

# Better Together



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

## Chapter 2: Mental Health & Learning Disabilities

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 mental health and learning disabilities 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](https://pthb.nhs.wales/BetterTogether)



Gwella Gyda'n Gilydd

Llunio dyfodol gwasanaethau iechyd diogel, o ansawdd uchel i Bowys



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Better Together

Shaping the future of safe, quality health services for Powys

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# Executive Summary

This chapter sets out the case for urgent transformation of specialist mental health and learning disability services in Powys. Without change, services will be overwhelmed before 2035, with projected increases of up to 33% in referrals and 19% in commissioned bed days. The current model is not sustainable in the face of rising demand, increasing acuity, complexity, and persistent workforce and infrastructure challenges.

Key issues include:

- Long waiting times and service fragility due to workforce shortages, increased acuity, and clinical risk.
- High reliance on temporary staffing, contributing to financial pressures and continuity of care concerns.
- Inadequate therapeutic environments and estate infrastructure.
- Growing demand for trauma-informed care, neurodiversity support, and complex emotional needs pathways.
- Socioeconomic factors such as poverty, isolation, and housing insecurity driving mental health need.

Despite improvements such as reduced turnover and improved assessment waiting times in some service areas, the way in which services are accessed and work together around people and their families can be improved. The chapter calls for a redesigned, community-focused, recovery-oriented model of care that is sustainable, equitable, and aligned with national policy and legislation.

This Case for Change provides the foundation for the next phase of transformation under the Better Together programme, ensuring that mental health and learning disability services in Powys are fit for the future.

## Introduction

This section provides an overview of the challenges for NHS specialist mental health and learning disabilities services.

Demand for specialist mental health and learning disabilities services continues to grow in terms of overall referral numbers; for early intervention and preventative services; and for a breadth of psychiatric sub-specialties. Our mental health services are also seeing an increase in referrals of people with 'co-morbid' (i.e. two or more) co-occurring health conditions, such as anxiety with substance misuse, an increase in referrals for people who are neurodivergent and also experiencing mental health issues, an increase in referrals for specialist trauma therapy (such as Eye Movement Desensitisation and Reprocessing), and also more people are being seen within acute adult mental settings who have a learning disability.

Powys Teaching Health Board (PTHB) both provides and commissions community and inpatient services that deliver assessment, care and treatment for people of all ages living with a wide range of mental health presentations, across all levels of complexity, risk, and clinical need.

Increasing demand and capacity pressures within our mental health system mean that people can wait too long for an assessment and/or treatment. Without service redesign, modelling indicates that in 10 years' time referrals into adult and older adult mental health services may increase by up to 33%. Without transformation our mental health services will be overwhelmed in the years *before* 2035.

Most of our community mental health and our learning disability services are funded through recurring core NHS funds; but some are funded through time limited partnership monies or grant funding. By the time these sources of funding expire, PTHB needs to identify and reallocate funds that have been released through service redesign or will need to implement an exit plan for each affected service.

People living with a severe mental health issue, including complex emotional needs, face health inequalities and on average live up to 20 years less than the general population<sup>1</sup>. They are less likely to have their physical health needs assessed or met.

### What is the impact if mental health services continue without change?

Failing to transform mental health services in Powys will lead to longer waiting times, an increase in clinical risk and uncontrolled financial pressures.

The table below relates to referrals into specialist mental health services. Baseline figures are provided, along with a year 10 'do nothing' projection. Based on current trends, demand for adult and older adult mental health services is projected to increase by up to 33% over the next 10 years.

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<sup>1</sup> Joe Kwun Nam Chan, Christoph U. Correll, Corine Sau Man Wong, Ryan Sai Ting Chu, Vivian Shi Cheng Fung, Gabbie Hou Sem Wong, Janet Hiu Ching Lei, Wing Chung Chang, "Life expectancy and years of potential life lost in people with mental disorders: a systematic review and meta-analysis", *eClinicalMedicine* (a Lancet publication), Volume 65, 2023.

	Baseline Referrals	Demography Year 10 Referrals	ND Demand Year 10 Referrals	Year 10 Do Nothing Referrals
PCC-AMHP Reports-Adults Complex Housing	4	0	1	5
PCC-AMHP Reports-AMHP	142	4	15	161
PCC-AMHP Reports-Emergency Duty Team	48	1	5	54
PCC-AMHP Reports-Mental Health Brecon	1	-0	0	1
PCC-AMHP Reports-Mental Health Llandrindod	1	-0	0	1
PCC-AMHP Reports-Mental Health Newtown	2	-0	0	2
PCC-AMHP Reports-Mental Health Welshpool	4	-0	0	4
PCC-MH Referrals-PCC Mental Health Team	656	-23	69	702
PCC-MHA Assessment Plans-	362	-15	38	385
PCC-MHA WARRN Risk-	140	-6	15	149
PCC-Section 117-	23	-0	2	25
PtHB-MH Referrals-Adult Mental Illness	1,514	-49	183	1,648
PtHB-MH Referrals-Community Mental Health Resource Team	1,964	12	210	2,186
PtHB-MH Referrals-Community Mental Health Resource Team (ADHD)	8	0	1	9
PtHB-MH Referrals-Crisis Resolution Home Team	811	-11	85	885
PtHB-MH Referrals-Dementia Home Treatment Team	355	87	39	481
PtHB-MH Referrals-Early Intervention in Psychosis (EIP)	17	-0	2	19
PtHB-MH Referrals-Integrated Autism Service	1,055	-32	125	1,148
PtHB-MH Referrals-Learning Disabilities (Paeds)	14	-1	1	15
PtHB-MH Referrals-Learning Disability	72	0	8	80
PtHB-MH Referrals-Mental Health - Liaison Service	75	18	8	101
PtHB-MH Referrals-Mental Health - Memory Assessment Services (MAS)	302	69	32	403
PtHB-MH Referrals-Psychology	867	-9	95	953
<b>Grand Total</b>	<b>8,437</b>	<b>48</b>	<b>933</b>	<b>9,418</b>

Local Primary Mental Health Services (LPMHSS) comprise a team of Mental Health Practitioners and Accredited Counsellors, who provide advice and information, signposting, specialist mental health assessment, brief psychosocial interventions and support to primary care practitioners. The service is also predicted to see growth in patient activity from 2812 referrals in 2023/24.

The table below relates to PTHB provider activity for mental health services. Baseline figures are provided, along with a year 10 'do nothing' projection. This shows a projected 10% increase (3,916) in activity over 10 years if the status quo is maintained, this equates to a 14% increase (1,300) in bed days over the same time period.

	Year 0 Powys Provider Activity	Year 0 Powys Provider Beddays	Year 0 Powys Provider Beds	Year 10 Do Nothing Powys Provider Activity	Year 10 Do Nothing Powys Provider Beddays	Year 10 Do Nothing Powys Provider Beds
HCP	651 Occupational Therapy	15	0	0	0	0
HCP	656 Clinical Psychology	4,985	0	0	5,504	0
HCP	710 Adult Mental Illness	4,750	0	0	4,622	0
HCP	711 Child & Adolescent Psychiatry	10,625	0	0	11,844	0
HCP	715 Old Age Psychiatry	23	0	0	31	0
HCP	724 Perinatal Psychiatry	4	0	0	4	0
HCP	Primary Care Mental Health	11,158	0	0	11,948	0
Outpatient	700 Learning Disability	372	0	0	406	0
Outpatient	710 Adult Mental Illness	2,225	0	0	2,365	0
Outpatient	711 Child & Adolescent Psychiatry	2,426	0	0	2,531	0
Outpatient	712 Forensic Psychiatry	0	0	0	0	0
Outpatient	713 Psychotherapy	0	0	0	0	0
Outpatient	715 Old Age Psychiatry	3,887	0	0	5,084	0
Outpatient	722 Liaison Psychiatry	0	0	0	0	0
Outpatient	724 Perinatal Psychiatry	0	0	0	0	0
Outpatient	727 Dementia Assessment	0	0	0	0	0
Outpatient	730 Neuropsychiatry	0	0	0	0	0
Outpatient	Unknown	0	0	0	0	0
Inpatient	710 Adult Mental Illness	204	4,568	13	219	4,827
Inpatient	711 Child & Adolescent Psychiatry	0	0	0	0	0
Inpatient	715 Old Age Psychiatry	62	4,847	14	76	5,908
Inpatient	724 Perinatal Psychiatry	0	0	0	0	0
<b>Grand Total</b>	<b>40,736</b>	<b>9,415</b>	<b>27</b>	<b>44,652</b>	<b>10,735</b>	<b>31</b>

The table below relates to out-of-county commissioned activity for mental health services. Baseline figures are provided, along with a year 10 'do nothing' projection. This shows a projected 13% increase in activity over 10 years if the status quo is maintained, this equates to a 19% increase in commissioned bed days for adults and for older adults over the same time period. This means that more of our patients will be accessing inpatient services outside Powys and will remain in hospital for longer.

		Year 0 Other Provider Activity	Year 0 Other Provider Beddays	Year 0 Other Provider Beds	Year 10 Do Nothing Other Provider Activity	Year 10 Do Nothing Other Provider Beddays	Year 10 Do Nothing Other Provider Beds
HCP	651 Occupational Therapy	0	0	0	0	0	0
HCP	656 Clinical Psychology	0	0	0	0	0	0
HCP	710 Adult Mental Illness	0	0	0	0	0	0
HCP	711 Child & Adolescent Psychiatry	0	0	0	0	0	0
HCP	715 Old Age Psychiatry	0	0	0	0	0	0
HCP	724 Perinatal Psychiatry	0	0	0	0	0	0
HCP	Primary Care Mental Health	0	0	0	0	0	0
Outpatient	700 Learning Disability	9	0	0	9	0	0
Outpatient	710 Adult Mental Illness	112	0	0	130	0	0
Outpatient	711 Child & Adolescent Psychiatry	90	0	0	94	0	0
Outpatient	712 Forensic Psychiatry	2	0	0	2	0	0
Outpatient	713 Psychotherapy	132	0	0	144	0	0
Outpatient	715 Old Age Psychiatry	129	0	0	154	0	0
Outpatient	722 Liaison Psychiatry	2	0	0	2	0	0
Outpatient	724 Perinatal Psychiatry	1	0	0	1	0	0
Outpatient	727 Dementia Assessment	1	0	0	1	0	0
Outpatient	730 Neuropsychiatry	2	0	0	2	0	0
Outpatient	Unknown	2	0	0	2	0	0
Inpatient	710 Adult Mental Illness	33	1,578	5	37	1,745	5
Inpatient	711 Child & Adolescent Psychiatry	2	73	0	2	78	0
Inpatient	715 Old Age Psychiatry	7	950	3	9	1,267	4
Inpatient	724 Perinatal Psychiatry	1	13	0	1	14	0
<b>Grand Total</b>		<b>525</b>	<b>2,614</b>	<b>8</b>	<b>591</b>	<b>3,104</b>	<b>9</b>

As patients wait longer for assessment and treatment, the prevalence, risk and complexity of mental health problems will increase.

Poor mental health in the population leads to decreased productivity, increased absenteeism, and higher healthcare costs. The economic burden of untreated mental health issues can be substantial<sup>2</sup>. A new Institute for Fiscal Studies report released on 12<sup>th</sup> March 2025<sup>3</sup>, found a range of evidence that mental health has worsened since the pandemic. This is consistent with rising disability benefit claims for mental health. Since the pandemic, the number of 16- to 64-year-olds in England and Wales on disability benefits has risen by 0.9 million to 2.9 million, with 7.5% of 16- to 64-year-olds now claiming. Around 0.5 million – over half – of this rise has come from claimants whose main condition is a mental health problem.

Working age ‘deaths of despair’ have increased since the pandemic. After adjusting for demographic changes, deaths attributed to alcohol, drugs and suicide were up 24% – around 3,700 deaths – in 2023 compared with pre-pandemic levels for 15- to 64-year-olds in England and Wales. There is a strong link between these deaths and mental health issues, so this rise indicates an increase in the incidence of (severe) mental illnesses and disorders. These deaths were the main driver of overall increases in working-age mortality in 2023, which stood 5.5% above pre-pandemic levels.

Between 2015 and 2025 suicide rates per 100,000 in Powys have fluctuated between nine and 19 per 100,000 people in single years. Over the ten-year period, the average incidence of suicide in Powys was 13 per 100,000 people. This is in line with the average in Wales over the same period. A Powys review of suicides undertaken by with Dyfed-Powys Police, Powys Public Health Team, and PTHB/Powys County Council (PCC) Safeguarding Teams, in 2024 provided assurance that a higher-than-average number of suicides in that year did not meet the criteria for a ‘cluster’, however incidents of suicide across Wales and in Powys remain a significant area of focus and

<sup>2</sup> “The Economic and Social Costs of Mental Ill Health: Review of Methodology and Update of Calculations”, Centre for Mental Health (2024)

<sup>3</sup> “Various indicators point to a deterioration in population mental health” E. Latimer; S. Ray-Chaudhuri & T. Waters, Institute for Fiscal Studies (2025)

concern. PTHB has put in place single point of access and rapid response services to help ensure timely and appropriate assessment and intervention. The circumstances and care of all incidents of suicide are reviewed, and 'postvention' services have been established to mitigate the impact of suicide on families and the risk of 'clustering' in communities. The Welsh Government's Self Harm and Suicide Prevention Strategy will inform our service review and redesign.

- Without transformation, existing inequalities in mental health care access and outcomes may persist or worsen. Vulnerable groups, such as those in poverty, may continue to face significant barriers to receiving adequate mental health support.
- Individuals with untreated mental health problems experience a lower quality of life, including difficulties in maintaining relationships, employment, and overall wellbeing.
- Without proactive efforts to improve mental health services and awareness, discrimination against those with mental health difficulties may continue.

# Mental Health Services for People with a Learning Disability

Learning disabilities affect about 1.5 million people in the UK and are common, lifelong conditions which are neither illness nor disease.<sup>4</sup> . However, some people with a learning disability may also have other physical and/or mental health conditions and this may lead to the person having more than one diagnosis. In Wales there are some 11,000 adults with learning disabilities who are known to social services and in receipt of services.<sup>5</sup>

The PTHB's Learning Disability team provides specialist healthcare to adults who have a diagnosed learning disability. They are committed to providing evidence-based, safe, and effective care that is centred on each person's individual needs and delivers clear outcomes.

It is expected that by 2030 the number of people with a learning disability in the UK will have grown by over 10 per cent as well as a growth in the complexities of learning disabilities. This is due to people with learning disabilities living longer and due to young people with complex disabilities surviving into adulthood<sup>6</sup>. The factors driving increases in the impact of mental health conditions on people's lives, referenced throughout this document, are also driving an increase in mental illness and disorder in our population of people with a learning disability.

The growth in complexity and comorbidity (living with more than one condition) amongst people with a learning disability is feeding through into increased pressures in mental health inpatient care, and the numbers of people requiring specialist placements funded through NHS Continuing Care. Our community and mental health services need to be reviewed to ensure that people with learning disability have their needs met within local communities and provision wherever possible; and that PTHB commissioned and provided inpatient services are able to provide suitable environments and skilled staff.

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<sup>4</sup> Public Health Wales (2022) "1000 Lives Guide 22: Improving general hospital care of patients who have a learning disability."

<sup>5</sup> Welsh Assembly Government (2007) "Statement on Policy and Practice for Adults with a Learning Disability". Welsh Government: Cardiff

<sup>6</sup> Michael, J. (2008) "Healthcare for All: A report of the Independent Inquiry into access to healthcare for people with learning disabilities." HMSO: London

## **Mental health Services for people with Complex Emotional Needs (CENs)**

Following a successful application for Service Improvement Funding (SIF funding) in 2019/20, a Specialist Complex Emotional Needs Pathway was established in Powys in 2020/21 to support clients who may attract a diagnosis of borderline personality disorder or emotionally unstable personality disorder. This specialist pathway comprises a small and dedicated multidisciplinary team including psychology, occupational therapy, social work, and an assistant psychologist. Together, this team offer specialist assessment and interventions (including Systems Training for Emotional Predictability and Problem Solving (STEPPS) groups, Trauma therapy, Schema Therapy, and a very limited online DBT service) in addition to offering joint assessments, consultation, and supervision to clinicians across the health board.

The CENs pathway provides safe, collaborative, person-centred and structured care in order to promote recovery, reduce risk, and to enhance quality of life for clients as well as to reduce demands on other service areas such as community mental health teams (CMHTs), crisis resolution home treatment teams (CRHTTs), inpatient mental health services, A&E and blue light emergency services, amongst others.

However, the CENs Pathway is currently unable to meet the needs of the most complex and vulnerable clients with complex emotional needs in the community due to insufficient capacity and resource to deliver a comprehensive Dialectical Behaviour Therapy Programme.

## **Citizens' Feedback**

The 'Working Together to Improve Services' public event, arranged by PTHB as part of the Live Well Mental Health Planning and Development Partnership, in February 2024, provided views from a cross section of stakeholders, advising how best to involve stakeholders in shaping mental health services. Themes from the feedback were that creating trust, opportunities for greater involvement, demystifying the system, training and having champions were all important.

There was a further event in February 2024 to share the Welsh Government's Vision for Adult Community Mental Health. Stakeholder feedback confirmed support for an approach to connect people to a more community focused service, and for developing a holistic approach to better understand and strengthen the links between physical and mental health provision.

## Government Policy

The previous cross-Government strategy, “Together for Mental Health”, was published in 2012 and was the first mental health strategy that covered all ages, promoted the mental wellbeing of all people in Wales, and aimed to ensure that people with mental health conditions got the support they need. An Independent Review of this strategy evidenced that much progress had been made but outlined a number of areas where more could be done.

In April 2025, a new Mental Health and Wellbeing Strategy 2025-2035 was launched which places a continued and increased focus to work across the Welsh Government to tackle the wider causes of poor mental health. It has been informed by several reviews and engagement with people with lived experience and stakeholders.

The primary intention of this Strategy is to set out key priorities over the next 10 years to ensure that people in Wales will live in a country which promotes, supports and empowers them to improve their mental health and wellbeing, and will be free from stigma and discrimination. There are four vision statements.

1. There is action to make sure the building blocks are in place to support good mental health and wellbeing
2. Everyone has the knowledge, opportunities and confidence to protect and promote good mental health and wellbeing
3. There is a connected system where all people receive the appropriate level of support wherever they reach out for help
4. There are seamless mental health services – person-centred, needs led and guided to the right support first time, without delay

There is a three-year delivery plan underpinning the strategy. and it will require further changes from health, social services and partners to the way in which mental health services are provided.

Strategic drivers for change across Wales in older adult mental health services also include the ‘All Wales Dementia Care Pathway of Standards’ comprising twenty standards developed and launched in 2021. Standard eleven states “Wales will adopt the Dementia Friendly Hospital Charter”. The Charter highlights ‘Dementia is a priority in all our Welsh hospitals, and the Charter outlines the national and regional shared values and principles to achieve this. The Discovery Phase of ‘Better Together’<sup>7</sup> confirmed that the increasing age of the population in Powys is driving growing needs for health and care, including in relation to several conditions including frailty and dementia. The document referred to research showing that 42% of people over the age of 70 who had an unplanned hospital admission have dementia. Approximately

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<sup>7</sup> ‘Better Together: Designing a Sustainable Approach for Powys’ draft document 3.i (2023) Powys Teaching Health Board

40% of patients in Powys community hospitals have some form of cognitive impairment.

We expect the Mental Health Bill to become a new Mental Health Act for England and Wales in 2027.

Government strategies are calling for change within mental health services with a national ambition to move to recovery focussed practice. There could be risk to the organisation if we do not deliver national strategy, which could cause Powys mental health services to be out of line with the rest of Wales.

## Socioeconomic Influence on Demand

There remains a longstanding societal issue with stigma and discrimination relating to mental ill health, which can compound people's difficulties. Evidence confirms that people with mental health problems are among the least likely of any groups with a long-term health condition to find work<sup>8</sup>, live in good quality housing<sup>9</sup> and be socially included in mainstream society. The COVID-19 pandemic, followed by global economic instability and geopolitical conflict have all significantly contributed to a decline in mental health amongst some of the population. Economic downturns can directly increase stress levels, which can contribute to mental ill health.

There are several factors highlighted within the Powys Population Needs Assessment<sup>10</sup> that contribute to poor mental health and increased demand on services, such as deprivation and poverty, rurality and isolation, reported crime, homelessness and substance misuse. Powys has nine Lower Layer Super Output Areas (LSOA) in the top 30% most deprived areas in Wales, posing challenges to the mental and physical health of those populations.

Reviews in The Lancet (2021), and by the Centre for Mental Health (2024), evidence that the Covid-19 pandemic has had a significant adverse impact on the mental and emotional health and wellbeing of the UK population.<sup>1112</sup> Mental and emotional health services in Powys are experiencing unprecedented requests for help for mild to moderate depression, anxiety, bereavement, the psychological impact of conditions such as 'long Covid' and the lingering effects of grief, social isolation and loneliness compounded by subsequent lockdowns owing to the pandemic. This change in patient presentation needs to be reflected in the core offer of mental health service provision, underpinned by a new health model developed to meet the changing needs of the population.

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<sup>8</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf)

<sup>9</sup> [MHF-Mental-Health-and-Housing-Report-2016.pdf](#)

<sup>10</sup> 'Better Together: Designing a Sustainable Approach for Powys' draft document 3.i (2023) Powys Teaching Health Board Link: [https://nhswales365.sharepoint.com/:b:/s/POW\\_comm\\_pthb\\_vbhc/Ec-Nut5PH2JNjVm9w4jysLgBfE8ziyywRtnVv0yGchZV9A?e=X0dKmk](https://nhswales365.sharepoint.com/:b:/s/POW_comm_pthb_vbhc/Ec-Nut5PH2JNjVm9w4jysLgBfE8ziyywRtnVv0yGchZV9A?e=X0dKmk)

<sup>11</sup> 'Covid-19 and the Nation's Mental Health A Review of the Evidence Published so far' (2024) Centre For Mental Health

<sup>12</sup> COVID-19 and mental health (2021) 'The Lancet Psychiatry', Volume 8, Issue 2, 87

## Performance and Clinical Governance Concerns

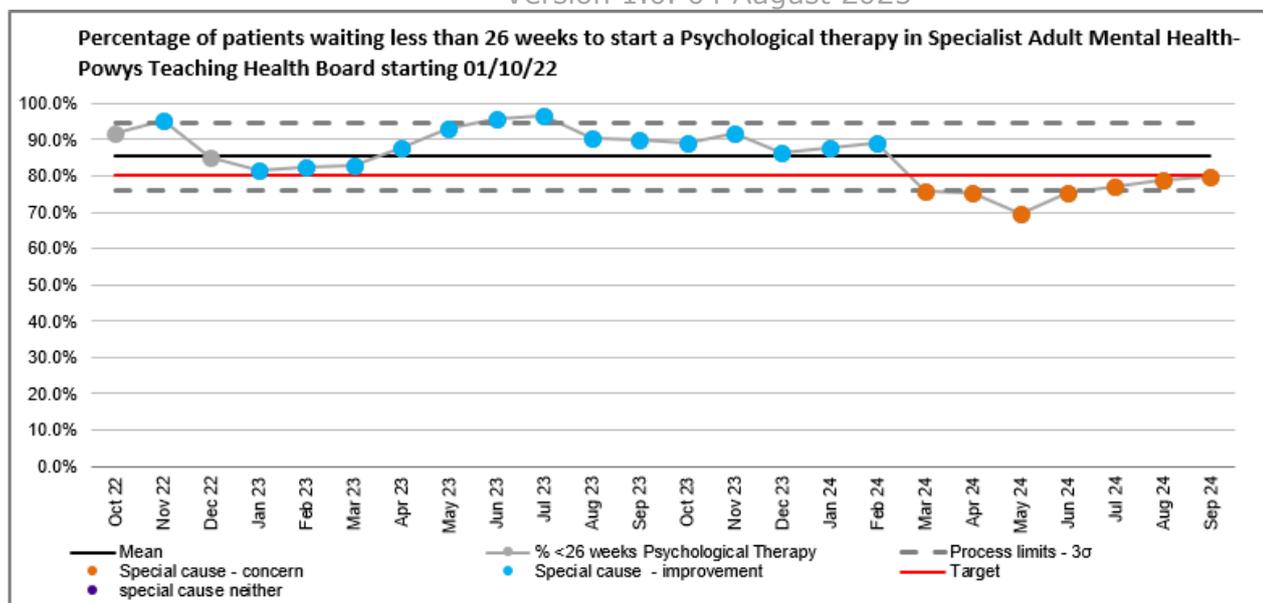
Two key areas of service performance shortfalls are reported:

1. PTHB provided services achieved 80.6% against the 90% national target for adult patients with valid care and treatment plans.
2. Although Psychological Therapies performed well against target throughout 2024, in November 2024 psychological therapy reported 63.1% of patients waited less than 26 weeks to start therapy against an 80% national target. Although performance has gradually improved since November 2024, this dip is again indicative of fragility in the service.

In December 2024 Mental Health performance against one key measure improved. Adult Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within 28 days from receipt of referral increased to 78.7%, just short of the 80% target. By February 2025 performance was above 85%. Performance above the national target was sustained in March 2025 with 98% of people offered an assessment within 4 weeks of referral.

Despite the improved position around waiting times for an initial assessment, the LPMHSS continues to experience significant service pressures. Along with the Psychology and Psychological Therapy Service, LPMHSS has seen a significant increase in referrals for evidence-based psychological interventions for the treatment of Trauma/PTSD and complex-PTSD (including EMDR) and for Cognitive Behavioural Therapy (CBT) which has resulted in an increase in waiting times for these interventions. The complexity of clients referred to LPMHSS and Psychology is also increasing; many clients are neurodivergent or awaiting an autism/adhd assessment; many clients are living with the adverse consequences of trauma/complex trauma; and many clients referred are experiencing mental health issues in the context of poverty and social disadvantage, isolation, housing issues, discrimination and stigma, and chronic physical health conditions. The traditional Service Models for LPMHSS and Psychology are no longer able to meet the changing needs and demands on the service without service redesign, service collaboration and diversification of the workforce.

These challenges and service pressures are reflected in the fact that the percentage of patients waiting less than 26 weeks to start psychological therapy is in escalated status, as shown below. The Performance Report in November 2024 reported performance at 67%, (against a national average of 59%) and below the 80% target since February 2024. Whilst performance is gradually improving (71.4% in March 2025) people are still having to wait too long to access specialist psychological interventions and often without ongoing support from the wider mental health service while they wait.



Powys Mental Health and Wellbeing Services are experiencing a significant change in the nature of referrals<sup>13</sup>; there has been a sharp increase in the acuity and complexity of needs. These changing needs cannot easily be met by a traditional model of mental health services. Therefore, work is required to re-design a new model for mental health and wellbeing services for Powys, which includes addressing the wider issues within the Health and Social Care system.

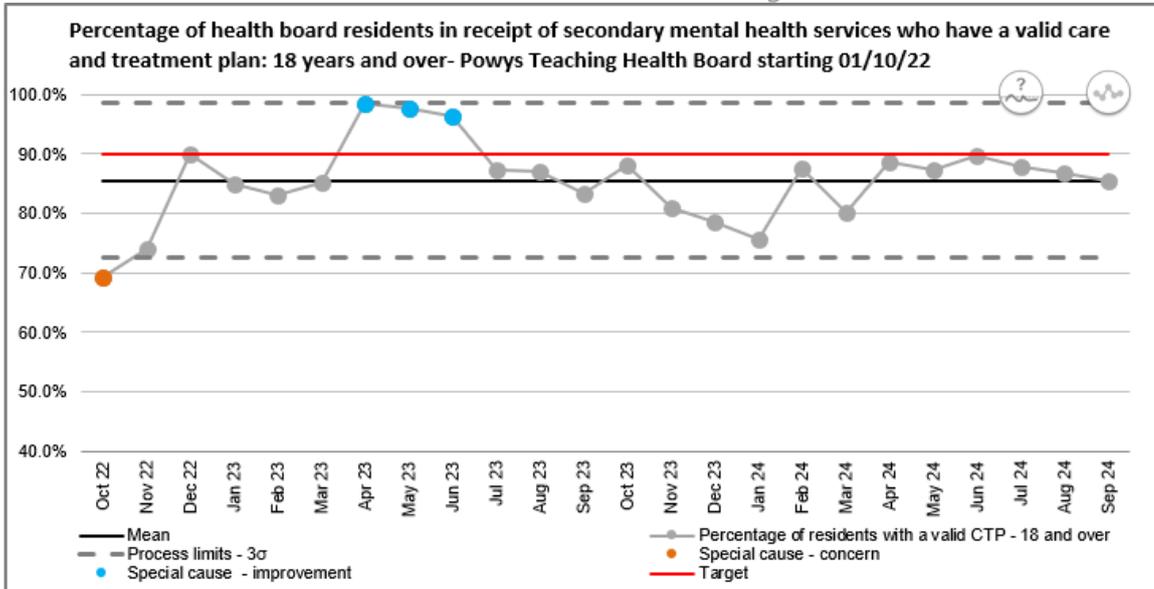
In response to the issues regarding staffing and increases in acuity and demand, a clinical audit was undertaken by the Director of Clinical Strategy in 2024. This identified clinical governance shortfalls which resulted in Mental Health services being placed in 'internal escalation' monitoring. Whilst Mental Health services have returned to 'business-as-usual' status following implementation of an Improvement Plan, the escalation illustrates the fragility of the services whilst dealing with increased demand and risk, a high level of persistent vacancies; and a requirement to staff and to manage new service provision such as 111Press2.

The service Improvement Plan was developed and focused on several areas:

- Management of serious clinical incidents.
- Review and update clinical policies.
- Improve attendance and frequency of multidisciplinary team reviews of patient care.
- Review of training
- Patient care and treatment plans.

A further performance challenge is the percentage of Powys' adult residents in receipt of secondary mental health services who have a valid care and treatment plan. As shown below, performance in November 2024 was 80.7% and has been below the 90% target since July 2023. Persistent workforce vacancies in north Powys, and sickness absence, continue to diminish capacity and impact performance.

<sup>13</sup> Source: Powys Population Needs Assessment (2022)



Key drivers behind the performance and clinical concerns referenced above can be summarised as:

- Specialist teams thinly spread over a large geographical area.
- Small numbers of staff geographically isolated from each other, leading to vulnerabilities when sickness/maternity leave or vacancies impact teams.
- The impact of vacancy freezes, or protracted recruitment delays.
- Increased reliance on temporary staffing.
- Increased demand, acuity and distress amongst patients admitted to inpatient care.

## **Geographical Challenge and 'critical mass'**

Powys is a county comprising 5,181 km<sup>2</sup> (2,000 sq. mi) and a population of 133,891 people in 2022. Ensuring community services are accessible across the county is a particular challenge. For example, whilst the total of staff in community mental health teams is 43.47wte (all staff groups), this is divided across five teams. Vacancies and absences have a significantly greater impact on our teams than would be the case if the Community Mental Health Team was a single team working from one location. Furthermore, the current configuration of wards and teams across Powys geography (with mental health wards in Llandrindod, Bronllys and Ystradgynlais), makes it difficult to move resources from one location to another, as would be normal management practice to ensure safety and best use of staff across a hospital site with co-located wards and departments.

Time spent traveling around the county between clinics, or on domiciliary visits, is proportionally greater than would be the case in an urban area.

Powys' geography and rural challenges are not considered in project and 'pump priming' funding from Welsh Government. This has resulted in staffing fragility in special community services, such as for neurodiversity and for perinatal services, which are necessarily based in one location whilst covering the whole county of Powys.

## **Estate and Environment**

Whilst mental health and wellbeing services provide support throughout Powys, there is a lack of locations offering an appropriate, therapeutic physical environment for delivering care and support. In addition to the below standard condition of some buildings, the specialist nature of some mental health services means teams often have a small number of staff and can be spread out across Powys, which causes problems for example when team members are unwell. There are also similar issues for our inpatient wards in Llandrindod Wells, Bronllys and Ystradgynlais being spread out across Powys, making it more difficult for staff to cover for one another when there is sickness and annual leave.

The layout of our acute mental health wards often requires additional staffing to ensure patients are safe within the environment, for example when a patient requires 1 to 1 nursing. Improved ward facilities could reduce staffing required and improve patient experience and safety during their stay. Based on the current needs of patients there is also a need to review the arrangements with specialist and other providers of mental health services that PTHB commissions.

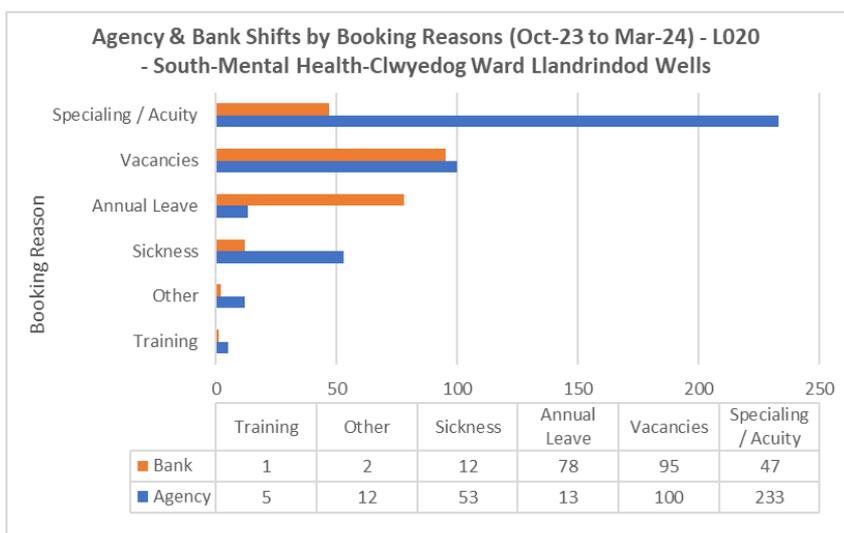
## Workforce and Variable Pay

Over recent years the mental health wards in Powys have faced persistent staff vacancy challenges with a shortage of applications reflecting the ongoing mental health nursing shortfall across the UK. This was significantly exacerbated by the COVID-19 pandemic as an increased proportion of NHS staff decided to leave. In addition to staff vacancies, the increase in acuity and clinical risk experienced by patients and increasing numbers of people seen in acute adult mental health settings with a learning disability, can require enhanced levels of nursing observation, which typically leads to increased workforce requirements. This has been addressed by using temporary staffing to bring the staffing levels back to what they should be, as well as to enhance staffing levels to meet clinical needs – the latter has been unfunded. The annual agency expenditure for 2023/24 reached £786k with a further £240k usage of PTHB bank staff and this has grown further in 2024/25.

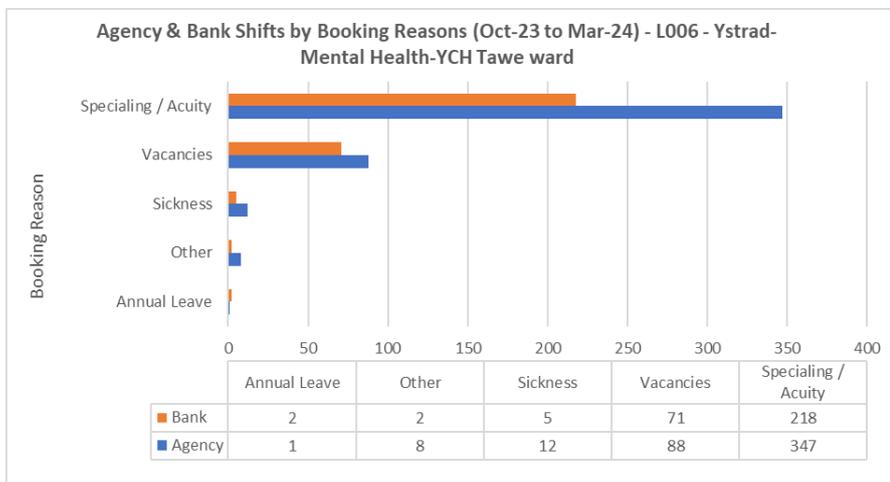
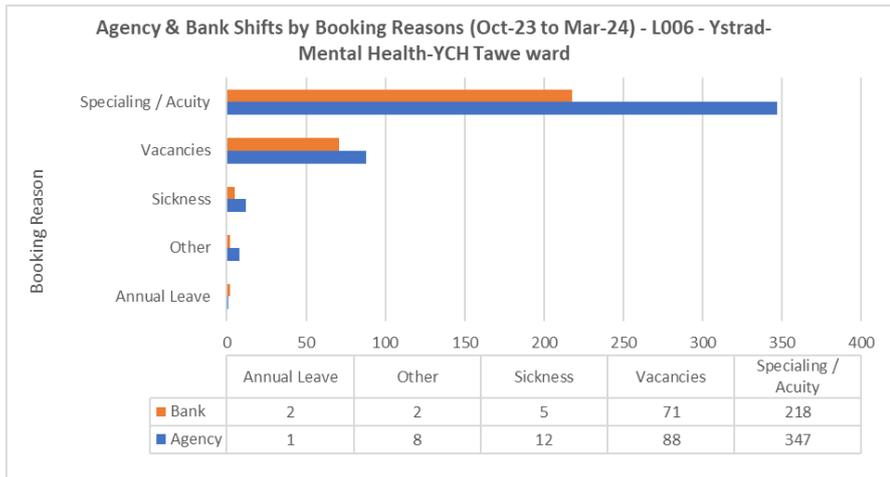
In addition to being an expensive solution, some studies<sup>14</sup> suggest use of temporary staff does not provide optimum care. Although the use of temporary staff has helped to mitigate risk, it can also create risks associated with continuity of care and the inefficiencies of repeatedly introducing new staff to the clinical setting. The recent workforce projections for mental health staff, including community and ward-based nursing and psychology, show an improvement on 2022 projections. However, there is a need to find a short to medium term solution, which will include strengthened early intervention and community service redesign, to bridge the gap. Other than for Psychology, average turnover in workforce has fallen by up to 74% since 2022. The Aspiring Nurse programme has and will continue to help address our workforce challenges.

Whilst the use of variable pay has been necessary in terms of safely managing clinical risk, the detrimental impact on the financial position of Mental Health & Learning Disability Services is a significant contributor to the escalated position of PTHB for reasons of financial governance.

The following graphs highlight the reasons for Agency as captured at time of booking.



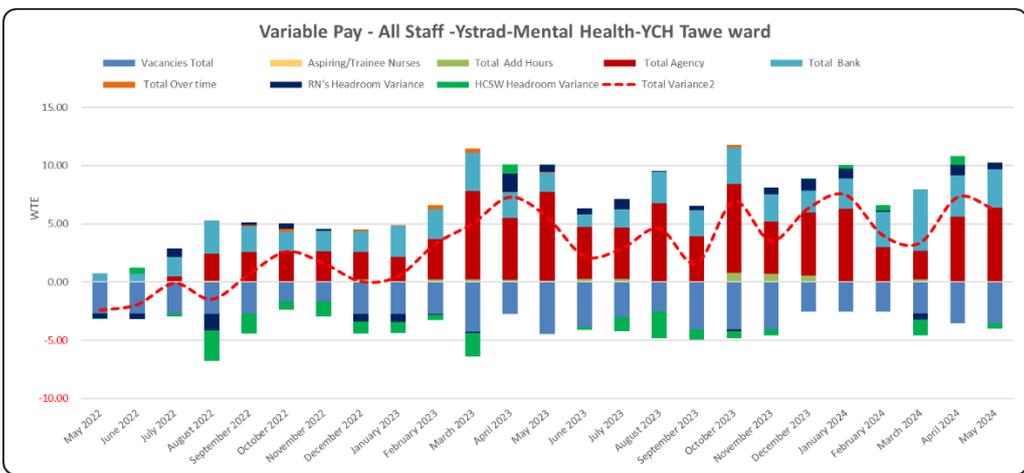
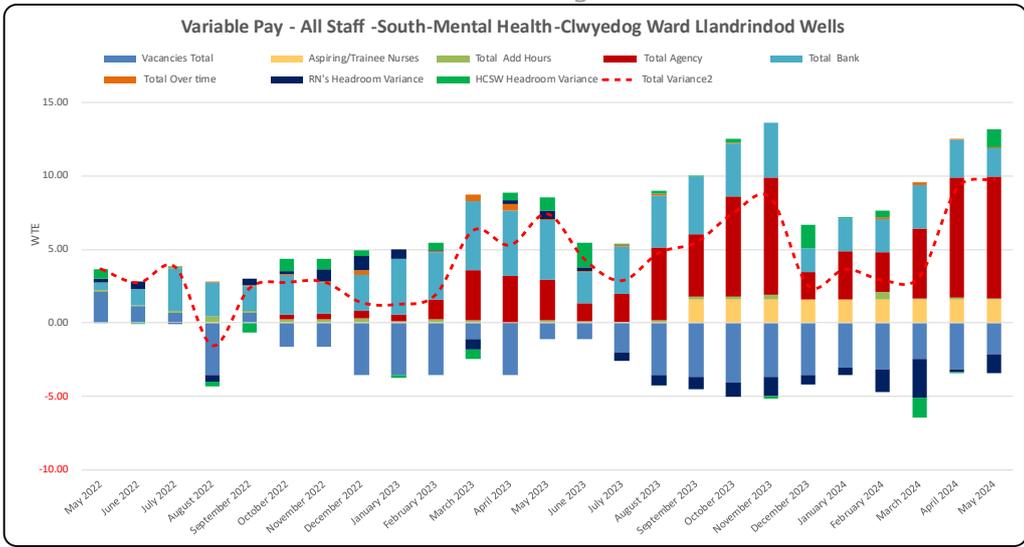
<sup>14</sup> Dall'ora, Chiara and Griffiths, Peter (2017) 'Flexible nurse staffing in hospital wards: the effects on costs and patient outcomes.', Evidence Brief, 3 (1).



It is important to note that understanding the acuity and management of clinical risk is a key factor in unlocking the future of sustainable older adult mental health services. Health boards have a duty through the Nurse Staffing Levels (Wales) Act 2016 to calculate and take all reasonable steps to maintain nurse staffing levels and inform patients of the level. The Care Quality commission report on the Mental Health Act revealed that understaffing can affect the safety of patients and staff, with a lack of therapeutic interventions leading to an increased risk of violence and aggression on the wards. In addition to being correctly staffed, mental health facilities should provide a safe environment appropriate to patient need and in compliance with regulations<sup>15</sup>.

The following tables show that Clywedog ward has regularly used up to nine whole time equivalent (WTE) staff over the budgeted establishment; and Tawe Ward has booked up to 7.5 additional WTE staff. This represents an increase of 13% compared to 2019/20.

<sup>15</sup> Adult Acute Mental Health Units, Welsh Government, Welsh Health Building Note, 2016



Our inpatient wards for older adults include patients assessed as requiring specialist inpatient care primarily for organic mental health conditions associated with older age such as dementia, as well as for some functional mental health needs. These wards regularly experience significant staffing vacancies that remain un-filled despite numerous recruitment attempts. This together with an increase in patient acuity and frailty requiring special nursing/ specialising has resulted in both Clywedog and Tawe wards being reliant on temporary staffing. Special observations are a therapeutic intervention aimed at reducing factors which contribute to increased risk and promoting recovery. The use of enhanced observation levels is never regarded as routine practice but is based on assessed and current needs.

Both wards are relatively small, which precludes economies of scale and leads to a greater costs per bed when compared to larger specialist mental health hospitals.

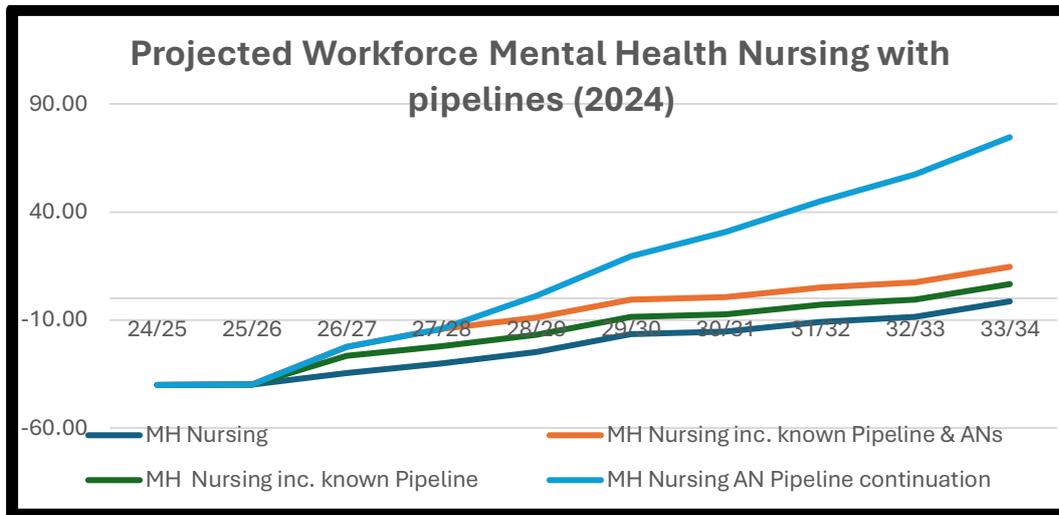
Variable pay has increased exponentially as in addition to the vacancy factor the increase in acuity and clinical risk experienced by patients where enhanced levels of nursing 'observation' is needed has regularly resulted in additional capacity for Health Care Support Worker (HCSW) or 'special nursing' being required. This is evidenced by using temporary staffing not only to bring the levels back to establishment, but also to enhance the staffing to create additional, and unfunded, capacity over establishment when needed.

# Workforce projections

## Mental Health Nursing

Recent workforce projections undertaken in 2024 show an improvement on the 2022 projections, with potential to reach a 'break-even' position by 2029/30 with known pipelines, and sooner in 2028/29 if there is continuation of the Aspiring Nurse programme. Continuation of known pipelines such as the Aspiring Nurse programme are key to sufficient workforce supply for the future and will be compromised if universities cut or remove nurse training courses, as currently proposed by Cardiff University.<sup>16</sup>

In the meantime, there is a requirement for a short to medium term solution to staff shortfalls.



The vacancy position across all posts has improved over the last two years, as shown below, and average business as usual resourcing has seen a positive increase of 33%. Furthermore, there has been a 24% reduction in average turnover, also suggesting that some elements of the workforce situation for Mental Health Nursing have improved.

	2022 (WTE)	2024 (WTE)
<b>Budgeted Est.</b>	196.53	195.57
<b>Vacancy position (Sept 22 &amp; Oct 24)</b>	-57.98	-40.13

<sup>16</sup> <https://www.bbc.co.uk/news/articles/cz7ep0rx514o>

<b>Avg. Age of WF</b>		
<b>Avg. BAU Resourcing</b>	18	24
<b>Avg. Turnover</b>	17	13
<b>Avg. Retirement projections/yr</b>	6	6

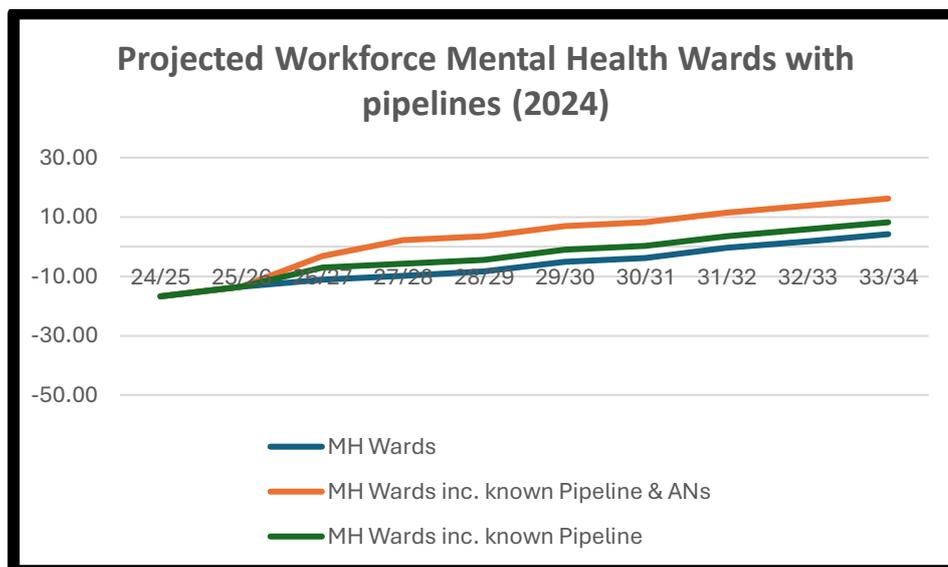
### Allied Professionals and Mental Health Social Workers

Social workers and other social care staff are a vital part of our mental health multi-disciplinary and Community Mental Health Teams. They bring a non-medical perspective to the team with a specific rights-based focus on the social determinants of mental health including education, employment, housing and social networks.

It is therefore important to note that the challenges for capacity in Social Care have a direct impact on the ability to provide holistic mental health care. There are also deficits in capacity for Occupational Therapy and other allied professional roles within PTHB.

### Mental Health Wards

Recent projections undertaken for 2024 to 2034 show potential to reach a 'break even' position by 2027/28, in the meantime we need to strengthen early intervention and redesign community models to enable more patients to have their needs met without hospital admission.

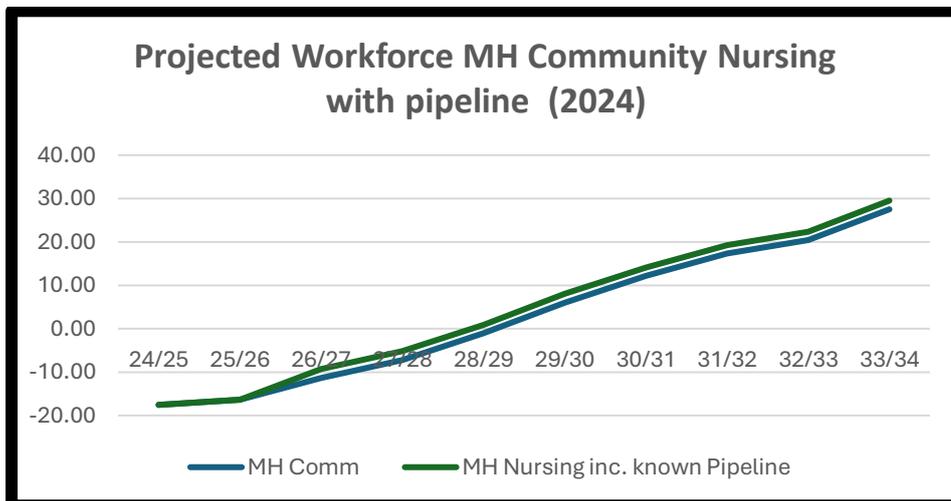


The table below shows that the shape and supply of the workforce is changing, with increased business as usual recruitment and improved retention, with turnover reduced by 50%.

	<b>2022 (WTE)</b>	<b>2024 (WTE)</b>
Budgeted Est.	45.06	43.83
Vacancy position (Sept 22 & Oct 24)	-7.56	-16.76
Avg. Age of WF	45	45
Avg. BAU Resourcing	4	6
Avg. Turnover	5	2.5
Avg. Retirement projections/yr	1	1

### Mental Health Community Nursing

Recent projections undertaken for 2024 to 2034 show that there is potential to reach a break-even position by 2027/28. In the meantime, we need to review and redesign our community services to ensure the correct skill mix, establishment and focus for our community service models.



The table below shows that the shape and supply of the workforce is changing, with improved business as usual recruitment and improved retention, with vacancies and turnover significantly reduced (by 53% and 74% respectively).

	<b>2022 (WTE)</b>	<b>2024 (WTE)</b>
<b>Budgeted Est.</b>	113.24	114.54
<b>Vacancy position (Sept 22 &amp; Oct 24)</b>	-37.03	-17.56
<b>Avg. Age of WF</b>	51	49
<b>Avg. BAU Resourcing</b>	13	15
<b>Avg. Turnover</b>	23	6
<b>Avg. Retirement projections/yr</b>	4	4

## **Psychology and Psychological Therapy Workforce**

The Psychology and Psychological Therapy Workforce across Mental Health has undergone a process of diversification in recent years with the introduction of new roles and 'grow your own' opportunities, including Clinical Associates in Applied Psychology (CAAPS) and Specialist Trauma Practitioners. This has been in response to longstanding challenges with recruiting early career practitioner psychologists, vacant posts, and an overreliance on temporary staffing, including locums.

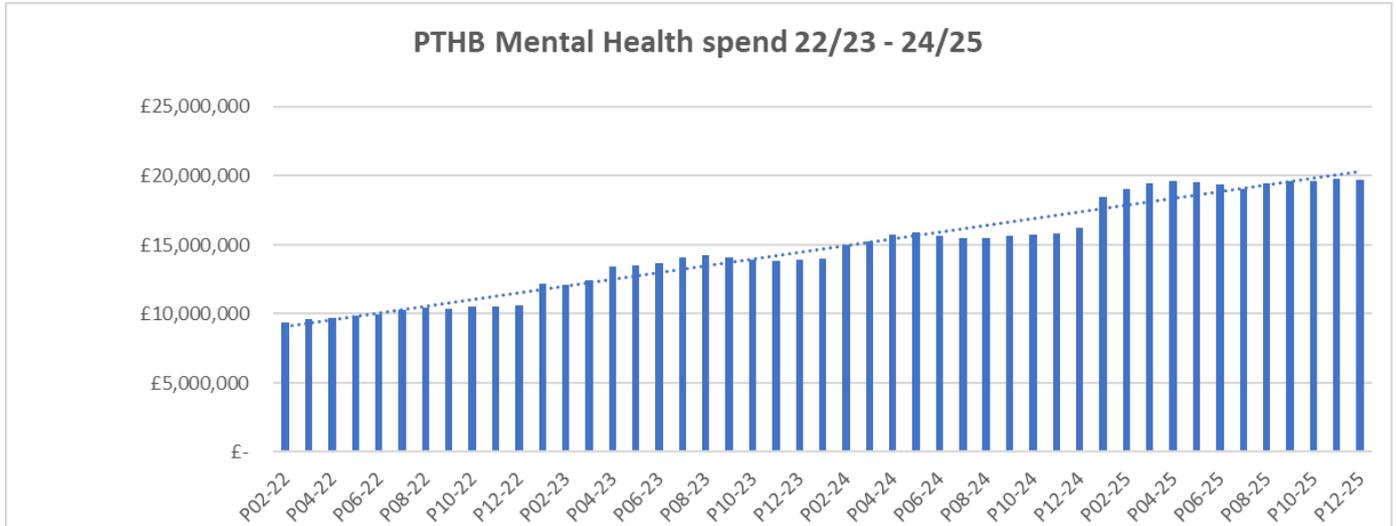
Nevertheless, the longstanding challenges with recruiting qualified psychologists in Powys means that qualified psychology posts remain unfilled across many teams and services within the mental health and learning disability directorate, including Adult Psychology and Psychological Therapy Service; Older Adult Psychology Service; Adult Learning Disability Service; Child and Adolescent Mental Health Service (CAMHS); and The All Age Eating Disorder Service. These recruitment challenges mean that residents in Powys are vulnerable to experiencing health inequality on account of having less access to specialist psychological input from a qualified psychologist when compared with residents from other Health Boards in Wales. Mental Health and

Learning Disability Services are also less likely to benefit from multidisciplinary team working with a qualified Practitioner Psychologist.

Alongside the continued diversification of the psychological workforce, the need to actively explore new and innovative ways to select, recruit and retain trainee and qualified practitioner psychologists in Powys is recognised, in collaboration with both the Clinical and Counselling Psychology Training Programmes in Wales and with Health Education and Improvement Wales (HEIW). The need to expand provision and accessibility of evidence-based and recovery-focused psychological interventions within primary and secondary mental health services is also key to meeting the growing demand and to reduce fragility within the existing service model.

## Continuing Care and Commissioned Pathways

PTHB commissions specialist provision for a small number of patients with complex and persistent mental illness, mental disorders or learning disabilities. The costs to PTHB of specialist placements for 2023/24 were:

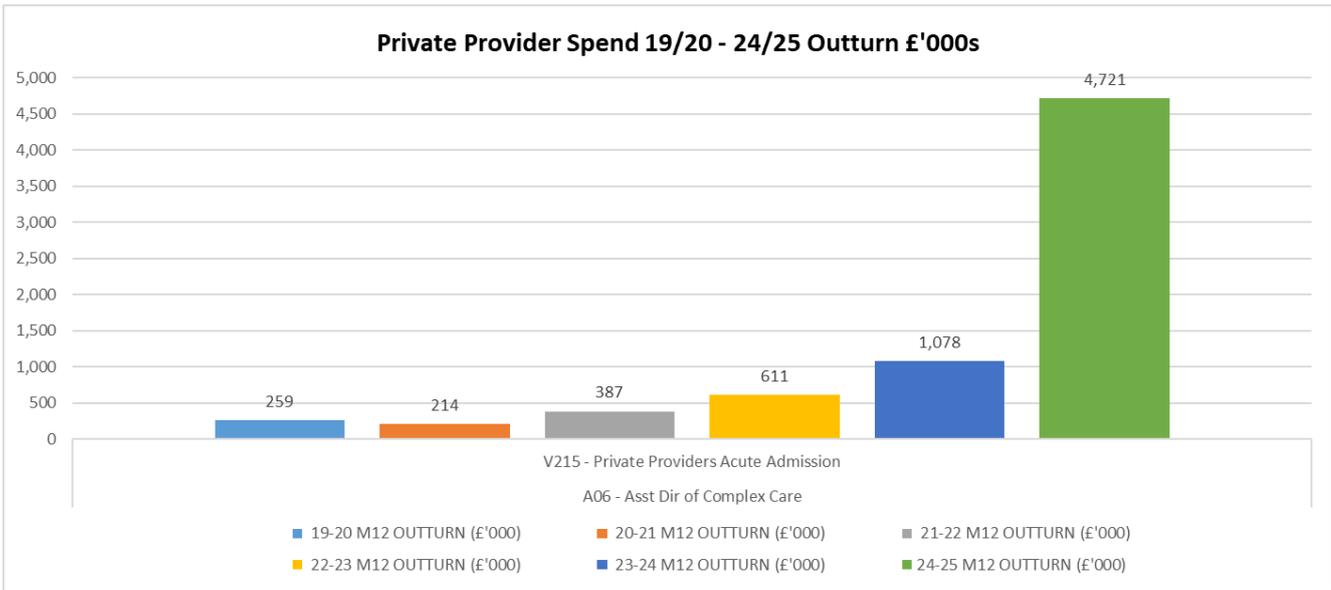


It can be seen from the graph above that each month there were significant increases in the forecast costs for adults with complex mental health needs in specialist placements. Elderly Mental Health (EMI) costs have grown in totality 66% & Adult Mental Health by 15% between 22/23 & 24/25. The inflation for placements in 2024/25 was 8%. There are sixty-six adults currently placed within independent sector in a specialist or low secure facility under Section 117 of the Mental Health Act 1983 'aftercare' arrangements.

In 2023/24 the average cost of these specialist packages in the independent sector was £216 a day, which had increased from an average of £189 a day in the previous financial year.

### Active Placements with private providers within each year

2017/18	10
2018/19	16
2019/20	30
2020/21	18
2021/22	25
2022/23	22
2023/24	25
2024/25	85



Private providers spend has increased by £4.5m (1725%) growth since 19-20.

Mental Health Services require improvements to service provision and pathways for people with enduring and complex mental illness and/or disorder to improve patient outcomes, experience, to improve governance and to bring expenditure in line with budgets.

## Conclusion

Powys Teaching Health Board (PTHB) faces a critical juncture in the provision of mental health and learning disability services. The evidence presented in this chapter demonstrates that current service models are not equipped to meet the evolving needs of the population. Rising demand, increasing complexity, acuity, and persistent workforce and infrastructure challenges are placing unsustainable pressure on services.

Without transformation, the consequences will be severe:

- Longer waiting times and poorer outcomes for patients.
- Increased clinical risk and avoidable harm.
- Escalating financial pressures due to reliance on temporary staffing and out-of-county placements.
- Continued health inequalities, particularly for vulnerable groups.

However, there are opportunities for change. Workforce projections show potential for recovery if current pipelines are maintained. Community redesign, early intervention, and diversification of the workforce could see a significant impact on escalating acuity. The chapter calls for a strategic, system-wide response that includes:

- Redesigning service models to reflect changing patient needs.
- Investing in therapeutic environments and infrastructure.
- Strengthening multidisciplinary teams and allied professional roles.
- Aligning with Welsh Government policy and national standards.

This chapter sets out the rationale for urgent action and provides a foundation for the next phase of service transformation under the Better Together programme.