Better Together

Developing a shared understanding of the need for change and the opportunities for improvement

Chapter 1: Community Services

Version 1.0, 04 August 2025

Better Together 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 provides an overview of adult NHS community services in Powys. It has been informed by our conversations and learning with patients & service users, communities, staff and wider stakeholders.

More information about Better Together – including how to find out more and have your say – is available from **pthb.nhs.wales/BetterTogether**

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Executive Summary

Powys Teaching Health Board (PTHB), in alignment with the Powys Health & Care Strategy, national strategy *A Healthier Wales* and the Orford Report (*NHS in 10+ Years*), recognises the urgent need to transform the current model of community and hospital-based services in Powys. The present system has evolved organically, resulting in fragmented services that are no longer fit for purpose in meeting the complex, long-term health needs of an ageing population. With demand for services increasing, and workforce, estate, and financial pressures mounting, a fundamental redesign is required to make best use of the resources available to us to deliver sustainable, high-quality, person-centred care closer to home.

Feedback from residents and stakeholders has reinforced the need for integrated, preventative, and community-based approaches. There is strong public support for a new frailty model and concern over delayed discharges, insufficient palliative care, and reliance on hospital-based services. The strategic shift proposed focuses on earlier identification of frailty, reducing hospital admissions and length of stay, and delivering care in or near the home. This includes scaling up rapid response services, falls prevention, community rehabilitation, and the use of multi-disciplinary teams to deliver tailored, proactive care in the community.

Recent temporary service changes, including the creation of Ready to Go Home and Rehabilitation Units, have aimed to address deconditioning and discharge delays. Early evaluation shows promise in improving patient flow, reducing reliance on out-of-county hospitals, and optimising use of Powys's limited bed base. However, these changes must be matched with sustained investment in workforce, digital infrastructure, and community capacity to ensure safe, timely, and dignified care. Strategic planning also recognises the value of community assets and seeks to enhance—not diminish—their role in local care delivery in a way that is fit for purpose.

If the system remains unchanged, projected demographic shifts will exacerbate existing challenges, with a 63.7% increase in residents aged 80+ and a concurrent drop in the working-age population by 2043. NHS Wales policy mandates innovative, integrated, and preventative approaches to avoid widening gaps between need and capacity. The proposed community model in Powys is not only a local imperative but a national priority, ensuring equitable access, better outcomes, and more sustainable services for current and future generations.

While PTHB continues to deliver valued and traditionally configured community health services, the context in which these services operate has changed significantly. Evolving population health needs, an ageing and often inadequate estate, workforce fragility, and increasingly complex care pathways all signal a pressing need to re-evaluate how services are configured and delivered.

Conclusions

There is now clear evidence to support a shift toward earlier identification of frailty, proactive intervention at lower levels of acuity, and services that reduce long-term dependency on traditional health and social care. To meet future demand

sustainably, the focus must be on preventative, community-based care that is integrated and person-centred.

Reframing current service models is essential to respond effectively to these challenges. This will require making best use of the existing, serviceable estate, optimising workforce skills and capacity, and redesigning pathways to ensure that care is delivered as close to home as possible.

The opportunity now is to work with our communities and partners to reshape community services in a way that delivers better outcomes, improves resilience across the system, and aligns with both local need and national strategic direction.

Introduction

The long-term vision for health and care in Powys—*A Healthy, Caring Powys* (2017–2027)—is strongly aligned with the national policy direction set out in *A Healthier Wales* and the Welsh Government's *NHS in 10+ Years* report (the Orford Report, 2023). These frameworks emphasise the urgent need for integrated, person-centred care that responds to changing demographic and health demands across Wales.

Scientific evidence from Welsh Government[1] underscores a critical trend: a rapidly ageing population will result in a significant rise in long-term conditions, including frailty, dementia, cancer, cardiovascular and respiratory diseases, diabetes, and mental ill-health. The number of people with complex multimorbidity—defined as four or more co-existing conditions—is projected to nearly double by 2035, with mental health concerns present in the majority of these cases.

In Powys, these pressures are further compounded by long-standing workforce challenges, an ageing and often inadequate healthcare estate, escalating service demand, and financial constraints across the system. These issues create a compelling case for transformational change.

This Community Model chapter sets out the opportunities and challenges for delivering care closer to home. It proposes the development of an integrated, multi-disciplinary service model that brings together primary care, community and specialist nursing, and therapy-led frailty care. There is significant scope to improve the holistic management of physical and cognitive frailty and the physical health needs of mental health patients and therefore a clear interdependency with Mental Health services. This model aims to deliver accessible, coordinated, and proactive support for those with the most complex needs, enabling earlier intervention, better outcomes, and improved sustainability of services across Powys.

This chapter should be read in conjunction with the Primary Care chapter.

Feedback from residents

In 2024, a series of joint *Better Together* engagement events were held across all 13 localities in Powys, led collaboratively by Powys County Council and PTHB. These events brought together representatives from town and community councils, as well as third sector organisations, to gather views on a proposed integrated frailty and community care model. Feedback from residents was positive, with strong endorsement for the model's focus on prevention, early identification, timely intervention, and high-quality care in the last year of life.

[1] [1] Science Evidence Advice (SEA) NHS in 10+ years An examination of the projected impact of Long-Term Conditions and Risk Factors in Wales gov.wales Science Evidence Advice (SEA) Contents. (2023). Available at: https://www.gov.wales/sites/default/files/publications/2023-09/science-evidence-advice.pdf.

Stakeholders expressed a clear desire for more accessible preventative health information and support to promote healthy lifestyles. There was consensus that frailty assessments—currently initiated in General Practice using tools such as the Rockwood Clinical Frailty Scale—should be introduced earlier in life to help reduce falls and related hospital admissions. Many attendees were surprised by the scale of admissions due to falls, highlighting the importance of a proactive, preventative approach, particularly given pressures on bed availability and delayed discharges linked to care package and rehabilitation delays.

While there was support for the repatriation of services into Powys, some concerns were raised about the potential perception of community hospital 'downgrading' through the expansion of Ready to Go Home units. Community hospitals remain a source of strong civic pride, and there is a shared aspiration to see them play a role in the delivery of integrated, high-quality care.

End-of-life care was identified as a key area for improvement, particularly regarding access to hospice services within Powys. Participants emphasised the need for greater investment in palliative care, expressing a strong preference for dignified, person-centred end-of-life care delivered locally. The feedback provided a clear mandate to reflect on the current configuration of services and inform the strategic direction required to meet evolving needs.

Adult Community Services

PTHB both provides and commissions a wide range of services across our local communities. A patient journey through our services will typically involve interaction with a number of Health Board provider teams and often involves interactions with services which are commissioned from partner organisations and either delivered within Powys (in reach) or out of county. This can result in complex arrangements, fragmenting of patient records, and challenges to navigating pathways for both service users and clinicians. Our teams are focussed on delivering a seamless experience for their patients, but this is not always easy to achieve for the reasons outlined and we know that there is opportunity for us to improve this. This section will provide an outline of the community services directly provided by PTHB.

Specialist Teams

There are a number of small community-based, condition-specific, specialist nursing and practitioner teams in Powys, which provide advice, support and treatment to patients living with long term conditions, such as diabetes, respiratory, cardiac, and neurological conditions. These teams work closely with our core community nursing teams, therapy teams, primary and secondary care clinicians.

Such teams often have a relatively small number of staff, who are geographically spread across Powys, making it difficult to deliver services during periods of staff absence whether planned or unplanned. The teams are organised in many different ways, working to specialty specific evidence-based guidelines, and rely on different roles and professionals working within them to provide a greater range

of services. Services are provided in a variety of ways which can include outpatient clinics and home visits, both digitally and face to face.

The table below outlines the specialist team provision in the community across Powys and their current service offer.

Specialist Team	**Operating Hours**	**Number of whole-time equivalent staff**
District Nursing	08:00-20:00	100.03
Cardiac	09:00-17:00 Mon - Fri	3.2
Continence	08:30-16:30 Mon - Fri	3.5
Diabetes	09:00-17:00 Mon - Fri	4.4
Lymphoedema	09:00-17:00 Mon - Fri	3.8
Parkinson's Disease	09:00-17:00 Mon - Fri	2.0
Respiratory	09:00-17:00 Mon - Fri	6.1
Tissue Viability	09:00-17:00 Mon - Fri	1.6
Specialist Palliative Care	08:30-16:30 Mon - Fri (excluding bank holidays)	7.4
Complex Care	09:00-17:00 Mon - Fri	7.0

A Strategic Review of the services above is planned to take place in Financial Year 2025/2026 to understand the existing configuration of these teams, how they currently operate, their strengths, weaknesses, opportunities and challenges.

District Nursing

Powys District Nursing teams are organised into 12 localities (which do not completely align to the 13 localities used by the local authority) across the whole of Powys, and operate seven days per week, working 8am – 8pm every day. All teams include Health Care Support worker roles to facilitate an effective skill mix, but the team resource is predominately nurse registrants. Each nursing team will have a clinical lead District Nurse with a Nursing & Midwifery Council (NMC) recordable specialist qualification (SPQ) or a post registration community nursing degree and leadership training. To comply with the NHS Wales Community Nursing Specification, at least 20% of their time should be spent on case management and at least 20% of their time undertaking supervisory activities, aiming towards a nursing, supernumerary role as the needs of the team dictates, but this is infrequently achieved.

The service predominantly operates as a community based planned care function, working to support patients who are housebound, and require support and care with chronic health needs and conditions, such as diabetes, wound damage, management of medical devices such as catheters and specialist infusion lines, and patients at the end of their life. The service also operates to a 2-hour response standard for urgent referrals.

Where planned care can be organised more effectively, the teams will deliver some elements of care as outpatient clinics. These are aligned to each District Nursing team providing care for ambulant patients rather than in individual patient homes.

This includes wound care, leg wound management and prevention, and some support to vaccination. There is an opportunity to look at how these services are planned at locality and regional levels.

The teams work closely with a wide range of health care professionals and voluntary sector organisations, such as General Practice, community pharmacy, community therapy teams and community connectors. They also draw on the support of the specialist community teams including Tissue Viability Nursing, Specialist Palliative Care, Lymphoedema and Complex Care, but are themselves often acting as the case coordinator for these complex community patients.

Home First services

It is important that we support people to remain at home wherever possible and to ensure that, when a hospital admission is needed, people return home as quickly as safely possible. The Health Board has several teams in place who work closely with Social Care and Third Sector partners to facilitate these outcomes for our patients however the rurality and geography of Powys is a challenge to delivery of an efficient and effective service model.

To address this, from 1 April 2025, we have merged some of our services to form the Community Rehabilitation Service, which will support individuals that have rehabilitation goals and require wraparound support on discharge from hospital, and those that are in the community and at risk of hospital admission. The service operates from 8am to 8pm, seven days per week and supports adult residents of Powys aged 18 and over who have reduced ability to perform activities of daily living.

Alongside the Community Rehabilitation Service, Powys County Council operates an enablement pathway for individuals that have been assessed as requiring an ongoing package of care and have no ongoing rehabilitation goals. This service operates from 7am-10pm, seven days per week and supports adult residents of Powys aged 18 and over who require an increase in their existing package of domiciliary care or require a new package of domiciliary care. The service also supports individuals who have complex end of life or mental health needs if they already have a package of domiciliary care.

In addition, the Health Board and primary care clusters (which are groupings of primary and community care professional collaboratives working together across their local geography), have invested in new posts to support individuals living with frailty, supporting such patients to remain at home wherever possible. By reviewing their chronic health conditions, clinical risk factors for falls and other vulnerabilities for admission to hospital, these teams can put in place measures to help individuals maintain their independence, reduce the risk of them losing physical strength and help improve their resilience. These teams will work alongside local communities, voluntary sector partners and care agencies, to maximise the opportunities for this work. The evaluation of these services will help us to understand the impact of these posts and services and how we ensure we use them most effectively in a sustainable future model.

It is notable, that research has shown that one in three people aged 65 or over is at risk of falling over, rising to one in two people over the age of 80. It also remains well recognised that people who have fallen or who are fearful of falling can feel restricted physically and socially. It is therefore important to recognise the risks early and get the right help at the right time.

In response, we have created a Falls prevention pathway, to help identify why an individual might have fallen, or feels at risk of falling. The service then assesses and identifies actions aimed at reducing those risk factors, helps to improve confidence and aims to keeps the individual doing the things that they enjoy safely. Our next step in this journey will be to join up this preventative approach with further interventions to secondary prevention of falls and admission avoidance through enhancement of the existing community-based rapid response service to help someone who has already fallen, and also join this up with a service to support patients following a fracture, where improved bone health could be one way to avoid future falls and injuries. Medication optimisation is an important part of this approach and one we are working to improve to reduce the risk of falls and deliver safe, effective care. The Local Authority has also recently undertaken a 'diagnostic assessment' with Falls being a key area of opportunity identified for proactive intervention across partners.

Continuing Healthcare (CHC)

CHC is the name given to one or more services arranged and funded solely by the NHS for those people who have been assessed as having a 'primary health need' and need care outside of a hospital setting. Between 2019/2020 and 2023/2024, the number of open cases receiving CHC funding from the Health Board, has increased by 42%, and the overall costs have increased by 128%. It is recognised that work to improve the breadth and capacity of core community services will offer greater options for people who need health care, promoting independence through health teams who are familiar with the patient needs. This can then limit the need for separately and individually funded continuing healthcare services.

Following a national review of CHC; seven recommendations were made to the national Value and Sustainability Board, chaired by the Director General of Health and Social Services, established in 2024. The recommendations have now been prioritised and are being addressed both nationally and locally.

The Health Board is part of an All-Wales group working towards making improvements in the management and performance around CHC, initially through an All-Wales Digital System. The second priority area will be national support for NHS nurse assessors and reviewers relating to training and competency. This will ensure that there is fair and equitable application of CHC processes across Wales. Other areas for national development include a process to identify opportunities to ensure value through consistent pricing and a continuation of the High-Cost Mental Health & Learning Disabilities Placement Reviews.

Partnership is critical and the national work seeks to further enhance CHC Health and Social Care co-operation. Strategic Commissioned Care Planning and improving governance and oversight, nationally and locally will be part of the NHS Wales CHC Cooperation Programme Board.

Minor Injury Units (MIU)

For patients with minor injuries in Powys, several community hospitals incorporate a Minor Injury Unit (MIU) as well as several GP surgeries which are separately contracted to deliver care to patients with minor injuries. Our MIUs are based at Ystradgynlais, Brecon, Llandrindod Wells and Welshpool and are led by Emergency Nurse Practitioners.

Patients may attend one of our units for the following reasons:

- Broken bones (fractures)
- Dislocations, sprains and strains
- Wounds and minor burns
- Simple insect stings without complications
- Insect, animal and human bites
- Foreign bodies to eyes, ears and nose
- Head or face injuries (if there is no loss or change in level of consciousness)
- Non-penetrating eye and ear injuries
- Minor injuries

MIUs in Powys can treat adults and children aged two and over. We deliver a hybrid service model; this means we will assess and treat patients attending with no prior contact to the MIU, but we encourage a phone first approach. A phone first approach enables initial telephone assessment, following which an appointment time is given to be seen in MIU, or the patient is redirected to a more appropriate service to meet their needs, thus reducing unnecessary travel in an often very rural geographical area.

This approach facilitates a 'see and treat' model meaning that most people attending the MIU wait on average only between 5- and 7- minutes to be assessed by a senior clinician. This is well within NHS Wales national performance targets. Our MIUs continue to perform well against other national performance targets also with no patients waiting over the 12- and 4-hour targets.

There have been challenges in maintaining a safe staffing levels, which has meant that there have been a series of changes to the MIU opening hours since 2017.

Temporary Changes were made to the opening hours of Llandrindod Wells MIU, from 24 hours per day, to 07:00-00:00, seven days per week, in 2017. During the COVID-19 pandemic, a temporary change was made to reduce the opening hours at Welshpool MIU to 08:00-20:00, seven days per week.

Following analysis of demand for our MIU services, activity data demonstrated very low usage overnight. Taking this information into account alongside the staffing challenges, a six-month temporary change to the MIU opening hours in Brecon and Llandrindod Wells was implemented in November 2024. These MIUs have closed overnight, and are now open from 08:00 to 20:00, seven days a week. The current Powys MIU opening hours are shown in the table below.

Minor Injury Unit Site	Opening Hours from November 2024
Brecon	08:00 – 20:00, 7 days a week
Llandrindod Wells	08:00 – 20:00, 7 days a week
Welshpool	08:00 – 20:00 7 days a week
Ystradgynlais	08:30 – 16:30 Monday – Friday, except bank holidays

The evaluation of these changes was considered by the Board in July 2025 with a recommendation approved that the changes to MIU opening hours should remain in place until decisions are made through Phase 1 of Better Together, which is focused on adult Physical & Mental Health Community Services, including Urgent Care.

Ten Powys GP practices also provide advice and treatment to patients with minor injuries. The GP practices which do not have a PTHB provided MIU nearby provide these services as part of the General Medical Services contract and a supplementary service agreement.

Community Hospital admissions and beds

PTHB currently delivers adult inpatient services at eight locations which would traditionally be referred to as community hospitals. There remain nine community hospitals, recognising that Knighton Hospital does not currently operate an inpatient ward setting. This does however include nine other inpatient physical health settings, referred to as a ward, which until December 2024 admitted patients with a full range of different clinical presentations. This resulted in patients with very different clinical needs being admitted to the same setting resulting in a highly variable workload for the ward teams and subsequent variability in the ability of teams to meet all patient needs. Following review of our data and the evidence base for the delivery of high quality inpatient care, the PTHB Board agreed to a temporary service change to cohort two specific groups of patients, those who have identified rehabilitation needs (two wards temporarily changed to Rehabilitation Units) and those who are clinically ready to go home but unable to do so for reasons such as delays in social care provision (two wards temporarily changed to Ready To Go Home Units).

These changes became fully operational for a six-month period in December 2024 and are referenced in the table below. To fully understand the impact of these changes, an evaluation process was put in place to monitor and where possible measure various elements of the service, including patient outcomes, patient and staff experience, service effectiveness and efficiency. The evaluation outputs were considered by the Board in July 2025 with a recommendation approved that the temporary changes should remain in place until decisions are made through Phase 1 of Better Together.

Site & Ward	**Beds**	**General Medical**	**Rehab**	**Palliative**	**Specialist Stroke & Neuro Rehab**	**Day Hospitals **** (please see the note at the bottom of the table)	**Temporary Service Changes from 02/12/2024**
Machynlleth Hospital – Twymyn Ward	14	✓	✓			× (physical health)	
Welshpool Hospital – Maldwyn Ward	21	✓	✓	✓			
Newtown Hospital – Brynheulog Ward	15	✓	✓	✓	✓	× (physical health)	This ward is focusing on patients with rehabilitation needs.
Llanidloes Hospital – Graham Davies Ward	14	✓	✓	✓		× (physical health)	This is now a Ready to Go Home Unit for patients who are well enough to go home but are unable to do so straight away.
Llandrindod Wells Hospital – Claerwen Ward	15	✓	✓	✓			
Knighton Hospital	0						
Bronllys Hospital – Llewellyn Ward	18	✓				× (physical health)	This is now a Ready to Go Home Unit for patients who are well enough to go home but are unable to do so straight away.
Brecon Hospital – Y Bannau Ward	14	✓				× (mental health)	
Brecon Hospital – Epynt Ward	15		✓		✓		This ward is focusing on patients with rehabilitation needs.
Ystradgynlais Hospital – Adelina Patti Ward	20	✓				× (physical health) × (mental health)	
TOTAL	146						

** The Day Hospitals on PTHB sites were temporarily closed at the start of the COVID-19 pandemic due to the change in clinical pathways and the need to use these facilities to provide additional space to spread staff out to meet infection and prevention requirements. The Day Hospitals remain temporarily closed.

When considering bed-based care, it is important to note that the Health Board also operates Cottage View, a 15 bedded Residential Home in Knighton. With ten permanent residents, an additional five interim beds became operational in July 2023 and has helped to inform different options for care models, including interim placement for a number of residents experiencing delays for their longer-term home-based care.

Intermediate bed-based care is also provided at Glan Irfon, a 12 bedded Powys County Council owned intermediate care centre (operated by a private health care provider). The model for this unit is based on a six-week maximum stay to optimise independence, supporting temporary residents to return to their usual place of residence or a suitable alternative based on their needs. PTHB provides dedicated therapy input to this service.

During 2023/2024, there was a total of 39,779 admissions of Powys residents to inpatient beds, both within Powys hospitals and in out of county hospitals, with a total of 153,670 'bed days' at a cost of over £104 million. In 2023/2024, an average of 109 Powys residents were admitted to a hospital in- or out-of-county each day, and an average of 421 beds, including those in neighbouring District General Hospitals, were occupied by Powys residents every day.

The Health Board is currently digitising the process for prescribing, processing and recording the administration of medicines. Electronic Prescribing and Medicines Administration (ePMA) will replace existing paper-based processes to make things easier, safer and more efficient and effective. ePMA, and the move to electronic medication administration records, will help to support efficient discharge processes and management of medicines across different healthcare providers.

Significant challenges exist for delivering inpatient services in Powys. The configuration of our beds within small, geographically diverse units, based in poor condition and poorly configured estate can impact on the quality of care that we are able to deliver. Across Powys, our staff vacancy rate for inpatient services is high, this is discussed in more detail in a later section. This has led to a reliance on temporary staffing, including agency workers, which is recognised as both expensive and suboptimal for the delivery of high-quality patient care. The Health Board is an outlier within NHS Wales for our high level of temporary staffing usage, with the equivalent of approximately one third of our inpatient beds reliant on us using temporary staff to cover. Our physical estate is not configured to modern standards to support changes to staffing models and in many areas is in poor condition. Backlog maintenance and costs to bring existing sites up to current standards far exceed the capital funding available to the Health Board on an annual basis. Based on a condition survey undertaken in 2017/18, the total cost of repairs to bring the estate into a 'satisfactory condition' was around £70 million.

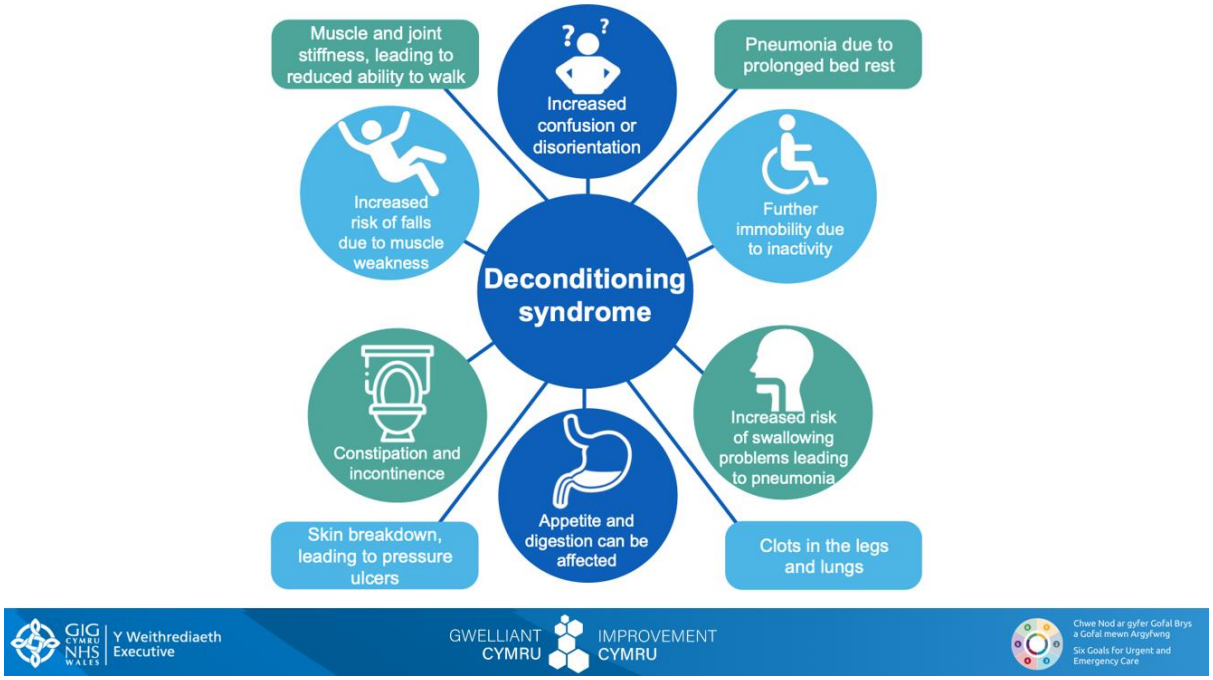
In response to these challenges the Health Board must do more to develop a robust plan for how we most effectively configure our inpatient beds to deliver high quality care to our patients, making best use of our resources.

Context & impact

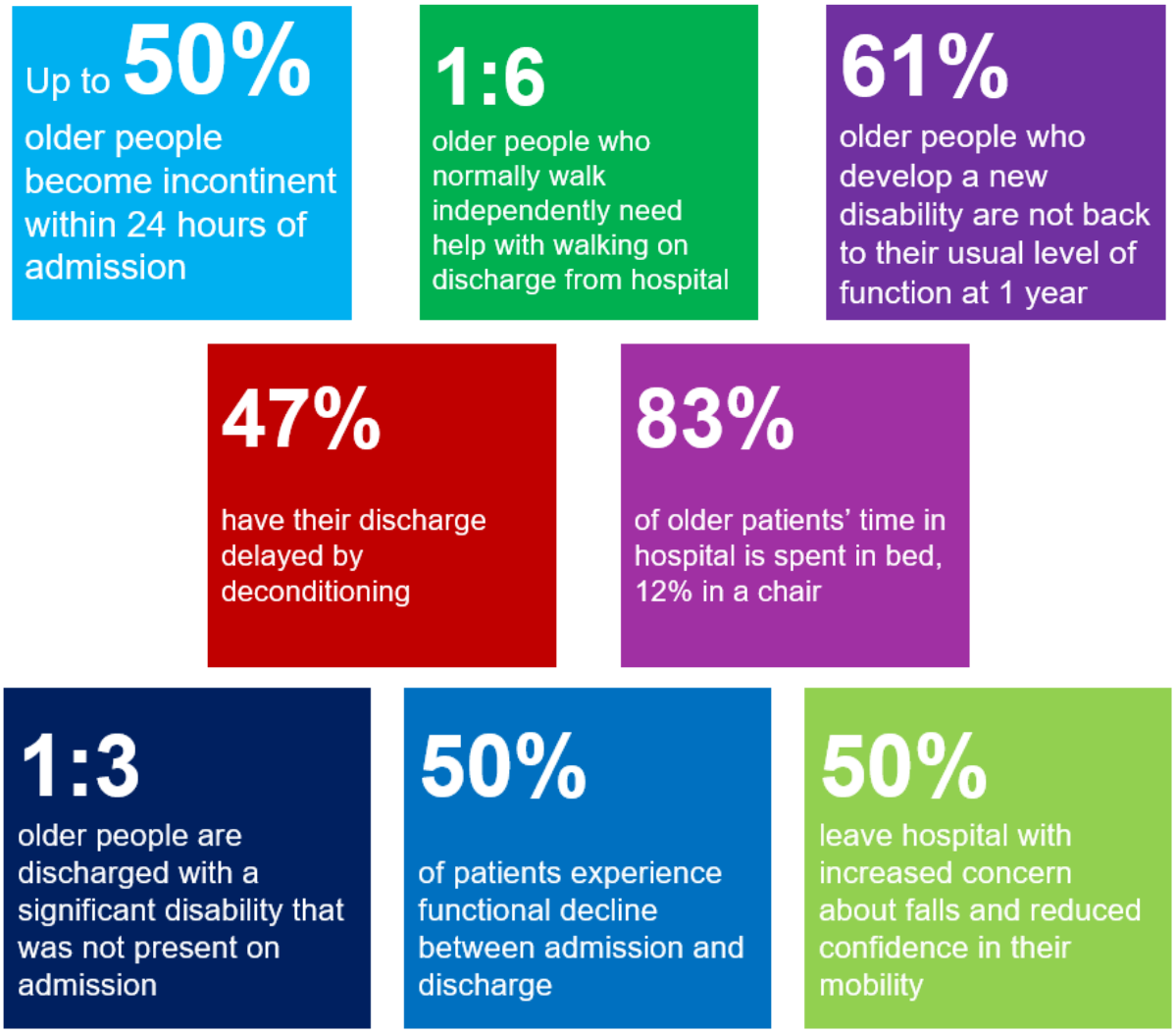
Preventing Deconditioning

It is notable that for many, their stay in hospital can be longer than intended, with the services required to support people in their own home either not being available or being delayed. This creates significant risks and potential harm, with reduced independent activity leading to deteriorating health. Evidence suggests that ten days in hospital can lead to the equivalent of ten years' worth of ageing in the muscles of people over 80 years old – this is also known as "deconditioning".

Deconditioning syndrome is often thought of as a physical consequence of bed rest and something that happens particularly in hospital settings affecting patient mobility. However, its effects are actually multisystemic and are not necessarily just about not walking and being in bed. The diagram below shows some of the impacts that deconditioning can have on an individual.



The following statistics outline the impact that hospital admission and deconditioning can have on older people:



Delirium is linked to significant adverse outcomes for individuals with a doubling of hospital length of stay and risk of fall in an inpatient setting, and a three times greater mortality rate with one in five dying within one month.

Deconditioning and delirium as a result of prolonged hospital admission are nationally recognised issues and the Health Board is working with national colleagues to prevent both. The enablement approach being delivered through the PTHB Ready to Go Home Units is helping to ensure that patients who are medically fit to return home but are unable to do so for another reason stay as healthy and as active as they can whilst they wait to return home, with the aim of reducing harm as a result of deconditioning.

Length of Stay in PTHB Hospitals

Whilst a good deal of work has been undertaken to improve the length of stay in Powys community hospitals, this has not yet reached an optimal level. Welsh Government recommendations to minimise length of stay, particularly for patients over 65, set targets of less than 21 days and shorter milestones at 48 hours and seven days. Although the average length of stay in PTHB has reduced in

2024/2025, it is still too high with an average length of stay of 40 days across our general wards.

Some of the reasons for our longer length of stay that we are working to address are:

- ***Long stay stranded patients*** – Some patients with complex needs can struggle to find onward care, with the involvement of multiple agencies, differing family views, limited capability to be involved in their own decision making, market limitations and geography. All of this can cause significant delay in their stay in a community hospital, and small numbers of such patients can disproportionately affect the average length of stay on one site.
- ***Market limitations*** – It is notable that some geographical areas can face very specific market challenges in the care sector, and with some patients waiting for specific onward pathways of care (such as a requirement for domiciliary care) which can cause long delays.
- **Variance in clinical need** – Recognising that some patients will be admitted with a need for more intensive support (for example following a stroke), they may also then have longer pathways to recovery. That said, recognising the risks to patients of extended stay in hospital, much has been done to shorten the in-patient stay, with a significant push towards maximising community-based services to support people at home.
- **Variation in clinical practice** – Whilst many of our teams would recognise the risks to longer staying patients, the models of care across so many different teams will invariably offer some differences. With differing medical models, variation in clinical practice, risk appetite and resources across each site, this will inevitably lead to some impacts to length of stay for patients. Removal of this unwarranted variation across Powys is important to help reduce unnecessary longer lengths of stay.

To inform decision making in relation to the previously referenced temporary service changes for our inpatient wards, a desktop review of nursing and rehabilitation needs for all admitted patients was undertaken at a point in time. The review identified that:

- 32 patients required daily rehabilitation from at least two professional disciplines and had some nursing needs – which suggested they required intensive rehabilitation programmes delivered by a specialist skilled workforce in a dedicated setting such as a rehabilitation unit.
- 19 patients required less than daily therapy input from at least one professional discipline and had some nursing needs – this suggested that the needs of these patients could be best met in a community hospital ward.
- 19 patients were no/low risk requiring daily intervention from at least one professional discipline with no nursing needs – this suggested that the needs of these patients could be best met in a step-down environment such as Glan Irfon which is therapy led with a rehabilitation ethos with no requirements for specialist nursing or medical input.

- 28 patients had no therapy and no nursing needs – these patients were those waiting to be discharged.

A desktop-based bed census was undertaken in June 2024; 132 patients were included in the census. Of the 132 patients:

- 60 patients (45%) were clinically optimised (ready to return home).
- Of those 60 patients, 22 (36%) had been waiting over a month to be discharged since being clinically optimised / ready for discharge.

The factors preventing those patients from being discharged were as follows:

- 35 patients (58.3%) were waiting for an assessment from another provider or service
- 24 patients (40%) had an assessment but were waiting for service capacity somewhere else
- One patient (1.6%) was waiting for something else (e.g. Housing, equipment, family support etc.)

The types of discharge expected for the patients identified as clinically optimised and ready for discharge were as follows:

- 28 patients (46.6%) were due to be discharged back to their normal residence with additional support needs
- 32 patients (53.4%) were due to be transferred to a new care setting that would become their new normal residence.

Previous care service provision for patient included in the census were as follows:

- 89 patients (67.4%) had no previous care provision prior to admission
- 32 patients (24.3%) had a domiciliary care package prior to admission – council funded
- Seven patients (5.3%) had reablement support
- There were four patients (3%) where it was not known whether they had a previous care service provision.

Pathway of Care Delays (PoCD)

In January 2023 the Welsh Government introduced a new framework which brought together Discharge to Recover and Assess (D2RA); the "SAFER" approach and "Red to Green". The new pathways are outcomes focussed with assessment at home recognised as key to reducing hospital length of stay and improving outcomes. Most people should be able to go home independently and without any additional support, which is described as Pathway 0, with the proportion of patients requiring increasing levels of support (described as Pathways 1-3) reducing as the pathway complexity rises in numerical order. Patients should be assessed in a proportionate way whilst in hospital, so this focuses only on what is needed for discharge. Longer term decisions should be made with the person in their own home. The "Home First" ethos and the individual at the centre of all discharge

considerations is vital. Only in exceptional circumstances should longer term assessments of need be made in hospital.

A PoCD Action Plan is in place between PTHB and Powys County Council to reduce PoCD for patients who experience a length of stay >21 days and is targeting the frail population and their risks as a reflection of Ministerial priorities. In the most recent census, the most common reasons for a delay were for patients awaiting the completion of an assessment by social care and those awaiting care home placement arrangements. Through the PoCD Action Plan, Powys County Council has sought to increase social care workforce capacity, to target a reduction in the delays relating to assessment. In addition, they have also undertaken work to support home care providers with recruitment of staff to improve delays in care home placement arrangements being confirmed. Since March 2024 the PoCD Action Plan has resulted in a reduction of 14% for total delays, 20% reduction in days delayed and a 21% reduction in assessment delays but there is still further progress to be made.

In financial year 2023/2024, PoCDs led to Powys residents being stranded in NHS England hospitals awaiting return to a Powys service for 2,906 bed days. This equated to £1,077,082 expenditure for PTHB. The Health Board is actively working with Powys County Council and our commissioned providers to identify further opportunities to work together to address POCDs, and the challenges that Powys County Council faces in improving market responsiveness and capacity. This will help to reduce the negative impact on patient outcomes and experience as a result of a prolonged hospital stay and reduce unnecessary costs for the Health Board.

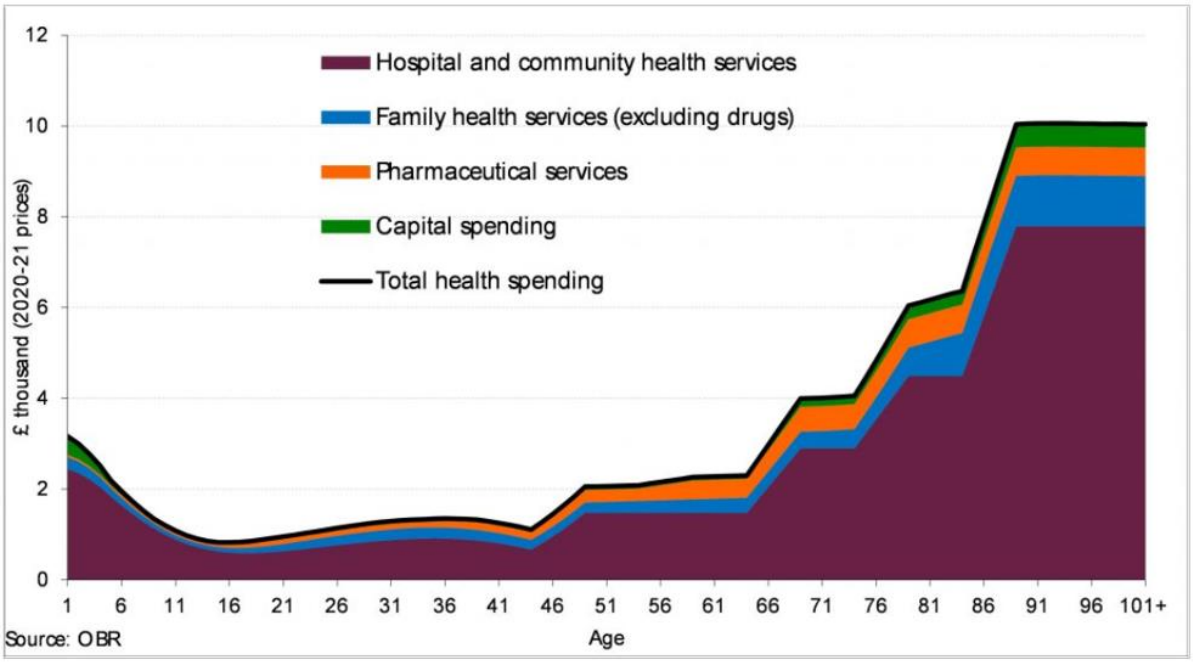
Predicted Future Demand and Capacity

Between 2021 and 2043 it is projected that the Powys population will increase by 1%, however the population projections are not equally spread across all age groups.

An increase in the number of older people in Powys will occur as the number of people of working age decreases. By 2043, the number of elderly persons (aged 65 years and over) is projected to rise by 25.2% (+9,346), while at the same time the working age population is projected to fall by 8.8% (-6,152). The 80 years and over age group is projected a large increase in Powys of 63.7% (+6,318 persons). The population change will create a gap between those who will need help and support in their later years, and those working aged people who will be providing it.

The number of deaths in Wales is expected to peak around 2037, this is similar to the UK-wide projections. This peak is driven by the ageing population, particularly the large cohort of ‘baby boomers’ (individuals born between 1946 and 1964) reaching their 80s and 90s around that time.

In terms of health spending, the age of the population and the last year of life are key determinants as set out below.



Source: OBR, Health spending per person

Age is a driver of health spending partly due to the fact that the prevalence of having two or more long term conditions also rises with age. As shown in the graph above from the Office for Budget Responsibility (OBR), the cost of caring for older people – taking into account hospital and community health services, family health services and pharmaceutical services – increases with age. Considering the correlation of age and healthcare spending, if we do nothing, in ten years' time, there will be an even greater demand on services.

As set out earlier, the Health Board already faces challenges in staffing its current inpatient beds in its existing configuration. Baseline bed modelling, undertaken as part of the North Powys Wellbeing Programme and using demographic and non-demographic data, indicates that if we do nothing within ten years there will be a requirement for an additional 38 beds across Powys, with a 15% increase in inpatient activity. This will be against a backdrop of a reduced working age population and ongoing estates challenges. If we act to optimise our patient pathways now, in alignment with the Discharge to Recover and Assess (D2RA) model and make best use of our resources then we can mitigate against this projected increased demand. Innovative solutions must be found to strengthen the services that are provided in the community and how we work other agencies and use other settings to provide a more sustainable model, that delivers better outcomes, at and closer to home.

Alongside the current inpatient bed provision, PTHB's community hospitals also provide a range of other services including Planned Care, Mental Health, Womens and Childrens services. This varies by individual site and is detailed in the table at Appendix A.

Urgent & Emergency Care Access

Demand for urgent and emergency care is increasing in line with the rising number of older people within the population. Most of the urgent care for the residents of Powys is currently delivered in secondary care (acute) hospitals out of county. Many patients are not only treated out of county but can find themselves admitted to hospital and struggling to return more quickly to care closer to their own home. On top of the benefits to reducing the numbers of patients stranded in such hospitals, quicker discharge can also reduce congestion elsewhere in the hospital system. By improving the timely discharge of patients from acute and community beds back into the community setting, capacity is freed up for patients awaiting transfer from acute hospital wards. This, in turn, allows patients to move out of Emergency Departments and into acute wards more efficiently, reducing congestion at the front door of acute hospitals. With improved patient flow from Emergency Departments to acute wards, space becomes available for ambulance crews to offload patients without delay. This ultimately enables the ambulance service (WAST) to release their crews from waiting at hospital, to then respond more effectively to 999 calls.

Delays in ambulance handovers are currently problematic in Wales. For emergency care Welsh Ambulance performance times remain poor with a reduction in performance in January 2025 to 47.9% for the 8-minute target. Welsh performance in emergency departments remains better than their English counterparts for Powys residents, but all major units are extremely challenged to provide timely care, with delays in ambulance handover times often occurring.

Last Year of Life

As detailed above, in terms of health spending, the age of the population and the last year of life are key determinants.

Healthcare costs in the last year of life also depend on age, but in this case, there is an inverse relationship between age and the cost of end-of-life care. Costs are high for people dying at comparatively younger ages (<70 years), and appear to decrease with increasing age of death, mainly due to a decrease in hospital care. This suggests that proximity to death is a more important determinant of health expenditure than ageing alone, and that living longer is not necessarily a burden on the health system. However, several studies have confirmed that it is not age per se, but time-to-death, particularly the final year of life, that is a stronger driver of healthcare expenditures.

There is an opportunity to think differently about how a patient is supported in their last year of life, through better coordination, particularly if the patient has several long-term conditions.

Palliative Care & End of Life

Palliative care for individuals with life limiting illnesses is ideally provided in the home and patients are admitted to community hospitals in Powys to help manage their symptoms, or where sufficient support is not available within their home.

Taking all deaths into account, most Powys deaths take place in hospital and mainly out of county. We know that many people with a palliative diagnosis would prefer to die at home, or somewhere that looks like a home, close to their loved ones. Of patients who died whilst on the caseload of the Specialist Palliative Care Team in 2023/2024 financial year, 66% expressed a preference to die at home, with 81% of these patients achieving a home death. Only 31% of all Powys deaths were in a private residence during 2021/2022, and 13% were in Powys hospitals. The main cause of death during this period was neoplasms (cancer), followed closely by circulatory diseases.

Palliative and end of life care in Powys is delivered by various teams both within PTHB, Social Services, commissioned services and the Third Sector. The wider palliative and end of life care team within PTHB includes GPs, District Nurses, disease specific specialist teams, Allied Health Professionals, community hospital teams and the specialist palliative care team. PTHB's Specialist Palliative Care Team provides specialist palliative care expertise to adults with complex symptom control needs who have advanced and progressive conditions. PTHB commissions services from several hospice partners to increase the offer of support for palliative and end of life patients, these include overnight hospice at home support via St David's Hospice Care (South Powys), Severn Hospice (North Powys) and Marie Curie (Pan Powys); inpatient hospice admissions via St Michaels Hospice (Mid and South East Powys), Severn Hospice (North Powys), and Ty Olwen Hospice (South West Powys). Of note the commissioning of Ty Olwen is currently being formalised with access and support at present being provided on a case-by-case basis; Palliative Medicine Consultant support is also commissioned from neighbouring Health Boards, Trusts and Hospices.

The geographical issues of Powys make provision of palliative and end of life care challenging, with services such as hospice inpatient units being out of county, many of our residents wish to remain within Powys for palliative and end of life care, which increases the complexity of care required to be delivered within county to meet patient preferences. There are also many challenges related to being able to provide a timely service for those in the last days of life, for example timely administration of breakthrough medication when patients may live a considerable travel time from their clinical team. Patients are also becoming more complex to manage with advancing treatments and increasing co-morbidities – it is therefore vital that the services responsible for delivering palliative and end of life care are sufficiently resourced to provide care. It is important that we train clinicians across our community-based services to provide general clinical support for palliative and end of life care, enabling our specialist teams to care for those patients with more complex needs.

Workforce

As we have outlined, PTHB has a high rate of temporary staff utilisation to fill gaps in our community services workforce.

The King's Fund[2] found that *"…staff experience was associated with sickness absence rates, spend on agency staff and staffing levels, indicating that staff wellbeing is impacted negatively by a workforce that is overstretched and supplemented by temporary staff. Patient experience was also negatively associated with workforce factors: higher spend on agency staff, fewer doctors and especially fewer nurses per bed, and bed occupancy."*

There are multiple drivers for our inpatient wards to rely on temporary staffing. From vacancies and unplanned absences to increased dependency of the patient cohort, the teams will undertake a daily (and sometimes several times per day) assessment of their staffing requirements, to find that additional staffing is required. The teams are managed to ensure that the controls for such arrangements are well embedded, with an expectation for good planning (12-week notice of rostering, annual leave management etc), clear escalation procedures and compliance monitoring. Despite this, there will always be a need for planned and unplanned use of agency staffing, where there is no local availability of workforce, limited opportunity to reschedule existing rostering and a lack of capacity for Bank staffing. In addition to the financial cost, the use of agency staff and temporary workforce can increase quality and safety risks if staff are not fully familiar with local processes, protocols and the patient cohort for which they are providing care.

The current configuration of nine wards or units across eight community hospital sites (excluding Knighton and mental health wards) means that there are limited opportunities for existing staff to cover any gaps due to unplanned leave. The geography of Powys also means many sites are isolated from each other making this even more difficult.

Prior to the temporary service changes to trial colocation of patients by clinical need on Rehabilitation Units and Ready to Go Home Units, nursing vacancies were high but improving with a concerted recruitment drive and an approach to 'grow our own' workforce. This has also included successful recruitment of nurses from overseas to reduce the number of nursing vacancies.

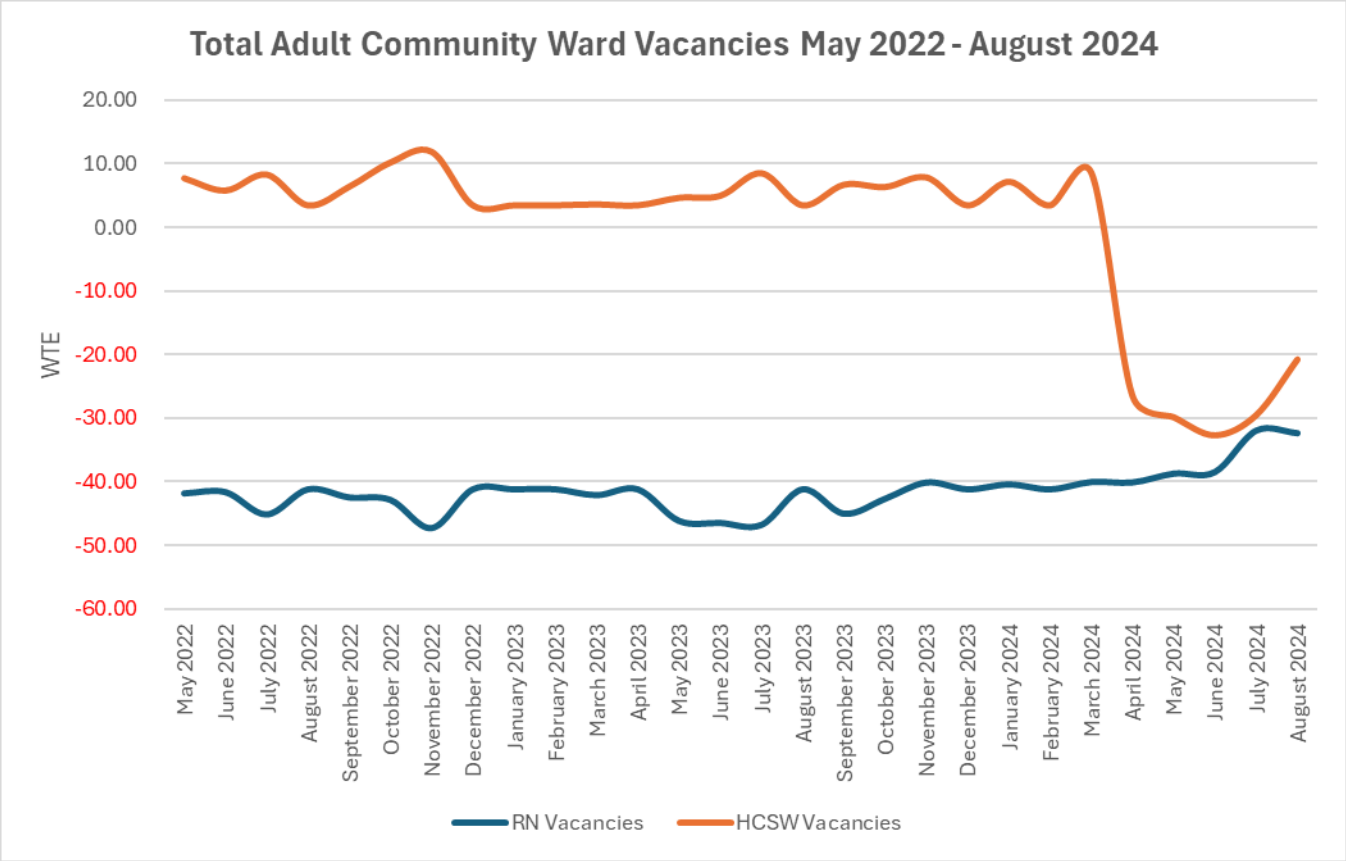
A summary of vacancies in August 2024 for our inpatient wards are provided below as a snapshot of this ongoing challenge.

	August 2024		
Ward	**RN Vacancies**	**HCSW Vacancies**	**Total Vacancies**
LWH - Hospital Nursing	-1.33	-3.88	**-5.21**
BRO - Hospital Nursing	-3.15	-6.73	**-9.88**
BWM - Hospital Nursing - Epynt	-4.54	2.54	**-7.06**
BWM - Hospital Nursing - Y Bannau	-1.80	-1.80	**-3.60**
LND - Hospital Nursing	-3.12	-3.40	**-6.52**
MAC - Hospital Nursing	-0	1.38	**1.38**

[2] Veena, S. and Picker, R. (2018). *The risks to care quality and staff wellbeing of an NHS system under pressure*. [online] Available at: https://picker.org/wp-content/uploads/2022/01/Risks-to-care-quality-and-staff-wellbeing-VR-SS-v8-Final.pdf.

MCI - Hospital Nursing	0.17	--3.32	**-3.15**
VMH - Hospital Nursing	-6.59	-3.77	**-10.36**
YCH - Hospital Nursing	-3.07	0.00	**-3.47**
Grand Total	**-26.33**	**-20.78**	**-44.38**

NB: Knighton Hospital data has been excluded from the vacancy data



For the charts above, please note:

- No Aspiring Nurses are included in the data.
- Following an over establishment of HCSWs over time, in certain areas the budgeted establishment has been adjusted to accommodate this and as a result, it is now possible to see a more accurate representation of the ward vacancies appear in April and May 2024.

A desktop analysis has indicated that if PTHB stopped using agency staff, it would be unable to provide sufficient care to just over a quarter of all its adult community beds (42 beds).

We are currently piloting a different overnight care/inpatient model in Powys, which includes community hospital inpatient wards, ready to go home units, inpatient rehabilitation units and reablement units. We have already seen a reduction in the use of agency staff in the first few months of the pilot period, and we will be continuing to monitor this and other data over the total six-month pilot period to inform further decision making.

We continue to review and improve our vacancy levels and agency usage with the intention to minimise agency use and this will remain a consistent point of focus,

however, it is fullsafer and more appropriate to develop a more sustainable approach to services and workforce in support of providing care to people at home where it is a good deal more safe and appropriate.

Conclusion

While PTHB continues to deliver valued and traditionally configured community health services, the context in which these services operate has changed significantly. Evolving population health needs, an ageing and often inadequate estate, workforce fragility, and increasingly complex care pathways all signal a pressing need to re-evaluate how services are configured and delivered.

There is now clear evidence to support a shift toward earlier identification of frailty, proactive intervention at lower levels of acuity, and services that reduce long-term dependency on traditional health and social care. To meet future demand sustainably, the focus must be on preventative, community-based care that is integrated and person-centred.

Reframing current service models is essential to respond effectively to these challenges. This will require making best use of the existing, serviceable estate, optimising workforce skills and capacity, and redesigning pathways to ensure that care is delivered as close to home as possible.

The opportunity now is to work with our communities and partners to reshape community services in a way that delivers better outcomes, improves resilience across the system, and aligns with both local need and national strategic direction

Appendix A: An overview of what services are provided at different community hospital sites in Powys as at December 2022.

	Outpatient Facilities	Inpatient Ward	Out of Hours (OOH)	Minor Injuries Unit	Midwife-led Birth Centre	Day Assessment Unit for midwifery	Endoscopy	Surgery	X-ray	Sonography	Therapy Services	Outpatient Audiology - Adult and Children	Dialysis	Respiratory Physiology
North Powys		OOH inpatient pharmacy cover for N Powys via Bronglais.												
Newtown Hospital	✓	Brynheulog 15 b GM, R, P & SN			✓	✓			✓ & reporting radiography, (5 days per week)	NOUS	✓ D; SLT; Po; Wa; MSK; CMATS; Pe; Ha	✓		✓ monthly clinic
Newtown Park Street Clinic	✓													
Newtown Ynys Y Plant	✓										PD; PP; POT; PSLT			
Machynlleth	✓	Twymyn 14 b GM, R. SC 18 MDT							✓ once a week		✓ D; Po weekly; Wa (PC); MSK weekly; CMATS			
Welshpool	✓	Maldwyn 21 b. GM, R, P SC 24.		✓	✓				✓ (5 days per week)	NOUS	✓ D; Po; Wa(PC); MSK; CMATS; Pe	✓	✓	✓ monthly clinic
Llanidloes	✓	Graham Davies 18 b GM, R, P. SC 21.			✓						✓ D 💻; Po; Wa(PC); O; MSK; CMATS			✓ monthly clinic
Mid and South Powys		OOH inpatient pharmacy cover for Mid & South Powys via Nevill Hall												
Llandrindod	✓	Claerwen 21 b GM, R, P. SC 27		✓	✓		✓	✓	✓ & reporting radiography	NOUS	✓ ; Po surgery;	✓ Adults only	✓	✓ bi-monthly clinic

									, (5 days per week)		Wa(PC); MSK; Pe; Ha			
		Clywedog Ward 9 b OAMH												
Waterloo Road	✓										PSLT;			
Builth Wells	✓										✓; Po; Wa(PC); MSK; CMATS; Pe			✓ bi-monthly clinic
Knighton	✓	Panpwnton			✓						✓; Po; Wa(PC); MSK			
		(Cottage View)												
Bronllys	✓	Llewellyn 18 b GM									✓; Po; Wa(PC); MSK	✓		✓ 2 x monthly clinic
		Felindre Ward 16 b AMH. SC 20												
Brecon	✓	Y Bannau 13 b GM, P.		✓	✓		✓	✓	✓	NOUS	✓; Po; Wa(PC); O; MSK; CMATS; Pe; Ha	✓		
		Epynt 15 b, R.												
		Crug Ward OAMH												
Brecon Children's Centre	✓										PD; PP;POT;PSLT	✓		
Ystradgynlais	✓	Adelina Patti 20 b GM		✓ closed on	✓				✓ (5 days per week)	NOUS	✓;	✓ Adults only		✓ monthly clinic

				weekends							Po; Wa(PC); O; MSK; CMATS			
		Tawe 10 b OAMH												

Key	
b = Beds GM = General medical R = Rehabilitation P = Palliative Care SN = Specialist Stroke & Neuro Rehabilitation WA = Wax Management & Ear Care Services D = Dietetics PD = Paediatric Dietetics Po = Podiatry 💻 = Digital NOUS = Non Obstetric Ultrasound Red-= service continuity difficulties	SC = Surge Capacity OAMH = Older Adult Mental Health AMH = Adult Mental Health ALOS = Average Length of Stay (as at 07/12/2022) PC = Primary Care O = Orthotics MSK = Musculoskeletal Physiotherapy Pe = Physiotherapy Pelvic Health Ha = Hand Therapy CMATS =Clinical Musculoskeletal Assessment & Treatment Physiotherapy; PP = Paediatric Physiotherapy; POT = Paediatric Occupational Therapy; PSLT = Paediatric Speech & Language Therapy

Appendix B: A list of the different specialist nursing and practitioner teams available in Powys as at December 2022.

Powys Specialist Nurses & Practitioners (Service operating hours)	Cardiac (9am-5pm weekdays) 3.2 WTE	Continence (0830-1630 weekdays) 3.466 WTE	Diabetes (9am-5pm weekdays) 4.44WTE	Lymphoedema (9am-5pm weekdays) 3.8WTE	Parkinson's (9am-5pm weekdays) 2.0WTE	Respiratory (9am-5pm weekdays) 6.1WTE	Tissue Viability (9am-5pm weekdays) 1.6 WTE	Specialist Palliative Care (08:30-16:30weekdays excluding bank holidays) WTE	Complex Care (9am-5pm weekdays) 7.0WTE	CAMHS Youth Offending Team (9am-5pm weekdays) 1.8WTE	Informatics (9am-5pm weekdays) 0.7WTE	Mental Health Complex Case (9am-5pm weekdays) 2.0WTE	Community Mental Health Team - Independent Prescriber 2.0 WTE	Community Learning Disabilities Team – Independent Prescriber (pam – 5pm weekdays) 1.0 WTE	Primary Care Mental Health Services 1.5WTE	Bowel Screening (9am-5pm Monday - Saturday) 0.6WTE	Infection Protection and Control (9am-5pm weekdays) 1.0 WTE	CAMHS Mental Health Practitioner (9am-5pm weekdays) 1.0WTE	Perinatal Mental Health Midwife 0.4WTE & Perinatal Mental Health Team Leader 0.6WTE(9am-5pm weekdays)	Looked After Children (9am – 5pm weekdays) 1.8WTE	Behavioural Learning Disabilities (9am – 5pm weekdays) 0.5WTE	Eating Disorders (9am-5pm weekdays) 1.6WTE	Neurodevelopmental Assessment (9am – 5pm weekdays) 2.4 WTE	Children with Learning Disabilities (9am – 5pm weekdays) 2.0 WTE	Paediatric Continence (9am – 5pm weekdays) 0.6 WTE	Safeguarding Adults & Domestic Abuse (9am-5pm weekdays) 2.6WTE	Womens Health (9am-5pm weekdays) 0.6WTE	Principal Health Promotion 1.0WTE
Pan-Powys	✓	✓	✓	✓		✓	✓	✓	✓	✓ ○	✓			✓		✓	✓ ○	✓ ○	✓ ○	✓ ○	✓	✓	✓ ○	✓ ○	✓ ○	✓	✓ ○	
North Powys			○		○											○												
North Cluster								○																				
North West & Mid Powys				○		✓																						
North East Powys						✓																						
South Powys					✓	✓	○																					
Mid Cluster								○																				
South Cluster								○																				
	Key:○ Some fragility in the North and SLA under review with Shrewsbury and Telford Hospital ; ○ Fragility in service, under review with leadership added to strengthen; ○ Sickness in North; ○ Some fragility but new appointee starting in Feb 23; ○Out of Hours advice via Severn Hospice; ○ Out Of Hours advice via St Michael's Hospice; ○Out Of Hours advice via Morriston for South West; Royal Gwent or Royal Glamorgan for South East; ○ Service is fragile as a single point of failure due to shortage in speciality bowel screening. Service is based in Brecon pan Powys but North Powys patients can choose closer service site in Bronglais; ○No Out Of Hours cover / service; ○Specialist Practitioner is independent prescribing trained with no other team members trained to provide this if away from work; ○Unique post in Youth Justice with no other staff experienced to be able to support; ○ Out of Hours covered by Community Mental Health Team Duty																										

Appendix C: The table below summarises the provision of community services across Powys.

Adult Community Services	Community Therapy (Occupational Therapy & Physiotherapy)	Home First	Community Neuro	Community Mental Health Services	Crisis Resolution Team	Speech & Language Therapy	Speech & Language Therapy (L&D)	Dietetics (Adults)	District Nursing	Midwifery	Powys Living Well Service	Sexual Health	Womens 'Health	Community Dentistry (adults & children) (clinics 09:30 – 16:00)	Community Respiratory
Pan-Powys (Details of out of hours arrangements)	✓ (Out of hours accessed via Brecon Switchboard)	✓ (7 days per week)	✓		✓ (9pm-9am 2 x Psychiatrists and 1 x Manager)	✓	✓	✓	✓ (Out of hours accessed via Brecon Switchboard)	✓ (On-call split 1 Band 7 and 5 Midwives across Powys)	✓ Invest in Your Health, Pain Toolkit and Moving Well all offered virtually to patients.		✓		✓
Home visits (including nursing homes if applicable)						✓		✓	✓	✓				✓	
North Powys				Fan Gorau (Newtown) & Bryntirion Resource Centre (Welshpool)	✓				✓	✓				Welshpool GP; Newtown Park St; Machynlleth Dyfi Valley (under refurbishment)	
Mid Powys				The Hazels (Llandrindod Wells)					✓	✓		✓		Llandrindod Hospital; Glan Irfon	
South Powys				Ty Illtyd (Brecon) Ystradgynlais Mental Health Resource Centre	✓				✓	✓		✓		Brecon Hospital; Ystradgynlais Hospital	