For Publication

Better Together: Stage 0 to Stage 2 Engagement Report



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Introduction and background

The Better Together portfolio of work is helping Powys Teaching Health Board (PTHB) shape the future of safe, quality health care services for the people of Powys.

In recent years the county and the health board have experienced lots of big changes, including the COVID-19 pandemic, rising demand for treatments, more people living longer with multiple health conditions, growing waiting lists, and large increases in the cost of fuel, food and other bills.

Together, these changes also mean that our current health services cost more than we can afford. The health board must take action so it can respond to the changing needs of our population and of society, in order to optimise the care of all patients; safeguard services; improve resilience where it is currently fragile; reduce inefficiencies and respond to staffing and budgetary pressures.

This engagement report summarises what PTHB has learned from all engagement activity that has taken place. It draws together the key findings from facilitated conversations, workshops, formal and informal feedback and survey responses.

Engagement activity for Better Together started with the collection of baseline information (Stage 0 engagement) during 2024 and early 2025. The collection of pre-engagement activity (Stage 1 engagement) on the Case for Change document followed in April and May 2025. Engagement activity focused on Adult Physical and Mental Health Community Services in Powys (Stage 2 engagement) followed during June and July 2025.

PTHB wants to learn about the needs and preferences of its patients and service users, staff, partners, other stakeholders, protected characteristic groups and the wider population of Powys.

This document and its findings will be used to inform the development of a Business Plan and Consultation Document for a formal public consultation (Stage 3 engagement) on Adult Physical and Mental Health Community Services in Powys. Formal consultation had originally been anticipated during Autumn and Winter of 2025/26, but recognising the importance and complexity of this vital work a refreshed timetable is now being developed.

This is a composite report formed from several smaller documents. Material has been provided by Powys Teaching Health Board's (PTHB's) Engagement and Communications, Transformation and Value, and Organisational Development teams, and by Practice Solutions Ltd, who provide independent support, scrutiny and reporting to Stage 1 and Stage 2 engagement activity.

PTHB is targeting its resident population for the Better Together portfolio. Based on latest data from the Office for National Statistics' mid-year population estimates for 2022 for Powys Locality areas, this indicates a total resident population of 133,891 individuals. In addition, PTHB is also targeting its 2,520 permanent and fixed-term contract employees, who may or may not reside within Powys.

Engagement activity for the Stage 0 Discovery and Stage 1 pre-engagement is relevant to the entire population of the county.

However, the Stage 2 engagement on Adult Physical and Mental Health Community Services is primarily concerned with adults from the age of 18+ that reside in the county. This amounts to 110,340 individuals based on the 2022 estimates. Some aspects of the engagement also considered urgent care provided by PTHB's Minor Injury Units (MIUs), which treats residents from the age of 2 years and over, and brings the in-scope population to 131,781 individuals.

Future engagement activity will follow in relation to Planned Care services and Women and Children's services.

Executive Summary

This report spans a period of more than 18-months of engagement activity in support of Better Together and the development of PTHB's Health and Care Strategy.

Over that period, it is notable that there is a high level of consistency in the feedback collected from staff, patients, partners, wider stakeholders and the public about the experience of accessing or delivering PTHB's services, the challenges faced, and ideas for improvement.

Engagement activity has sought to explore this feedback in detail, as the health board seeks to identify future approaches to deliver the best possible healthcare outcomes in a sustainable way for the county.

The commentary heard and collected has aligned broadly with PTHB's 10 Year Strategy, *A Healthy Caring Powys.* There is a high degree of correlation between the feedback received, concerns raised, and improvements suggested across Better Together Stage 0 Discovery, Stage 1 Pre-Engagement on the Case for Change, and Stage 2 Engagement on Adult Physical and Mental Health Services.

The collection of data in preparation of Stage 0, Stage 1 and Stage 2 of the engagement process has reached a wide range of stakeholders. The process set out to be inclusive and to capture the voices of protected characteristics groups, those who are seldom heard or who face disadvantage. This is on ongoing process, and PTHB will continue to review, adjust and improve its engagement activities to ensure fair and representative feedback is collected.

Data collection and the facilitation of public, staff and stakeholder-facing events have been delivered largely by PTHB, with a dedicated Organisational Development Engagement and Communications (ODEC) portfolio workstream. Activity has been delivered by the Engagement and Communication team, Organisational Development team, and Transformation and Value team.

In addition, and throughout the Stage 1 and Stage 2 engagement activity, PTHB has been supported by an independent expert organisation, Practice Solutions Ltd (PSL). The input of PSL has included the delivery of independent facilitation and reporting of staff, stakeholder and public-facing focus groups. PSL has also provided independent analysis and reporting of the Stage 2 Engagement public survey and public focus groups.

The external scrutiny and rigour brought by PSL's work has strengthened and improved the quality of the process, and as detailed in this report, allowed an independent mirror to be held up to the organisation.

This report provides evidence that, overall, PTHB can be assured that it is engaging effectively, and has heard what its staff, patients, partners, the public and other stakeholders have said to date. This activity and platform of data will be used to refine and develop future engagement in support of the Better Together portfolio of service redesign.

Feedback from Llais

Llais Powys attended the first Deliberative Event on 3 June 2025, four of the five face-to-face focus group sessions and the online focus group as part of Stage 2 engagement, and the second Deliberative Event on 13 August 2025. Llais also attended the Organisational Development, Engagement and Communication Workstream in an observer capacity.

Llais noted the similarities between the feedback highlighted and discussed at all sessions they had attended, and drew out five key themes:

- The need for simpler, more accessible pathways to services
- Better communication and information sharing throughout patient care journeys
- As part of the Stage 2 engagement, Llais recommended that PTHB include a more detailed explanation of why Scenario 1 (no change) and Scenario 6 (a DGH for Powys) were not discussed in more detail, and the reasons for this
- Summarised critical factors to improve health and care outcomes, which include: the timeliness and location of care; empowering individuals to take personal responsibility; aligning and connecting services; promoting equity, and improving accessibility and prevention; and ensuring excellence in services
- Underlined the co-dependency and interconnectivity between health and social care services and the delivery of several of the scenarios that were being considered

Llais also observed that attendance and public awareness of the focus groups was generally low and made helpful recommendations for future engagement. A submission from Llais is included at Appendix 1.

Methodology

Data collection used mixed mode methods, combining qualitative and quantitative materials. Data were gathered using anonymous internal and external-facing surveys, through face-to-face and online focus groups and facilitated conversations, staff roadshows, face-to-face and online public staff drop-in events, face-to-face public drop-in events, staff and public workshops, community outreach and via email, letter and voice message.

Conversations did not seek to be leading, but to present the case for change and associated information in a balanced way, and to explore the verbal and written responses that followed from participants.

To aid inclusion, all public-facing materials have been bilingual, and all public events run by bilingual facilitators. The Case for Change, engagement document and survey on adult physical and mental health community services were also available as Easy Read documents, accessible PDFs and in print.

Copies of engagement materials from Stage 1 and Stage 2 were shared with all public libraries in the county. In addition, a dedicated Better Together telephone line, email address and postal address were in use for respondents to request print or email copies of documents, or to ask for alternative accessible formats produced on request (audio described, Braille or community language materials).

Additionally, the Stage 1 engagement materials included a video/audio described versions of the Welsh and English Summary Case for Change document. However, this did not prove popular and was not repeated for the Stage 2 engagement due to constraints of production time. The approach will be reviewed for future activity.

Due to time and resource constraints within PTHB, analysis of anonymous feedback collected from focus groups, facilitated conversations and staff drop-in sessions during stage 0 and Stage 1 engagement has been managed using a combination of Microsoft's CoPilot Artificial Intelligence (AI) tool with consistent prompts, supplemented by human review and quality checking. Analysis of the Stage 1 survey by PTHB has been coded and completed manually.

The feedback from the independently facilitated focus groups and facilitated conversations delivered by Practice Solutions has been produced manually by the company. Their independent analysis of the Stage 2 Engagement survey has also been completed manually, supplemented by limited use of AI tools alongside human quality checking.

Each supporting section will include a methodology statement, so the analysis mode is clear. Full details of the Stage 1 and Stage 2 methodologies can be found in PTHB’s Stage 1 and Stage 2 Engagement and Communication Plans and Closure Reports.

Stage 0: Discovery activity

Stage 0 Summary findings

Patient and stakeholder organisation feedback

Bevan Commission

Data collection began in January 2024, when the Bevan Commission worked with Powys Teaching Health Board, other health boards and NHS Trusts in Wales, and Llais, to research the future of sustainable health and care services in Wales.

Analysis of key factors from this work identified seven themes:

1. Prevention, Early Intervention and Lifestyle
2. Shared responsibility
3. Wider Determinants of Health
4. Communications
5. Services and support
6. Workforce
7. Changing demographics

These themes were consistent across most regions with some variations. The wider conversations revealed a strong desire for radical change whilst maintaining the founding principles of the NHS.

Sustainable Powys

In February and March 2024, in partnership with Powys County Council who were working on their Sustainable Powys engagement, the health board began its own Stage 0 Discovery activity.

The Better Together portfolio engaged community groups/third sector organisations and town and community councillors to help develop plans for a sustainable model of care for Powys. Materials were produced and shared at workshops set up across the 13 Powys localities.

These conversations identified 11 key themes that impacted on health care in the county, as follows:

1. Access to services/coordination of care
2. Communication/education/information
3. Current/future services
4. Data/evidence/research
5. Mental health
6. Our ageing population
7. Relationships/partnerships
8. The prevention agenda
9. The role our communities, volunteers and unpaid carers play in supporting health and well-being
10. Workforce
11. Travel and transport in our rural county

Powys County Council

At the same time Powys County Council asked respondents to answer three key questions:

1. What does a 'good life' look like?
2. What are the barriers to living that life?
3. How can you (with support from others) remove those barriers?

There was some regional variation, and a lot of divergence between the key health and council themes. The summary key themes were:

- Travel and transport in a rural county
- Access to services/co-ordinated care
- Relationships/partnership (joined up thinking and working together to deliver public services)
- Communications/education/information (knowing the right care pathways, and having the right information to find and access them)
- The role of the voluntary sector (and reliance upon them)
- The prevention agenda.

Young people

Additionally, during 2024, a school listening event was organised by Powys County Council, to which the Better Together team was also invited. Pupils aged from 11 to 18 years from six schools, including pupils with additional learning needs, young carers and schools' council members, took part.

The young people highlighted the following themes:

- Substance use and misuse, with respondents citing the harms of vaping, smoking, alcohol and drug use, with vaping being mentioned most frequently
- A healthy diet and its impact upon health
- Exercise, sport and movement were recognised as being important, but barriers to access included cost and access to transport
- Mental health was frequently referenced, and the impact of the COVID-19 pandemic cited
- Socialising/family time, with the importance of the enjoyment of time with friends and family referenced
- Digital world, and the use of social media, mobile phones and online gaming referenced, along with screen time, were all referenced along with the need to be mindful about how much time was spent on devices, as well as the online socialising
- Travel and transport in a rural county were also raised, and the barriers a lack of access to, or the frequency of services, presented to their access to healthcare and social activities

Third and voluntary sector

From April to October 2024, work with the Powys Association for Voluntary Organisations (PAVO) and their Community Connectors provided insights from their respective clients/service users/stakeholders. Their concerns focused on:

- Transport to health and social opportunities
- Access to Primary health services
- Access to Dental services
- Lack of day care opportunities
- Social isolation and loneliness
- Financial concerns for individuals
- Changes to benefits for the elderly
- Access to appropriate housing
- Cross-border health access
- Financial concerns for Third Sector organisations due to lack of access to core funding and the effect of the increase in National Insurance (NI) contributions
- A lack of volunteers available in the county

Llais and patient voice

Throughout 2024 PTHB also engaged with Llais. The Llais Powys local team gathered and shared feedback and experiences on behalf of patients from each of the 13 localities.

Following on from this work, and a joint analysis workshop with the health board, Powys County Council and PAVO, Llais Powys agreed with following three priorities for action:

- Bring care and support closer to home
- Getting access to good care wherever you live in Powys, with a focus on access and equity of service
- Supporting carers, including unpaid carers

The Llais Local events also highlighted a range of other themes which intersect well with the discovery work by the health board and Powys County Council. These included:

- Travel and transport in our rural county
- Communications/Information/Education
- Mental Health
- Primary Care
- Current/Future services
- Our Ageing population
- Civic pride in our local community hospitals
- Praise for PTHB (services and staff)
- The Bigger Picture (NHS as a national service, funding, pressures on waiting times for treatment, discharge, ambulances, A&E, post-Covid)

Temporary service change

Additionally, from July to September 2024, the health board engaged with staff, patients, stakeholders and the general public on temporary services changes in

Powys. This work included making temporary changes to the opening hours of two Minor Injury Units (MIUs) in Brecon and Llandrindod Wells; and the use of in-patient beds to create two 'Ready to go Home Units' in Llanidloes and Bronllys.

Feedback on the temporary service change proposals echoed a number of the key themes identified in the February and March workshops. Common themes included:

- Travel and transport and the difficulty in accessing out-of-county services if an MIU is closed
- Coordination of care and delayed discharge from out-of-county District General Hospitals because (mainly) of a lack of in-county social care provision
- Workforce sustainability, including the recruitment and retention of staff, the use of the Bank system and expensive Agency workers
- Our ageing population, which included comments about travel, anxiety, Welsh language provision, and digital expectations and difficulties with accessing digital services

A comprehensive feedback report was published to support the Board meeting on 10 October.

Stage 0 Supporting Reports

- PTHB report on baseline data gathering and sentiment analysis with patients/service users and other external stakeholders, to include general description and associated summary infographic, for 2024 activity – Appendix 2

- Proposals for Temporary Changes to PTHB Services report, 10 October 2024 – Appendix 3 pthb.nhs.wales/about-us/the-board/board-meetings/2024/13/11/

Stage 1: Case for Change pre-engagement activity

Stage 1 Summary Methodology

Better Together Stage 1 pre-engagement activity on the Case for Change took place from March to June 2025.

During this process Powys Teaching Health Board (PTHB) utilised the following data collection methodologies:

- Public and stakeholder survey
- Staff survey
- Conversations across the five Powys Hub areas held in conjunction with Powys County Council and the health board in May 2025. These workshops were with County Councillor and Town and Community Council representatives.
- Interviews and focus groups with approximately 15 different cohorts of people conducted in early 2025 on a range of protected characteristics
- Staff engagement activity, including roadshow events and focused workshops with clinical and service experts and stakeholders
- Outreach activities with members of the public and third sector colleagues
- Primary Care workshop held in March 2025

Following the conclusion of Stage 1, the first Deliberative Event was held with invited key stakeholders and service user representatives to consider what had been heard.

Stage 1 Public and stakeholder survey

Respondents could complete the survey online, or use the dedicated email, postal address and telephone number to request paper copies of any materials, submit survey responses, or to request an Easy Read version of the documents.

A wide range of responses were sought, with 146 responses captured for the pre-engagement survey, of which 125 were captured online, and the remainder through postal responses.

In all 250 copies of the Summary Case for Change document were downloaded from the health board's engagement platform. A further 140 copies of the 'Challenges' visual document were downloaded, along with 154 copies of the full Case for Change.

In total engagement activity for Stage 1 pre-engagement on the Case for Change interacted with 541 individuals, who were either spoken to, interacted with online, or presented to at staff and stakeholder events.

Summary of public and stakeholder survey feedback

Demographics

There was a low representation of respondents from the localities around Llanfair Caereinion, Llanfyllin, Ystradgynlais, Machynlleth and Welshpool. The highest response rates were from localities around Knighton and Presteigne, Brecon and Builth Wells.

The gender identity split of respondents had a significant female bias (69%). Male respondents made up 25% of the total, with the remainder either preferring not to disclose their gender identity, or to self-describe.

In Powys 56% of the population are of working age (aged between 16 and 65 years). More than 8 in 10 responses to the public survey came from individuals aged 45 years and over. By contrast, no survey respondents disclosed their age as being under 25, and fewer than 1 in 10 were under 45 years old. The largest single cohort of respondents was aged 65-74 years old, constituting 30% of total responses.

Around half of respondents who chose to declare indicated that they had a physical or mental health condition.

Opinions on the Case for Change

Respondents were asked whether the Case for Change was accurate. 57% of respondents felt that it was either accurate (25%) or fair (32%). Of the remainder, 27% felt it contained gaps, and a further 17% described it as poor.

Key gaps in the Case for Change

Respondents were asked to identify if they felt any key issues were missing or not sufficiently detailed in the Case for Change. They identified the following:

- Digital and IT system issues: (213 mentions)
- Waiting times and referral delays: (24 mentions)
- Access and transport challenges: (21 mentions)
- Local emergency and hospital services: (14 mentions)

Respondents were then asked to identify what they felt the key Strengths, Weaknesses, Opportunities and Threats were that the health board faces. These are summarised in the following table:

Key Strengths

- Local services: PTHB's community-based care and minor injury units were appreciated by many. There were comments about good services, e.g. leg clubs, community hospital outpatient clinics, district nursing teams
- Caring and professional staff: GPs, nurses, and district nurses were frequently praised as being caring, helpful and kind
- Access to GP services: where available, several GP practices across the county were seen as responsive and supportive to residents and their health needs

Key Weaknesses

- Long waiting times: long waits for appointments of all kinds, including GP appointments
- Lack of emergency services: no A&E, limited out of hours care and changes to opening times of Minor Injury Units. Weaknesses included Ambulance response times and a lack of reference to the criticality of the Welsh Ambulance Services NHS Trust to the delivery of PTHB services
- Staff shortages: impact on service provision
- Transport: a key issue for many respondents, including limited access to public transport, changes to access criteria for non-emergency patient transport service, access to community transport and long travel distances
- Service knowledge: a lack of knowledge of PTHB services by neighbouring district general hospitals providing care, including difficulties in booking appointments at times when public/other transport options were unavailable
- Need to improve palliative care and strengthen community services to support people with their choices at the end of life

Key Opportunities

- Invest in local services: expand PTHB's offer and the availability of our services locally in community hospitals and clinics
- Improve digital access: as digital literacy grows develop online digital systems to improve access and healthcare services for both staff and residents, and support for those who need help accessing them
- Recruitment and retention of staff: offering incentives and more training to build a sustainable workforce in the county

Key Threats

- Funding constraints: budget cuts and financial pressures were a major concern
- Staffing challenges: acknowledgement of the difficulty of recruiting and retaining healthcare professionals and how this would continue to be a threat for the future service offer
- Rural isolation: concerns about the long travel distances and limited transport options to access planned and urgent care services. Travel and transport barriers are seen as a key driver to dissatisfaction with the provision of secondary health care in Powys

The following insights were drawn from this activity, summarised as recurring concerns and recurring suggestions:

Recurring concerns

- Respondents continually cited access and transport challenges as a significant barrier to healthcare services in Powys. This also included reference to the effect that centralising services would have on social isolation for older and disadvantaged residents.
- Workforce shortages were also recognised as a concern, including its impact on continuity of care, an over-reliance on Agency staffing, and staff burnout and a lack of support.
- Waiting times and service availability were also a concern, with long waits for GP appointments, specialist referrals, scans and surgeries, and a lack of local A&E and emergency services, and access to NHS dentistry and mental health services.
- Respondents also highlighted digital exclusion for older people and those with limited digital literacy, and concerns about photo-based consultations and a lack of alternative access routes for care.
- Powys residents also reported a feeling of cross-border inequality and a sense of being deprioritised in English hospitals. Respondents also referenced poor digital and administrative coordination between Welsh and English services, which leads to avoidable delays and confusion.
- Finally, respondents also referenced frustration with a fragmented and bureaucratic healthcare system in Powys, with poor coordination between services, inefficient IT systems and a lack of joined-up care.

Recurring suggestions

- Respondents suggested investment to expand local services in community hospitals and clinics, ensure 24/7 access to Minor Injury Units, and to advocate for upgraded and re-opened facilities from out-of-county providers (e.g. Nevill Hall).
- An enhanced community transport offer was suggested, along with sympathetic timing of appointments to suit Powys residents better.
- The provision of incentives and training to attract new staff was suggested to strengthen workforce development, along with the promotion of rural placements to build a sustainable generalist workforce.
- Improvements to digital systems, including support for those that struggle with digital access was also suggested.
- Respondents also advocated for early intervention, self-care and healthy lifestyles, along with the use of community-based initiatives and resources to support wellbeing.
- The need for clear and compassionate communication and shared decision-making was highlighted, along with reduced duplication, and continuity of care across

community services including frailty and end-of-life care.

- Finally, survey respondents also underlined the need to ensure fair access to services regardless of location or background, and for improved Welsh language provision and consideration of the cultural and religious needs of patients and service users.

Novel suggestions for improvement

Respondents were also asked to suggest alternative ideas for how services could be improved or delivered in Powys. Novel ideas not captured in the Case for Change included:

- Developing a system of rural training placements to build a more sustainable generalist health and care workforce
- Removing the majority of managerial roles and introduce a salary cap in line with the average earning locally within Powys / Get rid of the health board and management and start from scratch make it into the health system for what it was meant for **/** Replace the current management with professional businessmen/women from the private sector
- Introducing self-referrals to all departments in Powys
- Providing statutory funding for voluntary organisations to deliver services on a long-term ongoing basis such as Memory Lane by Royal Voluntary Service and Meeting centres by Dementia Matters in Powys **/** Allocate small grants or commissioning frameworks to local charities for wellbeing activities
- Setting up patient user groups attached to every GP practice and hospital and encourage patient feedback (other hospitals in Wales and England do this but not Powys)
- Develop the site in Bronllys for sheltered housing and care for elderly people
- Events in village halls focusing on prevention and management of things like diabetes, weight management, prevention of falls, etc.
- NHS pharmacies run by competent NHS staff
- Ideally the different regions of Powys should be incorporated into neighbouring Health Boards and Trusts. As it stands it lacks the scale to deliver services efficiently
- Better digital access for patients to health records, appointments, waiting list info, etc. to allow patients some control over their own healthcare journey

Stage 1 staff survey feedback

The Draft Case for Change was released to Powys Teaching Health Board (PTHB) staff on the 13 February 2025, with an initial engagement period lasting until 7 March 2025. The engagement approach was largely digital, with members of the Organisational Development (OD) team also visiting many sites to directly engage with staff.

For the engagement, staff were asked to review the summary and/or the primary documentation and provide feedback through an online MS form. 73 responses were received. The reporting period spans the end of Stage 0 Discovery and the start of the Stage 1 pre-engagement.

Of note is that during the face-to-face engagement discussions facilitated by the OD team with staff, most had not heard of the Case for Change. If they had seen the communications, most had not taken the time to read it, which has been reflected in the 3% response rate to the internal Stage 1 survey.

Staff feedback on the Draft Case for Change reflects a general acceptance of the need for transformation within PTHB, but it also highlights significant operational and cultural barriers to achieving this.

Staff concerns included

- Limitations of poor physical and digital infrastructure
- Workforce challenges, especially with recruitment and retention, staff shortages, and with career development and progression opportunities
- Geographical and access barriers due to rurality, and the impact of poor transport infrastructure on staff and patients
- Communication and coordination issues, especially between primary, community and secondary care, coordination with social care, and between management and frontline staff
- Financial constraints as limited funding affects service delivery, innovation and infrastructure improvements, the allocation of resources and perceived waste, and long-term sustainability
- Change fatigue and staff engagement gaps, with some reporting feeling overwhelmed by constant change, confusion about overlapping initiatives, and low awareness and engagement with corporate communications

Suggestions for improvement included

- Digital transformation to improve care and care management
- Closer integration between health, social care and voluntary sector providers, and the development of regional hubs and mobile services
- Workforce development to include training and career development, flexible workforce models and rotational roles, and improved recruitment practices

- Improved communication and coordination with providers for joint care plans and discharge processes, improved internal and management communications, and service directories
- Greater use of co-creation to involve communities in service design and promote health education

Primary Care

A Primary Care General Medical Servies (GMS) workshop, facilitated by PTHB staff, ran on 13 March 2025. It introduced the Better Together programme and the health board's route map to sustainability. Participants included representation from all 16 GP practices in Powys, plus collaborative representatives from Dental, Allied Health Professionals and GMS, in addition to the Dyfed Powys Local Medical Committee (LMC) Director, the Head of Adult Social Care from Powys County Council, the Regional Partnership Board Co-Ordinator and PTHB Medicines Management colleagues.

The workshop discussed the design approach for the Case for Change, options development, and identified priorities for three clinical programme areas (Frailty and Community, Diagnostics and Planned Care, and Mental Health). The event aimed to engage and involve Primary Care colleagues in options development and programme delivery.

Attendees agreed a shared objective to improve healthcare for all Powys residents, and the need for an increased focus on preventative healthcare. Discussions were constructive and the health board fed the identified themes into the programme workstreams. Primary Care colleagues wanted to be listened to, to see action and be involved where they have influence and were keen to be engaged in developing options.

They highlighted capacity and operational constraints due to high demand and expressed some concern about initiatives that could have a negative effect on Primary Care capacity. The omission of third sector representation from the Powys Association for Voluntary Action (PAVO) was noted, and the health board said it would invite them to future events.

Protected characteristic groups

Engaging directly with protected characteristic groups was essential to ensure their voices were heard in the overall process. The intention of this activity, which was completed in March and April 2025 and intersected with the formal launch of the Stage 1 pre-engagement activity, was to ensure their experiences were understood and considered in shaping an inclusive and effective health service for Powys residents.

The challenge for PTHB was to reach a wide range of groups to get views from different areas within the county, while also capturing the insights and needs of the different characteristics involved.

Wherever possible the preference was to meet with pre-existing groups, but for some protected characteristics and the rural nature of Powys, meant that sometimes such

groups did not exist. Where this happened, bespoke arrangements were made to identify and speak to community members.

Independent data gathering and reporting

To reduce unconscious bias, and to ensure as rounded a sample as possible was achieved, PTHB took a mixed methodology approach to data collection.

Practice Solutions Ltd were engaged to deliver nine focus groups with identified protected characteristics groups. This activity included conversations with the following groups:

- Macular Society in Brecon (disability / age)
- Ukrainian Refugee Group in Newtown (race)
- Knit and Natter Group in Welshpool (age / gender)
- Neuro Group in Ystradgynlais (disability)
- Brecon Pride (sexuality / gender / transgender)
- LGBTQ+ Group in Llandrindod Wells (sexuality/ gender / transgender / age)
- Carers Group in Welshpool (carers and cared-for)
- Leg Club in Knighton (age / gender)
- Brecon Creatives (learning disability)

Practice Solutions' report did not segment responses by protected characteristics, instead reporting overall on patient and service user experience.

PTHB also undertook a further seven focus groups / interviews with protected characteristics groups, advocates or representatives, including:

- Veterans (armed forces veterans)
- An interview with an advocate for Syrian refugees (race)
- An interview with a Traveller family member (race)
- LGBTQ+ youth perspectives (sexuality / gender / transgender / age)
- Brecon MIND Mum's group (mental health / gender / maternity)
- PTHB's staff neurodiversity group (disability)
- Arts in Health group (age)

As well as feeding into the more generalised protected characteristics feedback, the PTHB focus group and interview activity also allowed reporting on the specific experience of different groups.

Protected characteristics groups' feedback

The following feedback is based on summary findings of the Practice Solutions report and PTHB reports. Participants that took part in focus groups with protected characteristics groups recognised and described health services in Powys well. They understood it as a complex interplay between the pressures of an ageing and rural population; a system seen to be struggling within the county and between countries; staffed by individuals who deliver an effective service that is valued by respondents.

As general points, service users underlined the value of having a stable relationship with a specialist or GP. This

relationship fosters confidence in, and underlines the perceived continuity of, the overall healthcare system.

Where there is a lack of continuity in Primary Care services, and patients are forced to repeatedly explain their history, this undermines their sense of care and efficiency for the system as a whole.

Demographic changes, and the impact of an increasingly elderly population which is supplemented by retirees who move to the county, are perceived to be adding strain to already stretched services.

Respondents consistently highlighted concerns about communications with them. Patients reported long delays in receiving information about tests and appointments, or were unsure what services exist and how to access them. The perceived push towards digital communications is a barrier for those who lack digital skills or confidence.

Respondents also cited concerns about 'unwieldy bureaucracy', referencing a fragmented system for services delivered by or on behalf of Powys Teaching Health Board, including other NHS providers, local authorities and third sector organisations. Respondents see the pathway from GP to hospital as fragile and reactive, with preventative services notably absent.

Mental health services are another area of concern. Patients often feel powerless and reluctant to ask for help, which can exacerbate feelings of isolation and anxiety.

Respondents gave a strong call for a more holistic approach to care. They seek a model that treats the person, not just the condition, and empowers patients to manage their health. Better signposting of non-health services and the inclusion of preventative or alternative therapies are seen as important steps toward a more integrated and responsive health system.

The Stage 1 activity with protected characteristic groups raised several issues. Some were specific to a distinct group, such as older community members' being concerned about being able to access services that don't align with public transport. Other issues were identified across all the groups involved, referencing the difficulty in getting a GP appointment, discomfort with the telephone triage process and the value of relationships in building trust and rapport between staff and patients.

Participants highlighted deep appreciation for the dedication of frontline staff, while describing a stretched health system put under pressure by an ageing population, problematic communications and inconsistent service delivery across the county.

Participants in this process would like to see more integrated, person-centred care that recognises individual needs and strengths; more contact between the patient and health professional; and better connections between health and non-health services across rural and cross-border settings.

Group-specific feedback

Some specific points were identified with protected characteristic groups, which are summarised as follows:

Veterans

Veterans value good care when it's available, but systemic gaps in GP awareness, Mental Health support, and implementation of the Armed Forces Covenant are undermining trust and access. Addressing these issues through training, policy enforcement, and improved communication could significantly enhance outcomes for veterans in Powys and surrounding areas.

Travellers

The interview underscored the intersection of health, housing, and social exclusion in the Traveller community. Addressing these concerns requires a coordinated response across health, housing, and social care services, with a focus on accessibility, dignity, and culturally sensitive support. There was praise for some of nursing staff involved in patient care and a view that the travellers had been treated with respect.

Syrian refugees

Improving translation services, cultural sensitivity, and referral pathways can significantly enhance healthcare access and outcomes for Syrian refugees in the region. The advocate felt more needed to be done to flag medical records, so translators were organised in advance of medical appointments; more education leaflets in Arabic were on offer; and that for school pupils studying for GCSEs, more consideration was needed to appointment times to reduce time away from school.

LGBTQ+ Youth perspectives

Young people in the Newtown High School Tutti Fruti Group value the NHS and free healthcare but face significant barriers in access, mental health support, and inclusive care. Their suggestions point to practical, youth-informed improvements that could enhance trust, accessibility, and wellbeing including options regarding choice of male/female doctors, more respect for identities and gender. They also commented on long waits, travel times and being patronised by GPs with symptoms repeatedly being blamed on either stress or hormones.

MIND Powys – Brecon Mum's Group

The feedback from the Brecon mums' group highlights a strong desire for local, respectful, and family-centred care. Concerns about access, staffing, and communication were consistent, while suggestions focused on community-based solutions, preventative care, and better support for families. These insights offer valuable direction for service improvement and future engagement across the Better Together portfolio.

PTHB staff Neurodiversity Group (ND)

The focus group highlighted a clear need for faster diagnosis for ND, better support and information about how to manage whilst waiting for a diagnosis, and greater

awareness and respect for neurodivergent experiences. Participants offered practical suggestions to improve service delivery including the use of apps and verification of private practitioners. They highlighted the need for a better workplace culture, and patient pathways — emphasising the importance of empathy, education, and proactive care.

Arts in Health Group (older age group)

The focus group highlighted a strong desire for more creative, community-based, and person-centred approaches to healthcare in Powys. While concerns centred on access, coordination, and systemic decline, participants offered rich suggestions — particularly around integrating arts into health, improving communication, and making better use of community assets. Making better use of hospital grounds for patients to enjoy, bringing a choir or art therapy into hospitals were some suggestions to improve patient wellbeing.

Community outreach activities

Health and Well-being events

PTHB attended three health and well-being community events that took place in Llandrindod Wells, Welshpool and Ystradgynlais in March 2025 in the run-up to the launch of the public pre-engagement survey. The location of the three events corresponds to PTHB's three regions. It also provided an opportunity to engage directly with individuals experiencing higher levels of social and economic disadvantage.

Respondents were asked to comment on their experience of Powys healthcare services, and to complete a Strengths, Weaknesses, Opportunities and Threats proforma to aid data capture and analysis.

The key findings from the events were as follows:

- Access to healthcare services is a universal concern
- Digital exclusion remains a barrier to accessing healthcare services
- Communication and coordination gaps persist between services and providers
- Underfunding and workforce shortages are a concern
- Rural isolation and transport challenges were highlighted as barriers to care

All three localities reported challenges with the following recurrent themes:

- GP/dental access issues
- Mental health gaps
- Digital exclusion
- Transport access and availability
- Reliance upon the third sector
- Communication failures
- Rural health inequalities

Event participants also highlighted several opportunities for improvement, which are broadly consistent with the Case for Change. These include:

- Reinvestment in local and preventative services to upgrade local hospitals (e.g. Llandrindod Wells) as regional hubs, the reintroduction of community-based services like nurse-led groups and therapeutic cafes, and the promotion of preventative care and early diagnosis hubs
- Enhancing accessibility and inclusion by offering multiple communication channels, co-designing tools with lived-experience input, ensuring non-digital alternatives are always available, and for those who are digitally confident, investing in technology to reduce the travel burden
- Strengthening collaboration and coordination by improving inter-agency communications and shared care records. This also including funding and integrating third sector organisations more formally into care pathways, the use of community spaces for health and wellbeing services, and earlier engagement and coproduction activity
- Improve non-emergency patient transport services and explore group and grouping appointments to reduce the travel burden

Regional differences

There were some differences between the three groups and experiences of accessing healthcare in Powys based on their locality.

Respondents in Ystradgynlais reported difficulties in accessing GP care; a growing population and unmet needs, especially for neurodevelopmental conditions; digital access issues and opportunities; travel barriers and rurality.

In Welshpool the experiences were slightly different, with mixed experiences in accessing GPs, but universal difficulties in accessing dental care. Waiting times for referrals and travel times were also highlighted, as too is the important role of third sector organisations.

The Llandrindod Wells event again reported challenges in accessing care but provided fulsome praise for local GP and third sector services, some pharmacy services, digital tools and PTHB's staff. Long waiting times and travel barriers were highlighted, as too were negative attitudes towards Powys patients from NHS providers in England, and poor communications and information-sharing between providers.

Dementia patients and carers

Dementia patients and their carers provided feedback during May 2025. Feedback was collected at Dementia Day events in Hay-on-Wye, Machynlleth and Newtown. Their responses highlight systemic issues affecting older adults and those living with dementia, particularly in rural areas of Powys.

The Dementia Day engagements revealed consistent challenges:

- Accessing care, citing difficulty booking GP appointments, limited and reducing local services,

dentist shortages and the provision of palliative and end-of-life care closer to home
- Transport and travel barriers, referencing cost, logistical barriers, infrequent and poorly connected public transport, and difficulty attending short-notice appointments using the helpful but unreliable community transport providers
- Communication and continuity, citing poor follow-up activity, fragmented care forcing patients to continually retell their stories, and digital exclusion
- Workforce and funding, with concerns raised about understaffing, the reliance upon the voluntary sector, and ambulance delays

Respondents felt that addressing these issues through local investment, improved transport, and better communication could significantly enhance the quality of life for older adults and those living with dementia in Powys.

Farmers

The PTHB Engagement team also undertook ad hoc engagement activities, which included meeting informally with farmers attending Knighton Livestock Market in May 2025.

The sample was predominantly male, with six men and one woman, but it had an even spread of age ranges from 25 to 75. The famers' feedback showed that they value responsive local services but face significant barriers in terms of healthcare access, coordination, and communication. There is strong support for retaining local facilities, improving digital systems, and investing in public health and equitable service delivery.

Engagement with elected representatives

In addition to the more formal focus group, survey and deliberative event activity, the health board also undertook direct engagement with elected representatives within Powys.

Activity included targeted briefings for all MSs, MPs, County and Town and Community Councillors, the offer of face-to-face briefings and group engagement activities, including workshops with County, Town and Community Councillors as the Stage 1 pre-engagement period progressed.

Stage 1: Supporting Reports

The following supporting reports are available in the Appendices:

- Better Together Stage 1 Pre-Engagement Public Survey Feedback Report – Appendix 4
- Stakeholder summary report on staff feedback on the Better Together Draft Case for Change – Appendix 5
- Practice Solutions' analysis of protected characteristics focus groups/facilitated conversations during March and April 2025 – Appendix 6
- Better Together Stage 1 Feedback Report on the Community Outreach activities – Appendix 7
- Better Together Update - Primary Care (GMS) Session 13th March 25 Report – Appendix 8

First Deliberative Event

Immediately following the end of the stage 1 pre-engagement activity PTHB held an invitation-only deliberative event with around 100 stakeholders on 3 June 2025. Attendees included PTHB staff, public and voluntary sector partners, commissioned NHS service providers, and patients, carers and service users.

Attendees took part in deliberative activities, the result of which was a set of outputs that aided the refinement of:

- Hurdle Criteria and Assessment Criteria for ideas and suggested solutions offered for the provision of adult physical and mental health community services
- Consider evidence and generate further ideas and solutions
- Telling the organisation what it needed to hear before the start of the Stage 2 engagement period
- Discussions on what future services should include.

Delegates at the event identified some recurring concerns.

Gaps in Hurdle Criteria

Missing elements:

- Considering the unintended consequences of service change.
- Inclusion of digital skills training to support increased digital access.
- Assessment of the impact of change on other services (local authority, Welsh Ambulance Services NHS Trust, NHS Shared Services).
- Omission of continuity and coordination of care.
- Financial sustainability and long-term impact.
- Underrepresentation of support for carers and early intervention.

Ambiguity and jargon:

- Terms like ‘equity’ and ‘strategic fit’ are undefined.
- NHS jargon may exclude non-specialist stakeholders.

Barriers to innovation

- Overly complex criteria stifle radical or creative solutions.
- Digital exclusion of those with visual impairments or low digital literacy if digital access is a hurdle.

Recurring suggestions

Improvements to Assessment Criteria:

- Evidence of adaptability and long-term sustainability.
- Positive risk management and appropriate risk handling.
- Processes for commissioning decisions, and quality standards for commissioned services.
- Service user voice and patient advocacy.
- Demographic impact and beneficiary clarity.

Refine Hurdle Criteria:

- Simplify to yes/no questions for clarity

- Align with the Well-being of Future Generations (Wales) Act.
- Ensure criteria are preventative and empowering.
- Treat the Third Sector as equal partners in service design and delivery.
- Include long-term monitoring and futureproofing.

A set of consistent messages emerged from the first deliberative event, which chimed with what had been heard during the Stage 0 Discovery phase of Better Together. Stakeholders reported back that communities in Powys want more accessible, coordinated, and person-centred health and care services. Participants in the event highlighted the need for:

- **Clearer communication**, both in service delivery and in the transformation process.
- **Better integration** of physical and mental health services.
- **Stronger local provision**, especially in rural areas, to reduce travel and improve equity.
- **Support for prevention, early intervention, and community-based care**.
- **Investment in workforce, digital inclusion, and voluntary sector partnerships**.

There is a strong appetite for ambitious, transparent, and inclusive transformation that empowers individuals, values lived experience, and builds resilient, connected communities.

First Deliberative Event – Supporting documents

Better Together Deliberative Event 1: stakeholder summary of outputs from the consideration of how physical and mental health community services could be delivered in the future – Appendix 9.

Stage 2: Adult Physical and Mental Health Community Services engagement activity

Stage 2 Summary Methodology

The Stage 2 Engagement on Adult Physical and Mental Health Community Services ran from 9 June until 27 July and incorporated a public survey, staff survey, public and staff-facing focus groups and drop-in events, and staff roadshows and targeted workshops. It was followed by a second deliberative event.

The Better Together engagement process involved workshops and surveys with Powys residents, professionals, and health board staff. The goal was to explore future models of health and care delivery in Powys and gather views on six proposed scenarios.

Independent facilitation of the focus groups, and analysis of focus group and public survey data, were conducted by Practice Solutions Ltd, and supported by Powys Teaching Health Board (PTHB).

Stage 2 public survey

The public survey had 164 respondents, who provided their feedback either online, paper or Easy Read survey. The breakdown of survey respondents included 119 Powys residents, 35 healthcare professionals/health board workers, and four people representing local organisations.

The number of survey responses were grouped according to the Primary Care Cluster locality from which they live in. This distribution was uneven, and the South Cluster area was generally under-represented, while the Mid Cluster was relatively over-represented. The majority of responses came from the North Cluster area, which broadly correlates with the population distribution in Powys. A small number of responses were made by those who lived out of county but retained a professional or personal link to the county.

The full survey analysis was completed by Practice Solutions Ltd. However, summary analysis of the initial survey findings and report on the public focus groups has been completed.

Stage 2 public focus groups

The public focus group engagement sessions took place in five face-to-face community workshops, with 38 participants, and one online community workshop with six participants. In addition, Practice Solutions Ltd also facilitated two face-to-face staff workshops with a total of 37 participants, and one online staff workshop with 60 participants. Practice Solutions prepared a detailed report on the outcomes from the public focus groups. Their conclusions and recommendations are summarised later in this chapter, and the full report is included at Appendix 10.

Key insights – public focus groups and headline public survey results

Community and staff priorities

- *Community Values:* Services should be sustainable, place-based, integrated, and empowering.
- *Staff Priorities:* Services must be geographically accessible, workforce-aligned, financially sustainable, and prevention-focused.

Assessment Criteria Preferences

- *Most important:*
  - Safe services and harm prevention
  - Improved access to care
  - Better health outcomes
- *Least important:*
  - Financial sustainability
  - Reducing stigma
  - Compliance with service standards

Scenario feedback

Scenario 1: Do Nothing

- Widely rejected.
- Seen as unsafe, unsustainable, and a failure to address urgent needs.

Scenario 2: Do Minimum

- Mixed views.
- Positives: Better facilities, integrated workforce, career development.
- Negatives: Transport barriers, geographic inequality, training concerns.

Scenario 3: Centres of Excellence / Rural Regional Centres

- Strong support.
- Valued for continuity of care, community-based support, and skill development.
- Concerns: Isolation, service capacity, and equitable access.

Scenario 4: Enhanced Home Care

- Mixed experiences.
- Positives: Familiar environment, reduced hospital pressure.
- Negatives: Risk of isolation, staffing challenges, unclear service boundaries.

Scenario 5: Out of Area Care

- Strongly opposed (although popular at the Welshpool focus group event)
- Concerns about travel, language, loss of local identity, and perceived inequality.

Scenario 6: District General Hospital

- Rejected.

- Seen as unrealistic, difficult to staff, and geographically inconvenient.

Emerging trends

- **Desire for Change:** Communities and staff agree that transformation is essential.
- **Preference for Localised, Integrated Care:** Centres of excellence and strengthened primary/community care are favoured.
- **Emphasis on Prevention and Early Intervention:** Seen as key to long-term sustainability.
- **Need for Equity and Flexibility:** Services must be fair and adaptable to local needs.
- **Importance of Communication and IT Infrastructure:** Digital systems must support service delivery and reduce exclusion.

Public recommendations

1. **Develop Integrated Rural Health Hubs:** Focus on community-based care with multidisciplinary teams.
2. **Strengthen Transport and Digital Infrastructure:** Address rural isolation and digital exclusion.
3. **Invest in Workforce Stability:** Prioritise recruitment, retention, and skill development.
4. **Improve Communication and Transparency:** Use accessible language and clear messaging about service changes.
5. **Enhance Coordination Across Services:** Avoid duplication and improve continuity of care.
6. **Support Preventative Health and Public Education:** Promote healthy living and early intervention.
7. **Build Partnerships with Third Sector and Local Authorities:** Ensure joined up working across systems.

Practice Solutions' conclusions and recommendations from public focus groups

Observations

Participants were asked to share their expectations at the start of each focus group session. Public participants had come to listen, to learn, to share their experience of the health system. They wanted to see resident and service user experience shaping service redesign and informing decision-making.

Staff responses showed a level of confusion, often not knowing why they were in a focus group or its purpose, or what Better Together was for. Some asked for greater clarity and communication with all staff while others wanted to know about the personal and team impact of future changes.

Summary focus group conclusions

- Focus groups/workshops were welcomed by all participants
- Community groups and partners attended the workshops with a forward thinking, values-based

mindset, and interest in being heard, involved and active in shaping future services
- Concerns raised about clashes between Better Together and other strategic engagement processes within Powys – which could have affected participant numbers at events
- PTHB staff want better internal communications about the process and reassurance about what change means to them, their teams and their jobs
- Community members, partners and staff said they left the events with a better understanding of the process, the next steps and how they might influence decisions going forward (less agreement on this last point from staff)

Overall, both the community groups, partners and staff preferred a blended scenario, with no single scenario viewed as the preferred option. There was also strong support for prevention, early intervention and integrated service delivery for all the scenarios. Participants felt the scenarios couldn't be delivered by a health board operating in isolation. The support of the third sector and the local authority, including social service provision were seen as crucial.

Practice Solutions recommendations

Practice Solutions' supporting report made four recommendations to PTHB, which will be considered. They are summarised as follows:

A. PTHB to further refine a description that amalgamates scenarios 3, 4 and 5 as an option for further engagement
B. Supporting materials must answer participant questions that sought clarity over: the definition and location of Centres of Excellence; how greater integration and coordination will work; how sustainability and improved access to care will be achieved; how technology and information sharing will be improved and any potential harms minimised; define the scope of home-based care; the process for building workforce capability and capacity; explain the wider service impacts of change.
C. PTHB to ensure that its workforce is given sufficient notice of change and opportunities to shape the process.
D. Continue to work with Community Groups and Partners to make best use of their 'forward thinking and values-based mindset'.

Llais feedback

Llais Powys attended the first Deliberative Event on 3 June 2025, four of the five face-to-face focus group sessions and the online focus group as part of Stage 2 engagement, and the second Deliberative Event on 13 August 2025. Llais also attended the Organisational Development, Engagement and Communication Workstream in an observer capacity.

Llais noted the similarities between the feedback highlighted and discussed at all sessions they had attended, and drew out five key themes:

- The need for simpler, more accessible pathways to services
- Better communication and information sharing throughout patient care journeys
- Recommended that PTHB include a more detailed explanation of why Scenario 1 (no change) and Scenario 6 (a DGH for Powys) were not discussed in more detail, and the reasons for this
- Summarised critical factors to improve health and care outcomes, which include: the timeliness and location of care; empowering individuals to take personal responsibility; aligning and connecting services; promoting equity, and improving accessibility and prevention; and ensuring excellence in services
- Underlined the co-dependency and interconnectivity between health and social care services and the delivery of several of the scenarios that were being considered

Llais also observed that attendance and public awareness of the focus groups was generally low and made helpful recommendations for future engagement. A submission from Llais is included at Appendix 1.

Public drop-in sessions

Alongside hosting invited workshops in five key towns in the county, the health board also offered all residents the opportunity to drop in to these same five venues later in the day. Between the hours of 5pm and 7pm people were able to visit the venue to find out more about the Stage 2 engagement exercise and to give their feedback in a face-to-face setting, with officers and Executives on hand to answer any questions.

Though the number of people attending was low overall, with just under 30 people visiting across the five events in Brecon, Welshpool, Ystradgynlais, Llandrindod Wells and Newtown, the conversations and feedback given was insightful in helping the health board to better understand the views of interested residents.

Alongside the organised drop in events, the health board also attended a session at the Plas, Machynlleth on Monday 7 July where they joined together with Hywel Dda University Health Board who were consulting on their Clinical Services Plan.

Conversations took place with a further 15–20 people during the session which ran from 1pm to 8pm bringing the total number of views captured to approximately 60 residents across a total of six towns.

Summary of drop-in session feedback

The top themes identified during the drop in events were as follows:

- **Mental Health Services:** Most frequently mentioned, with strong calls for trauma-informed care and better coordination.
- **Transport & Accessibility:** A major concern across all scenarios, especially for a rural county with dispersed communities and for access when referred or needing to access out-of-county hospitals and health services.
- **Primary Care and GPs:** Seen as central to access, but currently under strain.
- **Staffing and Workforce:** A need for more nurses, GPs, and better training.
- **Data Transparency and Trust:** People want clarity, evidence, and accountability.
- **Technology and Digital Access:** Interest in AI, telemedicine, and digital transformation.
- **Urgent Care and Ambulance:** Calls for faster response and better integration.
- **Social Care & Isolation:** Emphasis on community support and tackling loneliness.

Stage 2 Staff perspectives

Staff survey

In addition to the 35 professionals that responded to the public survey, a further 36 were received via an internal staff survey. The Stage 2 Engagement was conducted by the Organisational Development (OD) team and was complementary to the independent work by Practice Solutions Ltd, who also delivered two independent face-to-face and one online staff focus group events.

The staff survey elicited 36 responses gathered via survey and on-site engagement. The majority of the 22 respondents that disclosed the type of work they undertake described themselves as being 'clinical, working with patients (13 responses).

Almost half of the 32 respondents that disclosed the geographic area within which they work report their location as being in South Powys (15 responses). Over half of the 22 respondents that declared their job band are employed in bands 2 to 7.

Staff engagement

The senior leaders and the OD team spoke to 375 members of staff in person, across as many physical sites as possible and left Better Together explanatory leaflets with a further 518. Of those who disclosed their job role, the majority (198 respondents) worked in clinical roles with patients. 96

respondents worked in non-clinical support roles, 54 were non-clinical but patient-facing, and a further 30 were clinical but not directly patient-facing.

Of those who spoke with the OD team direct, 177 were in Bands 2 to 4, 128 were in Bands 5 to 7, and a further 10 were in Bands 8 and 9.

Respondents were asked for views on the advantages, disadvantages and ideas regarding scenarios 2 to 5, as outlined in the Better Together Engagement Document. It is important to note that staff were not presented with Scenario 1 "do nothing" and Scenario 6 "District General Hospital for Powys". The considered view by PTHB management was that staff members have the practical insight and experience to understand why Scenarios 1 and 6 are not realistic or viable.

No questions were set as mandatory, so there is variation in the response rate across questions. Most response options were free text

Staff key insights / workforce priorities

- Sustainable staffing was the most important criterion for respondents.
- Recruitment, retention, and training were recurring concerns, especially in rural areas.
- Staff called for better career progression, more training locally, and reduced reliance on agency staff.

Scenario feedback

Scenario 2: Minor Changes

- *Advantages:* Cost-effective, familiar, easier to implement.
- *Concerns:* Not ambitious enough; slow progress.
- *Suggestions:* Coffee mornings for dementia groups, regional hubs, better procurement, and staff rotation roles.

Scenario 3: Centres of Excellence

- *Advantages:* Improved care, staff development, reduced admissions.
- *Concerns:* Travel barriers, staffing shortages, cost.
- *Suggestions:* Satellite clinics, day surgery expansion, better IT integration, and collaboration with neighbouring health boards.

Scenario 4: At Home

- *Advantages:* Holistic care, reduced hospital stays, patient-centred care.
- *Concerns:* Staffing, care package availability, reliance on external providers.
- *Suggestions:* Matrix teams, therapy hubs, public education, and community team coordination.

Scenario 5: Out of County

- *Advantages:* Access to specialist care.

- *Concerns:* Travel burden, isolation, communication gaps, cost.
- *Suggestions:* Cottage hospitals, standardised treatment across health boards, patient involvement in location decisions.

Emerging Trends

1. Localised, Integrated Care

- Strong support for community-based services, especially in Ystradgynlais, Llanidloes, and Machynlleth.
- Desire for joined up working across health, social care, and third sector.

2. Infrastructure and Access

- Transport and digital infrastructure are major barriers.
- Calls for better IT systems, centralised patient records, and mobile services.

3. Mental Health and Holistic Support

- Need for early intervention, more trained staff, and integrated physical and mental health care.
- Suggestions for recovery colleges, peer support roles, and community virtual wards.

Staff recommendations

1. **Invest in Workforce Development**
   - Strong emphasis on the need to tackle staff shortages and to provide training to plug gaps.
   - Improve recruitment and retention strategies.

2. **Strengthen Community-Based Services**
    - Maintain local services, including therapy hubs and day clinics, especially in Ystradgynlais and Llanidloes.
    - Improve coordination and collaboration with social services and primary care.

3. **Improve Infrastructure**
    - Upgrade IT systems and integration and improve digital access.
    - Enhance transport links and consider mobile service delivery.

4. **Promote Integrated and Preventative Care**
    - Eary intervention and better integration between physical and mental health teams and between PTHB and other health board providers

Targeted specialist and clinical engagement

Targeted engagement also took place with specialist and clinical staff and key service providers to take a deep dive into the emerging models of care for Adult Physical and Mental health Community Services. Participants in the events included PTHB's own clinical, medical and service management staff, along with representatives from Primary Care, Powys County Council and Powys Association for Voluntary Organisations.

The workshops were intended to align internal and external stakeholders around the vision that had been developed to date, and to confirm its value. The second part of each workshop focussed on outlining the path going forward, exploring a broad range of future options and agreeing on how these would be assessed and refined.

Physical Health Community Model

Two workshops considered the emergent Physical Health Community Model, which surfaced a strong and consistent appetite for transformation within Powys. Participants voiced a shared commitment to improving patient outcomes through more integrated, proactive, and person-centred care.

Recurring concerns highlighted systemic barriers, including: the fragmentation of services including palliative and end-of-life care; the need for improved digital literacy among staff and patients and the development of digital infrastructure; workforce challenges; difficulties with equity and access, including service variability within Powys and travel and infrastructure challenges; and an over-reliance on reactive care instead of proactive assessments and early intervention.

Recurring suggestions for change centred on a move towards a more agile, equitable, and digitally enabled health system.

Key recommendations include:

- Prioritising co-designed solutions that reflect local needs, including one stop shops / community hubs to coordinate and deliver integrated care
- Investing in digital infrastructure and workforce development, including shared patient records and unified systems, and role clarity and multi-disciplinary team (MDT) collaboration
- Building upon existing good practice while addressing service variation with improved care coordination and case management
- Development of 'Hospital at Home' and Virtual Ward models, and investment in prevention and health promotion
- Ensuring governance and operational clarity to support new models of care

Participants voiced a shared commitment to improving patient outcomes through more integrated, proactive, and person-centred care.

Mental Health Community Model

Two workshops considered the emergent Mental Health Community Model. These events revealed a strong consensus on the need for more integrated, person-centred, and community-based mental health services in Powys. Participants consistently highlighted the importance of breaking down silos between services, improving access and equity, and supporting both patients and carers holistically.

The ideas generated ranged from joint assessments and digital innovations to community hubs and enhanced workforce models.

Combined Physical and Mental Health Community Model

A joint workshop considered the Combined Physical and Mental Health Community Model. The final combined physical and mental health community model workshop 3 successfully brought together physical and mental health professionals to co-create ideas for a more integrated community model. The recurring concerns highlight systemic barriers — including fragmentation, access gaps, workforce strain, and poor transitions — while the suggestions offer practical, innovative solutions rooted in collaboration, evidence, and person-centred care.

The emphasis on holistic assessment, regional hubs, and coordinated family support reflects a shared vision for a more responsive and equitable health system in Powys.

Due to a diary clash, this event was followed by a further joint workshop with the Medical Psychiatry team to also consider the Joint Physical and Mental Health Community Model of Care.

This workshop highlighted a strong consensus on the need for better integration, community-based crisis support, and

workforce sustainability. Participants emphasised the importance of collaboration across sectors, digital transformation, and proactive care models to improve outcomes and reduce reliance on inpatient services.

Primary Care viewpoint

Following-on from engagement activity in March 2025 on the Case for Change, a Primary Care-focused round table event took place as part of the Stage 2 engagement. Participants' views were sought to gain a Primary Care perspective with a specific focus on the General Medical Services (GMS) contract.

The event in June 2025 was facilitated by Powys Teaching Health Board (PTHB) Directors and staff. It included 29 participants from within PTHB, Primary Care representatives from General Practice, Pharmacy and Dentistry and other partners.

The session reinforced the need for integrated, proactive, and locally responsive models of care in Powys. Attendees consistently called for better communication, smarter use of resources, and more equitable service delivery. The suggestions — ranging from virtual wards to place-based teams — were helpful for the refinement and development of options to support the next stage in the Better Together portfolio's development. A further event is scheduled for September.

Community outreach

In addition to the organised workshop sessions and drop-in events which were held in five Powys towns, Engagement Officers also planned and attended a mix of community events and sessions across the county. Their aim was to reach out and talk to and share the engagement materials and surveys with people who may not have seen the online engagement materials, flyers or posters; and to visit and consider specific groups that might be more likely to be impacted by any changes to adult physical and mental health community services.

The officers used a mix of approaches including social media channels and community databases to find out what groups were meeting when. Contact was made with as many groups as possible during the engagement period, with permissions sought to attend, and visits organised.

In total, the Engagement Team visited 25 different community groups or community sessions during the engagement period. This was in addition to attending the five workshop sessions and six drop in events and visiting communities to put up flyers in various community spaces including post offices, shops and supermarkets to promote the engagement exercise.

Each of the 18 libraries in Powys were also sent or taken a folder which contained copies of all the engagement materials in both English and Welsh to ensure residents

could also browse all the information in a safe space, complete a survey and hand it in to the librarian.

In total, the community outreach activities resulted in just under 550 people being reached/informed about the health board's Better Together engagement exercise.

The summary table below sets out the key views given regarding the six scenarios.

Scenario	Advantages	Disadvantages
No Change	No advantages to this scenario.	Budget pressures continue/get worse Staff shortages continue Service provision affected.
Do Minimum	Small change could provide a level of comfort to residents as opposed to progressing larger changes to health services.	This would be a "sticking plaster" only approach so will not improve health care in the long term.
Centres of Excellence	More services under one roof could be good for those communities with a centre of excellence.	Number and location could disadvantage some Powys communities/towns.
Care Closer to home	Strong support to expand provision in communities	Recruitment query – would we be able to deliver
Out of county in-patient care	Positive resident experiences.	Travel distances and travel times for family visits.
District General Hospital	None captured.	None captured.

Novel suggestions for improvement

The discursive nature of the engagement also gave rise to a number of novel or alternative options or scenarios for consideration. These are summarised below:

- **Alternative staffing ideas:** Use of military medical staff and shared CEO with neighbouring health boards.
- **Preventative care suggestions:** First aid training in schools and practical skills development for the general population.
- **Private healthcare use:** Some opted for private treatment due to long NHS wait times.

Stage 2: Supporting Reports

The following supporting reports are available in the Appendices:

- Practice Solutions' report 'PTHB Better Together: Views on Adult Physical and Mental Health Community Services in Powys Engagement Events' - Appendix 10
- Stakeholder summary report on Practice Solutions 13 August presentation to Deliberative Event 2 on the public focus groups and survey initial findings – Appendix 11
- Practice Solutions' Stage 2 final Engagement Survey and Focus Group analysis and report 'PTHB Better Together Summary Report V1' – Appendix 12
- Better Together Stage 2 Feedback Report on the drop in events held in six Powys towns – Appendix 13
- Better Together Stage 2 Feedback Report on the community outreach activities – Appendix 14
- Stakeholder summary report on Primary Care (GMS focused) feedback on the stage 2 Better Together engagement on Adult Physical and Mental Health Community Services – Appendix 15
- Stakeholder summary report on the Physical Health Community Model Workshops 1 and 2 – Appendix 16
- Stakeholder summary report on the Mental Health Community Model Workshops 1 and 2 – Appendix 17
- Stakeholder summary report on the combined Physical and Mental Health Community Model Workshop 3 – Appendix 18
- Stakeholder summary report on the Medical Psychiatry Workshop – Appendix 19
- Better Together Stage 2 Engagement on Adult Physical and Mental Health Community Services: stakeholder summary report on staff survey findings – Appendix 20

Second Deliberative Event

PTHB held its second Better Together deliberative stakeholder event on 13 August 2025 in Builth Wells. The event bridged the gap between the end of the Stage 2 engagement activity on adult physical and mental health community services in Powys, and the development of materials to support the next stage. This included discussion of the draft models of care, of the assessment and evaluation criteria, and of the emergent high-level options for the delivery of care.

Participants included PTHB staff, public and voluntary sector partner organisations, primary care representatives, commissioned service providers from within the NHS system, and patients, carers and service-user representatives. Facilitation was managed by PTHB staff from the Transformation and Value, Workforce and Organisational Development, and Engagement and Communication teams.

The full-day event was attended by 77 individuals, with visible support from the Chair of PTHB, Executive Directors and senior leadership team members. In addition to receiving updates on the Stage 2 staff and public surveys and public-facing focus groups, participants were also asked to complete workshop exercises.

The exercises included reviewing the draft models of care; consideration of the emergent options for future adult physical and mental health community service delivery; and a review and feedback on assessment and evaluation criteria.

The exercises were table and room-based and supported by table facilitators. Final reporting back to the Plenary session was undertaken by Executive Directors, who also acted as "Room Chairs" and summarised the results from their room, which comprised a collection of two to three tables.

Recurring concerns

1. Fragmentation and Siloed Working

- Persistent siloed practices across health, social care, and third sector.
- Lack of shared language and understanding between services.
- Unilateral service changes without cross-sector coordination.

2. Access and Equity Challenges

- Geographic and transport barriers across Powys.
- Unequal access to services and support, especially in rural areas.
- Concerns about centralisation and its impact on local service availability.

3. Workforce Sustainability

- Difficulty recruiting and retaining staff, especially in remote areas.
- Heavy reliance on temporary and agency staff.

- Need for generalist roles and multidisciplinary teams.

4. Data and Evaluation Limitations

- Poor outcome data and lack of integrated digital systems.
- Unclear success metrics and concerns about current frameworks (e.g. the STEEEP six domains of healthcare quality: Safety; Timely; Effective; Efficient; Equitable; and Patient-Centred).
- Need for better use of data to communicate impact and manage expectations.

5. Mental Health Integration

- Mental health services not fully integrated with physical health.
- Lack of a single point of access for mental health.
- Risk-averse culture leading to unnecessary referrals.

Recurring Suggestions

1. Integrated, Person-Centred Models

- Merge physical and mental health services to reflect whole-person care.
- Develop one-stop shops, integrated care centres, and community hubs.
- Promote shared decision-making and patient ownership of care plans.

2. Community-Based and Place-Based Approaches

- Strengthen local service delivery through regional hubs.
- Use community transport and co-located services to improve access.
- Map existing services to identify gaps and vulnerabilities.

3. Workforce Development

- Shift from specialist to generalist roles with multidisciplinary teams.
- Offer enhanced pay or incentives for hard-to-recruit areas.
- Rotate staff across services (e.g. Child and Adolescent Mental Health Services (CAMHS), Learning Disability (LD), adult Mental Health (MD)) to improve coverage.

4. Digital and Virtual Care

- Expand virtual consultations and remote care options.
- Improve access to patient records and digital infrastructure.
- Use digital tools to support triage and care planning.

5. Partnership and Collaboration

- Pool budgets across sectors to reduce funding disputes.
- Embed social workers in mental health teams.
- Promote shared governance and integrated planning.

6. Evaluation and Impact Measurement

- Focus on outcomes like healthy life years, not just activity.
- Clarify what "sustainability" means — financial, operational, environmental.
- Include community voices in defining success and assessing impact.

The event reinforced a strong appetite for transformational change across Powys, with a clear emphasis on integration, equity, and person-centred care. Participants called for practical solutions to long-standing challenges — especially around workforce, access, and data — and offered thoughtful suggestions to guide the next phase of the Better Together portfolio's development.

Reflections from Practice Solutions

Practice Solutions presented their independent report on the outcomes of the focus group they had facilitated. They also provided an overview of the initial public survey findings. Following this presentation, participants were asked the following questions using the xleap collaboration software:

1. What stood out from the presentations and why?
2. From all that you've just heard, what has reminded you of your own situation and why?
3. From listening to each other in the group, what key insights have emerged from the discussion?
4. What does this mean for the future of Adult Physical and Mental Health Community Services in Powys?

The questions were kept open until the end of lunch at the event. During that time 238 comments were made. The full report is included as Appendix 22. Summary commentary is below:

What Stood Out

The 113 comments were received from participants. They showed:

- An appetite for change
- Reflections on community and staff engagement, being pleased that it was happening, but a mixed response to the numbers involved and why. Engagement must be representative, pitched at the right level and contain sufficient detail to for the audience to comment
- General reflections and appreciation about the scenarios and findings of the engagement – including the scenarios being patient focused, available in hubs / centres (but detail needed), with services integrated. There were also comments on a whole sector approach and place based / community focused services

- Digital Care, Remote Care, Virtual Care noted – variety of comments from concern to opportunity
- Transport challenges are recognised – and community transport is a service enabler
- Resources will be required to achieve services transitions
- Effective use of Plan Language and clear communication are important
- Workforce underpins everything
- Professor Anne Hendry's involvement was welcomed
- Some participants suffered from information overload
- One of the goals of the new approach should be equity
- Partnership working across health, social care, and third sector is paramount
- Services must be future orientated

What does this mean for future services?

Participant feedback on the future of Adult Physical and Mental Health Community Services showed:

- Mental and physical health need to be joined – with one-stop shops, integrated care centres, and community hubs seen as the best way forward
- A shift in mindset is required to empower people to manage their own lives and for professionals to promote that independence
- Workforce development suggests a move from specialists to generalists with more multi-disciplinary roles
- System and service redesign is needed

Deliberative Event 2 - Supporting Reports

Better Together Deliberative Event 2: stakeholder summary of outputs from the review of stage 2 engagement feedback, including the assessment and appraisal process and of emergent models of care and options for the future delivery of adult physical and mental health community services in Powys – Appendix 21

Reflections on the Practice Solutions Presentation to the 13 August 2025 Deliberative Event – Appendix 22

Appendices

Appendix 1: "Better Together Workshops – What we Heard" report from Llais Powys

LLAIS
Eich llais mewn iechyd a gofal cymdeithasol | Your voice in health and social care

	Llais Powys
Report:	**Better Together Workshops – What we Heard……**
Period Covered:	**3rd June – 13th August 2025**
Author:	**Katie Blackburn**
Status:	**For Consideration and Response**
Date:	**30 July 2025**

Background:

A representative from Llais Powys attended the following seven workshops and events:

3rd June	PtHB Engagement Event
1 July	Brecon
2 July	Welshpool
3 July	Ystradgynlais
9 July	on-line
10 July	Llandrindod Wells
13th August	Deliberative Event

Unfortunately, Llais Powys was unable to attend the workshop in Newtown on 16 July.

What we heard:

It is important to note that similar themes were highlighted and discussed at all workshops that Llais attended. The key themes were:

1. Easier Pathways to Services
Participants consistently highlighted the need for simpler, more accessible pathways into services. People want services to guide and support them through the system, rather than having to navigate complex processes, chase appointments, or seek out support independently.

2. Communication and Information Sharing
Better communication was identified as a key priority. This includes clear information about services available, accurate contact details, and ensuring people are signposted to the right place at the right time. Communication challenges were particularly noted around behavioural aspects of care and service delivery.

1

3. Consideration of Scenarios
There was concern that Scenarios 1 (no change) and 6 (a District General Hospital in Powys) were not discussed in some workshops. As these are raised regularly with Llais, participants felt an explanation is needed if they are not to be considered in the wider engagement process.

4. Critical Factors for Improvement
The group identified several essential factors for improving health and care outcomes:

- Delivering care in the right place at the right time.
- Supporting personal responsibility.
- Empowering individuals.
- Aligning and connecting services effectively.
- Ensuring excellence in service delivery.
- Improving accessibility and prevention.
- Maintaining timeliness of support.
- Promoting equity across services.

5. Interconnectivity Between Services
Several potential options were considered viable only if there is effective interconnectivity with other services (both health and social care). Without this alignment, improvements may not be achievable or sustainable.

Other Observations

- Public attendance was low at all workshops attended by Llais.
- Despite Llais promoting the events through their engagement activities and volunteers, it was evident that many members of the public were unaware of the engagement opportunities, the scenarios, or the wider *Better Together* aim of shaping the future of health and care services across Powys.
- There was limited visible coordination between the sustainable health and social care strategies being developed separately by the Health Board and Local Authority, despite the interdependencies and shared goal of providing seamless services for individuals and communities.
- There was no clear evidence of promotion of these events within Powys communities, such as posters, flyers, or mail drops. Instead, there appeared to be an over-reliance on digital methods, including the PTHB website and PTHB social media channels.

Katie Blackburn

Regional Director – Llais Powys

8 September 20

Appendix 2: PTHB Citizen and Stakeholder Engagement Report 2024 – what we know and have heard from engagement in 2024

PTHB Citizen and Stakeholder Engagement Report 2024

What we know and have heard from engagement in 2024



Version 1.2, 11 February 2025

Sue Ling, Engagement Manager, Powys Teaching Health Board

Appendix 3: Proposals for Temporary Changes to PTHB Services report, 10 October 2024

Board papers relating to the introduction of temporary service changes during 2024 are available from the health board website: https://pthb.nhs.wales/about-us/the-board/board-meetings/2024/13/11/

Appendix 4: Better Together Stage 1 Pre-Engagement Public Survey Feedback Report

Better Together Stage 1 Pre-Engagement Public Survey Feedback Report

Our Case for Change - Shaping the future of safe, quality health services for Powys.

Background:

The Stage 1 pre-engagement followed on from the discovery phase of Powys Teaching Health Board's (PTHB's) Better Together programme of activity. This phase focused on conversations with some key stakeholders across 13 Powys localities held in conjunction with Powys County Council and health board in February and March 2024.

Alongside the opportunity for stakeholders to give their views via the online survey for Stage 1, the following engagement also took place:

- Interviews and focus groups with approximately 15 different cohorts of people conducted in early 2025 on a range of protected characteristics.
- Attendance at, and engagement with, members of the public and third sector colleagues who attended three Wellbeing events organised in Ystradgynlais, Welshpool and Llandrindod Wells.
- Attendance at, and engagement with, members of the public and third sector colleagues who attend three Dementia Days.
- Conversations with the farming community at Knighton Livestock market.

The **Better Together Stage 1 Feedback Report** on community outreach activities provides details of the feedback captured.

Stage 1 Pre-Engagement Purpose:

The main purpose of the Stage 1 pre-engagement was twofold:

1) To seek views on the health board's Case for Change which sets out the picture of health care services in Powys currently.
2) To capture views on strengths, weaknesses, opportunities and threats to health services.

This engagement was launched on 28 April and ran until 25 May 2025.

The Stage 1 pre-engagement aimed to provide all stakeholders (residents, patients, voluntary groups, partners and anyone else who uses health board services) with a clear overview of our Case for Change.

The Case for Change document provided a comprehensive summary of the challenges being faced by the health board both currently and post-COVID-19. It also set out some of the opportunities that may allow us to respond to the challenges and what progress was

being made around aspects like workforce, primary and community care and digital technologies.

The document also set out clearly what we had heard from engagement to date and why change was needed – to enable the Health Board to shape the future of safe, quality health care services for the people of Powys.

In this pre-engagement stage, PTHB sought to capture broad views around the Case for Change. The key questions sought to:

- Check if stakeholders felt the Case for Change provided an accurate reflection of health care from their perspective, and if not, what gaps existed
- Provide all respondents with an opportunity to contribute their views around what they saw as the key strengths, weaknesses, opportunities and threats that exist for health services both now and in the future.
- Capture information about who was responding in relation to age, gender, disability, etc., to help us assess and understand better how we might address any barriers people faced when accessing health services. Secondly this data also enables the health board to consider what voices were missing in this stage of engagement so we can plan for the next phase of engagement and target specific groups/audiences.

An online survey in both Welsh and English, incorporating quantitative and qualitative questions, was developed and published on the health board's engagement portal https://www.haveyoursaypowys.wales/.

The Summary and Full Case for Change and other useful documentations like a visual of the key challenges facing the health board (below) were also uploaded to the site to provide context and information to aid stakeholder understanding ahead of completing said survey.



Paper copies of the survey were also available on request through an advertised telephone and email address. Folders which included all the engagement documentation were produced and delivered to all 18 Powys libraries to support people who might prefer paper or might be more digitally excluded and unable to complete the online survey.

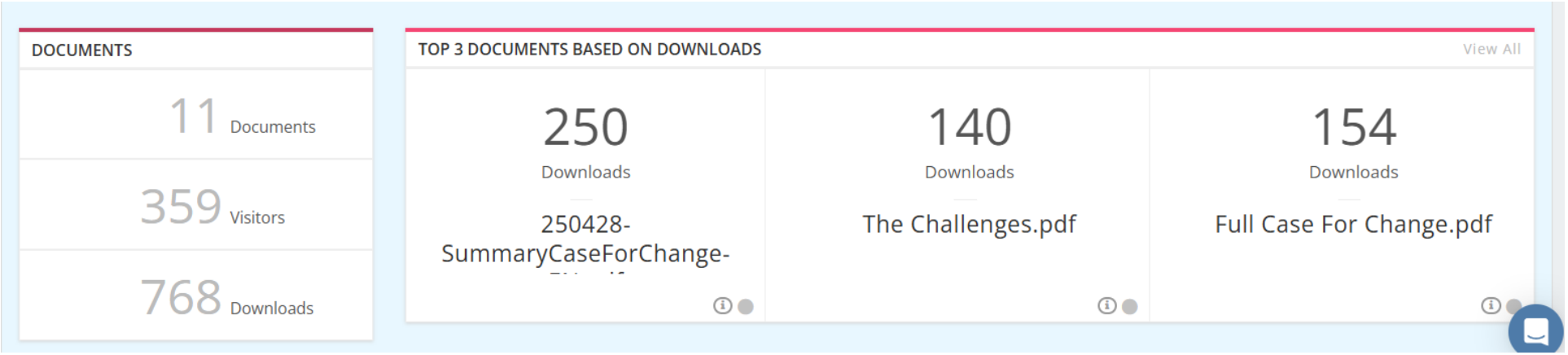
The Stage 1 engagement exercise was then promoted using a mix of communication channels including PTHB's own and partner website and social media channels. Press releases were issued and shared with a range of other key stakeholders and partner organisations including the council, voluntary sector, town and community councillors and Senedd and Parliamentary elected representatives. Residents who subscribe to the health board's free e-newsletter were also sent updates on a regular basis during the engagement period and asked to submit their views.

An online survey in both Welsh and English, with both quantitative and qualitative questions, was developed and published on the health board's engagement portal. The Summary and Full Case for Change and other useful documentations like a visual of the key challenges facing the health board were also shared to provide context and information to aid stakeholder understanding ahead of completing said survey.

Responses

By the closing date 146 responses had been received. The Have Your Say engagement portal provides a range of data which showed the following:

- Number of people who engaged with the survey online = **125** *(the remainder were paper surveys manually input)*
- Number of people who downloaded the summary Case for Change document = **250**
- Number of people who downloaded the Challenges Visual = **140**
- Number of people who downloaded the full Case for Change document = **154**



Respondent Demographics

There was a low representation of respondents from the localities around Llanfair Caereinion, Llanfyllin, Ystradgynlais, Machynlleth and Welshpool. The highest response rates were from localities around Knighton and Presteigne, Brecon and Builth Wells.

The gender identity split of respondents had a significant female bias (69%). Male respondents made up 25% of the total, with the remainder either preferring not to disclose their gender identity, or to self-describe.

In Powys 56% of the population are of working age (aged between 16 and 65 years). More than 8 in 10 responses to the public survey came from individuals aged 45 years and over. By contrast, no survey respondents disclosed their age as being under 25, and fewer than one in ten were under 45 years old. The largest single cohort of respondents was aged 65-74 years old, constituting 30% of total responses.

Around half of respondents who chose to respond said that they had a physical or mental health condition. Of those who said they had a physical or mental health condition, nearly seven in 10 said it either had a little or no impact on their day-to-day activities. Almost a quarter said it had a big impact on their daily life, while the remaining respondents did not disclose the impact of their condition. 60 respondents also responded to the question on how long they had had their condition with almost nine in ten saying it had lasted more than 12-months.

The supporting summary data on the 146 responses of the respondent profile are as follows:

- Nearly all respondents stated they were responding as residents of Powys (91% or 131 respondents)
- The highest number of respondents were from the following four localities – Knighton and Presteigne (28), Brecon (26), Builth Wells and Llanwrtyd Wells (22) and Hay and Talgarth (16)
- The lowest number of responses were from residents living in Llanfair Caereinion, (1) Llanfyllin (1) and Ystradgynlais (2)
- Nearly 70% of responses were from females (97) and 25% (35) from males
- The age profile was predominantly older adults with a third of respondents (42) being in the 65–74-year age category 22% (31) respondents were in the 45–54 age category and 18% (25 respondents) were in the 55 – 64 age categories
- 44% (62) stated that they had a disability
- 19 people stated they had a physical disability
- 20% or a fifth of those who responded said they were an unpaid carer for an adult aged 25+
- Only one person said they were an unpaid carer for a young adult aged between 14 – 25 years of age

(Note: not all 146 respondents who chose to respond to the survey answered all questions, so percentages are based on the baseline number of responses per question.)

Summary of Key Findings

Case for Change

- 25% (31 respondents) felt the Case for Change was accurate
- 32% (40 people) felt it was fair
- 17% (21) felt it was poor
- 27% (34 respondents felt there were gaps)

Key gaps identified included:

1. Digital and IT System Issues: (213 mentions)
2. Waiting Times and Referral Delays: (24 mentions)
3. Access and Transport Challenges: (21 mentions)
4. Local Emergency and Hospital Services: (14 mentions)

Key strengths included:

1. Local services: The fact that Powys Teaching Health Board had community-based care and minor injury units was appreciated by many. There were comments about good services e.g. leg clubs, community hospital outpatient clinics, district nursing teams.
2. Caring and professional staff: GPs, nurses, and district nurses were frequently praised as being caring, helpful and kind.
3. Access to GP services: Where available, several GP practices across the county were seen as responsive and supportive to residents and their health needs.

Key weaknesses were:

1. Long waiting times for appointments of all kinds including GP appointments
2. Lack of emergency services with no A&E, limited out of hours care and changes to opening times of Minor Injury Units
3. Staff shortages and the impact on service provision
4. Transport was a key issue for many respondents. The weaknesses included transport options including limited public transport, changes to the criteria regarding the non-emergency patient transport service, community transport and long distances to travel. A connected weakness/issue was also around the district general hospitals having limited knowledge of Powys and booking appointments at times when public/other transport options were unavailable.

Key Opportunities for improving health included:

1. Invest in local services: People wanted to see the health board expand our offer and the availability of our services locally in community hospitals and clinics.
2. Improve digital access: There were comments regarding the NHS and Powys having much better online systems to improve access for both staff and residents to the opportunity and need for support for those who need help using them.
3. Recruit and retain staff: There were suggestions that we should look at offering incentives and more training to build a sustainable workforce in the county.

Key Threats were:

1. Funding constraints: Budget cuts and financial pressures were a major concern.
2. Staffing challenges: Acknowledgement of the difficulty of recruiting and retaining healthcare professionals and how this would continue to be a threat to progress for the future service offer.
3. Rural isolation: Respondents were concerned about the long travel distances and limited transport options that exist to enable them and those who are more vulnerable and unable to drive to get to medical planned appointments or A&Es out of county. Travel and transport are seen as a key driver to dissatisfaction with the provision of secondary health care in Powys.

Summary of Key Insights

Recurring Concerns	Recurring Suggestions
Access and Transport Challenges • Long travel distances to hospitals and clinics, especially for non-drivers and elderly residents. • Poor public transport and limited non-emergency patient transport options. • Centralisation of services exacerbates rural isolation.	*Invest in Local Services* • Expand services in community hospitals and clinics. • Reopen or upgrade facilities like Nevill Hall and ensure 24/7 access to urgent care and minor injury units.
Workforce Shortages • Difficulty recruiting and retaining staff, particularly in rural areas. • Over-reliance on agency staff and lack of continuity in care. • Concerns about staff burnout and insufficient support.	*Improve Transport and Accessibility* • Enhance community transport options. • Consider location and timing of appointments to suit Powys residents.
Waiting Times and Service Availability • Long waits for GP appointments, specialist referrals, scans, and surgeries. • Lack of local A&E and emergency services. • Limited access to NHS dental care and mental health support.	*Strengthen Workforce Development* • Offer incentives and training to attract and retain staff. • Promote rural placements and build a sustainable, generalist workforce.
Digital Exclusion • Over-reliance on digital systems disadvantages older adults and those with limited digital literacy. • Concerns about photo-based consultations and lack of alternative access routes.	*Enhance Digital Infrastructure* • Improve NHS digital systems for staff and patients. • Provide support for those who struggle with digital access.
Cross-Border Inequity • Powys patients feel deprioritised in English hospitals. • Poor coordination between Welsh and English services, leading to delays and confusion.	*Promote Prevention and Health Education* • Focus on healthy lifestyles, early intervention, and self-care. • Use community-based initiatives to support wellbeing.
Fragmented and Bureaucratic Systems • Poor coordination between services and inefficient IT systems. • Frustration with NHS bureaucracy and lack of joined-up care.	*Improve Communication and Coordination* • Ensure clear, compassionate communication and shared decision-making. • Reduce duplication and improve continuity of care across services.
	Address Equity and Inclusion • Ensure fair access to services regardless of location or background. • Improve Welsh language provision and consider cultural and religious needs.

Survey methodology statement

The survey was hosted on the Have Your Say engagement portal, with online responses logged automatically, and responses submitted via other means (postal, telephone or email) and manually keyed-in to the online database.

The survey responses were manually tagged and analysed by a member of the Engagement team. Analysis of the data was completed using the CoPilot generative AI tool to avoid individual unconscious bias and to assist with summarising data.

The key insights drawn from the data, and conclusions, were produced using the CoPilot AI, using the prompt: "*Please identify any recurring concerns or suggestions from respondents in the following document*".

A question-by-question analysis follows:

Survey Findings

146 people responded to the survey. Most responses were completed online but a handful of paper surveys were posted out to residents who requested them via the health board's promoted telephone answering machine service or were completed in community settings e.g. the library or when Engagement Officers visited a location. The responses were then entered manually into the survey software. No survey responses were received in Welsh.

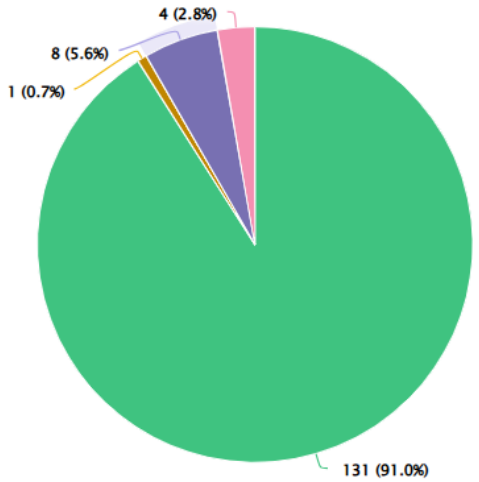
Question by Question Analysis

Section One (*Please note percentages have been rounded up or down and may not total 100%)*

Q1. Firstly, are you responding as:

144 respondents answered this question.

Answer	Number of responses	Percentage
A resident of Powys (including as a patient, family member or carer).	131	91%
On behalf of an organisation that supports patients/family members/carers	1	1%
In a professional capacity/as a member of staff in the health board or elsewhere e.g. GP	8	6%
Other (please specify)	4	3%
Total	**144**	**101%**



Q2. Which organisation do you work for?

Ponthafren – a third sector charity which supports people and promotes positive mental health and well-being for all – was the only organisation who had ticked that they were responding on behalf of an organisation that supports patients/family members/carers.

Q3. Having read our Case for Change, to what degree would you say you recognise the information provided and the picture this presents of health care services in Powys currently?

126 respondents answered this question.

Answer	Number of responses	Percentage
I feel the Case for Change provides an accurate picture of health services in Powys.	31	25%
I feel the Case for Change provides a fair summary of health care services in Powys.	40	32%
I feel the Case for Change has some gaps about health care services in Powys.	34	27%
I feel the Case for Change is poor and does not reflect the health care services in Powys currently.	21	17%
Total	**126**	**101%**

When looking at the table above, there was a quarter of respondents who felt the Case for Change was accurate, just under a third who felt it provided a fair summary of health care services in Powys and a further 17% who had stated the Case for Change was poor in their view.

Just under a quarter of respondents felt there were gaps (27%) in the Case for Change.

Q4. Please use this space to tell us what you feel is missing – if anything – from the Case for Change that would make it more complete?

126 respondents answered this question.

Several key themes emerged. Respondents wanted to see more done to improve IT systems in the NHS and spoke of their frustrations with digital systems including better use of new technologies. There were also concerns expressed about long waiting times for referrals and planned care and a lack of reference in

the Case for Change regarding local emergency and general hospital services.

Inequities in cross-border treatment were highlighted as a gap, alongside the challenges that residents face in relation to transport and access to health care within the county as well as outside and especially in the more rural areas of Powys.

Several respondents felt there was no real reference to ambulance response times.

There were also some mentions of dental care shortages, and one person flagged the need for better integration with social services.

Some respondents also felt the Case for Change lacked clarity and detail.

Key Themes Identified in Responses About Gaps in the Case for Change

- Digital and IT System Issues: Frequency of mention (213 mentions)
- Waiting Times and Referral Delays: (24 mentions)
- Access and Transport Challenges: (21 mentions)
- Local Emergency and Hospital Services: (14 mentions)
- Ambulance and Emergency Response: (12 mentions)
- Cross-Border Inequity: (6 mentions)
- Dental Care Shortages: (3 mentions)
- Lack of Clarity in the Case for Change: (3 mentions)
- Integration with Social Services: (1 mention)

Q5. When planning, we are looking at the strengths, weaknesses, opportunities and threats to health services and would like your views. Firstly, we'd like to know what is working well or good about the health services we offer. (Our Strengths).

84 respondents answered this question. The key strengths that respondents gave were as follows:

- **Local services:** The fact that Powys Teaching Health Board had community-based care and minor injury units was appreciated by many. There were comments about good services e.g. leg clubs, community hospital outpatient clinics, district nursing teams.
- **Caring and professional staff:** GPs, nurses, and district nurses were frequently praised as being caring, helpful and kind.
- **Access to GP services:** Several GP practices across the county were seen as responsive and supportive to residents and their health needs.
- **Community support:** Local initiatives and familiarity with patients were valued.
- **Continuity of care:** Some noted good follow-up and coordination of care, especially in some of the smaller GP practices.

Q6. What do you see as poor or not working so well? (Our weaknesses)

125 people gave a view about the services that are not working so well. The key comments were as follows:

- **Long waiting times:** Respondents commented that they were waiting far longer than they wanted to for GP appointments, specialist referrals, and treatments.
- **Lack of emergency services:** People commented on the fact that there was no Accident & Emergency provision in Powys, and that out-of-hours care was limited following changes to opening times for Minor Injury Units.
- **Staff shortages:** There was recognition of the recruitment difficulties being faced by Powys, especially in rural areas, which was in turn affecting service delivery and continuity of care for patients/residents.
- **Transport issues:** Transport was a key issue for many respondents. Many people stated that they had difficulty accessing services due to the rurality of Powys where public transport services are limited and considered poor with bus services curtailed after a certain time in the evening. With an ageing population people also were worried about the long distance to travel to hospital appointments out of county and if needing to access an A&E. Poor public transport was mentioned by many alongside other transport options which are often limited and reliant on volunteers. The criteria and ability to access or request non-emergency patient transport was often an issue that was also raised under the transport heading. There were also comments regarding the lack of consideration regarding appointment times for Powys residents.
- **Digital exclusion:** There was seen to be an over-reliance or a growing desire to focus on online systems, disadvantaging older or less tech-savvy residents. This was considered a weakness and there was a desire for the health board to continue to ensure all forms of access to services were on offer.
- **Fragmented care:** There was concern and comments regarding the poor coordination between services, especially across the Wales–England border where patients felt that the right and left hand were not in unison with scans and missing records and letters.

Q7. What ideas do you have that could help us to improve the future of health services in Powys (Our Opportunities)

137 people gave their thoughts and ideas about opportunities that either existed to improve services

or opportunities to explore. The key themes and ideas that were suggested included:

- **Invest in local services:** People wanted to see the health board expand our offer and the availability of our services locally in community hospitals and clinics.
- **Improve digital access:** There were comments regarding the NHS and Powys having much better online systems to improve access for both staff and residents to the opportunity and need for support for those who need help using them.
- **Recruit and retain staff:** There were suggestions that we should look at offering incentives and more training to build a sustainable workforce in the county.
- **Cross-border collaboration:** There was a desire to see us work much more closely with our English hospitals to streamline care for our residents. With 50% of our care commissioned out of the county and the key hospitals being in England this was seen as a key opportunity.
- **Prevention and education:** The promotion of healthy lifestyles and early intervention was another key theme coming forward from respondents. There was also recognition that people needed to be more responsible for their own health and wellbeing, but that information and communication was needed to encourage and help people to achieve and sustain their health and wellbeing.
- **Use existing facilities better:** Making much better use of our underused buildings and services was seen as an opportunity which the health board could grasp and consider more fully.

Q8. And what do you think might get in the way of us delivering and improving health services in the future? (The Threats)

124 respondents answered this question and gave their views about threats that may prevent progress on the Better Together programme. The key responses to this question are as follows:

- **Funding constraints:** Budget cuts and financial pressures were a major concern.
- **Staffing challenges:** Acknowledgement of the difficulty of recruiting and retaining healthcare professionals and how this would continue to be a threat to progress for the future service offer.
- **Rural isolation:** Respondents were concerned about the long travel distances and limited transport options that exist to enable them and those who are more vulnerable and unable to drive to get to medical planned appointments or A&Es out of county. Travel and transport are

seen as a key driver to dissatisfaction with the provision of secondary health care in Powys.

- **Cross-border delays:** There were **c**oncerns about Powys patients being de-prioritised in English hospitals, with several saying they felt they were treated as "second class citizens".
- **Ageing population:** The fact that our population in Powys is ageing was seen as a key threat in terms of increasing demand for services without matching resources.
- **Over-reliance on digital:** Respondents gave feedback around there being a real risk of the health board excluding vulnerable groups if the move to digital first meant that other alternative channels for people to access health services were not maintained.

The next four pages that follow provide further examples and quotes given by respondents on the strengths, weaknesses, opportunities and threats that they felt existed when considering health services in Powys.


Shaping the Future - Your Views on Better Together
You Said → Our Strengths
"Staff are always professional, kind, caring"
"Our strengths are our NHS workers."
"In my experience with family members serious conditions e.g. heart problems / colon cancer, are dealt with in a speedy and reassuring manner."
"I am happy with the triage system in HAYGARTH surgery. Physiotherapy department at Bronllys. The Small injury unit in Brecon is excellent."
"Machynlleth surgery has improved and is well led. The new hospital buildings and facilities are a real and tangible bonus."
"Midwifery. local cottage hospitals running some clinics to save some trips to Hereford."
"The only strength is the provision by other health boards on our behalf. In particular Hereford in England."
"Community preventative initiatives such as the ' Well Man Clinic', screening and vaccinations."
"Machynlleth surgery has improved and is well led. The new hospital buildings and facilities are a real and tangible bonus."
"GPS are largely committed to supporting people to remain at home where possible."
"The amazing front line staff."
"Foot care at Newtown hospital is superb."
"The local GP Surgery reception staff are empathic and helpful."
"District nurses managing massive strain from palliative patients and those needing care in the community."
"Local clinics, such as rheumatology clinic in Llandrindod Wells, easy to get to and no wait."
"That you're still able to offer some services locally."
"Urgent referral is working very well."
→ Feedback is published in the language received.
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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board
PTHB Engagement and Communication Team. May 2025

Shaping the Future - Your Views on Better Together

You Said → Our Weaknesses

"Lack of prevention, especially regarding diet and activity."

"Access to NHS dentists."

"Nothing is working well . It's no longer a service for the sick. It is a service for the worried well. I could get a mammogram, a smear test, a Shingles / covid / flu and pneumonia vaccination within days ...even though I don't need any of them ...but I can't get treated for illnesses I actually have."

"Too few staff. Not safe for well-being. Waiting times to see consultants. Difficulty getting transport to appointments."

"Not having a district hospital but not having enough money to invest in one to be built but buying in services from across the borders."

"Long waiting times for GP appointments. Long waiting times for mental health appointments. Lack of A&E services in local hospital, not open 24 hours. Long waiting times for ambulance response."

"Within my professional capacity, mental health services are at their worst they have ever been in my 20 odd year professional role."

"The majority of residents have lost the "Golden Hour" with regards to heart attack or stroke, it is a fact that many have to travel some 30 miles or more to an A&E in another county only to find the facility totally overwhelmed and at breaking point."

"Just not being able to see someone more quickly and having to suffer in silence , stop closing everything."

"Support from GP is poor. Getting appointments is difficult and somewhat complex."

"Funding situation making us 2nd class citizens in Wales."

"Difficult GP access and hospital waiting delays."

"Total lack of support services for grief of teenagers and young people."

"Although the dental practice gives first class and excellent treatment, we know that just the one practitioner is not sufficient."

"Not enough resources getting to front line . Too much money wasted on what might be - run it like a business - be efficient."

"Coordination between Powys and out-of-county healthcare can be poor."



→ Feedback is published in the language received.

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

PTHB Engagement and Communication Team. May 2025


Shaping the Future - Your Views on Better Together
You Said → Some Ideas
"A community service that will meet the needs of the ageing population."
"Local opportunity for tests and scans etc."
"Closer cooperation with services in England as there is no major hospital in mid Wales to provide many of the routine surgery or other procedures that are becoming more common place now."
"Provide some clinics in cottage hospitals. Collaborate with bus services to enable better ways to get to English hospitals.
"More effective service from GPs and nurses. it seems possible that this service could reduce the huge strain on AandE and general hospitals."
"Just to utilise what we have got and use it to make things easier, encourage medical teams outside the area to work for us."
"Set up patient user groups attached to every GP practice and hospital and encourage patient feedback. Other hospitals in Wales and England do this but not Powys or if they do, we've never been asked."
"Develop the site in Bronllys for sheltered housing and care for elderly people."
"Pre op testing would be better done in local GP surgeries, travel to English hospitals can be difficult and lengthy, not good for people already unwell."
"A significant step up in local community hospitals/medical hubs with a vastly improved and increased local ambulance service."
"Use AI to deliver efficiencies and to improve systems."
"Be proud to deliver community service well, whilst recognising that other services need to be delivered through partnership with other health boards."
"More health screening should be available so people might be able to avoid needing more expensive care in the future."
"More local opportunities for day surgery to be carried out without having to meet a criteria."
"Remove the majority of managerial roles and introduce a salary cap in line with average earnings locally."
"Stop thinking like you know you don't have to balance your books and make changes for the better."
"Better digital access for patients to health records, appointments, waiting list info, etc. This would help patients have some control over their own healthcare journey."
"Allow patients to book an appointment first time of calling. Some with anxiety and MH issues struggle to make the first call, when they are met with a bureaucratic system and receptionist and told to call back every 2 weeks just in case an appointment comes up."
"Encouraging people to choose to walk, wheel or cycle as part of their daily lives."
"Introduce self-referrals to all departments in Powys."
→ Feedback is published in the language received.
GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board
PTHB Engagement and Communication Team. May 2025

Shaping the Future - Your Views on Better Together

You Said → Some Threats

"The lack of facilities, money, distance of travel, road links etc."

"Rurality, staffing, public expectations."

"Too much resources being spent on surveys like this and other ideas and plans instead of actually delivering the services we need."

"Ambulance waiting times need to be improved, paramedics are good but being told it will be quicker to transfer someone to hospital yourself, when you know this will result in a lengthy wait in A&E with no opportunity to get pain control when you get there until they are seen by a doctor is unacceptable."

"Too much financial waste on things that are not needed and closing of rural health centres and small hospitals where these could have been kept to ease the burden on bigger hospitals."

"Historic political boundaries that don't take into account actual geography."

"Not enough dynamic thinking, a lack of true desire amongst the decision makers to actually do something radical."

"The lack of government funding for the implementation of improvements to the estate."

"GPs not wanting to work the hours. It was the career path they chose."

"Another pandemic."

"Climate change."

"Lack of funding and recognition that money invested in prevention saves much more in future."

"Crumbling buildings and infrastructure."

"An unrealistic budget for a rural healthcare setting."

"Too many high pay grade staff, not enough 'workers'."

"Failure to mitigate lasting pandemic effects."

"Increased demand on health services and associated increase in demand for extra finance."



→ Feedback is published in the language received.

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

PTHB Engagement and Communication Team. May 2025

Q9. When thinking about health services currently are you aware of any specific challenges or barriers that might make it more difficult for your needs or those of others to be met? These barriers could be based on, but are not limited to, your age, gender, sexuality, religious or cultural background, ethnicity, disability or impairment, financial or employment circumstances or your first language spoken. (Please tell us more but do not provide us with any information that may identify you).

129 respondents answered this question. The key barriers and challenges that people raised were as follows:

Transport & Rural Isolation

- Lack of public transport and long travel distances to hospitals and clinics.
- Non-drivers, elderly, disabled, and financially constrained individuals face significant access issues.
- Ambulance delays and centralisation of services exacerbate rural challenges.

Age-Related Barriers

- Elderly people struggle with mobility, digital systems, and long-distance travel.
- Perception of ageism and reduced care availability for older adults.

Disability, Neurodiversity & Mental Health

- People with autism, learning disabilities, and mental health conditions face difficulties with:
- Booking systems
- Overstimulating environments
- Lack of tailored communication
- Grief and trauma support is lacking, especially for families and children.

Digital Exclusion

- Over-reliance on digital systems alienates:
- Elderly
- Neurodiverse individuals
- Those without internet access or digital literacy
- Concerns about misdiagnosis via photo-based consultations.

Financial Constraints

- The cost of travel (e.g., £150 round trip to Hereford) is prohibitive for many.
- State pensioners, carers, and low-income individuals struggle with affordability.
- Cross-border treatment delays and postcode-based inequalities were frequently mentioned.

Service Availability & Quality

- Lack of local A&E, GP appointments, NHS dentists, and community support.
- Long waiting times for scans, referrals, and surgeries.
- Under-utilisation of local facilities and over-reliance on English hospitals.

Workforce & Systemic Issues

- Chronic staff shortages, reliance on agency workers, and lack of continuity.
- Administrative burden and inefficient IT systems hinder care delivery.
- Calls for better pay and recognition for care staff. *(Note: This comment was in relation to staff who are contracted by or work for Powys County Council and support people who have a care package in place having been discharged from a district general hospital. Care staff are not employed by Powys Teaching Health Board)*

Cultural & Language Barriers

- Need for Welsh language provision in services.
- Some felt religious or cultural needs were not adequately considered.
- Criticism of gender terminology and data collection practices.

Social Isolation & Advocacy

- Vulnerable individuals (e.g., dementia patients) often lack support networks.
- Those unable to self-advocate may be overlooked or underserved.

Q10. Finally, having read the Case for Change and contributed your views on strengths, weaknesses, opportunities and threats we face in planning for the future, what would be the top priority for you?

117 respondents answered this question. The key points and themes around priorities were as follows:

Access to Local and General Hospital Services

- Strong demand for a General Hospital in Powys, especially with full A&E provision.
- Calls to upgrade existing hospitals (e.g., Nevill Hall) and keep community hospitals open.
- Suggestions for urgent care centres and minor injury units to be open 24/7.

Improved Primary Care Access

- Better access to GPs, including more appointments, in-person consultations, and simplified booking systems.
- Increased funding for GP surgeries to manage workloads and train new staff.

- Emphasis on continuity of care and better communication between providers.

Ambulance and Emergency Services

- Widespread concern about ambulance response times and emergency care access.
- Requests for a localised ambulance service and more ambulance staff.

Dental Services

- Many highlighted the lack of NHS dentists and the high cost of private care.
- Calls for increased dental capacity and more local provision.

Mental Health and Social Care

- Need for better mental health services, including third-sector partnerships.
- Support for elderly care, dementia services, and district nursing.

Staffing and Workforce

- Concerns staff shortages, retention, and over-reliance on agency staff.
- Suggestions to encourage rural placements and build a sustainable workforce.

Systems Efficiency and Bureaucracy

- Frustration with NHS bureaucracy and inefficient systems.
- Desire for more clinical staff, less admin, and better IT and communication.

Cross-Border and Equity Issues

- Concerns about inequity for Powys patients accessing care in England.
- Calls for equal treatment, timely referrals, and better cross-border coordination.

Prevention and Health Education

- Emphasis on preventative care, health education, and lifestyle support (e.g., smoking cessation, weight management).
- Suggestions for community-based prevention and self-monitoring support.

Communication and Patient Experience

- Need for clear, compassionate communication and shared decision-making.
- Frustration with having to repeat information and chase results.

Strategic Planning and Funding

- Calls for a realistic long-term plan with public milestones.
- Emphasis on securing adequate funding and spending money wisely.

Demographic Information

Q11. At Powys Teaching Health Board, we use a locality-based model to plan services. Could you please tell us which Powys locality you live in or nearest to?

146 residents answered this question. It was a mandatory question.

Locality	Number of respondents	Percentage
Brecon	26	18%
Builth Wells and Llanwrtyd Wells	22	15%
Crickhowell	7	5%
Hay on Wye and Talgarth	16	11%
Knighton and Presteigne	28	19%
Llandrindod Wells and Rhayader	12	8%
Llanfair Caereinion	1	1%
Llanfyllin	1	1%
Llanidloes	8	5.5%
Machynlleth	5	3.5%
Newtown	9	6%
Welshpool	6	4%
Ystradgynlais	2	1%
I live outside Powys	3	2%
Total	**146**	**100%**

This table highlights that only one or two residents who were living in several Powys localities had responded to the online survey.

There was a low representation from Llanfair Caereinion, Llanfyllin, Ystradgynlais, Machynlleth and Welshpool. The highest response rates were from Knighton and Presteigne (19%), Brecon (18%) and Builth Wells (15%).

The reasons for this are unclear. All 13 localities have a public library and folders with all the engagement material were delivered to each of the 18 libraries in Powys. Alongside this, information about the engagement was also shared with partner organisations including county councillors and third sector colleagues. Articles were published on the health board's website with links to the engagement portal, on our social media channels like Facebook and Next Door and via a free subscriber newsletter during the engagement timeframe.

Engagement Officers also attended some third sector meetings to raise awareness of the opportunity for residents to have their say via the online or paper surveys. Posters and flyers were also distributed and displayed in various community settings to raise awareness.

Q12. Which of the following best describes your gender identity?

141 responses were received to this question.

Gender ID	Number of responses	Percentages
Male	35	25%
Female	97	69%
Prefer not to say	7	5%
Prefer to self-describe	2	1.5%
Total	**141**	**100.5%**

A much higher proportion of females responded to the survey, suggesting that when we look to launch our full and formal consultation we need to consider how best to reach and receive views from male residents of all ages. Similarly, across all the demographic questions there is consideration given to the responses and how we can improve the response rate and views from key groups in our county/society to capture as representative a set of views as possible.

Q13. Is the gender you identify with the same as the one registered at your birth?

132 responses were received for this question.

Answer	Number of respondents	Percentage
Yes	124	94%
No	0	0%
Prefer Not to Say	8	6%
Total	**132**	**100%**

Q14. Which age category applies to you?

142 respondents answered this question. Percentages have been rounded up or down accordingly.

Answer	Number of respondents	Percentage
Under 16	0	0%
16 - 24	0	0%
25 - 34	5	3.5%
35 – 44	9	6%
45 - 54	31	22%
55 - 64	25	18%
65 - 74	42	30%
75 - 84	21	15%
85+	3	2%
Prefer Not to Say	6	4%
Total	**142**	**100.5%**

From the responses it's clear to see that views were lacking/missing from the younger population.

Q15. Do you have any physical or mental health conditions or illnesses?

140 respondents answered this question.

Answer	Number of respondents	Percentage
Yes	62	44%
No	68	49%
Prefer Not to Say	10	7%
Total	**140**	**100%**

Q16. Do any of your conditions or illnesses reduce your ability to carry out day to day activities?

Of the 62 respondents who answered Q15 and said they did have either a physical or mental health condition or both, 57 went on to respond to this question about to what extent it impacted their day-to-day activities.

Answer	Number of respondents	Percentage
Yes, a lot	13	23%
Yes, a little	31	54%
Not at all	8	14%
Prefer Not to Say	5	9%
Total	**57**	**100%**

Q17 Has your condition/s or illnesses lasted, or is expected to last for 12 months or more?

60 responses were received for this question.

Answer	Number of respondents	Percentage
Yes	53	88%
No	2	3%
Not sure	1	2%
Prefer Not to Say	4	7%
Total	**60**	**100%**

Q18. If you would like to disclose the condition/s or illness, please select from the list.

This question received 53 responses,

Note: People were able to select more than one answer, so the chart below just lists the numbers rather than a total or percentage.

Answer	Number of respondents
A learning difference - e.g. dyslexia, dyspraxia or ADHD	2
A mental health condition	5
A physical impairment or mobility impairment	19
Autism Spectrum Condition	2
Blind or serious visual impairment uncorrected by glasses	2
Deaf, partially deaf or hard of hearing	5
General learning disability e.g. Down's syndrome	0
A long-standing illness/condition e.g. cancer, HIV, diabetes, CHD, epilepsy, ME, etc...	23
Prefer not to say	5
Other	4

19. Are you an unpaid carer? Do you provide support for a family member, neighbour or friend? (A carer is anyone of any age who cares for and supports without payments, somebody who, due to an illness, disability or mental health problem, cannot cope without their support.)

137 responses were received for this question.

Answer	Number of respondents	Percentage
Yes, Adult Carer 25+	27	20%
Yes, Young Adult Carer 14 – 25	1	1%
Yes, Young Carer under 16	0	0%
No	97	71%
Not sure	6	4%
Prefer not to say	6	4%
Total	**137**	**100%**

Conclusion

This report provides an overview of the feedback given by 146 respondents to the Stage 1 engagement on the Case for Change. The feedback has provided a wealth of insights and information which resonates with some of the views heard during the Phase 0 Discovery conversations held in 2024 and early 2025.

The conversations and workshops held in the Better Together discovery stage in 2024 led to a set of key themes being drawn up as shown in the poster (right).

The views given in Stage 1 resonate with these key themes although there are additional views given using the SWOT approach which Powys Teaching Health Board will give due regard to as it progresses with the Better Together Programme.

The Stage 1 engagement revealed strong public support for improving local access, workforce sustainability, transport, and digital inclusion. Respondents consistently called for better coordination, clearer communication, and more equitable service provision. These insights provide a robust foundation for shaping the next phase of the Better Together portfolio and engagement process.



Appendix 5: Stakeholder summary report on staff feedback on the Better Together Draft Case for Change

Overview

The Draft Case for Change was released to Powys Teaching Health Board (PTHB) staff on the 13 February 2025, with an initial engagement period lasting until 7 March 2025. The engagement approach was largely digital, with members of the Organisational Development (OD) team visiting many sites to directly engage with staff.

For the engagement, staff were asked to review the summary and/or the primary documentation and provide feedback through an online MS form. 73 responses were received. The reporting period spans the end of the discovery stage 0 and the start of the stage 1 pre-engagement stage.

Of note is that during the face-to-face engagement discussions facilitated by the OD team with staff, most had not heard of the Case for Change, and if they had seen the communications, had not taken the time to read it which has been reflected in the 3 per cent response rate to the internal survey.

The outcomes of the survey, and its detailed post survey report, were used to further refine the Draft Case for Change, to identify common themes, and to aid the development of the engagement materials and narrative that supported the Stage 2 engagement on Adult Physical and Mental Health Community Services.

Methodology

This report is based on an AI summary of the end-of-survey report produced by the OD team. This report was produced using CoPilot. It has been created and edited by a member of the Engagement and Communications team and reviewed by the OD Team. It used the following CoPilot prompts: “Please identify any recurring concerns or suggestions from respondents in the following documents”.

This report does not seek to recreate the detail of the original report, but to identify recurring concerns and suggestions, and to draw some conclusions from them. It will be used to support the development of a composite Engagement Report that summarises all engagement activity and feedback captured from Stage 0 Discovery, through Stage 1 Pre-Engagement on the Draft Case for Change, through to Stage 2 Engagement on Adult Physical and Mental Health Community Services.

Recurring Concerns

1. Infrastructure and Digital Limitations

- PTHB Estates are outdated and poorly maintained.
- Digital systems are fragmented, lack interoperability, and hinder efficient care.
- Limited access to digital tools, especially for frontline staff.

2. Workforce Challenges

- Recruitment and retention are difficult, especially in rural areas and specialist roles.
- Staff shortages lead to burnout and reliance on agency staff.
- Lack of clarity and support for workforce development and career progression.

3. Geographical and Access Barriers

- Powys' rural nature makes service delivery and patient access challenging.
- Absence of a District General Hospital (DGH) forces out-of-county travel.
- Poor transport infrastructure affects both staff and patients.

4. Communication and Coordination Issues

- Weak communication between primary and secondary care.
- Poor coordination with social care, especially around hospital discharge.
- Internal communication gaps between management and frontline staff.

5. Financial Constraints

- Limited funding affects service delivery, innovation, and infrastructure upgrades.
- Concerns about resource allocation and perceived waste.
- Financial pressures threaten long-term sustainability.

6. Change Fatigue and Engagement Gaps

- Staff feel overwhelmed by constant change without time to embed improvements.
- Confusion due to overlapping initiatives (e.g. RIC Hub and the Case for Change).
- Low awareness and engagement with corporate communications.

Recurring Suggestions

1. Digital Transformation

- Invest in telehealth, remote monitoring, and integrated digital records.
- Improve digital literacy and access for all staff.

- Use AI and digital platforms to streamline care and reduce travel.

2. Integrated and Community-Based Care

- Develop regional hubs and mobile services to bring care closer to home.
- Strengthen partnerships with third sector and social care.
- Expand preventative and holistic care models.

3. Workforce Development

- Upskill existing staff and create attractive career pathways.
- Promote flexible workforce models and rotational roles.
- Improve onboarding and support for new staff.

4. Improved Communication and Coordination

- Enhance internal communication and transparency around decisions.
- Develop joint care plans and discharge processes with social care.
- Create directories of services for staff and public use.

5. Community and Stakeholder Engagement

- Involve patients, staff, and communities in service design.
- Leverage community strengths and third sector capacity.
- Promote health education and public health campaigns.

Conclusion

Staff feedback on the Draft Case for Change reflects a general acceptance of the need for transformation within PTHB, but it also highlights significant operational and cultural barriers to achieving this. The recurring concerns — especially in relation to infrastructure, workforce, and communication challenges — must be addressed to build trust and momentum. The suggestions that emerged from the engagement offer a clear path forward for PTHB, emphasising the need for integration, digital innovation, and community engagement.

Appendix 6: Feedback from Practice Solutions Engagement (March April 2025)

The Ask

To help Powys Teaching Health Board understand the relationship between the current situation and the vision they aspire to achieve, this approach aims to map out the different stakeholder perspectives using the Three Horizons[1] Framework (see Figure 1). These are three different states that are active and in tension in the current system in Powys, namely:

- First Horizon (H1): The current situation informed by stakeholder feedback and how the different components of the system currently operate – both good (strengths[2]) and bad (weaknesses[2]).
- Second Horizon (H2): Innovative approaches that currently exist to support stakeholder health and wellbeing (included in opportunities[2]). The examples participants provide are an excellent source for learning, scaling or as building blocks to achieve Powys Teaching Health Board's vision.
- Third Horizon (H3): Powys Teaching Health Board's ultimate vision, mission and values – that will grow from the current activities that stakeholders consider worth conserving (H1) (the current strengths of the system[2]) and small-scale successes that could be scaled up (H2) (oppportunities[2]) with support and coordinated effort.

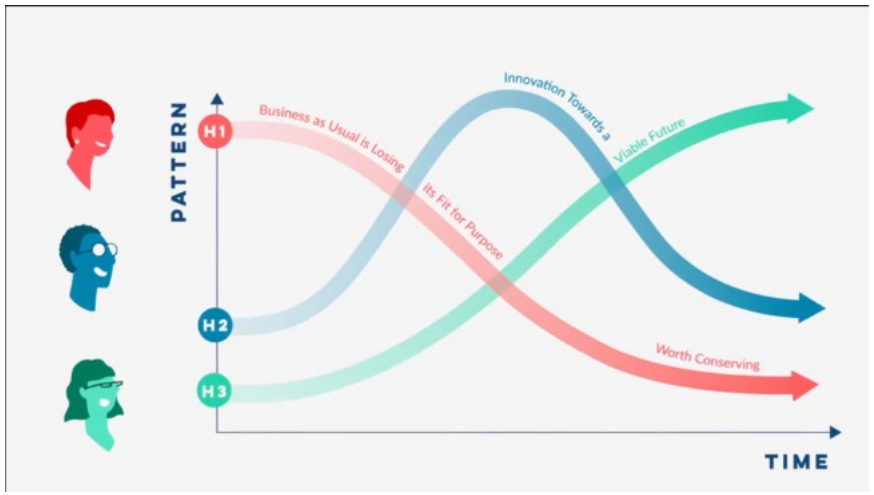


Figure 1: Three Horizons Framework

See Annex One for the questions / script used in the workshops / discussions.

Who did we speak to

Group	Location	Participant Number	Protected Characteristics
Macular Society	Brecon	2	Disability / Gender / Age
Ukrainian Refugee Group	Newtown	1	Race
Knit and Natter Group	Welshpool	7	Age / Gender
Neuro Group	Ystradgynlais	6	Neurological Conditions
Brecon Pride	Brecon	5	Sexuality / Transgender
LGBTQ+ Group	Llandrindod Wells	6	Sexuality / Transgender / youth
Carers Group	Welshpool	8	Carers and Cared for
Leg Club	Knighton	2	Age / Gender
Brecon Creatives	Brecon	8	Learning Disability
Total		**45**	

Why did we speak to these groups?

Engaging directly with these protected groups was essential to ensure their voices were heard in the overall process. The intention was to ensure their experiences were understood, and their needs fully considered in shaping an inclusive and effective health service for Powys residents. The challenge was to reach a wide range of groups to get views from different areas within the county, whilst at the same time capturing the insights and needs of the different characteristics involved. Wherever possible the preference was to meet with pre-existing groups, but for some protected characteristics the rural nature of Powys means that in some instances those groups didn't exist and therefore bespoke arrangements were put in place.

What did we hear?

Overall

Participants described the health services in Powys as a complex interplay between the pressures of an ageing and rural population; a system seen to be struggling within the county and between countries; staffed by individuals who deliver an effective service valued by those who took part.

Patients consistently highlight the value of having a stable relationship with a specialist or GP, noting that this continuity builds trust, reassures patients, and fosters confidence in the healthcare system. When such relationships are present, information is shared more effectively, and patients feel supported. However, many report frustration at only being allocated ten minutes per appointment, which often feels rushed and insufficient, particularly when they are unable to see the same doctor each time. This lack of continuity forces patients to repeatedly explain their history, undermining the sense of care and efficiency they seek. As one patient put it, "The GPs are good – getting to see them is difficult!"

The demographic shift toward an older population, especially with more retirees moving into rural areas, adds further strain to already stretched services. This trend exacerbates waiting times and increases what participants felt was demand for specialist care, compounding existing challenges. For example, many of those interviewed hadn't re-registered for a local dentist on moving into Powys, preferring to stay with a dentist from their previous address because local demands outstripped local supply of dental services.

Communication remains a significant concern for many. Patients often wait a long time to receive information about tests and appointments. Many are unsure what services exist or how to access them, and the perceived push towards online forms and digital communication is becoming a barrier for those less comfortable with technology. The process of finding out about waiting lists - whether they are on one, how long the wait will be, or if they have been removed - adds to the anxiety, with some describing the experience as "spending your life on the lists." There is also confusion about where to find reliable information, both about medical conditions and non-health services that might help reduce patient demand on frontline services. Some patients feel that producing materials in Welsh is wasteful, while others cite poor communication between Welsh and English NHS services.

An unwieldy bureaucracy is another recurring theme. Patients perceive the system as fragmented, with health services, local authorities, and third-sector organisations often working at cross purposes. Since the COVID pandemic, many feel that the administration has become more disorganised, with

insufficient staff and investment leading to inefficiencies in their care. Examples include empty GP surgeries, unused community hospitals, unreturned medical equipment, and redundant communications channels. Navigating the system requires individual persistence, and those who are less able to advocate for themselves risk being overlooked. Respondents see the pathway from GP to hospital as fragile and reactive, with preventative services notably absent.

Despite these challenges, face-to-face interactions with staff and specialists remain a highlight for many patients, who describe their experiences as "wonderful," "brilliant," and "lifesaving." Telemedicine has shown promise in some areas, but broader system inefficiencies persist. Ambulances are often tied up with patients, and hospitals can become blocked when patients cannot be discharged home.

Systemic inconsistency is evident, with a "postcode lottery" affecting the availability of staff, services, and management of waiting times. Cross-border differences between England and Wales further complicate matters, as IT systems seem to be incompatible. Interviewees also noted that staff retention is a challenge in Powys.

Booking appointments is a major source of frustration. Telephone booking is widely disliked, with limited windows for calling and long wait times - sometimes up to 45 minutes – with no available appointments at the end of the call. Patients dislike being referred to as "customers" and find the triage process, which often involves uncomfortable conversations with receptionists, really off-putting.

These systemic issues create a perception of inefficiency and fragility, leading to anxiety and, at times, aggressive or confused behaviour by patients. Those with multiple health issues or limited digital skills feel particularly disadvantaged, sometimes perceiving discrimination in their interactions with the system.

Coordination and integration between health, education, and local authority services are often lacking, especially for those with complex care needs. Patients with experience in both England and Wales note significant differences in service provision, leading to confusion and gaps in care. The resulting stress and isolation has had a detrimental impact on the mental health of those who took part in this process, particularly those living in the rural areas of the county.

Pharmacy services are described as overly bureaucratic and complex, with frequent mistakes and confusion about what is available in Wales versus England. Patients also report uncertainty about what optician services are available, particularly for specific groups like young people or those with diabetes.

Mental health services are another area of concern. Patients often feel powerless and reluctant to ask for help, which can exacerbate feelings of isolation and anxiety. Advocacy and treating mind and body as a whole, were seen by many as an essential to maintaining their health, yet difficult to access, particularly when services are located far from home.

Transport is a persistent barrier, with insufficient patient transport and poor public transport links making it difficult to attend appointments, especially out of county. As people age and driving becomes more challenging, reliance on private transport becomes even more problematic for those who were interviewed.

When the workshop participants / interviewees were asked to rate how much the Health Board Services matter, the unanimous response was that they really mattered. Here are some of the direct quotes: "It all matters," "Where else would we go?" "We'd be lost without them," and "It's incredible. We're so lucky. I've had a lot of care and love from the service - it's essential."

Finally, there is a strong call for a more holistic approach to care-one that treats the person, not just the condition, and empowers patients to manage their health. Better signposting of non-health services and the inclusion of preventative or alternative therapies are seen as important steps toward a more integrated and responsive health system.



Figure 2: Interviewee Responses on PTHB Services Word Cloud

SWOT Analysis

The following section provides a summary of the participant feedback organised into a Strengths, Weaknesses, Opportunities and Threats framework.

Strengths (of the current system / approach)

- Personal interactions: Patients report that face-to-face consultations can be "wonderful" and "lifesaving."
- Effective specialists: Where there is a consistent relationship with a specialist, it builds trust, confidence, and better communication.
- GP quality: GPs are often described as "good" in terms of skill and care when patients can access them.
- Emerging telemedicine: Positive examples of telemedicine in specific contexts.
- Patient knowledge: Patients are often well-informed about their conditions and keen to be involved and actively participate in delivering their own care.

Weaknesses

- Access issues: Difficulty getting appointments, long wait times, and limited appointment windows. Short consultation times (e.g. 10 minutes) are often seen as insufficient. Inconsistent contact with doctors is also a concern, requiring patients to repeat information to staff at every visit.
- Communication failures: Information flow about waiting lists, test results, and services available is poor. Online systems are difficult for some patients to use or access. Participants experienced inadequate cross-border communication (England / Wales) and felt the IT systems in the two countries seemed to be incompatible.
- Administrative inefficiency: Participants described disorganised systems and perceived lack of staff, investment, and coordination within the NHS and between partners. Bureaucracy and duplication added to this sense of an inefficient system (e.g. repeat communications, wasted prescriptions and unused equipment).
- Reactive rather than preventative care: Participants described a lack of focus on well-being and early intervention (e.g., no more WellMan / WellWoman clinics).
- Terminology and culture: Language like "customers" on automated systems really frustrated patients. Receptionists were perceived as gatekeepers, sometimes creating friction between those needing a doctor and those providing care.

Opportunities

- Improved system integration: better coordination between health, education, and

social services, and between local authorities and health boards.

- More accessible information: participants wanted clear signposting for both health and non-health services (e.g. mental health support, alternative therapies). They wanted to see more accessible, multilingual resources where appropriate – particularly in non-health settings.
- Technology and transport alignment: Use digital tools and telemedicine more effectively while also providing offline alternatives. Collaborate with transport services to improve access to care in rural areas.
- Empowering patients: Shift toward co-produced care, with patients as partners in managing their health. Consider longer or more flexible appointment structures for complex needs.
- Workforce retention: Participants felt that keeping staff in Powys was key.

Threats

- Population pressures: An ageing population and migration of older people into rural areas in Powys is adding strain to current services.
- Digital exclusion: The push toward online systems is alienating digitally vulnerable or anxious patients.
- Rural isolation: Distance and lack of transport create barriers to care, which in turn exacerbates poor mental health.
- Perceived inefficiency: The system is seen as being fragile, overwhelmed, and overly bureaucratic, leading to loss of patient confidence.
- Mental health consequences: Systemic failures and stress from navigating care contribute to anxiety, trauma, and even aggressive behaviour from patients.
- Equity issues: A "Postcode lottery" creates disparities in care access and quality depending on location. Cross-border discrepancies create further confusion and result in unfair costs for patients.

<u>Participant Health Service Scores</u>

During each workshop, the participants were asked to score Powys Teaching Health Board Services using a scale from 1 to 5. A score of 1 was given by a participant who felt that the health services didn't work – and were asked to explain why. A score of 5

from a participant meant that they felt the services work – and again they were asked to explain their view.

As a follow-on question, those who had given a score of 1 to 4 were asked to suggest what needed to change so that they might eventually award a score of 5 (see Annex One for details). The line of questioning aims to encourage discussion and specific suggestions for improvement.

The following figures detail the scores given to the services between 1 and 5. The Median value in both figures demonstrates the central point for the data – separating the high and lower halves of the data. The Mode value is the number that appears most frequently within the dataset.

Figure 3 was the score given by participants when they included the administrative elements of the Health Board services (with lots of participant's feeling the service didn't work) – compared to Figure 4 where the votes given removed the administration of the services and just focused on the health services themselves. It is clear from the scores that the administration, including services like communications, bureaucracy, management of lists etc., has a negative impact on participant views on the overall service.

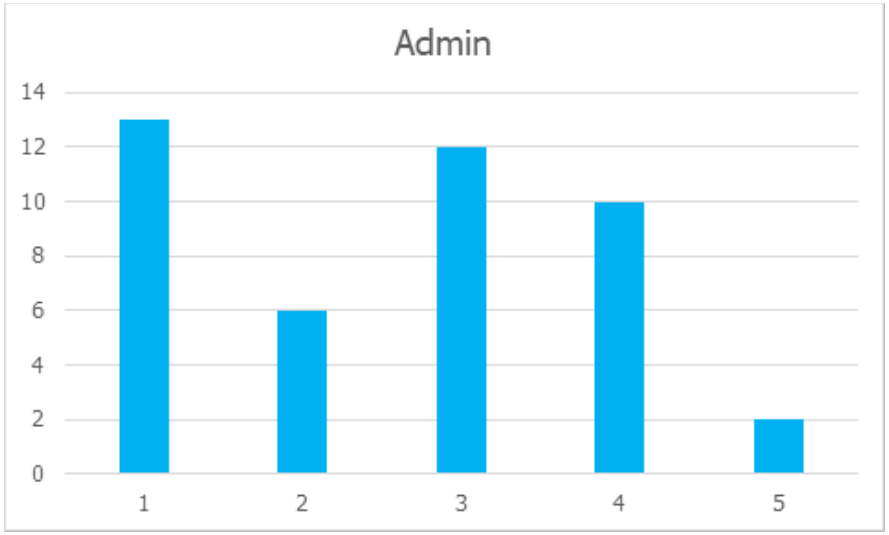


Figure 3: Interviewee Responses on PTHB services included administrative support.

Median: 3

Mode: 1

Average: 1.3

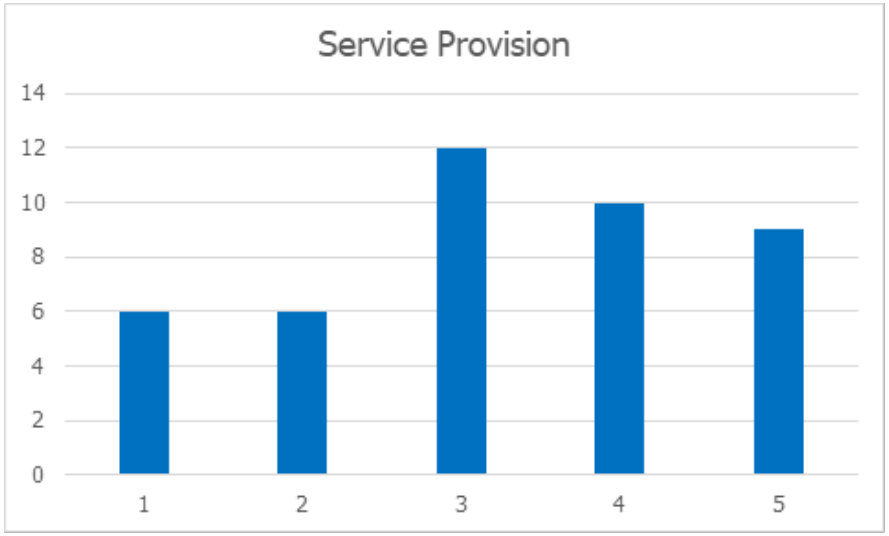


Figure 4: Interviewee Responses on PTHB services with the administrative support removed.

Median: 3

Mode: 3

Average: 3.2



Figure 5: Interviewee Responses Word Cloud rating the PTHB Services

Key Themes

Health Services	Comment
1. Maintaining a consistent relationship with specialist	When you eventually get to see a medical professional – they are brilliant and wonderful. When you're in the room with them, they're brilliant. How can you diagnose over a telephone?
2. Specific pressures because of living longer	As someone of age I feel discriminated against. I feel as though I'm a nuisance to everybody. I feel that I don't want to bother them because they're busy with other things. When we do get in touch, we feel like we're being sidelined. The health service is doing more and more in their view, to treat long term conditions. This requires different skills. Brecon is turning into a retirement town – so services are needed.
3. Poor Communications	There's a lot of information online – which is great if you're online. It feels like everything is going online and there's no personal contact. Accessing information isn't always great. It can be difficult. It's not always available, nor is it available in a useable form for people like us with poor eyesight. Some visually impaired people don't use technology because in some ways it's difficult. Different services send us a link for each appointment which again is very frustrating.
4. Unhelpful Bureaucracy	I got a letter from the GP for a vaccination which had already been provided by a hospital.

	My referral wasn't put on the system. It turns out I wasn't even in a queue for a service! I get automatic prescriptions without even asking for them.
5. The benefit of Face-to-Face Interactions with staff / specialists	They talk about continuity of care, but we end up seeing different doctors who only have 10 minutes with you and only allowed to deal with 1 complaint. If the complaint is complex, then the doctor doesn't have time to hear what's wrong with that individual.
6. Systematic Inefficiencies	My diagnosis went missing. The doctors are good. But the services are overloaded.
7. Systematic Inconsistencies	Feel as though the system is restricted by employers and work procedures.
	Every hospital has a different system. When you go out of county it is obvious.

Health Services	Comment
8. Cross border confusion	
• The system isn't the same between England and Wales.	Ended up using out of county services in England and they prescribed medication that was available in England but not in Wales. I wouldn't live here if I had the choice.
• Services aren't the same on either side of the border.	We need the same service in England and Wales.
• IT systems seem incompatible / unable to effectively communicate.	
• Unable to keep skills and staff within Wales.	There is a challenge retaining skills within the county.

9. The challenge of getting an appointment	The receptionist's think they're God! If you walk into a surgery, you won't get an appointment. With the GPs it's difficult to walk in. It can take up to two to three weeks to get an appointment. I know if I need to speak to someone, then there's no point trying to speak to someone until Thursday or Friday. The GPs are excellent, but when you're fiftieth in the queue – that's a challenge!!
10. Patient Anxiety • The 'system' looks, sounds and feels inefficient and lacking in resilience / seems to be easily overwhelmed.	We need more staff – there are none on the ground. It feels an administratively heavy. We reliant on help from outside Britain and we'd lost without them. They're under pressure, bless them. There's a danger of the system getting overwhelmed.

Care	Comment
1. Poor Coordination and Integration: • Between local authority and health trust services not pulling together.	No school nurses going to schools to provide epi pen training. My son has been in a school for over a year and the only person who has provided training is me. Individual Development Plans in school not taking place. There is no expertise in the school with children with medical conditions. My son's medical needs are not being met properly in school.
2. Poor mental health: • Because of caring responsibilities, living in a rural setting and the	I'm in the eighth year of looking after my husband and his dementia. I am a full-time carer. Services help me cope. The Haven is run

resulting social isolation.	by CREDU and has been the best thing to come up in my life. It helps me with isolation and feeling on my own – it's a very upbeat atmosphere. I belong to something.
Chemist	Comment
1. Complicated and confusing prescriptions	A very complex situation for a simple process for a repeat prescription. The doctor must call me up – which feels inefficient.
Opticians	Comment
1. Information:	
• Not knowing what's available and what needs to be paid for.	You're supposed to go in every two years. No one tells me what I'm eligible for. I go cross border for opticians' services.
2. Postcode lottery	
• Service delivery different depending on where you are in the county.	Lots of different examples of people having different services or knowing what's available in Brecon, Knighton and Welshpool.
Mental Health Services	Comment
1. Advocacy	
• Feeling powerless can lead to general feelings of poor mental health.	Is there someone we we can go to, a trusted person to build up confidence and stop us getting stuck in the process.
• People, including children, need a voice in the system.	A request during the workshops.
• Feel like a nuisance asking for help to do with help which leads to poor mental health. The two are connected. Otherwise, patients feel	When I speak to a receptionist, I feel uncomfortable sharing personal conditions with an unqualified doctor. It seems that it needs to be serious before someone does anything about it.

they're being left to pasture.	
• Old age brings additional medical conditions and anxiety.	Old age brings on anxiety and new conditions that I'd never heard of before.
2. Specific Services	
• Treat the mind and body as one thing.	Need to treat the body and mind as one thing – not just a collection of conditions.

Dentists	Comment
Trying to get on lists	I use the NHS dentist in Shropshire that I was registered with before moving to Powys ten years ago. I can't get on the Powys NHS Dentist waiting list.

Transport	Comment
	Public transport for service users for dental appointments really depends on all the different bus services joining up.

Access	Comment
• Locations of service provision isn't accessible by public transport.	Locations of service provision isn't accessible by public transport.
• Everybody relies on private transport.	Everybody relies on private transport.
• As you become older, driving becomes harder, but you probably need to access more services.	As you become older, driving becomes harder, but you probably need to access more services.

The Service Matters to People	Comment
	They do matter - as you get older you become more dependent on the health system. We moved here without thinking of that. Our attitudes have change [we're

	dependent on the system and it matters to us]. The NHS is extremely important. We couldn't survive without it.
<u>Non-health related services</u> 1. Working with people • Treat the person not the condition. • Patients are well versed in their conditions	<u>Comment</u> I want to feel like we're being listened to. I want to be understood. Patients are knowledgeable about their own conditions, and it can be difficult for doctors to take in all the information. Carers are asset to the health system because they know what the people they work with need.
2. Working with non-health related services. • Need better sign posting on what is available. • Alternative / preventative therapies should be part of the health service offer.	Many requests during the workshops. Many requests during the workshops.

What Needs to Change

- Participants felt that the health system needs more frontline staff - especially doctors, dentists, and specialists - to reduce long waiting times and improve timely access to care. Yet how those staff and resources are currently being managed and administered is a concern for those involved in this process.
- Services should be more consistent across the county, with clearer coordination between different parts of the system to avoid confusion and inefficiencies.
- People want to feel listened to, understood, and respected, with easier access to trusted professionals who can guide and advocate for them.
- Communication needs to improve, both between services and with patients, including being asked about preferences and kept informed about waiting lists and appointments.
- There's a desire for more personalised, compassionate care, including continuity with familiar GPs and services that recognise people's diverse needs, backgrounds, and identities.
- Better signposting, access to alternative therapies, improved transport, and less bureaucracy would help people navigate the system and feel supported throughout their healthcare journey.

Examples of Good Practice

The following section suggests some possible themes taken from already existing services and interventions that could be scaled or speeded up in a re-imagined Powys Teaching Health Board service – taken from the Second Horizon discussions facilitated with through this engagement process. They include:

Local, Embedded, and Accessible Services

- Services like Mental Health Outreach services, Credu's Community Haven, and local libraries and community centres are valued because they are physically close and easy to access.
- Many interventions focus on being present in the community, reducing isolation and removing barriers like transport or digital exclusion.

Stakeholder Advocacy or Voice

- Advocates play a central role in helping people navigate systems, making sense of what support is available, and helping people feel

heard. From the participants own experience, they felt that advocates take the emotion out of face-to-face contact, which benefits everyone involved.

- There's a strong emphasis on co-produced, person-led services that prioritise voice, agency, and self-determination in the suggestions made by the workshop participants.

Providing Mutual Support and Social Connection

- Informal peer networks are seen as therapeutic and empowering.
- Groups like Carers Support, Craft Groups, Walking Groups, Women's Institute (WI), and Scouting offer companionship, shared learning, and emotional support.

Preventative and Holistic Approaches

- Services such as The Leg Club, complementary therapies, forest schools, and Pilates groups demonstrate a strong preventative health ethos that need to be included in the service's new vision.
- Mental and physical wellbeing are treated together, not in silos.

Volunteering and Participation

- Community members are not just service recipients — they are also volunteers, organisers, and contributors.
- There's a "doer culture" in these rural communities, where people step up to create change, help others, and keep services running (e.g. running libraries and community centres). It is an obvious characteristic of the communities PTHB serves. Harnessing that energy can only help achieve positive outcomes for all the stakeholders involved.

Inclusive Design and Flexibility

- Good services (e.g. Scouts, Green Spider, MIND, Black Mountain Centre) ask how they can include people rather than assume a standard model of dealing with people.
- Services are best when they adapt to individual needs (e.g. providing materials early, personalised options).

This is a community rich in mutual aid, creativity, and informal networks, supported by grassroots

organisations, volunteers, and a pragmatic approach to wellbeing. The most effective interventions are local, relational, flexible, and inclusive, but challenges remain in integration, visibility, and accessibility of information.

Conclusion

This process provided a useful step in the engagement process that surfaced several issues – some specific to each group (e.g., older members of the community's concerns about accessing service that doesn't align with public transport) and some that were identified across each group involved in the discussions (getting a GP appointment, discomfort with the telephone triage process and the value of relationships in building trust and rapport between staff and patients).

Participants highlighted deep appreciation for the dedication of frontline staff, while describing a stretched health system put under pressure by an ageing population, problematic communications and inconsistent service delivery across the county. Participants in this process would like to see more integrated, person-centred care that recognises individual needs and strengths, more contact between patient and health professional, and better connections between health and non-health services across rural and cross-border settings.

Annex One: Workshop Questions / Script

1. Let's start with an easy question – tell me as much as you'd like about yourself and your family?
2. Tell me how you and your family use the Health Board Services?
3. Thinking about the Health Board Services, please give them a score between 1 – 5 about how much they work …

They don't work (1) < (2) < (3) < (4) < They work (5)

4. Please explain your answer.
5. What in your view needs to change to score 5.
6. Thinking about the Health Board Services, please give them a score between 1 – 5 about how much they matter …

They don't matter (1) < (2) < (3) < (4) < They matter (5)

7. Please explain your answer.
8. What in your view needs to change to score 5.

9. As someone who lives in a rural community … which of the services that you use regularly do you think really works? Please give an example and why …
10. Anything you'd like to ask me?

Appendix 7: Better Together Stage 1 Feedback Report on community outreach activities from March to May 2025

Introduction:

In addition to providing the public and other stakeholders with the opportunity to give their views via both an online or a paper survey, (see Appendix 2 of the main Stage 0 to Stage 2 Engagement Report) the two members of the Engagement team planned and conducted some targeted community outreach activities for this stage. This focused on both socio economic and protected characteristic groups.

The aim was twofold:

- to reach out and talk to and share the engagement materials and surveys with people who may not have seen the online engagement materials, flyers or posters.
- to visit some of the more seldom heard groups that are listed under the nine protected characteristics in the Equality Act 2010 to listen to their views. These stakeholders are potentially less likely to see and contribute their views when public sector bodies engage and consult.

Contact was made with as many groups as possible that fell into this category during the engagement period, permissions sought to attend any pre-organised sessions and visits arranged where groups or group leaders expressed an interest.

Conversations:

The Engagement Officers listened to resident experiences and had conversations to capture resident insights about the strengths, weaknesses, opportunities and threats that people felt existed with health services in the county.

In total, the Engagement Team visited:

- 3 x Wellbeing events held in Welshpool, Ystradgynlais and Llandrindod Wells
- 3 x Dementia Awareness events held in Hay on Wye, Machynlleth and Newtown
- ran an online focus group with a neuro diverse group of staff from the council and health board
- ran a session with some veterans
- ran a focus group with young people in a school in the North of the county
- ran a session with mums social group with Brecon MIND in the South of the county
- ran a session with a small group of people regarding how art can support health and wellbeing
- conducted an interview with a family member from the traveller community
- conducted an interview with an advocate for the Syrian refugees who live in the county
- attended a livestock market to capture views from the farming community
- attended a leg club to raise awareness and support people to complete the survey in real time
- attended three or four community network meetings to share information about the engagement exercise.

This was in addition to visiting the 13 Powys localities to put up flyers in various community spaces like post offices, shops and supermarkets to promote the engagement exercise.

Each of the 18 libraries in Powys were also sent or taken a folder which contained copies of all the engagement materials in both English and Welsh to ensure residents could also browse all the information in a safe space, complete a survey and hand it in to the librarian.

In total, the community outreach activities resulted in just under 350 people being directly reached/informed about the health board's Better Together Stage 1 engagement exercise, with more potentially seeing posters and flyers and responding to the survey.

This report provides a summary from each of the different groups and community sessions attended. This analysis was conducted using Co-pilot and then checked by staff involved in capturing views given to ensure accuracy.

Key Findings across all groups

The purpose of the Stage 1 pre-engagement was to capture views based on what people choose to share when asked to consider strengths, weaknesses, opportunities and threats around the health services provided both in and out of the county and to seek views around the Case for Change.

There was a consistency in the themes that came out of the conversations held around the Strengths, Weaknesses, Opportunities and Threats.

- **Strengths** included kind, caring and professional staff, praise for some primary care provision and other services that people could access closer to home like district nurses, staff in minor injury units and praise also for some of our neighbouring hospitals who we commission to provide services to Powys residents.
- Key **weaknesses** tended to focus on difficulties for some in accessing primary care services like GPs and dentists. There were fewer comments around pharmacies. There were also concerns about co-ordination of care, communications, relationships, travel and transport and mental health service provision.
- **Opportunities** to address and improve services were varied. Common themes were around the use of digital channels and data to drive service improvements; looking outside of Powys for best practice, working together and collaborating more with our partners like the council and third sector, promoting the prevention message via public health campaigns, providing support for navigating online healthcare tools, recruitment drives and resolving the transport and travel difficulties that many face and working to reduce unnecessary travel by bringing services closer to home and investing in our community hospitals.
- The biggest **threats** that respondents felt the health board faced were around budget, our ageing population and staffing issues. Again, there were also some comments regarding the lack public transport, our ageing population and the difficulties that some groups like disabled, young people, people on low incomes had with travel and transport in a county like Powys when trying to access health services.

The views heard broadly align with PTHB's 10 Year Strategy, *A Healthy Caring Powys*, and there is a high degree of correlation between the feedback received, concerns raised, and improvements suggested across Better Together Stage 0 Discovery and Stage 1 pre-engagement on the Case for Change.

Wellbeing Days – Socio Economic Lens

These events were set up in three Powys communities where there is more economic deprivation as based on the Welsh Indices of Multiple Deprivation. They involved a mix of local public and third sector partners providing support and information to Powys residents.

The events ran on consecutive Thursdays in March (6 March in Ystradgynlais, 13 March in Welshpool and 20 March in Llandrindod Wells).

In total, representatives from 103 local organisations and 222 residents attended the three events. This engagement activity was completed prior to the launch of the Better Together Case for Change in April 2025, but asked the same questions of respondents around strengths, weaknesses, opportunities and threats.

Date	Location	Number of Organisations Attended	Number of Residents Attended
Thursday 6th March 2025	Ystradgynlais	27	50
Thursday 13th March 2025	Welshpool	38	82
Thursday 20th March 2025	Llandrindod Wells	38	90

Methodology



Those who came along to the three free wellbeing events were asked to give their views on the Strengths, Weaknesses, Opportunities and Threats that the health board faces. Feedback was collected in face-to-face conversations

with residents/those attending being asked to write down their thoughts on Post-it notes and place them on a large A0 printed Strengths Weaknesses Opportunities Threats (SWOT) template.

All responses were transposed from the SWOT template into a Word document, with the facilitator then completing an initial summary analysis of all comments made drawing out the key themes.

Each source SWOT report was compiled immediately following their respective health and wellbeing events. Further analysis to summarise the full SWOT documents was completed using CoPilot. Analysis of the overall responses and production of the final event report was completed with Artificial Intelligence (AI) support using Microsoft CoPilot and recommended prompts from the Microsoft prompt library.

The resulting document was then checked for quality and consistency by the Engagement Officers that facilitated the three events. AI analysis was completed in CoPilot. The source data were the three SWOT reports from each of the community health and well-being events. The prompt was as follows:

"Please create a report highlighting the key insights, trends and opportunities arising from these survey results and identify any recurring themes"

The reviewed and updated analysis from this prompt forms the basis of this report. The feedback provided valuable insights and information on where PTHB's strengths lie, what weaknesses exist, what opportunities there are for the health board to improve healthcare services and community wellbeing and some of the threats that residents see both in the present but in the future.

Key Insights

1. Access to Healthcare Services Is a Universal Concern

All three health and wellbeing events highlighted difficulty accessing GP and dental appointments, long waiting times, and underutilised or distant hospital services. Mental health services are particularly strained, with long waits and inadequate crisis support.

2. Digital Exclusion Remains a Barrier

A strong preference for human interaction over digital-only systems was consistent. Comments were made that vulnerable groups, including the elderly and neurodivergent individuals, are disproportionately affected by digital-first approaches.

3. Communication and Coordination Gaps

Poor communication between services and with patients was a recurring frustration. Issues included confusing letters, lack of follow-up, and disconnected care pathways.

4. Underfunding and Workforce Shortages

All three areas reported staffing shortages, budget constraints, and concerns about sustainability of services, especially in rural and third-sector settings.

5. Rural Isolation and Transport Challenges

Travel distances to care and inadequate public transport were major barriers, particularly in Llandrindod and Welshpool. Ambulance delays and non-emergency transport failures were also noted.

Trends across the three localities

All localities reported challenges with the following recurrent themes:

- GP/dental access issues
- Mental health gaps
- Digital exclusion
- Transport barriers
- Third sector reliance
- Communication failures
- Rural health inequalities
- Opportunities for improvement

1. Reinvest in Local and Preventative Services

Upgrade local hospitals (e.g., Llandrindod) as regional hubs. Reintroduce community-based services like nurse-led groups and therapeutic cafés. Promote preventative care and early diagnosis hubs.

2. Enhance Accessibility and Inclusion

Offer multiple communication channels (phone, face-to-face, email). Co-design digital tools with lived experience input. Ensure non-digital alternatives are always available. Invest in technology to reduce unnecessary travel for people who are digital confident.

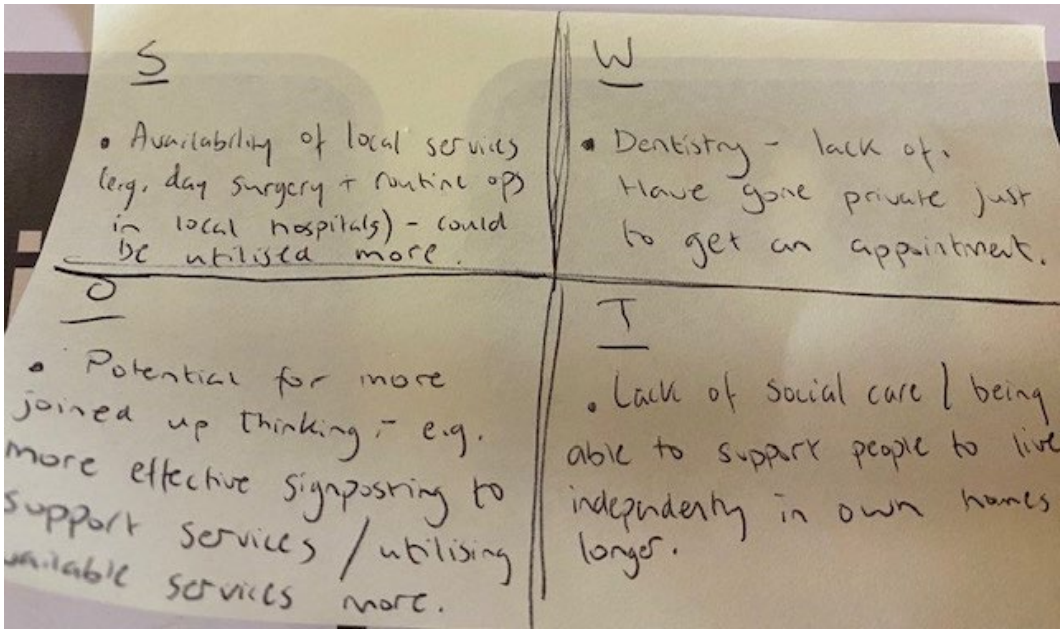
3. Strengthen Collaboration and Coordination

Improve inter-agency communication and shared care records. Fund and integrate third-sector organisations more formally into care pathways. Use community spaces for health and wellbeing services. Look at coproducing and engaging earlier.

4. Address Workforce and Transport Gaps

Improve non-emergency transport services and explore group appointments to reduce travel.

Below is an example of one of the post-it notes that a resident gave to the team.


S
• Availability of local services (e.g. day surgery + routine ops in local hospitals) - could be utilised more.
W
• Dentistry - lack of. Have gone private just to get an appointment.
O
• Potential for more joined up thinking - e.g. more effective signposting to support services / utilising available services more.
T
• Lack of social care / being able to support people to live independently in own homes longer.

Dementia Days

Overview

Around 60 participants attended the three Dementia Day events in total and shared their experiences on accessing healthcare and support services. Their feedback was collected at events run in Hay-on-Wye, Machynlleth and Newtown during May 2025. The responses highlight systemic issues affecting older adults and those living with dementia, particularly in rural areas of Powys.

Methodology statement

This report is based on the manual collection and coding of response data from each event. Analysis was completed using the CoPilot AI tool using the following prompt: "Please identify any recurring concerns or suggestions from respondents in the following documents".

Quality assurance checks were completed by the members of the Engagement team at Powys Teaching Health Board that facilitated the Dementia Day events.

Recurring Concerns

1. Access to Services

- Difficulty Booking GP Appointments: Long waits, triage systems seen as ineffective, and inconsistent access to doctors.
- Limited Local Services: Closure of surgeries (e.g., Corris, Cemmaes Road), lack of palliative care units, and reliance on distant hospitals.
- Dentist Shortages: Common across all locations, with many forced to go private or travel far for care.

2. Transport and Distance

- Travel Barriers: Dial-a-Ride is helpful but unreliable for sudden appointments; public transport is infrequent and poorly connected.
- Cost and Logistics: Long journeys for treatment (e.g., to Shrewsbury or Llanelli) often require overnight stays, adding financial and emotional strain.

3. Communication and Continuity

- Poor Follow-Up: Lack of updates on referrals, test results, and waiting times.
- Fragmented Care: Patients often see different clinicians, leading to repeated telling their personal stories and missed continuity.
- Digital Exclusion: Many respondents feel locked out of online systems due to lack of digital literacy or access.

4. Workforce and Funding

- Understaffing: Shortage of GPs, nurses, and consultants.
- Reliance on Voluntary Sector: Charities and community groups are filling gaps but face unstable funding.
- Ambulance Delays: Long waits for emergency transport, which is especially distressing for dementia patients.

Suggestions and Opportunities

- Improve Local Provision
- Use underutilized facilities (e.g., Machynlleth Hospital) for more services.
- Establish palliative care units and dementia cafés locally.
- Enhance Communication
- Provide clear updates on referrals and waiting times.
- Share accurate information through community groups (e.g., Knit and Natter groups).
- Support Transport Solutions
- Expand Dial-a-Ride and coordinate public transport better.
- Consider mobile clinics or outreach services for remote areas.
- Strengthen Workforce and Funding
- Invest in more health professionals and consultant clinics.
- Secure sustainable funding for third-sector organisations supporting health and wellbeing.
- Promote Digital Inclusion
- Offer alternatives to digital systems for those that are excluded.
- Provide support for navigating online healthcare tools.

Conclusion

The Dementia Day engagements reveal consistent challenges in access, communication, and continuity of care. Addressing these issues through local investment, improved transport, and better communication could significantly enhance the quality of life for older adults and those living with dementia in Powys.

Neuro diverse group of staff from the council and health board

Overview

This report captures the summary outcomes of a workshop with members of Powys Teaching Health Board's Neurodiversity (ND) Employee Group on 16 April 2025. The feedback was provided during the Stage 1 pre-engagement on the Better Together Draft Case for Change and involved five employees and one support officer.

The session asked respondents to complete a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of health board services as described in the Draft Case for Change through an ND lens.

The workshop outcomes included a range a recurring concerns and suggestions and formed part of a larger body of engagement work with staff and external stakeholders. These summary outcomes reflect consistent themes voiced by participants and will help guide future planning and decision-making.

Methodology

This report is based on an AI summary produced using CoPilot. It has been created independently and edited by a member of the Engagement and Communications team and reviewed by the Engagement Officer that facilitated the workshop. This report is based on the following CoPilot prompts: "Please identify any recurring concerns or suggestions from respondents in the following documents."

Recurring Concerns

1. Long Waiting Times for Diagnosis

- Delays in receiving a neurodivergent (ND) diagnosis cause distress, uncertainty, and mental health deterioration.
- Waiting periods are described as emotionally exhausting, with individuals feeling "on edge" or "hanging on by their fingertips."

2. Lack of Support During the Waiting Period

- Individuals often feel unsupported while awaiting diagnosis.
- There is limited guidance on coping strategies or what to expect.
- Form-filling and administrative processes are burdensome and unclear.

3. Inconsistent Access and Coordination

- Difficulty accessing services and knowing where to go for help.
- Poor communication from GPs (e.g. random call times, dismissive attitudes).
- Lack of adult ND support and coordination between NHS and private providers.

4. Stigma and Misunderstanding

- ND individuals often feel misunderstood or dismissed (e.g. being told they are "too sensitive").
- Masking behaviours are exhausting and not well recognised by professionals.
- Post-diagnosis emotional impact (e.g. grief, identity shifts) is not adequately supported.

Recurring Suggestions

1. Training and Awareness

- Provide ND-specific training for professionals, managers, and teams across PCC/PTHB.
- Improve understanding of ND conditions to foster respectful and supportive environments.

2. Improved Diagnosis Pathways

- Shorten waiting times and streamline referral processes.
- Consider verifying private practitioners to support quicker, trusted diagnoses.
- Ensure GPs can prescribe medications recommended by private consultants.

3. Support During Waiting Period

- Offer information and coping strategies to individuals who suspect they are ND.
- Use digital tools (e.g. NHS app) for signposting, booking, and communication.
- Provide education and resources early in the journey to reduce anxiety and isolation.

4. Workplace and Societal Change

- Improve workplace support and understanding for ND employees.
- Promote a cultural shift in the NHS toward inclusivity and empathy.
- Recognise the unique strengths and perspectives of ND individuals.

Conclusion

The focus group highlighted a clear need for faster diagnosis for ND, better support during waiting periods, and greater awareness and respect for neurodivergent experiences. Participants offered practical suggestions to improve service delivery, workplace culture, and patient pathways — emphasising the importance of empathy, education, and proactive care.

Veterans Session

Overview

Seven veterans shared their experiences with healthcare services, particularly GP practices and mental health (MH) support, highlighting both positive examples and systemic issues. The discussion, on 22 April 2025, also touched on the Armed Forces

Covenant and the need for better recognition and support for veterans.

Key Themes

- GP Services
- Lack of Understanding: Many GPs lack awareness of veterans' needs and the Armed Forces Covenant.
- Inadequate Support: Reports of dismissive or inappropriate responses from GPs, including long wait times and over-reliance on medication.
- Access Issues: Veterans being refused registration due to being out of area, despite national guidance allowing choice of surgery.
- Mental Health (MH) Services
- Mixed Experiences: While some praised MH services (e.g., in Swansea and via charities like Blind Veterans), others reported poor crisis response and lack of GP expertise in MH.
- Stigma and Misunderstanding: PTSD and other MH conditions are not well understood by some local providers.
- Communication and Recognition
- Lack of Awareness: Some healthcare staff unaware of what a veteran is or how to respond appropriately.
- Poor Communication: Veterans feel their needs are not communicated effectively within surgeries.

Suggestions and Opportunities

GP Training

- Educate GPs on the Armed Forces Covenant and veterans’ specific needs, especially for younger veterans.
- Improve understanding of PTSD and trauma-informed care.
- Better Use of the Covenant
- Ensure practices signed up to the Armed Forces Covenant understand and implement their responsibilities.

Improved Access and Choice

- Allow veterans to register with surgeries of their choice, especially where continuity of care is important.
- Trauma Care Infrastructure
- Consider establishing trauma units (not just centres) to improve emergency response times in rural areas like Hereford.

Conclusion

Veterans value good care when it’s available, but systemic gaps in GP awareness, Mental Health support, and implementation of the Armed Forces

Covenant are undermining trust and access. Addressing these issues through training, policy enforcement, and improved communication could significantly enhance outcomes for veterans in Powys and surrounding areas.

LGBTQ+ secondary school pupils

Overview

Feedback was gathered from 28 young people that attend Newtown High School and are members of the Tuti Fruti Group, facilitated by pastoral staff. The session took place on 2 April 2025. It explored strengths, weaknesses, opportunities, and threats related to healthcare, with key themes emerging around access, gender, technology, prevention, and mental health.

Recurring Concerns

Access and Availability

- Long Waiting Times: For GP appointments, surgeries, test results, and mental health services.
- Limited Local Services: Few nearby hospitals, dentists, and clinics; travel costs and distance are barriers.
- Overcrowding and Understaffing: Hospitals and A&E departments are busy, with not enough doctors or nurses.

Mental Health

- Insufficient Support: Long waits, lack of seriousness in response, and limited access to school nurses or mental health centres.
- Need for Emotional Education: Students want more resources to understand and manage emotions.

Gender and Identity Sensitivity

- Lack of Choice: Discomfort with opposite-gender healthcare providers.
- Inclusion Issues: Concerns about gender options on NHS forms and misgendering by staff.

Communication and Awareness

- Poor Visibility of Services: Many students unaware of school nurses or how to access support.
- Dismissive Attitudes: Reports of symptoms being attributed to stress or hormones, especially for female patients.

Suggestions and Opportunities

Improve Local Access

- Create more local clinics, hospitals, and specialist services (e.g., orthodontists, mental health centres).
- Offer home check-ups for elderly and vulnerable groups.

Enhance Mental Health Support

- Weekly school nurse check-ins.
- Mental rest stops and emotional education centres.

Technology and Innovation

- Develop apps for medication reminders and diabetic health tips.
- Use posters and digital tools to improve service visibility.

Gender-Inclusive Care

- Allow patients to choose their doctor's gender.
- Improve respect for diverse identities in healthcare settings.
- Youth Engagement and Careers
- Promote NHS career pathways for young people.
- Offer more health-related education and outreach in schools.

Conclusion

Young people in the Newtown High School Tutti Fruti Group value the NHS and free healthcare but face significant barriers in access, mental health support, and inclusive care. Their suggestions point to practical, youth-informed improvements that could enhance trust, accessibility, and wellbeing.

Brecon Mums Group

Overview

The workshop held with the Brecon Mum's group took place on 19 March 2025. The feedback was provided in the period spanning the end of the Stage 0 discovery and the start of the Stage 1 pre-engagement on the Better Together Draft Case for Change. It involved five mums and two members of staff from Brecon and District MIND.

The session asked respondents to complete a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of health board services based on their experiences. This approach set the pattern for the Stage 1 pre-engagement activity, and for this reason has been included in the Stage 1 engagement report.

The workshop outcomes included a range a recurring concerns and suggestions and formed part of a larger body of discovery work with staff, patients and external stakeholders. These summary outcomes reflect consistent themes voiced by participants and will help guide future planning and decision-making.

Methodology

This report is based on an AI summary produced using CoPilot. It has been created independently and edited by a member of the Engagement and

Communications team and reviewed by the Engagement Officer that facilitated the workshop. This report is based on the following CoPilot prompts: "Please identify any recurring concerns or suggestions from respondents in the following documents."

Recurring Concerns

1. Access to Services

- Significant issues accessing NHS dental care, especially for children.
- Long waiting times for ambulances, test results, and specialist appointments.
- Centralisation of services (e.g. A&E, maternity) has increased travel burdens.

2. Communication and Coordination

- Poor communication between services and with patients (e.g. phone systems, record errors).
- Lack of follow-up from health visitors and midwives.
- Inconsistent advice and outdated guidance from professionals.

3. Staffing and Capacity

- Short staffing across services, including nursing and health visiting.
- Patients placed on incorrect wards due to space constraints.
- Pressure on remaining staff affecting quality of care.

4. Respect and Sensitivity

- Experiences of being dismissed or not taken seriously by professionals.
- Lack of trauma-informed care, especially for birth partners and military families.
- Language and branding (e.g. "Keeping the elderly in their homes") perceived as disrespectful.

Recurring Suggestions

1. Preventative and Community-Based Care

- Invest in prevention and maintain access to leisure centres.
- Use community spaces (e.g. schools, Powys County Council offices) for co-located services.
- Offer pop-up clinics and monthly drop-in sessions to improve accessibility.

2. Improved Support for Families

- Provide birth trauma services for dads and partners.
- Ensure developmental checks for children are timely and consistent.
- Promote respectful and inclusive care for all family structures.

3. Better Use of Local Resources

- Reopen or better utilise smaller hospitals like Neville Hall [Note, this hospital is outside of Powys].
- Avoid unnecessary centralisation that increases travel and reduces access.
- Support third sector organisations without expecting them to match fund NHS services.

4. Enhance Communication and Systems

- Improve phone systems and appointment booking processes.
- Ensure accurate record-keeping and respectful communication.
- Provide clear, accessible information for patients navigating the system.

Conclusion

The feedback from the Brecon mums group highlights a strong desire for local, respectful, and family-centred care. Concerns about access, staffing, and communication were consistent, while suggestions focused on community-based solutions, preventative care, and better support for families. These insights offer valuable direction for service improvement and future engagement across the Better Together portfolio.

Art and wellbeing group

Overview

This workshop took place on 2 April 2025 with five members of the Arts in Health Group in Caersws. The feedback was provided during the transition between the Stage 0 Discovery on Better Together and Stage 1 pre-engagement on the Draft Case for Change.

The session ran as a conversation with respondents sharing their views on the Strengths, Weaknesses, Opportunities and Threats (SWOT) of health board services as described in the Draft Case for Change.

These summary outcomes reflect consistent themes voiced by participants and can help guide future planning and decision-making.

Methodology

This report is based on an AI summary produced using CoPilot. It has been created independently and edited by a member of the Engagement and Communications team and reviewed by the Engagement Officers that facilitated the actual event. This report is based on the following CoPilot prompts: “Please identify any recurring concerns or suggestions from respondents in the following documents.”

Recurring Concerns

1. Access and Coordination Issues

- Long waiting times for scans, test results, and specialist appointments.
- Poor coordination across NHS services, including discharge and pharmacy delays.
- Lack of shared records and communication between departments.

2. Staffing and Visibility

- Perceived lack of availability or engagement from GPs and physio staff.
- Concerns about nurses being overwhelmed or diverted to paperwork.
- General frustration with being "passed around" between services.

3. Infrastructure and Resource Use

- Empty beds and unused equipment in community hospitals.
- Poor use of hospital space and lack of stimulation for patients.
- Affordability and access challenges, especially for private healthcare.

4. Health Inequalities and Systemic Decline

- Fears that NHS decline will worsen health inequalities.
- Concerns about safety and quality of life in Powys due to limited healthcare.
- Impact of external factors (e.g. wars, political instability) on staffing and services.

Recurring Suggestions

1. Arts and Wellbeing Integration

- Promote art therapy for mental health (e.g. clay work, drawing, textile art).
- Use art to brighten hospital environments (e.g. painted ceilings, community artwork).
- Encourage music, choirs, therapy dogs, and creative activities in care settings.

2. Community and Face-to-Face Engagement

- Maintain face-to-face contact for those who need it.
- Use community spaces (including hospital grounds) for wellbeing activities.
- Promote social prescribing and provide wellbeing resource lists at GP surgeries.

3. Service Innovation and Efficiency

- Improve admin systems and reduce duplication (e.g. appointment letters).
- Promote "Pharmacy First" and temporary service change models.
- Reintroduce visible leadership roles like matrons in hospitals.

4. Learning from Elsewhere

- Explore models from other regions (e.g. SAMU in France for first responders).
- Consider mobile services and regional hubs to reduce travel.
- Recruit business-minded professionals to improve NHS operations.

Conclusion

The focus group highlighted a strong desire for more creative, community-based, and person-centred approaches to healthcare in Powys. While concerns centred on access, coordination, and systemic decline, participants offered rich suggestions — particularly around integrating arts into health, improving communication, and making better use of community assets.

Traveller community

Overview

The respondent shared detailed insights into the health and wellbeing challenges faced by their family and others on the site they live on. Their feedback, collected on 24 March 2025, highlights both personal health struggles and broader systemic issues affecting access to healthcare and support services.

Recurring Concerns

1. Housing and Environmental Health

- Poor Living Conditions: Reports of rats, drainage issues, and mould in the bathroom, contributing to anxiety and health concerns.
- Accessibility: Difficulty accessing shared waste facilities due to arthritis; requested a smaller personal bin.

2. Healthcare Access

- GP Access: Difficulty getting through to the GP surgery; call-backs are unreliable.
- Transport Barriers: Limited transport options make it hard to reach the chemist or appointments without family help.
- Digital Exclusion: Online services are not accessible due to literacy barriers.

3. Health Conditions and Support

- Chronic Illness Management: Limited support for managing chronic conditions despite multiple interactions with healthcare services.
- Mental Health: Concern for a young person with bipolar disorder who has stopped treatment.
- General Care Quality: While nurses are praised, hospitals are seen as overstretched and in need of reform.

Suggestions and Opportunities

1. Improve GP Access

- Ensure timely call responses and appointment availability.
- Consider alternative booking systems for those without digital access.

2. Support for Chronic Conditions

- Increase community-based support for chronic obstructive pulmonary disease (COPD) and arthritis.
- Helpful to promote awareness of local charities (e.g., Cymru Versus Arthritis).

3. Infrastructure and Accessibility

- Address housing maintenance issues (e.g., mould, drainage).
- Provide accessible waste disposal options for those with mobility issues.

4. Transport and Outreach

- Explore transport solutions or mobile services for isolated communities.

5. System Reform

- Respondent called for hospitals to "shape up," suggesting a need for systemic review and better support for frontline staff.

Conclusion

This interview underscores the intersection of health, housing, and social exclusion in the traveller community. Addressing these concerns requires a coordinated response across health, housing, and social care services, with a focus on accessibility, dignity, and culturally sensitive support.

Syrian refugees

Overview

An advocate from the Ethnic Minorities and Youth Support Team (EYST) Wales has highlighted key challenges and opportunities in healthcare access for Syrian refugees in Powys. The insights were collected during March 2025 and are based on direct experiences supporting refugee families.

Key Concerns

1.Language and Translation Barriers

- Inconsistent availability of translators during medical appointments.
- Cultural need for gender-specific translators often unmet.

2.Access and Referral Issues

- Referrals to distant specialists (e.g., orthodontists) disrupt children's education.

- Long delays in assessments (e.g., ADHD) impact mental health and learning.

3.Cultural Sensitivity Gaps

- Women face barriers discussing reproductive and sexual health.
- Mental health stigma among men, particularly around PTSD, limits help-seeking.

Opportunities for Improvement

1. Translation Services

- Flag translation needs in medical records for ongoing care.
- Ensure gender-appropriate translators are available.

2. Culturally appropriate health education materials

- Co-design Arabic-language materials on women's health and men's mental health.

3. Referral Pathways

- Adapt referral processes to reduce educational disruption for children.

4. Staff Training

- Promote cultural awareness among healthcare providers.

Conclusion

Improving translation services, cultural sensitivity, and referral pathways can significantly enhance healthcare access and outcomes for Syrian refugees in the region.

Farming community

Background

Powys Teaching Health Board (PTHB) completed its Stage 1 pre-engagement on the Better Together Case for Change during April and May 2025. The engagement with famers at Knighton Livestock Market took place in mid-May.

Demographics

A PTHB Engagement Officer visited the market on Thursday 15 May 2025. A total of seven farmers were engaged on the day. The sample was predominantly male with six men and one female sharing their views.

Respondent age ranges had an even spread:

Two aged 25 to 34 years

Two aged 45 to 54 years

Two aged 55 to 64 years

One aged 65 to 74 years

Methodology

Farmers sat in the canteen area were approached by the Engagement Officer and asked if they would be willing to have a conversation and share their views and current perceptions of Powys Teaching Health Board's health services. Farmers were asked to state what they felt was working well, what was poor, what ideas they had to improve health care in Powys and if they could think of anything that would threaten progress to improve health care. The conversations followed the same SWOT analysis used in the Stage 1 survey (Strengths Weaknesses Opportunities Threats).

Notes were taken of the views given and then analysed with assistance from the CoPilot generative AI tool to summarise and categorise responses. Further analysis was completed to draw further insights from the data. The CoPilot generative AI tool was again used, with the following prompt: "Please write a report highlighting key insights, trends, and recommendations from the following presentation".

The resulting report has been edited and compiled by members of PTHB's Engagement and Communications team, and the result cross-checked with the Engagement Officer that collected the initial data sample.

SWOT analysis

Strengths

- Positive perception of nursing staff – described as good and responsive.
- GP responsiveness – especially when farmers call, indicating urgency is respected.
- Quick GP access for children – particularly noted for one individual's daughter.
- Local pharmacy availability – valued presence in Knighton.
- Access to alternative health options – e.g., osteopaths.
- General GP access – described as "OK" by some.
- Acceptance of out-of-county treatment – seen as a practical reality.
- Visiting consultants – appreciated, though wait times were noted.

Weaknesses

- Poor GP appointment access – difficulty getting through by phone, reliance on walk-ins.
- Long A&E waiting times.
- Travel times for appointments – especially challenging for Powys residents.
- Poor dental access – NHS dentist availability is limited; some have gone private.
- Primary care challenges – described as "tricky".
- Prescription issues – stock shortages and inconvenient opening hours especially over lunchtimes.

- GP advice – concern about listening and thoroughness.
- Cross-border healthcare issues – e.g., Hereford vs. SATH.
- Lack of access to medical records and appointment notes – and poor IT system integration across health boards.

Opportunities

- Government support – calls for better NHS funding and responsiveness.
- Retention of smaller hospitals – seen as essential.
- Public health campaigns – especially around diet and healthy eating.
- Digital communication – using emails instead of letters for appointments.
- Digital transformation – broader digital opportunities.
- Improved data sharing – agreements across health boards.

Threats

- Funding constraints – recurring concern.
- Government-related issues – perceived lack of support.
- Perceptions of access inequality – concerns around race and BME communities.
- Cross-border appointment delays.
- System misuse – people accessing services unnecessarily.
- Unhealthy food advertising – seen as promoting poor health.

Insights

Recurring Concerns

1. Access to Services

- GP Appointment Difficulties: Challenges getting through by phone; reliance on walk-ins.
- Long A&E Waits: Emergency care delays are a concern.
- Travel Burden: Long travel times for appointments, especially for Powys residents.
- Dental Access: Limited NHS dentist availability; some resort to private care.
- Prescription Issues: Stock shortages and inconvenient pharmacy hours.

2. Systemic and Cross-Border Issues

- Poor IT Integration: Lack of shared medical notes and data across health boards.
- Cross-Border Healthcare Delays: Confusion and delays between Hereford and SATH.
- Incorrect GP Advice: Concerns about listening and thoroughness in consultations.

3. Equity and Funding

- Funding Constraints: Perceived underfunding of NHS services.
- Access Inequality: Concerns about fairness, particularly for BME communities.
- Government Support: Perceived lack of responsiveness and investment.

Recurring Suggestions

1. Service Improvements

- Retain Smaller Hospitals: Seen as vital for local access.
- Improve GP Responsiveness: Especially for urgent needs and children.
- Enhance Pharmacy Services: Maintain local access and improve stock availability.

2. Digital Transformation

- Use Email for Appointments: Replace letters with digital communication.
- Improve IT Systems: Enable better data sharing across health boards.

3. Public Health and Prevention

- Health Campaigns: Focus on diet and healthy eating.
- Combat Unhealthy Advertising: Address promotion of poor dietary habits.

Conclusion

Farmers in Knighton value responsive local services but face significant barriers in terms of healthcare access, coordination, and communication. There is strong support for retaining local facilities, improving digital systems, and investing in public health and equitable service delivery.

Appendix 8: Better Together Update - Primary Care (GMS) Session 13th March 25 Report

Available on request.

Appendix 9: Better Together Deliberative Event 1: stakeholder summary of outputs from consideration of how physical and mental health community services could be delivered in the future

Overview

Powys Teaching Health Board (PTHB) held the first of its Better Together deliberative stakeholder events on 3 June 2025 in Builth Wells. The event bridged the gap between the end of the Stage 1 pre-engagement activity on the Case for Change and the start of the Stage 2 engagement on adult physical and mental health community services in Powys.

Participants included PTHB staff, public and voluntary sector partner organisations, primary care representatives, commissioned service providers from within the NHS system, and patients, carers and service-user representatives. Facilitation was managed by PTHB staff from the Transformation and Value, Workforce and Organisational Development, and Engagement and Communication teams.

The half-day event was attended by approximately 100 individuals, with visible support from the Chair of PTHB, Executive Directors and senior leadership team members. In addition to receiving updates on the Case for Change and population health concerns within the county, participants were also asked to complete workshop exercises.

The exercises included reviewing the Hurdle Criteria and Assessment Criteria for ideas and suggested solutions offered for the provision of adult physical and mental health community services; to consider evidence and generate further ideas and solutions; to be a critical friend to PTHB and tell the organisation what it needed to hear before the start of the Stage 2 engagement period; and to discuss what future services should include.

The exercises were table and room-based and supported by table facilitators. Final reporting back to the Plenary session was undertaken by Executive Directors, who also acted as “Room Chairs” and summarised the results from their room, which comprised a collection of three tables.

Methodology statement

This report is based on the manual collection and coding of response data from every group (organised by cabaret-style table) that participated on the day. Initial analyses was completed manually by a senior member of the Transformation and Value team. Their report is comprehensive and highly detailed and contains personally identifiable information. As such it was not appropriate to publish it in full.

This stakeholder summary analysis was completed using the CoPilot AI tool to review the event outputs using the following prompt: *"Please identify any recurring concerns or suggestions from respondents in the following text"*

Further CoPilot AI analysis was used to identify what conclusions could be inferred from the event outputs, using the following prompt: *"Please provide a brief conclusion"*

Initial quality assurance checks were completed by a member of the Engagement team from PTHB that was also present at the event and acted as a facilitator during the event. The final quality check and review by completed by the author of the full event report and members of the Transformation and Value team.

The summary key findings are in the following sections:

- Recurring concerns
- Recurring suggestions
- Conclusion

Recurring Concerns

1. Gaps in Assessment and Hurdle Criteria

Missing Elements:

- *Unintended consequences* of service changes are not considered.
- *Digital skills and training* are overlooked, despite increasing reliance on digital access.
- *Impact on other services* (e.g. local authority, Welsh Ambulance, NHS Shared Services) is not assessed.
- *Continuity and coordination of care* is not explicitly included.
- *Financial sustainability* and *long-term impact* are not sufficiently addressed.
- *Support for carers* and *early intervention* are underrepresented.

Ambiguity and Jargon:

- Terms like *equity* and *strategic fit* are undefined.

- NHS jargon in hurdle criteria may exclude non-specialist stakeholders.

2. Barriers to Innovation

- **Overly Complex Criteria**: Too many assessment criteria may stifle radical or creative solutions.
- **Digital Exclusion**: Risk of excluding people with visual impairments or low digital literacy if digital access is a hurdle.

Recurring Suggestions

1. Improve Assessment Criteria, to include:

- *Evidence of adaptability* and *long-term sustainability*.
- *Positive risk management* and *appropriate risk handling*.
- *Processes for commissioning decisions* and *quality standards* for commissioned services.
- *Service user voice* and *patient advocacy*.
- *Demographic impact* and *beneficiary clarity*.

2. Refine Hurdle Criteria

- Simplify to **yes/no** questions for clarity.
- Align with the **Well-being of Future Generations (Wales) Act**.
- Ensure criteria are **preventative and empowering**.
- Treat the **third sector as equal partners** in service design and delivery.
- Include **long-term monitoring** and **future-proofing** (e.g. 10+ year transformation horizon).

Conclusion

A set of consistent messages emerged from the first deliberative event, which chimed with what had been heard during the Stage 0 discovery phase of Better Together. Stakeholders reported back that communities in Powys want more accessible, coordinated, and person-centred health and care services. Participants in the event highlighted the need for:

- **Clearer communication**, both in service delivery and in the transformation process.
- **Better integration** of physical and mental health services.

- **Stronger local provision**, especially in rural areas, to reduce travel and improve equity.
- **Support for prevention, early intervention, and community-based care**.
- **Investment in workforce, digital inclusion, and voluntary sector partnerships**.

There is a strong appetite for **ambitious, transparent, and inclusive transformation** that empowers individuals, values lived experience, and builds resilient, connected communities.

The outputs from the event were used to refine the messaging and scenario development for the Stage 2 engagement activity on adult physical and mental health community services, which ran from June to August 2025.

Appendix 10: PTHB Better Together: Views on Adult Physical and Mental Health Community Services in Powys Engagement Events

Report by Practice Solutions Ltd

Background

Powys Teaching Health Board (PTHB) is one of seven health boards in Wales. It plans and provides health care for about 133,000 people living in Powys[1]. The Health Board recognises that changes are required so that services remain safe, sustainable and high quality in the future[2]. To achieve the desired changes, services will need to overcome the following challenges[1]:

- More people needing help, and their needs are more complicated.
- People across the county experiencing differences in outcomes and access to services.
- PTHB challenges in recruiting and retaining staff.
- Some parts of the health service across the county working better than others.
- Financial pressures on the Health Board.
- Remaining barriers and opportunities for use of digital technology in health service delivery across the county.

Powys Teaching Health Board's Better Together programme, is the organisation's 'big conversation' with residents, partners and health service staff to shape the future of safe, quality health services for Powys considering these challenges.

[1] Better Together: Seeing your Views on Adult Physical and Mental Health Community Services in Powys. Powys Teaching Health Board Summer 2025

[2] https://www.haveyoursaypowys.wales/better-together-spring25

The initial phase of changing services has focused on physical and mental health community services namely [1, 3]:

- Inpatient Services – including community hospital inpatient wards, mental health impatient wards and palliative and end of life care in and out of hospital.
- Urgent Care – including Minor Injury Units, General Practitioner (GP) practices and acute hospitals funded by PTHB.
- Mental Health services – including the single 'front door' access to mental health services and community teams.
- Community Based Services – including District Nursing, Home First Teams, Falls Prevention Teams, condition specific teams, therapies and imaging.

This report details how Practice Solutions supported PTHB with the facilitation of a series of face to face and online workshops with the community, partners and workforce – see Stage 2 by PTHB in their engagement process (see Figure 1 for details).

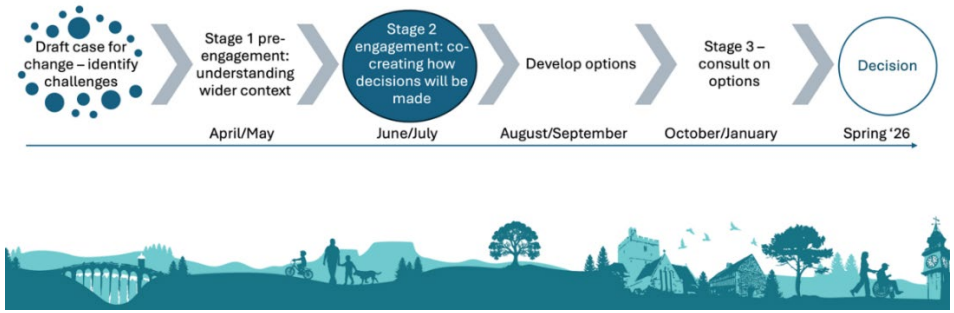


Figure 1 – an overview of PTHB engagement stages

The aim of the engagement was to seek ideas from participants on details of what might be the most appropriate way services could be delivered in Powys; and understand what was influencing the decision making of the community members, partners and the workforce when making these suggestions.

It was very important to PTHB that the participants in this engagement felt that they'd been heard and their contributions had been valued and meaningful. They recognised that participant experience would ensure that ideas and suggestions were well informed by the views and experiences of Powys residents and Health Board staff. They hoped that challenges would be identified early on, and consensus built during the process.

[3] Better Together Summary Case for Change Powys Teaching Health Board Version 1.1 7 May 2025.

The findings of this report will add to other approaches used during PTHB's Stage 2 engagement, such as an online questionnaire and in-house efforts to gather workforce input.

Methodology

Events were publicised using Powys Teaching Health Board's own channels, including publishing stories to its website, targeted newsletter distribution to its subscribers, organic and paid-for social media, and by invitation letter to local elected representatives (MPs, MSs, County Councillors and Town and Community Councillors). In addition, a story was prepared and shared for syndication by partner organisations.

Six workshops were organised for external, community participants in Brecon, Ystradgynlais, Welshpool, Llandrindod, Newtown and online in July 2025. A total of 38 members of the community and representatives from partner organisations took part in these events.

Three workshops were organised for internal, PTHB participants in Newtown, Llandrindod and online in July 2025. A total of 97 members of the PTHB workforce (including approximately 60 members of staff online) took part in these events.

For details of the workshop Agenda see Annex One – Workshop Agenda (External and Internal Participants)

For a list of workshop participants / organisations involved see Annex Two (redacted for publication).

Annex Three has the details of the scenario descriptions used during the workshops.

Observations

Participant Expectations

At the start of each workshop, participants were asked to share their expectations of either the process or the workshops they were attending. The following section summarises what community groups, partnership organisations and staff said.

- Community Groups and Partner Organisation's Expectations

Many had come to the meeting to listen, learn and share their experience and feed into the process. Many recognised the need to create a safe, respectful, and inclusive space for these engagement conversations. They also wanted to see resident's and service user experience shaping the service re-design and inform future decision making.

Participants had wanted to improve their understanding of the health service and subsequent strategy and had an expectation of co-producing and collaborating on what the future might look like. They wanted to understand the role of the third sector in any future changes, particularly in terms of improving community mental health and wellbeing.

Participants wanted to share their concerns regarding Mental Health Services. They were particularly interested in prioritising a service that was holistic, community-based and had a preventative focus. Other concerns included the challenges of access, equity and inclusion in Powys – due to transport barriers, digital exclusion, carers' struggles and people with mobility issues.

They wanted action, influence and impact and hoped for Positive Change, such as 'a healthier, happier community,' 'a joined-up system that works better for everyone' and 'services that are co-designed, user-informed, and community-rooted.'

- PTHB Staff Expectations

Many participants reported not knowing why they were there, what the session was about, or what Better Together was for. Some asked for more clarity and communication at all staff levels. Some members of staff wanted to know about the personal and team impact of future changes, whilst ensuring that future changes are focused on patient experience and service improvement. Despite these concerns, they were willing to contribute and share ideas – and even without clear expectations, they wanted to be constructive.

Scenario Feedback[4]

In the following section includes feedback and questions from both the two streams of engagement, **Community / Partners and PTHB staff. The two sections have been kept apart to better understand the different perspective and pressures of the different stakeholders.**

Scenario 1: No Change

Community and Partners

- The community recognised that change is necessary.
- **They had concerns that the current system was not working and that without change, lives would be lost.**

Staff

- **[No comments were made by staff on this scenario].**

Questions about the Scenario

- Participants asked how the proposed changes will address current inefficiencies, such as poor transport and dental services, and what guarantees exist that real improvements will happen this time?

[4] For more details of the Scenarios, see Annex Three.

Scenario 2: Minor Changes

Community and Partners

- Small changes are potentially quick and easier to accept, especially if they focus on strengths, communication, and access.
- Doubts remain about solving long-term challenges such as retaining the workforce, poor digital connectivity and deteriorating facilities.
- Need to ensure services like palliative care meet local needs.

Staff

- "Minimum change" feels like a sticking plaster and unsustainable.
- **There were** calls for bigger, future-proof investments, streamlined technology, and better staff retention and development.

Questions about the Scenario

- What exactly counts as a "minor" or "small" change, and how is it defined?
- How will strengths be retained while tackling inefficiencies, and how will access, communication, and technology be improved?
- Is investing in old buildings worthwhile?
- How will staff and community be engaged so change is accepted and effective?

Scenario 3: Centres of Excellence

Community and Partners

- "Centres of excellence" must be clearly defined, accessible, welcoming, and designed to complement—not replace—existing local services.
- Co-locating health, social care, voluntary, and specialist services is key to improve early intervention, reduce travel, and provide coordinated, proactive care.
- Potential centres discussed in Machynlleth, Ystradgynlais, Welshpool, Brecon and Llandrindod Wells.

Staff

- Staff see the potential for centres of excellence to improve services, skills, and teaching, with modernised facilities and extended diagnostic hours.
- **Negative** impacts on elderly and vulnerable patients due to travel difficulties, digital exclusion, and social care bottlenecks could undermine the model.

Questions about the Scenario

- What exactly is a "centre of excellence" and how will its role, size, and services be determined?
- Where will the centres be located? And how will gaps in services be covered?
- Will they replace or complement existing hospitals and community facilities?
- How will GPs, social services, voluntary organisations, and other agencies fit into the model, and how will services be coordinated?
- How will third sector services be sustained and made financially stable in this scenario?
- How will equitable access be ensured, especially for elderly, remote, and digitally excluded groups?
- How will IT and record-sharing systems work reliably across locations, and how will the approach prevent patient harm or isolation?

Scenario 4: Expanding Home Care

Community and Partners

- Recognised the value of multidisciplinary care close to home for its potential to reduce hospital pressure and support independence.
- Concerns about patient isolation, service variations result in a postcode lottery of service delivery.
- Opportunities to use digital tools, rotating specialists, and integrated hubs.
- Communication needs to be effective.
- Sites need to be equitably sited across Powys, with strong links between social and domiciliary care.
- Needs health, social care and the third sector to work together delivering patient centred services.

Staff

- Home-based care could reduce patient travel, improve continuity, and build on current local community team provision.
- **Requires staff** upskilling, better communication between services, and robust social care involvement.
- Concerns about higher costs and uneven service quality across the county – potentially gaps in mental health and specialist support.

Questions about the Scenario

- What kinds of injuries, treatments, and conditions will be eligible for care at home, and how will suitability be assessed?
- Will it result in the downgrading of other health services?
- How will social services, domiciliary care, and third-sector partners be integrated, especially for palliative and dementia care?
- What technology, information-sharing systems, and communication processes will support effective coordination between hospital and community teams?
- How will workforce capacity, training, and specialist availability be addressed, and what happens in emergencies or when home care is not possible?

Scenario 5: Inpatient Care out of Powys and helping people at home

Community and Partners

- Participants felt older people would prefer more home-based care, backed by strong integration with social care, and close links with community / third sector.
- Serious concerns about losing community hospitals, reducing local beds, and the impact on families, especially for palliative care, minor injuries, and services that can't be delivered at home.
- Would need everyone to be able to access the same patient records in a timely way to ensure safety, quality and continuity of care.

Staff

- Similarities to existing mental health and therapy models.
- Heavily dependent on district general hospitals.
- Results in increased travel, siloed working between services, loss of local rehabilitation beds, lower staff skill mix and morale, and higher costs for out-of-area care.

Questions about the Scenario

- How will home-based care be integrated with social care, charities, and local organisations to ensure quality and continuity?
- Will community hospitals, minor injuries units, and local beds be retained, and how will they complement home-based care?
- How will communication and data sharing work effectively across hospitals, community teams, and partners?
- How will travel, transport, and visiting challenges be addressed for patients and families?
- How will staffing, skill mix, and volunteer involvement be maintained to avoid loss of capacity and morale?

Scenario 6: A District General Hospital for Powys

Community and Partners

- This option is unrealistic due to poor public transport, inconvenient travel, and misaligned appointment times.
- **Doubtful ability** to attract and retain staff or maintain medical expertise and accreditation.

Staff

- **[No comments were made by staff on this scenario].**

Questions about the Scenario

- How would transport and appointment times be coordinated to make access practical for patients?
- How would staffing, recruitment, and retention be managed, and how would medical accreditation be maintained?

<u>Feedback about Assessment Criteria</u>

During each workshop, participants were asked to give an insight into their thinking behind some of the comments and feedback they provided for each of the scenarios.

Community and Partner Organisations felt that the health and care system should focus on prevention, supporting healthy lives, and making the best use of limited resources. Care needs to be local, accessible, and sustainable—especially in rural areas—and centred on people and families. Better health education, communication, and non-medical preventative support are essential, requiring strong local partnerships. The goal is an equitable, timely, and trustworthy system that delivers the right care, in the right place, at the right time, delivered by professionals who understand and meet the needs of individuals and communities.

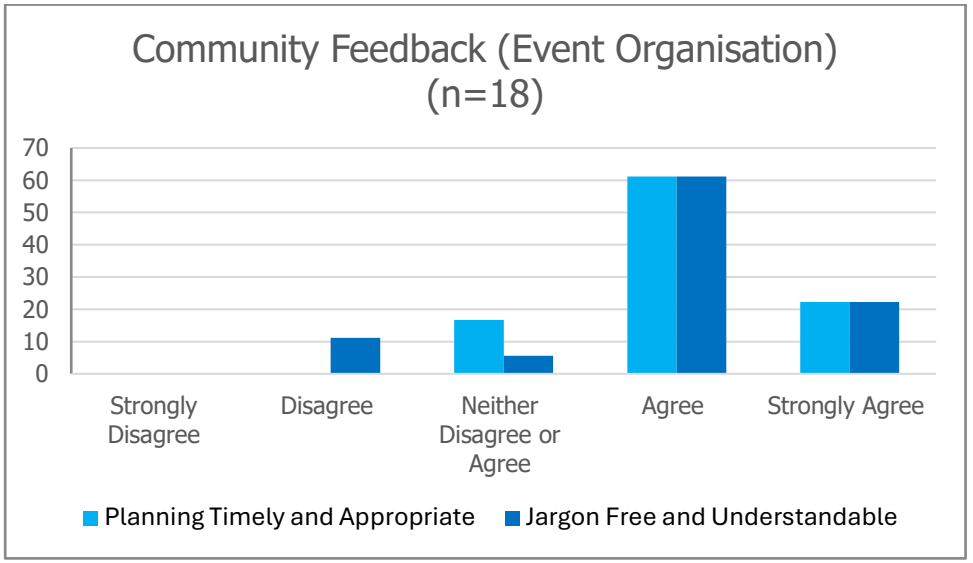
The PTHB staff shared the view that the services should be high-quality, equitable, sustainable, and patient-centred - focusing on prevention, local access, and integrated care, while building workforce capacity and respecting patient values.

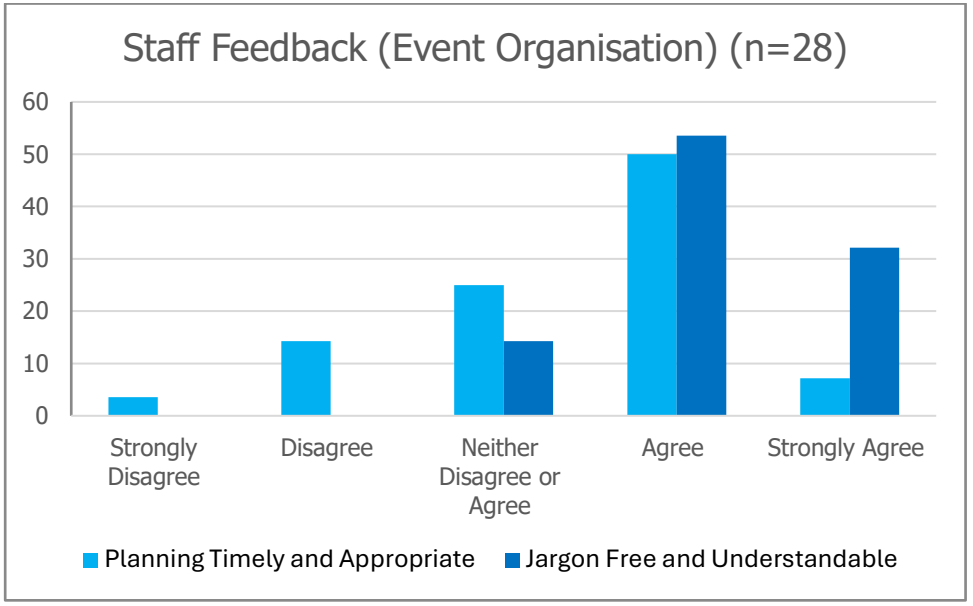
Feedback about the Engagement Process

To understand the effectiveness of the different aspects of the community and staff engagement, participants were asked a series of questions about different aspects of the process. Specifically, their views on the organisation for each event; their involvement once there and their understanding of the overall process once they'd taken part in the workshop.

Starting with the Event Organisation, participants were asked to mark their views between strongly disagree and strongly agree on the following statements:

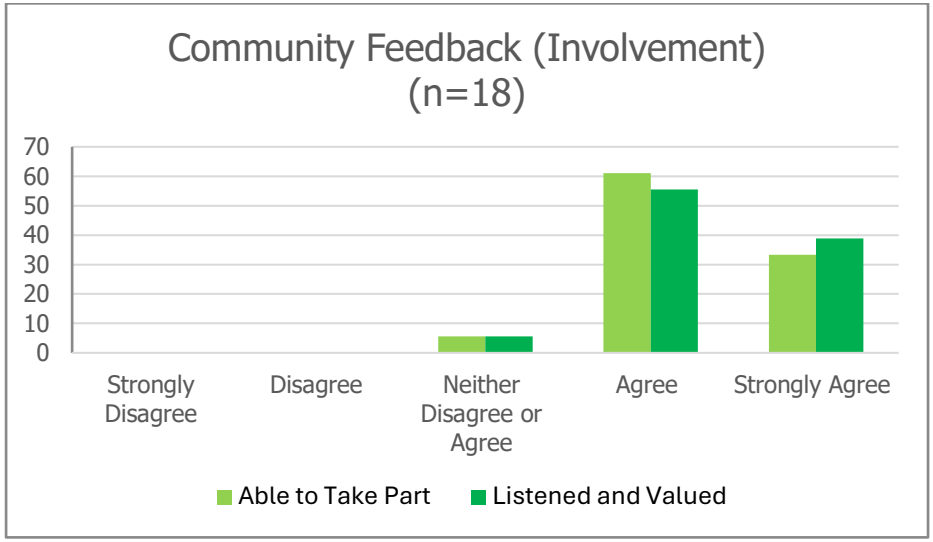
- I feel the engagement has been planned and delivered in a timely and appropriate way.
- The information provided at this event and during the registration process has been jargon free, appropriate and understandable.

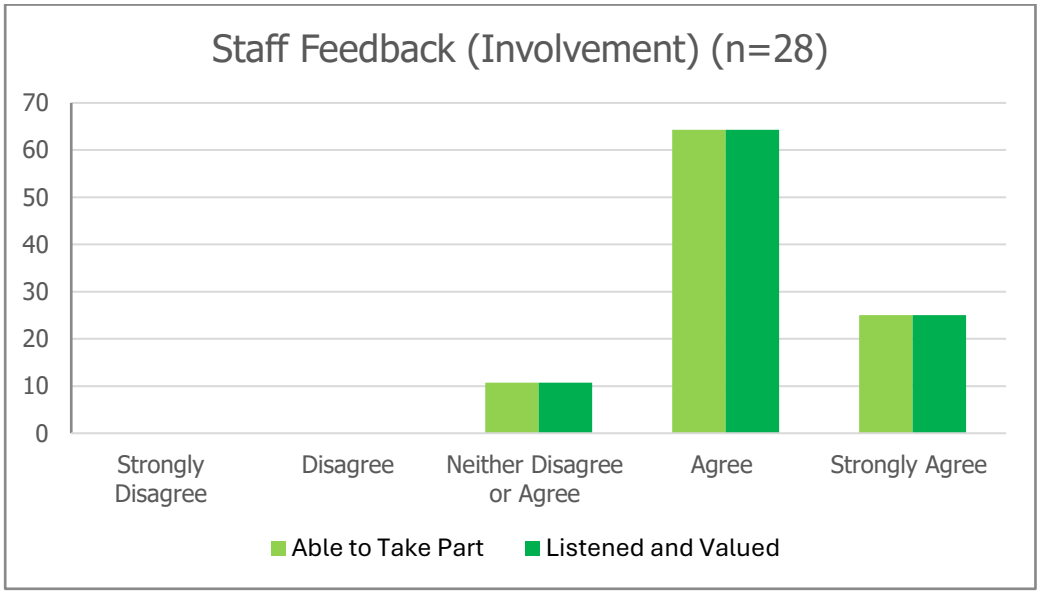




Regarding their involvement in the workshop, participants were asked to mark their views between strongly disagree and strongly agree on the following statements:

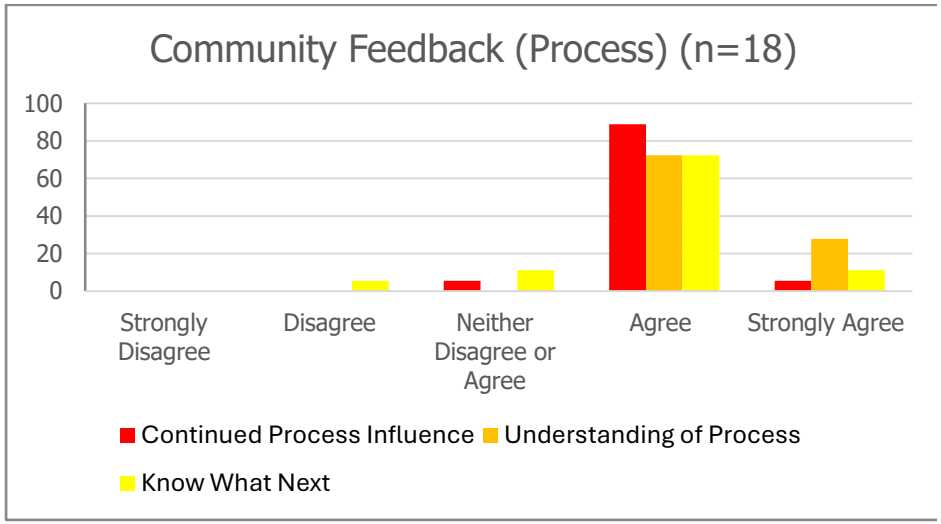
- I feel I was able to effectively take part in today's event.
- Today I felt my voice was listened to and my involvement has been valued.

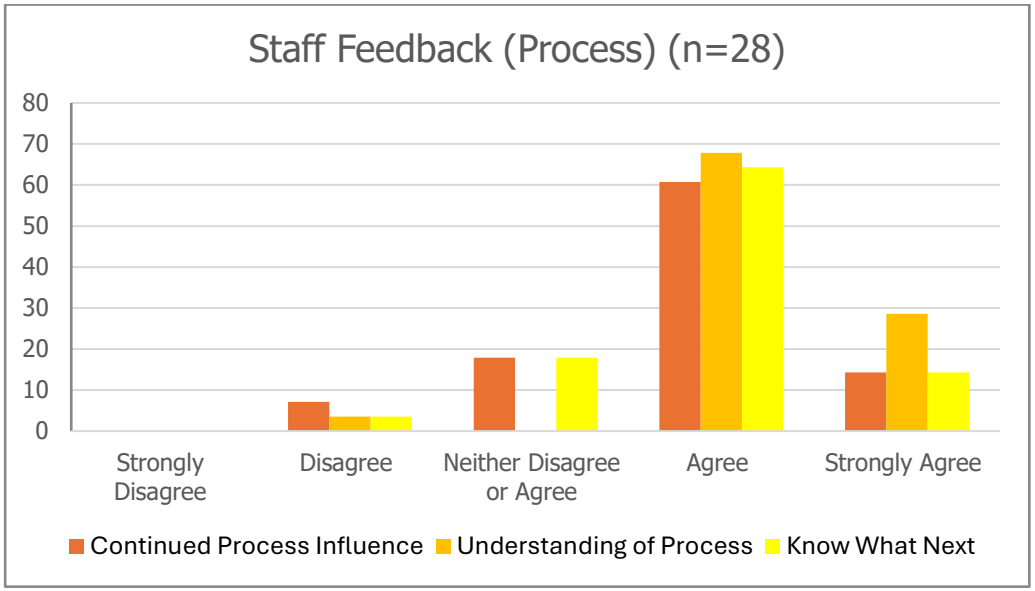




And finally, in terms of participant understanding of the overall process, participants were asked to mark their views between strongly disagree and strongly agree on the following statements:

- I have a better understanding of the process and how it's going to influence the work of PTHB and it's partners.
- From today I am clear about how I will be able to continue to influence and contribute to the development and delivery of health services for Powys.





Participants were also given the opportunity to add further comments. In summary, participants in the community workshop felt that the event was well-organised, informative, and effectively facilitated, with appreciation for the face-to-face format and strong contributions from key staff. However, attendees raised concerns about the need for wider engagement and suggested improvements such in terms of venues and further development of the process.

Attendees at the staff workshops found them informative and appreciated the opportunity to learn more through participation. However, several raised concerns about short notice for clinicians and staff, limited consultation time, unclear decision-making

processes, and suggested longer, more sector-specific sessions with open, inclusive communication.

Conclusions

The aim of this engagement was to seek ideas and hopefully consensus from participants on what might be the most appropriate way services could be delivered in Powys in the future. And to also understand what was influencing the decision making of the community members, partners and the workforce when making these suggestions.

To begin with, the broader feedback about the engagement process provided some interesting factors to consider as the process moves from Stage 2 into Option Development (see figure 1), namely:

- The community groups and partners have attended the workshops with a forward thinking, values-based mindset – with an interest in being heard, involved and active in shaping future services. Indeed, those who have attended felt that they had an opportunity to take part and be heard.
- There have been some concerns voiced from this group about potential clashes with other strategic engagement processes within the county – which could've had an impact on overall participant numbers in PTHB events.
- PTHB staff have asked for better internal communications going forward about the process – along with reassurance about what change meant to them, their teams and their jobs. Again, they felt that the workshops had provided an opportunity to be heard and take part.
- The community members, partners and staff said they came out of the events with a better understanding of the process, the next steps and

how they might influence decisions going forward – although there was less agreement on this last point from the staff.

Overall, both the community groups, partners and staff preferred a blended scenario – where no one scenario was viewed as the preferred option across Powys. There was also strong support for prevention, early intervention and integrated service delivery from the workshop participants for all the scenarios. They felt the scenarios couldn't be delivered by a health board operating in isolation. The support of the third sector and the local authority, including social service provision were seen as crucial.

There were shared concerns about travel and accessibility in a rural county with an ageing population, with the impacts of poor weather probably frustrating year-round service delivery.

And there was shared interest in blending digital and in-person services, but also recognition that digital exclusion remains a barrier for many across the county.

This next section provides details of what participants felt was an appropriate amalgamation of scenarios to meet the health needs of Powys in the future.

Preferred Scenario:

From the Community and Partners

- A hybrid of Scenarios 3, 4, and 5
- Scenario 3 was widely seen as the core vision, emphasising prevention, early intervention, and community-based services – including social prescribing, early intervention, community connectors, housing support and lifestyle advice.
- It was seen as having potential to produce better outcomes and earlier treatments.
- Hub and spoke arrangement were suggested.
- The practical strengths of Scenarios 4 and 5 was including:
    - Potential for local hubs, mobile units and virtual consultations to avoid transport barriers.
    - Use of existing infrastructure e.g., community hospitals, local beds and integrating social care and voluntary services.
- Participants saw the benefits of home care, especially for end-of-life needs.
- A 'no wrong door' approach.
- Upskilling of teams to reduce reliance on external providers.
- **The discussion in Welshpool identified greater acceptance of using out of county inpatient care than in the other locations.**

From the Worksforce

- A blend of Scenarios 3 and 4. Although Scenario 4 receives the strongest consistent support due to its focus on community-based, preventative care and its ability to reduce hospital pressure.
- Scenario 3 had mixed views, although specialised centres with professionals from social and health care, centralising skills and palliative care beds was supported by the participants.
- Concerns about this scenario included moving the service further from people's homes and understanding what 'excellence' meant.
- Scenario 4 was seen to improve the patient experience, supporting patient-centred care and wellbeing through upskilling staff.
- Integration of both was seen as being the key. The combination of centralised specialisms and improved home care seen as optimal.
- This approach needed to include the voluntary sector, social care, and mental health referrals.

Note: During the group discussions in Welshpool, it was clear that the participants were more sympathetic to scenario 5 – more so than in other parts of the county – which could influence, or skew, what the 'average view' in Powys might be.

Participants were also asked to share which criteria they were using when assessing which of the scenarios was most beneficial. Both 'groups' referenced the six STEEEP assessment criteria, namely safe, timely, effective, efficient, equitable and person centred.

The community identified the following as additional factors influencing their decision making:

- Financial sustainability.
- Being place based / keeping people at home / local decisions.
- Integrating with other non-health services - voluntary sector, community groups, circles of support, the council.
- Empowering - people take responsibility for their own health where they can (information, a booklet, education, information).

Staff members, doing the same exercise, identified the following as additional factors influencing their decision making:

- Geography / access.
- Workforce capability.
- Financial sustainability.
- Joined up working.
- Ill health prevention.

Recommendations

A. Powys Teaching Health Board to further refine a description that amalgamates scenarios 3, 4 and 5 as an option for further engagement.

B. The description needs to answer the following participant questions (where possible):

1. **Centres of Excellence**
- What is a "centre of excellence" and how will its role, size, and services be defined?
- Where will centres be located, and how will service gaps be covered?
- Will they replace or complement existing hospitals, community hospitals, minor injuries units, and other facilities?

2. **Integration and Coordination**
- How will GPs, social services, voluntary organisations, and third-sector partners fit in, and how will coordination be managed?
- How will social services, domiciliary care, and voluntary partners be integrated for areas like palliative and dementia care?
- How will home-based care be joined up with social care, charities, and local organisations to ensure quality and continuity?

3. **Sustainability and Access**
- How will third-sector services be supported and made financially sustainable?
- How will equitable access be ensured for elderly, remote, and digitally excluded groups?
- How will travel, transport, and visiting challenges for patients and families be addressed?

4. **Technology and Information Sharing**
- How will IT infrastructure, record-sharing, and communication systems work reliably across locations and partners?
- How will risks of patient harm, poor communication, or isolation be prevented?

5. **Scope of Home-Based Care**
- What conditions and treatments will be suitable for home-based care, and how will suitability be assessed?
- What happens in emergencies or when home care is not possible?

6. **Workforce and Capacity**
- How will workforce capacity, training, and specialist availability be managed?
- How will staffing, skill mix, and volunteer involvement be maintained to avoid loss of capacity and morale?

7. **Wider Service Impacts**
- Will the model lead to downgrading of other health services, or will it complement existing provision?

C. Powys Teaching Health Board to ensure that the workforce is given sufficient notice of what is happening and sufficient opportunities to bring their practical experience into designing future services as part of this process.

D. Continue to work with Community Groups and Partners – taking advantage of the 'forward thinking**, values-based**

mindset' found in the current cohort. These are potential early adopters in the process and a strategic ally going forward – who are aware of the process and the pressures the Health Board face. They will also value what they help to build in the future.

Annex One – Workshop Agenda (External and Internal Participants)

Draft Workshop Agenda

Purpose of Today's Session:

- To help us shape the future of Adult Physical and Mental Health Community Services – by giving us feedback on our scenarios and decision-making processes.
- This isn't a blank piece of paper remember … previous conversations have already taken place. Conversations began in early 2024.

1 Introductions to include:
- Names of participants
- Expectations of the participants / why are they taking part.

2 Framing the Problems facing Adult Physical and Mental Health Community Services in Powys:

- Financial constraints
- Geographic challenges
- Demographic Changes
- What's happened before / what have PTHB learned so far
- Reference how the Scenarios have come about and why.

3 Understanding the Adult Physical and Mental Health Community Services in Powys Scenarios:

- What words stand out in each scenario?
- What feels positive or promising about each approach?
- What worries or concerns would you have?
- How well would this work for you, your family, or your community?
- Which factors are driving your decision making regarding this scenario?

Review the Scenarios with Sticky Dots or Markers:

- ☑ Things they like or agree with.
- ✖ Things they're unsure or concerned about.
- ★ Ideas they feel are especially important or worth exploring.
- They can add additional comments if they choose – to tell the story of each scenario as they see it.

4. Whole-Group Reflection:

Which scenario felt the most promising? Why?

- What common themes or needs came up?
- What surprised you?
- Which **factors** are **driving** your **decision making** here?

5 What next.

Annex 2: Names of workshop participants and organisations

Redacted

Annex Three: Details of the Scenarios given to workshop participants

Scenario 1

Scenario 1: no change. This is not a viable option because services will fail, and the health board will run out of money.

Scenario 2

Scenario 2: minor changes and developments and is the "do minimum" option. Things would mostly stay the same, but some small updates might happen. Some services might not keep working as they do now. And some emergency changes might be needed. Improvements would be slow, and some buildings would not be updated.

Scenario 3

Scenario 3: deliver more services through "centres of excellence" including rural regional centres. Some of our services – like hospital beds – would be grouped in fewer locations. This could mean better care and fewer trips outside Powys for treatment. People are more likely to get a diagnosis sooner. People may also spend less time in hospital. But people might need to travel more within Powys.

Scenario 4

Scenario 4: developing and expanding better home care, with more services available at home through strengthened primary and community teams. Information and support would be easier to access. But some special treatments might only be offered in fewer places.

Scenario 5

Scenario 5: Inpatient care, including community hospital beds, is provided out of Powys. There would be more focus on helping people in their own homes. But those needing hospital care would have to travel outside of the county.

Scenario 6

Scenario 6: A District General Hospital for Powys. This is not a safe or affordable option because our population is too small and spread out to support a District General Hospital in the county. Wherever we located it, too many people would live closer to an alternative hospital. It would not see enough patients to make it clinically viable.

Appendix 11: Better Together Stage 2 Engagement on Adult Physical and Mental Health Community Services: stakeholder summary report of Practice Solutions' presentation to Deliberative Event 2 on public focus groups and survey initial findings

Background

This stakeholder summary report reflects the insights gained from the Better Together Stage 2 public engagement on Adult Physical and Mental Health Community Services delivered in Powys.

Independent facilitation of the focus groups, and analysis of focus group and public survey data, were conducted by Practice Solutions Ltd. The survey and focus group activity was undertaken between 9 June to 27 July 2025 and supported by Powys Teaching Health Board (PTHB).

Demographics

Focus groups

The focus group engagement sessions took place in five face-to-face community workshops, with 38 participants, and in one online community workshop with six participants. In addition, Practice Solutions Ltd also facilitated two face-to-face staff workshops with a total of 37 participants, and one online staff workshop with 60 participants.

Public survey

The public survey had 164 respondents, who provided their feedback either online, paper or Easy Read survey. The breakdown of survey respondents included 119 Powys residents, 35 healthcare professionals/health board workers, and four people representing local organisations.

The number of survey responses were grouped according to the Primary Care Cluster locality from which they live in. This distribution was uneven, and the South Cluster area was generally under-represented, while the Mid Cluster was relatively over-represented. The majority of responses came from the North Cluster area, which broadly correlates with the population distribution in Powys. A small number of responses were made by those who lived out of county but retained a professional or personal link to the county.

Methodology

The survey was hosted on the Have Your Say engagement portal, with online responses logged automatically, and responses submitted via other means (postal, telephone or email) manually keyed-in to the online database. Analysis by Practice Solutions Ltd was conducted manually, with a full survey report to follow.

Participation in the focus groups was by open invitation, which was shared across PTHB's owned and earned channels. Analysis of the focus group outputs was also conducted manually by Practice Solutions Ltd.

The subsequent analysis and reporting used for this stakeholder summary report was created from the 'initial findings' presentation, delivered by Practice Solutions Ltd on 13 August 2025. This document has been created with assistance from the CoPilot generative AI tool, using the following prompt: "*Please write a report highlighting key insights, trends, and recommendations from the following presentation*".

The report has been created by a member of the Engagement and Communications team and checked for consistency by other team members and also members of the Transformation and Value team.

This report is intended as an aid to quickly understand the key points raised during the Stage 2 public engagement. It does not seek to replace the detailed reporting that will be completed by Practice Solutions Ltd and delivered to PTHB by the end of August 2025.

Engagement Overview

The Better Together engagement process involved workshops and surveys with Powys residents, professionals, and health board staff. The goal was to explore future models of health and care delivery in Powys and gather views on six proposed scenarios.

Key Insights

Community and Staff Priorities

- *Community Values:* Services should be sustainable, place-based, integrated, and empowering.
- *Staff Priorities:* Services must be geographically accessible, workforce-aligned, financially sustainable, and prevention-focused.

Assessment Criteria Preferences

- *Most important:*
  - Safe services and harm prevention
  - Improved access to care
  - Better health outcomes
- *Least important:*
  - Financial sustainability

- Reducing stigma
- Compliance with service standards

Scenario Feedback

Scenario 1: Do Nothing

- Widely rejected.
- Seen as unsafe, unsustainable, and a failure to address urgent needs.

Scenario 2: Do Minimum

- Mixed views.
- Positives: Better facilities, integrated workforce, career development.
- Negatives: Transport barriers, geographic inequality, training concerns.

Scenario 3: Centres of Excellence / Rural Regional Centres

- Strong support.
- Valued for continuity of care, community-based support, and skill development.
- Concerns: Isolation, service capacity, and equitable access.

Scenario 4: Enhanced Home Care

- Mixed experiences.
- Positives: Familiar environment, reduced hospital pressure.
- Negatives: Risk of isolation, staffing challenges, unclear service boundaries.

Scenario 5: Out of Area Care

- Strongly opposed.
- Concerns about travel, language, loss of local identity, and perceived inequality.

Scenario 6: District General Hospital

- Rejected.
- Seen as unrealistic, difficult to staff, and geographically inconvenient.

Emerging Trends

- **Desire for Change:** Communities and staff agree that transformation is essential.
- **Preference for Localised, Integrated Care:** Centres of excellence and strengthened primary/community care are favoured.
- **Emphasis on Prevention and Early Intervention:** Seen as key to long-term sustainability.
- **Need for Equity and Flexibility:** Services must be fair and adaptable to local needs.
- **Importance of Communication and IT Infrastructure:** Digital systems must support service delivery and reduce exclusion.

Recommendations

8. **Develop Integrated Rural Health Hubs:** Focus on community-based care with multidisciplinary teams.
9. **Strengthen Transport and Digital Infrastructure:** Address rural isolation and digital exclusion.
10. **Invest in Workforce Stability:** Prioritise recruitment, retention, and skill development.
11. **Improve Communication and Transparency:** Use accessible language and clear messaging about service changes.
12. **Enhance Coordination Across Services:** Avoid duplication and improve continuity of care.
13. **Support Preventative Health and Public Education:** Promote healthy living and early intervention.
14. **Build Partnerships with Third Sector and Local Authorities:** Ensure joined up working across systems.

Appendix 12: ‘PTHB Better Together Summary Report’

Practice Solutions’ report and analysis of Stage 2 engagement from the public survey and focus groups.

Background

Powys Teaching Health Board (PTHB) is one of seven health boards in Wales. It plans and provides health care for about 133,000 people living in Powys[1]. The Health Board recognises that changes are required so that services remain safe, sustainable and high quality in the future[2]. To achieve the desired changes, services will need to overcome the following challenges[3]:

- More people needing help.
- An increasing complexity of need.
- People across the county experiencing differences in outcomes and access to services.
- PTHB facing challenges in recruiting and retaining staff.
- Some parts of the health service across the county working better together than others.
- The financial pressures on the Health Board.
- Remaining barriers and opportunities for use of digital technology in health service delivery across the county.

Powys Teaching Health Board's "Better Together" programme is the organisation's 'big conversation' with residents, partners and health service staff to shape the future of safe, quality health services for Powys considering these challenges.

The initial focus of changing services has focused on physical and mental health community services namely [4] [5]:

- **Inpatient Services** – including community hospital inpatient wards, mental health impatient wards and palliative and end of life care in and out of hospital.
- **Urgent Care** – including Minor Injury Units, General Practitioner (GP) practices and acute hospitals funded by PTHB.
- **Mental Health Services** – including the single 'front door' access to mental health services and community teams.
- **Community Based Services** – including District Nursing, Home First Teams, Falls Prevention Teams, condition specific teams, therapies and imaging.

This report details how Practice Solutions supported PTHB with the facilitation of a series of face to face and online workshops with the community, partners and workforce; and supported them in analysing the results of an online survey developed and hosted by PTHB.

This is defined as Stage Two by PTHB in their engagement process

(see Figure 1 for detail

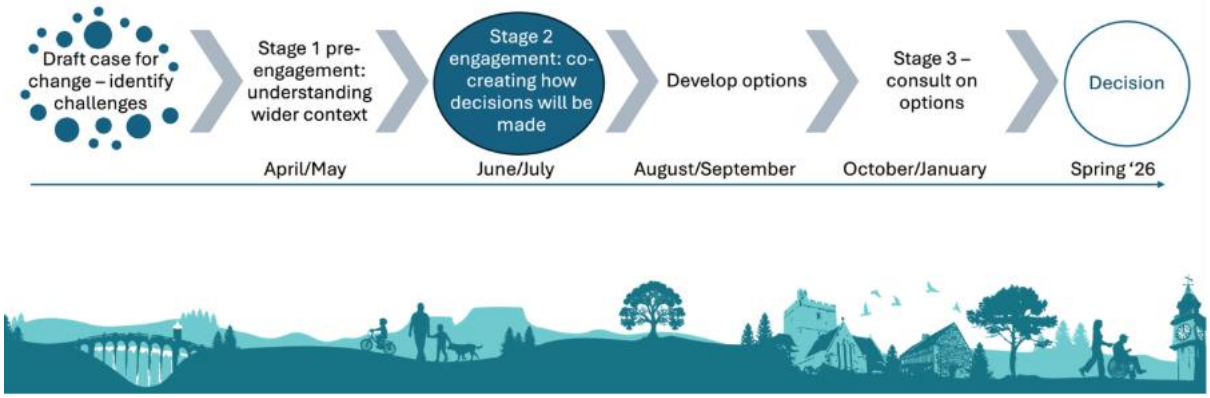


Figure 1 – an overview of PTHB engagement stages

The aim of the engagement was to seek ideas from participants on the details of what might be the most appropriate way services could be delivered in Powys; and to understand what was influencing the decision making of the community members, partners and the workforce when making these suggestions.

It was very important to PTHB that the participants in this engagement felt that they'd been heard and their contributions had been valued and meaningful. They recognised that participant experience would ensure that ideas and suggestions were well informed by working in this way. They hoped that challenges would be identified early on, and consensus was built during the process.

This report will bring together the findings from the engagement and from the survey, and add to other approaches used by PTHB during Stage 2 such as in-house efforts to gather workforce input.

Methodology

Engagement

Six workshops were organised for external community participants in Brecon, Ystradgynlais, Welshpool, Llandrindod, Newtown and online in July 2025. A total of 38 members of the community and representatives from partner organisations took part in these events.

Three workshops were organised for internal PTHB participants in Newtown, Llandrindod and online in July 2025. A total of 97 members of the PTHB workforce (including approximately 60 members of staff online) took part in these events.

For details of the workshop Agenda see Appendix One – Workshop Agenda (External and Internal Participants)

For a list of workshop participants / organisations involved see Appendix Two (this might be difficult to obtain / GDPR etc.).

Appendix Three has the details of the scenario descriptions used during the workshops.

Online Survey

To capture a wider range of views and provide further opportunities for residents of Powys to engage accessibly, PTHB hosted a survey throughout June and July. The survey was open to all, and was available for completion online, through paper forms, and in Easy Read. 167 responses were received through this method.

A copy of the surveys (electronic, paper and Easy Read) is available from the PTHB engagement website at https://www.haveyoursaypowys.wales/better-together-summer25

An analytical framework was built, incorporating all three types of responses, to allow for comparisons across the population. In the first phase of analysis, individual responses were tracked across the question types. This enabled comparisons to be made across geographical locations, age groups, and other demographic groups. Following this, thematic analysis was undertaken without the inclusion of personal data, to ensure that themes and trends could be noted and recorded whilst protecting the anonymity of respondents.

Throughout the survey, participants had the opportunity to “skip” questions. Therefore, each answer has been reported on based on the number of overall responses to that question rather than the number of respondents to the survey as a whole.

Findings from the Research

Demographic Data of Participants

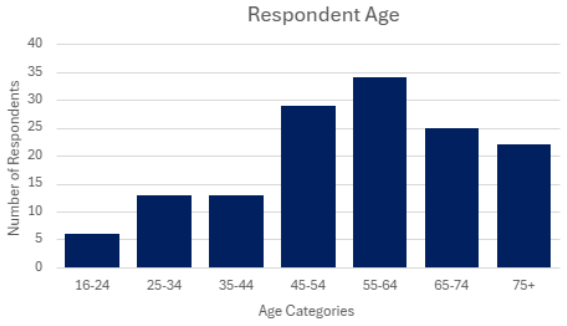
Engagement Events

Six workshops were organised across the county for community participants. 38 members of the community and representatives from partner organisations took part, in venues in Brecon, Ystradgynlais, Welshpool, Llandrindod, and Newtown and online.

Three workshops were organised for internal PTHB participants in Newtown, Llandrindod and online in July 2025. A total of 97 members of the PTHB workforce (including approximately 60 members of staff online) took part in these events.

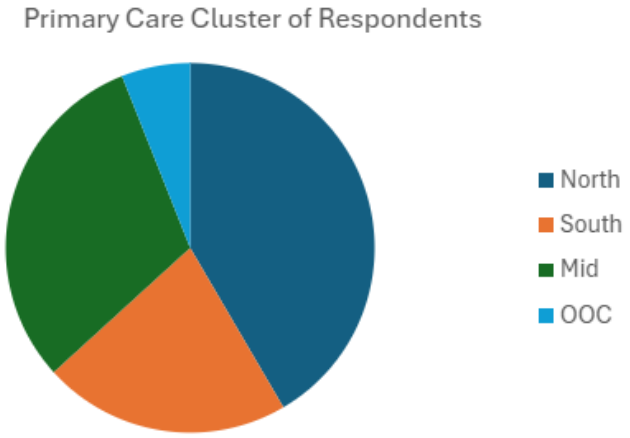
Survey Participants

167 people completed a mixture of online, paper and Easy Read questionnaires. The age range of participants spanned from 16 years to over 75, with most participants aged over 45 (see figure below left). Most respondents answered as residents, with fewer professionals and representatives from organisations (see figure below right).





Participants from across Powys answered the survey, with a good geographical spread across Primary Care Clusters (see figure overleaf).



66 participants disclosed an underlying health condition, disability or other support need, with 27 requiring a lot of help to manage activities of daily living and 16 requiring lower-level support. 41 respondents identified as carers, with 4 of those being young carers.

Observations from the Engagement

Participant Expectations

At the start of each workshop, participants were asked to share their expectations of either the process or the workshops they were attending. The following section summarises what community groups, partnership organisations and staff said.

Community Groups and Partner Organisation's Expectations

Many had come to the meeting to listen, learn and share their experience and feed into the process. Many recognised the need to create a a safe, respectful, and inclusive space for these engagement conversations. They also wanted to see resident's and service user experience shaping the service re-design and inform future decision making.

Participants had wanted to improve their understanding of the health service and subsequent strategy and had an expectation of co-producing and collaborating on what the future might look like. They wanted to understand the role of the third sector in any future changes, particularly in terms of improving community mental health and wellbeing.

Participants wanted to share their concerns regarding Mental Health Services. They were particularly interested in prioritising a service that was holistic, community-based with a preventative focus. Other concerns included the challenges of access, equity and inclusion in Powys – due to transport barriers, digital exclusion, carers' struggles and people with mobility issues.

They wanted action, influence and impact and hoped for Positive Change, such as 'a healthier, happier community,' 'a joined-up system that works better for everyone' and 'services that are co-designed, user-informed, and community-rooted.'

PTHB Staff Expectations

Many participants reported not knowing why they were there, what the session was about, or what Better Together was for. Some asked for more clarity and communication at all staff levels. Some members of staff wanted to know about the personal and team impact of future changes, whilst ensuring that future changes are focused on patient experience and service improvement. Despite these concerns, they were willing to contribute and share ideas – and even without clear expectations, they wanted to be constructive.

Participant Feedback on the Proposed Scenarios

In this section we explore participant feedback on the proposed scenarios. Feedback through the engagement events and via the survey have been kept separate due to the different approaches and differing questions asked. Within the engagement feedback, stakeholder groups (Community and Partners, and PTHB staff) have been kept separate to better understand the different perspectives and pressures of the different groups.

Scenario 1 – Feedback from Engagement

Scenario 1: No Change

Community and Partners	Staff
• The community recognised that change is necessary. • They had concerns that without change, lives would be lost.	• [No comments were made by staff on this scenario].

Questions about the Scenario

- Participants asked how the proposed changes will address current inefficiencies, such as poor transport and dental services, and what guarantees exist that real improvements will happen this time?

Scenario 1 – Feedback from Survey

Survey participants did not answer questions about this scenario, however there were relevant views shared within free-text areas of the survey:

- **Residents** asked "can you explain more clearly why "no change" is not an option?"

- **Residents** noted “the population of Powys must see evidence of why these options are not options”
- **Professionals, residents and representatives from organisations** felt that change was needed:
    - “Changes certainly are needed”
    - “Change needs to start at the top”
    - “Whatever you are going to do needs to be done quickly”
- There was a sense from all participants that there were existing good services in Powys, and that these should not be forgotten about or lost in the change process:
    - “Do not destroy what, given the difficult times, has always been an excellent service within Powys.”

Scenario 2 – Feedback from Engagement

Scenario 2: Minor Changes

Community and Partners	Staff
• Small changes are potentially quick and easier to accept, especially if they focus on strengths, communication, and access. • Doubts remain about solving long-term challenges such as retaining the workforce, poor digital connectivity and deteriorating facilities. • Need to ensure services like palliative care meet local needs.	• “Minimum change” feels like a sticking plaster and unsustainable. • There were calls for bigger, future-proof investments, streamlined technology, and better staff retention and development.

Questions about the Scenario

- What exactly counts as a “minor” or “small” change, and how is it defined?
- How will strengths be retained while tackling inefficiencies, and how will access, communication, and technology be improved?
- Is investing in old buildings worthwhile?
- How will staff and community be engaged so change is accepted and effective?

Scenario 2 – Feedback from Survey

Participants were asked to give advantages and disadvantages to each scenario. From the 167 respondents, 61 participants did not provide any advantages to scenario 2, and a further 4 participants said that they saw no advantages to this scenario. 59

participants did not provide any disadvantages, and 1 said that they saw no disadvantages to this option.

In terms of qualitative responses, themes can be grouped as follows:

What are the perceived advantages to this scenario?

Older participants felt that this was a quick and easy option, with minimal disruption. They already knew and understood the services on offer and would have little to learn and fewer changes to cope with.

Participants from across age-groups felt that this was potentially a cheaper option, that would prevent loss of services in other areas.

Some participants felt that this was a good option for vulnerable patients, particularly those with mental health needs; although it is worth noting that participants who identified as having mental health needs did not always share this view.

Some staff and professionals felt that minimal change and disruption to services could be a positive in terms of staff retention.

What are the perceived disadvantages to this scenario?

Many participants felt that this was "inadequate". They shared concerns that services were not financially sustainable, that services had long waiting lists and delays, and that this option would lead to no improvement.

Feedback included:

- (This) "doesn't help anyone"
- Current buildings are not fit for purpose, nor adapted to the needs of many (physical disabilities, dementia, bariatric, non-weight-bearing etc)
- This doesn't listen to staff concerns
- This doesn't resolve transport issues for staff, patients or family/friends and carers
- This doesn't reflect how young people want to access services
- It is not sustainable.

There were concerns about the impact of minor changes upon staffing, with a view that staff would be essentially told to "do more, with less". This was felt to be a risk for retention, and therefore a risk for future sustainable service delivery and patient outcomes. Views were shared that this option presented a risk for increased staff burnout, and further stretch in services that was currently being "patched up" by individual staff good will.

There was also an **emergent theme** noted, with many participants sharing concerns that change was required, and this was **not enough change**. Of the 108 respondents

who answered this question, 39 respondents (36%) gave answers to this effect. For example:

- “Change is required to meet the demands of the community , without major changes this will not be the case and residents of Powys will remain disadvantaged”
- “Is it enough to deliver the changes and savings needed? would it be better to do this once (big bang) and reassure staff that it's done for a while.”
- “Minor changes are insufficient. Clearly HUGE changes are needed...”
- “Doesn’t address the real problems.”
- “Isn’t currently working. It is broken. Sticking plasters over very big cracks.”
- “The changes get 'lost' and people quickly go back to traditional ways of working. Change has to be visible and noticeable to push through”
- “Radical changes are needed else services will slide further into decline. The NHS has to be ready for the demographic timebomb.”

A further **emergent theme** was related to the concern that Scenario 2 would not provide the improvements required. This overlaps with the above theme, but has been coded and reported on separately. 16 respondents (just under 15%) gave answers to this effect. For example:

- “Doesn’t help anyone”
- “Services continue to stagger along”
- “Not a long term solution as it will not fix the ongoing difficulties”

Taken together, this indicates that 55 respondents (51%) felt that this suggestion would not create the change required to improve outcomes for the population of Powys.

What are the perceived challenges with implementation?

It was felt that staff morale and retention would be a challenge with this option, as would community wellbeing. It was also felt to not be cost-effective in the long-term, and not to lead to improve health outcomes for the population. It was noted that staff would “continue” to leave for England. It was also noted that current buildings were not sufficient for this option.

What are the perceived opportunities?

There is an appetite for more significant change. The overwhelming view seems to be that if change is required, people (including staff) would prefer for this to be done in an evidence-based, transformational way that ensures services are fit for the future. They would like to be involved in this process, and to have a voice in the way that services are shaped.

Is this scenario aligned to the NHS STEEEP principles?

From the responses given, it is likely that this scenario is not positively aligned to the NHS STEEEP principles as follows:

- Respondents report considerable delays and inefficiencies with the current services, leading to poorer patient outcomes. They do not feel that minor changes will address this. Therefore, there is no evidence that this option will improve patient safety, timeliness, effectiveness, equitable access, or person-centred care.
- Respondents are concerned that minor changes will lead to a "postcode lottery", further impacting upon the above.
- Additionally, respondents are concerned that small changes will eventually become lost, and that they will not be fit for the future – requiring further change in time at additional cost. This suggests it is not a cost-effective option.

Planning for an Integrated Impact Assessment

Some of the themes reported by respondents are necessary for consideration in a future Integrated Impact Assessment (IIA) as follows:

- The future use of buildings and assets own by PTHB, and whether these can be redeveloped in line with the needs of the population, or need to be replaced;
- Access to services by residents of Powys, and whether there is scope for development of public transport links to facilitate this and reduce individual travel burden for staff and population; and
- The integration of health services and other partners, to promote community working and encourage younger, local people into system employment. Many young people and volunteers reported that they would like to be more involved in local health and social care delivery.

Scenario 3 – Feedback from Engagement

Scenario 3: Centres of Excellence

Community and Partners	Staff
• "Centres of excellence" must be clearly defined, accessible, welcoming, and designed to complement—not replace—existing local services. • Co-locating health, social care, voluntary, and specialist services is key to improve early intervention, reduce travel, and provide coordinated, proactive care.	• Staff see the potential for centres of excellence to improve services, skills, and teaching, with modernised facilities and extended diagnostic hours. • Negative impacts on elderly and vulnerable patients due to travel difficulties, digital exclusion, and social care bottlenecks could undermine the model.

• Potential centres discussed in Machynlleth, Ystradgynlais, Welshpool, Brecon and Llandrindod Wells.	

Questions about the Scenario

- What exactly is a “centre of excellence” and how will its role, size, and services be determined?
- Where will the centres be located, and will they replace or complement existing hospitals and community facilities?
- How will GPs, social services, voluntary organisations, and other agencies fit into the model, and how will services be coordinated?
- How will equitable access be ensured, especially for elderly, remote, and digitally excluded groups?
- How will IT and record-sharing systems work reliably across locations, and how will the approach prevent patient harm or isolation?

Scenario 3 – Feedback from Survey

Participants were asked to give advantages and disadvantages to each scenario. From the 167 respondents, 48 participants did not provide any advantages to scenario 3, and a further 8 participants said that they saw no advantages to this scenario. 45 participants did not provide any disadvantages.

In terms of qualitative responses, themes can be grouped as follows:

What are the perceived advantages to this scenario?

Participants felt that this scenario could provide better facilities and reduced waiting times.

They felt that it was likely to result in safer, improved and person-centred care, and a more integrated workforce. There was a view that it would improve access to specialist care and help people get specialist services when they needed them. There was particular reference to neurodevelopmental and mental health needs; with a view that tailored support was required.

People felt that it would be cost-effective, with reduced overheads, and support the sustainability of services both now and in the future.

Staff felt that they would have the opportunity to upskill and progress in their careers. Some professionals reported that they felt it was “essential”, and that having a regular throughput of staff and trainees would improve skills and retention; as well as improving general practice and ensuring that staff keep up-to-date with advances in healthcare.

People felt that this could result in less travel outside of Powys, even though it may result in more travel within the county itself.

What are the perceived disadvantages to this scenario?

People were concerned that if Centres of Excellence replaced existing services, there would not be enough service provision across Powys. They were also concerned that it could lead to some patients deteriorating faster without access to local services, or if there were insufficient transport links.

People were also concerned about the IT infrastructure, and whether it was efficient enough to manage information sharing between community services, system partners, and the proposed centres of excellence. People want to see a robust plan in place for managing an integrated IT infrastructure.

An **emergent theme** from participants was that they felt that there was a lack of clarity or detail around exactly what was meant by the term “Centre of Excellence”, and what would be included within it. Some of the questions included:

- “What exactly is a "centre for excellence"? Are we talking advanced diagnostic machines, dialysis, chemotherapy suites, an enhanced ambulatory care centre?”
- Will this approach be an MDT approach, incorporating system partners?
- Where will these services be located?
- Will different specialisms be provided in different sites? Will that make it harder for people to access services they need, if there is (for example) only one service in Powys that can help them?

It would be helpful to explore some of these issues in the next phase of the work.

What are the perceived challenges and opportunities with this scenario?

There was a view that to be truly effective, this scenario needed to incorporate system partners and to be a true MDT approach to care with an integrated workforce and supported by a robust IT infrastructure. It was also felt that it would need clear service and specialism mapping, to ensure people could access the services they needed equitably across Powys. It was felt that this was an opportunity to address some gaps in provision, particularly in neurodivergence and mental health needs.

A few participants queried whether the development of centres of excellence would streamline the management infrastructure of PTHB due to the co-location of services. There was a view that there are two aspects of staff overspend:

1. Management infrastructure
2. Agency staff.

They felt that this corresponded with an underspend on frontline staff.

Is this scenario aligned to the NHS STEEEP principles?

Participants felt that this scenario had the potential to improve patient safety, timeliness, effectiveness, efficiency, equitable access and person-centred outcomes by offering high-quality, specialist services that were cocooned by system partners. This view was shared across respondent type, location, and age group. However, participants identified the following risks:

- Centres will have to be planned strategically to ensure that people can access a variety of specialist services;
- Consideration will have to be given to the skills-mix of staff within centres and how to further develop this in the future;
- Centres will need to be supported by strong transport links;
- Centres will need sufficient equipment, access and facilities for the needs of the people they serve;
- The approach will need to be supported by a robust IT infrastructure that enables rapid information sharing, digital referrals, access to patient records, and multi-agency working;
- Access to services by particularly vulnerable residents of Powys, considering aspects such as:
    - Knowledge of the services available to them;
    - Supported transport to the services they need to attend;
    - Continuity of care, wherever possible; and
    - The ability of their informal care network to support them in attending Centres.
- The approach would work better if it was a fully integrated MDT approach, cocooned by social services, the third sector, and informal care structures.

Planning for an Integrated Impact Assessment

Some of the themes reported by respondents are necessary for consideration in a future Integrated Impact Assessment (IIA) as follows:

- The proposed locations of Centres, and whether this will make use of buildings and assets own by PTHB.
    - Will such buildings need to be redeveloped to deliver the required services? If so, is that a feasible option?
- Access to services by residents of Powys, and whether there is scope for development of public transport links to facilitate this and reduce individual travel burden for staff and population;

- The integration of health services and other partners, to promote community working and encourage younger, local people into system employment.

Scenario 4 – Feedback from Engagement

Scenario 4: Expanding Home Care

Community and Partners	Staff
• Recognised the value of multidisciplinary care close to home for its potential to reduce hospital pressure and support independence. • Concerns about patient isolation, service variations result in a postcode lottery of service delivery. • Opportunities to use digital tools, rotating specialists, and integrated hubs. • Communication needs to be effective. • Sites need to be equitably sited across Powys, with strong links between social and domiciliary care.	• Home-based care could reduce patient travel, improve continuity, and build on current local community team provision. • Requires staff upskilling, better communication between services, and robust social care involvement. • Concerns about higher costs and uneven service quality across the county – potentially gaps in mental health and specialist support.

Questions about the Scenario

- What kinds of injuries, treatments, and conditions will be eligible for care at home, and how will suitability be assessed?
- Will it result in the downgrading of other health services?
- How will social services, domiciliary care, and third-sector partners be integrated, especially for palliative and dementia care?
- What technology, information-sharing systems, and communication processes will support effective coordination between hospital and community teams?
- How will workforce capacity, training, and specialist availability be addressed, and what happens in emergencies or when home care is not possible?

Scenario 4 – Feedback from Survey

Participants were asked to give advantages and disadvantages to each scenario. From the 167 respondents, 40 participants did not provide any advantages to scenario 4, and a further 2 participants said that they saw no advantages to this scenario. 58 participants did not provide any disadvantages, and a further 5 said that they saw no disadvantages to this option.

In terms of qualitative responses, themes can be grouped as follows:

What are the perceived advantages to this scenario?

There was a lot of very positive feedback to this option, with respondents reporting that they felt it was the "best" option, that it was familiar and that it would empower them and enable them to continue to use their own support networks and be part of their own community.

Some of the advantages people reported were:

- "End to end" care;
- Cost savings, compared to lengthy inpatient stays;
- Fewer people in hospitals, with the associated reduction in deconditioning, inpatient infection, and loss of support networks;
- Improved quality of life;
- Increased reassurance for people in rural areas, allowing them earlier access to care and preventing escalation to the point of hospital admission;
- More expertise and skills being developed locally;
- Building care around the person and their lives;
- Improved wellbeing;
- Less travel for patients;
- Building resilience in staff teams through diversification;
- Increased support for patients who are housebound due to physical or mental health needs, their age, their caring responsibilities, or their farming responsibilities;

An **emergent theme** was around the benefits of having **care closer to home**, with 75 respondents out of the 127 who responded to this question (59%), sharing this as an advantage of the scenario. The advantages they saw, in addition to those above, included:

- "Supports independence and dignity, especially for adults and those with long-term health conditions";
- "This maintains and increases integration and interaction with health providers and everybody gains! It strengthens the wellbeing of a community, and skills and understanding increase";
- "Being cared for at home helps me stay independent and connected to my neighbours.";
- "This will enable people to recover in their own homes quicker with better outcomes than being in a hospital bed. It is not all down to health to facilitate a good recovery. Third sector services may be able to support this."
- "For mental health issues, this could give people enormous reassurance if they could see a professional in their own home" and

- "All studies show that people stay well and recover quicker at home".

What are the perceived disadvantages to this scenario?

There were concerns about this scenario, particularly in relation to:

- How feasible is it from a cost perspective?
- How feasible is it from a staffing perspective? In terms of:
    - Current workforce levels
    - Current workforce skills-mix
    - Potential recruitment
    - Cost
- If patients aren't travelling, then staff will need to – how much time will be lost to this, and how much will it cost?
- People in the community might not feel equipped to care for their loved ones at home – how will this be managed, and how will they be supported?
- Can the primary care infrastructure support this option?
- Can the IT infrastructure support this option?
- Can the wider system support this option?
- How will people know about and access the services they need to? This includes both the public and professionals.

What are the perceived challenges and opportunities with this scenario?

As outlined above, people saw this as a very positive and viable scenario, as long as the costs, staffing risks, travel aspects, knowledge of services, IT infrastructure and support aspects were appropriately addressed. However, a clear and emergent theme from this work was that **a blended approach between scenario three and scenario four was favoured.** It was felt by participants that this would have the dual benefit of providing high-quality care at home, whilst allowing people to access specialist services in Centres of Excellence when required.

Is this scenario aligned to the NHS STEEEP principles?

Participants felt that this option would improve patient safety, effectiveness, efficiency, equity of access and person-centred care and outcomes if it was implemented as a whole-system approach with the above concerns addressed. There was limited mention of timeliness, other than where participants discussed a blended approach utilising scenarios 3 & 4.

Planning for an Integrated Impact Assessment

Some of the themes reported by respondents are necessary for consideration in a future Integrated Impact Assessment (IIA) as follows:

- By providing care closer to home, individual transport needs of patients and carers could be reduced but the transport burden placed on staff members (particularly where a person requires input from multiple teams), could increase. This will need considering, and supportive actions putting in place.
- A number of positive Health Impacts were reported by respondents as opportunities associated with this option, including:
    - Quicker recovery times for patients;
    - Reduced likelihood of crisis or acute care demands;
    - Ability to use informal, low-level and existing personal support networks to enhance and promote recovery, rather than formal services;
    - Ability to work closely with community members and organisations;
    - Reduced loneliness, isolation and anxiety for vulnerable members of the population;
    - Increased wellbeing, due to being supported and cared for in a comfortable and familiar environment;
    - Reduced risk of inpatient infection or deterioration, including low mood associated with long inpatient stays; and
    - Earlier opportunities for mobilisation around a familiar and safe environment.
- Respondents reported opportunities for positive socio-economic impacts, such as:
    - Investment in primary care services, leading to recruitment, retention, and upskilling of staff;
    - The stabilisation and diversification of existing care teams;
    - The development of peer-support and waiting-list support services in the community;
    - Providing care at home for people with care responsibilities such as young children or disabled family members reduces the need for additional services such as respite or foster care;
    - Providing care at home for farmers helps to ensure that they access services before reaching crisis point, and that they can continue to meet the agricultural and nutritional needs of the community;
    - Investment in community care services to enhance offers such as befriending, transport, shopping, advocacy and wellbeing; and
    - The potential to recruit and develop local people within their own communities.

Scenario 5 – Feedback from Engagement

Scenario 5: Inpatient Care out of Powys and helping people at home

Community and Partners	Staff
• Participants felt older people would prefer more home-based care, backed by excellent home care, strong integration with social care, and close links with community / third sector. • Serious concerns about losing community hospitals, reduced local beds, and the impact on families, especially for palliative care, minor injuries, and services that can't be delivered at home.	• Similarities to existing mental health and therapy models. • Heavily dependency on district general hospitals. • Results in increased travel, siloed working between services, loss of local rehabilitation beds, lower staff skill mix and morale, and higher costs for out-of-area care.

Questions about the Scenario

- How will home-based care be integrated with social care, charities, and local organisations to ensure quality and continuity?
- Will community hospitals, minor injuries units, and local beds be retained, and how will they complement home-based care?
- How will communication and data sharing work effectively across hospitals, community teams, and partners?
- How will travel, transport, and visiting challenges be addressed for patients and families?
- How will staffing, skill mix, and volunteer involvement be maintained to avoid loss of capacity and morale?

Scenario 5 – Feedback from Survey

Participants were asked to give advantages and disadvantages to each scenario. From the 167 respondents, 60 participants did not provide any advantages to scenario 5, and a further 8 participants said that they saw no advantages to this scenario. 45 participants did not provide any disadvantages.

In terms of qualitative responses, themes can be grouped as follows:

What are the perceived advantages to this scenario?

People felt that services were more likely to be, or were in their experience, better equipped with better trained staff. They felt that there were more options for specialist services and support, which were unavailable to them in Powys.

Some people found that overall travel time to out-of-area services was shorter for them than travelling within Powys.

People queried whether this was more expensive or less expensive for PTHB than offering their own services, and it was felt that more information was needed in this area.

There was recognition that this could relieve some of the pressure experienced in the PTHB system.

Younger people reported that they already have to travel out-of-county to receive certain aspects of their care, and that this option would make little difference to them from this perspective.

What are the perceived disadvantages to this scenario?

Many people felt very strongly that this was not a feasible or preferred option. People shared concerns about:

- Transport to out-of-county services, including concerns such as:
    - How would they get there, and how would they get home again?
    - How would family and friends visit them?
    - Patients would be isolated, with poorer support, leading to longer inpatient stays and worse outcomes related to deconditioning, wellbeing and mental health.
- Delays to receiving services, including:
    - Concerns that they would be “second-class citizens” and would have to wait longer than English patients;
- Inability to receive care in their own language, particularly for older patients or patients with dementia
- Risks of “losing” patients in the system, due to the complexities of managing and arranging care, arranging discharge, and supporting care at home across borders
- Inconsistent standards of care
- Difficulties attracting staff, and retaining them
- Impact on wider community, who have invested in their hospitals and have a strong sense of “civic pride” in the equipment, buildings and services that they have helped to fund and run
- There will be a limited ability to control the costs of out-of-area placements as a commissioning-only health board.

Some of the views people shared were:

- “Loss of local facilities would be a disaster”
- “Crossing county borders for healthcare is a disgrace”
- This option puts “vulnerable people at risk”
- “Reputational damage”

- "Feels like the nuclear option"
- "May drive talented staff away from Powys entirely if they cannot practice in a hospital setting"
- "This is not what we want"
- "A very disappointing direction to go in!"

What are the perceived challenges and opportunities with this scenario?

In addition to those outlined above, the challenges and opportunities seemed to be grouped into a few areas:

- **Costs –** there were mixed views on the financial impact of arranging care out-of-county. Some people thought it may be cheaper than providing in-house specialisms, particularly for complex but under-used services, whilst others thought that PTHB would end up paying significantly more and not being able to negotiate with neighbouring areas.
- **Transport –** there were mixed views on the transport impact of out-of-county care. Some people thought it would make little or no difference to them, whilst others felt that it would have a catastrophic impact on patient care and outcomes.
- **Logistics –** there were concerns that the logistics of managing out-of-county care would be a significant challenge. People were concerned about the limitations of current information-sharing and IT structures, the ability of Welsh and English systems to "talk" to each other, the ability of Powys to arrange care for returning patients, and the risks of patients being discharged without sufficient care, support and medication.
- **Staffing –** there were significant concerns that this option would lead to widespread recruitment and retention issues.
- **Wider Impacts –** there were significant concerns that this option would have a negative impact on the local population, with working age people leaving the local healthcare system to seek employment elsewhere. It was also felt that it would have a negative impact on current "hospital towns", with less footfall and fewer people working in the area and therefore fewer people using local shops and services.
- **Vulnerability –** there were significant concerns that this option would disadvantage the most vulnerable patients. Patients with mental health needs reported that they would not feel comfortable going so far from home, and that

this would prevent them from accessing services. Older people reported feeling anxious about this option, and the isolation they would feel in another area. Parents and carers reported that they would avoid accessing health services due to being so far away from the people they were responsible for.

Is this scenario aligned to the NHS STEEEP principles?

According to participants, this option is not aligned with the NHS STEEEP principles. Participants reported concerns about the safety, timeliness, effectiveness, efficiency, equity of access, and person-centred outcomes of this approach.

Planning for an Integrated Impact Assessment

There is a view that this option will have a negative impact on local workforce, causing working residents to leave Powys in search of clinical work elsewhere.

There is also a view that it will have a negative economic impact on towns that currently host a hospital, as there will be fewer people travelling into and out of the town and using local shops and services.

There is recognition that increased travel out of area will have a negative impact on aspirations to achieve Net Zero in line with National and Regional policies.

Participants in several vulnerable groups (long-term health conditions, mental health needs, older persons, and persons with children or other care responsibilities) reported that they would avoid accessing health services if it meant travelling to or being an inpatient in another area away from home. As a result, there is a risk of increased negative outcomes for these patient groups.

Scenario 6 – Feedback from Engagement

Scenario 6: A District General Hospital for Powys

Community and Partners	Staff
• This option is unrealistic due to poor public transport, inconvenient travel, and misaligned appointment times. • Doubtful ability to attract and retain staff or maintain medical expertise and accreditation.	• [No comments were made by staff on this scenario].

Questions about the Scenario

- How would transport and appointment times be coordinated to make access practical for patients?
- How would staffing, recruitment, and retention be managed, and how would medical accreditation be maintained?

Scenario 6 – Feedback from Survey

Survey participants did not answer questions about this scenario, however there were relevant views shared within free-text areas of the survey:

- A central DGH is not viable, but “cottage hospitals” throughout Powys could support the population;
- A DGH is not an option due to the size and spread of the population in Powys –other services will always likely be closer;
- “We need an A&E hospital in Radnorshire and MIU to re-open overnight.”
- “There needs to be a district hospital in the middle of the county as we cannot always get to A&E within the golden hour, ambulance response times are dreadful and we are losing the air ambulance. Welsh Government don't care about us only the M4 corridor and even there the services are moving away like stroke in Merthyr and downgrading Nevill Hall. Merge the health Board with another one so that someone actually listens to us when making these stupid decisions.”
- “We do need a proper hospital in mid Wales. It isn't right that you say its not an option”

Other Scenarios Suggested by Survey Participants

Survey participants had the option to suggest other scenarios that they thought may be viable. 100 participants provided responses to this question. The suggestions included:

- Spending less money on the third sector, and more on PTHB services;
- Reducing agency spend and recruiting more substantive staff;
- People who work should be prioritised on waiting lists;
- Strengthening end-of-life and CHC care;
- Offering minor surgical procedures locally;
- Having a “vaccination bus” that travels around the County;
- Prioritising prevention and wellbeing to reduce the need for crisis and acute services;
- Having an integrated health and social care system;
- Having a “rural mental health hub” that is neurodiversity friendly and can support mental health and eating disorders;
- Having mobile multi-disciplinary teams;
- Having community step-up/step-down facilities;
- Developing peer-led services that are run and supported by people with lived experience;
- Offering hybrid digital and in-person services;

- Having realistic and inclusive transport plans for any scenario;
- Community assessment days for people on waiting lists;
- Rotating staff through services to develop skills and resilience;
- A “whole system” networked model is needed, rather than scenarios;
- A radical weightloss service is required, as obesity is one of the biggest causes of ill health;
- We need to align our mental health services with the Mental Health and Wellbeing Strategy. We need an open-access Recovery College;
- We need to develop the residential and nursing home markets within Powys;
- We need to collaborate with private partners;
- We need to expand our GP service so that people can get help earlier without resorting to hospitals and A&E; and
- We need to think about services for children and young people – if we can prevent ill health at this stage, we can reduce the burden on adult services.

A few people suggested “scrapping” Powys services and sending all patients out of county to be “absorbed” by other health boards.

Participant Feedback on the Assessment Criteria

Feedback from the Engagement

During each workshop, participants were asked to give an insight into their thinking behind some of the comments and feedback they provided for each of the scenarios.

Community and Partner Organisations felt that the health and care system should focus on prevention, supporting healthy lives, and making the best use of limited resources. Care needs to be local, accessible, and sustainable—especially in rural areas—and centred on people and families. Better health education, communication, and non-medical preventative support are essential, requiring strong local partnerships. The goal is an equitable, timely, and trustworthy system that delivers the right care, in the right place, at the right time, delivered by professionals who understand and meet the needs of individuals and communities.

The PTHB staff shared the view that the services should be high-quality, equitable, sustainable, and patient-centred - focusing on prevention, local access, and integrated care, while building workforce capacity and respecting patient values.

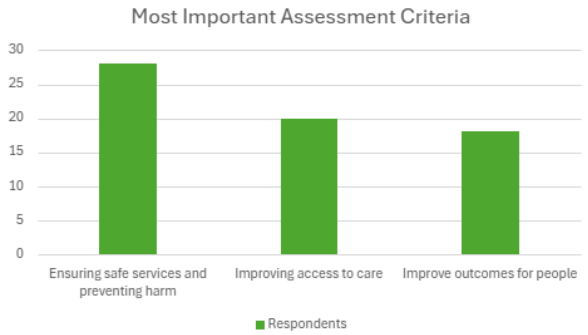
Feedback from the Survey

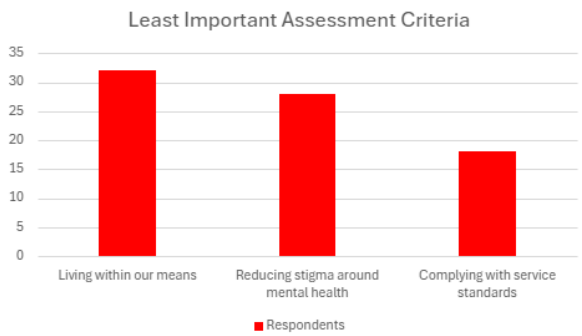
In the survey, participants were asked to indicate which of the 12 assessment criteria they felt was the most important, and which they felt was the least important. They also had the opportunity to "rank" the criteria in order of importance.

146 participants provided a view on the most important criteria, and 133 on the least important. It was, unfortunately, not possible to compare participant rankings due to the number of people who skipped this question or left it incomplete.

The criteria that was most frequently ranked as most important was "ensuring safe services and preventing harm", with "improving access to care" and "improving outcomes for people" in 2nd and 3rd place respectively as shown on figure below left.

The criteria that was most frequently ranked as least important was "living within our means (financial sustainability)", with "reducing stigma around mental health" and "complying with service standards" in 2nd and 3rd place respectively as shown on figure below right.





It is worth noting that although it has not been possible to compare rankings of the full assessment criteria between participants, there was a strong consensus on the criteria that were most and least important to respondents. For example, nobody ranked
"ensuring safe services and preventing harm" as the least important criteria; and only 2 participants ranked "improving access to care" and "improving outcomes" as the least important criteria. This suggests a good degree of inter-participant cohesion and should allow PTHB to use these three criteria as more heavily-weighted criteria in the next phase of their work.

In terms of the least-important assessment criteria, it is worth noting that participants gave these scores as they felt that these criteria tackled different issues. They reported that "reducing stigma" felt like a different, wider issue that couldn't necessarily be tackled by service development but was more of a "culture change" issue that should underpin any options. Additionally, they felt that "complying with service standards" was a given within providing safe services.

In terms of “living within our means”, this was recognised as a core issue and many participants spoke about the importance of cost savings and financial stability. However, they felt that this was less important that patient outcomes and staff retention.

Views on Additional Assessment Criteria

Participants in the survey were given the opportunity to share any other views on the assessment criteria. 94 participants declined to answer this question.

Of the remaining participants, 15 (21%) used this space to note that they felt that all assessment criteria were equally important. Other participants made suggestions such as:

- Digital inclusion and accessibility;
- Reducing waiting times;
- Consideration as to how the proposals align with the Marmot principles;
- Considering aspects such as lived experience and accessibility;
- How “fit for the future” a proposal is, in terms of its resilience and adaptability;
- Recognising the importance of a service’s ability to respond in an emergency;
- Having defined, tangible targets to replace wider strategic goals; and
- Working with existing strengths in services and communities.

Participants also noted duplication and inter-dependencies between the assessment criteria, making statements such as “Logically "sustainable workforce" is most important as without it none of the others are possible”.

Participant Views on the Engagement and Survey Process

Throughout the engagement sessions and the survey responses, participants have shared their views on their experience of the engagement process. We have collated these views, to support the development and delivery of the next phase of the Better Together project.

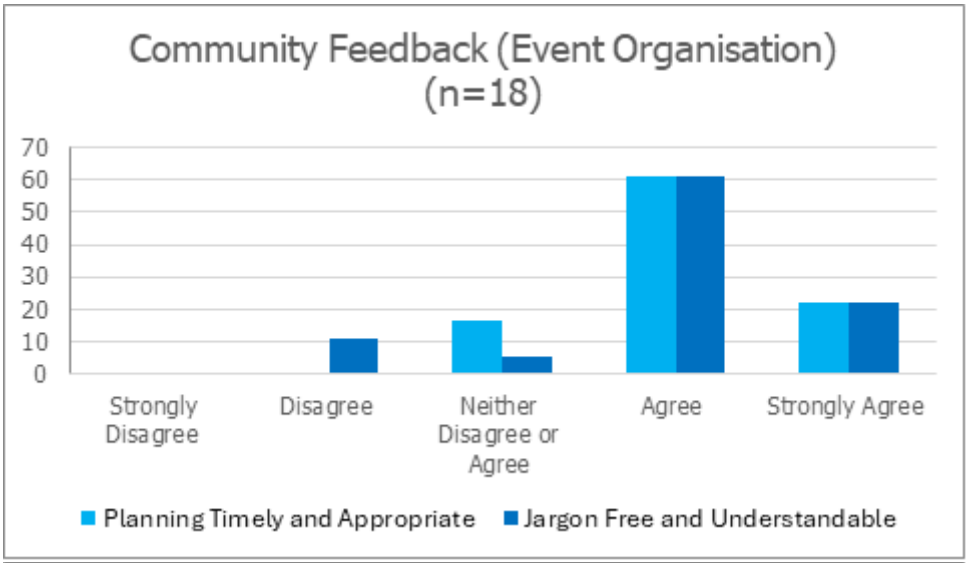
Feedback about the Engagement Process

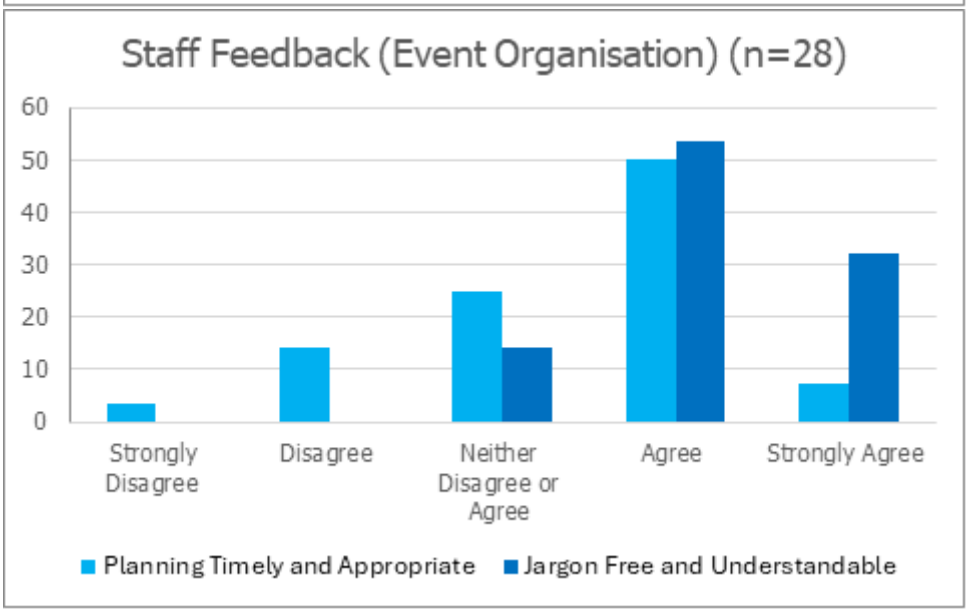
To understand the effectiveness of the different aspects of the community and staff engagement, participants were asked a series of questions about different aspects of the process. Specifically, their views on the organisation for each event, their involvement once ther,e and their understanding of the overall process once they’d taken part in the workshop.

Starting with the Event Organisation, participants were asked to mark their views between strongly disagree and strongly agree on the following statements:

- I feel the engagement has been planned and delivered in a timely and appropriate way.

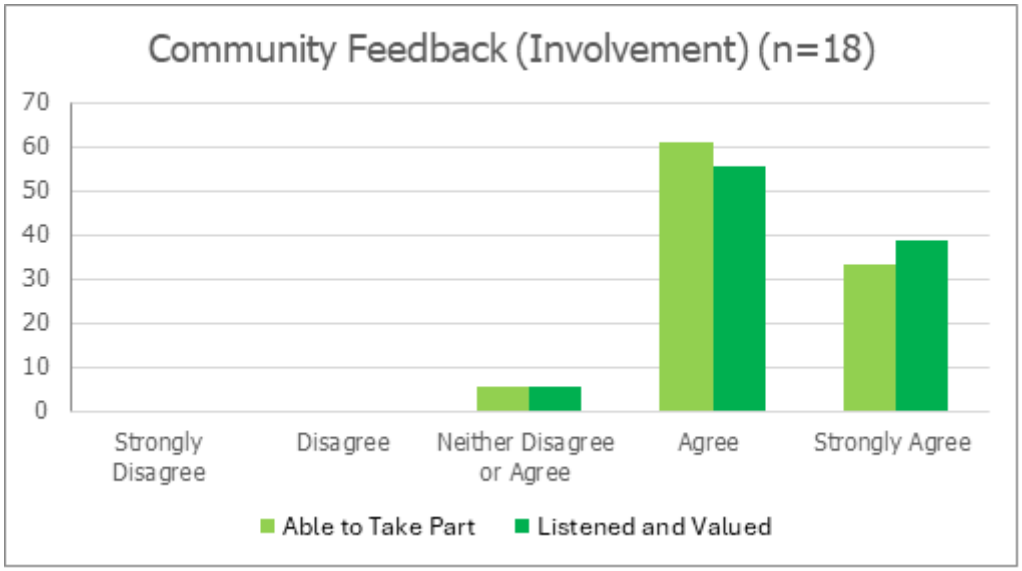
- The information provided at this event and during the registration process has been jargon free, appropriate and understandable.

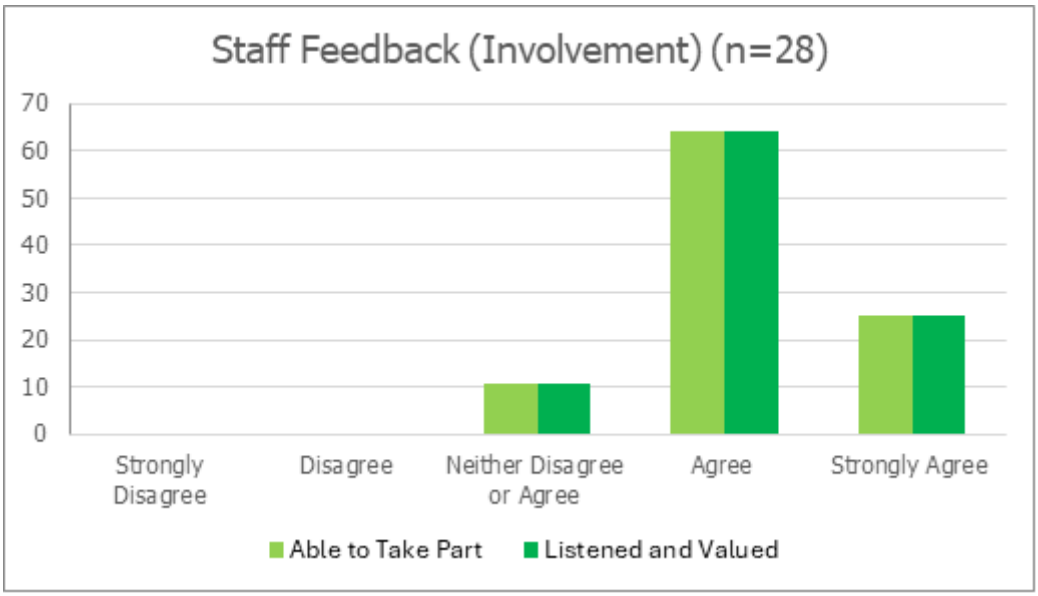




Regarding their involvement in the workshop, participants were asked to mark their views between strongly disagree and strongly agree on the following statements:

- I feel I was able to effectively take part in today's event.
- Today I felt my voice was listened to and my involvement has been valued.

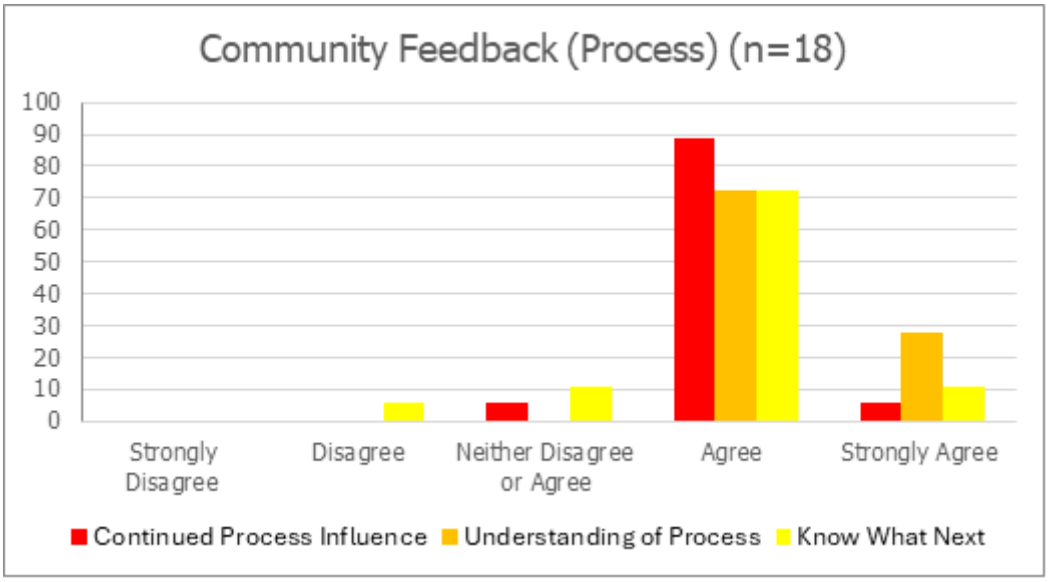


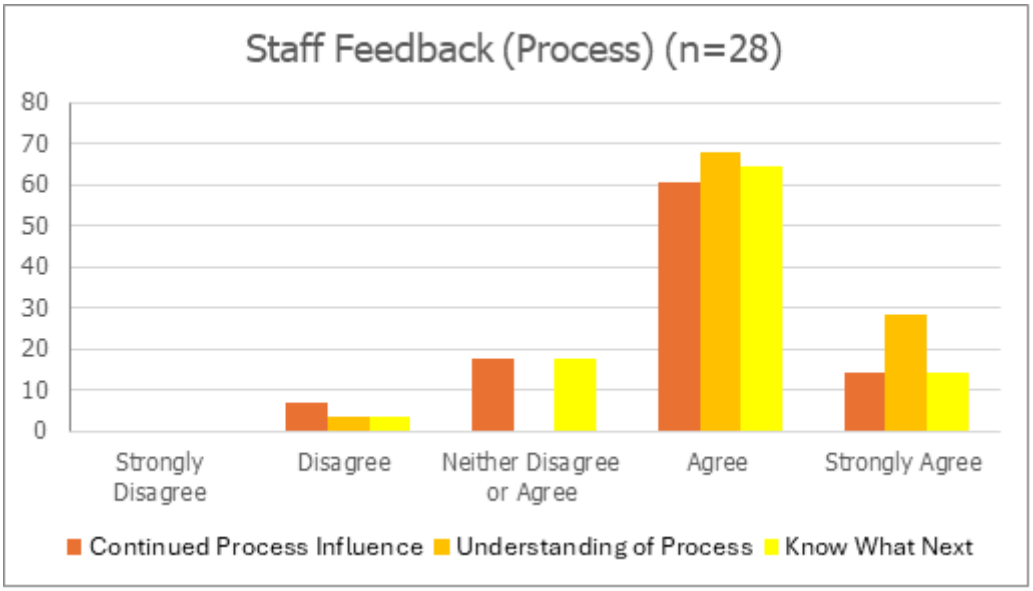


And finally, in terms of participant understanding of the overall process, participants were asked to mark their views between strongly disagree and strongly agree on the following statements:

- I have a better understanding of the process and how it's going to influence the work of PTHB and its partners.
- From today I am clear about how I will be able to continue to influence and contribute to the development and delivery of health services for Powys.

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Participants were also given the opportunity to add further comments. In summary, participants in the community workshop felt that the event was well-organised, informative, and effectively facilitated, with appreciation for the face-to-face format and strong contributions from key staff. However, attendees raised concerns about the need for wider engagement and suggested improvements such in terms of venues and further development of the process.

Attendees at the staff workshops found them informative and appreciated the opportunity to learn more through participation. However, several raised concerns about short notice for clinicians and staff, limited consultation time, unclear decision-making processes, and suggested longer, more sector-specific sessions with open, inclusive communication.

Feedback about the Survey Process

Participants were not asked direct questions regarding their views on the survey process, however many participants used the “free text” spaces to share their thoughts and feelings.

Many participants from across the stakeholder group shared their views that the survey was challenging to complete. The difficulties they experienced included:

- The length of the survey;
- Difficulties remembering the different scenarios in order to answer the questions;
- Difficulties with the question function, such as the assessment criteria ranking question;
- The survey, engagement document and complex imagery not reading well on handheld devices; and
- Many of the questions appearing to be very similar, or participants being unclear on the different purposes of them.

Participants also shared concerns that their views would not be taken into consideration, and that the survey was “lip service”. A minority had the view that PTHB had already made a decision, and that the responses to the survey would not change the approach.

Considerations for Future Work

It is fair to say that there is appetite for change within PTHB. In the next phase of this work, our findings suggest that PTHB should consider the following:

1. Providing more information, including evidence, within the consultation/engagement materials about the different options and what the potential impacts could be to allow people to make better informed judgements;
2. Directly addressing concerns from across participant groups within proposed scenarios, such as:
    a. Explaining how current inefficiencies or delays could be addressed by the proposed options;
    b. Explaining how each option could support the retention, support and upskilling of current PTHB staff;
    c. Explaining how transport issues could be resolved within each option;
    d. Explaining how other aspects of the holistic system, such as social services, the third sector, voluntary services and informal support systems could be integrated into each option;
    e. Explaining how the proposed approach could support more vulnerable members of the community; and

   f. Explaining how services will be accessed by professionals and the community alike.
3. Providing information and assurances around how change will be assessed, monitored and quality assured to ensure that the proposed changes improve services and outcomes for the population of Powys;
4. Improving the survey aspect of the consultation process to ensure that people can share their views, incorporating the following feedback:
   a. Ensuring that question "types" are aligned to the questions asked, such as using "ranking" formats for ranking questions;
   b. Creating more tick-box or scaling questions, and fewer free-text options;
   c. Providing a reminder of the information alongside the relevant question, such as when asking for views on scenarios; and
   d. Making the survey shorter and more concise/specific;
5. Providing evidence that the views people have shared have been taken into consideration;
6. Ensuring that future community engagement events are in a wider variety of accessible venues, with improved advertising; and
7. Ensuring that future PTHB engagement events are widely advertised with sufficient notice for clinical staff, and a sector-specific approach.

Conclusions

Conclusions from the Engagement

The aim of this engagement was to seek ideas and hopefully consensus from participants on what might be the most appropriate way services could be delivered in Powys in the future. And to also understand what was influencing the decision making of the community members, partners and the workforce when making these suggestions.

This next section is a summary of the last activity from each workshop, where participants were asked to think creatively about their preferred scenario – even amalgamating the details of different scenarios if they felt that was appropriate and useful. The following section provides an overview of this activity to feed into the Powys Teaching Health Board Better Together process.

Community and Partners	Staff
• A hybrid of Scenarios 3, 4, and 5 • Scenario 3 was widely seen as the core vision, emphasising prevention, early intervention, and community-based services – including social	• A blend of Scenarios 3 and 4. Although Scenario 4 receives the strongest consistent support due to its focus on community-based,

prescribing, early intervention, community connectors, housing support and lifestyle advice. • It was seen as having potential to produce better outcomes and earlier treatments. • A hub and spoke arrangement were suggested. • The practical strengths of Scenarios 4 and 5 was including: o Local hubs, mobile units and virtual consultations to avoid transport barriers. o Existing infrastructure e.g., community hospitals, local beds and integrating social care and voluntary services. • Participants saw the benefits of home care, especially for end-of-life needs. • A 'no wrong door' approach. • Upskilling of teams to reduce reliance on external providers. • The discussion in Welshpool identified greater acceptance of using out of county inpatient care than in the other locations.	preventative care and its ability to reduce hospital pressure. • Scenario 3 had mixed views, although specialised centres with professionals from social and health care, centralising skills and palliative care beds was supported by the participants. • Concerns about this scenario included moving the service further from people's homes and understanding what 'excellence' meant. • Scenario 4 was seen to improve the patient experience, supporting patient-centred care and wellbeing through upskilling staff. • Integration of both was seen as being the key. The combination of centralised specialisms and improved home care seen as optimal. • This approach needed to include the voluntary sector, social care, and mental health referrals.

Both the community groups, partners and staff preferred a blended model – not one scenario was viewed as able to operate on its own in isolation across Powys. There was also strong support for prevention, early intervention and integrated service delivery from the workshop participants, whichever scenario was being discussed. There were also shared concerns about travel and accessibility in a rural county with an ageing population. There was shared interest in blending digital and in-person services, but also recognition that digital exclusion remains a barrier.

The community had more interest in Scenario 5 – possibly due to the discussions in Welshpool.

The community groups and partners were more aspirational in their views than members of staff – who had a more cautious, operationally focused / logistics view.

Participants were also asked to share which criteria they were using when assessing which of the scenarios was most beneficial. Both 'groups' referenced the six STEEP assessment criteria, namely safe, timely, effective, efficient, equitable and person centred.

The community identified the following as additional factors influencing their decision making:

- Financial sustainability.
- Being place based / keeping people at home / local decisions.
- Integrating with other non-health services - voluntary sector, community groups, circles of support, the council.
- Empowering - people take responsibility for their own health where they can (information, a booklet, education, information).

Staff members, doing the same exercise, identified the following as additional factors influencing their decision making:

- Geography / access.
- Workforce capability.
- Financial sustainability.
- Joined up working.
- Ill health prevention.

The expectations exercise (See Appendix One for the Agenda) has shown how the Community groups and partners have attended the workshops with a forward thinking, values-based mindset. They wanted to be heard, involved and included in shaping future health services in Powys. Members of PTHB staff who have taken part have a different level of understanding about what is happening and what had been planned. Going forward, they have asked for better internal communications of what was going on and reassurance about what change meant to them, their teams and their jobs.

Based on the questionnaire circulated at each workshop the community members, partners and staff have felt that the workshops themselves had been an opportunity to take part and be heard. Both ‘groups’ have come out of those events with a better understanding of the process, how they might influence things going forward and knowing what comes next – although there is less agreement with the sample taken from the staff events staff were less clear.

Conclusions from the Survey

As discussed in the “Findings” chapter, it is clear from the survey responses that there is an appetite for transformation across PTHB services. Respondents had strong positive views about scenario 4, supported by scenario 3, to ensure that people had the right care, at the right time, close to home.

Respondents were keen to see an integrated, multi-disciplinary approach that met their needs as people as well as patients; and enabled them to maintain their dignity and feel empowered. They wanted continuity of care and connection between health, social care, and the third sector.

Respondents wanted a clear focus on prevention and wellbeing, as an holistic approach to health services. They wanted to utilise their existing support networks and communities to help them achieve this, and there was a fear of isolation surrounding the notion of services being further away from home or out-of-county.

All participants recognised the crucial role of staff in the delivery of any service, and particularly in the change management process. Staff were felt to be the foundation of good quality services, and it was recognised that financial and training investment would need to be made. Participants across all groups felt that changes should incorporate staff views and experiences, and that staff should have the opportunity to grow, thrive and develop whilst working in Powys.

The most important thing to the people of Powys, as reported by the participants in this survey, was improved, person-centred outcomes supported by improved access to care.

The most significant concerns that respondents reported were around lack of access to services, challenges around transport and isolation, and staff recruitment and retention.

Appendix 13: Better Together Stage 2 Feedback Report on the drop in events held in six Powys towns

Introduction:

Alongside hosting invited workshops in five key towns in the county, the health board also offered all residents the opportunity to drop in to these same five venues later in the day. Between the hours of 5pm and 7pm people were able to visit the venue to find out more about the Stage 2 engagement exercise and to give their feedback in a face-to-face setting with officers and Executives on hand to answer any questions.

Conversations:

Although the number of people attending was low overall, with just under 30 people visiting across the five events the conversations and feedback given was insightful in helping the health board to better understand the views of interested residents.

Alongside the organised drop in events, the health board also attended a session at the Plas, Machynlleth on Monday 7 July where they joined together with Hywel Dda University Health Board who were consulting on their Clinical Services Plan.

Conversations took place with a further 15–20 people during the session which ran from 1pm to 8pm bringing the total number of views captured to approximately 60 residents across the six towns.

The drop in events which followed on from the workshops took place as follows:

Towns	Day and Date	Time
Brecon	Tuesday 1 July	5pm to 7pm
Welshpool	Wednesday 2 July	5pm to 7pm
Ystradgynlais	Thursday 3 July	5pm to 7pm
Llandrindod Wells	Thursday 10 July	5pm to 7pm
Newtown	Wednesday 16 July	5pm to 7pm

Residents were able to contribute their views to both the Hywel Dda consultation and talk with the Engagement Team about the Better Together programme and contribute their views.

Residents at all six sessions were invited to have a look at the engagement documentation and speak to health board staff about the scenarios and the assessment criteria. Staff were on hand to explain each of the scenarios listed in the documentation, have a further conversation with residents and to capture their views about the advantages and disadvantages of each scenario, list these on post-it-notes and then add them onto a large engagement feedback chart.

Staff were also on hand to take people through the draft assessment criteria and invite people to share their views on which they felt were the most and least important criteria.

The following provides a summary of all the views captured across the five drop-in events. This analysis was conducted using Co-pilot and then checked by staff involved in the five drop-in events to ensure the feedback was accurate and reflected their notes and conversations. Copilot was asked the following:

"Please could you provide the following: 1) a summary of the key advantages that people gave for each of the scenarios listed in the table. 2) a summary of the key disadvantages that people gave for the scenarios listed in the table. 3) anything else that was an interesting or different viewpoint."

The summary table below sets out the key views given regarding the 6 scenarios. This is followed by a more detailed overview of all the comments shared.

Scenario	Advantages	Disadvantages
No Change	There are no advantages to this scenario	N/A
Do Minimum	Would cause minimal disruption so	This is not a big enough change to improve services.

	might appeal to some.	
Centres of Excellence	Support for care closer to home and some specialisation.	Location of centres was a concern. Transport and parking to get to centre for many likely. Closure of other hospitals.
Care Closer to home	Person first care supported including dignified end of life care. Could reduce hospital stays. Would respond to our ageing population profile.	Staffing issues and the travel logistics for home visits. Virtual offer could lead to isolation. Access challenges.
Out of county in-patient care	Positive experiences. Willingness to travel for specialist/quality care.	Family visits and travel times/distance/costs anxiety re-driving/parking/location of hospitals.
District General Hospital	None captured.	None captured.

Summary of Feedback

The top themes identified during the drop in events were as follows:

- **Mental Health Services:** Most frequently mentioned, with strong calls for trauma-informed care and better coordination.
- **Transport & Accessibility:** A major concern across all scenarios, especially for a rural county with dispersed communities and for access when referred or needing to access out-of-county hospitals and health services.
- **Primary Care & GPs:** Seen as central to access, but currently under strain.
- **Staffing & Workforce:** A need for more nurses, GPs, and better training.
- **Data Transparency & Trust:** People want clarity, evidence, and accountability.
- **Technology & Digital Access:** Interest in AI, telemedicine, and digital transformation.
- **Urgent Care & Ambulance:** Calls for faster response and better integration.

- **Social Care & Isolation:** Emphasis on community support and tackling loneliness.

Key Advantages and Disadvantages by Scenario

Scenario 1: No Change

Residents who attended the drop in felt and agreed that this was not an option for the health board and that there was logic to making changes so that we could balance the budget and improve health services.

Scenario 2: Do Minimum.

Minor Changes and developments to the way we provide physical and mental health community services.

This scenario set out that we could continue to deliver services broadly in the same way as we were now with some minor changes. Views were as follows:

Advantages:

- This would cause minimal disruption to existing services.
- Some services are currently good once accessed.
- Emphasis on involving GPs and mental health teams collaboratively.

Disadvantages:

- This was seen as insufficient and ineffective - "not a big enough change."
- Mental health services are still lacking; so, this would not solve core issues.
- Communication and access challenges would persist.
- Staff (especially nurses and doctors) are overworked now so need to do something.
- Travel to hospital appointments is difficult for those in poor health. Do minimum would not change this.
- Perception of stagnation—change promised but not delivered.

Scenario 3: Centres of Excellence.

More services in Powys are provided within 'centres of excellence' including Rural Regional Centres. This would mean that some of our services (such as hospital beds) are provided in fewer locations than now.

Advantages:

- There is potential for specialist care and better outcomes for people.
- People supported the concept of step-down care closer to home.

- Investment in MIU and visiting consultants would be welcomed.
- Preference for fewer, better-equipped sites over diluted services.
- This scenario could improve access and reduce unnecessary travel if well-placed.
- Mental health improvements were suggested as an outcome (trauma-informed care, home support).
- Residents expressed an interest in Powys Teaching Health Board combining Scenarios 3 and 4 for a balanced approach.

Disadvantages:

- Concerns about reduced bed numbers and accessibility.
- Scepticism about the term "excellence" and who defines it.
- Concerns and clarity required about what a "centre of excellence" looks like.
- Risk of losing local services and community hospitals.
- Transport and parking logistics are major concerns.
- Staff consistency and record-keeping issues.
- Needs to be patient-centred, not just structurally efficient.

Scenario 4: Expanded Home & Community Services

Developing and expanding a range of services available at home through strengthened primary care & community teams. This includes changing and developing the way we provide services in communities across Powys.

Advantages:

- There was strong support for dignified end-of-life care at home.
- District nurses and ShropDoc were praised.
- This scenario was seen to reduce hospital stays and provide better patient comfort.
- Digital options (video consultations) seen as viable.
- This would place an emphasis on person-first care and flexible delivery channels.
- People felt this would recognise and respond to the growing elderly population and the clear need for home care.
- Carers and digital transformation highlighted as key enablers to this scenario.

Disadvantages:

- Risk of overburdening families without adequate support.
- Loss of hospital beds could impact care quality.
- Staff shortages and travel logistics for home visits.
- Virtual care may lead to isolation or cost burdens.
- Access challenges could deter people from seeking care.

Scenario 5: Inpatient Care Outside Powys

Including community hospital beds being provided outside the county in neighbouring health boards.

Advantages:

- Some positive experiences with Hereford services (A&E, McMillan Unit).
- Residents potentially understanding and being willing to travel for quality care out of county.

Disadvantages:

- Long ambulance waits and poor transport options.
- Family visitation becomes difficult, leading to loneliness for the patient in a hospital out of county.
- Economic and social impact on local communities (e.g., Ystradgynlais).
- Anxiety and cost concerns (e.g., parking fees).
- Poor coordination and communication across borders.
- Mental health patients moved far from home—disruptive and distressing.
- Lack of trust in receiving consistent, quality care.

Scenario 6: Provide a district general hospital in Powys

When sharing the information in the engagement document residents could see that this was an unlikely scenario for the county and did not feel it necessary to comment further.

Key Themes from all and "Other Scenarios"

Those attending the drop in events were also asked if they had other ideas or comments about scenarios or approaches for future Adult Physical and Mental Health Community Services.

The following key themes/points were put forward.

- **A need for clarity and data:** The scenarios (especially Scenario 3) were seen as too vague

by many. Respondents wanted more transparency, data, and evidence to support them in helping them feel informed enough to give their views. They then wanted their views to shape what future options and services might look like before any final decisions were taken.

- **Transport and accessibility:** These were persistent themes across all the feedback given in the drop-in sessions and throughout the Better Together engagement work to date. Travel times, travel planning, access to public transport and non-emergency patient transport were all flagged. Appointment times to attend a district general hospital are often given to Powys patients without any consideration of travel needs living in a rural county. Planned care times should align with English standards and consultants should be brought into Powys to reduce travel burden.
- **Community Involvement:** There was an emphasis that we need to be listening to diverse voices and lived experiences as we look to transform future health care services.
- **Trust and Engagement:** There was scepticism about whether feedback given by residents will lead to any real change.
- **Investment in Ambulance Services:** Faster response times were seen as a priority for many people who are worried about waiting times for an ambulance to get to an A&E hospital if they need it in an emergency.
- **Technology and AI:** There was interest in the NHS/health board investing in and using various apps to help track patient referrals and improve access to health care. Telemedicine is welcomed, e.g. sending photos for remote diagnosis, but some felt that there was too much reliance on computer systems. However, there were also comments about ensuring there were alternative channels for those less able to access/use digital services. And that there is a need for more human interaction.
- **Communication and Listening:** Some people gave feedback that complaints handling needs improvement—and that we need to listen earlier in the process. Joined up working between health board and local authority is essential.
- **Primary Care Reform:** GPs are seen as overwhelmed and there are views that there is a need to re-establish their central role as the first point of contact for residents to flag and speak to someone about their health. Views about access to GPs across the county was mixed. Some were happy with their GP. Many felt it was much harder to get appointments. There were comments regarding the triage process and

being referred to the pharmacy instead of their GP.

- **Mental Health Focus:** There were concerns about services especially for young people; trauma-informed care and collaboration with third-sector organisations like Samaritans was flagged as important. Services are seen to be failing people with complex mental health needs due to Ignoring multiple diagnoses – Post Traumatic Stress Disorder (PTSD), Obsessive Compulsion Disorder (OCD), depression, personality disorder), poor coordination and communication between staff, patients being blamed or labelled as aggressive for advocating for themselves and there being an issue where patients are having to repeat their personal history due to a lack of continuity.
- **Education and Workforce:** There were calls for nurse training schools and local universities to support our recruitment needs.
- **Cost and Equity:** Concerns were expressed about financial priorities and fairness in access to services across the county with it being so diverse and rural.
- **Geographic Equity:** Views were given that creating centres of excellence or centralising certain services in Powys may disadvantage other border communities and smaller towns.
- **Systemic and Strategic Issues:** There were comment regarding the need for a clear roadmap and visible pathways for change, concerns about engagement being a tick-box exercise; and a lack of trust that feedback will lead to action. There were also some views that Welsh Government strategies feel disconnected from local realities and that the North Powys development must be realised and contribute to the solutions.
- **Community and Prevention:** Comments were received that volunteering needs to be easier and incentivised, health promotion should focus on individual ownership, early intervention and prevention are key priorities and that leisure resources (e.g. swimming pools) are lacking and needed to support wellbeing. There was recognition and frustration that social care flow is poor, affecting the overall efficiency of the health care system.
- **Service Delivery and Access:** There were comments that our triage systems need to be more personalised, the 111 service is poor—long waits with an over-reliance on a digital system.

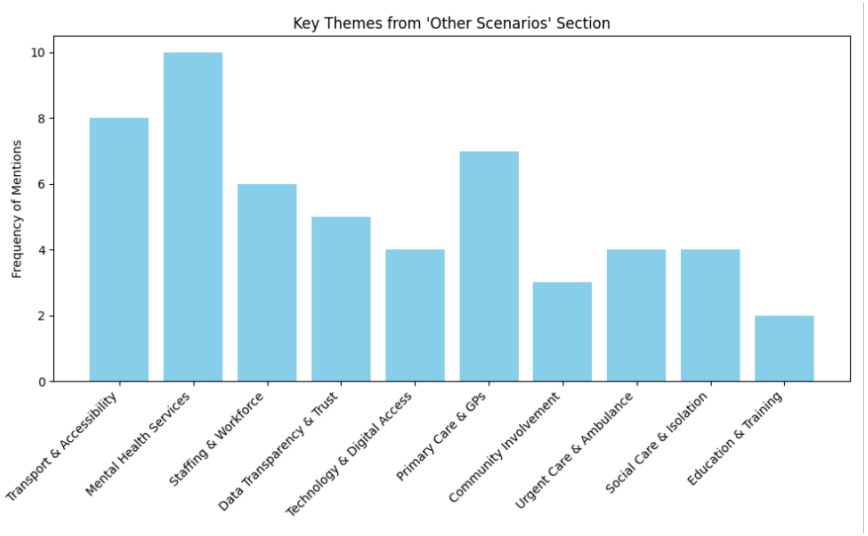
Decision Making Suggestions:

A couple of individuals provided some specific points that related to how we make/take decisions going forward. These were:

- Our scenarios should all be focused on data-driven decision-making.
- That integration with the local authority could be a consideration / a scenario
- That our scenarios and decisions needed to be based on funding and have a staffing focus.

3. **Visualisation of Key Themes from "Other Scenarios" section**

The bar chart shows the most frequently mentioned themes across the "Other Scenarios" section:



Assessment Criteria

Those who provided feedback on the draft assessment criteria felt that most of the items listed were both sensible and important when taking decisions around the future of health care. Some were seen as more important than others. The chart below provides a tally of the views expressed alongside some comments. For example, under the criterion 'Safe' eight people felt this was one of the most important factors to consider. One person gave a specific view on this criterion. One person didn't feel safety was as important and gave a view on their reason.

Criteria	Examples given in our Engagemen	Most Important	Least Important

	t Document		
Safe	Ensuring safe services and preventing harm (for example, reduce deconditioning of patients, improve safeguarding, providing the right support when needed)	**8** Comment: People must feel safe to access and enter care/services, particularly those who require additional support. Access to safe services is essential in relation to travel and ambulance waiting times.	**1** Comment: If I wanted to be really safe, I would move towards/closer to a District General Hospital. Living in a rural area comes with a level of risk.
Timely	Improving access to care (for example, quicker access to high quality	**8** Comment: Time is critical particularly in emergency	**0**
	advice and care, reduced waiting times)	situations. The time must be correct in meeting the patient's care needs.	
Effective	Complying with service standards	**1**	**3** Comment: This is not the same for everyone. Everyone has different needs.
	Follows evidence and best practice.	**0**	**1**
	Improves outcomes for people	**1** Comment: Better	**0**

		communication with families. The person must be at the center of care.	
Efficient	Living within our means (financial sustainability)	**3**	**3** <u>Comment:</u> Strongly disagree with this everyone should have the best access to care regardless of the cost.
	Having a sustainable workforce	**2**	**1**
	Making best use of our staff, buildings and other resources	**4** <u>Comment:</u> Linking up services interdependencies including	**1**
		health, council and ambulances.	
Equitable	Offering fair access to services	**5** <u>Comment:</u> Fairness is important	**0**
	Reducing stigma around mental health	**5**	**0**
Person-centered	Improving patient experience, including in relation to travel and transport	**8** <u>Comment:</u> Person centered is very important. <u>Comment:</u> Must also improve the experience for families, especially in	**3**

		relation to mental health. This includes the crisis team not informing carers of information.	
	Addressing what matters to the person	**6** Comment: More person focused care is needed.	**1**
Other factors	What can communities do to support ambulance services? With the aim to improve patient experiences in relation to travel and transport.		

Alongside people being asked to rank the assessment criteria, people also shared their thoughts about why and what the health board needed to factor in when looking at this aspect of service change. Some of the comments are listed in the table above but in summary the views given for each criterion are as follows:

Safe

- People must feel safe when accessing care, especially those needing additional support.
- Safety is closely linked to travel and ambulance waiting times.
- Living in rural areas introduces inherent risks.
- Some felt that to truly ensure safety, Powys should move towards a District General Hospital (DGH) model.

Timely

- Time is critical, especially in emergencies.
- Quicker access to care is essential to meet patient needs.
- Delays in care can negatively affect outcomes.
- Timeliness was consistently marked as a high priority.

Effective

- Services must comply with standards but also be adaptable to individual needs.
- "One-size-fits-all" approaches are ineffective.
- Communication with families and placing the person at the centre of care are key.

- Evidence-based practice and improved outcomes were highlighted.

Efficient

- Financial sustainability is important but controversial—some strongly disagreed that cost should limit access to care.
- A sustainable workforce is needed.
- Better use of staff, buildings, and resources was encouraged.
- Integration across services (e.g., health, council, ambulance) was seen as beneficial.

Equitable

- Fair access to services is essential.
- Reducing stigma around mental health was a recurring theme.
- Equity was linked to fairness and inclusion, especially for vulnerable groups.

Person-Centred

- Strong emphasis on improving patient experience, especially regarding travel and transport.
- Care must be tailored to what matters most to the individual.
- Families, particularly carers, must be better supported and informed.
- More personalised care and communication were requested.
- Person-centred care was marked as very important by many respondents.

Conclusion:

The views captured in the drop in events have added to the health board's understanding with some insightful conversations with those residents who attended to give their views. The views in this report will feed into the next stage of the process.

Appendix 14: Better Together Stage 2 Feedback Report on the community outreach activities

Introduction:

In addition to the organised workshop sessions and drop in events which were held in 5 Powys towns, engagement officers planned and attended a mix of community events and sessions across the county during the engagement period.

The aim was twofold:

- to reach out and talk to and share the engagement materials and surveys with people who may not have seen the online engagement materials, flyers or posters.
- to visit and consider specific groups that might be more likely to be impacted by any changes to adult physical and mental health community services.

The officers used a mix of approaches like social media channels and community databases to find out what groups were meeting when. Contact was made with as many groups as possible during the engagement period, permissions sought to attend, and visits organised.

Conversations:

The Engagement Officers listened to resident experiences and had conversations to capture resident insights about the potential advantages and

disadvantages of the scenarios set out in the engagement document.

If time allowed people were also asked for their views on the draft assessment criteria. However, there were fewer responses to this part due to time constraints.

In some groups the officer handed out paper versions of the Easy Read and paper surveys or gave attendees a flyer which signposted them to the online survey if they felt they would like to complete the survey at home once they had time to reflect on the ask.

In total, the Engagement Team visited 25 different community groups or community sessions during the engagement period. This was in addition to attending the five workshop sessions and drop in events and visiting communities to put up flyers in various community spaces like post offices, shops and supermarkets to promote the engagement exercise.

Each of the 18 libraries in Powys were also sent or taken a folder which contained copies of all the engagement materials in both English and Welsh to ensure residents could also browse all the information in a safe space, complete a survey and hand it in to the librarian.

In total, the community outreach activities resulted in just under 550 people being reached/informed about the health board's Better Together engagement exercise.

See **Annex A** for a list of the groups.

The following provides a summary of all the views captured across the community sessions attended. This analysis was conducted using Co-pilot and then checked by staff involved in capturing views given to ensure accuracy. Copilot was asked the following:

"Please could you provide the following: 1) a summary of the key advantages that people gave for each of the scenarios listed in the table. 2) a summary of the key disadvantages that people gave for the scenarios listed in the table. 3) anything else that was an interesting or different viewpoint."

The summary table below sets out the key views given regarding the six scenarios. This is followed by a more detailed overview of all the comments shared.

Scenario	Advantages	Disadvantages
No Change	No advantages to this scenario.	Budget pressures continue/get worse Staff shortages continue Service provision affected.
Do Minimum	Small change could provide a level of comfort to residents as opposed to progressing larger changes to health services.	This would be a "sticking plaster" only approach so will not improve health care in the long term.
Centres of Excellence	More services under one roof could be good for those communities with a centre of excellence.	Number and location could disadvantage some Powys communities/towns.
Care Closer to home	Strong support to expand provision in communities	Recruitment query – would we be able to deliver
Out of county in-patient care	Positive resident experiences.	Travel distances and travel times for family visits.
District General Hospital	None captured.	None captured.

Key Advantages and Disadvantages by Scenario

Scenario 1 – No Change

In the Engagement Document we had listed that as a health board "No Change" was not an option. We stated, "*We need to develop and change how we provide adult physical and mental health community services to respond to the challenges described."*

In conversations, residents tended to agree that this was not an option and that there were no advantages. The view was that change needed to happen. The main disadvantage flagged by residents was around the financial situation facing the health board.

Advantages:

- None

Disadvantages:

- Concern over financial overspending leading to service cuts.

Scenario 2 – Do Minimum.

Minor Changes and developments to the way we provide physical and mental health community services.

This scenario set out that we could continue to deliver services broadly in the same way as we were now with some minor changes. Views were as follows:

Advantages:

- People would feel and be comfortable with minor rather than major changes so there would be less resistance and fear around the future of health services
- Possible minor changes could see improvements to buildings and wards
- A suggestion for a minor change was to reduce the reliance on costly agency staff.

Disadvantages:

Residents felt that overall, there were more disadvantages than advantages to minor changes. They shared that:

- Barriers would still exist re- accessing GPs.
- They were concerned about staff qualifications and loss of skilled care as people left to find work elsewhere.
- People having long-term unresolved health issues.
- There would still be difficulty navigating the system and accessing appropriate care.
- Continuity of care would be poor (this person had moved to Powys and felt it was poor and would continue to be poor if only minor changes were considered).

Additional Comments

It was clear that when talking about minor changes people wanted to make it clear at the outset that their community hospitals were seen as vital for rehabilitation and local care. One person had shared their positive experiences with diabetes care and outpatient services. There was also strong support for sustaining palliative care in community hospitals.

Scenario 3 – Centres of Excellence.

More services in Powys are provided within 'centres of excellence' including Rural Regional Centres. This would mean that some of our services (such as hospital beds) are provided in fewer locations than now.

Several people could see some advantages but were also aware of the disadvantages that this scenario could bring for Powys. The comments are summed up as follows:

Advantages:

- There was support for specialist clinics and drop-in days.
- There was a desire for more appointments in local towns (e.g., Newtown, Llanidloes).
- There was a preference for services closer to home to reduce the travel burden that Powys residents face.

Disadvantages:

- Fear of rural areas being neglected (e.g., Ystradgynlais).
- Need for more beds in community hospitals.
- Importance of retaining MIUs and smaller units.
- Transport and accessibility challenges.

Scenario 4 – Expanded Home & Community Services.

Developing and expanding a range of services available at home through strengthened primary care & community teams. This includes changing and developing the way we provide services in communities across Powys.

There was quite a lot of support for this scenario in the conversations that Engagement Officers had. Some advantages were given and several points made in relation to expanding services in the local community. These included:

- Strong support for dignified palliative care at home.
- Appreciation for local nurses and mental health services.
- Some positive feedback on GP appointment wait times and local chemists.
- Support for breast screening in local car parks.
- The leg clubs and district nurses were highly valued.
- There was an emphasis on keeping Llanidloes hospital open for community-based care.

Disadvantages:

- A lack of current home visit services.
- Long NHS wait times compared to private care.
- Delays in eye treatments (e.g., cataracts).

Scenario 5 – Inpatient Care Outside Powys

Including community hospital beds being provided outside the county in neighbouring health boards.

For this scenario there were more comments around disadvantages given by residents than there were for advantages. Many had received good care out of county but there were concerns around the idea of moving all inpatient care/hospital beds out of the county.

Advantages:

- Some people had found out-of-county treatment to be high quality so could see the advantages of this scenario.
- There was a willingness to travel for treatment and a view that this was worthwhile to get the best care possible/quality care for loved ones/oneself.
- Residents had said they had had positive experiences in Hereford, Birmingham, Cheltenham, Shrewsbury, and Oswestry.

Disadvantages

- Long travel distances.
- Early appointment times.
- Transport difficulties and costs.
- Pressure on volunteer drivers and lack of proper training.
- Poor coordination of transport services.
- Reduced mental health services and increased travel burden.
- Long hospital stays due to delays in test results.
- Ambulance delays and hospital overcrowding.
- Parking issues and reliance on family/friends for transport.
- Negative experiences with discharge and care quality.

Scenario 6 – Provide a District General Hospital in Powys

This scenario did not generate notable feedback or advantages. People were generally in agreement with the reasoning provided by the health board around why it was unrealistic (staffing, location) and accepted that a new hospital would not deliver meaningful benefits for the county.

Interesting or Different Viewpoints

When analysing the feedback given the Engagement Officer asked Co-pilot to pull out any interesting or different views. There were a few categories and comments as listed below:

- **Alternative staffing ideas:** Use of military medical staff and shared CEO with neighbouring health boards.
- **Preventative care suggestions:** First aid training in schools and practical skills development.
- **Private healthcare use:** Some opted for private treatment due to long NHS wait times.
- **Procurement concerns:** Belief that NHS is overcharged for supplies.
- Community sentiment: Strong emotional attachment to local hospitals like Llanidloes.
- **Engagement feedback:** Mixed views on survey design, ranking questions, and demographic queries.
- **Suggestions for future engagement:** Use of local Facebook pages and community contacts.

3. Assessment Criteria

Some residents had time and gave their views around the draft Assessment Criteria that the health board is looking to use when assessing the final options around service changes to adult mental and physical health community services in Powys.

Although the numbers are low there appeared to be a view that **'Making best use of our staff, buildings and other resources'** and **'Improving access to care'** were considered the most important criteria to consider when looking at future options around service change.

No one gave a view on which of the criteria were least important. This was because residents felt all were important and they did not want to choose. The questionnaire also gave people the chance to rank all the criteria individually but again this was not a popular option with people stating that all were essential and ranking was not something they wished to do. The table below provides an overview.

Criteria	**Most Important**
Ensuring safe services and preventing harm	
Improving access to care	**3**
Complying with service standards	
Follows evidence and best practice.	
Improves outcomes for people	
Living within our means (financial sustainability)	**1**

Having a sustainable workforce	
Making best use of our staff, buildings and other resources	**4**
Offering fair access to services	**2**
Reducing stigma around mental health	
Improving patient experience, including in relation to travel and transport	**2**
Addressing what matters to the person	**1**

Conclusion

The views from these outreach sessions have added to the health board's understanding of how residents view health services with some insightful conversations taking place and comments provided.

The views in this report will feed into the next stage of the process.

Annex A - Groups Visited

Date	Venue	Approx. number of people	Notes	Surveys/Pack Given
27 June	Co-op Builth Wells	30		Raising awareness and distributing surveys
4 July	Llandrindod Tesco	100	estimated	Raising awareness and Leaflets given
7 July	Hywel Dda Consultation in Machynlleth	10		Raising awareness, Surveys/Packs given
9 July	U3A Singing for Fun Llandrindod Wells	12		Leaflets and Surveys
9 July	Builth Wells Ladies Choir	30		Raising awareness and distributing
				survey copies
10 July	Newtown Morrisons	80	estimated	Flyers, conversations, invite to drop in. People count includes people walking past.
10 July	Llanidloes Only Legs Aloud	15	estimated	Leaflets dropped in
11 July	Builth Wells Lunch Club	25		Raising awareness and distributing survey copies
11 July	Llanyre Sit Stretch Relax Session	30		Raising awareness, distributing survey copies and leaflets
11 July	New Radnor Community Centre – Line Dancing	7		Raising awareness and Leaflets given

14 July	Llanidloes Sewing Group	3		Raising awareness, conversations and distributing survey copies
14 July	Chess club - Clarence Hall, Crickhowell	6		Leaflets given. Aneurin Bevan HB posters and easy reads given to Clarence Hall staff to hand out in other events.
14 July	Rhayader Leg Club	20		Surveys/Packs Given
15 July	Ystradgynlais Crafty Cafe	30	estimated	Surveys/Packs Given. Easy reads and leaflets also given
15 July	Welshpool Mind Walk and Talk	2		Raising awareness and Leaflets given
15 July	Llanfyllin Gentle Yoga	12		Raising awareness, Leaflets and Surveys
15 July	Brecon Leg Club	10		Raising awareness, Surveys/Packs Given
16 July	Brecon Mind social group	6	plus children	Completed using QR codes on phones. Easy reads and extra leaflets left given
17 July	Ystradgynlais MIND	7		Easy reads and leaflets given
17 July	Llanidloes Only Legs Aloud	28		Raising awareness, Leaflets and Surveys given
17 July	Llandrindod Wells Leg Club	20		Raising awareness, Leaflets and Surveys given

22 July	Llandrindod U3A Sewing Group	8		Raising awareness/ distributing paper surveys
22 July	Kaleidoscope	12		Raising awareness/ distributing paper surveys
22 July	Newtown Senior Holiday at Home	23		Raising awareness, Leaflets and Surveys given
24 July	Trecastle 4T's	3		The host has shared on local social media platforms today. Easy reads and leaflets given
28 July	Welshpool Livestock Market with	7		Seeking views and conducting
	Farming Fit team			interviews with Powys farmers.
Total		**536**		

Appendix 15: Stakeholder summary report on Primary Care (GMS focused) feedback on the Stage 2 Better Together engagement on Adult Physical and Mental Health Community Services

Overview

The workshop took place on 17 June 2025 in support of the Better Together Stage 2 engagement on adult physical and mental health community services. It was a follow-up to an earlier Primary Care-focused workshop that took place in March 2025, which formed part of the Stage 1 pre-engagement on the Draft Case for Change.

This event sought to gain a Primary Care perspective with a specific focus on the General Medical Services (GMS) contract.

The event was facilitated by Powys Teaching Health Board (PTHB) Directors and staff and included 29 participants from within PTHB, Primary Care representatives from General Practice, Pharmacy and Dentistry and other partners.

Methodology

This report is based on a CoPilot AI summary of the full post-event report jointly prepared by the Primary Care & Mental Health (PCMH) and the Transformation & Value (T&V) teams in June 2025. This document has been created and edited by a member of the Engagement and Communications team and reviewed by the PCMH and T&V teams. It used the following CoPilot prompt: "Please identify any recurring concerns or suggestions from respondents in the following documents".

This report does not seek to recreate the detail of the original report, but only to identify and summarise recurring concerns and suggestions, and to draw some conclusions from them. It will be used to support the development of a composite Engagement Report that captures all high level Better Together engagement activity and feedback through Stage 0 Discovery, Stage 1 Pre-Engagement on the Draft Case for Change, and Stage 2 Engagement on Adult Physical and Mental Health Community Services.

Recurring Concerns

1. Fragmented Communication and Coordination

- Poor communication between services, especially between primary care and other sectors.
- Lack of clarity around service offerings and Multi-Disciplinary Team (MDT) coverage.
- Referral processes are slow and burdensome.

2. Workforce and Capacity Challenges

- Primary care is under-supported and overstretched.
- Lack of sufficient social care support makes home-based care unsafe.
- Upskilling is needed, including for non-clinical staff like receptionists.

3. Geographical Barriers

- Powys' rural geography limits access and consumes time through travel.
- Transport challenges impact both patients and staff.
- Equity of service provision across Powys is inconsistent.

4. End-of-Life and Frailty Care Gaps

- End-of-life care lacks coordination and advanced planning.
- Frailty services are underdeveloped and need proactive approaches.
- Complex needs (e.g. dementia) require better understanding and support.

Recurring Suggestions

1. Integrated, Place-Based Teams

- Develop core teams embedded in practices to support local delivery.
- Promote integrated working across physical, mental health, and social care.
- Include third sector partners in MDTs and planning.

2. Virtual Wards and Remote Care

- Use virtual wards to address capacity and geographical challenges.
- Enable care at home through remote monitoring and digital tools.
- Explore intermediate care and point-of-care testing options.

3. Local Hubs and Day Services

- Establish local hubs for day cases and ambulatory care.
- Use community hospitals more effectively.
- Create purpose-driven day hospitals and "flying squads."

4. Proactive and Preventative Approaches

- Shift focus from reactive to proactive care, especially for frailty.
- Invest in community health and social engagement (e.g. day centres).

- Include dental, optometry, and falls prevention in-reach.

5. Simplify Information and Processes

- Reduce complexity in communications and service navigation.
- Make information more accessible and user-friendly.
- Improve internal systems like Flow Hub and PURSHH.

Conclusion

The session reinforced the need for integrated, proactive, and locally responsive models of care in Powys. Attendees consistently called for better communication, smarter use of resources, and more equitable service delivery. The suggestions — ranging from virtual wards to place-based teams — will inform the refinement of options in the Better Together portfolio.

Appendix 16: Stakeholder summary report on the Physical Health Community Model Workshops 1 and 2

Overview

This report captures the summary outcomes of the first and second workshops that were devised to support the accelerated development of the physical health community model. The workshops took place during May 2025 and aimed to check and confirm the shared vision and guiding principles for the development of the emerging community model.

The session was intended to align internal and external stakeholders around the vision that had been developed to date and to confirm its value. The second part of the workshop focussed on outlining the path forward, exploring a broad range of future options and agreeing on how these would be assessed and refined.

The workshop outcomes included a range a recurring concerns and suggestions which emerged across both sessions. These summary outcomes reflect consistent themes voiced by participants and can help guide future planning and decision-making.

Methodology

This report is based on an AI summary produced using CoPilot. It has been created and edited by a member of the Engagement and Communications team and reviewed by the Transformation and Value Team. It used the following CoPilot prompts: "Please identify any recurring concerns or suggestions from respondents in the following documents" and "Please add a conclusion".

Recurring Concerns

1. **Fragmentation of Services**
    - Lack of seamless internal referrals and coordination.
    - Time wasted on handoffs and unclear pathways.
    - Overcomplicated systems with too many professionals involved.
2. **Digital Literacy and Infrastructure**
    - Need for improved digital literacy among staff and patients.
    - Inconsistent access to shared patient records and digital tools.
    - Variation in virtual ward models across Powys.
3. **Workforce Challenges**

- Difficulty recruiting in certain areas (especially Mid Powys).
- Concerns about caseloads and capacity, especially for district nurses.
- Need for better understanding of roles across services.

4. **Equity and Access**
    - Variation in service availability across Powys.
    - Travel and infrastructure barriers to accessing care.
    - Desire for consistent care regardless of location.

5. **Reactive vs Proactive Care**
    - Over-reliance on reactive responses (e.g., 999 calls).
    - Lack of proactive baseline assessments and early interventions.
    - Limited preventative services and health education.

Recurring Suggestions

1. **One Stop Shops / Community Hubs**
    - Centralised access points for care coordination.
    - Integration of health, social care, and third sector services.
    - Use of hubs for diagnostics, IV treatments, and MDT working.
2. **Hospital at Home / Virtual Ward Models**
    - Enable care at home with remote monitoring and rapid response.
    - Use of wearables and digital triage tools.
    - Clear governance and escalation pathways.
3. **Shared Patient Records & Unified Systems**
    - Improve access to real-time patient information.
    - Reduce duplication and improve continuity of care.
    - Support decision-making across services.
4. **Prevention and Health Promotion**
    - Community-based education and health information.
    - Annual health MOTs and prehabilitation services.
    - Use of social prescribing and peer support.
5. **Role Clarity and MDT Collaboration**
    - Promote generalist and specialist collaboration.

- Co-location and daily huddles to improve communication.
- Training and knowledge sharing across disciplines.

6. **Care Coordination and Case Management**

    - Designated coordinators to support individuals through their care journey.
    - Tiered intervention models based on frailty scores and risk assessments.
    - Empowerment of patients and families in care planning.

Conclusion

The Physical Health Community Model Workshops surfaced a strong and consistent appetite for transformation within Powys. Participants voiced a shared commitment to improving patient outcomes through more integrated, proactive, and person-centred care.

Recurring concerns — including fragmented services, digital infrastructure gaps, and workforce challenges — highlight systemic barriers. Suggestions for change move towards a more agile, equitable, and digitally enabled health system.

Key recommendations include:

- Prioritising co-designed solutions that reflect local needs.
- Investing in digital infrastructure and workforce development.
- Building upon existing good practice while addressing service variation.
- Ensuring governance and operational clarity to support new models of care.

Appendix 17: Stakeholder summary report on the Mental Health Community Model Workshops 1 and 2

Overview

This report captures the summary outcomes of the first and second workshops that were devised to support the accelerated development of the mental health community model. The workshops took place during May 2025 and aimed to check and confirm the shared vision and guiding principles for the development of the emerging community model.

The session was intended to confirm the future vision for adult mental health community services, and to help identify the patient outcomes and benefits that the health board wishes to achieve through the Better Together portfolio of activity.

The workshop outcomes included identifying a range a recurring concerns and suggestions which emerged across both sessions by internal and external stakeholders. These summary outcomes reflect consistent themes voiced by participants and can help guide future planning and decision-making.

Methodology

This report is based on an AI summary produced using CoPilot. It has been created and edited by a member of the Engagement and Communications team and reviewed by the Transformation and Value Team. It used the following CoPilot prompts: "Please identify any recurring concerns or suggestions from respondents in the following documents".

Recurring Concerns

1. **Fragmentation Across Services**
   - Mental health, physical health, and social care operate in silos.
   - Lack of joined-up assessments and unclear referral pathways.
   - Transition gaps between Child and Adolescent Mental Health Services (CAMHS), adult, and older adult services.

2. **Access and Equity**
   - Transport barriers, especially for older adults and rural communities.
   - Inconsistent access to services and support across Powys.
   - Limited visibility of services like Community Mental Health Teams (CHMTs) and Multi-Agency Support??? (MAS).

3. **Workforce and Capacity**

- Shortage of specialist roles (e.g. Elderly Mentally Infirm (EMI) social workers, Occupational Therapists (OTs), pharmacy technicians).
- Fragile workforce capacity, especially in community mental health.
- Need for better skill mix and local training options.

4. **Inpatient Care Challenges**
   - Inappropriate ward environments and mixed patient presentations.
   - Lack of purpose-built psychiatric units.
   - Over-reliance on inpatient beds due to limited community alternatives.

5. **Carer and Family Support**
   - Insufficient support for carers and young carers.
   - Lack of integration of family needs into care planning.
   - Need for respite and education for carers.

Recurring Suggestions

1. **Integrated Holistic Assessment**
   - Joint physical and mental health assessments.
   - Shared digital systems and pooled budgets.
   - Trusted assessor protocols to reduce duplication.

2. **Community-Based Care Models**
   - Development of regional hubs and crisis homes.
   - Step-down care and home treatment options.
   - Outreach and mobile Multi-Disciplinary Teams (MDTs) to support rural areas.

3. **Improved Transitions**
   - Needs-led transitions between CAMHS and adult services.
   - Clear service specifications and referral thresholds.
   - Investment in transition models and staff skill sets.

4. **Digital and Assistive Technology**
   - Use of tech-enabled care and appointment management.
   - AI for triage and scheduling.
   - Devices to support medication adherence and independence.

5. **Third Sector and Social Inclusion**
   - Better commissioning and alignment of third sector services.

- Therapeutic and social groups (e.g. arts, singing, day trips).
- Addressing stigma and promoting mental health literacy.

6. **Training and Workforce Development**
    - Upskilling in psychological interventions.
    - Local training pathways and career development.
    - Inclusion of non-registered roles (e.g. recovery navigators)

Conclusion

The Mental Health Community Model Workshops revealed a strong consensus on the need for more integrated, person-centred, and community-based mental health services in Powys. Participants consistently highlighted the importance of breaking down silos between services, improving access and equity, and supporting both patients and carers holistically.

The ideas generated — ranging from joint assessments and digital innovations to community hubs and enhanced workforce models — should inform the development of a long list of options and emerging care models.

Appendix 18: Stakeholder summary report on the combined Physical and Mental Health Community Model Workshop 3

Overview

This report captures the summary outcomes of the combined physical and mental health community model workshop that took place at the end of May 2025. This event followed from two physical health community model workshops and two mental health community model workshops that were concluded by mid-May 2025.

This was the final combined workshop as part of the series that was designed to support the accelerated development of the physical health and mental health community model as part of the Better Together portfolio. The workshop had been planned to bring together the outputs from the previous workshops and enable colleagues from physical health, mental health, and selected partners, to review the existing work and develop ideas further.

Methodology

This report is based on an AI summary produced using CoPilot. It has been created and edited by a member of the Engagement and Communications team and reviewed by the Transformation and Value Team. It used the following CoPilot prompts: "Please identify any recurring concerns or suggestions from respondents in the following documents".

Recurring Concerns

1. **Fragmented Services and Siloed Thinking**
    - Physical and mental health services remain largely separate in Powys.
    - Siloed training and professional boundaries hinder integrated care.
    - Lack of shared definitions (e.g. generalist vs specialist) creates confusion.

2. **Access and Infrastructure Gaps**
    - Limited out-of-hours coverage (e.g. no District Nurse (DN) or Mental Health (MH) cover after 9pm).
    - Poor access to diagnostics (e.g. blood results not integrated into Welsh Clinical Portal (WCN)).
    - Estates not fit for purpose, especially for inpatient mental health.

3. Workforce Challenges

- Difficulty recruiting and retaining staff, especially in rural areas.
- Need for dual-trained professionals (e.g. Registered General Nurse (RGN)/Registered Mental Health Nurse (RMN)).??CHECK??
- Teams are stretched too thin, impacting care quality and continuity.

4. Inadequate Transition and Continuity of Care

- Child and Adolescent Mental Health Services (CAMHS) to adult mental health transitions are poorly supported.
- Lack of crisis houses and step-down options.
- Incomplete data and unclear pathways into beds.

5. Limited Support for Families and Carers

- Insufficient coordination around family dynamics.
- Carers lack tools and support, especially older adults caring for children.
- Need for a "Team Around the Family" approach.

Recurring Suggestions

1. Integrated Assessment and Care Models

- One holistic health assessment covering physical and mental health.
- Co-located services and joint Multi-Disciplinary Teams (MDTs) across health, social care, and third sector.
- Shared digital systems and pooled budgets.

2. Regional Centres and Community Hubs

- Develop integrated rural regional centres with diagnostic hubs.
- Use existing estate creatively for wellbeing hubs and mobile outreach.
- Include third sector as equal partners in service delivery.

3. Evidence-Based and Innovative Practices

- Adopt proven models like "Open Dialogue" for mental health.
- Use assistive technology and remote consultations.
- Invest in prevention and early intervention to reduce admissions.

4. Workforce Development and Role Innovation

- Rotational working and internal progression pathways.

- Introduce roles like Family Health Nurse and Recovery Navigators.
- Upskill staff in psychological and physical health interventions.

5. Improved Access and Navigation

- Single Point of Access (SPOA) with clear pathways.
- Navigator/coordinator roles to guide patients and families.
- Better public and staff-facing directories of services.

Conclusion

The final combined physical and mental health community model workshop 3 successfully brought together physical and mental health professionals to co-create ideas for a more integrated community model. The recurring concerns highlight systemic barriers — including fragmentation, access gaps, workforce strain, and poor transitions — while the suggestions offer practical, innovative solutions rooted in collaboration, evidence, and person-centred care.

These insights will help refine the long list of options and inform the upcoming Deliberative Event and future design phases. The emphasis on holistic assessment, regional hubs, and coordinated family support reflects a shared vision for a more responsive and equitable health system in Powys.

Appendix 19: Stakeholder summary report on the Medical Psychiatry Workshop

Overview

The workshop took place on 21 May 2025 in support of the Better Together Stage 2 engagement on adult physical and mental health community services. This was an additional workshop to the planned workshops that supported the development of the Joint Physical and Mental Health Community Model of Care, as Workshop 2 had clashed with preexisting commitments for the mental health medical teams.

This event brought together 10 key medical stakeholders from within Powys Teaching Health Board (PTHB) and Primary Care. The event was facilitated by the Improvement and Transformation team.

Methodology

This report is based on a CoPilot AI summary of the full post-event report prepared by the Transformation & Value (T&V) team. This document has been created and edited by a member of the Engagement and Communications team and reviewed by the T&V teams. It used the following CoPilot prompt: "Please identify any recurring concerns or suggestions from respondents in the following document."

This report does not seek to recreate the detail of the original report, but only to identify and summarise recurring concerns and suggestions, and to draw some conclusions from them. It will be used to support the development of a composite Engagement Report that captures all high-level Better Together engagement activity and feedback through Stage 0 Discovery, Stage 1 Pre-Engagement on the Draft Case for Change, and Stage 2 Engagement on Adult Physical and Mental Health Community Services.

Recurring Concerns

1. Fragmentation and Lack of Integration

- Health and social care teams operate separately, with limited collaboration.
- Mental health services are perceived as risk management rather than therapeutic.
- Poor integration of patient records and data systems.

2. Access and Capacity Issues

- Lack of crisis beds, especially for older adults.
- Limited 24-hour community support and crisis response.
- Long waits for services and inadequate triage processes.

3. Workforce Challenges

- Heavy reliance on agency staff and locums.
- Difficulty recruiting and retaining staff, especially in rural areas.
- Lack of general nursing skills in mental health inpatient settings.

4. Geographical and Transport Barriers

- Centralisation of services raises concerns about accessibility.
- Transport for patients and families is a major challenge.
- Radnorshire and other areas are hard to recruit to and serve effectively.

5. Data and Decision-Making Gaps

- Poor outcome data and lack of digital integration.
- Decisions about service changes made unilaterally.
- Lack of senior clinical input in triage and care planning.

Recurring Suggestions

1. Integrated and Collocated Teams

- Embed social workers within mental health teams.
- Pool budgets between NHS and local authorities.
- Collocate services to improve communication and coordination.

2. Community-Based Crisis Support

- Develop crisis houses and sanctuary services.
- Create "flying squads" (e.g. Health Care Assistants (HCAs) supported by senior staff) for home-based crisis care.
- Provide step-up beds in community hospitals for older adults.

3. Improved Inpatient Models

- Centralise inpatient services with strong transport links.
- Consider separate assessment and treatment wards.
- Use community hospitals for step-down care.

4. Workforce Development

- Offer enhanced pay or "Powys weighting" to attract staff.
- Rotate doctors across Child and Adolescent Mental Health Services (CAMHS), Learning Disability (LD), and adult services.
- Upskill Registered Mental Health Nurses (RMNs) in physical health competencies.

5. Digital and Data Improvements

- Improve access to patient records and digital systems.

- Use virtual ward rounds and remote consultations.
- Collect and use outcome data to inform service design.

6. Proactive and Person-Centred Care

- Standardise models across Powys (e.g. one-stop shops).
- Refer patients for specific interventions rather than to entire teams.
- Recognise the emotional and social needs of patients and families.

Conclusion

The workshop highlighted a strong consensus on the need for better integration, community-based crisis support, and workforce sustainability. Participants emphasised the importance of collaboration across sectors, digital transformation, and proactive care models to improve outcomes and reduce reliance on inpatient services. These insights will inform the development of long-list options for the Better Together portfolio and the creation of the Joint Physical and Mental Health Community Model of care.

Appendix 20: Better Together Stage 2 Engagement on Adult Physical and Mental Health Community Services: stakeholder summary report on staff survey findings

Background

This stakeholder summary report reflects the insights gained from Powys Teaching Health Board (PTHB) staff on the Better Together Stage 2 engagement on Adult Physical and Mental Health Community Services delivered in Powys.

The survey was conducted by the Organisational Development (OD) team and was complimentary to the independent work by Practice Solutions Ltd, who also delivered two independent face-to-face and one online staff focus group events. The summary staff survey results from the OD team were shared alongside the interim results from Practice Solutions Ltd at a stakeholder event on 13 August 2025. All data collection activity took place between 9 June to 27 July 2025.

Demographics

Survey

The survey elicited 36 responses gathered via survey and on-site engagement. The majority of the 22 respondent that disclosed the type of work they undertake described themselves as being 'clinical, working with patients (13 responses).

Almost half of the 32 respondents that disclosed the geographic area within which they work report their location as being in South Powys (15 responses). Over half of the 22 respondents that declared their job band are employed in bands 2 to 7.

Staff engagement

The senior leaders and the OD team spoke to 375 members of staff in person, across as many physical sites as possible and left Better Together explanatory leaflets with a further 518. Of those who disclosed their job role, the majority (198 respondents) worked in clinical roles with patients. 96 respondents worked in non-clinical support roles, 54 were non-clinical but patient-facing, and a further 30 were clinical but not directly patient-facing.

Of those who spoke with the OD team direct, 177 were in Bands 2 to 4, 128 were in Bands 5 to 7, and a further 10 were in Bands 8 and 9.

Methodology

The full survey report, ***Better Together: Seeking Staff views Stage 2 Engagement Survey Results Summer 2025***, was created by PTHB's Organisational Development (OD) team. Analysis and reporting was managed entirely by the OD team utilising the CoPilot generative AI tool to avoid individual unconscious bias and to assist with summarising data.

This stakeholder summary is based entirely on the OD team's full survey report. This document has also been created with assistance from the CoPilot generative AI tool, using the following prompt: "*Please write a report highlighting key insights, trends, and recommendations from the following presentation*".

This document is intended only as an aid to quickly understand the key points raised by staff. It has been created by a member of the Engagement and Communications team and checked for consistency by the OD team.

Engagement Overview

Respondents were asked for views on the advantages, disadvantages and ideas regarding scenarios 2 to 5, as outlined in the Better Together Engagement Document. It is important to note that staff were not presented with Scenario 1 "do nothing" and Scenario 6 "District General Hospital for Powys". The considered view by PTHB management was that staff members have the practical insight and experience to understand why Scenarios 1 and 6 are not realistic or viable.

No questions were set as mandatory, so there is variation in the response rate across questions. Most response options were free text.

Key Insights / **Workforce Priorities**

- Sustainable staffing was the most important criterion for respondents.
- Recruitment, retention, and training were recurring concerns, especially in rural areas.
- Staff called for better career progression, more training locally, and reduced reliance on agency staff.

Scenario feedback

Scenario 2: Minor Changes

- *Advantages:* Cost-effective, familiar, easier to implement.
- *Concerns:* Not ambitious enough; slow progress.
- *Suggestions:* Coffee mornings for dementia groups, regional hubs, better procurement, and staff rotation roles.

Scenario 3: Centres of Excellence

- *Advantages:* Improved care, staff development, reduced admissions.
- *Concerns:* Travel barriers, staffing shortages, cost.
- *Suggestions:* Satellite clinics, day surgery expansion, better IT integration, and collaboration with neighbouring health boards.

Scenario 4: At Home

- *Advantages:* Holistic care, reduced hospital stays, patient-centred care.
- *Concerns:* Staffing, care package availability, reliance on external providers.
- *Suggestions:* Matrix teams, therapy hubs, public education, and community team coordination.

Scenario 5: Out of County

- *Advantages:* Access to specialist care.
- *Concerns:* Travel burden, isolation, communication gaps, cost.
- *Suggestions:* Cottage hospitals, standardised treatment across health boards, patient involvement in location decisions.

Emerging Trends

1. Localised, Integrated Care

- Strong support for community-based services, especially in Ystradgynlais, Llanidloes, and Machynlleth.
- Desire for joined up working across health, social care, and third sector.

2. Infrastructure and Access

- Transport and digital infrastructure are major barriers.
- Calls for better IT systems, centralised patient records, and mobile services.

3. Mental Health and Holistic Support

- Need for early intervention, more trained staff, and integrated physical and mental health care.
- Suggestions for recovery colleges, peer support roles, and community virtual wards.

Recommendations

5. **Invest in Workforce Development**
   - Strong emphasis on the need to tackle staff shortages and to provide training to plug gaps.
   - Improve recruitment and retention strategies.

6. **Strengthen Community-Based Services**
   - Maintain local services, including therapy hubs and day clinics, especially in Ystradgynlais and Llanidloes.
   - Improve coordination and collaboration with social services and primary care.

7. **Improve Infrastructure**
   - Upgrade IT systems and integration and improve digital access.
   - Enhance transport links and consider mobile service delivery.

8. **Promote Integrated and Preventative Care**
   - Eary intervention and better integration between physical and mental health teams and between PTHB and other health board providers.

Appendix 21: Better Together Deliberative Event 2: stakeholder summary of outputs from the review of stage 2 engagement feedback, including the assessment and appraisal process and of emergent models of care and options for the future delivery of adult physical and mental health community services in Powys

Overview

Powys Teaching Health Board (PTHB) held its second Better Together deliberative stakeholder event on 13 August 2025 in Builth Wells. The event bridged the gap between the end of the Stage 2 engagement activity on adult physical and mental health community services in Powys, and the development of materials to support the next stage. This included discussion of the draft models of care, of the assessment and evaluation criteria, and of the emergent high-level options for the delivery of care.

Participants included PTHB staff, public and voluntary sector partner organisations, primary care representatives, commissioned service providers from within the NHS system, and patients, carers and service-user representatives. Facilitation was managed by PTHB staff from the Transformation and Value, Workforce and Organisational Development, and Engagement and Communication teams.

The full-day event was attended by 77 individuals, with visible support from the Chair of PTHB, Executive Directors and senior leadership team members. In addition to receiving updates on the stage 2 staff and public surveys and public-facing focus groups, participants were also asked to complete workshop exercises.

The exercises included reviewing the draft models of care; consideration of the emergent options for future adult physical and mental health community service delivery; and a review and feedback on assessment and evaluation criteria.

The exercises were table and room-based and supported by table facilitators. Final reporting back to the Plenary session was undertaken by Executive Directors, who also acted as “Room Chairs” and summarised the results from their room, which comprised a collection of two to three tables.

Methodology statement

This report is based on the manual collection and coding of response data from every group (organised by cabaret-style table) that participated on the day.

This stakeholder summary analysis was completed using the CoPilot AI tool to review the event outputs using the following prompt: "*Please identify any recurring concerns or suggestions from respondents in the following text*".

Initial quality assurance checks were completed by a member of the Engagement team from PTHB that was also present at the event and acted as a facilitator during the event. The final quality check and review by completed by the Transformation & Value team.

The summary key findings are in the following sections:

- Recurring concerns
- Recurring suggestions
- Conclusion

Recurring Concerns

1. Fragmentation and Siloed Working

- Persistent siloed practices across health, social care, and third sector.
- Lack of shared language and understanding between services.
- Unilateral service changes without cross-sector coordination.

2. Access and Equity Challenges

- Geographic and transport barriers across Powys.
- Unequal access to services and support, especially in rural areas.
- Concerns about centralisation and its impact on local service availability.

3. Workforce Sustainability

- Difficulty recruiting and retaining staff, especially in remote areas.
- Heavy reliance on temporary and agency staff.
- Need for generalist roles and multidisciplinary teams.

4. Data and Evaluation Limitations

- Poor outcome data and lack of integrated digital systems.
- Unclear success metrics and concerns about current frameworks (e.g. the STEEEP six domains of healthcare quality: Safety; Timely; Effective; Efficient; Equitable; and Patient-Centred).
- Need for better use of data to communicate impact and manage expectations.

5. Mental Health Integration

- Mental health services not fully integrated with physical health.
- Lack of a single point of access for mental health.
- Risk-averse culture leading to unnecessary referrals.

Recurring Suggestions

1. Integrated, Person-Centred Models

- Merge physical and mental health services to reflect whole-person care.
- Develop one-stop shops, integrated care centres, and community hubs.
- Promote shared decision-making and patient ownership of care plans.

2. Community-Based and Place-Based Approaches

- Strengthen local service delivery through regional hubs.
- Use community transport and co-located services to improve access.
- Map existing services to identify gaps and vulnerabilities.

3. Workforce Development

- Shift from specialist to generalist roles with multidisciplinary teams.
- Offer enhanced pay or incentives for hard-to-recruit areas.
- Rotate staff across services (e.g. Child and Adolescent Mental Health Services (CAMHS), Learning Disability (LD), adult Mental Health (MD)) to improve coverage.

4. Digital and Virtual Care

- Expand virtual consultations and remote care options.
- Improve access to patient records and digital infrastructure.
- Use digital tools to support triage and care planning.

5. Partnership and Collaboration

- Pool budgets across sectors to reduce funding disputes.
- Embed social workers in mental health teams.
- Promote shared governance and integrated planning.

6. Evaluation and Impact Measurement

- Focus on outcomes like healthy life years, not just activity.
- Clarify what "sustainability" means — financial, operational, environmental.
- Include community voices in defining success and assessing impact.

Conclusion

The event reinforced a strong appetite for transformational change across Powys, with a clear emphasis on integration, equity, and person-centred care. Participants called for practical solutions to long-standing challenges — especially around workforce, access, and data — and offered thoughtful suggestions to guide the next phase of the Better Together portfolio.

Appendix 22: Reflections on the Practice Solutions Presentation to the 13 August 2025 Deliberative Event

Dafydd Thomas v1

Overall

Following the presentation, the event participants were asked the following questions using the xleap collaboration software:

1. What stood out from the presentations and why?
2. From all that you've just heard, what has reminded you of your own situation and why?
3. From listening to each other in the group, what key insights have emerged from the discussion?
4. What does this mean for the future of Adult Physical and Mental Health Community Services in Powys?

The questions were kept open until the end of lunch. During that time 238 comments were made. The rest of this paper summarises the comments and how that impacted their thinking.

What Stood Out

The 113 comments from the participants about what had stood out from the presentations have been summarised in the following list (in no particular order):

- There was an appetite for and reflections about the need to change. Some commented that the need for change has been discussed for a long time and now is the time to take things forward – and maybe the 'current conditions' support that.
- There were some reflections on community and staff engagement in this process – pleased that it was happening and a mixed response to the numbers involved and why. They said the engagement needed to be representative, pitched at the right level and containing sufficient detail for the audience to comment.
- Regarding the scenarios, there were some general reflections and appreciation about the findings of the engagement – including the scenarios being patient focused, available in hubs / centres (but detail needed), with services integrated. There were also comments on a whole sector approach and place based / community focused services.
- Digital Care, Remote Care, Virtual Care noted – with comments ranging from concern to recognising an opportunity to do something different within the county.
- The challenges of transport across the county were recognised – and community transport being a service enabler.
- Participants recognised that resources will be required to help shift the service during transition.
- Effective use of language and clear communication were seen as important in the feedback. Plain

language materials made available locally to clearly communicate what is going on and to manage expectations. The role that data plays in communicating those messages was also noted.
- Participants recognised that the workforce underpins everything – with staff mentioned several times in the feedback.
- Participants had welcomed Anne Hendry's involvement – including her independence, academic insights and examples. One participant said, "the presentation helped show we're not quite there yet."
- Some of the participants suffered from information overload on the day and wanted time to question some of the conclusions or suggestions.

<u>What does this mean for future services?</u>

When the participants were asked what this information and subsequent conversations meant for the future of Adult Physical and Mental Health Community Services in Powys, their feedback can be summarised as follows:

- Mental and physical health need to be joined, reflecting the whole person. Patients need to be looked at holistically – with one-stop shops, integrated care centres, and community hubs seen as the best way forward.
- A shift in mindset is required – people need to be empowered to manage their own lives and professionals need to promote that independence. For that to happen, everyone needs to work together - communities, primary care, secondary care, third sector.
- In terms of workforce development, a move from specialists to generalists is required with more multi-disciplinary roles. These skills need to be nurtured and valued – along with creativity, innovation and less aversion to managed risk. GPs remain a key access point.
- System and service redesign will be required to support this – and focusing on outcomes that support people at home will require movement away from legacy and outdated models of support, funding and performance management.
- One of the goals of this new approach should be equity.
- Partnership working across health, social care, and third sector is paramount – with shared language and terminology to help organisational collaboration.
- Services must be future orientated – concurrently focusing on delivery and incremental adaptations, whilst planning for a changing future.