre Ward in Bronllys is currently our adult (18-64) mental health admissions unit.
Outside the county	<ul style="list-style-type: none"> The rural and sparsely populated nature of Powys means that some services cannot be safely delivered within the county. For example, we access District General Hospital services in neighbouring counties.

As we design services for the future we will:

- Listen to the people of Powys about what matters to you at each level to inform our planning.
- Use data and evidence to make sure we are addressing the most important needs of people in Powys at each level.
- Use digital tools to improve access to services where appropriate, we will also work to make sure people can use them and feel comfortable.
- Design services in ways that are based on clinical need, are sustainable and use money and resources wisely.
- Aim to minimise impact on travel but need to balance this with the ability to deliver safe services.

Hurdle Criteria

When we review health services we use “hurdle criteria” to help us decide which options to focus on. The “hurdle criteria” are key tests (“hurdles”) that options must pass before they are given further consideration. This helps us to ensure that we do not spend time and public money testing options that would not work.

Listed below are the hurdle criteria we are using to assess different options for the future shape of physical and mental health community services in Powys.

Criteria	Explanation
Is the potential solution clinically sustainable?	<ul style="list-style-type: none"> • Does it deliver progress towards safe and reliable services that meet quality standards? • Does it consider any co-dependencies (the way in which different services need to work together)? • Is it informed by evidence ensuring people receive the right care and optimal outcomes?
Does the potential solution improve access?	<ul style="list-style-type: none"> • Does it enable people to access advice, guidance and care quickly and easily? • Does it address equity of access? • Does it provide access within an appropriate timeframe?
Is the potential solution deliverable?	<ul style="list-style-type: none"> • Is the workforce or an alternative workforce model available to deliver it? • Has digital technology been considered in the development of the solution? • Will it be clinically deliverable in a short (1-2 years), medium (2-4 years) or long (5-10 years) timeframe? • Will it be operationally deliverable in a short (1-2 years), medium (2-4 years) or long (5-10 years) timeframe?
Does the potential solution support (or at least not contradict) ...	<ul style="list-style-type: none"> • A person centred care system that meets people’s needs • Integrated working with partners • Improvement of population health • The strategic direction for Powys (e.g. Health and Care Strategy, PTHB strategic priorities) and for NHS Wales (e.g. A Healthier Wales)
Is the potential solution financially sustainable?	<ul style="list-style-type: none"> • Does it make best use of financial resources in the short and long term? • Does it support a value-based approach to improve outcomes? • Does it improve efficiency and productivity and reduce waste?

Assessment criteria

The Hurdle Criteria help us identify a short list of options. The next step is to use Assessment Criteria to decide which option is the best way forward.

We plan to use the six domains of quality to develop our assessment criteria. These six domains of quality are based on the [NHS Wales Health and Care Quality Standards](#).

Which of these is most important to you? Which is least important to you? Are there other factors that we should consider when making recommendations about the future shape of health services?

	Examples
Safe	<ul style="list-style-type: none"> Ensuring safe services and preventing harm (for example, reduce deconditioning of patients, improve safeguarding, providing the right support when needed)
Timely	<ul style="list-style-type: none"> Improving access to care (for example, quicker access to high quality advice and care, reduced waiting times)
Effective	<ul style="list-style-type: none"> Complying with service standards Follows evidence and best practice Improves outcomes for people
Efficient	<ul style="list-style-type: none"> Living within our means (financial sustainability) Having a sustainable workforce Making best use of our staff, buildings and other resources
Equitable	<ul style="list-style-type: none"> Offering fair access to services Reducing stigma around mental health
Person-Centred	<ul style="list-style-type: none"> Improving patient experience, including in relation to travel and transport Addressing what matters to the person

9. Seeking Your Views

We welcome your views to help shape the future of safe, quality health services for Powys. We are keen to hear your views on the following questions:

Thinking about the scenarios for the future of adult physical and mental health community services in Powys in Section 7:

- What do you feel are the advantages and disadvantages of the scenarios?
- How might these scenarios affect different people based on factors such as age, carer responsibilities, deprivation, disability, gender reassignment, marriage & civil partnership, race, religion & belief, sex, sexual orientation, and Welsh Language?
- Are there other scenarios we need to consider as part of this work?

Thinking about the Assessment Criteria in Section 8:

- Which of these is most important to you?
- Which is least important to you?
- Are there other factors that we should consider when making recommendations about the future shape of health services?

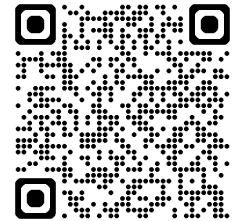
10. Have Your Say

During 2024 and Spring 2025 we have listened to lots of feedback about the strengths, weaknesses, opportunities and challenges for health services for the people of Powys.

Your views have shaped the ideas in this document. We would now like to hear your views on the ideas in this document from 9 June to 27 July 2025.

There are lots of ways to get involved:

- Visit our engagement website at **www.haveyoursaypowys.wales/better-together-summer25** to find out more and share your views
- Sign up to join one of our public discussion events across Powys. You can find more details about these events on our engagement website.
- Request a paper copy of this document and our survey to be sent to your home address. You can do this by calling our engagement answerphone on 01874 442917 or email powys.engagement@wales.nhs.uk
- Share your views in writing to Better Together, Powys Teaching Health Board, Glasbury House, Bronllys Hospital, Bronllys, Powys LD3 0LY



11. What Happens Next?

After this engagement period we will analyse the feedback we have heard and use this to develop more detailed ideas for the future of physical and mental health community services. We will also share and discuss the findings with Llais, the independent statutory Citizen Voice Body for health and social care in Wales. This includes working with Llais to decide whether further engagement or consultation is needed.

If options are identified that need further engagement or consultation then we will share these with you and seek your views to help us decide how to ensure the future of safe, quality health services for Powys.

If you would like to stay updated on this work you can join our mailing list at pthb.nhs.wales/news-sign-up

This year we are focusing on physical and mental health community services. Next year we will focus on planned care such as routine outpatients, surgical day cases and investigations which help to identify a health condition or disease. This will be followed by a focus on services which support children, families and women's health.

Thank you for helping to shape services that meet the needs of Powys communities now and for the future.