

Better Together

Ensuring a safe and
sustainable future for
Adult Physical and Mental
Health NHS Community
Services in Powys

Also including Minor
Injury Unit Services for
people aged one and
over and some all-age
Diagnostic Services



Contents

Contents.....	2
Glossary.....	3
Find Out More and Share Your Views	5
Welcome	6
1. What is this consultation about?	10
2. About Powys	14
3. Why do services need to change?	22
4. A Vision for the Future	28
5. Developing Options for the Future	35
6. Options for Adult Physical Health Services	42
7. Options for Urgent Health Care and Diagnostics	54
8. Options for Adult Mental Health Services.....	67
9. How are the Options connected?	75
10. When might changes take place?	79
11. What impact may these changes have for the people of Powys?	82
12. What does this mean for each of the 13 Powys localities?	86
13. Measuring the impact of the options	93
14. When will decisions be made?.....	94

Glossary

This glossary aims to provide you with descriptions of health care words or acronyms frequently used in this document.

Community Wellbeing Hub	Locality-based network of health, care, wellbeing and community support services designed to support prevention, wellbeing and care closer to home.
CRHTT	Crisis Resolution and Home Treatment Team: A specialist mental health team providing rapid assessment and intensive short-term support in the community during a mental health crisis.
Deconditioning	Hospital-associated deconditioning is a decline in physical, cognitive or functional ability associated with a hospital stay.
DGH	District General Hospital, these are normally major clinical facilities with 24-hour emergency care and providing a wide range of inpatient emergency care and planned care. Due to the rural nature of Powys, there are no safe or feasible options for providing a DGH in the county.
DHTT	Dementia Home Treatment Team: A community-based specialist team supporting people with dementia who have complex mental health needs, with the aim of avoiding admission where possible.
Diagnostics	Tests used to identify or monitor a disease, illness or health problem, including imaging, blood tests and point-of-care testing.
ED	Emergency Department: A hospital department providing assessment and treatment for serious and life-threatening injuries and medical emergencies. Due to the rural nature of Powys, there are no safe or feasible options for providing an ED in the county.
Functional Mental Health	A mental health condition not primarily attributable to an identified organic brain disorder, such as depression, anxiety disorder, bipolar disorder or psychosis.
Home First	An approach that prioritises helping a person return to, or remain in, their usual place of residence wherever this can be achieved safely.
Hospital At Home	Time-limited hospital-level assessment and treatment delivered in a person's usual place of residence as an alternative to admission or to support earlier discharge.
Inpatient	When people stay in hospital or other health care facility overnight while receiving assessment or treatment
Integrated Care	Care planned and delivered collaboratively across services and organisations to provide coordinated, person-centred support.
Intermediate Care	Time-limited integrated services that promote recovery, prevent avoidable admission, support timely discharge and maximise independent living.
MIU	Minor Illness and Injury Unit: A service providing assessment and treatment for minor injuries and illnesses requiring urgent attention, but which are not life or limb threatening.
MIU	Minor Injury Unit: A service providing assessment and treatment for injuries requiring urgent attention, but which are not life or limb threatening.
NHS 111 Wales	A telephone and online health advice and triage service that helps people access appropriate care and support.
NHS 111 Wales Press 2	A 24-hour route through NHS 111 Wales providing access to urgent mental health support.
Organic Mental Health	A mental health condition associated with an identified physical or physiological cause affecting the brain, such as dementia or acquired brain injury.
Point of Care Testing	Diagnostic testing undertaken near the person receiving care to provide rapid results and support clinical decisions.

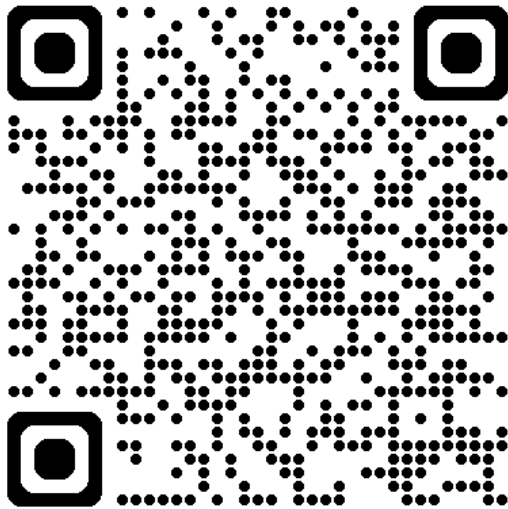
Primary Care	First-contact health services, including general practice, community pharmacy, dentistry and optometry.
Proactive Prevention	Action taken early to improve health and wellbeing, reduce risk and prevent or delay illness, deterioration or avoidable use of urgent and hospital care.
PTHB	Powys Teaching Health Board: the local NHS organisation responsible for planning, organising, providing and purchasing health services for Powys residents.
Reablement	Short-term support helping a person regain skills, confidence and independence following illness, injury or a change in circumstances.
Rehabilitation	Interventions designed to optimise functioning, independence and participation and to reduce disability.
RRC	Rural Regional Centre: A location intended to provide a broader range of health and care services for a larger geographical area within Powys.
Sanctuary or Safe Space	A non-admission service providing a safe and welcoming space for de-escalation, brief support and onward referral for people experiencing emotional or social distress.
Single Point of Access	A central route for receiving, triaging and coordinating referrals so people are directed to the most appropriate service.
Step-Down Care	Care and support that brings you to a lower-intensity care setting or service when a person no longer requires the current level of support. For example, coming home or to a community inpatient bed following a DGH stay.
Step-Up Care	Movement to a higher level of care or support because a person's needs have increased. For example, local alternatives that reduces the need for admission to a DGH.
UCC	Urgent Care Centre: A service that provides timely, same day assessment and treatment for urgent illnesses and injuries that are not life-threatening, helping patients access the right care without attending an Emergency Department when appropriate.
Urgent Community Response	A service that provides rapid assessment and care for people with urgent health needs in their own home, helping to avoid unnecessary hospital attendance or admission.
Virtual Ward	A service model supporting people outside a hospital ward (e.g. in their own home) through multidisciplinary oversight, planned review and, where appropriate, remote monitoring.

A helpful glossary of terms in health and care in Wales is available from the NHS Alliance at thenhsalliance.org/resources/welsh-nhs-confederation-health-and-care-glossary

Find Out More and Share Your Views

This consultation is about potential changes to adult physical and mental health community services in Powys. It also includes proposals affecting minor injury unit services for people aged one and over and some all-age diagnostic services. Consultation is taking place from Monday 5 October 2026 to Sunday 10 January 2027, so we need to hear your views before then.

This document is available in Welsh and English, and on our website. You can visit our website at pthb.nhs.uk/BetterTogether or by scanning the QR code below



We also have a shorter summary document. This is available in Welsh and English. Information is also available in alternative formats including audio, BSL and Easy Read. You can also request information in other languages.

To request a printed copy of the consultation document or survey please join one of our drop-in events, call our engagement answerphone on 01874 442917 or write to Better Together, Powys Teaching Health Board, Glasbury House, Bronllys Hospital, Bronllys LD3 0LY

More information about how to respond is in Chapter 14, but you can share your views by:

- Completing the questionnaire online pthb.nhs.uk/BetterTogether.
- Completing a printed copy of the questionnaire and sending this to Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea SA1 1ZL

- Emailing us at powys.bettertogether@wales.nhs.uk.
- Attending one of our events (see Chapter 14 for drop-in dates).
- Scanning the QR code to visit the Better Together website.

Please contact us if you would like a copy of this document in Arabic, Bulgarian, Nepalese, Polish, Romanian or Ukrainian by writing to **Better Together, Powys Teaching Health Board, Glasbury House, Bronllys Hospital, Bronllys LD3 0LY** or emailing powys.bettertogether@wales.nhs.uk

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مجلس بويس الصحي التعليمي
Powys Teaching Health Board, Glasbury House, Bronllys Hospital, Bronllys LD3 0LY أو عبر البريد الإلكتروني: powys.bettertogether@wales.nhs.uk

Моля, свържете се с нас, ако желаете копие на този документ на **български** език, камо ни пишете на адрес: Better Together, Powys Teaching Health Board, Glasbury House, Bronllys Hospital, Bronllys LD3 0LY или ни изпратите имейл на: powys.bettertogether@wales.nhs.uk

यदि तपाईंलाई यो कागजातको नेपाली भाषामा प्रतिलिपि चाहिन्छ भने कृपया हामीलाई निम्न ठेगाना: बेटर टुगेदर, पाविस शिक्षण स्वास्थ्य बोर्ड, ग्लासबरी हाउस, ब्रॉनल्लस अस्पताल, ब्रॉनल्लस, एलडी३ ०एलवाई मा पत्र लेखेर वा powys.bettertogether@wales.nhs.uk मा इमेल गरेर सम्पर्क गर्नुहोस्।

Jeśli chcesz otrzymać kopię tego dokumentu w języku polskim, skontaktuj się z nami, pisząc na adres: Better Together, Powys Teaching Health Board, Glasbury House, Bronllys Hospital, Bronllys, LD3 0LY lub wysyłając wiadomość e-mail powys.bettertogether@wales.nhs.uk

Vă rugăm să ne contactați dacă doriți o copie a acestui document în limba română prin trimiterea unei scrisori către Better Together, Powys Teaching Health Board, Glasbury House, Bronllys Hospital, Bronllys LD3 0LY sau prin trimiterea unui e-mail la powys.bettertogether@wales.nhs.uk

Якщо ви бажаєте отримати копію цього документа **українською мовою**, напишіть нам за адресою: Better Together, Powys Teaching Health Board, Glasbury House, Bronllys Hospital, Bronllys LD3 0LY або надішліть електронного листа: powys.bettertogether@wales.nhs.uk

Welcome

Thank you for your interest in this consultation about the future of safe, high-quality health care services in Powys. This is your NHS. Your views count.

Every day, health care services in Powys support thousands of people to stay well, recover from illness and injury, manage long-term conditions, maintain their independence and receive care with dignity and compassion.

We are proud of thousands of NHS staff working in hospitals, primary and community teams, and people's own homes across the largest and most rural county in Wales.

But the health care needs of Powys are changing:

- People are living longer than ever before. This is welcome, but it also means more people are living with multiple long-term conditions, frailty and complex physical and mental health needs.
- This means that demand for health care services is increasing, which is putting pressure on staff and services. We need to design services based on the needs of today and tomorrow. We cannot rely on the models of the past.
- At the same time, the proportion of people of working age is reducing. Recruiting and retaining the workforce needed to keep services running in their current form is becoming increasingly difficult.
- There is a pressing need to focus on prevention and public health. We need to shift our focus to tackling the root causes of ill health.

In the face of changing needs we must ensure that the NHS remains affordable to the public purse, now and in the years to come, in buildings that are fit for the future.

More information about health and wellbeing in Powys, why services need to change, and what we have heard can be found in Chapters 2 and 3.

We know that people value local services and want care to remain close to home. You have said this clearly throughout our engagement on the Better Together programme over the last two years. We also know that many people are concerned about access, travel,

transport, communication and the future of local hospitals. These views have shaped the work on Better Together to date.

The proposals set out in this consultation seek to respond to these important concerns and meet our responsibility to ensure services remain safe, sustainable and able to meet future needs.

That is why we have established Better Together. It is our pledge to work with local people, our staff and partner organisations, to develop a plan that meets the needs of Powys communities over the next 10 years and beyond.

We are focusing first on adult physical and mental health community services – as well as some all-age diagnostic services and minor injury unit services for people aged one and over - and seeking your views by 10 January 2027.

In future years we will focus on planned care, and women & children's services.

Our goal is to:

- **Prevent** ill health so that more people stay well for longer.
- **Strengthen** primary and community care services so that more support is available in Powys communities to help people stay well at home and maintain independence.
- **Reduce** the need for hospital admission, either inside or outside Powys.
- **Improve** the way different services work together to provide care.
- **Transform** inpatient care in Powys so that even more care is provided in the county, reducing the need to travel outside the county for hospital care.
- **Support** people better in their choices at the end of life.
- **Ensure** earlier access to mental health support and crisis intervention services

- **Develop** and support health care staff to meet the needs of the future.

Overall, this aims to change health care **from a system that is “hospital by default” to one that is “community by design”**. Too many people have preventable admissions to hospital which could be avoided if we could support more people to stay well at home.

More information about the vision for the future can be found in Chapter 4.

Over the last two years we have listened to thousands of voices across Powys. The views of our communities, our staff and our partner organisations have shaped the content of this document and helped us to understand what matters most to people when they access health care.

That is why many services would continue to be provided within homes and communities across Powys, or would be strengthened so that more health care services are available in your home:

- Community nursing, therapies, rehabilitation, primary care and social care services would continue to be provided throughout the county.
- Community hospitals would continue to play an important role in local health care although the role of hospital sites and the location of some services would change.
- More care would be delivered in people's homes through enhanced community and Hospital At Home services.
- Services would be better organised around the needs of local communities and localities.
- Planned care services are not part of this consultation and would continue to be delivered through a network of local facilities.

Some services would change if the proposals in this consultation document were put in place:

- A bigger focus on prevention and public health.
- More early help and support to stay well and reduce deterioration.

- Hospital At home and intermediate care services to look after you in familiar surroundings at home.
- Urgent community response to reduce emergency admissions to District General Hospital.
- Better support for hospital discharge to bring you back into Powys quickly and safely after a District General Hospital stay.
- A more joined-up approach between physical and mental health services.

Based on careful consideration of safe and feasible options for the future, a series of proposals is being put forward for public consultation. All community hospital sites remain open in all of these proposals, particularly as services such as planned care and women & children's services are not within the scope of this consultation. But the role of each site would change to help us better meet the needs for the future.

More information about how options have been developed can be found in Chapter 5.

Adult Physical Health Services

Based on the detailed assessment we have undertaken we believe that there are opportunities to strengthen the community services we provide in people's homes including, proactive care, intermediate care, Urgent Community Response, reablement, rehabilitation and Hospital At Home. These steps would support more people to be cared for at home, help to reduce the need for hospital admission, and tackle the harmful cycle of deconditioning that can increase patients' dependence on health and care support. By taking these steps, we would reduce the need for community hospital beds but also make better use of these beds to offer step-up care, step-down care, specialist rehabilitation and palliative & end of life care. This would mean that over the and over the next ten years we could move to a new model of community hospital inpatient care based on two options:

- **Adult Physical Health Care Option 1:**
Powys community hospital inpatient beds in three locations (Brecon, Llandrindod Wells and Newtown) – 90 beds total

- **Adult Physical Health Care Option 2:** Powys community hospital inpatient beds in two locations (Brecon and Newtown) – 60 beds total

The principal difference between the options relates to the number and configuration of community hospital inpatient sites and beds, and the degree to which community services in people's home would be expanded to deliver this approach. The options seek to balance local access with the need to maintain safe, sustainable and resilient services that can attract and retain staff and consistently meet standards of care.

More information about the options for adult physical health services can be found in Chapter 6.

Urgent Health Care Services

Based on the detailed assessment we have undertaken we believe that there are opportunities to strengthen the urgent community health care services we provide in Powys including Urgent Community Response. Alongside this, over the next ten years our current model of PTHB Minor Injury Units could provide a wider range of assessment and treatment services based on two options:

- **Urgent Health Care Option 1:** Urgent Care Centres in Brecon and Newtown with Minor Illness and Injury Unit in Llandrindod Wells
- **Urgent Health Care Option 2:** Urgent Care Centres in Brecon and Newtown

These proposals also include some all-age diagnostic services.

The principal difference between the options relates to the number of locations where these services are provided.

More information about the options for urgent health care services can be found in Chapter 7.

Adult Mental Health Services

Based on the detailed assessment we have undertaken we believe that there are opportunities to strengthen our mental health community services and make these more joined up with physical health services so that patients receive better care in their own homes. We propose investment in community mental health support, crisis response, open access models, 111 press 2, virtual services

and alternatives to admission such as sanctuary services. We believe that we could provide better care for patients and help to reduce the need for out-of-county placements based on one option:

- **Adult Mental Health Care Option:** All functional and organic mental health beds in Bronllys/Brecon area

No other feasible options have been identified that met the tests for public consultation.

More information about the option for adult mental health services can be found in Chapter 8.

These options are based on new models of care for adult physical health, urgent health care, and mental health. These models are not dependent on each other, but we can achieve more for Powys when they are delivered together as part of one connected system.

More information about the connections between the options can be found in Chapter 9.

Importantly these are not changes that could happen overnight. It could take up to ten years to fully implement the proposals set out in this document. This would ensure we can continue to work with staff and communities on plans for safe and sustainable community services, alongside work on the future role of each community hospital site so that citizen and staff voices continue to shape health care services in Powys that are fit for future generations.

More information about the possible timetable if options were agreed following consultation can be found in Chapter 10.

We recognise that the location of beds will be a keen focus of interest during this consultation. Travel times for patients, families and carers are an important consideration, particularly in a rural county such as Powys.

However, we also know that most people want to remain independent and live in their own homes for as long as possible. By investing more in care at home, rehabilitation, reablement, Hospital At Home, district nursing and preventative services, we can help more people avoid admission altogether, recover more quickly after illness, and maintain their independence. For many people, receiving the right care at home or in their community offers

a better experience and can lead to better outcomes than a longer stay in hospital.

In practice, most people will receive health care from community services many more times during their lives than they will require an inpatient bed. The proposed models therefore seek to strengthen the services that benefit the greatest number of people, while maintaining community inpatient beds for those whose needs cannot safely be met at home.

Our goal is that more people who need health care receive it at home, maintaining their independence and connection to local support networks, and that better inpatient care is available when it is genuinely needed. This approach aims to provide the right care, in the right place, at the right time, while ensuring services remain sustainable for future generations.

So, we know that some difficult decisions will be needed so that health services are fit for the future. If we do not act now then some services may be lost from the county.

No decisions will be made until we have given you – our patients, our residents and communities, our staff, the organisations we work with – the opportunity to tell us what you think.

Any decisions will take into account the impact these options may have based on a wide range of factors such as equality, Welsh

language, socio-economic impacts, workforce and environment.

More information about how we are taking into account the impact of these options can be found in Chapter 11. More information about what these options could mean for each of the 13 localities in Powys can be found in Chapter 12. Initial ideas for how the impact of these proposals could be tested can be found in Chapter 13.

This document, and the information we have published alongside it, aim to ensure that you can consider the proposed options, their benefits, disadvantages and impacts. It seeks your views on the options, potential impacts, and alternative approaches that should be considered before a final decision is made.

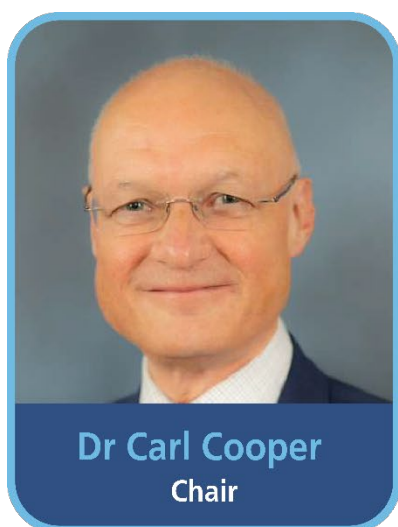
Consultation responses, alternative proposals, updated impact assessments and any additional evidence gathered through the consultation process will be conscientiously considered before any future recommendation is developed.

More information about what happens next and how decisions will be made can be found in Chapter 14.

We encourage everyone to read this document, participate in discussions and share their views by 10 January 2027.

This is your NHS, and your voice counts.

Many thanks



1. What is this consultation about?

This chapter explains which service areas are included in the consultation, and which services are not included. It explains the issues we are exploring and why these are important.

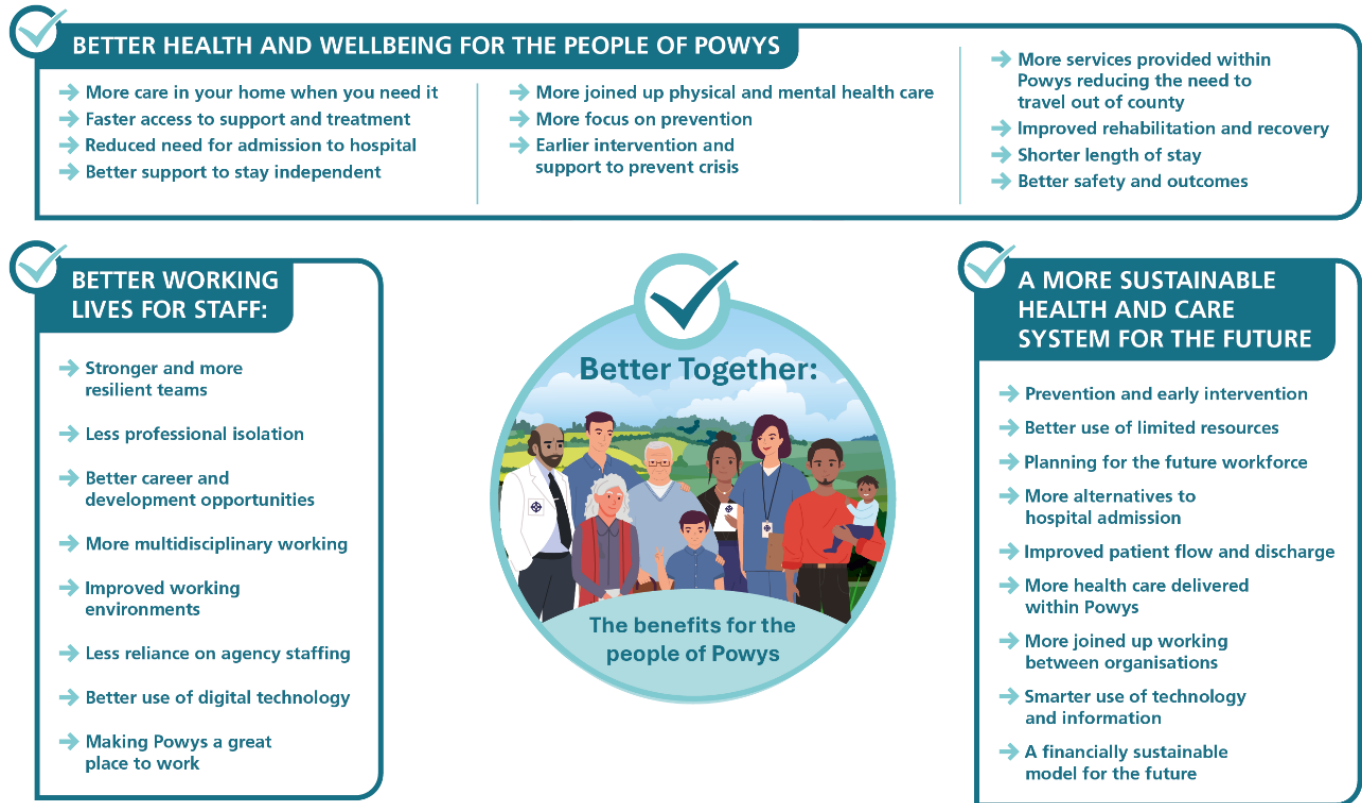


Figure 1: A summary of the intended benefits of Better Together for Powys

Many of the proposals in this consultation relate to adult physical and mental health NHS community services in Powys. Some proposals also affect urgent care minor injury services which may be used by people aged one and over, and some all-age diagnostic services.

This includes:

- **Adult Physical Health Community and Inpatient Based Services:**

- Our teams working in the community, including staff who visit people in their home to provide physical health treatment and support, working closely with primary care and voluntary sector partners. Examples include District Nursing, Home First and Falls Prevention teams.

- Physical health inpatient care provided in our community hospital wards including stroke rehabilitation, ready to go home units, and inpatient palliative and end-of-life care.

- **Urgent Care and Diagnostics:**

- The urgent care services we provide in the county, including our Minor Injury Units, urgent care community response, urgent diagnostic tests (such as x-ray and blood tests), and “step-up” care that can help prevent an admission to a District General Hospital.
- This includes Minor Injury Unit Services for people aged one and over, and also some diagnostic services used by children and young people such as x-ray.

- **Adult Mental Health Community and Inpatient Services:**

- Our teams working in the community, including staff who visit people in their own home to provide mental health treatment and support.
- Mental health inpatient care provided in our community hospital wards.

This consultation will also help us to make long-term decisions on services where temporary changes are in place, including:

- Opening hours of minor injury units.
- Ready to go home units in Bronllys and Llanidloes, and strengthened inpatient rehabilitation in Brecon and Newtown.
- Legacy changes arising from the COVID pandemic to Crug Ward in Brecon, Panpwnton Ward in Knighton, day hospital services.

This consultation does not directly include how the following services are delivered:

- **Planned Care Services:** surgical services, endoscopy and outpatient appointments provided in Powys, and the planned care services we commission from neighbouring health boards and NHS Trusts.
- **Other diagnostic services** not within the scope of this consultation.
- **Women and Children's Services:** including maternity services, child and adolescent mental health services, children's community services, children's neurodevelopment – except minor injury unit services for people aged one and over, and some all-age diagnostic services.
- **Directly contracted Primary Care Services** provided in General Medical Practice, dental surgeries, pharmacy and optometry including out of hours services.
- **Social Care.**
- **Community and Voluntary Organisations.**
- **Changes to the way we commission acute and emergency services from**

neighbouring health boards and NHS

Trusts: although it does include opportunities to provide more step-up and step-down care for more patients in the county, including through urgent care centres and urgent community response. We explain this in more detail in later chapters.

This consultation may affect the way we work with these services to deliver the best health care and outcomes for the people of Powys.

Why these services?

Over the last two years we have been speaking with patients, communities, staff and partner organisations to hear their views about the opportunities and challenges for health services.

Based on their feedback, we are focusing first on adult physical and mental health NHS community services. This is because they urgently need change so that they can meet the needs of patients both now and in the future. Right now, we are not always able to offer the standards of safe and timely health care we would wish. They can be dependent on small teams spread over a very large area. They can be over-reliant on agency staff who are less familiar with our county and our services.

We are focusing on these services now. But Better Together is an ongoing conversation. In future years we will focus on other service areas, such as Planned Care and Women & Children's Services.

What we seek to learn

In this document, we explain:

- Why we need to change these services.
- What we have learnt so far.
- Why we have suggested the options in Chapters 6, 7 and 8, and why other options have been considered and discounted.
- How you can get involved and what we will do with the feedback you share.

Alongside this consultation document you can find more detailed information on our website. This includes:

- The Pre-Consultation Business Case. This is a detailed planning document setting out the case for change, appraisal process and proposed options before formal public consultation.
- The Case For Change and Technical Chapters on Community Services, Mental Health, Primary Care and Diagnostics.
- Integrated Impact Assessments setting out the work we have done so far to understand the potential impacts of the options.
- More information about the ideas that have been considered and discounted before we reached this public consultation.

In this consultation we will ask you:

- Which of the options you think are best able to address the challenges facing our services.
- What impacts the options may have, both positive and negative.
- If there are negative impacts, what steps could be taken to address these.
- Anything else you think we need to consider, including alternative options or ideas you may have.

For mental health services we have put forward a single option. In Chapter 8 you can read more about the options we considered and why other options have not been taken forward to consultation. We are seeking your views whether there are important factors that have not been considered when making this recommendation.

Your views and new ideas will influence future decisions about how we deliver these services across Powys. Your feedback will be considered alongside the supporting documents and data we have been gathering and which are referred to in this document.

Powys Teaching Health Board will meet in Spring 2027 to consider all feedback received

and decide on how we provide these services in future.

Board members will consider all they have heard leading up to, and during, this consultation. This includes integrated impact assessments, which will consider how people could be affected and what needs to be done to reduce negative impacts. We have published draft integrated impact assessments as part of this consultation, and these will be updated to reflect what we hear.

They will also consider any new information, including new ideas, which may come to light from the consultation. Any new ideas, along with the options proposed in this consultation, should meet certain criteria. More detail on these criteria is available in Chapter 5.

If changes are approved then this programme won't be delivered overnight. Developments to health services need careful consideration, working with staff and communities. The proposals in this document may take up to ten years to put in place, so that services are fit for future generations. More information about possible timeframes can be found in Chapter 10.

Who do we want to hear from?

We really appreciate you taking the time to share your thoughts. This consultation is for all members of the public who live, work, or have an interest in Powys. It is for everyone working in the NHS, wider health and care services, and partner organisations.

We recognise people have different interests and perspectives. You may receive our services, or care for someone who does. You may work with us as staff, students, or volunteers. You may represent an organisation potentially affected by our proposals, or you may have an interest in health and wellbeing.

Most of the proposals in this document relate to services for adults. The views of children and young people are also important to us as these proposals affect Minor Injury Unit services for people aged one and over, and the wider proposals affect children and young

people who are young carers and who will be future users of adult services.

As well as speaking to people in our area, we will also continue to work with NHS partner organisations in neighbouring counties.

We will also listen to Llais, the statutory Citizen Voice Body for health and social care in Wales, who will also be listening to people across Powys so that they can represent your views and opinions. The health board has a statutory duty to have regard to representations from Llais when decisions are made following this consultation.

Potential impacts on our staff

We value and recognise the skills and experiences we have within our workforce.

There may be changes for staff as a result of any decisions following this consultation. This could potentially include changes to working patterns or locations of services.

We want all our employees to contribute to our shared ambition for a healthier population and to provide safe, sustainable, accessible, and kind services.

This consultation on service change proposals is an important first step. Organisational change consultation would then follow in future depending on the decisions made by Powys Teaching Health Board in Spring 2027. We would work in partnership with any staff affected, and with staff-side representatives from unions and professional associations, and follow the All-Wales Organisational Change policy for the NHS workforce across Wales.

Their ideas have contributed to the options in this consultation document. We will now engage widely with staff across the health board, as well as with our Trade Union representatives, on the options and to understand the potential impacts, and to gather feedback and new ideas.

2. About Powys

This chapter provides an introduction to Powys Teaching Health Board and our role. It includes summary information about the health board and the population of the county, as well as national policy and guidance.

About Powys

Powys is unlike any other health board area in Wales.

Covering around a quarter of the landmass of Wales, Powys is home to around 135,000 people living in towns, villages and rural communities spread across a large geographical area.

Population density is low compared with the rest of Wales and England, meaning many residents live considerable distances from some health care services such as large hospitals.

We are the smallest health board by population, but one of the largest by area. For example, in Powys there are 26 people living in every square kilometre, but in Cardiff there are more than 2,700 people living in every square kilometre.

This rural nature creates opportunities and challenges. In rural communities, many people enjoy strong community networks and a high quality of life. However, rurality can lead to isolation, make it more difficult to access health services, and create challenges in recruiting staff and providing specialist services locally. Travel times are often longer, public transport can be more limited than in urban areas, and health care teams need to cover large geographical areas.

Many of Powys' neighbouring counties in Wales are also sparsely populated and cross-border access can be affected by hills and mountains. Powys also has a long border with England.

These factors must be considered when planning services for the future.

Powys Teaching Health Board

Powys Teaching Health Board is the local NHS organisation responsible for planning, organising, providing and purchasing health services for Powys residents. We are one of seven local health boards in Wales. You can find out more about how the NHS in Wales is structured from the NHS Wales website at www.nhs.wales.

Most of your contact with the health service takes place within the county. This includes services provided by independent primary care contractors including 16 GP practices, community pharmacies, dental practices and optometry services. Alongside this, Powys Teaching Health Board provides a wide range of community health services in homes, clinics and hospitals.

We provide a wide range of services within Powys where safe and viable to do so in a rural community setting. But, due to the unique sparsely populated geography of Powys, it is not safe or viable to provide some services including District General Hospital services in the county. This is because these services need to see enough patients for clinicians to maintain their skills. They need 24-hour access to a very wide range of specialist doctors, nurses, therapists and healthcare scientists to ensure a safe service. They also need access to highly specialist equipment to make the best diagnosis and provide the right treatment. So, this is why Powys residents will continue to access certain types of health care in neighbouring hospitals in both England and Wales.

However, more care could be provided in the county if we organised our services differently. That is one of the reasons for the Better Together programme.

The vision we are working towards remains consistent with the Powys Health and Care Strategy and the Powys Integrated Model of Care and Wellbeing (below) which were both developed through engagement with thousands of voices. Better Together will help us to deliver this model in practice. You can read more about the Health and Care Strategy later in this chapter.

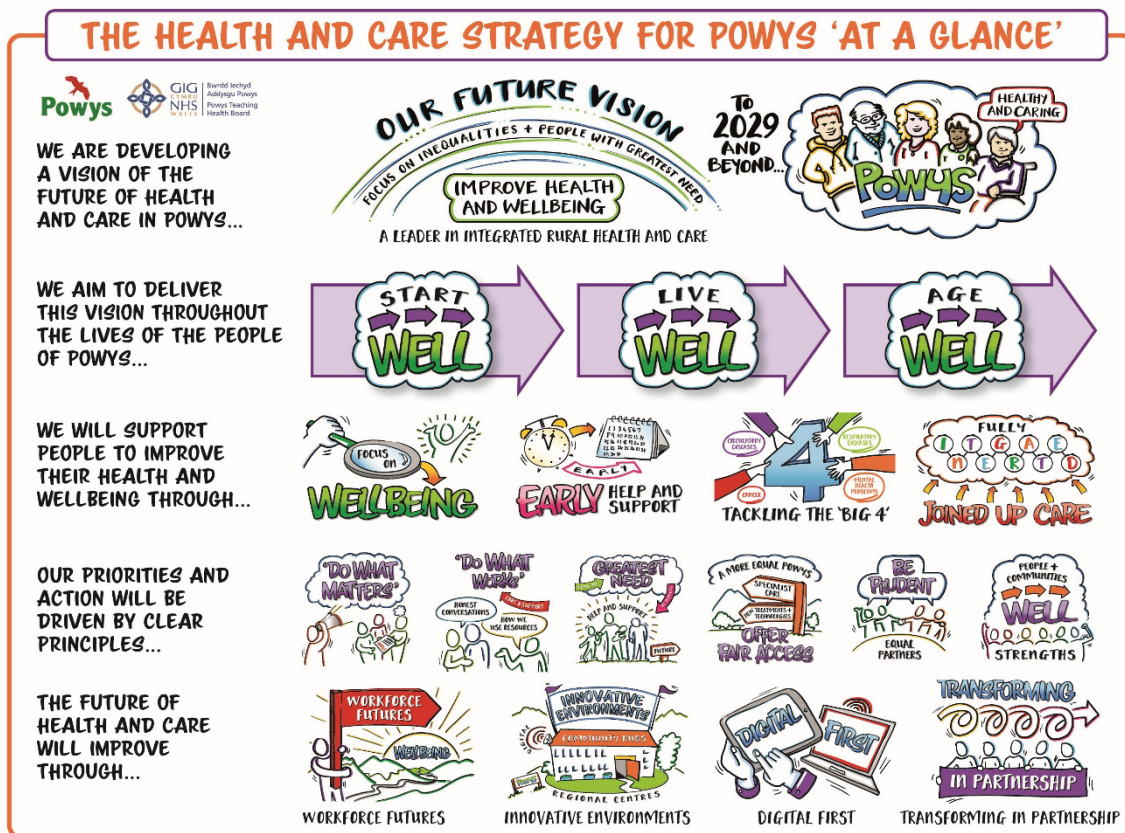


Figure 2: The Health and Care Strategy for Powys

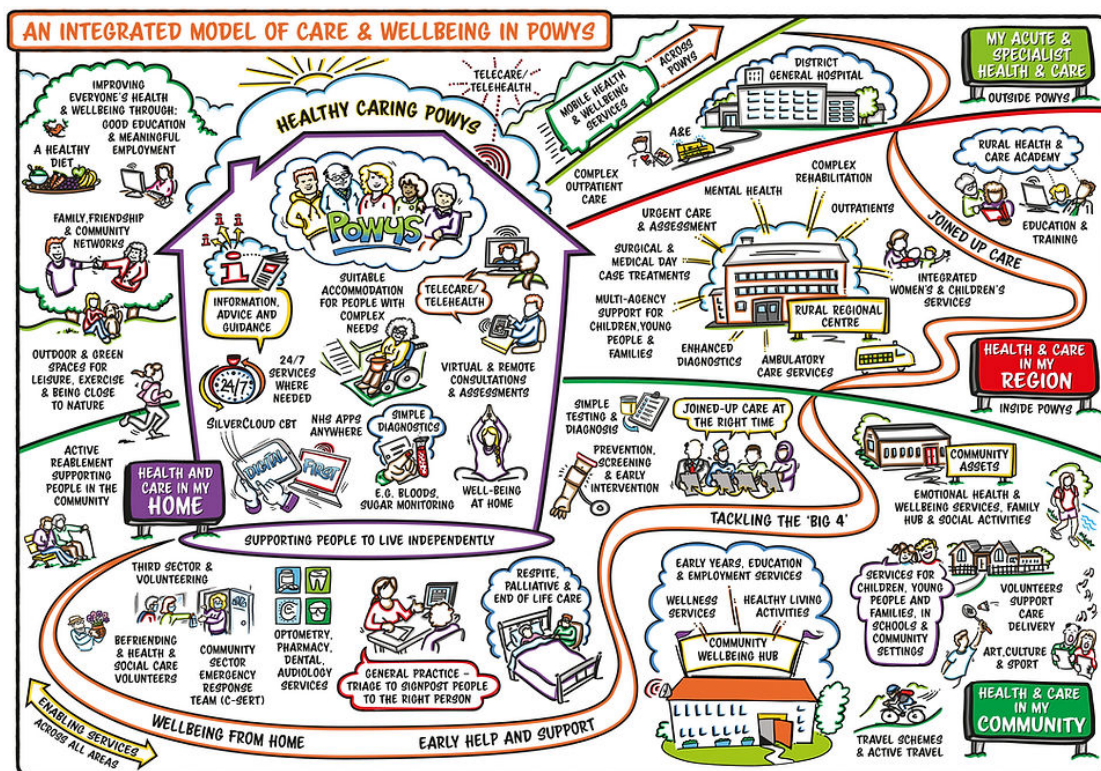


Figure 3: The Integrated Model of Care and Wellbeing for Powys

Alongside the services we deliver in people's own homes and other local clinics and facilities, we provide services from nine community hospitals and the Glan Irfon integrated health and care facility in Builth Wells.



Figure 4: Overview of health services for Powys

Powys residents access services from a network of District General Hospitals and other hospital facilities around the county border.

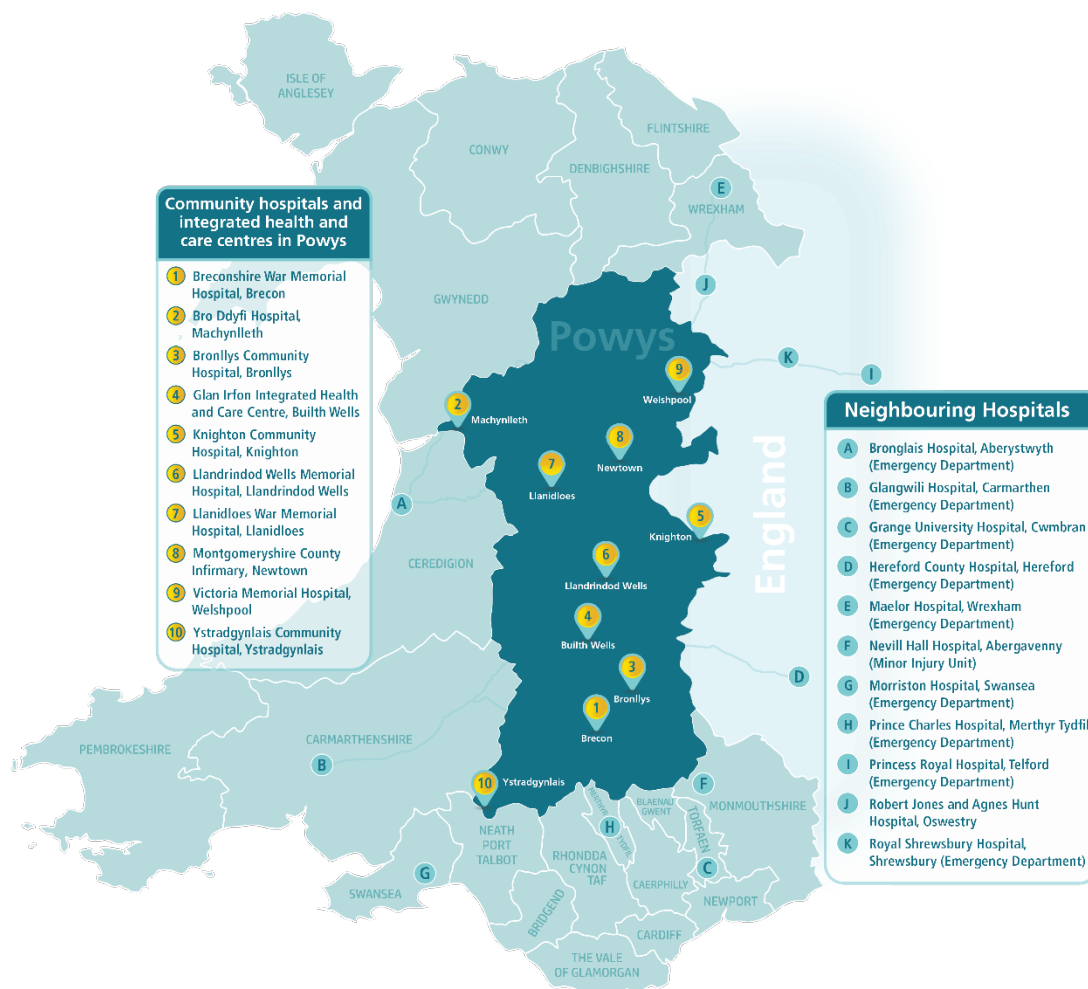


Figure 5: Neighbouring District General Hospitals

Health and Wellbeing in Powys

When we plan for the future of health care services it is important that we consider the wider building blocks for living longer in good health. These include:

- **Socioeconomic factors** such as our education, income, job status, family & social support, and community safety. Together these have the biggest overall impact on our health, making up 40% of our health status.
- Our **physical environment** is important too, with issues like air quality and pollution making up 10% of our health status.
- Our own **lifestyle** such as smoking, diet, exercise, alcohol use, and sexual activity make up around 30% of our health status.
- In fact, **health care** only contributes around 20% of our health status.

This also means that not everyone experiences the same healthy lives. People living in more deprived areas often experience poorer health outcomes. They can spend fewer years living in good health than people living in less deprived communities.

Our Better Together plans need to make sure there is a long-term focus on **prevention** that

helps people to stay well, reduces illnesses and injuries, and reduces health inequality.

This is why our proposals for the future of adult physical and mental health community services go hand in hand with our plans to improve population health.

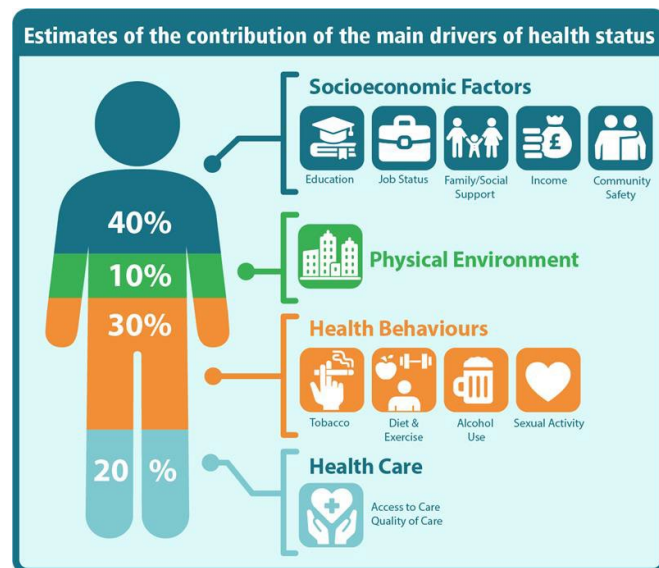


Figure 6: Factors that influence our health

“In an age where demands on services are intensifying, the needs of our citizens are becoming more complex, and financial pressures are becoming ever starker, we must shift focus away from simply managing sickness to treating the root-causes at source.

“For too long, our models, processes and ways of working have been built around responding to crises, rather than preventing them and giving people the support they need to live healthier, happier lives

“This changes now – because under this Government, success will be measured not by the number of hospital admissions, but by the number of people who stay healthy enough to avoid hospital altogether.”

Nerys Evans MS, Deputy Minister for Public and Preventative Health, July 2026

The Wellbeing Assessment for Powys provides useful information about the people who live in the county and their experiences. The draft Wellbeing Assessment for Powys 2027 was published in June 2026 and includes the following headlines:

- Powys has a population of 135,039.

- Powys is the most sparsely populated local authority in Wales and England, with an average density of 26 people per square kilometre, and large variations across its 13 localities.
- The population is older than the Welsh and UK average, with 29% aged 65 and over, alongside lower proportions of children (15% aged 0–15) and people of working-age (56% aged 16–64).
- Powys remains largely UK-born (95.3%) and White (97.8%); however, changes in diversity since the 2011 Census may indicate evolving community needs.
- Over the past 20 years, overall population growth has been modest (5%), masking significant change by age, including a 56% increase in residents aged 65 and over and a 69% increase in those aged 80 and over, alongside a 17% reduction in under-15s.
- Population projections indicate continued ageing of the population, with the 65 and over population projected to increase by 32.7% and the 80 and over population by 88.6% by 2047, while the number of children is projected to decline further.

You can read more about the population of Powys in the draft **Wellbeing Assessment for Powys 2027**. This is available from www.haveyoursaypowys.wales/powys-well-being-assessment

You can read more about our plans to improve population health in Powys in **Preventing The Preventable: Population Health Strategic Framework for Powys**. This is available from pthb.nhs.wales/BetterTogether

Working Together

Whilst this consultation focuses on the services that we directly provide as a health board, the solutions we are putting forward consider the wider network of services and support that contribute to our health and wellbeing. Here in Powys, many different people and organisations contribute to the delivery of health services. Examples are:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Individuals, families and unpaid carers including self-care, circles of support, family carers. • Local communities supporting each other including through community and voluntary organisations. • NHS primary care services in Powys including general medical practice, dentists, pharmacists and optometrists. • Local NHS community services such as community hospitals, district nursing, community children's services, therapies, mental health care, support for people with learning disabilities and physical disabilities. • Screening and immunisation programmes supported by Public Health Wales. • Partnerships with other health and care organisations in the public, voluntary and private sector including through the Powys | <ul style="list-style-type: none"> Regional Partnership Board and Powys Public Service Board – for example, Powys County Council and Powys Association of Voluntary Organisations. • Emergency and non-emergency transport services provided to Powys residents by Welsh Ambulance Service and other transport providers. • Pathways of planned care and emergency care to neighbouring hospitals in both England and Wales (e.g. Royal Shrewsbury Hospital, Bronglais Hospital, Prince Charles Hospital). • Nursing homes, residential care and domiciliary care services. • Specialist services for people with more complex needs. • The wider network of services and support that help us to be healthy and to stay healthy (e.g. Help Me Quit). |
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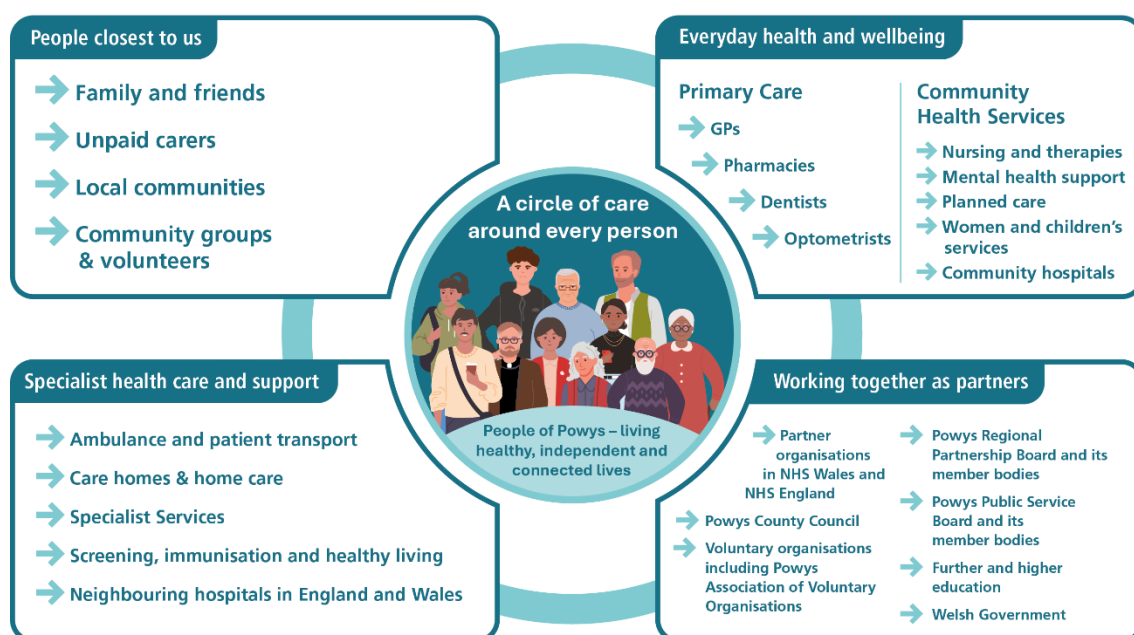


Figure 7: Working together for health and wellbeing in Powys

National Evidence and Policy

The Better Together programme has not been developed in isolation. It has been informed by national legislation, Welsh Government policy, clinical evidence and long-term planning frameworks that seek to improve people's health, wellbeing and access to services across Wales. These national policies set clear expectations for how public services should respond to changing population needs, increasing demand and workforce challenges:

A Healthier Wales

In 2018, Welsh Government published A Healthier Wales, its long-term plan for health and social care. The strategy recognised that growing demand, an ageing population and rising levels of long-term illness meant that traditional models of care would not be sustainable in the future. It set out a vision for services that focus more on prevention, early intervention and supporting people to remain independent for longer. It also emphasised the importance of providing care closer to home wherever possible and ensuring that services work together around the needs of the individual rather than organisational boundaries.

Delivery of A Healthier Wales also includes the NHS Wales National Clinical Framework which is a national vision for the strategic and local development of NHS clinical services.

The Better Together programme reflects these principles by exploring how more support can be provided in community settings, how unnecessary hospital admissions can be reduced and how services can become more integrated and person-centred.

The Well-being of Future Generations (Wales) Act

The Well-being of Future Generations (Wales) Act 2015 places a legal duty on public bodies, including health boards, to think about the long-term impact of their decisions and to work together to improve wellbeing for current and future generations. The Act encourages organisations to focus on prevention, involve people in decisions, collaborate with partners and take a long-term view when planning services.

For Better Together, this means considering not only whether services meet today's needs, but whether they will remain safe, sustainable and effective over the coming decades. It also means

ensuring that local people are actively involved in shaping future services through engagement and consultation.

Prevention and Early Intervention

National policy increasingly recognises that improving health outcomes depends on preventing ill health wherever possible, rather than simply responding when people become unwell. There is growing evidence that supporting healthy lifestyles, intervening earlier, improving community support and helping people manage long-term conditions can improve quality of life while reducing pressure on hospitals and specialist services.

The Better Together programme therefore places strong emphasis on prevention, wellbeing and providing support earlier, helping people to remain healthy and independent for as long as possible. This approach is consistent with both Welsh Government policy and Powys' own long-term strategy.

Strengthening Community-Based Services

Across Wales, there has been a growing recognition that many services traditionally provided in hospital settings can often be delivered more effectively in people's homes, communities or local facilities. National policy encourages the development of strong community services that can help people avoid unnecessary admissions, support recovery closer to home and improve people's experience of care. This includes Welsh Government's Community By Design approach which promotes joined-up approaches, with hospital care used only where it is required for more complex or escalating needs.

This approach includes action to improve urgent and emergency care, promoting a system that helps people stay well for longer through prevention and early intervention, ensures people receive the right care in the right place first time, supports more care closer to home, reduces unnecessary hospital admissions, improves patient flow through the health and social care system, and makes the best use of available resources.

The Better Together programme seeks to ensure that Powys is leading the way in Wales by strengthening community-based services, making them more joined-up, and providing more specialist support more locally in a way that is sustainable for a rural county such as Powys.

“Success for this Government will not be measured by how many people we end up treating in a hospital bed, but by how many people we keep healthy enough to avoid needing one in the first place. We must shift our focus upstream, towards prevention, early intervention and powerful community-based services, ensuring more people receive care closer to home.”

Mabon ap Gwynfor MS, Cabinet Minister for Health and Care, June 2026

Mental Health and Wellbeing Strategy for Wales

The Mental Health and Wellbeing Strategy for Wales sets out a vision for improving mental health and wellbeing across the whole population. It promotes prevention and early intervention, helping people access support as soon as possible, reducing inequalities, and ensuring that services are joined-up around the needs of individuals, families and communities. It also recognises the importance of supporting people to live well, maintain independence, and recover within their own communities wherever possible.

The Better Together programme supports these national ambitions by strengthening community-based mental health services, improving access to early help and support, and developing more integrated pathways between mental health, physical health, social care and third sector services.

The proposals place a strong emphasis on prevention, recovery, care closer to home and reducing the need for hospital admission wherever safe and appropriate, helping people receive the right support at the right time.

Workforce Sustainability

Workforce challenges are recognised nationally as one of the biggest issues facing the future of public services. Welsh Government and NHS Wales have identified the need to develop a sustainable workforce, improve recruitment and retention, support new ways of working and create services that can be staffed safely over the long term.

These issues are particularly important in rural areas where recruitment can be more challenging. The Better Together programme is therefore considering how services can be organised in ways that make best use of available skills, support professional development and improve the resilience of clinical teams.

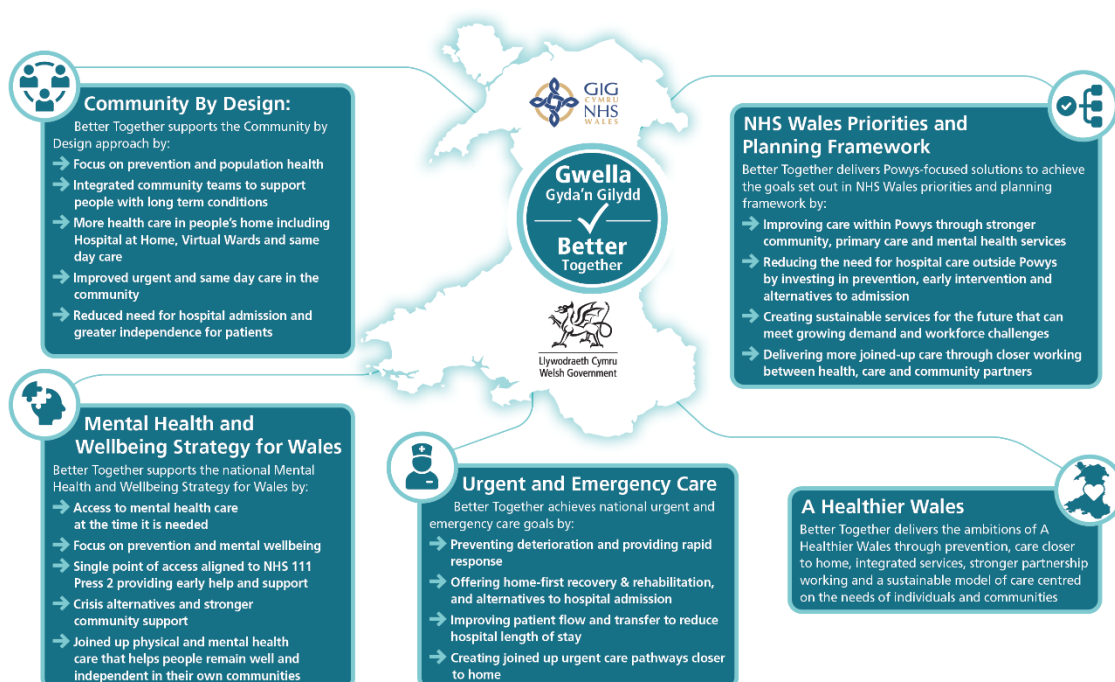


Figure 8: How is Better Together achieving the national vision for Wales

3. Why do services need to change?

This chapter summarises what we have heard about the need for change. It shares headlines from the Case For Change including the feedback we have heard through our engagement over the last two years.



Figure 9: Why is change needed?

The “Case For Change”

Can adult physical and mental health community services in Powys continue to meet future needs if nothing changes?

The evidence we have heard indicates that the answer is **no**.

The dedication of health care staff & volunteers continues to help us improve outcomes and experience for the people of Powys. However, to ensure services that are safe, sustainable and high quality, we need to make changes to address the significant challenges for our adult physical and mental health community services – and also some all-age diagnostic services and our minor injury unit services for people aged one and over.

The feedback we have heard from communities and staff has helped us develop our **Case For Change**.

The main reasons that change is needed include:

Demand for health care continues to rise

More people are living longer. This is welcome. However, their needs are becoming more complex and this means that more people in Powys need health care. Often this is more than one health problem, affecting both physical and mental health, so they need care that is planned ahead, joined-up, and in the right place.

Demand for adult and older adult mental health services is projected to increase by up to 33% over the next ten years. At the same time, many people tell us they want earlier

support, improved crisis services and better integration between mental and physical health care. We want that too.

During 2025/26, there were 44,000 hospital admissions for Powys residents. Powys residents were in hospital for a total of 156,000 'bed days' with a cost of over £121 million. On average, 120 Powys patients were admitted to a hospital each day, and an average of 428 beds were occupied by Powys residents every day. Many of these patients cannot be cared for in Powys because they need the levels of specialist care that can only be provided in District General Hospital.

There is variation in the quality and safety of care

Staying in hospital for too long can make people weaker. Research shows that older people can lose a lot of muscle strength after just 10 days in a hospital bed. It can be similar to ageing 10 years. This is called "deconditioning." Many older people who could walk without help before they went to hospital need help to walk after leaving. Extended periods in hospital can contribute to other problems such as incontinence.

There are gaps where community alternatives to hospital admission could offer patients better quality, safety and outcomes of care. Too many people are currently spending too long in hospital, both within Powys and outside the county. We need to change this.

The way services are delivered can vary across the county, and different services don't work together as well as they could. This can make the system confusing for patients and for staff, and patients may have to repeat things to different teams or wait too long.

The workforce is changing

Staff are our greatest asset, but recruiting and retaining the right people with the right skills is challenging in rural areas. It is particularly hard in the centre of Powys, as it is a long way to large population centres.

The proportion of people of working age in Powys is reducing. At the same time the number of people needing our services is

increasing. This means there will be fewer staff to care for more people. We must change the way we deliver health services so that services remain safe, and we can continue to deliver them in the county.

Currently over 44% of the PTHB workforce is aged 51 and over. Population projections indicate that by 2043 Powys will have 6,512 fewer people of working age than in 2024. This will affect the availability of NHS workers from within our local communities.

Our teams cover large rural areas but serve quite small populations. It can be difficult to keep services running during periods of staff absence and when there are vacancies. It can be hard for our staff to maintain specialist skills if they only see a few complex cases.

Too many jobs are filled by temporary staff. This makes health care more expensive and has an impact on the cost and quality of the services we provide.

We need to focus more on prevention and public health

There is a pressing need to focus time and resources on prevention of ill health.

Work is needed across all partners to improve the building blocks for living longer in good health. This includes action on obesity, unhealthy alcohol consumption, smoking, poor levels of physical activity and other lifestyle factors that contribute to poor health. As well as action by organisations to "make the healthier choice the easier choice" we all have a responsibility for our own health.

Across society we must also focus on the wider building blocks for living longer in good health such as income, education and physical environment.

We need to live within our means

Better Together is led by our Duty of Quality, so money is not the main driver. But finance is a constraint and we must live within our means. We ended 2025/26 with a deficit of £33m but by changing the way we deliver services we could provide high quality care and better outcomes for more people at a lower cost.

If we do not change the way we provide services, then there will not be enough public money to meet increasing demand.

Travel and access are also consistent issues raised with us by patients and the public. Many homes and communities are a long

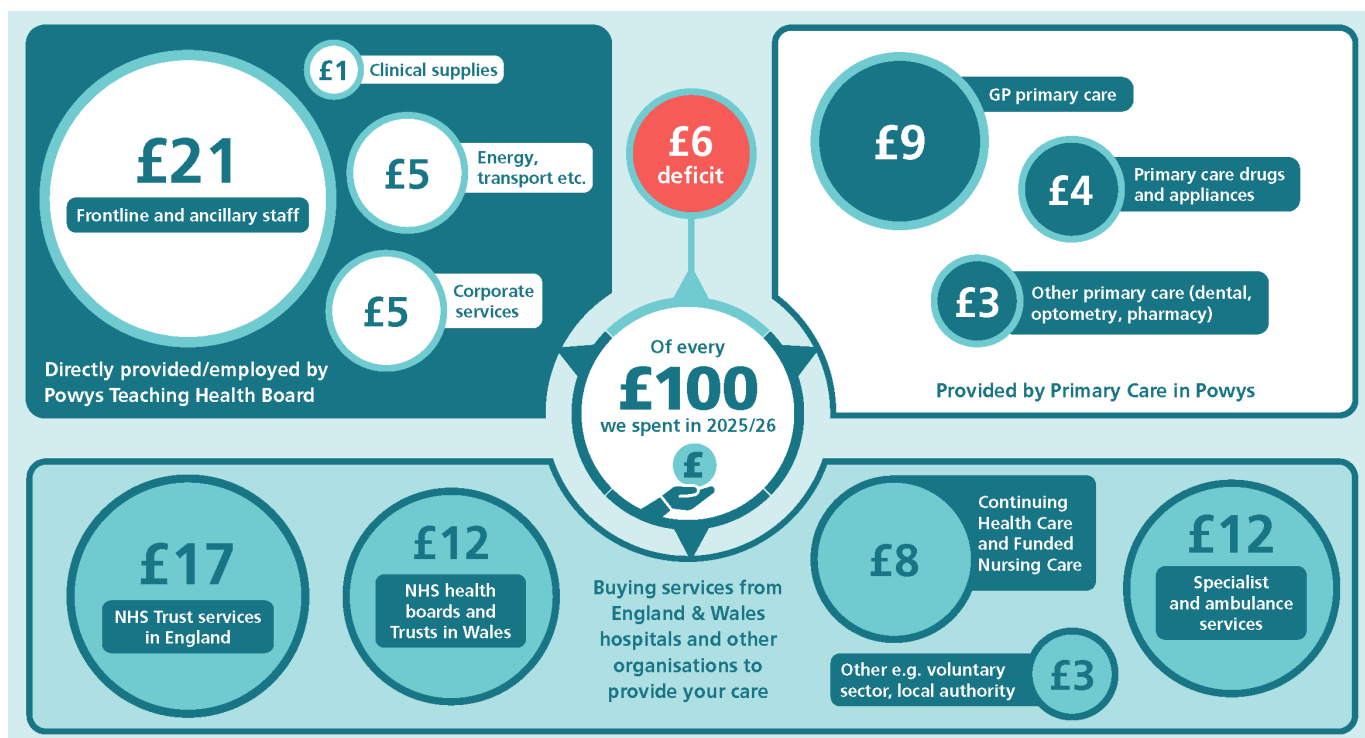


Figure 10: How we spend the money we receive

We need to focus on things that help the most, like preventing ill health, caring for people in their own communities, and effective use of our staff and buildings.

Our unique geography needs unique solutions

Too many services are planned around the needs of the past, rather than the opportunities for the future.

We need to shift our focus *from* staffing buildings that do not meet modern health care requirements *to* staffing people's needs and health outcomes.

More health care in the home would support people to maintain their independence, reducing the need for hospital admission. Modern facilities would improve patient experience during their stay, improve patient outcomes and reduce the time that people spend in hospital. We currently spend a lot of money on keeping our buildings running and do not have enough funding to bring them up to modern standards. A clear route map for the future would help us focus investment where it is most needed.

distance from major health facilities such as DGHs. We recognise that this brings costs and causes anxiety for many of our residents.

Many people welcome digital solutions but some face barriers

We have seen a lot of progress in using digital technology in recent years. There is more that we can do, including using technology to reduce the need to travel from home or out of the county. This work needs to recognise that some people do not have digital access or skills. The rurality of Powys can also affect access to phone signal and broadband.

Buildings that are fit for the future

Many health care buildings in Powys pre-date the NHS. In fact, PTHB has the oldest built estate of all health boards in Wales. Over a third (36%) of our buildings were built before 1948, compared with the Wales average of 12%.

They were designed for historic ways of delivering health care and not for the future. There are limits to the capital funding available to modernise our hospitals and build

facilities. We need to make prudent decisions about the right ways to modernise hospitals and clinics in Powys that are affordable to the public purse.

What we heard from the people of Powys

Since 2024, thousands of voices have contributed to discussions about the future of health care services in Powys. This has included residents, patients, carers, staff, elected representatives, community groups, voluntary organisations and partner organisations.

A number of consistent themes emerged.

Civic pride

People are proud and passionate about local services, and their role in the culture and economy of Powys.

Some facilities were established by public subscription before the NHS was founded. We are very grateful that many services have benefited from community fundraising including from local Friends charities, from other trusts & charities, and from donations to our Powys Health Charity.

Travel and transport

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

More prevention and earlier help

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

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

People felt services too often respond to problems once they have already become

severe. People told us they want earlier intervention, stronger community services, and more support at home.

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

Quality First

People describe varied patient and user experience, including concerns about equity of access between different parts of the county, and variation in quality of care.

People experience difficulties in communication between patients and the NHS. This includes ensuring that “information follows the patient”, particularly when you receive care in England.

Better coordination is needed

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

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

Staff and resources

People are concerned about the number of staff available in Powys and whether we can continue to offer services safely and effectively, and what more can be done to train, recruit and retain the future workforce given the reducing number of people of working age.

People ask whether more funding could be provided to the NHS in Powys, and whether public resources could be used more effectively.

Mental health should be a priority

People consistently identified mental health services as an important area for improvement. They highlighted earlier support, easier access, improved crisis services, better integration with physical health, and more person-centred care.

What we heard from NHS staff

We have heard similar feedback from NHS staff. While staff work in different roles and locations, several clear themes have emerged consistently.

Long-term sustainability of current services

Staff told us they feel pressure from increasing demand and the challenges of delivering services across a large rural county. Recruitment and retention difficulties, reliance on temporary staffing and challenges maintaining safe staffing levels were recurring themes. Staff generally felt that continuing to provide services in the same way would become increasingly difficult over time.

Better connected services

A common message was that services can sometimes feel fragmented, making it difficult for patients to move smoothly between different parts of the system. Staff told us they wanted stronger links between physical health and mental health – and also with social care, primary care and voluntary sector services – with more coordinated care and clearer pathways for patients.

More care at home and closer to home

Many staff described the benefits of strengthening community services wherever possible. There was support for developing integrated community hubs, improving services delivered in people's homes and communities, and reducing the need for people to travel unnecessarily for care and support in community hospitals or outside the county.

Greater focus on prevention and early support

Staff consistently highlighted the importance of helping people earlier, before their health needs become more serious or reach crisis point. This included both physical and mental health. They supported a shift towards prevention, early intervention and helping people to stay well and independent for longer.

Challenges of the Powys geography

Staff told us that long travel distances, transport difficulties and variation in access to services across the county can affect both patients and staff. They stressed the importance of designing future services in a way that recognises the realities of rural life. They were concerned about the impact for staff who do not have access to transport if roles and services change.

Using skills to shape the future

Staff told us there are opportunities to use their skills in better ways to meet the needs of patients, and also that any changes would need to be supported by a clear plan for staff development, training and education to ensure the skills and roles needed for the future.

Overall, our staff have consistently highlighted the need for changes that improve sustainability, strengthen local services, support the workforce, and provide more joined-up care for people across Powys.

What happens if services don't change?

We know that any discussion about changing health services can be worrying. However, one of the most important things we have considered is whether services should simply stay as they are. After carefully reviewing the evidence, we do not believe that services can stay as they are, as this would not meet the future needs of people in Powys.

Doing nothing would mean accepting a future in which demand for health care services continues to grow while the ability to provide those services becomes ever more fragile. Powys has an ageing population, increasing levels of frailty, rising demand for mental health support and growing complexity of need. Without change, the gap between what local services are asked to provide and what they are able to deliver is likely to widen. The current model was developed around historic patterns of care, rather than the future needs of local people.

There are also challenges in recruiting and retaining staff in some services. In a rural

county such as Powys, some services depend on a small number of specialist staff, making them more vulnerable if vacancies arise. Without changes to the way services are organised and delivered, maintaining safe and reliable local services may become increasingly difficult in some areas.

At the same time, the cost of delivering health care continues to rise. Simply spending more money on the current model would not necessarily improve services or outcomes. We need to ensure that available resources are used in the best possible way, focusing on prevention, earlier intervention and helping people remain independent for longer.

Most importantly, doing nothing would not address the challenges people have told us about, including difficulties accessing some services, variations in care across Powys and the need for better joined-up support closer to home. Without change, more people may need to travel outside Powys for treatment, and some local services could become harder to sustain in the future.

Further information

Our Case For Change has been based on insights from thousands of patients, residents, staff and partner organisations. We believe, based on the available evidence, that “no change” is not an option. But it is important for us to hear from you if important factors have not been considered.

You can read the Case For Change, and detailed Technical Chapters on issues such as Community Services and Mental Health, in the Supporting Documents section of our website at pthb.nhs.wales/BetterTogether

How this engagement has shaped proposals for the future

The engagement process has directly influenced the proposals presented in this consultation.

In response to what people told us, the proposals place a strong emphasis on:

- Prevention.
- Care closer to home.
- Community services.
- Joined-up physical and mental health care.
- Reducing avoidable hospital admissions.
- Improving coordination between services.
- Considering transport and access impacts.

The next chapter explains how this feedback has helped us develop a vision for the future of health care in Powys, and later in this document you can read about our detailed proposals for adult physical health community and inpatient services, urgent care and diagnostics, and adult mental health community and inpatient services.

4. A Vision for the Future

This chapter describes the vision for future health care services in Powys. It explains what we want services to look like in the years ahead, shaped by evidence, national policy and what people have told us is important to them.

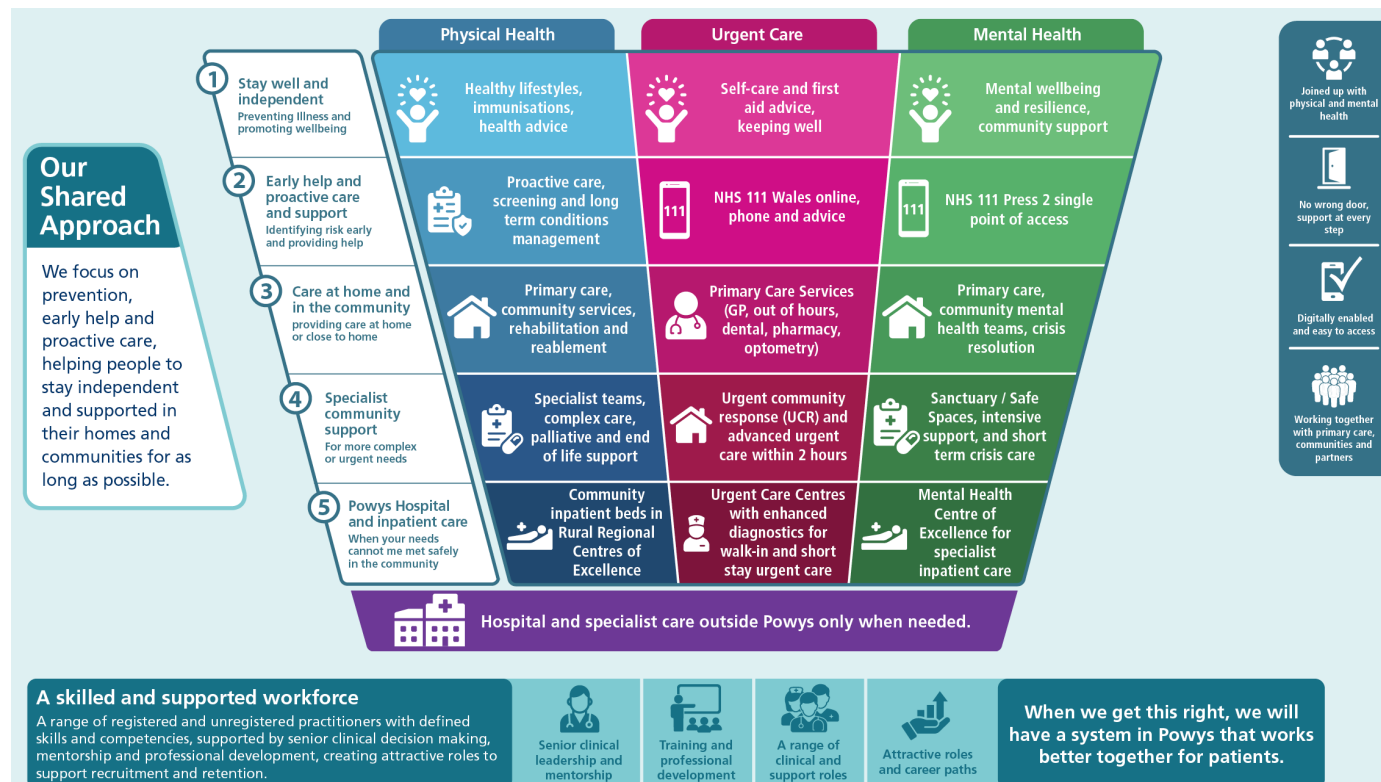


Figure 11: A summary of our proposed future models of care

Looking Ahead

We know that many people reading this document will focus on the proposals for specific services such as inpatient beds.

But the proposals within Better Together are about far more than beds and buildings; they are about creating a sustainable health care system that can meet the needs of current and future generations across Powys.

The evidence presented in earlier chapters shows that demand is rising, the population is ageing, workforce challenges continue to grow and financial pressures are increasing. At the same time, people have consistently told us they want services that are easier to access, better connected and more responsive to their needs.

Our vision is to create a system that supports people to remain healthy and independent for longer, provides care closer to home

wherever possible, and ensures that specialist care is available when it is needed.

The proposals in this consultation represent an important step towards achieving that vision.

Our Ambition

Our ambition is to focus on prevention. Early help and proactive care, helping people to stay independent and supported in their homes and communities as long as possible.

Stay well and independent

Many of the health challenges facing Powys cannot be solved by the NHS alone. Our vision therefore places a greater emphasis on prevention and healthy lifestyles.

By helping people stay healthier for longer, we can improve quality of life while reducing pressure on health care services.

This approach reflects national policy and is consistent with the principles of prudent health care and the Well-being of Future Generations (Wales) Act.

Everyone living and working in Powys has a role to play.

Early help and proactive care and support is available

Proactive prevention means identifying people who may be at greater risk of becoming unwell and offering support earlier, before they reach a crisis point or need hospital care. Rather than waiting for someone to seek help when their condition worsens, services work together to spot signs of increasing need and provide timely support to help people stay healthy, independent and connected to their communities.

For example, information about long-term conditions, frailty, previous service use or other risk factors can help community teams target help where it may have the greatest impact.

A key part of this approach is a Single Point of Access (SPOA), making it easier for people, carers and professionals to find the right help quickly. The SPOA helps coordinate support, reduce confusion about where to go for assistance and ensure people can access the most appropriate service at the right time.

In simple terms, proactive prevention is about helping people stay well for longer, preventing problems from becoming crises and supporting more care closer to home.

Example: Single Points of Access

Single Points of Access would provide one route into adult physical health and into mental health community services. Patients, carers and professionals would no longer need to navigate multiple teams independently. The service would help ensure people are directed quickly to the right service and receive coordinated support across different organisations.

Care at home and in the community

One of the strongest messages we heard during engagement was the importance of local access to services.

People told us they value community services and want care to remain as close to home as possible.

Our vision is therefore built around a principle of delivering care in the most appropriate setting. Where safe and appropriate, health care should be delivered in people's homes, or in the most local facility with the range of skills and equipment available to meet their health care needs.

This means:

- Supporting people in their own homes whenever possible.
- Strengthening community nursing and therapy services including rehabilitation and reablement
- Improving our approach to rehabilitation and community-based diagnostics.
- Improving links between primary, community and hospital services.

To achieve this, health care needs to be based more around people and their needs; less around buildings and organisations.

Example: Rehabilitation

Rehabilitation services would support people to regain strength, confidence and independence following illness, injury or hospital admission. This could include physiotherapy, occupational therapy, speech and language therapy and multidisciplinary support delivered either at home. People needing more intensive rehabilitation could receive this in an inpatient setting.

Specialist community support

We want to make more specialist community support available for people with more complex or urgent needs.

Many people tell us they want to remain independent for as long as possible.

Independence is important not only for quality of life, but also because it can help improve health outcomes and reduce reliance on hospital care.

Our future model therefore aims to:

- Support people to recover at home.
- Provide coordinated support following illness or injury.
- Help people avoid unnecessary admission to hospital.
- Reduce dependence on inpatient services.

Where hospital admission is necessary, services should support people to return home as soon as it is safe to do so.

This includes palliative and end of life support, sanctuary for mental health crisis, Hospital At Home and urgent community response.

Example: Hospital At Home

Hospital at Home would provide hospital-level assessment, treatment and monitoring in a person's own home. This could include intravenous antibiotics, treatment for chest infections, support following deterioration in long-term conditions, monitoring following discharge from hospital, and some forms of end-of-life care. Rather than automatically being admitted to hospital, more people would be able to receive treatment and recover at home surrounded by family and familiar support networks.

Example: Urgent Community Response

Urgent Community Response would provide rapid assessment for people whose health suddenly deteriorates at home. Our goal would be to attend within two hours of contact. This could include people who have fallen, developed an infection, become acutely confused, or are experiencing worsening frailty. Instead of attending an Emergency Department, more people could receive assessment, treatment and support in their own home.

Example: Mental Health Sanctuary

A mental health sanctuary would support people experiencing emotional distress or a developing mental health crisis who need immediate support, but do not require admission to a mental health inpatient ward. For example, someone struggling to cope following a sudden deterioration in their mental health, experiencing intense anxiety, loneliness or thoughts of self-harm, could access a safe and supportive environment where they can receive emotional support, practical help and guidance to appropriate services. The aim is to provide help at an earlier stage, preventing situations from escalating to the point where hospital admission becomes necessary.

Hospital services in Powys

Hospital services in Powys are available when needs cannot be met safely in the community, including inpatient beds and urgent care centres. Hospital care will remain essential, but hospitals only should be used when required due to the complexity of a person's needs.

Hospitals in Powys should also be able to care for more people who are currently admitted to DGH outside the county. This will also reduce the risk that services are lost from the county.

Example: Physical Health Inpatient Beds

Inpatient beds would continue to support people whose needs cannot be safely met at home, but who do not require the specialist services of a District General Hospital. For example, someone recovering from a serious illness, injury or fall may need a short period of nursing care, rehabilitation and therapy to help them regain strength and independence before returning home.

Example: Mental Health Inpatient Beds

Mental health inpatient beds would support people who are experiencing severe mental ill health and need a period of intensive treatment and support that cannot be provided safely in the community. The focus would be on stabilisation, recovery and helping people return home with the right ongoing support as soon as it is safe and appropriate to do so.

Hospital and specialist care outside Powys

As part of this model, we need to improve the way that health care in Powys works seamlessly with hospital and specialist care outside Powys.

As well as making sure that “information follows the patient” this includes improved “step up” care in Powys to reduce the need for DGH admission, and better “step down” care so that we can bring more patients back into county from DGH safely and swiftly.

Physical health, mental health and urgent care are treated equally

Mental health is fundamental to overall wellbeing. Throughout our engagement, people consistently highlighted the need to improve mental health services and provide earlier support.

Our vision is for mental health services that are:

- Easier to access.
- Available earlier.
- Better connected to physical health care services.
- Centred around individual needs.
- Focused on recovery and wellbeing.

We want mental health support to be considered an integral part of health care rather than a separate service.

This approach reflects growing evidence that physical and mental health outcomes are closely linked.

No wrong door

People often experience services as separate and disconnected. Many told us they have to repeat information, navigate complex systems and deal with multiple organisations independently. Our vision is for a more integrated approach, where professionals work together around the needs of the individual.

Integrated working should provide a better experience for patients while helping to make the best use of available resources. It should also help people with their choices at the end of life. It will be easier to provide joined-up care if we have a clear and consistent service model in all parts of the county.

Digitally enabled

Digital technology provides opportunities to improve access to care, particularly in a rural county such as Powys.

Technology will not replace face-to-face care where this is needed, but it can complement traditional services and provide greater flexibility.

Our future vision includes:

- Improved digital access to services.
- Virtual consultations where appropriate.
- Better sharing of information between organisations.
- Technology-enabled care and monitoring.
- Improved communication with patients and carers.

Digital solutions must remain inclusive and accessible, recognising that not everyone can or wishes to access care digitally.

Living within our means

Health care resources are finite. Every pound spent in one area is a pound that cannot be spent elsewhere.

Our vision seeks to ensure resources are used in ways that maximise benefits for patients and communities.

This means:

- Investing in services that deliver the greatest benefit.

- Reducing unnecessary duplication.
- Shifting resources towards prevention and community support.
- Ensuring services are financially sustainable over the longer term.

Financial sustainability is not an end in itself. It is necessary to ensure that services remain available and effective for future generations.

A skilled and supported workforce

None of these ambitions can be achieved without a sustainable workforce.

Staff are central to delivering high-quality care and supporting future service transformation.

Our vision includes:

- Creating attractive and rewarding career opportunities.
- Improving recruitment and retention.
- Supporting professional development.
- Enabling multidisciplinary working.
- Reducing unnecessary duplication and fragmentation.

By organising services differently, we aim to create more resilient teams that are better able to meet the needs of the population.

Examples of What This Means in Practice

Better Together for intravenous antibiotics

If you develop an infection that needs intravenous (IV) antibiotics, you may currently need to travel to hospital and stay in a bed while treatment is given.

Under the future model, appropriately trained community teams could provide IV antibiotics in your own home or in a local community hub. This would allow many people to receive the same treatment without a hospital stay, helping them remain independent and reducing the risk of losing strength and mobility while in hospital.

More support to remain at home at the end of life

Many people tell us they would prefer to spend their final days at home or somewhere familiar, surrounded by family and friends.

The future model would strengthen palliative and end-of-life care through better coordination between district nursing, specialist palliative care, hospice-at-home services, urgent community response teams, pharmacies and social care. This would help more people receive high-quality end-of-life care in the place they choose, with community hospital care available when needed but avoiding hospital admissions that may not be necessary.

Faster help when someone's health suddenly worsens

Today, people in Powys whose health deteriorates often have few alternatives to attending an emergency department or being admitted to hospital.

The future model would introduce Urgent Community Response and strengthen Hospital At Home services. For example, an older person with a chest infection, heart failure or worsening frailty could be assessed and treated at home, with monitoring and regular visits from health care professionals, rather than automatically being admitted to hospital.

Currently a patient with a blocked catheter overnight is likely to need a visit to DGH. With a skilled overnight team in Powys we are more likely to provide treatment at home, avoiding a journey to hospital.

Better diagnostic services in Powys Urgent Care Centres could offer rapid testing to get you home quickly, reducing the need to stay in a District General Hospital.

Specialist rehabilitation in your own home

After a stroke or hip fracture, many people currently require a longer stay in hospital while rehabilitation takes place.

The future model would provide more specialist rehabilitation at home. This means some people could return home sooner and

receive physiotherapy, occupational therapy and rehabilitation support in familiar surroundings, helping them regain confidence and independence more quickly.

More tests and diagnostics

Availability of tests and diagnostics is inconsistent, and too many tests are only available outside the county.

The future model would strengthen diagnostic services linked to Urgent Care Centres, making it easier for people to access investigations such as X-rays and blood tests. This would support earlier diagnosis and faster treatment decisions.

Short-stay assessment and treatment

Not everyone who becomes unwell needs admission to a district general hospital.

The future model would create community inpatient services that can provide short-stay assessment, diagnostics and treatment for up to 72 hours. This means some patients could receive rapid assessment, treatment and monitoring within Powys before returning home with community support, avoiding longer journeys and unnecessary admissions elsewhere.

Better support for people living with frailty

Many older people are admitted to hospital following a fall or a sudden deterioration in their health.

The future model would identify people at risk earlier and provide more proactive support through multidisciplinary teams, falls prevention, frailty services, rehabilitation and personalised care planning. This would help people stay healthier for longer and prevent some health problems from reaching crisis point.

Better joined-up care for physical and mental health needs

People with long-term physical health conditions often also experience anxiety, depression, dementia or other mental health difficulties. Currently, these needs can be assessed and treated by separate teams.

The future model would bring physical health, mental health, social care and voluntary sector services together more closely. For example, an older person living with heart failure and dementia could have support coordinated through a single multidisciplinary team, with professionals working together around the person's overall needs rather than treating each condition separately.

Faster help for problems that currently lead to an emergency department visit

For example, someone with a blocked catheter in the middle of the night may currently need to travel to an emergency department outside Powys.

Under the future model, an expanded community nursing and urgent response service could help more people receive treatment at home, avoiding long journeys and lengthy waits in hospital.

Getting The Balance Right

A key question throughout this work has been how to balance two important goals: providing care as close to home as possible and ensuring that hospital services remain safe, sustainable and able to attract and retain the staff they need.

We recognise that having inpatient beds closer to every community is appealing, particularly in a rural county where travelling longer distances can be difficult. However, the evidence considered through the Step Report and Pre-Consultation Business Case suggests that maintaining beds across more sites would make it harder to provide resilient services and to invest in the wider community support that many people need.

The proposals therefore focus on strengthening community services across Powys so that more people can receive care at home or within their local area. At the same time, they seek to ensure that inpatient services are organised in a way that is sustainable for the future and able to provide the right mix of staff, expertise and facilities when people need hospital care.

Further Information

The options presented in the following chapters represent different ways of achieving these aims.

The purpose of this consultation is to understand whether we have identified the right way forward and to hear the views of

people who use, deliver and support health and care services across Powys.

More information about the Vision for the Future and how it has been developed is available in the **Pre Consultation Business Case** which can be found in the Supporting Documents section of our website at **pthb.nhs.wales/BetterTogether**

5. Developing Options for the Future

This chapter explains how options for the future were identified and assessed. It explains the evidence, engagement activities and evaluation used to develop the options and explains why some ideas were taken forward while others were not.

The options included in this consultation are the result of a structured and evidence-based process designed to ensure that all realistic possibilities were considered and tested before being reviewed through this period of public consultation. The process we have followed adopts good practice guidance from across public services. It also reflects national policy and legislation including Welsh Government guidance on NHS Wales service changes.

Throughout the process, options were shaped by what people told us, informed by clinical and professional expertise, assessed against agreed criteria, and subjected to independent challenge and assurance. This chapter explains the process we followed. The following Chapters explain what this means for each service area: Adult Physical Health (Chapter 6), Urgent Care (Chapter 7), Adult Mental Health (Chapter 8).

A Five-Step Process

The Health Board followed a five-step process to develop the Better Together consultation options. The approach was designed to ensure that all options were assessed consistently, fairly and transparently, while remaining focused on the issues identified in the Case For Change.

The five steps were:

- Understanding the Need for Change.
- Generating Ideas and Exploring Possibilities.
- Reviewing and Refining Draft Options.
- Development of a Shortlist.
- Appraisal, Assurance and Preparation for Consultation.

Taken together, these steps have taken us from a starting point (understanding the challenges facing health services) through to the options now being consulted on.

Step 1: Understanding the Need for Change

The first step focused on developing and testing the Case For Change.

The Case For Change brought together evidence about the challenges facing health care services in Powys, including workforce shortages, increasing demand, changing population needs, health inequalities, difficulties accessing services and the pressures associated with delivering services across a large rural county.

The Health Board undertook extensive engagement with patients, residents, staff, partners and stakeholders to test whether the Case For Change reflected their experiences and understanding of local services. This helped ensure that the issues identified accurately reflected what matters to local people and those delivering services.

Alongside this engagement, clinicians, service leads, service user representatives and colleagues from partner organisations have worked together on a wide range of tasks including developing future models of care, design principles, travel time principles and assessment criteria that would

later be used to guide and assess potential options. These principles established a consistent framework for the entire options development process.

Every future option needed to demonstrate how it would address the challenges set out within the Case for Change.

More information about engagement on the **Case For Change** is available from the Better Together website at pthb.nhs.wales/BetterTogether. You can also read the Case For Change and a series of Technical Chapters.

Step 2: Generating Ideas and Exploring Possibilities

The second step focused on generating possible solutions.

Due to the rurality of Powys, when we design services, we need to consider how best to deliver them in our rural environment. This helps us assess whether the right amount of patient activity is being delivered at each level in order to maintain the skills and capabilities of health care staff. If they see too few patients needing specific treatment they may lose their skills, and could lose their professional accreditation to offer this service.

The following design principles helped clinicians consider whether services can be provided in your home, in your locality, within Powys at a regional level, or need to be provided outside the county. We have used these principles to shape the options in this consultation:

Level	Description
Home	Some services can be delivered safely and effectively in people's homes. This includes health care staff who visit you to provide services at home. It also includes online and telephone services, as well as tools to help you manage your own care at home.
Locality / Community (e.g. communities of around 10,000 people)	- Some services can be provided locally within the community you live in. For example, GP primary care services are provided in all 13 localities in Powys. - The 13 localities in Powys are Brecon, Builth & Llanwrtyd, Crickhowell, Hay & Talgarth, Knighton & Presteigne, Llandrindod & Rhayader, Llanfair Caereinion, Llanfyllin, Llanidloes, Machynlleth, Newtown, Welshpool & Montgomery, Ystradgynlais.
"Powys Region" or "Cluster"	- Some services need to be provided at a "regional" level within Powys. They may need specialist equipment and staff that are best provided in a single location serving a larger population but this could be from more than one location within Powys. - For example, we currently provide day surgery and endoscopy in Brecon and Llandrindod Wells. We also have an ambition to day surgery and endoscopy services in Newtown in future as part of the North Powys Wellbeing programme. These services are outside the scope of the current consultation but provide examples of what we mean by "Powys Region"
"Once for Powys"	- Some services can safely be delivered within the county, but because they are much more specialised in nature they may need to be provided from one location or by one centralised team. - For example, Felindre Ward in Bronllys is currently our adult (18-64) mental health admissions unit.
Outside the county	- The rural and sparsely populated nature of Powys means that some services cannot be safely delivered within the county due to their highly specialised nature. - For example, we access District General Hospital services in neighbouring counties in both England and Wales

Ideas came from multiple sources including:

- Public and stakeholder engagement.
- Clinical and professional workshops.
- Service reviews.
- Technical analysis.
- Feedback from partners and staff.
- Deliberative events involving patients, service users and community representatives.

Through this process, a wide range of ideas were identified and reviewed. These ideas ranged from service improvements and new ways of working through to more transformational changes in how and where services could be delivered.

To help test different approaches, the Health Board developed six scenarios describing broad ways services could be organised in the future. These scenarios were not detailed service proposals and were not intended to become consultation options. Instead, they were used to stimulate discussion and gather views about different directions of travel.

These were:

- No change.
- Minor changes and developments to the way we provide physical and mental health community services.
- More services provided within “centres of excellence” including in Rural Regional Centres. This would mean that some of our services (such as hospital beds) would be provided in fewer locations than now.
- Developing and expanding the range of services available at home through strengthened primary and community teams.
- Inpatient care, including community hospital beds, is provided outside the county in neighbouring health boards.
- Provide a District General Hospital in Powys.

“No Change” and “Provide a District General Hospital in Powys” were included for comparison purposes. The Case For Change had demonstrated that “No Change” is not an option, and there are no safe or viable options for providing a District General Hospital in Powys.

Engagement on these scenarios helped identify:

- The characteristics people most wanted to see in future services.
- Views about the balance between local access and service sustainability.
- Attitudes towards greater integration of services.
- Support for strengthening care in community settings.
- Concerns about travel and access in a rural county

The outputs from this stage helped shape the long list of options that would move forward for more detailed consideration.

More information about engagement on the scenarios and what we heard is available from the Supporting Documents section of our website at pthb.nhs.wales/BetterTogether. You can also find detailed information about the range of ideas in our Step Report.

Steps 3 and 4: Reviewing and Refining Draft Options and Developing a Shortlist

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

For the Better Together programme we identified five Hurdle Criteria. These were influenced by the feedback we heard through staff and public engagement.

Criteria	Explanation
Is the potential solution clinically sustainable?	- Does it deliver progress towards safe and reliable services that meet quality standards? - Does it consider any co-dependencies (the way in which different services need to work together)? - Is it informed by evidence ensuring people receive the right care and optimal outcomes?
Does the potential solution improve access?	- Does it enable people to access advice, guidance and care quickly and easily? - Does it address equity of access? - Does it provide access within an appropriate timeframe?
Is the potential solution deliverable?	- Is the workforce or an alternative workforce model available to deliver it? - Has digital technology been considered in the development of the solution? - Will it be clinically deliverable in a short (1-2 years), medium (2-4 years) or long (5-10 years) timeframe? - Will it be operationally deliverable in a short (1-2 years), medium (2-4 years) or long (5-10 years) timeframe?
Does the potential solution support (or at least not contradict) ...	- A person centred care system that meets people’s needs? - Integrated working with partners? - Improvement of population health? - The strategic direction for Powys (e.g. Health and Care Strategy, PTHB strategic priorities) and for NHS Wales (e.g. A Healthier Wales)?
Is the potential solution financially sustainable?	- Does it make best use of financial resources in the short and long term? - Does it support a value-based approach to improve outcomes? - Does it improve efficiency and productivity and reduce waste?

From Long List to Short List

Each option was reviewed against the Hurdle Criteria.

Options that failed one or more of the criteria were removed from further consideration. Similar options were merged, refined or incorporated into broader proposals where appropriate. Feedback from engagement, deliberative events and clinical challenge sessions also informed decisions about which options should progress.

In total:

- 81 options were assessed through the hurdling process.
- 43 options were discounted.

- 38 options progressed for further consideration in Step 5.

Detailed information about the long list of ideas and how they were appraised can be found in the Step Report which is available in the Supporting Documents section of our website at pthb.nhs.wales/BetterTogether.

Step 5: Appraisal, Assurance and Preparation for Consultation

Once the shortlist had been established, each option underwent a comprehensive programme of technical assessment and assurance.

This included:

- Workforce modelling.
- Financial appraisal.
- Estates assessment.
- Demand and capacity modelling.
- Travel time analysis.
- Patient pathway testing.
- Equality, quality and other impact assessments.
- Clinical challenge and review.

The purpose of this work was to understand the advantages, disadvantages, risks and impacts associated with each option.

We published draft Assessment Criteria in June 2025 and asked for feedback from patients, the public, staff and partner organisations. We have updated the Assessment Criteria in response to the views that we heard. These criteria use the six domains of quality in the **NHS Wales Health and Care Quality Standards**.

Six Domains of Quality	Examples
Safe	• Supports safe clinical practice. • Ensures a substantive workforce model. • Improves staff safety including a culture of safety and speaking up safely.
Timely	• Delivers against required access standards. • Improves access to services that support people to stay at home where possible and enables timely response when needs escalate. • Enables efficient transfer and discharge pathways to prevent harm to patients.
Effective	• Is underpinned by reliable data, best practice guidance and evidence base. • Supports delivery of future models of care, national and local guidance. • Addresses existing barriers to care in the case for change such as continuity of care and communication.
Efficient	• Makes best use of resources to improve patient outcomes and experience, and staff satisfaction, and enables us to live within our means.

	• Uses digital technology to aid efficient care with consideration for those not able to use technology. • Is feasible and can achieve a positive impact within the short or medium term.
Equitable	• Delivers evidence-based care across Powys but can adapt to address differences in need positively contributing towards reducing health inequity. • Reduces inequity across Powys for example through removing unnecessary differences in the way services are delivered. • Delivers an appropriate offer for all population groups including those with protected characteristics.
Person-Centred	• Helps people to stay healthy and builds self-reliance in patients and the population. • Provides a responsive joined-up offer that supports people to achieve what matters most to them and improves patient experience outcomes. • Provides access to meet health care needs within acceptable travel times (in line with the evidence base).

Each option was scored against these criteria using an agreed scoring system.

Weightings were applied to reflect strategic priorities. Sensitivity analysis was undertaken to test whether results changed significantly under different assumptions. This provided additional assurance that the findings were robust and that no single criterion disproportionately influenced the outcome of the assessment process.

The appraisal results formed one part of the wider decision-making process and were considered alongside workforce, financial, estates, travel, quality and equality assessments.

Independent Challenge and Assurance

Independent challenge and assurance were embedded throughout the process.

Three deliberative events brought together patients, communities, staff, local authorities, voluntary organisations, primary care representatives and other stakeholders to test and refine emerging proposals throughout the process. These events provided an important opportunity to challenge assumptions, explore risks and ensure the developing options reflected the issues and priorities identified by local communities.

External experts provided advice and review in areas such as service redesign, patient pathway testing, demand and capacity modelling and clinical service transformation. Independent engagement and consultation specialists provided advice on the design of the engagement process and on consultation readiness.

The programme also included a number of formal assurance mechanisms, including:

- Review by the clinical members of the Executive Committee.
- Workforce and Finance Check and Challenge sessions.
- Independent consultation assurance.

Arriving at the Consultation Options

The options now presented within this consultation are the outcome of this structured process.

Many more possibilities were considered during the development phase. Some were discounted because they did not meet the Hurdle Criteria. Others were combined or refined as evidence

developed and stakeholder feedback was received. The options that remain are those that the Health Board considers to be viable and capable of addressing the challenges set out in the Case For Change.

Importantly, no final decisions have been made.

The purpose of this consultation is to seek views on these options, understand the impacts they may have on patients, communities, staff and partners, and ensure that consultation feedback informs future decision-making. Any final decision will only be taken after consultation responses have been fully considered.

What Happens Next?

The next chapters describe the options in more detail, including what each option would mean in practice, the potential benefits, the risks and trade-offs that have been identified, and the matters on which we are particularly seeking your views.

Further Information

Further information on the options development process and how we arrived at the final list of options is available in the **Step Report** and in the **Pre-Consultation Business Case**. These can be found in the Supporting Documents section of our website at pthb.nhs.wales/BetterTogether

6. Options for Adult Physical Health Services

This chapter describes the options being considered for adult physical health services in Powys. It explains how services are currently provided, outlines the proposed future model of care, and presents the different options for the future.

Introduction

Adult physical health services in Powys include a wide range of community and inpatient services that support people managing illness, recovering from injury, living with long-term conditions and maintaining their independence.

These services are delivered through a combination of:

- Services delivered in people's own homes.
- Community nursing teams.
- Community therapy services.
- Rehabilitation services.
- Community hospitals.
- Inpatient beds.
- Clinic-based services.

We recognise that these services are highly valued by local people and staff. However, the Health Board believes that changes are needed if services are to remain sustainable and able to meet future demand. As explained in Chapter 3, rising levels of frailty, increasing complexity of need, workforce challenges and financial pressures mean that continuing to provide services in exactly the same way is not possible in the longer term.

How Services Are Provided Today

Powys currently operates a network of community hospitals and community-based services across the county. These facilities provide a range of functions, including rehabilitation, step-up and step-down care, recovery support and inpatient care for people who do not require treatment in an acute hospital.

Alongside community teams providing care in people's homes and local communities, helping people avoid unnecessary hospital admissions and supporting recovery following illness or injury, we provide a number of inpatient beds across the county.

We currently provide 146 inpatient beds for adult physical health in Powys in the following locations:

- Brecon (Epynt Ward, Y Bannau Ward) – 29 beds
- Bronllys (Llewelyn Ward) – 18 beds
- Llandrindod Wells (Claerwen Ward) – 15 beds
- Llanidloes (Graham Davies Ward) – 14 beds
- Machynlleth (Twymyn Ward) – 14 beds
- Newtown (Brynheulog Ward) – 15 beds

- Welshpool (Maldwyn Ward) – 21 beds
- Ystradgynlais (Adelina Patti Ward) – 20 beds

Following temporary changes in December 2024, Llewelyn Ward and Graham Davies Ward are currently Ready To Go Home units, and Epynt Ward and Brynheulog Ward have expanded their role in stroke rehabilitation as specialist centres for inpatient rehabilitation.

In addition to the 146 beds listed above:

- Knighton Hospital offers reablement beds. This follows the temporary closure of Panpwnton Ward during the COVID pandemic, with these reablement beds provided as part of the Cottage View Care Home. Up to 5 beds are available, in four rooms including one two-bed room.
- Glan Irfon Integrated Health and Care Centre in Builth Wells offers reablement beds. Up to 12 beds are available.

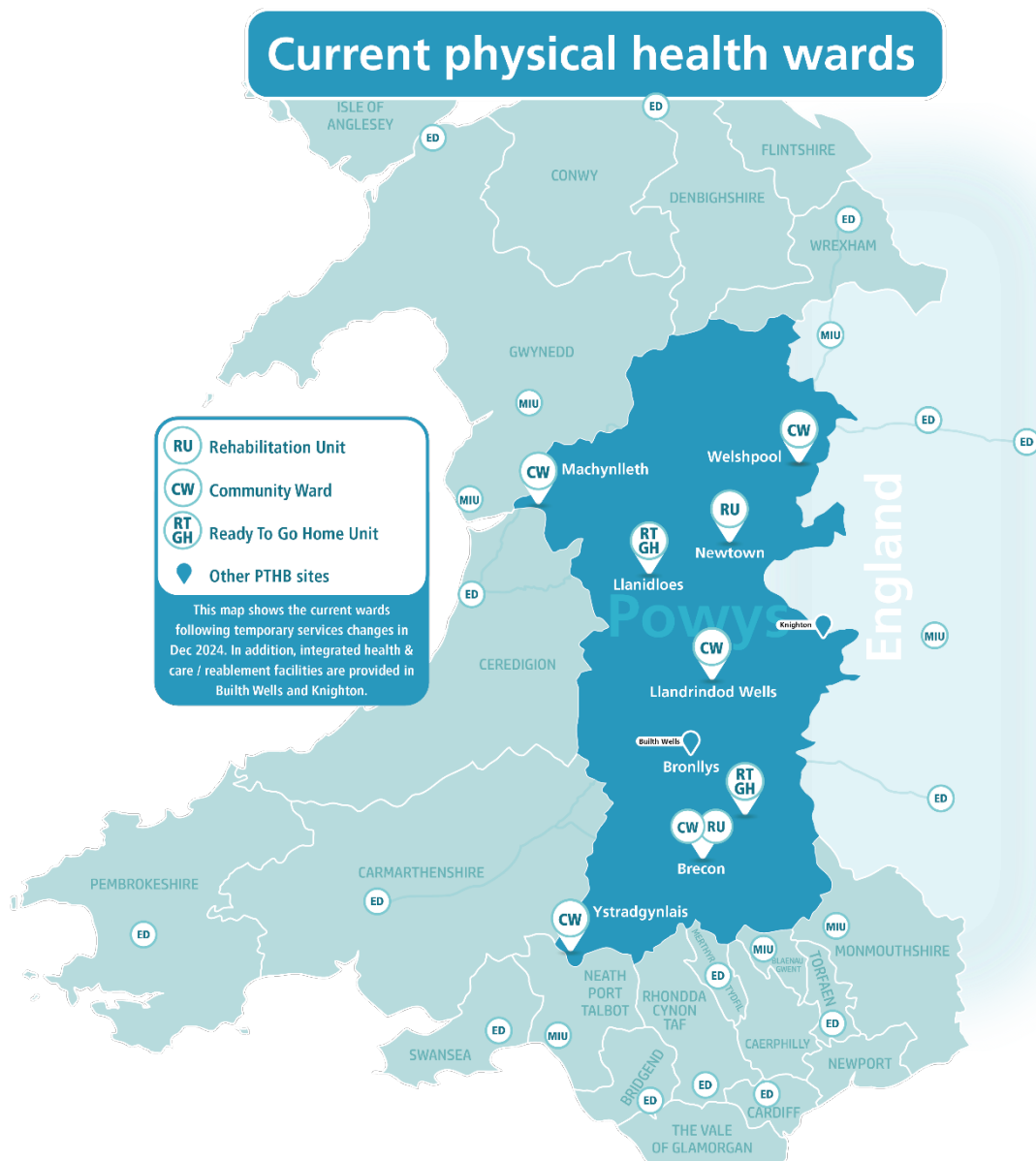


Figure 12: Current adult physical health inpatient wards

Why Change is Needed

Despite the dedication of staff and the important contribution these services make, a number of challenges have emerged:

- There are missed opportunities to provide more care in the county, for example through an intermediate care service and urgent community response team. This would reduce the need for admission to a District General Hospital
- Demand continues to increase, and people are presenting with more complex needs.
- Recruitment and retention of staff is becoming more difficult, which will get worse as the proportion of people of working age reduces.
- Many inpatient beds are occupied by people who are ready to return home but waiting for a package of care.
- Many inpatient beds are occupied by people whose clinical needs could be met at home if appropriate support were available.
- Too many people are spending too long in a community hospital bed which can lead to “deconditioning”. The average length of stay in a Powys community hospital bed is 40 days.
- Staff resources are spread thinly across multiple teams and sites, and there is significant variation in how services operate across the county.
- Mental health and physical health services don’t work together as closely as they could, and there are better ways to meet the needs of people with dementia who also have physical health needs.

These challenges have prompted consideration of whether services could be organised differently in future.

Alongside this, decisions are needed on the permanent future shape of services where temporary changes are currently in place.

The Future Model of Care

The proposed model of care for adult physical health community and inpatient services is summarised in the diagram below.

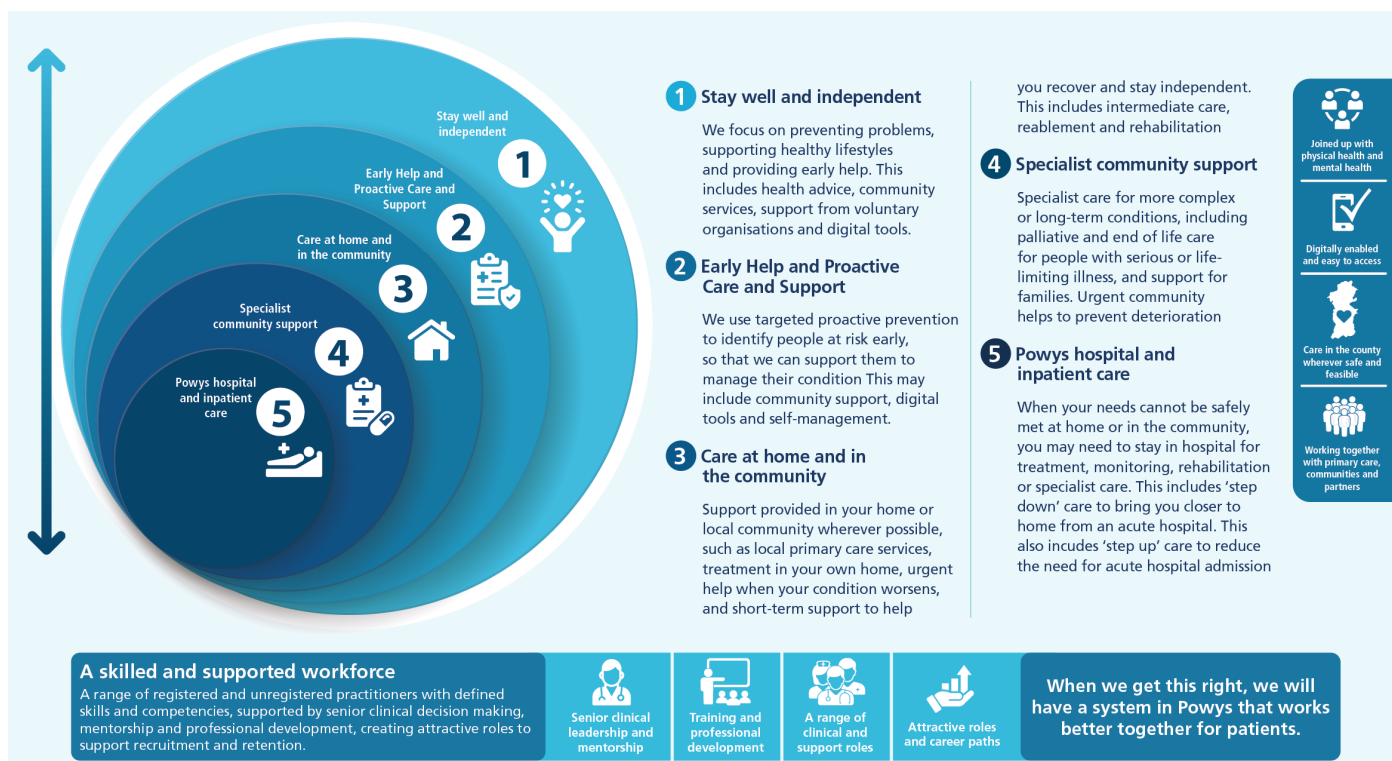


Figure 13: Future model of adult physical health care

It is based on the principle that most people should receive care at home or as close to home as possible, whilst ensuring that inpatient services remain available in the county when they are needed.

It seeks to:

- Help people stay well and independent including healthy lifestyles, immunisations, health advice.
- Provide early help and proactive care and support including population health screening and long term conditions management.
- Provide care and support at home and in the community including primary care, community services, rehabilitation and reablement.
- Ensure specialist community support providing more specialist care for complex or long term conditions, end of life and palliative care, and urgent community response to help prevent deterioration and hospital admission. This may include support for people in their own home, or short term intermediate care in a residential care facility. For example, a Hospital At Home service provided by expert clinical decision makers would provide short term hospital-level care for patients in their own homes for the duration of an acute illness episode.
- Provide inpatient care in Powys when your needs cannot safely be met at home, with “step up” and “step down” care to reduce the need for admission to District General Hospital. More information about the role of inpatient beds in Powys can be found below.

It aims to offer a simpler “single point of access” to physical health services that is clearer for patients and their family members and carers. Improvements to community services would meet more of their needs at home, reducing the need for hospital admission in Powys or outside the county. More people would receive palliative and end-of-life care support at home in familiar surroundings, helping more people to achieve their end-of-life wishes.

Under the future model, inpatient services would become more focused on supporting people who require short-term assessment, treatment, rehabilitation or complex multidisciplinary support. Services could include:

- Assessment and treatment following deterioration in health (“step-up”) and appropriate intervention (e.g. intravenous therapy, non-invasive ventilation, continuous positive airway pressure, nasogastric nutrition)
- Support following acute hospital admission (“step-down”).
- Rehabilitation following illness or injury.
- Frailty care.
- Complex discharge planning.
- Palliative and end of life care where this could not be provided at home or other place of choice
- Integrated support for people with physical and mental health needs.

A more detailed description of the model of care is available in the Supporting Documents section of our website at pthb.nhs.wales/BetterTogether.

Consultation Options

Based on the detailed assessment we have undertaken we believe that there are opportunities to strengthen the community services we provide in people’s homes including, proactive care, intermediate care, Urgent Community Response, reablement, rehabilitation and Hospital At Home. These steps would support more people to be cared for at home, help to reduce the need for

hospital admission, and tackle the harmful cycle of deconditioning that can increase patients' dependence on health and care support.

By taking these steps, we would reduce the need for community hospital beds but also make better use of these beds to offer step-up care, step-down care, specialist rehabilitation and palliative & end of life care. This would mean that over the and over the next ten years we could move to a new model of community hospital inpatient care based on two options:

- Physical Health Option 1 – Enhanced community services with Powys inpatient services on three Rural Regional Centre sites (Brecon, Llandrindod Wells, Newtown)
- Physical Health Option 2 - Enhanced community services with Powys inpatient services on two Rural Regional Centre sites. (Brecon, Newtown)

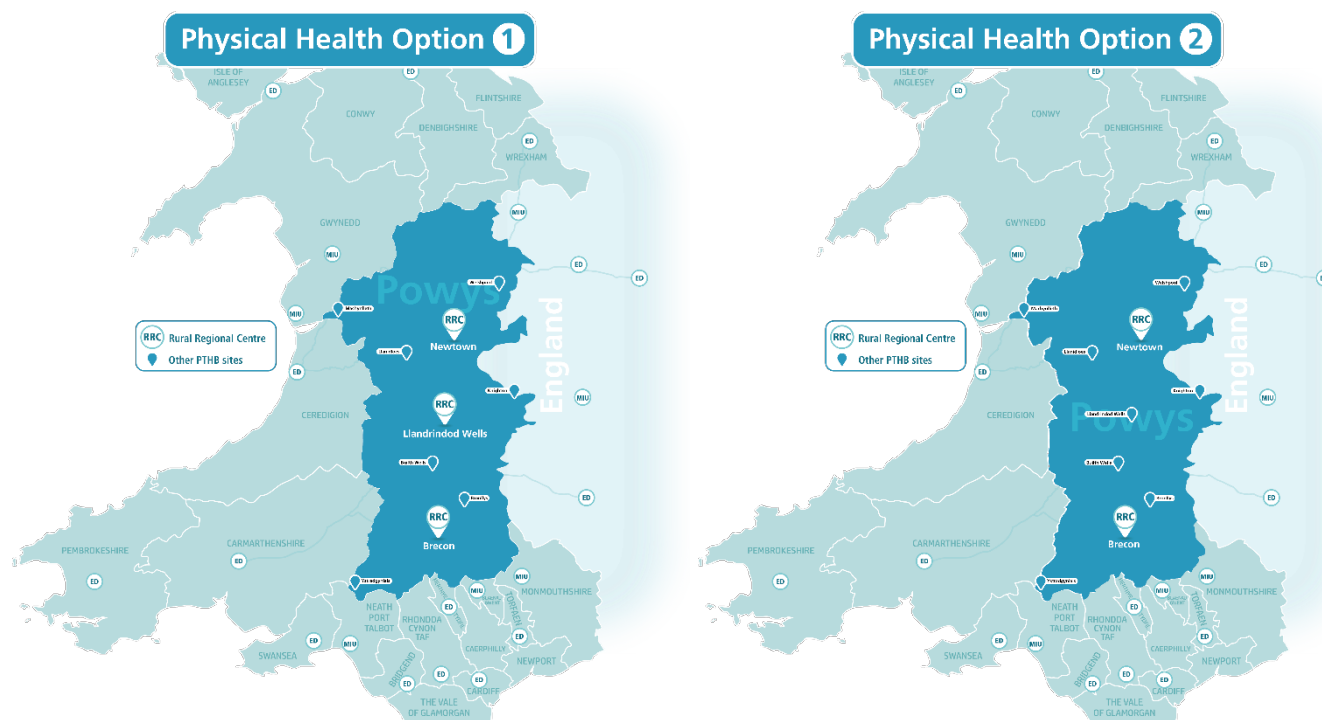


Figure 14: Physical Health Inpatient Options

Both of these options significantly strengthen the community services we are able to provide in people's homes in line with the proposed model of care. We could focus more on prevention and early help and support, and ensure that physical and mental health services worked more closely together. This would be particularly important for the care of people who have both physical and mental health needs.

	Physical Health Option 1 – Enhanced Community Services with Powys Inpatient Services on three Rural Regional Centre sites (Brecon, Llandrindod Wells, Newtown)	Physical Health Option 2 - Enhanced Community Services with Powys Inpatient Services on two Rural Regional Centre sites (Brecon, Newtown)
Community Services	More people would be supported to remain well and recover at home where possible. There would be significant investment in prevention, rehabilitation, reablement, Hospital At Home, proactive care and integrated community services. Our workforce would have more	More people would be supported to remain well and recover at home where possible. There would be significant investment in prevention, rehabilitation, reablement, Hospital At Home, proactive care and integrated community services. Our workforce would have more

	specialist and advanced skills in areas such as complex assessment, prescribing and clinical decision making. But, as more resources are spent on beds than Option 2, this means that fewer resources can be redirected to strengthen services in people's own homes. Our modelling suggests that around 60 people could be cared for at home through Hospital At Home.	specialist and advanced skills in areas such as complex assessment, prescribing and clinical decision making. As fewer resources are spent on beds than Option 1, this means that more resources can be redirected to strengthen services in people's own homes. Our modelling suggests that around 80 people could be cared for at home through Hospital At Home.
Beds	90 beds across three sites for community inpatient services (Brecon, Llandrindod Wells and Newtown). This would support more specialised rehabilitation and recovery services and help reduce the need for acute hospital admission. Brecon and Newtown would continue to be our main locations for community inpatient rehabilitation including stroke, but Llandrindod Wells would be able to provide a higher acuity of care than now.	60 beds across two centres of excellence for community inpatient services (Brecon and Newtown). This would support more specialised rehabilitation and recovery services and help reduce the need for acute hospital admission. Brecon and Newtown would continue to be our main locations for community inpatient rehabilitation including stroke.
Workforce	This would create larger more sustainable clinical teams for both community services and inpatient care, which would help to make our workforce more resilient including during unplanned absence and vacancies, as well as offering new opportunity for career progression and development. This offers less improvement in workforce resilience than Option 2 because staff would be spread across more sites with less strengthening of community teams.	This would create larger and more sustainable clinical teams for both community services and inpatient care, which would help to make our workforce more resilient including during unplanned absence and vacancies, as well as offering new opportunity for career progression and development. This offers greater improvement in workforce resilience than Option 1 because staff would be consolidated to fewer sites and stronger services.
Finance	This model is estimated to contribute around £3.2m per year to support the local NHS to live within its means. This also helps to support stabilisation of other essential services. Capital investment (estimated at around £15m) would be required.	This model is estimated to contribute around £5.4m per year to support the local NHS to live within its means. This also helps to support stabilisation of other essential services. Capital investment (estimated at around £15m) would be required.

	The inpatient facilities in Newtown would form part of the new facility planned for Phase 2 of the North Powys Wellbeing Programme.	The inpatient facilities in Newtown would form part of the new facility planned for Phase 2 of the North Powys Wellbeing Programme.
Out of county	The proposal would see a reduction in DGH emergency admissions, shorter length of stays and reduced associated excess bed day costs saving approximately £1.1m per year in commissioning costs and would result in no Powys patients staying in out of area community hospitals.	The proposal would see a reduction in acute emergency admissions, shorter length of stays and reduced associated excess bed day costs saving approximately £2.6m per year in commissioning costs and would result in no Powys patients staying in out of area community hospitals.
Travel and access	More people would be cared for in their own homes than now. Strengthened community services would reduce the need for hospital admission either inside or outside the county. This means that more people would receive more care in the community where they live. When patients do need inpatient care in the county, more people would need to travel further than now to three centres of excellence for community inpatient services (Brecon, Llandrindod Wells and Newtown). But the overall travel impact would be less than Option 2 as there would be 3 inpatient sites. For patients whose needs cannot be met at home and/or who need inpatient care in Powys, the average travel time by car to an inpatient site would increase from 12 minutes (based on the hospital site locations prior to COVID) to 24 minutes. 91% of households would be within 45 minutes of an inpatient site. We recognise that public transport is challenging due to the sparse, rural nature of Powys.	More people would be cared for in their own homes than now. Strengthened community services would reduce the need for hospital admission either inside or outside the county. This means that more people would receive more care in the community where they live. As more resources could be directed to community services than Option 1, more people would be cared for in their local community. When patients do need inpatient care in the county, more people would need to travel further than now to two centres of excellence for community inpatient services (Brecon and Newtown). The overall travel impact would be more than Option 1 as there would be 2 inpatient sites. For patients whose needs cannot be met at home and/or who need inpatient care in Powys, the average travel time by car to an inpatient site would increase from 12 minutes (based on the hospital site locations prior to COVID) to 29.5 minutes. 83% of households would be within 45 minutes of an inpatient site. We recognise that public transport is challenging due to the sparse, rural nature of Powys.
Joined-up mental health and physical health	The Rural Regional Centres for community inpatient services would also be able to provide joined-up care for more people's physical and	The Rural Regional Centres for community inpatient services would also be able to provide joined-up care for more people's physical and

	mental health needs. But the services available to support people in their own homes would be strengthened less than in Option 2. Some patients with both physical and mental health needs would also be cared for in the Physical Health wards.	mental health needs. The services available to support people in their own homes would be strengthened more than in Option 1. Some patients with both physical and mental health needs would also be cared for in the Physical Health wards.
Other sites	Beds for patients with physical health needs would close in Bronllys, Llanidloes, Machynlleth, Welshpool and Ystradgynlais. More people in all communities would receive the care they need in their community because of better services in the home.	Beds for patients with physical health needs would close in Bronllys, Llandrindod Wells, Llanidloes, Machynlleth, Welshpool and Ystradgynlais. More people in all communities would receive the care they need in their community because of better services in the home.
Deliverability	There is a lower scale of change than Option 2 and therefore potentially a simpler transition.	There is a larger scale of change than Option 1 which requires greater service transformation and mitigation.

Comparing the options

Each option seeks to achieve the same overall objectives:

- Safer services.
- Improved outcomes.
- Greater workforce sustainability.
- Reduced dependence on acute hospitals.
- Stronger support within communities.
- Better use of available resources.

The key difference between the options lies in how inpatient services are organised and the degree to which services are concentrated within two centres of excellence or retained across three sites. Maintaining inpatient services on three sites would mean that more people in Powys lived closer to inpatient beds than the two site option. But the three site option would need additional resources and funding – those resource and funding would not be available to invest in strengthened community services to support people at home.

There is no perfect solution. Each option involves opportunities, trade-offs and risks. That is why we are seeking views through this consultation before any decisions are made.

Ideas considered but not taken forward

During the development of options, a wide range of possibilities were explored.

Some ideas were discounted before consultation because they were not sufficiently able to deliver safe, sustainable or affordable services.

These included:

Maintaining services as they are, or as they were before the temporary changes

These options would preserve existing or previous inpatient arrangements with little or no change.

A “do previous” option would reinstate the inpatient services that were in place before the temporary changes, with 158 physical health inpatient beds in the county.

This was discounted because:

- It ranked near the bottom of both the non-financial and financial appraisal.
- It would not address reliance on agency staffing, workforce shortages and recruitment challenges.
- It would not respond to increasing demand and changing population needs
- It would not enable us to live within our means.
- It would not support the ambition to reduce patient deconditioning through a more community-focused model.
- It would not enable us to refocus resources to prevention, rehabilitation and care at home.
- It would not help us to develop centres of excellence for inpatient care to provide a higher level of care within the county and reduce the need for admission to hospitals outside Powys.
- It would not address the current variation in service models and service quality across the county.
- It would not support integration between physical and mental health.

A “do current” option would retain the current shape of inpatient services, with 146 inpatient beds within the county.

This was discounted because:

- It relies on temporary measures such as the current temporary service change rather than a sustainable long-term solution.
- It would not address reliance on agency staffing, workforce shortages and recruitment challenges.
- It would not respond to increasing demand and changing population needs.
- It would not enable us to live within our means.
- It would not support the ambition to reduce patient deconditioning through a more community-focused model.
- It would not enable us to refocus resources to prevention, rehabilitation and care at home.
- It would not help us to develop centres of excellence for inpatient care to provide a higher level of care within the county and reduce the need for admission to hospitals outside Powys.
- It would not address the current variation in service models and service quality across the county.
- It would not support integration between physical and mental health.

So, whilst options that involve little or no change may be initially attractive because they would minimise disruption, these options would not address existing workforce pressures, growing demand, and financial challenges. They would not achieve our ambitions to improve consistency, quality or resilience across services. They would not deliver opportunities to support more people to remain independent at home. They would not enable us to provide a higher level of care in our community hospitals that reduced the need for admission to District General Hospital.

Strengthening community services whilst focusing inpatient services in six sites

This option would retain inpatient services on six community hospital sites.

With fewer inpatient wards than now, this option would mean we were spending less money on buildings and could spend more on patient care. This in turn would help us provide more support to people within local communities and their own homes.

This was discounted because:

- It would not help us to develop centres of excellence for inpatient care to provide a higher level of care within the county and reduce the need for admission to hospitals outside Powys.
- Whilst it would enable some improvements in community services, it would not go far enough to address the long-term challenges for health care and help us ensure services are fit for the future.
- It would not sufficiently address reliance on agency staffing, workforce shortages and recruitment challenges.
- It would not sufficiently respond to increasing demand and changing population needs.
- It would not enable us to live within our means.
- It would not sufficiently support the ambition to reduce patient deconditioning through a more community-focused model.
- It would not sufficiently enable us to refocus resources to prevention, rehabilitation and care at home.
- It would not help us to develop centres of excellence for inpatient care to provide a higher level of care within the county and reduce the need for admission to hospitals outside Powys.
- It would not sufficiently address the current variation in service models and service quality across the county.
- It would not support integration between physical and mental health to the extent that would be possible in the consultation options.

Whilst we recognise that this option reduces travel to inpatient care compared with the consultation options, this could only be considered a stepping stone to the need for further development of centres of excellence for community hospital inpatient care in future. It would not sufficiently address the Case For Change. It would miss opportunities to provide a greater level of urgent care in the county and reduce the need for admission to District General Hospital. It would miss opportunities for a more joined-up approach to physical and mental health.

Moving inpatient beds outside Powys

This option proposed closing community inpatient beds entirely and relying instead on:

- Community teams.
- Care homes.
- Independent sector provision.
- District General Hospitals outside Powys.

This option was discounted because:

- Detailed modelling of demand and capacity demonstrates that there is a need for community inpatient beds for Powys residents, and there are safe and feasible options for continuing to provide these in the county.

- The ongoing reliance on commissioning services outside the county would be more costly than alternative options.
- It would not support us to strengthen the way we provide urgent care so that we reduce the need for admission to District General Hospital.
- It would involve significantly more travel to visit hospital inpatients than alternative options.
- It would not support integration between physical health and mental health services.

So, whilst there may be benefits of commissioning inpatient care from neighbouring health boards and NHS Trusts that employ staff with expertise across a wide range of specialties and skills, other options would better meet our goals of strengthening local health care provision, providing more joined-up care, and reducing dependence on out-of-county services.

Establishing a District General Hospital in Powys

There are no safe or feasible options for a District General Hospital in Powys. There is no location in the county which would have a catchment of a sufficiently large population to maintain the 24-hour staffing and skills needed in a District General Hospital.

Why are options that retain beds at more sites not being taken forward to consultation?

The main reasons that options that retain beds at more sites were not taken forward to consultation are:

- Too many resources are spent on staffing buildings and beds, rather than delivering care. This means that staff and funding is less available to support people in their own homes. Supporting people in their homes provides early help to reduce the need for hospital admission. It helps people stay independent. It reduces the risk of deconditioning. It also helps make sure that services remain viable for the future.
- By bringing together these services on two or three sites there are more opportunities to develop and maintain skills that help us provide more care within the county, reducing the need for admission to District General Hospital.
- Staffing at small sites remains fragile, with staff spread thinly across the county. We want to create services with more resilient staffing, for example during times of unplanned absence.
- By developing centres of excellence for community hospital inpatient care we can offer a more joined-up approach to physical health and mental health, particularly for frailty, dementia and complex long-term conditions.

We recognise that options that retain beds at more sites may be attractive because inpatient care is provided more locally. Travel times for patients, families and carers are an important consideration, particularly in a rural county such as Powys.

However, we also know that most people want to remain independent and live in their own homes for as long as possible. By investing more in care at home, rehabilitation, reablement, Hospital At Home, district nursing and preventative services, we can help more people avoid admission altogether, recover more quickly after illness, and maintain their independence. For many people, receiving the right care at home or in their community offers a better experience and can lead to better outcomes than a longer stay in hospital. In practice, most people will receive health care from community services many more times during their lives than they will require an inpatient bed. The proposed model therefore seeks to strengthen the services that benefit the greatest number of people, while maintaining community inpatient beds for those whose needs cannot safely be met at home.

More information about options considered and discounted

We considered a wider range of potential options during the development of these proposals. More information about the options considered but not taken forward for consultation can be found in the Step Report and Pre-Consultation Business Case. These documents are available in the Supporting Documents section of our website at pthb.nhs.wales/BetterTogether

Questions for Consultation

As you consider these options, we would welcome your views:

- To what extent do you agree or disagree that PTHB needs to make changes to respond to the challenges?
- To what extent do you agree or disagree with the proposed model of care for adult physical health services?
- If adult physical care inpatient services were to be provided on fewer sites, which of the options do you believe best achieves the vision and responds to the Case for Change?
- Are there additional comments you would like to make about proposals for adult physical health services? This might include your reasons for preferring one option, your reasons if you disagree with the model of care, views on options that were discounted, or alternatives you feel that PTHB should consider.

7. Options for Urgent Health Care and Diagnostics

This chapter describes the options being considered for urgent health care and diagnostic services in Powys. It describes how services are currently provided, outlines the proposed future model of care, and presents the different options for the future.

Whilst most of these proposals in this document relate to services for adults, the options in this chapter also affect Minor Injury Unit services for children & young people aged one and over, alongside some diagnostic services used by children, young people and adults.

Introduction

Urgent Health Care Services

Urgent health care services help people who need same-day assessment, treatment or advice but whose condition is not life-threatening.

Examples include:

- Falls and other injuries.
- Suspected fractures.
- Minor burns and wounds.
- Urinary tract infections.
- Chest infections.
- Flare-ups of existing medical conditions.
- New symptoms that need urgent investigation or treatment.

Urgent care services in Powys are delivered through General Practice, NHS 111 Wales, GP Out of Hours, community pharmacy, optometry, dentistry, participating GP minor injury services and four PTHB Minor Injury Units. People whose needs cannot be met locally may be referred or travel to Emergency Departments outside Powys.

Demand for urgent care continues to rise in Powys and across Wales. People are living longer and often have more complex health needs, with many requiring support for multiple conditions. At the same time, health services face significant workforce pressures and increasing difficulty recruiting staff with specialist skills.

The Better Together programme has identified opportunities to strengthen urgent care services within Powys so that more people can be assessed, diagnosed and treated in the county, reducing the need to travel to emergency departments outside the county when this is not necessary. Existing minor injury services could be expanded to include minor illnesses, improved urgent community response could be introduced, Hospital At Home could care for more people at home, and short stay step up beds could be an alternative to DGH admission.

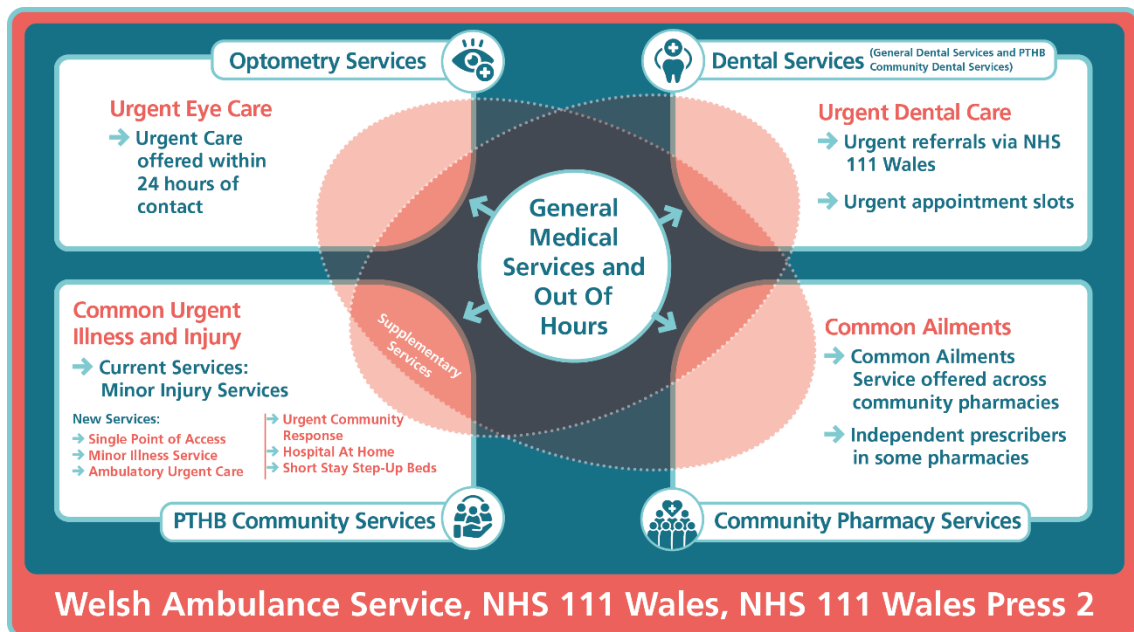


Figure 15: Current urgent health care model indicating new service that could be established to improve care

Diagnostic Services

Diagnostics are an essential part of urgent health care. They help clinicians understand what is causing a person's symptoms and decide on the most appropriate treatment.

Examples include:

- X-rays.
- Blood tests.
- Ultrasound scans.
- Point-of-care testing, where tests can be carried out and results are available quickly during an appointment.

Around one in four people attending a Minor Injury Unit currently needs access to X-ray services. This means that access to diagnostics is often the deciding factor in whether someone can be assessed and treated within Powys or whether they need to travel elsewhere.

For this reason, diagnostics are not being considered separately from urgent care. The Health Board believes that urgent care and diagnostics need to be planned together so that people have access to both assessment and the tests needed to support safe diagnosis and treatment.

How Services Are Provided Today

Urgent health care in Powys is currently delivered through a range of different services. These include:

- Self-care and first aid.
- Community pharmacy services, including the Common Ailments Scheme.
- Urgent eye care services from high street optometrists.
- Urgent dental care accessed through NHS 111 Wales.
- Urgent care services provided by GP practices.
- Out of hours service.

- NHS 111 Wales online and telephone services.
- Community nursing and other community health services.
- PTHB Minor Injury Units in Brecon, Llandrindod Wells, Welshpool and Ystradgynlais – temporary changes to opening times are currently in place.
- Ambulance services and community first responders.
- Emergency departments in neighbouring hospitals in Wales and England.

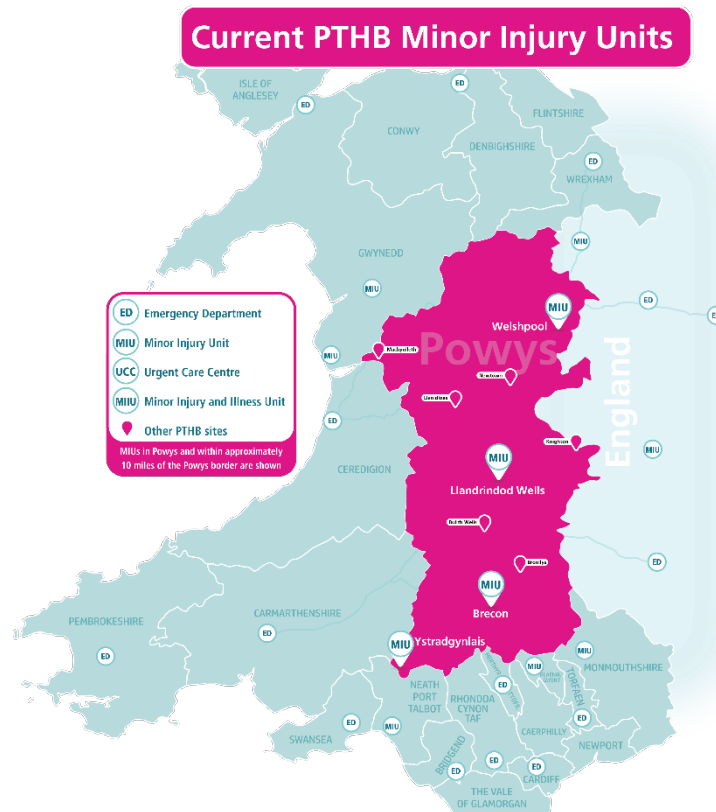


Figure 16: Current PTHB Minor Injury Units

Powys does not have a District General Hospital and there are no safe or viable options for developing one within the county. This means Powys residents will continue to access specialist emergency and acute hospital services outside Powys whenever these services are required.

Diagnostic services are currently available from a number of locations across Powys and support urgent care, planned care and community services. However, the availability of diagnostic services varies considerably across the county. It does not always match the opening hours of Minor Injury Units. For example, access to X-ray services is inconsistent across sites and only one Minor Injury Unit currently has weekend access to X-ray facilities (Brecon). Daily access to blood testing and other diagnostics also varies between locations.

As a result, patients can be required to:

- Travel to another site.
- Return on a different day.
- Be referred outside the county for further assessment.

These variations make urgent care pathways more complicated for patients and can delay access to diagnosis and treatment.

Why Change is Needed

Many people receive excellent urgent care through the current system and staff work hard to ensure patients receive safe and timely treatment.

However, our clinicians believe there are important opportunities to improve urgent care and diagnostics, and how they work together.

The current model faces several challenges:

- Demand for urgent care continues to increase.
- People are presenting with increasingly complex needs.
- Workforce shortages affect the resilience of services.
- There is variation in the range of services available across the county.
- Access to diagnostic tests is often not aligned to urgent care opening hours.
- Too many people travel outside Powys for assessment and treatment that could potentially be provided closer to home.

Analysis undertaken during development of the Better Together programme suggests that a meaningful proportion of people currently attending Emergency Departments outside Powys could potentially receive care within the county if urgent care services, diagnostics and community services were strengthened.

Clinicians have also identified opportunities to improve integration between:

- Urgent care services.
- Community physical health services.
- Community hospitals.
- Rehabilitation and reablement services.
- Hospital-at-home and virtual ward services.
- Mental health services.
- Diagnostic services.

This would help more people receive assessment, diagnosis and treatment closer to home and could reduce unnecessary admissions to hospitals outside Powys.

The options described in this chapter therefore focus on how urgent care and diagnostic services might be developed in future so that more people can receive timely assessment and treatment within Powys.

The Future Model of Care

The proposed model of care for urgent health care is summarised in the diagram below.

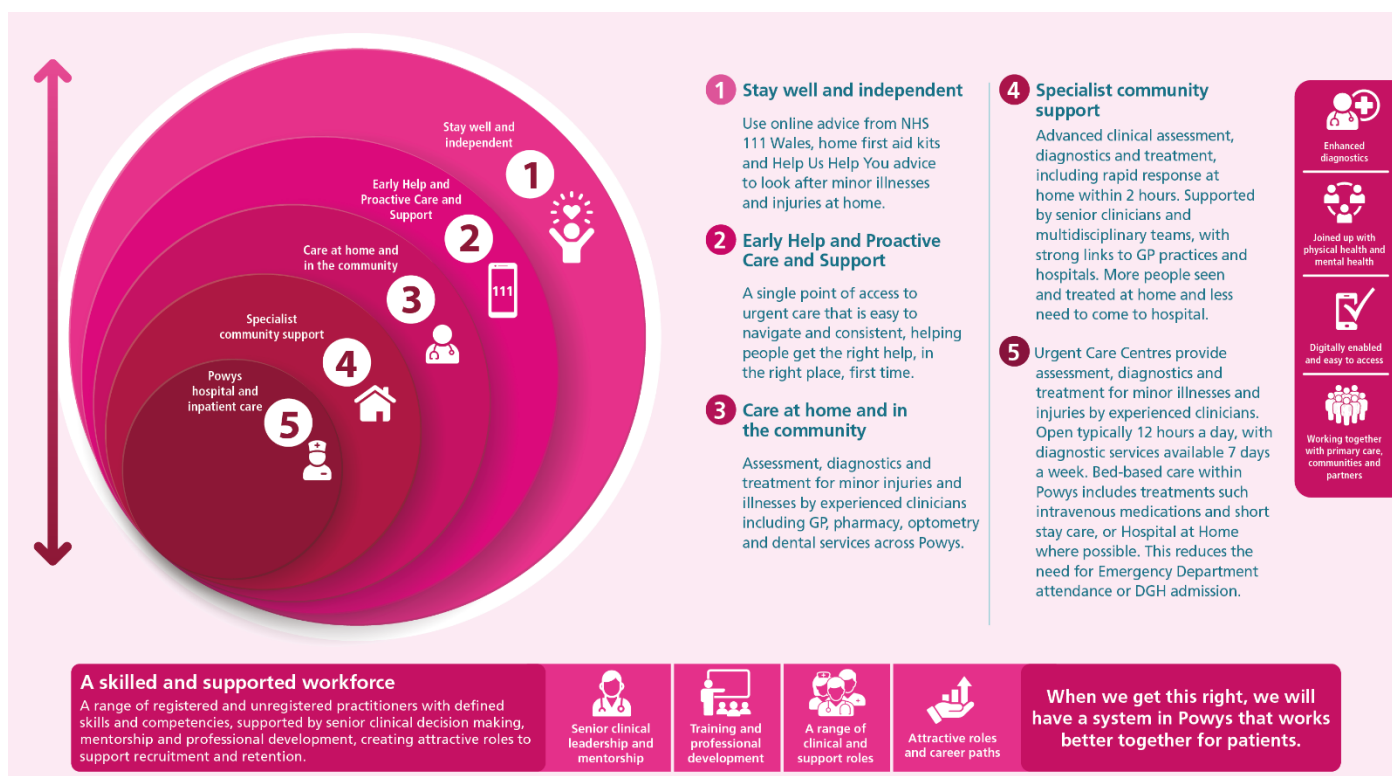


Figure 17: Future Model of Urgent Care

This model aims to ensure that people receive the right care, in the right place, at the right time. The focus is on improving access to urgent assessment and treatment within Powys, reducing avoidable attendances at emergency departments and supporting stronger links between urgent care, community services and hospital services.

It seeks to:

- Help people stay well and independent including advice on self-care, first aid, and keeping well.
- Provide early help and proactive care and support including through enhanced use of NHS 111 Wales
- Provide care and support at home and in the community including primary care services such as Common Ailments Scheme, GP services, urgent eye care, urgent dental care, and out of hours services.
- Ensure specialist community support including urgent community response to help prevent deterioration and hospital admission. The aim of the urgent community response team would be to deploy a health care practitioner with advanced clinical assessment skills within 2 hours of contact by the patient/carer to assess, diagnose and start treatment to adults in their own home. This could include issues such as falls, pneumonia, cellulitis, urinary tract infections, complex care needs, and end of life care requiring urgent support.
- Provide strengthened Urgent Care Centres in the county, and improved co-ordination between urgent care and Powys inpatient care when your needs cannot safely be met at home, with “step up” and “step down” care to reduce the need for DGH admission.

The model is closely linked to the adult physical health community model described in the previous chapter, as many adults receiving urgent care support may subsequently require rehabilitation, community treatment or short-term admission to community hospital services. More specialised

urgent and emergency care for children will continue to need to be provided outside the county from children's specialists at District General Hospitals and specialist children's hospitals.

There are opportunities to expand the range of urgent care services we provide in the county. This could include expanding the range of urgent care services we provide so that more patients could receive urgent care assessment and treatment in the county, reducing the need to travel to a District General Hospital. This could include offering a wider range of diagnostic tests within the county. But we could not do this if services stay as they are. For example, the current Minor Injury Units provide treatment for minor injuries only. They cannot provide care and treatment for illnesses.

We could expand this service to be a Minor Injury and Illness Unit which also offers treatment for minor illnesses. Or we could expand this further to offer an Urgent Care Centre which would also provide more advanced urgent care assessment and treatment, and reduce the need for admission to hospitals outside the county.

A more detailed description of the model of care is available in the Supporting Documents section of our website at pthb.nhs.wales/BetterTogether.

Consultation Options

Based on the detailed assessment we have undertaken we believe that there are opportunities to strengthen the urgent community health care services we provide in Powys including Urgent Community Response. Alongside this, over the next ten years our current model of PTHB Minor Injury Units could provide a wider range of assessment and treatment services based on two options:

- **Urgent Health Care Option 1 – Enhanced Community Services with two Urgent Care Centres (Brecon and Newtown) and one Minor Injury and Illness Unit (Llandrindod Wells).**
- **Urgent Health Care Option 2 - Enhanced Community Services with two Urgent Care Centres (Brecon and Newtown).**

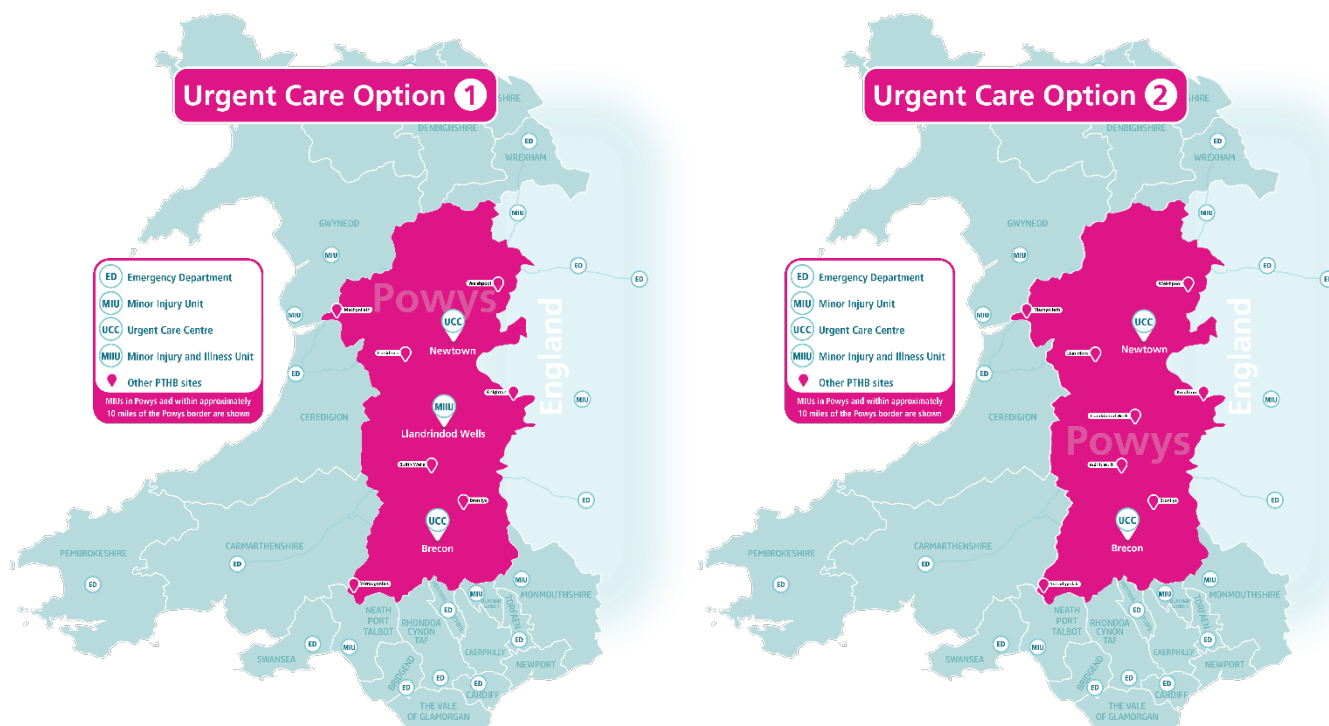


Figure 18: Urgent Care Options

	Urgent Health Care Option 1 – Enhanced Community Services with two Urgent Care Centres (Brecon and Newtown) and one Minor Injury and Illness Unit (Llandrindod Wells)	Urgent Health Care Option 2 - Enhanced Community Services with two Urgent Care Centres (Brecon and Newtown)
Community and Primary Services	The network of primary and community services would remain in place including general practice, community pharmacy, urgent eye care, urgent dental care via NHS 111 Wales and out of hours services. There would be more community services in people's own homes to reduce the risk that their condition deteriorates and therefore reduce the need for urgent care.	The network of primary and community services would remain in place including general practice, community pharmacy, urgent eye care, urgent dental care via NHS 111 Wales and out of hours services. There would be more community services in people's own homes to reduce the risk that their condition deteriorates and therefore reduce the need for urgent care.
Urgent Care Centres and Minor Injury and Illness Services	There would be an Urgent Care Centre in Brecon and Newtown open 8am to 8pm seven days a week. These would offer a much wider range of services than the current Minor Injury Units. This includes more diagnostic services so that more patients could receive urgent assessment and treatment, reducing the need for admission to a hospital outside the county. In addition, there would be a Minor Injury and Illness Service in Llandrindod Wells open 8am to 8pm seven days a week. This would offer more services for the treatment of illnesses than the current Minor Injury Unit, but would not offer the urgent care assessment and treatment services available in Brecon and Newtown. There were 23,800 MIU attendances in Powys in 2024/25. We estimate this could increase to 49,700 attendances in this option. The increase in activity reflects factors such as the greater scope of services provided by UCCs and MIUs compared with MIUs, and the reduced need for patients to attend ED outside Powys.	There would be an Urgent Care Centre in Brecon and Newtown open 8am to 8pm seven days a week. These would offer a much wider range of services than the current Minor Injury Units. This includes more diagnostic services so that more patients could receive urgent assessment and treatment, reducing the need for admission to a hospital outside the county. There were 23,800 MIU attendances in Powys in 2024/25. We estimate this could also increase to 49,700 attendances in this option. The increase in activity reflects factors such as the greater scope of services provided by UCCs compared with MIUs, and the reduced need for patients to attend ED outside Powys.

Diagnostics	The range of diagnostic tests available in the county would expand. X-ray services would be available 7 days a week in Brecon, Llandrindod Wells and Newtown. Non-obstetric ultrasound would also be available in Brecon, Llandrindod Wells and Newtown. An expanded range of point of care testing would be available in the county.	The range of diagnostic tests available in the county would expand. X-ray services would be available 7 days a week in Brecon and Newtown, and five days a week in Llandrindod Wells. Non-obstetric ultrasound would also be available in Brecon, Llandrindod Wells and Newtown. An expanded range of point of care testing would be available in the county.
Workforce	This would create larger and more sustainable clinical teams for both community services and inpatient care, which would help to make our workforce more resilient including during unplanned absence and vacancies, as well as offering new opportunity for career progression and development.	This would create larger and more sustainable clinical teams for both community services and inpatient care, which would help to make our workforce more resilient including during unplanned absence and vacancies, as well as offering new opportunity for career progression and development.
Finance	This model would be possible within existing financial resources. Capital investment of around £7m-£15m would be required specifically for the expanded urgent care facilities. The Urgent Care Centre in Newtown would form part of the new facility planned for Phase 2 of the North Powys Wellbeing Programme.	This model is estimated to contribute around £0.8m per year to support the local NHS to live within its means. This also helps to support stabilisation of other essential services. Capital investment of around £7m-£15m would be required specifically for the expanded urgent care facilities. The Urgent Care Centre in Newtown would form part of the new facility planned for Phase 2 of the North Powys Wellbeing Programme.
Travel and access	More people would be cared for in their own homes than now. Strengthened community services reduce the need for hospital admission either inside or outside the county. Expanded urgent care services would mean that more people could receive assessment and treatment in the county, reducing the need for assessment and admission outside Powys. Minor Injury services would remain in north, mid and south Powys and	More people would be cared for in their own homes than now. Strengthened community services would reduce the need for hospital admission either inside or outside the county. Expanded urgent care services would mean that more people could receive assessment and treatment in the county, reducing the need for assessment and admission outside Powys. Minor Injury services would remain in north and south Powys and would

	in addition would offer an expanded range of illness services, as well as expanded urgent care services in Brecon and Newtown. The Minor Injury Unit would close in Ystradgynlais. We would work with local partners to develop strengthened local urgent care arrangements, including primary care and community-based solutions where appropriate, helping to ensure that people continue to have access to urgent care closer to home where this can be delivered safely and sustainably. The average travel time by car to UCC or MIU would increase from 21 minutes (based on the current 4 MIU model) to 24 minutes. 91% of households would be within 45 minutes of a UCC/MIU. We recognise that public transport is challenging due to the sparse, rural nature of Powys.	offer an expanded range of illness and urgent care services. The Minor Injury Units would close in Llandrindod Wells and Ystradgynlais. We would work with local partners to develop strengthened local urgent care arrangements, including primary care and community-based solutions where appropriate, helping to ensure that people continue to have access to urgent care closer to home where this can be delivered safely and sustainably. The average travel time to UCC would increase from 21 minutes (based on the current 4 MIU model) to 29.5 minutes. 83% of households would be within 45 minutes of a UCC. We recognise that public transport is challenging due to the sparse, rural nature of Powys.
Joined-up mental health and physical health	Admission to a District General Hospital can be particularly disorientating for people with dementia and other cognitive conditions. By providing a wider range of urgent care assessment and treatment in the county we would reduce the need to travel outside the county.	Admission to a District General Hospital can be particularly disorientating for people with dementia and other cognitive conditions. By providing a wider range of urgent care assessment and treatment in the county we would reduce the need to travel outside the county.
Impact for other sites: Ystradgynlais	The Minor Injury Unit and x-ray service would close in Ystradgynlais. We would work with local partners to develop strengthened local urgent care arrangements, including primary care and community-based solutions where appropriate, helping to ensure that people continue to have access to urgent care closer to home where this can be delivered safely and sustainably.	The Minor Injury Unit and x-ray service would close in Ystradgynlais. We would work with local partners to develop strengthened local urgent care arrangements, including primary care and community-based solutions where appropriate, helping to ensure that people continue to have access to urgent care closer to home where this can be delivered safely and sustainably.
Impacts for other sites: Llandrindod Wells	There would be a Minor Injury and Illness Service in Llandrindod Wells open 8am to 8pm seven days a	The Minor Injury Unit service would close in Llandrindod Wells. We would work with local partners to

	week. X-ray services would also be available seven days a week.	develop strengthened local urgent care arrangements, including primary care and community-based solutions where appropriate, helping to ensure that people continue to have access to urgent care closer to home where this can be delivered safely and sustainably. X-ray services would remain, operating five days a week.
Impacts for other sites: Welshpool	MIU and x-ray services in Welshpool would be strengthened on an interim basis until they transfer to the new Urgent Care Centre in Newtown once established.	MIU and x-ray services in Welshpool would be strengthened on an interim basis until they transfer to the new Urgent Care Centre in Newtown once established.
Impacts for other sites: Machynlleth	The current x-ray service in Machynlleth (one day per week) would close.	The current x-ray service in Machynlleth (one day per week) would close.
Impacts for Children and Young People	Children and young people could continue to access the range of support for illnesses and injuries available in the community. Urgent care assessment for minor injuries and illnesses would be available in Brecon, Newtown and Llandrindod Wells alongside x-ray facilities. As now, more specialised urgent and emergency care for children and young people would continue to be provided by children's clinical teams in neighbouring District General Hospitals, and from specialist children's hospitals.	Children and young people could continue to access the range of support for illnesses and injuries available in the community. Urgent care assessment for minor injuries and illnesses would be available in Brecon and Newtown. X-ray facilities would additionally be available in Llandrindod Wells. As now, more specialised urgent and emergency care for children and young people would continue to be provided by children's clinical teams in neighbouring District General Hospitals, and from specialist children's hospitals.

Comparing the options

Both options seek to improve urgent care services and help more people receive treatment within the county.

The main difference between the options is that Urgent Health Care Option 1 additionally includes a Minor Injury and Illness Unit in Llandrindod Wells. This would provide a more local service in mid Powys but would cost more, which means that fewer resources would be available to invest in other primary and community services to support urgent care needs.

There is no perfect solution. Each option involves opportunities, trade-offs and risks. That is why we are seeking views through this consultation before any decisions are made.

Ideas Considered but Not Taken Forward

During the development of options, a wide range of possibilities were explored.

Some ideas were discounted before consultation because they were considered unlikely to deliver safe, sustainable or affordable services.

These included:

Maintaining services as they are, or as they were before the temporary changes

This option would preserve existing or previous minor injury arrangements with little or no change.

While initially attractive because it would minimise disruption, it was not considered sustainable because it would fail to address the issues identified in the Case For Change.

The Do Previous option (returning to the opening hours before temporary changes) was ranked lowest on both non-financial and financial appraisal. The Do Current option (retaining services as they are) was ranked 8th (of 11) for both non-financial and financial appraisal. Both options were assessed as not addressing workforce fragility, not delivering a resilient service, not helping address future demand, and not grasping opportunities to deliver more urgent care within Powys.

Minor or moderate improvements to the current model.

We considered options such as expanding three Minor Injury Units to become Minor Illness and Injury Units. This was discounted as there are opportunities to be more ambitious by creating Urgent Care Centres in the county, which can offer a wider range of services than would be available in a Minor Illness and Injury Unit.

Developing a full emergency department in Powys

There are no safe or feasible options for a District General Hospital in Powys. There is no location in the county which would have a catchment of a sufficiently large population to maintain the 24-hour staffing and skills needed in a District General Hospital with a full emergency department.

Why are options that retain Minor Injury Units and diagnostics at more sites not being taken forward to consultation?

The main reasons that options that retain services at more sites were not taken forward to consultation are:

- Larger units see more patients and therefore provide greater opportunities for staff to develop and maintain the skills required to assess and treat a wide range of minor injuries safely and effectively.
- Concentrating services on fewer sites allows clinical staff to work together more closely, improving opportunities for training, peer support and professional development.
- A more focused model makes it easier to provide access to supporting services, such as diagnostics and senior clinical advice, helping to improve the quality and consistency of care.
- Resources released from maintaining services across multiple sites can be invested in strengthening the wider urgent care system, including NHS 111 Wales, urgent community response services and other forms of care that help people get the right support first time.

We recognise that options that retain services at more sites may be attractive because urgent care is provided more locally. Travel times for patients, families and carers are an important consideration, particularly in a rural county such as Powys, and we know that people value having services close to home. However, we also know that when people need treatment for an injury, they want to be seen quickly, assessed by appropriately skilled staff and have access to the investigations and treatment needed to resolve their problem. A service that is open consistently,

staffed by experienced teams and supported by the right equipment can often provide a better experience and better outcomes than a service that is available at more locations but is less resilient.

In practice, most people only need access to a Minor Injury Unit occasionally. The proposed model therefore seeks to ensure that when people do need urgent treatment, services are delivered by teams with the skills, experience and resilience to provide safe, high-quality care, while strengthening the wider range of urgent care services available across Powys.

Our goal is that:

- Local primary and community health care services across the county are maintained and strengthened – including NHS 111 Wales, Common Ailments Scheme, urgent eye care, urgent dental care, GP based minor injury services.
- More people receive the right urgent care, first time, in the most appropriate setting. This includes urgent community response teams to support patients in their own homes.
- Services are staffed by teams that have the skills, experience and resilience to provide safe, high-quality care.
- We are better able to provide a joined-up approach to urgent physical health and urgent mental health.
- People have access to a wider range of urgent care services, reducing the need for admission to District General Hospital.

This approach aims to provide the right care, in the right place, at the right time, while ensuring urgent care services remain sustainable for future generations.

Our options therefore focus on increasing the range of services we provide by establishing Urgent Care Centres or Minor Illness and Injury Units:

- An Urgent Care Centre provides a broader urgent care offer than a traditional Minor Injury Unit. The difference is not just about the type of problem people attend with. It is also about what the service can do once you arrive. It includes clinicians with advanced or enhanced urgent care skills, more time to assess urgent health problems, same-day tests or investigations where appropriate, access to imaging, treatments that may reduce the need to travel to an Emergency Department, and links with community teams. Many patients who currently attend ED could be directed to the Urgent Care Centres by NHS 111 Wales and by ambulance services.
- A Minor Illness and Injury Unit cannot provide the same level of service as an Urgent Care Centre, but does increase the level of assessment and treatment for illnesses compared with the current minor injury units.

More information about options considered and discounted

We considered a wider range of potential options during the development of these proposals. More information about the options considered but not taken forward for consultation can be found in the Step Report and Pre-Consultation Business Case. These documents are available in the Supporting Documents section of our website at pthb.nhs.wales/BetterTogether

Questions for Consultation

As you consider these options, we would welcome your views:

- To what extent do you agree or disagree that PTHB needs to make changes to respond to the challenges?

- To what extent do you agree or disagree with the proposed model of care for urgent care services?
- If urgent care services were to be provided on fewer sites, which of the options do you believe best achieves the vision and responds to the Case for Change?
- Are there additional comments you would like to make about proposals for urgent care services? This might include your reasons for preferring one option, your reasons if you disagree with the model of care, views on options that were discounted, or alternatives you feel that PTHB should consider.

8. Options for Adult Mental Health Services

This chapter describes the options being considered for adult mental health services in Powys. It explains how services are currently provided, outlines the proposed future model of care, and presents the different options for the future.

Introduction

Mental health is one of the most significant health challenges facing communities across Powys.

Demand for mental health support continues to increase, particularly amongst older people and people living with complex needs. At the same time, people have consistently told us that they want easier access to support, earlier intervention and services that are better connected and easier to navigate. Many people also want more support available closer to home and fewer situations where problems have to reach crisis point before help is available.

In this chapter:

- Organic mental health care supports people whose mental health needs arise from physical or neurological causes, including dementia, delirium, acquired brain injury.
- Functional mental health care supports people experiencing severe mental illness such as bipolar disorder, severe depression, anxiety disorders, psychosis and related conditions.

For people with organic or functional mental health conditions, the Better Together programme has identified opportunities to redesign services around prevention, recovery and early intervention while creating a more seamless pathway between community support, crisis services and inpatient care.

How Services Are Provided Today

Mental health services in Powys are currently provided through a combination of primary care, community teams, outpatient services, crisis support and inpatient services. Alongside this, people with mental health issues may access more specialist services purchased from specialist providers outside the county.

The mental health Single Point of Access, aligned to NHS 111 Press 2, provides a central route for triage, referral management, advice and assessment. It helps people reach the right service more quickly.

Community mental health services in Powys include Community Mental Health Teams, Local Primary Mental Health Support Services, psychological therapies, crisis response, dementia support and specialist community provision. These teams provide assessment, care and treatment for people with secondary mental health needs and support people to maintain wellbeing and independence in the community.

Crisis and dementia home treatment functions also form part of the current community model. Crisis Resolution and Home Treatment support people experiencing mental health crisis at home or in the community, while Dementia Home Treatment provides intensive community support for people with dementia and complex mental health needs.

Memory Assessment Services support assessment, diagnosis and onward planning for people with suspected dementia. However, the current pathway remains fragile, particularly in dementia home treatment, with gaps in alternatives to admission, step-down support and out-of-hours provision. The current community model therefore includes important access and treatment

functions but does not yet provide a comprehensive range of responsive community alternatives across all parts of the county.

Many people receive support successfully within community settings and never require admission to hospital. However, when inpatient care is needed, services are currently provided across a number of sites and arrangements. This currently includes:

- Bronllys (Felindre Ward) – inpatient services for adults with functional and organic mental health conditions (18 beds).
- Llandrindod Wells (Clywedog Ward) – inpatient services for older adults primarily with organic mental health conditions but also functional mental health conditions (10 beds).
- Ystradgynlais Hospital (Tawe Ward) – inpatient services for older adults primarily with organic mental health conditions but also functional mental health conditions (10 beds).

In addition, Crug Ward in Brecon has been temporarily closed since the COVID pandemic. It previously provided inpatient services for older adults.

There are no inpatient mental health beds in north Powys, with intensive support provided through community mental health services to prevent the need for admission, and where admission is needed this will normally be in mid or south Powys or in neighbouring counties (e.g. Shropshire).

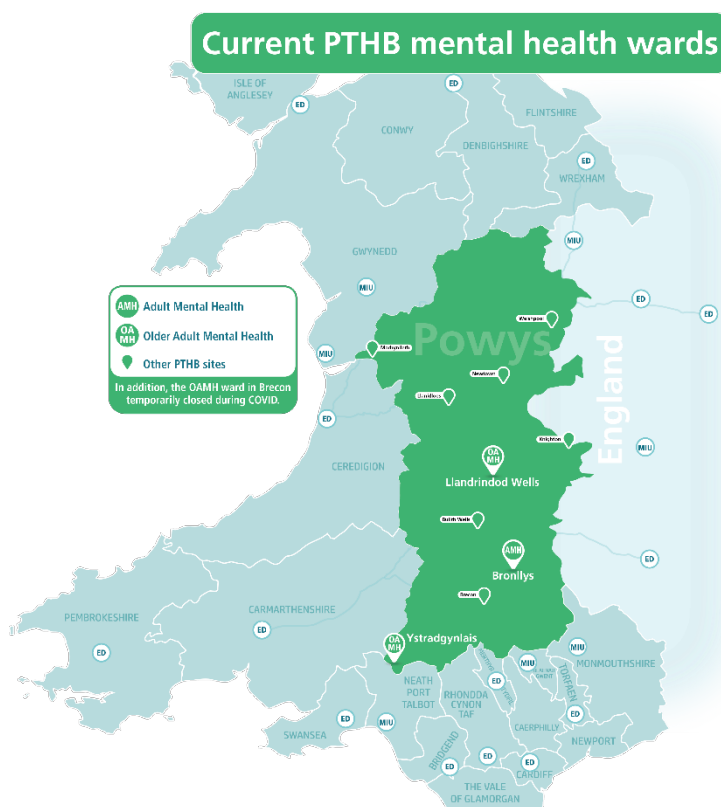


Figure 19: Current mental health wards in Powys

Why Change Is Needed

The Better Together programme has identified a number of challenges that affect quality, workforce resilience and long-term sustainability. Recruitment and retention of specialist staff remains difficult. Small inpatient units can struggle to maintain sustainable staffing levels, particularly when vacancies occur. Services are also increasingly caring for people with more complex needs, requiring greater access to specialist expertise and multidisciplinary support. Too many patients are currently travelling too far for out-of-county placements, and we could provide more placements in Powys if we changed the way we deliver mental health services.

The programme has identified opportunities to strengthen support in community settings, improve integration between mental and physical health services and create more resilient inpatient services that are better able to meet future demand.

Demand for mental health services is predicted to increase by around a third over the next ten years, so change is needed so that services can remain safe and affordable.

The current model also lacks consistent alternatives to admission for people experiencing mental health crisis, as well as step-down support for people ready to leave inpatient care but needing further support before returning fully to the community.

The Future Model of Care

The proposed future model of care for adult mental health community and inpatient services is summarised in the diagram below.

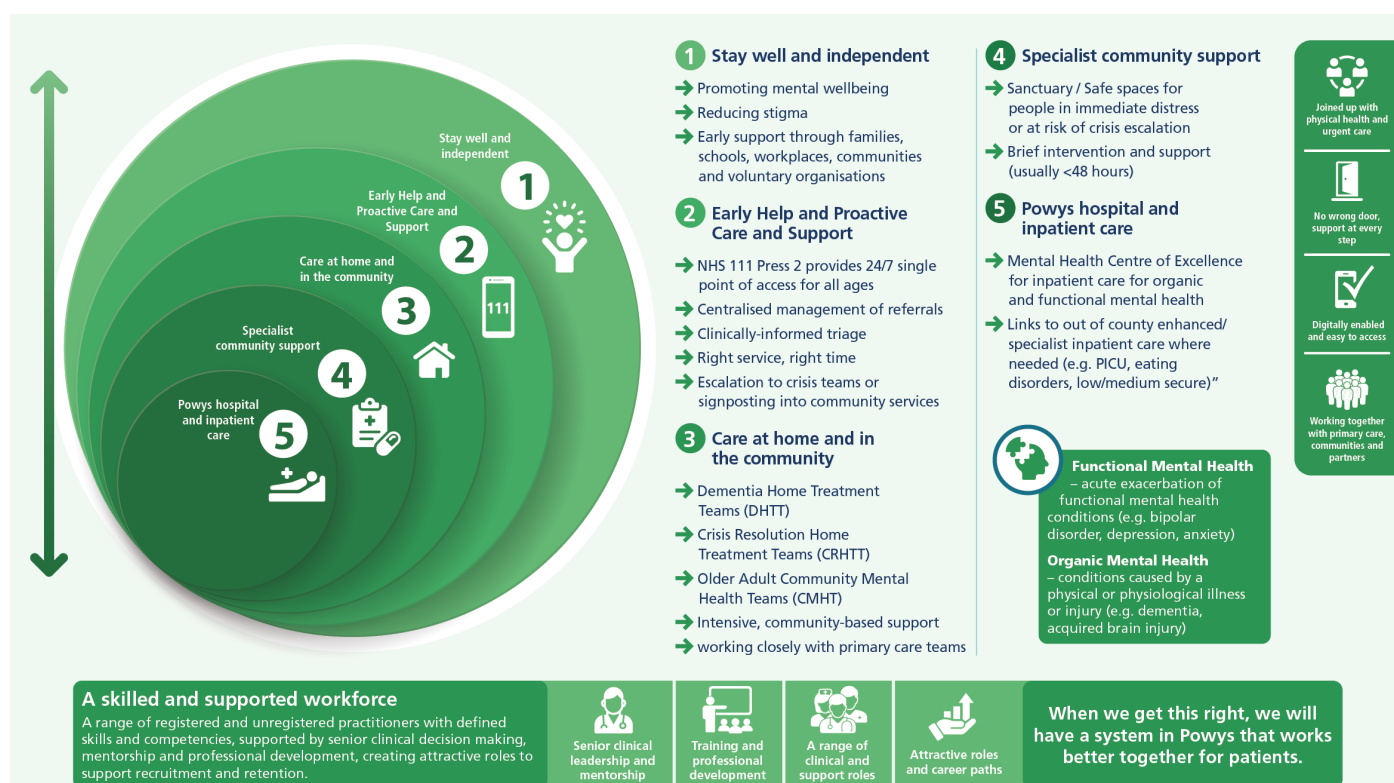


Figure 20: Future model of adult mental health

The future model has been designed as an integrated pathway that supports people at different stages of need. It aims to ensure that support is available as early as possible, helping people remain well, avoid crisis and receive care in the least restrictive setting appropriate to their needs.

The model includes connected levels of support, all working together as part of a single system.

It seeks to:

- Help people stay well and independent by promoting mental wellbeing, reducing stigma, and enabling early preventative support through families, schools, communities, workplaces, and voluntary organisations.
- Provide early help and proactive support through enhanced use of NHS 111 Wales Press 2 to help people reach the right service at the right time, with escalation to crisis teams or signposting into community services

- Provide care and support at home and in the community including from Dementia Home Treatment Teams, Crisis Resolution Home Treatment Teams, Older Adult Community Mental Health Teams and intensive community-based support.
- Ensure specialist community support including sanctuary and safe spaces for people in immediate distress, and brief intervention & support.
- Create a mental health centre of excellence for inpatient services, for both organic and functional mental health conditions – and also with the physical health wards able to care for some patients with both physical and mental health needs.

For the small number of people who require more highly specialised services, their specialist inpatient care would continue to be provided through regional services outside Powys where appropriate.

Consultation Option

Based on the detailed assessment we have undertaken we believe that there are opportunities to strengthen our mental health community services and make these more joined up with physical health services so that patients receive better care in their own homes. We propose investment in community mental health support, crisis response, open access models, 111 press 2, virtual services and alternatives to admission such as sanctuary services. We believe that we could provide better care for patients and help to reduce the need for out-of-county placements based on one option:

- Mental Health Care Option 1 – Enhanced Community Services with one inpatient site for organic and functional mental health service in Bronllys/Brecon area.

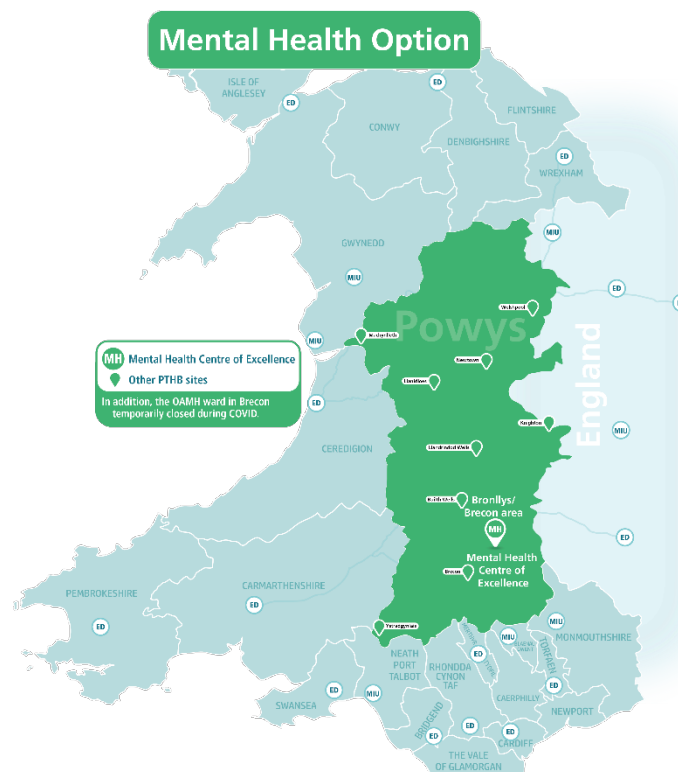


Figure 21: Mental health inpatient service option

	Mental Health Care Option 1 – Enhanced Community Services with one inpatient site for organic and functional mental health service in Bronllys/Brecon area
Single front door access to mental health	A single point of access via NHS 111 Press 2 would provide 24/7 triage, assessment, brief intervention and navigation to sources of support.
Community services and prevention	Strengthened community mental health services would support more people to stay well in the community.
Sanctuary / safe place	A new sanctuary “safe place” service with a base in north Powys and in south Powys would support people in crisis without the need for hospital admission. A calming environment would offer psychosocial interventions and onward referral.
Inpatient services	There would be a single centre of excellence for mental health inpatient care in Bronllys/Brecon area (35 beds), with a strengthened multi-disciplinary team approach and integrated physical health support so that more patients receive more joined-up care. The focus would be on shorter stays, recovery, and continuity of care from ward to home. The location of the service could be Bronllys Hospital or a new location in the Bronllys/Brecon area. Subject to the outcome of this consultation we would undertake further feasibility work in future to determine the location, working with patients, residents, staff and stakeholders. Some patients with both physical and mental health needs could be cared for in the physical health beds (See Chapter 6).
Workforce	This would create larger and more sustainable clinical teams for both community services and inpatient care, which would help to make our workforce more resilient including during unplanned absence and vacancies, as well as offering new opportunity for career progression and development.
Out of county services	Enhanced care capacity at the Mental Health Centre of Excellence would support us to reduce the need for out of county placements which can sometimes be a very long distance from Powys.
Finance	Our assessment is that this model would be possible within existing financial resources. It also helps to support stabilisation of other essential services. Capital investment (estimated £25m plus land acquisition costs if a new site) would be needed to establish the Mental Health Centre of Excellence, either through transformation of Bronllys Hospital or development of a new facility in the Bronllys/Brecon area. Further feasibility work would be needed to confirm the location of this facility.
Travel and access	More people would be cared for in their own homes than now. Strengthened community services would reduce the need for hospital admission either inside or outside the county. An improved single point of access supported by sanctuary services would support people in crisis in two locations. For patients who do need inpatient mental health care in Powys, the average time to travel by car to a Powys mental health inpatient site

	would increase from 38 minutes (based on the current wards) to 65 minutes. The number of households within 45 minutes of the inpatient site would decrease from 64% to 34%. We recognise that public transport is challenging due to the sparse, rural nature of Powys. But fewer people with more complex mental health needs would need placements outside the county, for which a five hour travel time is not uncommon. The travel time modelling above does not factor in the reduction in travel time that would be experienced by these patients who would now receive their specialist placement in Powys.
Other sites	In north Powys, as now, we would also continue to consider opportunities to commission appropriate non-specialist inpatient provision from neighbouring organisations where this would improve accessibility for patients and families and support delivery of high-quality care. Inpatient services in Ystradgynlais and Llandrindod Wells would relocate to the Mental Health Centre of Excellence.

Ideas Considered but Not Taken Forward

During the development of options, a wide range of possibilities were explored.

Some ideas were discounted before consultation because they were considered unlikely to deliver safe, sustainable or affordable services.

These included:

Maintaining services as they are, or as they were before the temporary changes

This option would preserve existing or previous mental health arrangements with little or no change. While initially attractive because it would minimise disruption, it was not considered sustainable because it would fail to address the issues identified in the Case For Change.

The Do Previous option (returning to the services in place before temporary changes including re-opening Crug Ward) was ranked lowest on non-financial appraisal and 7th (of 8) on financial appraisal. The Do Current option (retaining services as they are) was ranked 7th (of 8) for non-financial appraisal and 6th (of 8) for financial appraisal. Both options were assessed as not addressing workforce fragility, not delivering a resilient service, not helping address future demand, placing continued reliance on out of county placements, not supporting us to move to a stronger community model of care, and not helping us to provide a more joined up approach to physical health and mental health.

Functional and organic mental health beds provided in two sites, north and south Powys

Given the relatively small number of people needing inpatient mental health care in Powys, this option would mean a small team of staff would be split between two sites. This would reduce staffing resilience. It would miss the opportunities that a single site would present for specialisation to provide more intensive mental health care for patients within the county. It would be less effective in addressing fragility in the teams than options. As we currently have no inpatient facility in north Powys we do not have an inpatient workforce in the north of the county and this would make it more difficult to establish a new service.

Functional and organic mental health beds provided in one site in north Powys or mid Powys

This option has been discounted because no safe, viable or affordable options have been identified in north Powys or mid Powys.

Mid Powys already faces very significant recruitment challenges linked to the distance to large population centres. This will make it very difficult to recruit and retain the team of staff needed to provide these specialised services.

In north Powys we do not currently have mental health inpatient facilities, whereas there are established services in south Powys which could be expanded to achieve the model of care we would like to offer our patients.

Why are options that retain beds at more sites not being taken forward to consultation?

The main reasons that options that retain beds at more sites were not taken forward to consultation are:

- By developing centres of excellence for mental health inpatient care, we can provide a more integrated approach to physical health and mental health, ensuring that people receive holistic support for all aspects of their wellbeing.
- Bringing services together on fewer sites allows a wider range of specialist professionals to work more closely as a multidisciplinary team, improving access to assessment, treatment, rehabilitation and recovery support.
- Small teams can be less resilient and less able to maintain services during periods of staff shortage, sickness absence or increased demand. Bring people together in larger teams helps reduce disruption to care and improves the overall quality and consistency of services.
- This also provide greater opportunities for staff to develop and maintain specialist skills in mental health care. This helps ensure patients have access to staff with the experience and expertise needed to support people with more complex needs. This also helps us to reduce the need for specialist “out of county placements” and provide more people with more care from their local mental health team within Powys.

We recognise that options that retain mental health inpatient beds at more sites may be attractive because inpatient care is provided more locally. Travel times for patients, families and carers are an important consideration, particularly in a rural county such as Powys.

However, we also know that most people experiencing mental ill health want to remain as independent as possible and receive support within their own communities whenever it is safe and appropriate to do so. By investing more in community mental health services, crisis support, early intervention, rehabilitation and recovery services, we can help more people receive support earlier, avoid hospital admission where possible and return home more quickly when admission is required.

For many people, receiving the right support in their home or community can lead to better outcomes than a stay in hospital. It can help people maintain family relationships, continue participating in community life and focus on recovery in familiar surroundings.

In practice, most people who use mental health services will receive support from community-based services many more times during their lives than they will require an inpatient admission. The proposed model therefore seeks to strengthen the services that benefit the greatest number of people, while maintaining inpatient care for those whose needs cannot safely be met in the community.

More information about options considered and discounted

We considered a wider range of potential options during the development of these proposals. More information about the options considered but not taken forward for consultation can be found in the Step Report and Pre-Consultation Business Case. These documents are available in the Supporting Documents section of our website at pthb.nhs.wales/BetterTogether

Questions for Consultation

As you consider these options, we would welcome your views:

- To what extent do you agree or disagree that PTHB needs to make changes to respond to the challenges?
- To what extent do you agree or disagree with the proposed model of care for adult mental health services?
- If there was to be a single centre of excellence for mental health inpatient care, to what extent do you agree or disagree that it should be located in the Bronllys / Brecon area?
- Are there additional comments you would like to make about proposals for adult mental health care services? This might include your reasons for preferring one option, your reasons if you disagree with the model of care, views on options that were discounted, or alternatives you feel that PTHB should consider.

9. How are the Options connected?

This chapter explains how the proposals for urgent care, physical health services and mental health services relate to one another.

The vision described in Better Together is for a single integrated system of health care that helps people stay well, supports them earlier when problems arise, and provides the right care in the right place at the right time. The proposals for physical health, urgent care and mental health can be delivered separately, but the benefits will be greater if they are part of one connected system.

One Health Care System, Not Three Separate Services

Many people use more than one part of the health system during their care.

For example:

- An older person who falls may access urgent care, receive rehabilitation support from physical health teams, and require support for anxiety, depression or dementia.
- A person with chronic obstructive pulmonary disease (COPD), heart failure or diabetes may need proactive support from community teams, urgent assessment when their condition deteriorates, and rehabilitation to help them recover.
- Someone experiencing poor mental health may also have significant physical health needs and require support from a range of professionals working together.

The proposals in this consultation seek to reduce the barriers between services so that care is organised around the individual rather than around organisational structures or separate teams. People should experience one joined-up system rather than a series of disconnected services

Prevention is the Foundation

The strongest theme running through all the proposals is prevention.

The evidence shows that the population of Powys is getting older and that increasing numbers of people are living with multiple long-term conditions. Many of these conditions can be prevented, delayed or better managed through earlier intervention and support.

The future model therefore places greater emphasis on:

- Supporting healthy lifestyles and wellbeing.
- Identifying people who may be at risk of deteriorating health earlier.
- Helping people manage long-term conditions.
- Providing support before needs reach crisis point.
- Reducing avoidable hospital admissions.
- Helping people remain independent for longer.

Community Services Help Prevent Crisis

The proposed physical health community model is designed to provide stronger support in people's homes and local communities.

This includes:

- Community nursing.

- Therapies.
- Rehabilitation and reablement.
- Frailty support.
- Virtual wards and hospital-at-home services.
- Palliative and end-of-life care.
- Proactive support for people with long-term conditions.

By strengthening these services, more people could receive support earlier and avoid unnecessary attendance at emergency departments or admission to hospital. Community teams would also work more closely with primary care, social care, mental health services and voluntary organisations to provide better coordinated support.

Urgent Care Depends on Strong Community Services

The urgent care proposals are closely linked to the physical health proposals.

An Urgent Care Centre is more than a replacement for a traditional Minor Injury Unit. It is intended to form part of a wider urgent care system that includes:

- Urgent community response services.
- Hospital-at-home and virtual ward services.
- Community nursing.
- Rehabilitation services.
- Step-up assessment and treatment beds.
- Community hospital services.

These services need to work together to prevent unnecessary admissions to District General Hospitals outside Powys and to support people to recover closer to home. Without strengthened community services, the full benefits of the urgent care proposals could not be achieved.

For example, someone who experiences a sudden deterioration in their health might be assessed in an Urgent Care Centre, receive tests and treatment, and then be supported safely at home by community teams rather than being admitted to a hospital outside the county.

Diagnostics Are Essential to the Urgent Care Model

Diagnostics are a key part of how urgent care services operate.

Services such as:

- X-ray.
- Blood testing.
- Ultrasound.
- Point-of-care testing.

This helps clinicians make timely and accurate diagnoses and decide on the most appropriate treatment. Access to diagnostics often determines whether patients can be assessed and treated within Powys or whether they need to travel elsewhere.

The proposals therefore consider urgent care and diagnostics together. Better access to diagnostics would enable more people to be assessed, diagnosed and treated closer to home, reducing delays and unnecessary travel.

This approach underpins the proposals for physical health services, urgent care services and mental health services alike. The aim is to support more people before their needs become severe, rather than relying primarily on hospital-based responses once problems have escalated.

Physical Health and Mental Health Must Work Together

The consultation has separate chapters for physical health services and mental health services because they involve different clinical specialisms. However, physical health and mental health are closely connected.

People with long-term physical conditions are more likely to experience mental health challenges such as anxiety and depression. Equally, people experiencing poor mental health are more likely to have poorer physical health outcomes.

Many people using services in Powys require support with both their physical and mental wellbeing. This is particularly true for people living with:

- Frailty.
- Dementia.
- Multiple long-term conditions.
- Chronic pain.
- Palliative and end-of-life care needs.

The future model therefore aims to strengthen joined-up working across physical health and mental health services, ensuring that people receive holistic care that looks at all aspects of their wellbeing. This includes multidisciplinary team working, shared care planning and improved coordination between services.

Refocused Community Hospitals Connect the Whole System

Community hospitals play an important role in bringing these proposals together.

In the future model, community hospitals would support:

- Rehabilitation.
- Step-up assessment and treatment.
- Step-down care following discharge from acute hospitals.
- Complex care.
- Specialist support for complex needs, including palliative and end of life care where these cannot be provided at home.

They would act as an important bridge between community services, urgent care services, mental health services and acute hospitals outside Powys. This would help support smoother patient journeys and improve continuity of care.

Working Together to Improve Health Care in Powys

No single proposal can address the challenges facing health care in Powys on its own.

The benefits of the future model depend on community services, urgent care services, diagnostics, mental health services, community hospitals, primary care, social care and voluntary organisations working together as a single system.

Taken together, the proposals aim to:

- Improve prevention and early intervention.
- Provide more care closer to home.
- Improve access to urgent support.
- Reduce avoidable hospital admissions.
- Improve coordination between services.
- Support better physical and mental health outcomes.
- Make the best use of the health care workforce and available resources.

Through Better Together, we are seeking your views on how these different parts of the system can work together to provide safe, sustainable and high-quality health care for the people of Powys in the years ahead.

Are the Options Dependent on Each Other?

The Health Board has assessed whether any of the proposals are dependent upon another proposal being implemented.

The three service areas have been designed to work together and many of the anticipated benefits would be strengthened if all elements of the programme are delivered successfully. However, each service area *can* be considered independently through this consultation and no individual proposal is *wholly* dependent on another proposal proceeding.

There are nevertheless some important interrelationships that consultees should be aware of:

- Some benefits associated with reducing physical health inpatient capacity assume that urgent care services are strengthened at the same time.
- Some benefits associated with urgent care development depend on having effective community and rehabilitation services available to support patients after assessment and treatment.
- Some of the proposals assume closer integration between physical health services and mental health services – as well as social care and voluntary sector partners.

These relationships are important because they influence the extent to which the proposed benefits can be achieved.

What Does This Mean for Consultation?

When considering the proposals, people may wish to think not only about each individual service area but also about how the different changes work together as part of a wider system.

We believe the greatest opportunities for improving outcomes come when preventative support, urgent care, physical health services and mental health services operate as a coordinated whole system. However, we are seeking views on all aspects of the proposals and welcome feedback on both the individual service areas and the relationships between them. There is a section in the consultation questionnaire for “Other Comments” if you would like to share feedback about how the proposals relate to each other.

10. When might changes take place?

This chapter explains when changes could happen if, following consultation, decisions are made to implement the options in this consultation document.

No changes would happen straight away.

After the consultation closes, the Health Board will carefully consider all the feedback received before making any decisions. We currently expect decisions to take place in Spring 2027.

If changes are approved, detailed planning would take place before services change. Any changes would be introduced gradually over a number of years. This would help make sure services remain safe and reliable while new ways of working are developed and community services are expanded. The speed of change would depend on factors such as staffing, funding, buildings and facilities, and the availability of the services needed to support people closer to home.

One of the key principles of the proposals is that community services would be strengthened alongside any changes to hospital-based services. This could include investment in services such as Hospital At Home, district nursing, rehabilitation, reablement, mental health support and urgent community services.

If the proposals are approved, people may see changes such as:

- More care being provided in people's homes and local communities.
- Better access to services that help people recover, regain independence and stay well.
- Closer working between physical health and mental health services.
- Changes to some inpatient, urgent care and minor injury services.
- Improvements to buildings, equipment and technology that support patient care.

Some improvements could happen relatively quickly, particularly where they involve expanding existing community services. Other changes may take longer because they require additional staff, changes to buildings or the development of new services. In some cases, formal organisational change consultation with Health Board staff will need to take place before changes happen. We would work in partnership with any staff affected, and with staff-side representatives from unions and professional associations, and follow the All-Wales Organisational Change policy for the NHS workforce across Wales

Throughout the process, the Health Board would continue to work with patients, staff, local communities and partner organisations.

Our aim is not simply to move services from one location to another. It is to create a health care system that helps more people stay well, maintain their independence and receive support closer to home, while ensuring specialist and inpatient services remain safe, sustainable and available when they are genuinely needed.

It is important that we are open about the possible timetables to help you respond to this consultation. We have some early ideas, but these could only be finalised once decisions are made following the consultation.

Physical Health Option 1 – Enhanced Community Services with Powys Inpatient Services on three sites

If decisions are made in Spring 2027 then there would be an ongoing programme to strengthen skills and urgent community response. In relation to current hospital wards, key milestones could include:

- By the end of year 2: Transfer of inpatient services from Bronllys and Llanidloes
- By the end of year 4: Transfer of inpatient services from Machynlleth and Ystradgynlais
- Year 5 onwards: Transfer of services from Welshpool with final model of 3 sites with 30 inpatient beds each (Brecon, Llandrindod Wells, Newtown) in place

Physical Health Option 2 - Enhanced Community Services with Powys Inpatient Services Retained on two sites

If decisions are made in Spring 2027 then there would be an ongoing programme to strengthen skills and urgent community response. In relation to current hospital wards, key milestones could include:

- By the end of year 2: Transfer of inpatient services from Bronllys and Llanidloes
- By the end of year 4: Transfer of inpatient services from Machynlleth and Ystradgynlais
- Year 5 onwards: Transfer of services from Welshpool and Llandrindod Wells with final model of 2 sites with 30 inpatient beds each (Brecon, Newtown) in place

Urgent Health Care Option 1 – Enhanced Community Services with two Urgent Care Centres and one Minor Injury and Illness Unit

If decisions are made in Spring 2027 then there would be an ongoing programme to strengthen skills and urgent community response. Services would be strengthened in Welshpool on an interim basis until the Urgent Care Centre is established in Newtown. Key milestones could include:

- By the end of year 2: Work will have taken place on the alternative local minor injury service offer in Ystradgynlais and the hospital MIU and x-ray would close. The one-day x-ray service in Machynlleth would also close. Recruitment plan in place to achieve seven day x-ray services in Brecon, Llandrindod Wells and Welshpool.
- By the end of year 4: Seven day x-ray services fully established in Brecon, Llandrindod Wells and Welshpool. We would also extend the range of point of care testing and same day blood testing available in the county so that Minor Injury Units in Brecon, Llandrindod Wells and Welshpool would become Minor Illness and Injury Units. This means that more services would be provided in the county than now.
- Year 5 onwards: A comprehensive county-wide model of urgent care would be fully established in the county. Brecon would be fully established as an Urgent Care Centre. Llandrindod Wells would continue to provide Minor Illness and Injury Services. MIU and x-ray services from Welshpool would transfer to a new Urgent Care Centre facility in Newtown.

Urgent Health Care Option 2 - Enhanced Community Services with two Urgent Care Centres

If decisions are made in Spring 2027 then there would be an ongoing programme to strengthen skills and urgent community response. Services would be strengthened in Welshpool on an interim basis until the Urgent Care Centre is established in Newtown. Key milestones could include:

- By the end of year 2: Work will have taken place on the alternative urgent care offer in Ystradgynlais and the hospital MIU and x-ray would close. The one-day x-ray service in Machynlleth would also close. Recruitment plan in place to achieve seven day x-ray services in Brecon and Welshpool, and maintain five day services in Llandrindod Wells.
- By the end of year 4: Seven day x-ray services fully established in Brecon and Welshpool, with five day services continuing in Llandrindod Wells. We would extend the range of point of care testing and same day blood testing available in the county so that Minor Injury Units in Brecon and Welshpool would become Minor Illness and Injury Units. This means that more services

would be provided in the county than now. Work will have taken place on the alternative urgent care offer in Llandrindod Wells and the hospital MIU would close.

- Year 5 onwards: A comprehensive county-wide model of urgent care would be fully established in the county. Brecon would be fully established as an Urgent Care Centre. MIU and x-ray services from Welshpool would transfer to a new Urgent Care Centre facility in Newtown.

Mental Health Care Option 1 – Enhanced Community Services with one inpatient site for organic and functional mental health service in Bronllys/Brecon area

If decisions are made in Spring 2027 then there would be an ongoing programme to strengthen skills and urgent community response. Key milestones could include:

- By the end of year 2: Identify first site (Llandrindod Wells or Ystradgynlais) to transfer.
- By the end of year 4: Capital works to establish Mental Health Centre of Excellence.
- Year 5 onwards: Model of care fully implemented, all mental health inpatient care consolidated to the Mental Health Centre of Excellence.

These timelines provide an indication of the possible next steps if the options were agreed following analysis and conscientious consideration of the feedback we hear during this consultation. They do not predetermine the outcome of the consultation. They would adapt and evolve reflecting the decisions made and the feedback we hear.

Alongside these key milestones we could continue to work with you to develop the future vision for each of our sites. We would also continue to work with you on the next phases of Better Together including planned care and women & children's services.

11. What impact may these changes have for the people of Powys?

Any change to health services brings both opportunities and challenges. Throughout Better Together, we have considered not only how services could be improved, but also how different people may be affected by those changes.

The options in this consultation aim to improve the quality, safety and sustainability of health services for future generations. They are intended to help more people receive care at home or closer to home, improve access to specialist support within Powys, reduce unnecessary admissions to hospital and strengthen the resilience of NHS services.

However, we also recognise that some people may experience disadvantages if services change. For some people, access to inpatient care, urgent care or diagnostic services may involve travelling further than now. The extent of these impacts varies between the options.

We have developed Integrated Impact Assessments for each option to understand how different groups may be affected. These assessments consider equality, Welsh language, socio-economic factors, workforce impacts, environmental impacts and the wider effects on communities. They will continue to be updated based on what we hear during this consultation period.

Potential Benefits

Across all options, the Health Board believes there are opportunities to improve services by:

- Providing more care at home and in local communities.
- Supporting people earlier through prevention and proactive care.
- Reducing avoidable admissions to District General Hospitals.
- Helping people return home sooner following illness or injury.
- Strengthening rehabilitation, reablement and recovery support.
- Improving links between physical health, mental health and social care.
- Reducing variation in the way services are delivered across Powys.
- Creating larger and more resilient clinical teams.
- Reducing reliance on temporary staffing.
- Expanding the range of urgent care and diagnostic services available within Powys.
- Supporting more care to be delivered within the county rather than outside Powys.
- Stabilising services so that we are better able to maintain these services in Powys in future.

Potential Impacts

We also recognise that some people may experience disadvantages as well as advantages if services change.

These could include:

- Longer travel times and increased travel costs for some services.
- Increased travel costs for family, unpaid carers and other visitors to see people in hospital.
- Risk of reduced visiting particularly where public transport services are limited, require multiple connections, or are not available at the times required.
- Greater reliance on private transport where public transport options are limited.
- Changes to the way some NHS services are accessed.
- Adjustments for NHS staff whose work location or travel requirements may change. These would be considered in more detail in future based on the

decisions that are made following this consultation.

The extent of these impacts would vary between different options. In general, options that provide services from fewer sites offer greater opportunities to invest in community services, but may increase travel for some people who need site-based care

Older people

Older people are among the groups most likely to use community hospitals, rehabilitation services, urgent care and mental health services. But they are less likely than the population as a whole to have access to independent transport and may be more reliant on public transport, community transport, or friends & family.

Potential benefits may include:

- Earlier intervention and proactive support.
- Better rehabilitation and reablement.
- Reduced risk of deconditioning through shorter hospital stays.
- More support to remain independent at home.
- Less likely to need hospital admission.

Potential challenges may include:

- Increased travel for some services, with greater dependence on family members or transport support schemes.
- Risk of less contact with family, unpaid carers and other visitors when in hospital.

Disabled people and people with long-term conditions

People with disabilities and long term conditions are among the groups most likely to use community hospitals, rehabilitation services, urgent care and mental health services. But they are less likely than the population as a whole to have access to independent transport and may be more reliant on public transport, community transport, or friends & family.

Potential benefits may include:

- Better coordinated care.

- Stronger community-based support.
- More services delivered at home.
- Reduced need to travel outside Powys.
- New facilities designed to better meet access needs.

Potential challenges may include:

- Longer journeys where hospital-based services are concentrated onto fewer sites.
- Additional travel costs and accessibility considerations.

Unpaid Carers

Unpaid carers look after people who are most likely to use community hospitals, rehabilitation services, urgent care and mental health services. They may also have their own health needs and conditions. Travel and transport can be challenging alongside unpaid caring roles.

Potential benefits may include:

- More people supported at home.
- Improved coordination between services.
- Faster discharge from hospital.
- Better joined-up care and more continuity of care due to less time in hospital.

Potential challenges may include:

- Longer journeys to visit some inpatient services, with greater travel costs.
- Potential for greater burden on unpaid carers in relation to people who are cared for at home rather than in hospital.

Children and young people

Although most proposals relate to adult services, the urgent care options affect Minor Injury Unit services used by people aged one and over and some diagnostic services used by all ages. Children and young people are unlikely to have access to independent transport.

Potential benefits may include:

- Improved urgent care facilities.
- Expanded diagnostic services.

- Faster access to assessment and treatment within Powys.

Potential challenges may include:

- Longer journeys for some urgent care services depending on where people live.

People experiencing poverty or financial hardship

Travel costs can have a greater impact on people with lower incomes.

Potential benefits include:

- More services provided at home through community teams.
- Reduced need for some hospital admissions including admission to District General Hospital.
- More support delivered in familiar settings.

Potential challenges include:

- Increased costs for those needing to travel further for inpatient or urgent care.

Welsh Speakers

We recognise the importance of accessing care in Welsh.

Overall the Health Board considers these proposals have benefits for Welsh speakers:

- More people supported at home.
- More community health care provided by teams who know the patient.
- Inpatient care and urgent care provided by more stable and resilient teams.
- Stronger community services reduce the need for hospital admission inside or outside Powys.

The Health Board will continue to assess Welsh language impacts and work to ensure people can receive services in Welsh where required.

Impacts for NHS Staff

Our staff are central to the success of Better Together.

The proposals could create opportunities for:

- Stronger and more resilient teams.

- Improved multidisciplinary working.
- More opportunities for career development.
- Better access to specialist skills and training.
- Reduced reliance on temporary staffing.

However, some staff may experience changes to:

- Their work location.
- Travel requirements.
- Team structure.
- Working patterns.
- Roles and responsibilities

No decisions would be made about individual staff roles as part of this consultation. Any future workforce changes would be subject to separate workforce engagement and formal organisational change processes.

Hearing your views

We must ensure that our proposals are fair and take particular care to consider people who are vulnerable. We have already engaged with groups representing vulnerable people and will continue to do so to ensure they are involved throughout our consultation.

We also have a supporting document which provides you with examples of how different options could affect someone like you or your loved ones. The family “Teulu Field” and their friends are not a real family, but they are typical examples of people living in Powys. They can help illustrate how patients could be affected by different options in this consultation and could help you think about what potential changes could feel like for you. You can read their stories in the Teulu Field Case Studies document available in the Supporting Documents section of our website.

We will undertake focus groups, and visit community groups particularly those that involve vulnerable or disadvantaged groups (referred to as people with protected characteristics) or people who may be affected by these service changes. Information from these groups, and from the

feedback you share in our Consultation Questionnaire, will help us continue to update the Integrated Impact Assessments.

For example, as part of the Consultation Questionnaire we would like to hear your views on any positive or negative impacts that you believe should be taken into account in relation to equalities, human rights or Welsh language. We also welcome supporting evidence and suggest ways in which PTHB could reduce or remove any negative impacts and increase any positive impacts.

Following this consultation, updated Integrated Impact Assessments will be used by Powys Teaching Health Board to help make decisions on the way forward.

Working Together With Other Organisations

Many of the benefits identified within Better Together depend on closer working between the NHS, Powys County Council, primary care, social care, the voluntary sector and neighbouring NHS organisations.

The proposals are intended to support a more integrated health and care system, helping people move more smoothly between services and reducing delays in care.

Reviewing the impact on different groups

If changes were approved, the Health Board would continue working with local people, communities and partner organisations to reduce negative impacts where possible

Examples include:

- Expanding Hospital at Home and other home-based services so that more people receive the health care they need at home.

- Strengthening urgent community response teams so that fewer people need to be admitted to hospital inside or outside Powys.
- Exploring local alternatives where services change. This includes locations where Minor Injury Units would close.
- Working with transport providers and community transport schemes, with particular recognition of the challenges in relation to public transport in our rural and sparsely populated county.
- Improving digital access.
- Supporting unpaid carers and families through clearer information and communication.
- Monitoring impacts on different communities and protected groups as implementation progresses.
- Developing new workforce roles and new ways of working.

We know that people will have different views about the balance between improved quality and sustainability on the one hand, and travel and local access on the other.

We want to understand:

- What positive or negative impacts you think these proposals could have.
- Which groups may be affected the most.
- What could be done to reduce any negative consequences.

Your feedback will help us update the Integrated Impact Assessments before any decisions are made.

12. What does this mean for each of the 13 Powys localities?

This chapter explains what these options would mean for people living in each locality in Powys.

Across Powys, the proposals would strengthen community-based services so that more people can receive care at home. This includes a greater focus on prevention and on early intervention services, expanded Hospital At Home, urgent community response, rehabilitation and reablement services, and increased support for people with long-term conditions, frailty, dementia and mental health needs. There would also be greater support for people to receive care, rehabilitation, palliative care and end of life care in their own homes wherever this is safe and appropriate.

The diagram below provides a reminder of the intended benefits.



Figure 22: A summary of the intended benefits of Better Together

The extent of these improvements would depend on the option selected. Options with fewer inpatient sites and fewer urgent care sites would release more staff and resources to invest in community services. This means that the two-site options for Physical Health and Urgent Health Care would enable a greater expansion of community-based care than the three-site options. Similarly, the two-site options have a greater dependency on strengthened community services being in place to deliver the overall model of care.

The aim is to support more people to stay well, remain independent and receive care within their own community wherever possible, while ensuring that inpatient, urgent care and specialist services are strengthened for those who need them.

The proposals seek to shift more care from NHS buildings into homes and communities, ensuring that resources are used to benefit the greatest number of people across Powys.

A wide range of services provided in community hospitals and clinics across Powys are outside the scope of this consultation and not affected by these proposals:

This consultation does not directly include:

- **Planned Care Services:** surgical services, endoscopy and outpatient appointments provided in Powys, and the planned care services we commission from neighbouring health boards and NHS Trusts.
- **Women and Children's Services:** including maternity services, child and adolescent mental health services, children's community services, children's neurodevelopment – except minor injury unit services for people aged one and over, and some all-age diagnostic services.
- **Primary Care Services provided in General Medical Practice, Dental surgeries, pharmacy and optometry; Social Care; Community and Voluntary Organisations** – although some of these proposals will affect how we work with these services in future.
- **Changes to the way we commission acute and emergency services from neighbouring health boards and NHS Trusts:** although it does include opportunities to provide more step-up and step-down care for more patients in the county, including through urgent care centres and urgent community response.

All Localities

The proposed options would strengthen physical and mental health proactive, preventative and community-based services, enabling more people to receive assessment, treatment, rehabilitation and ongoing support at home or closer to home wherever this is safe and appropriate. This includes greater emphasis on helping people remain independent, reducing avoidable hospital attendance where appropriate, and providing more care within homes and communities.

Existing arrangements for accessing primary care, planned care, social care, maternity services, children's services, emergency care and specialist services provided by neighbouring health boards and NHS Trusts would continue and are not directly affected by these proposals.

Across all options, diagnostic services would continue to play an important role in supporting care closer to home. The proposals include strengthening access to diagnostics within Urgent Care Centres and community settings, helping to improve assessment, diagnosis and treatment closer to home. In some locations, access to diagnostics would increase through enhanced seven-day provision and a broader range of diagnostic services. In a small number of locations, some diagnostic provision would transfer to other sites as part of a more comprehensive and sustainable diagnostic service.

Strengthened mental health services would include safe alternatives to admission and sanctuary provision provided in the county.

Brecon Locality

Brecon locality would experience the "All Localities" benefits set out above.

Under both Physical Health options, adults requiring physical health community inpatient care would receive these services in Brecon. This would offer an expanded range of inpatient, rehabilitation and recovery services compared with the current position.

Under both Urgent Health Care options, Brecon would host an enhanced Urgent Care Centre supported by seven-day x-ray provision and a broader range of urgent assessment, diagnosis and treatment services. This would reduce the need to travel outside the county to District General Hospital.

Where people require adult or older adult mental health inpatient care, services would be provided through the proposed Mental Health Centre of Excellence in the Bronllys/Brecon area. This will include greater ability to support people with enhanced care needs compared with the current position. Some patients with both physical and mental health needs would also be cared for in the Physical Health wards.

Builth Wells and Llanwrtyd Wells Locality

Builth Wells locality would experience the “All Localities” benefits set out above.

Glan Irfon Integrated Health and Care Centre would continue to provide residential care. Its role in supporting reablement may evolve as more patients would be supported in their own home through strengthened community-based services and care at home.

Under Physical Health Option 1, adults requiring physical health community inpatient care would access services in Brecon or Llandrindod Wells. Under Physical Health Option 2, adults requiring physical health community inpatient care would access services in Brecon. These would offer an expanded range of inpatient, rehabilitation and recovery services compared with the current position.

Under Urgent Health Care Option 1 there would be an enhanced Urgent Care Centre in Brecon reducing the need to travel outside the county to District General Hospital with seven-day x-ray, and a Minor Illness and Injury Unit in Llandrindod Wells with seven-day x-ray. Under Urgent Care Option 2, there would be an enhanced Urgent Care Centre in Brecon reducing the need to travel outside the county to District General Hospital with seven-day x-ray; the Minor Injury Unit in Llandrindod Wells would close and we would work with local partners to develop strengthened local urgent care arrangements, including primary care and community-based solutions where appropriate, helping to ensure that people continue to have access to urgent care closer to home where this can be delivered safely and sustainably. Llandrindod Wells would continue to offer x-ray services and access to an expanded range of diagnostic services five days a week.

Where people require adult or older adult mental health inpatient care, services would be provided through the proposed Mental Health Centre of Excellence in the Bronllys/Brecon area. This will include greater ability to support people with enhanced care needs compared with the current position. Some patients with both physical and mental health needs would also be cared for in the Physical Health wards.

Crickhowell Locality

Crickhowell locality would experience the “All Localities” benefits set out above.

Under both Physical Health options, adults requiring physical health community inpatient care would receive these services in Brecon. This would offer an expanded range of inpatient, rehabilitation and recovery services compared with the current position.

Under both Urgent Health Care options, Brecon would host an enhanced Urgent Care Centre supported by seven-day x-ray provision and a broader range of urgent assessment, diagnosis and treatment services. We recognise that residents of Crickhowell Locality also use walk-in urgent care services in neighbouring counties, and these services are unaffected.

Where people require adult or older adult mental health inpatient care, services would be provided through the proposed Mental Health Centre of Excellence in the Bronllys/Brecon area. This will include greater ability to support people with enhanced care needs compared with the current position. Some patients with both physical and mental health needs would also be cared for in the Physical Health wards.

Hay and Talgarth Locality

Hay and Talgarth locality would experience the “All Localities” benefits set out above.

Under both Physical Health options, adults requiring physical health community inpatient care would receive these services in Brecon. This would offer an expanded range of inpatient, rehabilitation and recovery services compared with the current position.

Under both Urgent Health Care options, Brecon would host an enhanced Urgent Care Centre supported by seven-day x-ray provision and a broader range of urgent assessment, diagnosis and treatment services.

Where people require adult or older adult mental health inpatient care, services would be provided through the proposed Mental Health Centre of Excellence in the Bronllys/Brecon area. This will include greater ability to support people with enhanced care needs compared with the current position. Some patients with both physical and mental health needs would also be cared for in the Physical Health wards.

Knighton and Presteigne Locality

Knighton and Presteigne locality would experience the “All Localities” benefits set out above.

Panpwnton Ward at Knighton Hospital would not re-open and the current reablement beds would become fully part of the Cottage View Residential Home. Its role in supporting reablement may evolve as more patients would be supported in their own home through strengthened community-based services and care at home.

Under Physical Health Option 1, adults requiring physical health community inpatient care would access services in Llandrindod Wells. Under Physical Health Option 2, adults requiring physical health community inpatient care would access services in Newtown or Brecon. These would offer an expanded range of inpatient, rehabilitation and recovery services compared with the current position.

Under Urgent Health Care Option 1 there would be a Minor Illness and Injury Unit in Llandrindod Wells with seven-day x-ray. Under Urgent Care Option 2, the Minor Injury Unit in Llandrindod Wells would close and we would work with local partners to develop strengthened local urgent care arrangements, including primary care and community-based solutions where appropriate, helping to ensure that people continue to have access to urgent care closer to home where this can be delivered safely and sustainably. Llandrindod Wells would continue to offer x-ray services and access to an expanded range of diagnostic services five days a week.

Where people require adult or older adult mental health inpatient care, services would be provided through the proposed Mental Health Centre of Excellence in the Bronllys/Brecon area. This will include greater ability to support people with enhanced care needs compared with the current position. Some patients with both physical and mental health needs would also be cared for in the Physical Health wards.

Llandrindod Wells and Rhayader Locality

Llandrindod Wells and Rhayader locality would experience the “All Localities” benefits set out above.

Under Physical Health Option 1, adults requiring physical health community inpatient care would access services in Llandrindod Wells. Under Physical Health Option 2, adults requiring physical health community inpatient care would access services in Newtown or Brecon. These would offer an expanded range of inpatient, rehabilitation and recovery services compared with the current position.

Under Urgent Health Care Option 1 there would be a Minor Illness and Injury Unit in Llandrindod Wells with seven-day x-ray. Under Urgent Care Option 2, the Minor Injury Unit in Llandrindod Wells would close and we would work with local partners to develop strengthened local urgent care arrangements, including primary care and community-based solutions where appropriate, helping to ensure that people continue to have access to urgent care closer to home where this can be delivered safely and sustainably. Llandrindod Wells would continue to offer x-ray services and access to an expanded range of diagnostic services five days a week.

Where people require adult or older adult mental health inpatient care, services would be provided through the proposed Mental Health Centre of Excellence in the Bronllys/Brecon area. This will include greater ability to support people with enhanced care needs compared with the current position. Some patients with both physical and mental health needs would also be cared for in the Physical Health wards.

Llanfair Caereinion Locality

Llanfair Caereinion locality would experience the “All Localities” benefits set out above.

Under both Physical Health options, adults would receive physical health community inpatient care in Newtown reducing the need to travel outside the county to District General Hospital. This would offer an expanded range of inpatient, rehabilitation and recovery services compared with the current position.

Under both Urgent Health Care options there would be an enhanced Urgent Care Centre in Newtown. This would be supported by 7-day x-ray facilities, alongside an expanded range of diagnostic tests.

Where people require adult or older adult mental health inpatient care, services would be provided through the proposed Mental Health Centre of Excellence in the Bronllys/Brecon area. This will include greater ability to support people with enhanced care needs compared with the current position. Some patients with both physical and mental health needs would also be cared for in the Physical Health wards. In addition, we would also continue to consider opportunities to commission appropriate non-specialist inpatient provision from neighbouring organisations where this would improve accessibility for patients and families and support delivery of high-quality care.

Llanfyllin Locality

Llanfyllin locality would experience the “All Localities” benefits set out above.

Under both Physical Health options, adults would receive physical health community inpatient care in Newtown reducing the need to travel outside the county to District General Hospital. This would offer an expanded range of inpatient, rehabilitation and recovery services compared with the current position.

Under both Urgent Health Care options there would be an enhanced Urgent Care Centre in Newtown. This would be supported by 7-day x-ray facilities, alongside an expanded range of diagnostic tests. We recognise that residents of Llanfyllin Locality may use walk-in urgent care services in neighbouring counties, and these services are unaffected.

Where people require adult or older adult mental health inpatient care, services would be provided through the proposed Mental Health Centre of Excellence in the Bronllys/Brecon area. This will include greater ability to support people with enhanced care needs compared with the current position. Some patients with both physical and mental health needs would also be cared for in the Physical Health wards. In addition, we would also continue to consider opportunities to commission appropriate non-specialist inpatient provision from neighbouring organisations where this would improve accessibility for patients and families and support delivery of high-quality care.

Llanidloes Locality

Llanidloes locality would experience the “All Localities” benefits set out above.

Under both Physical Health options, adults would receive physical health community inpatient care in Newtown reducing the need to travel outside the county to District General Hospital. This would offer an expanded range of inpatient, rehabilitation and recovery services compared with the current position.

Under both Urgent Health Care options there would be an enhanced Urgent Care Centre in Newtown. This would be supported by 7-day x-ray facilities, alongside an expanded range of diagnostic tests.

Where people require adult or older adult mental health inpatient care, services would be provided through the proposed Mental Health Centre of Excellence in the Bronllys/Brecon area. This will include greater ability to support people with enhanced care needs compared with the current position. Some patients with both physical and mental health needs would also be cared for in the Physical Health wards. In addition, we would also continue to consider opportunities to commission appropriate non-specialist inpatient provision from neighbouring organisations where this would improve accessibility for patients and families and support delivery of high-quality care.

Machynlleth Locality

Machynlleth locality would experience the “All Localities” benefits set out above.

Under both Physical Health options, adults would receive physical health community inpatient care in Newtown reducing the need to travel outside the county to District General Hospital. This would offer an expanded range of inpatient, rehabilitation and recovery services compared with the current position.

Under both Urgent Health Care options there would be an enhanced Urgent Care Centre in Newtown. This would be supported by 7-day x-ray facilities, alongside an expanded range of diagnostic tests. We recognise that residents of Machynlleth Locality may use walk-in urgent care services in neighbouring counties, and these services are unaffected.

Where people require adult or older adult mental health inpatient care, services would be provided through the proposed Mental Health Centre of Excellence in the Bronllys/Brecon area. This will include greater ability to support people with enhanced care needs compared with the current position. Some patients with both physical and mental health needs would also be cared for in the Physical Health wards. In addition, we would also continue to consider opportunities to commission appropriate non-specialist inpatient provision from neighbouring organisations where this would improve accessibility for patients and families and support delivery of high-quality care.

Newtown Locality

Newtown locality would experience the “All Localities” benefits set out above.

Under both Physical Health options, adults would receive physical health community inpatient care in Newtown reducing the need to travel outside the county to District General Hospital. This would offer an expanded range of inpatient, rehabilitation and recovery services compared with the current position.

Under both Urgent Health Care options there would be an enhanced Urgent Care Centre in Newtown. This would be supported by 7-day x-ray facilities, alongside an expanded range of diagnostic tests.

Where people require adult or older adult mental health inpatient care, services would be provided through the proposed Mental Health Centre of Excellence in the Bronllys/Brecon area. This will

include greater ability to support people with enhanced care needs compared with the current position. Some patients with both physical and mental health needs would also be cared for in the Physical Health wards. In addition, we would also continue to consider opportunities to commission appropriate non-specialist inpatient provision from neighbouring organisations where this would improve accessibility for patients and families and support delivery of high-quality care.

Welshpool and Montgomery Locality

Welshpool and Montgomery locality would experience the “All Localities” benefits set out above.

Under both Physical Health options, adults would receive physical health community inpatient care in Newtown reducing the need to travel outside the county to District General Hospital. This would offer an expanded range of inpatient, rehabilitation and recovery services compared with the current position.

Under both Urgent Health Care options the services currently provided by the Minor Injury and x-ray units in Welshpool would transfer to an enhanced Urgent Care Centre in Newtown. This would be supported by 7-day x-ray facilities, alongside an expanded range of diagnostic tests. We would work with local partners to develop strengthened local urgent care arrangements, including primary care and community-based solutions where appropriate, helping to ensure that people continue to have access to urgent care closer to home where this can be delivered safely and sustainably.

Where people require adult or older adult mental health inpatient care, services would be provided through the proposed Mental Health Centre of Excellence in the Bronllys/Brecon area. This will include greater ability to support people with enhanced care needs compared with the current position. Some patients with both physical and mental health needs would also be cared for in the Physical Health wards. In addition, we would also continue to consider opportunities to commission appropriate non-specialist inpatient provision from neighbouring organisations where this would improve accessibility for patients and families and support delivery of high-quality care.

Ystradgynlais Locality

Ystradgynlais locality would experience the “All Localities” benefits set out above.

Under both Physical Health options, adults would receive physical health community inpatient care in Brecon. This would offer an expanded range of inpatient, rehabilitation and recovery services compared with the current position.

Under both Urgent Health Care options, the services currently provided by the Minor Injury and x-ray units in Ystradgynlais would transfer to the enhanced Urgent Care Centre in Brecon. This would be supported by 7-day x-ray facilities, alongside an expanded range of diagnostic tests. X-ray facilities in Ystradgynlais would close. We would work with local partners to develop strengthened local urgent care arrangements, including primary care and community-based solutions where appropriate, helping to ensure that people continue to have access to urgent care closer to home where this can be delivered safely and sustainably. We recognise that residents of Ystradgynlais Locality may also use walk-in urgent care services in neighbouring counties and these services are unaffected.

Where people require adult or older adult mental health inpatient care, services would be provided through the proposed Mental Health Centre of Excellence in the Bronllys/Brecon area. This will include greater ability to support people with enhanced care needs compared with the current position. Some patients with both physical and mental health needs would also be cared for in the Physical Health wards.

13. Measuring the impact of the options

This chapter explains how we could measure the impact of these options if they were approved following consultation.

No decisions have been made. But if changes were put into place we need to consider how we would measure the benefits and understand whether there were unintended consequences so that action could be taken. NHS staff have begun to develop ideas for how we monitor the impact. We recognise that some of these terms are quite technical. The feedback you share as part of this consultation would help us develop these measures further.

Criteria	Possible Benefits	Example measures
Patient Quality, Safety and Outcomes	Care is more person-centred, coordinated and trauma-informed, supporting better outcomes, improved safety and an improved experience for patients, carers and families	- What patients and carers tell us about their experience, satisfaction and outcomes. - Detailed measures of safety and outcomes of care, such as the number of people experiencing harm from falls. - The number of people readmitted within 7 days and 30 days, or experiencing repeat crisis attendance.
	Earlier intervention, rehabilitation and reablement reduce deconditioning, support independence and help people avoid escalation to long-term care where possible.	- Length of stay in community hospitals length of stay, bed occupancy rates and delays in transfer of care - Measurements of healthy days at home.
Access to Services	More people are supported safely in or near their own home, reducing avoidable conveyance, hospital attendance, admission and out-of-county care.	- The number of avoidable trips to an Emergency Department or for acute admission to District General Hospital. - The number of people in out-of-county placements who do not clinically need to be there. - The number of patients seen by urgent community response teams, Hospital At Home, step-up, short-stay intervention or home-based acute treatment. - Emergency admissions and bed days avoided.
	People receive a clearer, faster and more equitable response through simplified access routes, consistent pathways and timely assessment and treatment.	- How well we meet the four-hour and two-hour response standards for urgent community response. - The length of time for patients from referral or presentation to assessment, diagnostics and treatment. - How well we meet the Mental Health Measure and other relevant mental health access standards.
Joined-up Care	Physical health, mental health, social care, third sector and partner services work together around the person, improving continuity across prevention, urgent response, rehabilitation and end-of-life care.	- Whether key documents such as care plans and discharge plans have been completed. - The number of people receiving mental health support who also receive physical health checks. - Evidence of reduced duplication and improved coordination across services.
End of Life choice	People on end-of-life or palliative care pathways have better support and greater opportunity to receive care and die in their preferred place where this can be achieved safely.	- The number of people who die in their preferred place of choice. - The experience of patients, carers and family during end-of-life and palliative care.
Financial Sustainability	Prudent and sustainable use of limited financial resources	Whether we reduce the amount we are spending on care outside Powys because of an increased level of services in the county.
Sustainable workforce	Prudent and resilient services by making better use of skills, advanced practice roles, available capacity and digital opportunities, while reducing fragility associated with small, dispersed teams and reliance on temporary staffing.	- Key measures of staff experience including feedback on leadership, workload, and involvement in change. - Key measures of workforce availability such as vacancy rates, staff turnover, recruitment activity, time taken to fill key roles, and sickness absence. - Key measures of workforce efficiency such as rota fill rates, bank and agency usage. - Evidence of staff development opportunities including completion of training, supervision capacity, succession plans for critical roles, and readiness against the implementation milestones in Chapter 10.

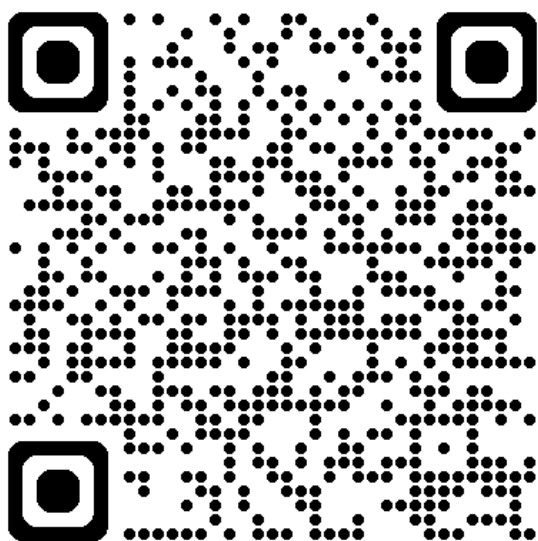
14. When will decisions be made?

How you can get involved

Please take the time to read this document and then tell us what you think by 10 January 2027.

This document is available in Welsh and English, and on our website.

You can visit our website at **pthb.nhs.wales/BetterTogether** or by scanning the QR code below



We also have a shorter summary document. This is available in Welsh and English. Information is also available in alternative formats including audio, BSL and Easy Read. You can also request information in other languages.

To request a printed copy of the consultation document or survey please join one of our drop-in events, call our engagement answerphone on 01874 442917 or write to Better Together, Powys Teaching Health Board, Glasbury House, Bronllys Hospital, Bronllys LD3 0LY

The deadline to tell us what you think, so your opinions can be included in the consultation, is 10 January 2027. You can do this by:

- Completing the questionnaire online **pthb.nhs.wales/BetterTogether**
- Completing a printed copy of the questionnaire and sending this to Opinion

Research Services, FREEPOST SS1018,
PO Box 530, Swansea SA1 1ZL

- Emailing your questionnaire to **powys.bettertogether@wales.nhs.uk**
- Attending one of our events
- Scanning the QR code to visit the Better Together website

Better Together drop-in events begin at 2pm and end at 7pm. Drop in any time that suits you:

- Wednesday 14 October 2026 – The Strand Hall, Builth Wells, LD2 3AA
- Thursday 15 October 2026 – Y Plas, Machynlleth, SY20 8ER
- Monday 19 October 2026 – Knighton Community Centre, LD7 1DR
- Wednesday 21 October 2026 - Llanfyllin Youth and Community Centre, SY22 5DB
- Tuesday 27 October 2026 – Clarence Hall, Crickhowell, NP8 1BN
- Tuesday 3 November 2026 – Llanidloes Community Centre, SY18 6EY
- Thursday 5 November 2026 – The Wellington Hotel, Brecon, LD3 7AD
- Tuesday 10 November 2026 – The Pavilion, Llandrindod Wells, LD1 5EY
- Thursday 12 November 2026 – Talgarth Town Hall, LD3 0AF
- Thursday 19 November 2026 - The Institute, Llanfair Caereinion, SY21 0RY
- Wednesday 25 November 2026 – The Miners Welfare, Ystradgynlais, SA9 1JJ
- Tuesday 1 December 2026 – Welshpool Town Hall, SY21 7JQ
- Thursday 3 December 2026 – Elephant & Castle Hotel, Newtown, SY16 2BQ

We are also holding online events.
Information about dates and how to book is available from our website.

Please contact us if you would like a copy of this document in Arabic, Bulgarian, Nepalese, Polish, Romanian or Ukrainian by writing to **Better Together, Powys Teaching Health Board, Glasbury House, Bronllys Hospital, Bronllys LD3 0LY** or emailing powys.bettertogether@wales.nhs.uk

يرجى الاتصال بنا إذا كنتم ترغبون في الحصول على نسخة من هذه الوثيقة باللغة العربية، وذلك بمراسلة: **Better Together مجلس بويس الصحي التعليمي**
Powys Teaching Health Board
Glasbury House منزل جلاسبري
Bronllys Hospital مستشفى برونليس
Bronllys LD3 0LY برونليس
أو عبر البريد الإلكتروني: powys.bettertogether@wales.nhs.uk

Моля, свържете се с нас, ако желаете копие на този документ на **български** език, като ни пишете на адрес: **Better Together, Powys Teaching Health Board, Glasbury House, Bronllys Hospital, Bronllys LD3 0LY** или ни изпратите имейл на: powys.bettertogether@wales.nhs.uk

यदि तपाईंलाई यो कागजातको नेपाली भाषामा प्रतिलिपि चाहिन्छ भने कृपया हामीलाई निम्न ठेगाना: **बेटर टुगेदर, पाविस शिक्षण स्वास्थ्य बोर्ड,**
ग्लासबरी हाउस,
ब्रोनली अस्पताल, ब्रोनली,
एलडी३ ०एलवाई
मा पत्र लेखेर वा powys.bettertogether@wales.nhs.uk मा ईमेल गरेर सम्पर्क गर्नुहोस्।

Jeśli chcesz otrzymać kopię tego dokumentu w języku polskim, skontaktuj się z nami, pisząc na adres: **Better Together, Powys Teaching Health Board, Glasbury House, Bronllys Hospital, Bronllys, LD3 0LY** lub wysyłając wiadomość e-mail powys.bettertogether@wales.nhs.uk

Vă rugăm să ne contactați dacă doriți o copie a acestui document în limba română prin trimiterea unei scrisori către **Better Together, Powys Teaching Health Board, Glasbury House, Bronllys Hospital, Bronllys LD3 0LY** sau prin trimiterea unui e-mail la powys.bettertogether@wales.nhs.uk

Якщо ви бажаєте отримати копію цього документа **українською мовою**, напишіть нам за адресою: **Better Together, Powys Teaching Health Board, Glasbury House, Bronllys Hospital, Bronllys LD3 0LY** або надішліть електронного листа: powys.bettertogether@wales.nhs.uk

We will share regular updates on our website pthb.wales.nhs.uk/BetterTogether and on our social media pages (Facebook, Instagram, Nextdoor).

We will hold drop-in events and workshops, both in person and online. You can ask us questions about the consultation at these events. We aim to answer queries or point you to useful information and ways to share your views.

We will also work with local media, to raise awareness of this consultation.

Llais, the statutory Citizen Voice Body for health and social care in Wales, will also be listening to people across Powys so that it can represent your views and opinions. The health board has a statutory duty to have regard to representations from Llais when decisions are made following this consultation. More information about Llais is available from www.llaiswales.org.

We appreciate you taking the time to give us your views – every person's input matters.

Privacy Statement - what happens with your feedback?

We have asked an independent social research organisation Opinion Research Services (ORS) to collect and analyse all the feedback received as part of this consultation.

Please see the ORS privacy notice for further information www.ors.org.uk/privacy

Together with them, we are collecting your feedback so we can use your views to help us with our decision making. The views of people responding in a personal capacity will be anonymous.

However, feedback from representatives of organisations or someone acting in an official capacity, may be attributed.

We will use your feedback, as well as other information and evidence, to inform our decisions on how to change adult physical and mental health NHS community services in Powys, to meet patient needs. All the questions are optional and all information you provide will be processed by ORS in accordance with latest data protection legislation.

Anonymised information may also be shared with Llais, the independent Citizen Voice Body for health and social care in Wales, to support them to represent the interests of patients and the public in Powys.

Information will only be used to inform this consultation. Any personal information that could identify you will be kept for no more

than one year after any decisions have been made.

For Powys Teaching Health Board's full privacy statement please visit pthb.nhs.wales/privacy

What happens following consultation and how we will feed back to you

We know it is important to keep you updated, especially when you have taken the time to share your thoughts and views with us.

A project group for the consultation, made up of Powys Teaching Health Board staff, will put forward a recommendation to the Health Board's Directors and Independent Members on the potential ways forward. This is called the "post consultation decision case".

Board members will consider all they have heard leading up to, and during, this consultation, including the Integrated Impact Assessments and other supporting documents and data we have gathered and referred to in this document. They will consider any new information that may come to light from the consultation.

We currently expect this to take place as part of a Powys Teaching Health Board meeting, which will be held in spring 2027.

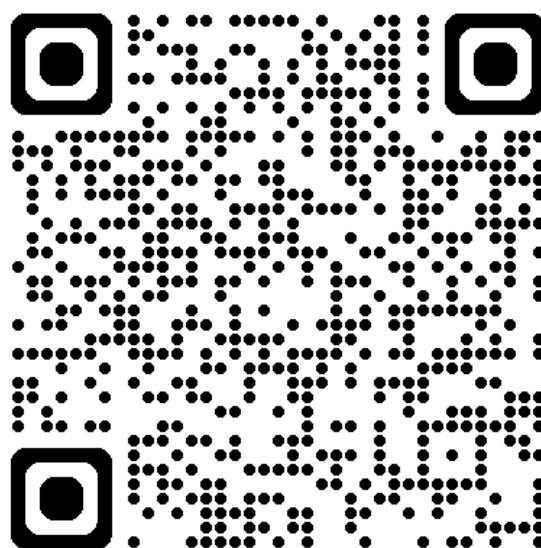
Powys Teaching Health Board meetings are held in public, with people able to attend digitally. We will share the reports and recommendations widely, and will advertise this meeting on our website

pthb.nhs.wales/BetterTogether and on our social media pages.

The agenda and papers for our meetings are published in advance on our website so that you know the issues being discussed, and the recommendations being made.

You can also sign up for our free email news bulletins. It is easy to sign up, and you can choose news topics relevant to you.

Just visit pthb.nhs.wales/news-sign-up or use the QR code below



Scan this QR code for news sign up

We will ensure that decisions made by the Board are communicated widely through our communication channels.

Thank You.