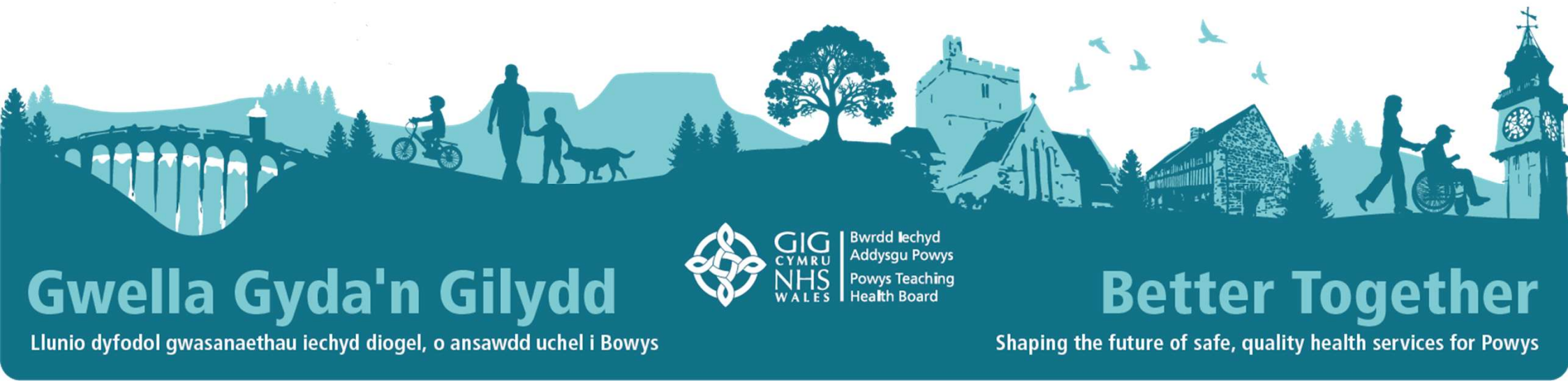
Better Together
Adult Physical and Mental Health Community Services
Phase 1 Update

PTHB In-Public Board Meeting - 29th July 2026



PTHB Board	29 July 2026
Subject:	Better Together Update - Phase 1 (adult physical and mental health community services)
Approved and Presented by:	Debra Wood-Lawson, Executive Director of People, Culture and Transformation Elaine Lorton, Executive Director of Primary Care, Community and Mental Health
Author:	Director of Improvement & Transformation
Purpose:	This item provides a progress update on the position for Better Together Phase 1, adult physical and mental health community services as assurance to the Board.
Recommendations:	PTHB Board is asked to: • **NOTE** the updated position • Take **ASSURANCE** of the progress towards presenting the options for Phase 1 of Better Together • **NOTE** the timeline for presentation of the Pre-Consultation Business Case to Board in September 2026
Previously Considered by:	N/A
Executive Summary:	This item provides a Board update on the progress of Better Together Phase 1 – adult Physical and mental health community services. It provides an overview and reminder of the case for change which was shared through previously public and staff engagement, and describes the vision for the future model of provision for community, inpatient and urgent care services in Powys for Physical Health and Mental Health Older adults and acute inpatients. It provides a case study to bring to life the current experience for Powys residents and what the new proposed models could mean and how they seek to improve patient outcomes and experience. The options development process is described with an outline of the next steps which will be taken leading to consideration of a pre-consultation business case at the September 2026 Board meeting.

Contents

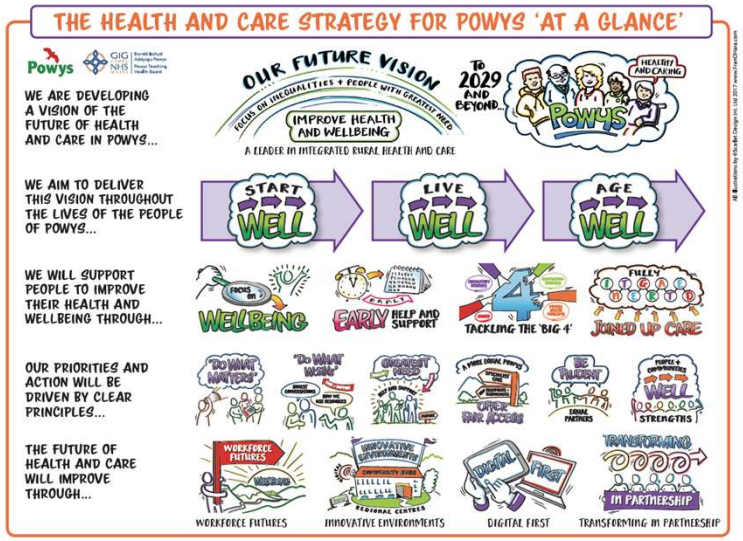
- An update on the Better Together programme and why this is critical to future health and wellbeing in Powys
- A reminder of the key opportunities and challenges for healthcare in Powys, and what we have heard from citizens and stakeholders
- A summary of progress to date on our work on adult physical and mental health community services
- An overview of the next steps

Why Better Together matters for Powys

- Better Together is our commitment to work with our stakeholders and the public to transform healthcare services for the people of Powys.

- We must change how we work so we can continue to deliver the safe, quality health services you need, and to achieve the vision set out in the Health and Care Strategy for Powys.

- We're starting with adult physical and mental health community services, because patients, staff and partners say they are most urgent.



What do we mean by “adult physical and mental health community services”?

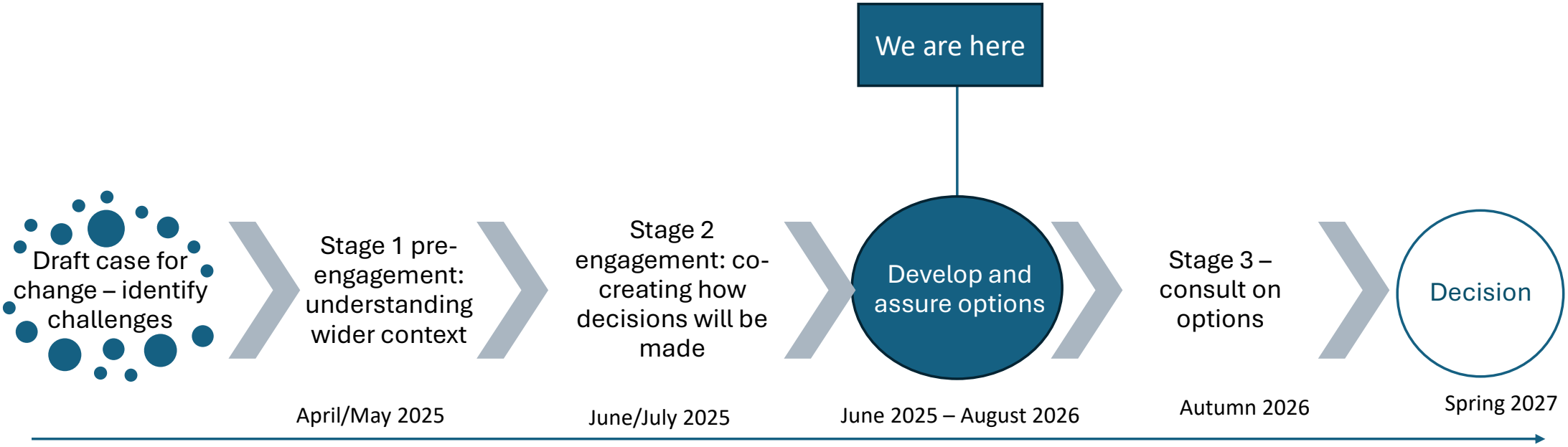
Inpatient Services: we are looking at our inpatient care, which includes our community hospital inpatient wards and mental health inpatients wards. It will also include how we are providing palliative and end of life care both in and out of hospital.

Urgent Care: this includes looking at how we meet urgent care needs in the future, including the Minor Injury Units that the health board provides and how we work with the GP practices and acute hospitals that the Health Board funds.

Mental Health: this includes our single ‘front door’ to access mental health services and our teams in the community that support older adults and inpatient care.

Other important community-based services include those teams which may visit someone at home to provide support and treatment and work closely with primary care and third sector partners. These include District Nursing, Home First and Falls Prevention teams, as well as services where you might have an appointment either in person or online, for example condition specific teams, therapies and imaging.

Progressing towards consultation



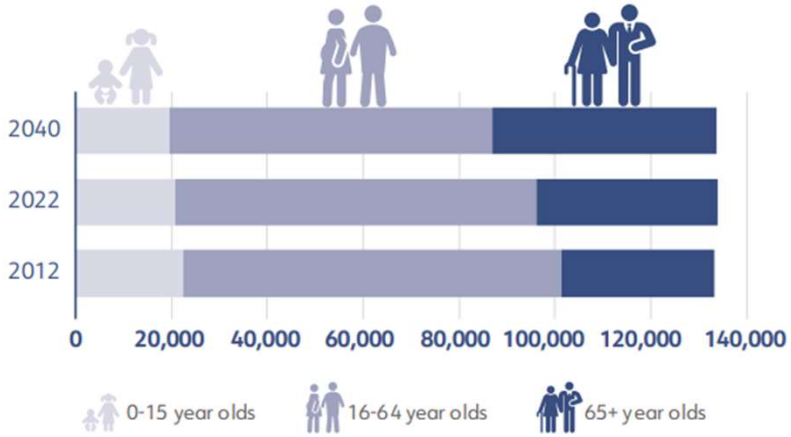
Better Together started in 2024. We've been talking and listening ever since. We set out our challenges and asked for feedback in April/May 2025 (Stage 1 Pre Engagement). We then asked for feedback on scenarios during Stage 2 engagement to help us focus on adult physical and mental health community services. We have been undertaking the technical work since summer 2025, this work is required to ensure options are robust and viable. There have been some delays due to new options being introduced as a result of an internal check and challenge process. We are now finalising the options ready for a decision on consultation in Autumn 2026.

Changing Population, Needs and Expectations of Citizens

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

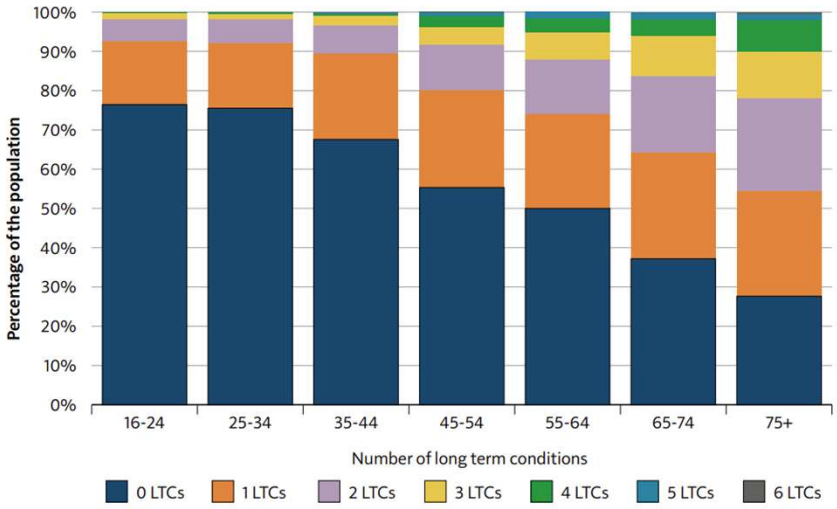
The population of Powys is ageing and the proportion of people of working age is reducing. There will be fewer people of working age to meet growing demand for care and support. Nearly half of people aged 75+ are living with two or more long term conditions.

Projected change in Powys population by age group, 2012-2040



Source: Mid-year population estimates and Population projections, Office for National Statistics

Figure 2.18: Percentage of the population with 0 to 6 long-term conditions (LTCs), by age, in 2018



Source data: Department of Health and Social Care, analysis of data from Health Survey for England 2018[8]
Image source: Redrawn from image in Chief Medical Officer's Annual Report 2020, Health trends and variation in England[9]

Shaped by local voices

There is significant civic pride in local services, including recognising and valuing that many health services are provided by and with local communities including dependence on volunteer and unpaid carers.

You are concerned about the distance to District General Hospital care for planned and emergency care, with concerns about access to travel and transport (including ambulance services and public & community transport), pressure on the NHS, waiting times for planned care, and Emergency Department waits.

You see opportunities for the NHS, local authority, third sector and other partners to work more closely together i.e. ensure timely discharge from hospital to home with a package of care and support in place.

There is recognition that Powys is at the forefront of an ageing population, and with an increasing number of people living with multiple health conditions – and that our workforce is also ageing.

You describe varied patient and user experience, including concerns about equity of access to services between different parts of the county. Living in the England border you experience the impact of different policies and priorities between England and Wales

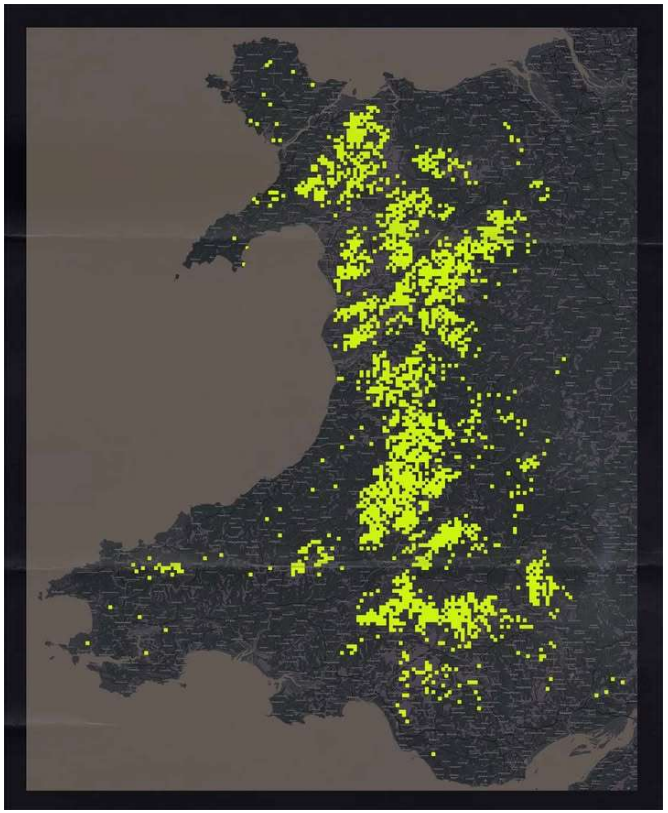
You experience challenges in patient communication. This includes ensuring that "information follows the patient", particularly when you receive care in England.

You say that more can be done to focus on prevention to reduce the future burden of ill health for individuals and society.

You feel the impact of social isolation and loneliness in a sparsely populated county, and this can affect circles of support including for unpaid carers, and impact on mental & emotional health.

You feel we could use digital options to provide more care at home or close to home, whilst also highlighting there is a need for education in use of digital, and also some people prefer not to use digital technology.

Physical Environment

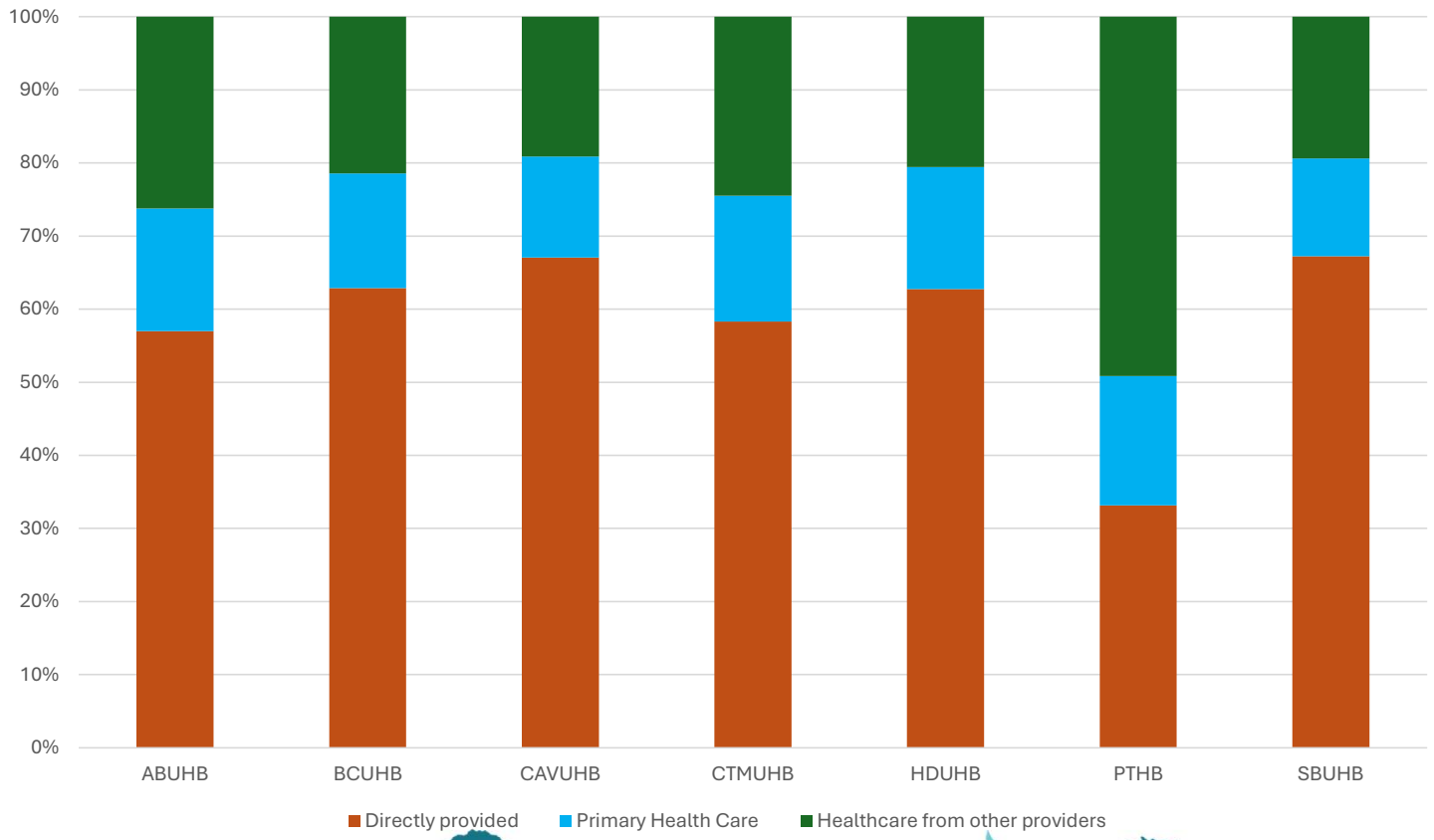


Why Financial Sustainability Matters

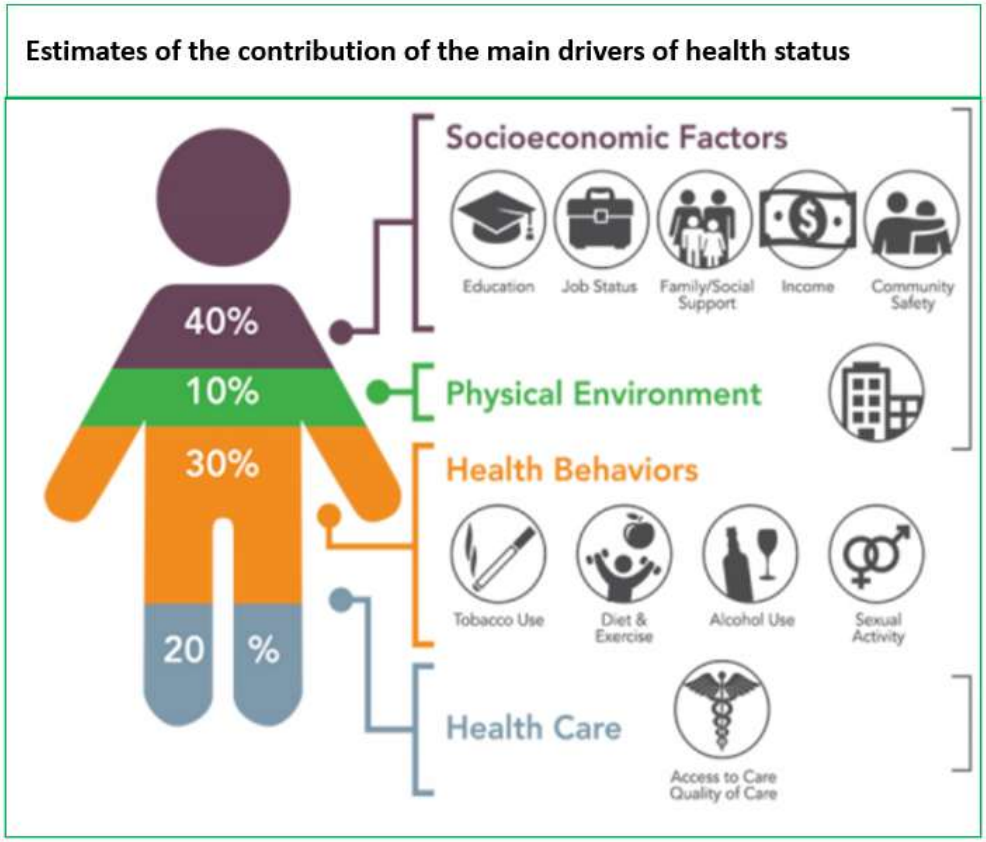
Purchased from others

Primary Care

Directly Provided



Focus on the Future

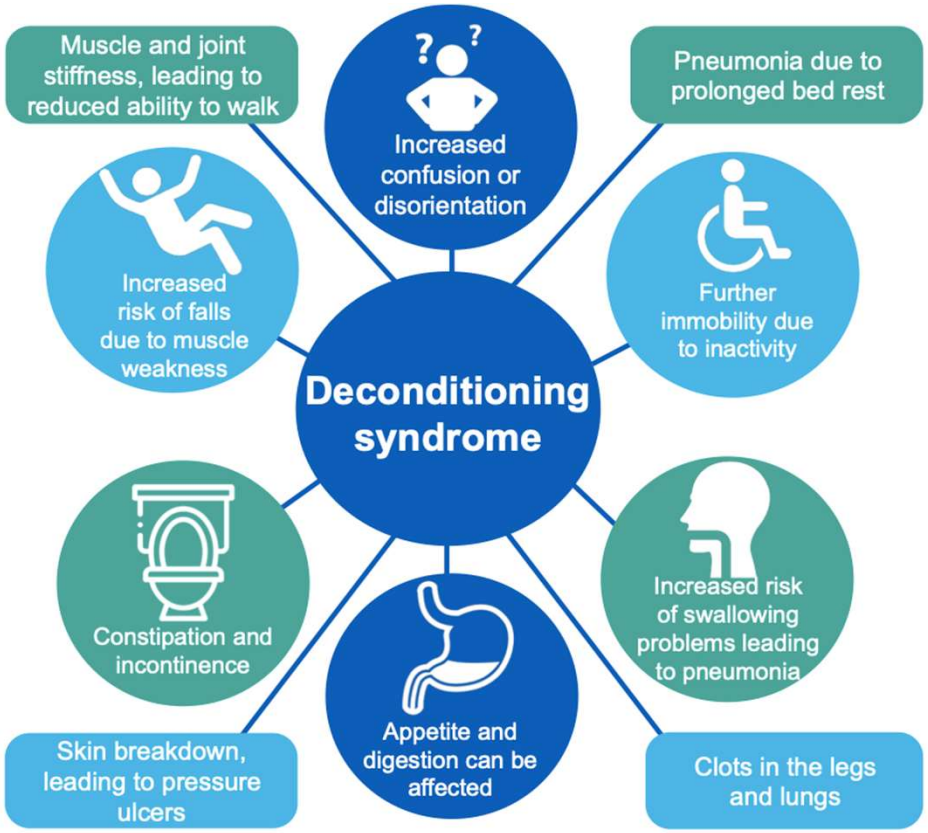


Together, we want to create a future that:

1. Helps people to stay healthy.
2. Makes local health services better
3. Joins up care for the whole person
4. Improves how we provide our inpatient care
5. Improves same day care in the community
6. Uses technology to help people.
7. Makes Powys Teaching Health Board a great place to work
8. Enables us to live within our means

What does the evidence tell us?

Deconditioning



Graphics and figures from NHS Wales Executive Preventing Deconditioning Webinar (13/02/2025)

Up to **50%** older people become incontinent within 24 hours of admission

1:6 older people who normally walk independently need help with walking on discharge from hospital

61% older people who develop a new disability are not back to their usual level of function at 1 year

50% of older patients experience functional decline between admission and discharge

50% leave hospital with increased concern about falls and reduced confidence in their mobility

Delirium

Delirium is linked to significant adverse outcomes – it can result in:

- **3x increase in the risk of mortality**
- **2x increase in length of stay in hospital**
- **2x increase in risk of a fall whilst an inpatient**
- **1 in 5 patients die within 1 month**

Approx. 40% of delirium is preventable

Our local data confirms the need for change

The current model is increasingly challenged by:

High reliance on hospital-based care

- **Over 37,000 out-of-county admissions generated almost 100,000 bed days in 2024/25.**
- **Average community hospital stays are around 40 days**, almost double the Welsh Government expectation of 21 days.

Growing complexity of need

- Most high-cost hospital activity is associated with **older people living with frailty, multiple long-term conditions and increasing support needs**.
- **Demand from people with frailty and complex needs is increasing rapidly**, with Continuing Healthcare costs rising by 89% over four years.

Insufficient alternatives to admission and discharge

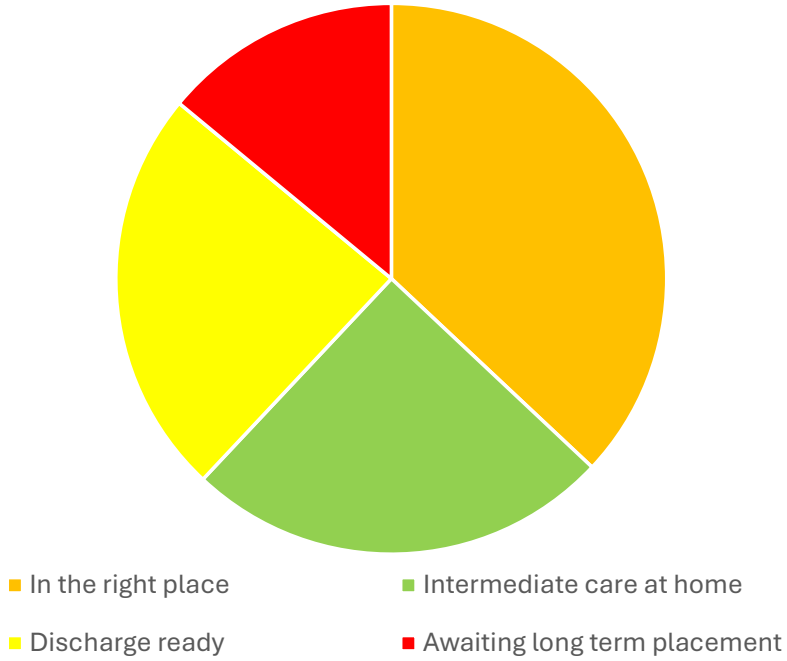
- **Almost half of people in community hospital beds are clinically ready to go home**, demonstrating the need for stronger community alternatives and discharge support.
- Community capacity is not yet consistently available to prevent avoidable admissions or support earlier discharge.

Physical health and mental health pathways remain fragmented

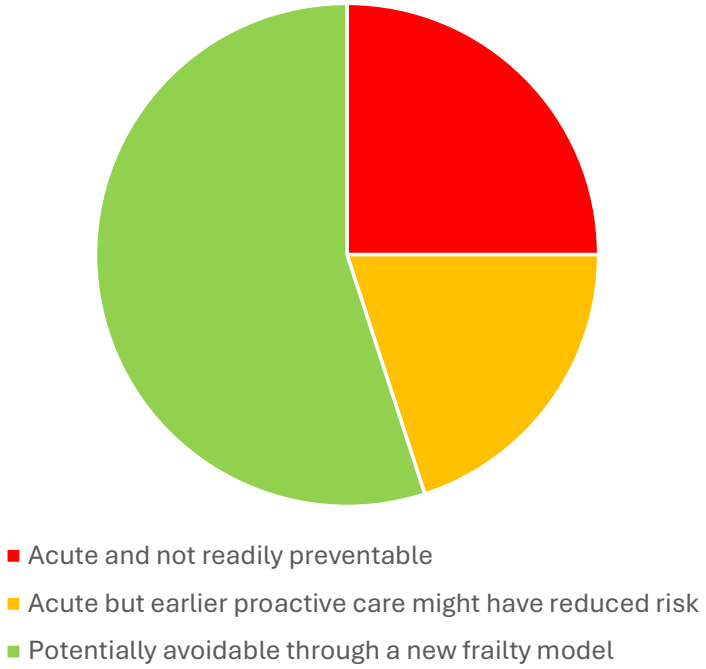
- People with both physical and mental health needs often experience multiple services, transitions and hand-offs across care settings.

Testing the evidence in Powys

Rapid Review of Inpatient Community Hospital Caseloads in Powys June/July 2025



Prospective MDT review of emergency admissions to Wye Valley Trust November 2025



Building on what is working

The future model builds on improvements already being delivered across Powys today

Access → SPOA, 111 Press 2, Digital Services

Prevention → Frailty, Early Intervention, Community Support

Alternatives to Admission → Virtual Wards, Sanctuary, Crisis Response

Recovery & Independence → Reablement, Intermediate Care, Discharge Support

Integration → Physical Health, Mental Health, Social Care and Third Sector Working Together

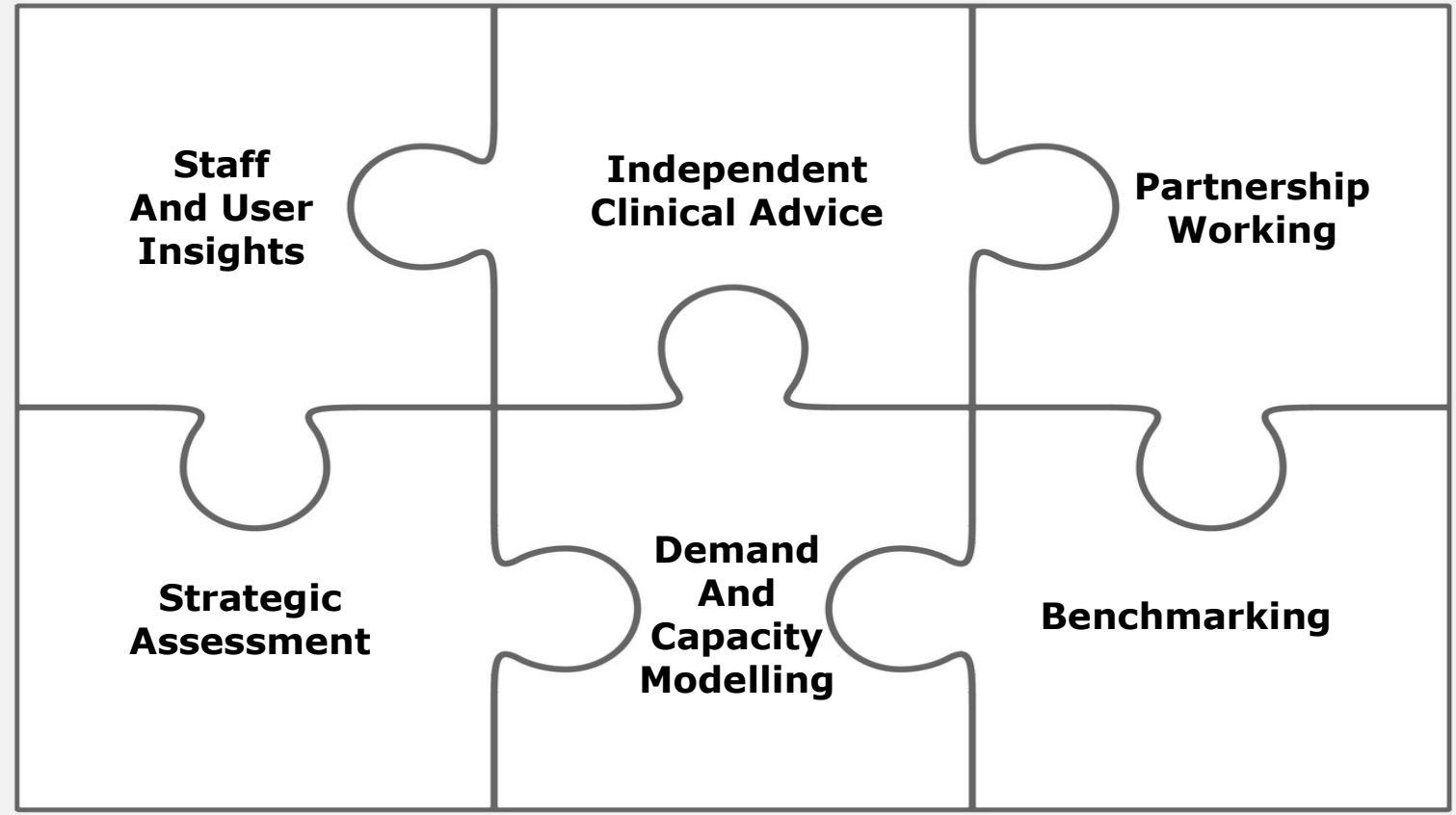
Why further transformation is needed

While significant improvements are already underway, evidence shows that meeting future physical and mental health needs will require a greater shift towards prevention, recovery, independence and care closer to home.

The potential service changes that we are exploring to address the issues within the case for change include:

Adult Physical Health Inpatient and Community Based services	• *How services in the community can be strengthened to better support people at home, reduce admissions and prevent harm* • *What Community inpatient services are required in the future to best meet population needs, the size of these units and where they are located.*
Urgent Care and Diagnostics	• *How urgent care services could be organised differently to provide a more resilient local offer which prevents people travelling out of county (when safe and appropriate).* • *The number and location of urgent care centres within Powys.* • *Improving access to diagnostics (tests and scans).*
Adult Mental Health Inpatient and Community Based services	• *How services in the community can be strengthened to better support people at home and prevent needs from escalating.* • *What mental health inpatient services are required in the future to best meet population needs, and the size of these units and where they are located.*

How we have developed and tested the options



Learning, Assurance and Independent Challenge

We have consistently sought to learn from others and to embed this alongside formal and informal assurance throughout the process, some examples are provided below:

Reflection and learning from other health service change e.g. Hywel Dda University Health Board

Procurement of Independent Advice and Assurance (HICO Ltd)

Procurement of Independent consultation insight and analysis (ORS)

Llais and Staff Side participation in programme governance (OD, Engagement and Communication workstream)

Review and Assurance (External Clinical Expertise, Grant Thornton, GIRFT)

Engagement through partnership mechanisms (e.g. Regional Partnership Board, Joint Committees)

From Evidence to Options

Case For Change
Understanding the opportunities and challenges by developing the "case for change"

Ideas Generation
Working with staff, patients, communities and stakeholders to develop ideas for the future

Hurdle Criteria and Assessment Criteria
Assessing whether the ideas are feasible and optimal

Pre-Consultation Business Case
Agree options and rationale for consultation

Formal Consultation
Consult on options for the future

What matters most to people

People want **centres of excellence or rural regional centres with strengthened primary and community care**.

They want an **integrated approach** and are **positive about change.**

Staff think that this will encourage **skills development, recruitment and retention**.

People want a **partnership** between health, social care and the 3rd sector.

People want **a focus on prevention and early intervention,** and they want to know that **End of Life care** will be delivered **effectively and compassionately** by **skilled staff.**

Respondents recognised the need for **flexibility**, and that some **specialist services** might need to be delivered outside of Powys to achieve best outcomes.

People wanted services to be **equitable**.

This isn't happening in isolation: deep connections need to be maintained with 3rd sector and Powys County Council services including social service provision.

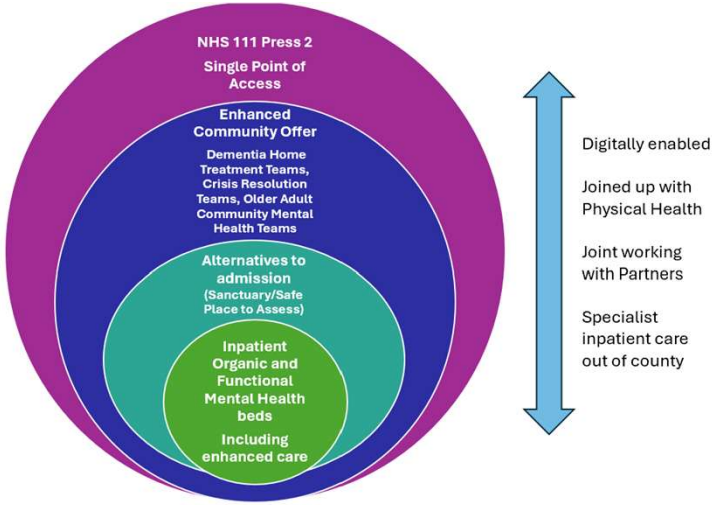
Transport, rurality, weather and geographical isolation were concerns for staff and communities.

IT infrastructure and digital exclusion need addressing.

There are strong relationships between communities and health board estates.

The role and contribution of population, patient and system data needs exploring and refining.

Mental Health Proposed Future Model

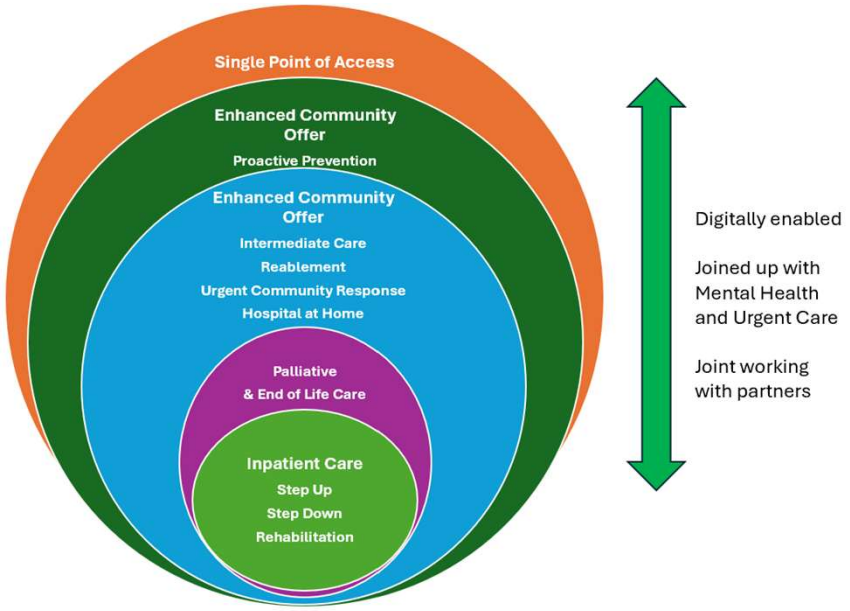


Integrated, recovery-focused mental health system with early intervention and 'no wrong door' access

The mental health model delivers a whole-system pathway spanning prevention, crisis, inpatient care and recovery, with a strong emphasis on early intervention and community-based support. It introduces a single point of access, crisis alternatives such as sanctuary provision, and integrated inpatient and community pathways.

Care is trauma-informed, recovery-focused and integrates physical health, with expanded multidisciplinary teams and digital enablement. The model aims to reduce crisis escalation and admissions while improving outcomes, experience and long-term recovery.

Physical Health Proposed Future Community Model

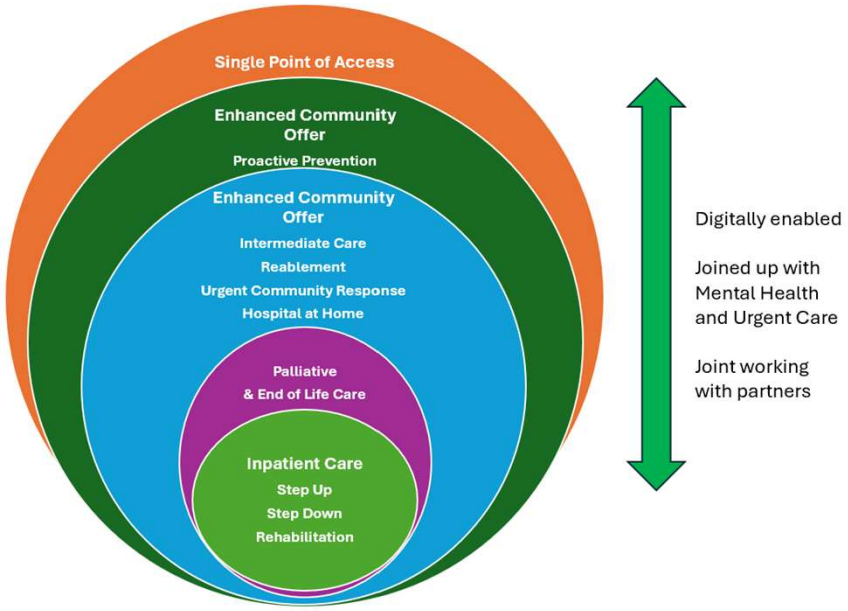


Proactive, integrated community model to prevent deterioration and support care at home

The community model combines proactive prevention with rapid, time-limited intermediate care to support people earlier and avoid escalation. It uses multidisciplinary, place-based teams to identify risk, coordinate care and deliver personalised support, including urgent community response, rehabilitation and hospital-at-home services.

The model is designed to improve independence, reduce avoidable admissions and enable safe discharge, with strong integration across health, social care and the third sector and enabled by digital tools.

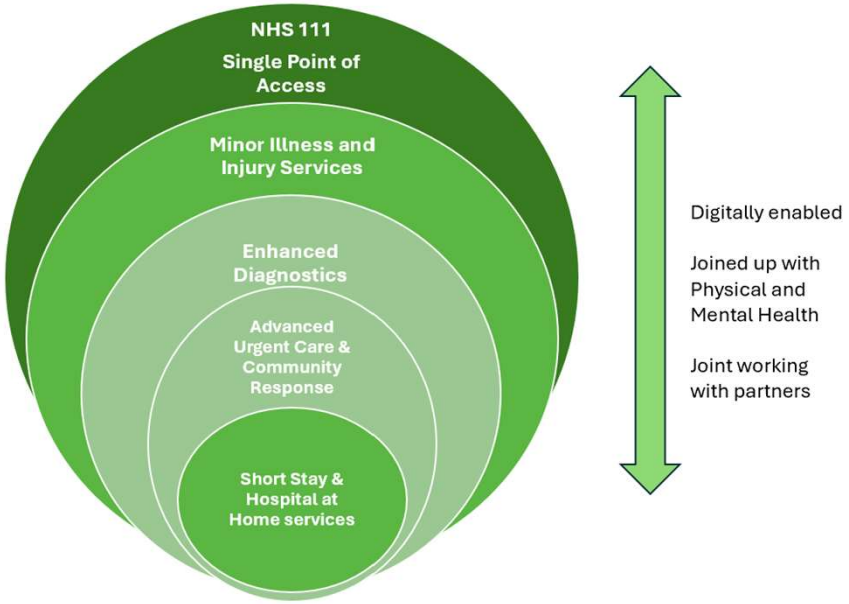
Physical Health Proposed Future Inpatient Model



Integrated community inpatient model to support recovery and reduce hospital dependency

The future inpatient model brings together community hospital beds and intermediate care into a single, flexible system delivering step-up, step-down, rehabilitation and complex care closer to home. It focuses on reducing unnecessary hospital stays, improving patient flow and preventing deconditioning, particularly for people with frailty and complex needs. Care is delivered through multidisciplinary teams with integrated physical and mental health support, underpinned by seven-day services and digital coordination. The model supports faster recovery, better outcomes and more efficient use of inpatient capacity. Whilst also supporting a model of community and inpatient provision for EOL care.

Urgent Care including Diagnostics Proposed Future Model



Expanded community-based urgent care to improve access and reduce hospital reliance

The urgent care model provides timely access to assessment, diagnostics and treatment for non-life-threatening conditions through a phased, modular system. It builds from Minor Injury Units to broader Urgent Care Centres, supported by and supporting community-based rapid response, ambulatory care and home-based acute treatment.

The model aims to reduce emergency department attendance and the need to travel out of county, improve patient flow and strengthen system resilience, with digital connectivity and flexible workforce models enabling coordinated care across a rural system.

What the future model could mean for Delyth

One person · One plan · One pathway

Delyth, 75, lives independently on a family farm in Powys. Welsh is her first language. She has vascular dementia and experiences delirium during a UTI, raising both physical health and mental health support needs.

NOW: Fragmented pathway

1. **Physical and cognitive decline recognised late**
   Following a fall and short hospital stay, memory problems are identified and Delyth is diagnosed with vascular dementia.
2. **Acute episode managed away from Powys**
   A UTI causes delirium. Delyth requires a brief stay in a large acute hospital outside Powys.
3. **Family carries the coordination burden**
   Her family worry about memory, confidence, physical health, independence and future support needs.
4. **Inpatient care considered separately**
   Potential future mental health inpatient care is considered, with risk of fragmented transition from home to hospital and back.

FUTURE: Integrated community and inpatient model

1. **Early joined-up response around Delyth**
   Physical illness, dementia, delirium risk and independence are considered together through one coordinated plan.
2. **More support to stay safely at home**
   Dementia Home Treatment and an improved Older Adults Community Team support Delyth at home.
3. **Integrated monitoring and step-up care**
   Community teams can respond to changing physical and mental health needs, supporting confidence and independence.
4. **Specialist inpatient care when needed**
   If admission is required, expertise is available and accessible in county with improved therapeutic spaces avoiding travel and admission out of county.
5. **Better continuity and Welsh language support**
   Care is more continuous across home, community and inpatient services, with more services available in Welsh.

The future model reduces fragmentation, strengthens care closer to home, and provides specialist inpatient support when needed — helping Delyth maintain independence for longer.

What happens next?

No decisions will be made until there has been full and meaningful consultation with the public and our staff about the future of community services in Powys.
We plan for the consultation to ask important questions such as:

How do we ensure a greater focus on preventing ill health?

How do we strengthen primary and community services so that more people are supported to stay well in the county, and fewer people need admission to hospital?

What is the right way to provide bed-based services in the future?

A pre-consultation business case (PCBC) is in development and will be presented to the Board in September for a decision on whether to proceed to consultation.

The consultation plan will be presented to this Board today for consideration.

What is a Pre-Consultation Business Case?

A **Pre-Consultation Business Case (PCBC)** is a document that explains why change may be needed, what options have been considered, and the evidence supporting those options before any formal public consultation takes place. It helps determine whether proposals are ready to be shared with the public for feedback and is **not a final decision**.

What does it include?

- The **case for change** and current challenges.
- The **options considered** and how they were assessed.
- The potential **benefits, risks and impacts** for patients, staff and communities.
- Evidence from **engagement with patients, staff and stakeholders**.
- Consideration of **quality, access, workforce, equality and affordability**.
- Recommended next steps, including whether to proceed to **formal public consultation**.

A PCBC provides the evidence and options for consideration, enabling informed public consultation before any decisions are made.

Timeline

Consultation and Decision Timeline

- Week beginning 7th September – Publication of Board papers
- 16th September – Board decision on launch of consultation
- Public Consultation – 21st September to 13th December 2026
- Conscientious consideration of consultation feedback – Quarter 4 FY2026/27
- Post-consultation decision case considered by Board – Spring 2027

Future Phases – Planned Care, and Women, Children and Families

We do not plan to formally engage on these areas ahead of Phase 1 consultation however we will continue our improvement work and informal engagement during this period and anticipate that members of the population will provide valuable feedback and insights as part of Phase 1 consultation which will help us to further shape these future phases.

PTHB Board	29 July 2026 Item 3.1b
Subject:	Stage 3 Formal Service Change Consultation Plan for Phase 1 (adult physical and mental health community services)
Approved and Presented by:	Debra Wood-Lawson, Executive Director People, Culture and Transformation Helen Bushell, Director of Corporate Governance (Workstream Chair)
Author:	Deputy Director (Engagement, Communication and Corporate Governance)
Purpose:	This paper seeks formal approval of the Phase One Consultation Plan (adult physical and mental health community services).
Recommendations:	PTHB Board is asked to: • **APPROVE** the Consultation Plan (recognising the pre consultation business case will be considered by the Board in September) • **NOTE** that review and assurance of the Consultation Plan continues to be undertaken by HICO.
Previously Considered by:	The Consultation Plan was reviewed by Better Together Portfolio Board on 20 April 2026 and approved by Executive Committee on 27 May for presentation to Board.
Executive Summary:	Later this year the Health Board, pending Board decisions in September 2026, is likely to undertake a period of formal consultation on a range of options for the future shape of adult physical and mental health community services developed through the Better Together programme. As well as agreeing the future shape of a range of local services, this process will also resolve a number of temporary and legacy service changes in the county including the Temporary Service Changes introduced in December 2024 and other legacy service changes introduced during COVID-19. This Consultation Plan sets out the framework for communication and engagement of the proposals with stakeholders, including how we will invite and seek views. Plans include a public drop-in event in each of the 13 Powys localities, staff roadshow events reaching out to PTHB sites and satellite locations, and a programme of outreach events designed to gather insights aligned to potential equality and related impacts of the proposals. Materials will include a main consultation document, summary consultation document, and information in a range of other formats and languages. This plan has been developed through the Better Together Organisational Development, Engagement and Communication Workstream which includes Llais and staff-side observer representations, and gathers on the continuous engagement feedback we receive from our communities. It attends to the requirements set out the NHS Wales Service Change guidance and related policy & legislation. Independent review has been undertaken by HICO with their feedback fully incorporated into the current version. This Plan will continue to be an evolving document reflecting emerging issues and needs. Subject to the views of the Board on this plan – and without prejudice of Board decisions on the pre-consultation business case which is currently expected in September 2026 - work will continue to operationalise this plan ready for formal consultation from September 2026

Better Together

Stage 3 Formal Service Change Consultation Plan for Phase 1 (adult physical and mental health community services)

21 September 2026 to 13 December 2026

Version 1.0 - Last updated 27 May 2026

Gwella Gyda'n Gilydd

Llunio dyfodol gwasanaethau iechyd diogel, o ansawdd uchel i Bowys

GIG CYMRU NHS WALES

Bwrdd Iechyd Addysgu Powys

Powys Teaching Health Board

Better Together

Shaping the future of safe, quality health services for Powys

Document Version Control

This document is a version 1.0 approved by Executive Committee on 27 May 2026.

During 2025 a plan was developed reflecting the original ambition to undertake Better Together Phase 1 (adult physical and mental health community services) consultation from Q3 2025/26. This was developed through the Better Together portfolio governance arrangements and was approved by Portfolio Board on 16 September 2025. The health board subsequently agreed to review and update the timetable for consultation so that further work could be undertaken on the development and appraisal of options for the future delivery of services.

The Consultation Plan agreed in September 2025 has been adopted as the basis of a refreshed plan for Better Together Phase 1 (adult physical and mental health community services) consultation from Q3 2026/27. Following initial feedback from tacODEC the plan was shared for awareness and comment at Portfolio Board on 20 April 2026. An updated draft to reflect initial feedback from Portfolio Board Members and was endorsed by ODEC on 8 May 2026. In parallel with this it was shared with HICO (independent consultation assurance), and ORS (independent analysis) for approval by Executive Committee on 27 May 2026 and thence to form part of the pre-consultation business case for future consideration by the Board.

Where content is highlighted in yellow this remains under active consideration as a potential activity/channel/publication with final decisions subject to assessment of resource, capacity, risk and assurance.

This Plan will continue to be an evolving document reflecting emerging issues and needs.

Version	Date	Reason for update	Updated by	Approved by	Approval Date
V0.1	24 March 2026	This document remains substantially similar to the previous Consultation Plan approved by Portfolio Board on 16 September 2025 and has been updated to reflect key changes including the updated timetable for consultation. It was shared with tacODEC for initial feedback.	AO	Not applicable (previous Consultation Plan was approved by PB on 16/09/25)	Not applicable
V0.2	31 March 2026	Updated to reflect feedback from tacODEC	AO	Not applicable	Not applicable
V0.3	30 April 2026	Updated dates to match timetable discussed at Portfolio Board and other minor amendments reflecting comments from Portfolio Board members	AO	Not applicable	Not applicable
V0.4	8 May 2026	Endorsed by ODEC on 8 May 2026	AO	ODEC	8 May 2026
V0.5	14 May 2026	Updated to include independent assurance feedback from HICO	AO	Not applicable	Not applicable
V1.0	27 May 2026	Approved by Executive Committee with no amendments	AO	Executive Committee	27 May 2026

Contents

1.0 Service Change Consultation Plan Requirements

The purpose of this project plan is to set out the scope of the issues to be included a period of formal service change consultation from October 2025, on service changes proposed in relation to the Better Together options development process, and to set out the service change consultation process that will be followed. Services included within the scope of this consultation relate to adult physical and mental health NHS community services provided or commissioned by Powys Teaching Health Board.

This plan assumes that the proposals are substantial in nature (as defined by Welsh Government *Guidance on changes to health services*, 2023).

The Health Board is therefore responsible in accordance with Section 183 of the National Health Service (Wales) Act 2006 to involve and consult citizens about services that we provide or commission from another body, and in developing and considering proposals for changes in the way these services are provided. The Board has responsibility in accordance with its Standing Orders for formally launching the consultation and using the information gathered throughout the consultation to inform its decision-making process.

Accountability for the consultation management process is delegated to Executive Directors (in line with their delegated authority) and to the Better Together Portfolio Board and its sub-groups (in line with the Better Together Portfolio Governance Framework), including:

- Developing the draft service change consultation project plan
- Reviewing associated consultation documents for presentation to the Health Board
- Identification of risks and proposing mitigation relating to the consultation
- The establishment of a working group to manage and monitor the consultation progress and monitor the responses as they are received
- The development of a system to log incoming responses into a database for analysis at the end of the process
- Acknowledgment of responses with a letter / email where contact details are provided
- The development of a system to share our progress and findings with stakeholders
- The development of a system to use feedback to inform further discussions and decision making
- The development of a mid-point review process to ensure the consultation is progressing as anticipated and any emerging issues are addressed as part of the consultation process and management plan
- Gathering insights to support the further development of the Equality Impact Assessment (EqIA) at the start, mid-point and end of the consultation process to help identify barriers, and any needs to be addressed to support participation from our diverse communities
- The development of a system to consider impact throughout the process and adjust as necessary to eliminate or mitigate any potential or actual adverse impact at the earliest opportunity.

1.1 Key Requirements in relation to this Plan

Legislation / Guidance	Overview
Equality Act 2010	Our duties in relation to equality and diversity are outlined in The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. The Act aims to ensure those carrying out a public function consider how they can positively contribute to a fairer society in our day-to-day activities through paying due regard to eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations. To make this happen, the regulations place specific duties on the devolved public sector, including health boards in Wales to carry out Equality Impact Assessments (EqIA). In the context of this consultation project plan we are required to assess the impact of our proposals to ensure that, as far as is practicably possible, the opportunities for promoting equality and human rights for people with protected characteristics are maximised and any actual or potential negative impact is eliminated or minimised.
Socio-Economic Duty	The Wales Act 2017 enabled Welsh Ministers to enact Part 1, Section 1 of the Equality Act 2010 – the socio-economic duty. It requires specified public bodies, when making strategic decisions such as deciding priorities and setting objectives, to consider how their decisions might help to reduce the inequalities associated with socio-economic disadvantage.
Mental Capacity Act 2005	The Mental Capacity Act 2005 is a law designed to ensure that all people aged 16 and over are protected and empowered if they lack the capacity to make a decision about their care and treatment.
Human Rights Act 1998	The Human Rights Act 1998 (the HRA) sets out the fundamental rights and freedoms that everyone in the United Kingdom is entitled to. It requires all public bodies, including health boards, to respect and protect your human rights.
The Health and Social Care (Quality and Engagement) (Wales) Act 2020	The Health and Social Care (Quality and Engagement) (Wales) Act 2020 provides the legal framework for, among other things, the establishment of Llais as the statutory Citizen Voice Body for health and social care and the statutory Duty of Quality.
Welsh Language (Wales) Measure 2011 and The Welsh Language Standards (Health Sector) Regulations 2016	The Welsh Language Standards are a set of statutory requirements relevant to the Health Board. They clearly identify our responsibilities to provide bilingual services. Under the Standards, Welsh should not be treated less favourably than English. In line with the Welsh Language Standards, the organisation will be expected to consider, when formulating a new policy, or reviewing or revising an existing policy, what effects, if any (whether positive or adverse), the policy's formulation or decision would have on: (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language. When publishing a consultation document which relates to a decision, the document must consider, and seek views on, these effects.

Legislation / Guidance	Overview
National Health Service (Wales) Act 2006	Section 183 of the National Health Service (Wales) Act 2006 requires health boards to involve and consult citizens in: • planning to provide services for which they are responsible • developing and considering proposals for changes in the way those services are provided, and • making decisions that affect how those services operate
The National Health Service Finance (Wales) Act 2014	The National Health Service Finance (Wales) Act 2014 makes planning the bedrock of the health system in Wales – the change from a market driven commissioning approach to a planned system – and introduced the need for the development of integrated medium-term plans.
Welsh Government Guidance on changes to health services 2023	Ministerial Guidance recommends that should a two change process should take place if substantial changes are proposed that are likely to require formal consultation: • Phase 1 Extensive discussion with key stakeholders to explore potential issues, refine options and determine the questions to be included within the consultation • Phase 2 Formal consultation for a minimum of six weeks The Better Together programme has satisfied Phase 1 through Stage 1 Pre-Engagement on the case for change and Stage 2 Engagement on the issues. It is now recommended that a period of formal consultation takes place for 12 weeks, significantly exceeding Welsh Government guidance, to allow sufficient time for wider stakeholders to consider options and provide feedback. The guidance also references key requirements and expectations including the Gunning Principles
National Principles for Public Engagement in Wales (reviewed 2022	The National Principles for Public Engagement in Wales are a set of ten principles for engaging with the public and service users. The principles aim to guide the way engagement is carried out to make sure it is good quality, open, and consistent. They offer a set of guidelines to organisations within the public and voluntary sectors in Wales: • Design your engagement to make a difference • Invite people to get involved, if they choose to • Plan and deliver your engagement in a timely and appropriate way • Work with relevant partner organisations • Provide jargon free, appropriate, and understandable information • Make it easy for people to take part • Ensure people benefit from the experience • Ensure the right resources and time are in place for your engagement to be effective • Let people know the impact of their contribution • Learn and share to improve your engagement

Legislation / Guidance	Overview
The Well-being of Future Generations (Wales) Act 2015	The Well-being of Future Generations (Wales) Act 2015 is legislation which has at its heart the well-being of future generations, through the establishment of seven national well-being goals and five ways of working: • A prosperous Wales – where everyone has jobs and there is no poverty • A resilient Wales – where we're prepared for things like floods • A healthier Wales – where everyone is healthier and can see the doctor when they need to • A more equal Wales – where everyone has an equal chance whatever their background • A Wales of cohesive communities – where communities can live happily together • A Wales of vibrant culture and thriving Welsh language – where we have opportunities to do different things and where people can speak Welsh • A globally responsible Wales – where we look after the environment and think about other people around the world.
The Social Services and Well-being (Wales) Act 2014	The Social Services and Well-being (Wales) Act 2014 imposes duties on local authorities, health boards, and Welsh Ministers, that require them to work to promote the well-being of those who need care and support, or carers who need support. The Powys Regional Partnership Board (PRPB) has been established under Part 9 of the Social Services and Well-being (Wales) Act 2014 with specific duties to promote the integration of community care and support services. The PRPB is a statutory stakeholder for the purpose of this consultation project plan.
Social Partnership and Public Procurement (Wales) Act 2023	This Act places a statutory duty on public bodies to involve recognised Trade Unions in a formal, timely, and collaborative consultation process on proposed policy or service changes. This includes engagement with the PTHB Local Partnership Forum as part of our overall approach to service change consultation.
Convention on the Rights of the Child	The Welsh Government has made a commitment to promote and support children and young people's participation, and to implementing children and young people's rights to participate as stated in Article 12: "Children and young people have a right to participate in the decision-making processes that are relevant to their lives and a right to influence the decisions made in their regard within the family, the school, or the community." Whilst the majority of services for children and young people are outside the scope of this consultation, their interests will relate to issues such as use of Minor Injury Services, their role as young carers, and as future users of the services under consideration.
Health Impact Assessment (Wales) Regulations 2025	New Health Impact Assessment requirements will come into effect from April 2027 and consideration is being given to how these future requirements can be incorporated in planning and decision-making for Better Together, particularly in relation to post-consultation decision making.

1.2 Health Board Policies and Guidelines

The health board will adhere to its own policies, procedures and guidelines during the consultation. Some areas which may be pertinent during the consultation include:	
Freedom of Information Policy	Freedom of Information requests – members of the public are entitled to request information from public authorities and we have a process in place to manage these requests. See more information and contact details here: Freedom of information - Powys Teaching Health Board
Data Protection and Confidentiality Policy and related policies and procedures	There will be some requirements for the sharing of person-identifiable information including in relation to the receipt, processing and analysis of consultation responses by ORS, engagement with Llais, operation of online and in-person events etc. The health board as a framework of policies and procedures in place in order to ensure compliance with data protection and confidentiality requirements and appropriate agreements will be in place with key partners to support the effective and compliant delivery of consultation activity.
Listening To People framework	Complaints and concerns may arise that fall within the jurisdiction of concerns, complaints and redress arrangements. The new Listening To People framework came into effect from April 2026: Feedback and Concerns - Powys Teaching Health Board
Social Media Policy and guidance	PTHB has adopted the all-Wales social media policy and has in place guidelines for social media and comment moderation: Our approach to social media and comment moderation - Powys Teaching Health Board Social media comments will not be gathered and recorded as part of this consultation, and users of our social channels will be signposted to the routes available to them for submitting comments and feedback.
Petitions	PTHB has a petitions protocol in place for the consideration of petitions either directly to the health board or via third party systems. Should the health board receive a petition as part of the consultation, it will be handled by acknowledging receipt, and a copy forwarded to ORS as part of the consultation analysis process, where it will be reported under a separate section of the feedback report. The feedback report will outline the background and scope of the petition, including the statement that signatories have signed, and the number of signatures received.
Media Relations	Media relations will be managed in accordance with the health board's media policy and procedures. All media enquiries should be directed to the press office for response in accordance with agreed delegated authorities.
Other	Where additional policy requirements are identified through ongoing development and review of this Plan they will be included here.

2.0 Consultation Scope and Mandate

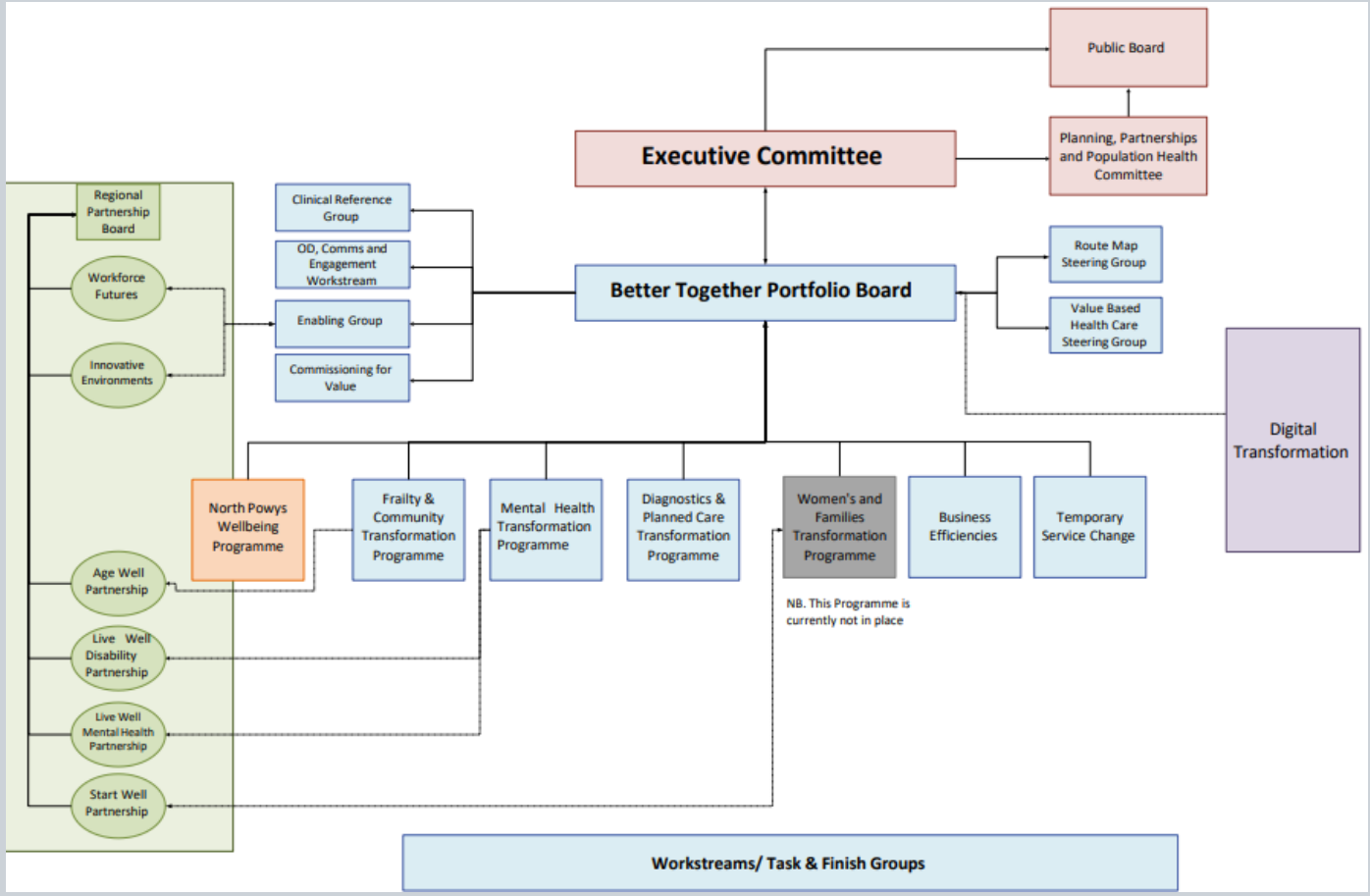
Consultation Scope	Powys Teaching Health Board (PTHB) (the consulting body) will undertake a formal consultation exercise with the public, its staff, statutory stakeholders, wider stakeholders, and targeted groups most impacted / affected by its proposals. We will ensure equality of opportunity to engage between people who share a protected characteristic and those who do not. The Health Board will engage all key stakeholders (the consultees) identified through stakeholder analysis on both a qualitative and quantitative basis, to understand the views on the following issue: • **Service change options for adult physical and mental health NHS community services** The health board will be asked at a meeting in September 2026 to undertake a consultation to determine the options that should be taken forward on a phased implementation basis, recognising that some interim changes may also be required in order to achieve the overall implementation journey.
Consultation Timescale	The consultation period will commence in September 2026 and end in December 2026 with the aim of presenting a consultation closing and output report at a Health Board public meeting in March 2027: • July-September: Consultation planning and document development • September-December: Consultation period • January-March: Analysis, conscientious consideration and decision making
Matters for inclusion in the consultation	The following matters have not yet been decided and are open to influence in the consultation, so we want to gather views on: • The suitability of each of the service change options • The positive and negative impacts associated with each of the service change options • Alternative options not yet considered within the scope of the consultation The development of the consultation programme and supporting materials has been informed by ongoing equality, Welsh language and socio-economic considerations. The impact assessment process is iterative and will continue throughout the consultation period to ensure emerging impacts, barriers and mitigations are identified and considered as part of decision-making.
Matters excluded from the consultation	The following matters have been decided on and are not open to influence in the consultation: • The scope of the consultation (namely adult physical and mental health community services) • The overall Health and Care Strategy agreed by the Board in 2017, which has been re-adopted and extended to 2029. • Matters relating to services outside the scope of the consultation This consultation focuses on **service change consultation** and is not formal HR consultation with staff in relation to terms and conditions through an Organisational Change Process. OCP consultation would normally follow at a later date once service change consultation and decisions have taken place.
Consultation Mandate	The purpose of the consultation scope defined within the consultation project plan is to enable the Board to make a formal decision on: **Better Together adult physical and mental health NHS community service change options**

3.0 Programme Governance and Resources

Better Together Portfolio Governance

The overall governance arrangements are set out in the Portfolio Execution Plan. This describes the agreed strategy and portfolio procedures to be adopted by the Better Together Portfolio Board, related programmes and workstreams for the successful control and implementation of the Portfolio. The portfolio of work is overseen by the Better Together Portfolio Board which oversees a portfolio of improvement and transformation programmes across PTHB to ensure delivery of impact and benefits in line with the Powys Health and Care Strategy. It acts as the strategic decision-making group with oversight of the portfolio to ensure that it delivers against intended outcomes and benefits, within time, cost and quality.

The Portfolio Board has constituted several Programmes and Groups within the portfolio structure, which are summarised below:



Organisational Development, Engagement and Communication (ODEC) Workstream	The Portfolio Board has established an Organisational Development, Engagement and Communication workstream (ODEC) to provide effective and efficient OD, engagement and communications across the portfolio. The group is also be responsible for providing support and advice on OD, engagement and consultation in line with best practice guidance and legislation. This includes oversight of development and delivery of the engagement, communication and consultation plans for Stages 1, 2 and 3 of the current phase of Better Together.

Tactical ODEC (tacODEC)	The Tactical Group has responsibility for day-today delivery of the communication and engagement activity that supports the consultation. Each member of the group brings their delegated authorities and responsibilities, and their professional and operational accountabilities to their respective Executive Director, and will operationalise these authorities through their participation in the Tactical Group to support agile and dynamic delivery of the Consultation Plan in line with the framework agreed through Programme and wider organisational governance.
	The work of this group can be summarised as:
	• Planning and managing a range of consultation events and opportunities for both staff and public, both in person and on-line. This includes targeted engagement to ensure that people from groups with protected characteristics are fully engaged in a way that is accessible to ensure there are opportunities to participate.
	• Providing consultation materials, in a mix of digital and hard-copy formats, and in alternative versions and languages to enable participation
	• Promoting the consultation and encouraging our communities and staff to get involved.
	• Monitoring the following, and giving ongoing consideration if any changes in approach (e.g. additional communication messages or materials, or additional engagement activities) need to be put in place:
	  • dialogue across communications and engagement channels (e.g. addressing myths and misperceptions)
	  • responding to new interested participants to the consultation (e.g. responding to requests for more information from new campaign or interest groups; responding to requests through communication channels including corporate correspondence, political party or representative correspondence, or complaints; and receiving petitions)
	  • monitoring the effectiveness of communications and engagement activities
	  • reviewing targeted engagement and on-going analysis and identification of under-represented stakeholder groups.
	• Providing updates to the Workstream Group, Portfolio Board and the lead Executive Directors (Director of Corporate Governance as lead Exec for engagement and communication; Executive Director of Planning, Performance and Commissioning and lead Exec for service change engagement; Executive Director of People and Culture as Senior Responsible Owner) on progress and issues / mitigations for delivery of the consultation, or to endorse actions.

3.1 Programme Resources

Consultation Tactical Team	Project leadership, project management, and Communications and Engagement posts identified for the programme are funded within existing team budgets, or from additional requirements already agreed through Programme Business Case development and previously approved. Therefore, no further additional staffing costs are currently envisaged for the delivery of the project. However, this will be kept under review subject to the changing needs and requirements of the programme.
Supplier Costs for Quality Assurance Support and Consultation Delivery and Analysis	A contract for consultation delivery and analysis has been awarded to ORS. The contract value in 2026/27 is estimated at £80k. There is scope within the award to extend the contract for up to a further two years for the next two phases of Better Together. Final costs and scope for 2026/27 are currently being determined. A contract for consultation assurance has been awarded to HICO. The initial contract value in 2026/27 is estimated at £100k. There is scope within the award to extend the contract for up to a further two years for the next two phases of Better Together. Final costs and scope for 2026/27 are currently being determined.
Communications and Engagement Costs	Documentation (including design and printing of multiple versions of consultation documentation, household leaflet drop): £40,000 Opportunities to engage (including events and other engagement activity): £15,000 Promotion (including advertising opportunities to engage with our communities): £15,000 Support, translation and administration (including alternative and additional languages, postage etc.): £30,000 Van Hire (conveyance of event resources between venues): £3,250
Other Programme Costs	Costs associated with Stage 3 Deliberative and Clinical Design events for Adult Physical and Mental Health Community Services, as well as for pre-engagement / engagement on planned care: £15,000
Total Costs	Estimated non-pay costs during 2026/27 are £300,000. *** These costs are an estimate only, with final costs based on stakeholder analysis and EQIA.

3.2 Programme Quality Assurance

Better Together Quality Assurance	The consultation process is being supported through a combination of operational delivery support, quality assurance and external assessment arrangements. HICO is providing quality assurance support and advice on consultation good practice through associates recognised by the Centre for Consultation. Any Consultation Mark award decision will be considered independently through the Centre for Consultation. These arrangements are intended to support transparency, continuous improvement and confidence in the consultation process. This quality assurance process will include testing and review of the project plan, consultation documentation, the mid-point review, closing date review and a final report. These arrangements complement and assure, rather than replace, the statutory responsibilities of the health board. Consultation feedback will be analysed externally by Opinion Research Services via a questionnaire and focus groups. The nature and scope of other analysis is being determined as part of contract agreement with Opinion Research Services and may include written submissions, review of engagement meeting notes, staff focus group – further decisions on which outputs will be analysed internally by PTHB and which will be subject to external analysis by ORS will be made prior to consultation and kept under review. Key documents in advance of the consultation launch will also be presented to a meeting in public of Powys Teaching Health Board in September 2026.

4.0 Proposed Timeline for Consultation

5.0 Stakeholders

Stakeholder Identification	These proposals have the potential to affect all adults in Powys. In addition, there are potential impacts on children including in relation to access to urgent care (Minor Injury Units can treat people aged 2 and above), as young carers of people using adult physical and mental health NHS community services, and as future users of adult services. Our approach will be to create as open and accessible an opportunity for as many people as possible to be aware of the consultation and to get involved if they wish to do so. We will build on the stakeholder mapping and analysis that was undertake as part of Stage 1 and Stage 2 Engagement. This is to make sure that any stakeholders identified during the options development process are being considered. This stakeholder mapping and analysis exercise will help us identify statutory consultees and those most affected by the potential options within the identified services so that it can inform our work. Stakeholder mapping will include a focus on disadvantaged, marginalised and minority groups and communities. Engagement will be tailored to suit different circumstances and requirements. We will work with local community and voluntary sector groups and networks to make sure that seldom heard groups can have their say in decisions that affect them. Throughout the consultation process we will need to ensure due regard is given to the general and specific equality duties for public sector organisations in Wales, and the requirement to engage with representatives of protected groups in assessing the potential impact of proposals on these groups. This applies to all adults in the Powys area, regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

Initial Stakeholder Analysis	These stakeholders are likely to be broadly interested in this consultation: • Patients, carers, advocates and proxies including Leagues of Friends • Public including town and community councils • NHS staff, and unions and professional bodies that represent them • Primary care providers including general medical practitioners, dentists, pharmacists, optometrists • Local partner organisations including Powys County Council, Powys Association of Voluntary Organisations, Dyfed Powys Police, Mid and West Wales Fire and Rescue Service, Powys Regional Partnership Board and its members and working groups, Powys Public Service Board and its members and working groups • Community and third sector organisations across Powys • National partner organisations including Welsh Government, NHS Performance & Improvement, Welsh Ambulance Service University NHS Trust, Health Education and Improvement Wales, Public Health Wales • Neighbouring NHS organisations and commissioned health services in England and Wales including all health boards in Wales, Robert Jones and Agnes Hunt NHS Foundation Trust, The Shrewsbury and Telford Hospital NHS Trust, Wye Valley NHS Trust • Political representatives including MSs, MPs and county councillors • Powys Llais Specifically we will need to ensure engagement as part of this Plan with: • Current and potential future users of adult physical and mental health NHS community services, and organisations that represent them and/or campaign on their behalf • Current NHS staff and primary care contractors working in or with adult physical and mental health NHS community services • Whilst the services under consideration are primarily used by adults, there will be specific areas of potential impact for children and young people including as users of minor injury services, as young carers of adults using adult physical and mental health community services, and as future users of adult services.

Equality Considerations of this Consultation Plan	In the context of this consultation project plan we are required to assess the impact of our proposals to ensure that, as far as is practicably possible, the opportunities for promoting equality and human rights for people with protected characteristics are maximised and any actual or potential negative impact is eliminated or minimised. The baseline EqIA and will be shared as part of the consultation technical documents to gather additional impacts and views on issues or potential mitigations which may not have already been considered. By reviewing the views gathered through the consultation, and by considering the possible socio-economic impact, on identification of an option by the Board a final EqIA will be undertaken for the selected option using this full detail. This will ensure that decision making is fully compliant with our legal duties under the Public Sector Equality Duty (PSED), Equality Act 2010 and the National Health Service (Wales) Act 2006 and that we are taking account of people's protected characteristics. Key considerations in the delivery of the plan include: • Activities to enable people to participate who may not have digital access (e.g. information available at drop-in events, information in local press, printed information available in local libraries, route to request a copy of printed materials, targeted engagement to seldom heard groups). • Consideration of different communication needs (e.g. Easy Read, BSL, audio/video) • Consideration of different languages: previous engagement and consultation activities have seen negligible uptake of documents translated into other community languages and therefore it is proposed that (a) key documentation is published in html format on the health board website so that users can use language translation and other assistive technologies to access information in their language or medium of choice (b) a statement will be included in the consultation document in the main languages identified in the census and through use of HB translation services (Ukrainian, Arabic, Polish, Nepalese) (c) publicity materials for public events will indicate that LanguageLine facilities are available and these will be pre-installed on team devices linked to the PTHB account. • Access by geographies across a large rural geography (public events to be organised across the county - one in each of the 13 Powys localities; consideration to further events in satellite locations; consideration of outreach programme to community groups aligned with EQIA). • Activities to enable participation by other groups who may face exclusion e.g. traveller communities, socio-economic deprivation.

6.0 Service Change Consultation Risks

Description	Cause	Likelihood	Impact	Mitigations
Potential of confusing the public with multiple overlapping consultations or engagement exercises are taking place	Other periods of engagement launched by PTHB during consultation period	2	4	Seek to ensure that all relevant consultation requirements are encompassed within BT. Keep under review through Portfolio Board and Executive Committee
	Urgent or temporary measures introduced by PTHB during consultation period	3	4	Keep under review through Portfolio Board and Executive Committee
	Neighbouring HBs or Trusts launch engagement or consultation periods	4	4	Outside of our control but continue to work closely with neighbouring HBs and Trusts re timing and contextualisation
Lack of public involvement, due to consultation / engagement fatigue or disengagement and/or consultation design insufficiently enabling sufficiently representative feedback, which may leave sections of our communities and protected characteristic groups unrepresented in the consultation process	Consultation proposals insufficiently articulated leading to misunderstanding / misinformation	2	4	Independent assurance support for development of materials. Ensure sufficient time for development of materials
	Frequent / ongoing engagement and/or consultation, lack of feedback loop	3	4	Encourage sign-ups to GovDelivery to increase subscribers, ensure that outputs/outcomes from Stage 2 are widely publicised, comprehensive consultation plan
	Consultation methodology does not reach voices less heard	3	4	Focused work with ORS on insight methodology, stakeholder analysis and EQIA, materials in different formats, print copies in libraries, communication plan
	Materials and formats insufficiently meet equality needs	2	4	Consultation Plan identified different format and languages (e.g. BSL, Easy Read), outreach programme
Reputational risk should political, community, special interest or campaign groups be opposed to the scope or options within the consultation	Opposition to proposals	4	4	Comprehensive consultation plan, process for dealing with petitions, programme of public events
	Perception that decision already made	4	2	Publication of Step Report as part of Pre-consultation business case to demonstrate conscientious process
Consultation insufficiently meets statutory duties (e.g. equalities requirements)	Lack of resourcing	3	4	Additional resources agreed by Executive Committee
	Lack of planning	3	4	Consultation plan sets out compliance requirements
	Lack of review	2	4	Pre-launch, mid point and end point reviews proposed
	Lack of assurance	2	4	Contract being finalised for independent assurance
Consultation proposals and supporting information (e.g. IIAs) insufficiently developed by consultation launch and/or insufficient supporting information	Insufficient programme delivery and/or controls	2	5	Options development plan in place. Assurance through Portfolio Board
	IIAs insufficiently developed	2	5	IIAs developed and approved as part of pre-consultation business case to support "go / no go" decision
Product of consultation insufficiently informs decisions	Insufficient analysis	2	4	Independent methodology and analysis procured from ORS
	Insufficient conscientious consideration	3	4	Programme decision making timetable kept under review

The programme risk register will continue to evolve throughout the programme and will include operational, strategic, reputational, equality, clinical and legal considerations associated with major service change consultation. This will include ongoing review of consultation reach, representativeness, emerging themes, misinformation, accessibility, and compliance with statutory duties.

7.0 Engagement and Insight Plan

Introduction	The engagement plan will support the objectives of the consultation, and specifically: • Raising awareness amongst our people of the opportunities to participate and share views to inform the Board decision on service change options for adult physical and mental health NHS community services • Facilitating ongoing engagement with public, staff, statutory stakeholders, wider stakeholders and targeted groups most impacted / affected by its proposals • Targeting those most affected by the service change options through engagement methods best suited to the key groups • Providing a range of opportunities, taking account of accessibility, for our staff and key stakeholders to give their views Our approach will be underpinned by a commitment to continuous engagement, with particular reference to the seldom heard, and engage in ways that are sensitive and appropriate to their needs and in this way, we will be most likely to meet the needs of our entire population.
Insight Methods	Tools and strategies for ensuring the methodologies used are in keeping with the needs of each stakeholder group will be prioritised. A contract is in place with ORS to support consultation analysis and delivery. The methodology for gathering insights is currently expected to include: • Online questionnaire (EN and CY) with equality monitoring • Printed questionnaire (EN and CY) with equality monitoring • Easy Read printed questionnaire (EN and CY) with equality monitoring • Receipt of correspondence via email and in writing • Receipt of petitions • Targeted public focus groups facilitated by ORS • Notes from public, staff and stakeholder engagement events (currently to be gathered and analysed by PTHB) – *wherever possible, attendees at public, staff and stakeholder engagement events will be encouraged to complete the consultation questionnaire* • Further options under discussion with ORS include staff focus groups, targeted stakeholder interviews As part of this consultation, the health board will not be logging and analysing: • Social media comments • Comments on external or third party websites (e.g. newspapers) • Other comments and feedback not received via the channels listed above

Maximising participation	All consultation documents will be available on a dedicated section of the PTHB website and staff intranet. The sites and associated material will be promoted via the Health Board's corporate platforms to help reach the digital audience to maximise engagement. A range of events will be organised including: • A public drop-in event in each of the 13 Powys localities • A staff roadshow programme reaching out to the main PTHB sites and satellite locations • A programme of outreach events and/or pop-up events that reach out to community groups aligned with key issues identified in EQIA and/or to reach the main population centres where drop-in events are not taking place • Independently facilitated public focus groups by ORS and consideration to independently facilitated staff focus groups by ORS • Consideration to at least two online public event(s) for people not able to attend drop-ins • Stakeholder events for (a) Town and Community Council representatives (b) County Councillors (c) MSs and MPs (d) Leagues of Friends (e) third sector providers • Offer of presentations to key forums including Local Partnership Forum, Public Service Board, and Regional Partnership Board Opportunistic engagement will include: • Sharing information at pre-existing staff events including Wellbeing Roadshows, online and in-person training events, staff meetings, CEO staff briefings • Sharing information at pre-existing public and stakeholder events such as PAVO Locality Forums All engagement will comply with legislation in terms of the Data Protection Act 1998, the UK General Data Protection Regulations, the Freedom of Information Act 2000, and equality and diversity legislation.

8.0 Communication Plan

Introduction	The communications plan will support the objectives of the consultation by: • Providing clear and timely information about the purpose and scope of the consultation that helps to create understanding, build trust, and encourage engagement in the consultation • Ensuring our communication is proactive, open and transparent – providing enough information for individuals to feel able to participate, without overwhelming individuals and leading to confusion • Reaching out to our diverse range of key stakeholders (inclusive of staff, service users, carers, our partners, the public, particularly those identified as potentially being disadvantaged, marginalised and minority groups) to raise awareness of the consultation and actively encouraging people to get involved and share their views • Reduce likelihood of potential mis-information and myths by monitoring themes from events, correspondence, media and social media and responding to escalating concerns through proactive communication messaging • Demonstrating that the Health Board is listening and responding by sharing themes heard during the consultation, providing responses to concerns, and sharing the results of the consultation • Providing consistent responses wherever possible to people's enquiries, or concerns (including those from stakeholders such as patient and public representatives and media), and sharing feedback heard to the Health Board.
Marketing and Awareness	The communications plan will document key messages, audiences (which will be informed by the stakeholder analysis), products and channels necessary to support people to take part in the consultation, tactics to reach stakeholders, a schedule of promotion and activities, and how we will monitor and capture feedback. A variety of communication activities will be used to promote involvement in the consultation. More materials and activities will be prepared in advance for the first half of the consultation, allowing us the opportunity to review feedback, themes and engagement, and respond accordingly in the second half of the consultation. Consideration will be given to use of Personas to illustrate how proposals may affect access and experience of health care services, subject to capacity to develop and utilise these.

Public Channels	Key channels for public communication will include: • PTHB website pthb.nhs.wales/bettertogether and biap.gig.cymru/gwellagydangilydd – *NB as the survey is externally hosted, we suggest that consultation materials are hosted on the PTHB website rather than Engagement HQ* • PTHB social media channels (Facebook, LinkedIn, Instagram, Nextdoor) • Media releases and regular news articles through the consultation period • A household leaflet drop to households in Powys • Consider paid-for social media advertising including in paid partnership with local media • Public Drop-in Events • govDelivery subscription service (consider paid-for advertising campaign summer 2026 to boost subscriptions ahead of launch) • Reach out to local community channels, particularly those that may help us reach voices seldom heard or who may face barriers to participation
Stakeholder Channels	Key channels for stakeholder communication will include: • Syndicated articles for publication via stakeholder channels (e.g. PAVO, RPB, PSB) including co-ordination via Powys Engagement and Insight Network • Use existing stakeholder mechanisms and meetings
Staff Channels	Key channels for staff communication will include: • PTHB management cascade • PTHB Team Focus • PTHB CEO Online Briefings • PTHB Intranet - continuing to build and update the information available to staff (including FAQs, key messages, links to news stories, feedback opportunities, etc.) • Staff Roadshows • Staff Closed Facebook Group

9.0 Document Plan

Document Content	The main consultation document will attend to the specific requirements set out in Welsh Government guidance on NHS Service Change that consultation documents should: • Explain the case for change, why change is necessary and provide clear evidence. • Include a clear vision of the future service. • Explain the consequences of change or of maintaining the status quo, on quality, safety, accessibility and proximity of services. • Include information on outcomes for patients and service users. • In the case of changes relating to hospitals, demonstrate how services will in future be provided within an integrated service model including working with local authorities. • Set out clearly the evidence for any proposal to concentrate services on a single site. • Include the evidence of support from clinicians for any proposed change. • In the case of changes prompted by clinical governance issues, show how these have been tested through independent review. • Show which options were considered during the engagement phase - the NHS needs to ensure that, if a preferred option is specified, this will not be seen as a 'fait accompli'. • Explain any risks and how they will be managed. • Give a clear picture of the financial implications of the different proposals. • Spell out who will be affected by the proposed changes and how their interests are being protected. • Explain how any change and benefit will be evaluated after implementation. • Be bilingual and in a range of formats, appropriate for the needs of the affected patients and communities including British Sign Language. For example, materials in Welsh could be particularly important for a patient with dementia, as their ability to use a second language may be diminished or lost. • Be agreed by the Board of the NHS body. [source: How to make changes to health services: guidance for NHS organisations | GOV.WALES]

Document Versions	We will aim to be open and transparent in the provision of all our consultation materials. We acknowledge that to be involved in a consultation, some of our diverse communities will need to be provided with alternative versions, or support to participate.
	
	Informed by the stakeholder analysis and EQIAs, in order to make the consultation as accessible as possible we will produce:
	
	• A bilingual consultation document in as plain writing as possible and minimum font size 12, that complies with digital accessibility guidance and best practice
	
	• A bilingual summary version:
	  • Consider audio (C)
	  • Easy Read (M)
	  • Consider publication of a youth-friendly version subject to capacity and recognising that the majority of proposals have an indirect or future impact on young people (C)
	  • British Sign Language (M)
	
	• html publication on the health board's digital channels so that readers can use assistive technologies, screen readers, language translation
	
	• Information within the consultation document in the four main language identified through census data and use of PTHB interpretation services (Ukrainian, Arabic, Polish, Nepalese) to indicate how information can be requested in their language of choice. A bespoke and reactive approach to translation will therefore be taken.
	
	• A suite of supporting technical/support documents to be identified by the Programme Team as part of the pre-consultation business case. This will include the current version of the Integrated Impact Assessments.
	
	• In addition, subject to capacity, consideration will be given to video promotion or animation to attract interest from groups who may not access other versions of documents (potentially those with low literacy) and signposting to support to attend events or speak to someone (C)

10.0 Consultation Review

Pre-launch readiness review	A pre-launch readiness review will be undertaken during August 2026: • Sufficiency of consultation plan to meet key requirements • Sufficiency of readiness of consultation materials • Capacity and capability to deliver the agreed plan
Mid Point Review	The mid-point review will be undertaken between week 4 and week 6 of the consultation period (indicatively, w/b 2 November 2026), in order to review how the consultation has met the project plan to date and any new and emerging issues, including: • Evaluating what has been learned to date, through: • Effective monitoring of the debate and the reactions and activities of interested parties, including challenges and opposition • Considering the need for the plan to be amended as a reaction to what is being learned • Considering whether new information is needed or needs sharing • Discussing how contingency will be managed if changes to the plan are needed • Confirming sufficient media and social media awareness of the consultation or any gaps that need addressing • Evaluating stakeholder participation and identifying gaps in reach, and in particular from seldom heard voices. • Identifying any significant equalities and impact issues arising that have a material impact on the plan
Closing Review	The closing review will be undertaken one week before the consultation period formally closes (indicatively w/b 7 December), in order to review how the consultation has met the project plan, including: • Evaluating what has been learned to date through effective monitoring of the debate and the reactions and activities of interested parties, including challenges and opposition • Considering any further essential actions to support the effectiveness and appropriateness of the consultation • Reviewing what should happen post consultation and what the timeline will be for response, evaluation and analysis, sharing the outputs and feedback, and making decisions • Review and updating of the EqIAs.
Post Decision Learning and Reflection	Learning and reflection will take place to learn lessons from the consultation period to support continuous improvement.

11.0 Consultation Findings Report

Evaluation and Analysis Plan	The consultation analysis, initial output report and final report will be undertaken independent to the Health Board via Opinion Research Services (ORS) who have been procured in advance of consultation. The consultation findings report will provide an accurate and balanced overview of the feedback received through the consultation process. The report will support, but remain distinct from, the subsequent Board decision-making and conscientious consideration process.
Key Components	The purpose of the final consultation report is to: • provide the Board with an accurate and balanced overview of the feedback received through the consultation process to support a decision on the service change options taking the impacts into consideration The final report is likely to include: • Summary of key themes • Overview of findings • Key issues raised through consultation The final consultation report will be presented and deliberated at a meeting in public of the Health Board on a date to be determined. Review and reflection of the findings from the consultation as set out in the consultation report will inform the post consultation decision case for decision by the Board. This will include updated Integrated Impact Assessments to ensure emerging impacts, barriers and mitigations are identified and considered as part of decision-making. The date and time of the meeting will be publicised through the health board channels, and the agenda and papers will be published in advance. The meeting will be livestreamed for the public to observe. There will be an opportunity for questions from the public in line with normal health board procedures and Standing Orders, recognising that this is a “meeting in public” and not a public meeting.

12.0 Decision Reporting

Following Board Decision	A feedback report summarising the outcome of the consultation, the decision of the Board and the next steps will be published and shared: • PTHB staff (intranet, PTHB News Update, staff briefings, PTHB Team Focus) • Stakeholders (email distribution) • Public (govDelivery subscribers, PTHB website, social media channels) It is currently anticipated that Wales will enter the pre-election period for the Local Authority elections 2027 shortly after a decision is taken, so it will be important that due regard is given to the specific requirements and sensitivities of the pre-election period to ensure political fairness and impartiality.