Better Together Case for Change

During Spring 2025 we asked for your views on the 'Case for Change'. This formed part of our Better Together programme to shape the future of safe, quality health services for Powys.

We first updated our Case for Change in October 2025 to reflect the feedback we heard from you. We have updated again in August 2026 to reflect the latest data available. Alongside this document, you can read our Summary Case for Change as well as more detailed technical chapters covering adult community services, mental health, and primary care.

Version 3, Updated August 2026



Gwella Gyda'n Gilydd

Llunio dyfodol gwasanaethau iechyd diogel, o ansawdd uchel i Bowys

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

Better Together

Shaping the future of safe, quality health services for Powys

1. Welcome

This document provides information about the opportunities and challenges for health services in Powys. This means that it contains some information that is quite technical in nature. A summary 'Case for Change' is also available.

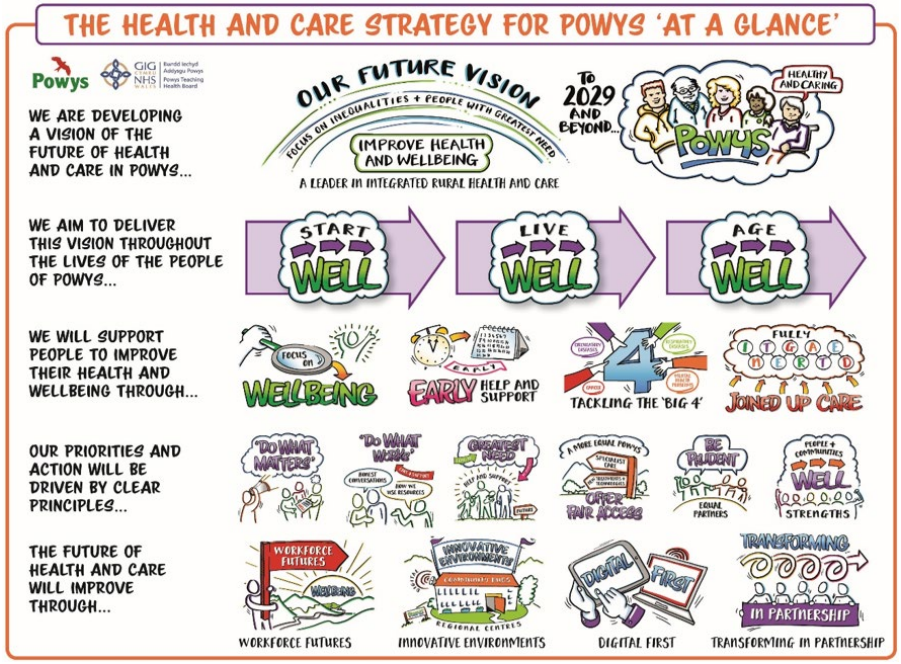
There is an urgent need to transform healthcare to respond to the challenges of today, and to meet the needs of the future. These include:

- Setting out a clear plan to meet the needs of our communities over the next 10 to 25 years that continues to support people to stay well.
- Responding to changes in illnesses and treatments.
- Finding the right ways to focus more of our resources on preventing ill health and improving population health.
- Planning our future workforce and reducing our reliance on expensive agency staff.
- Improving our buildings and facilities so that they can support our future needs.
- Ensuring the best quality of care, experience and outcomes for patients.
- Meeting our legal duties and responsibilities, including our Duty of Quality. Our decisions must be guided by Safety, Timeliness, Effectiveness, Efficiency, Equity and putting the Person at the Centre of their Care.
- Developing future options that Powys and Wales can afford.
- Designing for the future, rather than the legacy of the past.
- Building on the learning and the talents of the people here in Powys.

That is why we have established **Better Together**. Better Together is our promise to work together with you to review how and where we provide services, to ensure safety, to improve quality, and to make best use of resources. We want to talk with patients and service users, people and communities, health and care staff, and our partner organisations to hear your views.

We have some excellent foundations to build on. We are proud of our organisation and the skilled and dedicated people that make it work. We also have a compelling vision for the future. This is set out in the Health and Care Strategy for Powys (see overleaf). Thousands of people across Powys contributed to this Strategy when it was first developed in 2015 and 2016.

This document was first published in February 2025. After listening to staff and public feedback it was updated in September 2025. It was updated again in August 2026 to reflect the latest available data. It is part of an ongoing conversation with you to shape the future of safe, quality health services for Powys.



Better Together will help us to deliver the Strategy by working together to shape the future of safe, quality health services for Powys. Publishing our Case for Change has been an important part of this journey. It helps us to ensure that we have a shared understanding of the problems we need to solve, and a shared recognition that 'no change' is not an option.

In fact, without coordinated action the way we respond to the increasing burden of ill health in the county will be dependent on a reducing workforce, in buildings and infrastructure designed for outdated models of care.

Whilst this document does focus a lot on the challenges, it is important to remember that challenges often present opportunities. For example, we can and must take a prevention-focused approach to maintaining the health of our population so that health needs don't grow faster than our ability to respond. We can be more systematic in the way we identify and reduce the risks of ill health and take steps to provide early help and support that reduces the need for more costly services. Your views and experiences are crucial to achieving the change we need.

When we published our draft Case for Change in spring 2025 it brought together views from hundreds of health and care staff in Powys. It also built on the feedback you have shared with us through compliments, concerns, complaints, surveys, focus groups and other feedback routes. Now we have updated our Case for Change based on the conversations we have had with patients, the public, staff and stakeholders during 2025.

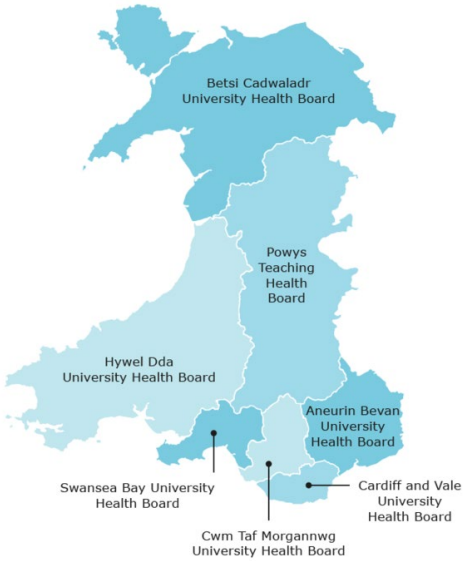
Our Better Together journey is continuing. We encourage you to continue to stay involved.

Scan the QR code or visit our website at **pthb.nhs.wales/BetterTogether**

Together we will build a vision for safe, quality health services of which we can all be proud.

2. Healthcare in Powys

Powys Teaching Health Board (PTHB) is one of the seven health boards in Wales. We are responsible for planning, commissioning, and providing local health services to meet the needs of the 135,000 population in Powys, a large rural county covering around a quarter of the landmass of Wales. PTHB provides services within Powys where it is safe and clinically appropriate to do so. This includes community health services, community hospital services, and partnerships with local primary care providers.



Due to the unique rural geography of Powys, it is not viable and safe to provide some services within the county. Our residents therefore access many of their acute and specialised services from hospitals in neighbouring counties in both England and Wales.

Health and health services for the people of Powys are therefore provided by a wide range of people and partners, as summarised opposite.

Examples of health care for the people of Powys:

- Individuals, families and carers including self-care, circles of support, family carers.
- Local communities supporting each other including through 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 Regional Partnership Board and Powys Public Service Board.
- 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.

We have developed an ambitious vision for the future of Health and Care in the county through our joint **Health and Care Strategy**. Whilst positive steps are being made to deliver this vision, progress has been affected by a range of factors including the COVID-19 pandemic and inflationary pressures.

We think there are therefore significant opportunities to improve outcomes and the experience of local people by improving quality and using resources more effectively. This is a shared challenge, building upon the strengths we have in Powys, to make long lasting beneficial changes now and for future generations. The scale of the challenge will not be met by existing approaches. So, we need to review what services we provide, and how we provide them in future.

This work will build on what you have told us, including:

- There is significant civic pride in local services, including recognising and valuing that many health services are provided by and with local communities including dependence on volunteer and unpaid carers.
- You are concerned about the distance to District General Hospital care for planned and emergency care, with concerns about access to travel and transport (including ambulance services and public & community transport), pressure on the NHS, waiting times for planned care, and Emergency Department waits.
- You describe varied patient and user experience, including concerns about equity of access to services between different parts of the county.
- There is recognition that Powys is at the forefront of an ageing population, and with an increasing number of people living with multiple health conditions – and that our workforce is also ageing.
- You see opportunities for the NHS, local authority, third sector and other partners to work more closely together i.e. ensure timely discharge from hospital to home with a package of care and support in place.
- You experience challenges in patient communication. This includes ensuring that 'information follows the patient', particularly when you receive care in England.
- You feel we could use digital options to provide more care at home or close to home, whilst also highlighting there is a need for education in use of digital, and also some people prefer not to use digital technology.
- You feel the impact of social isolation and loneliness in a sparsely populated county, and this can affect circles of support including for unpaid carers, and impact on mental & emotional health.
- You say that more can be done to focus on prevention to reduce the future burden of ill health for individuals and society.

We aim to continue to build on the experience of residents and staff to create the future of safe, quality health services for Powys.

3. National and Local Context

Nationally, responsibility for health and social care services in Wales rests with the Senedd (Welsh Parliament) and Welsh Government. They develop and implement legislation and policy, including the key priorities and performance measures for the NHS that shape the services we provide.

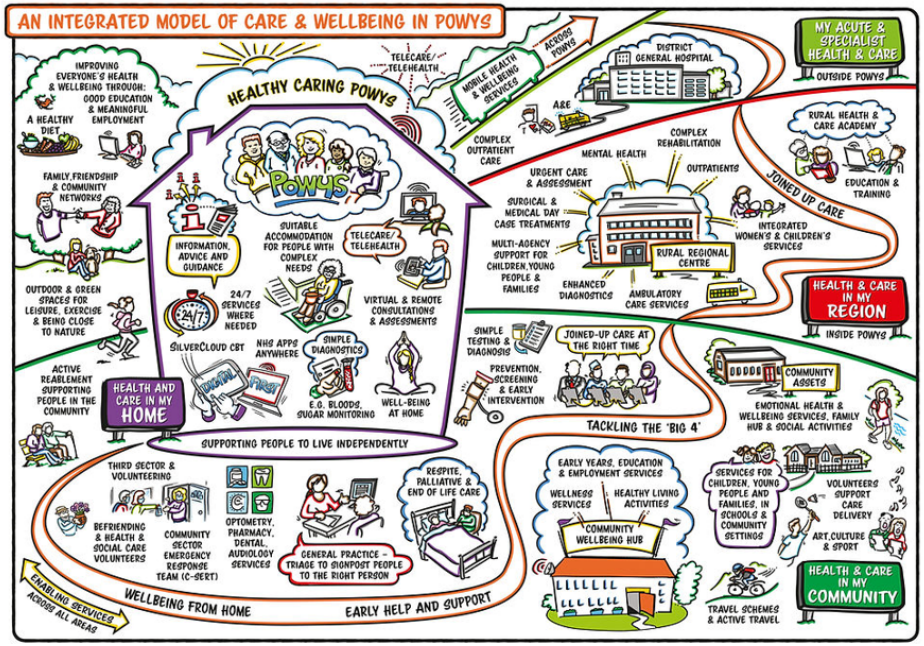
Key areas of national policy and legislation include:

- **A Healthier Wales** sets out plans for the long-term future vision of a 'whole system approach to health and social care' in Wales, focused on health and wellbeing, and illness prevention. It aims to address the future health and social care challenges, including an ageing population, lifestyle changes, and public expectation, placing emphasis on greater focus on prevention and addressing inequalities.
- The **Wellbeing of Future Generations (Wales) Act 2015** aims to improve the social, environmental, economic and cultural wellbeing of Wales. The Act requires public bodies in Wales to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
- The **NHS Wales National Clinical Framework** is a vision for the strategic and local development of NHS clinical services. It aims to improve patient outcomes and support the planning and delivery of resilient clinical services.
- The **NHS Wales Priorities and Planning Framework and Performance Framework** set out the specific priorities and actions for health boards and other NHS bodies in Wales to provide services and improve health.
- The **Six Goals for Urgent and Emergency Care** and its successor programmes set out priorities for the delivery of urgent and emergency care services.
- We work with a renewed focus on **Community By Design**, focusing on prevention, integration, delivering care in people's homes, improved urgent and same day care, and reduced need for hospital admission.
- Supports the national **Mental Health and Wellbeing Strategy for Wales** by focusing on prevention and mental wellbeing, the NHS 111 Press 2 single point of access, crisis alternatives to admission, and joined-up physical and mental health care.

Locally, PTHB works with the people of Powys and local partner organisations to translate these into local action. For example:

- The **Health and Care Strategy for Powys** is a 10-year strategy (2017 -2029) agreed jointly between PTHB and Powys County Council, and developed with the people of Powys, third sector and other partners. It sets out a vision for a health and care system that supports people to Start Well, Live Well and Age Well.

- It supports and encourages action that focuses on: Wellbeing; Ensures Early Help and Support; Tackles the Big Four conditions that limit life in Powys (Cancer, Coronary Heart Disease, Respiratory Conditions, Mental Health); and develops Joined Up Care.
- It outlines a future vision of delivery of health services in Powys through three Regional Rural Centres and a network of Community Wellbeing Hubs. The principles we have agreed at the heart of the Health and Care Strategy (Do What Matters; Do What Works; Offer Fair Access; Focus on Greatest Need; Be Prudent; Work with the Strengths of People and Communities).
- The **Integrated Model of Care and Wellbeing** for Powys (pictured) builds on feedback from patients, communities and staff to set out how the Health and Care Strategy is being delivered in practice. It outlines the health and care services available in the home, within community areas, at a Powys regional level (for example, Rural Regional Centres), and via pathways of care to acute and specialist centres outside Powys.
- We develop **Integrated Plans** (covering a 3–5-year period) or **Annual Plans** (setting out our priorities over a 12-month period) to translate the Health and Care Strategy, the NHS Wales Planning Framework and other national and local priorities into local delivery for the people of Powys.
- Through Better Together we will work with you to develop plans for the future. We will need to test these plans against national policies and requirements to ensure that we are meeting the expectations set by Welsh Government on behalf of the people of Wales and ensure we are responding to local needs.



The image above is a visual representation of our integrated model of care and wellbeing in Powys. You can find out more from our website at **pthb.nhs.wales/hcs**

4. The geography of Powys and the people we serve

Powys is a rural and sparsely populated county. Our geography presents some challenge for the delivery of health and care services. With over half of Powys residents living in villages, small hamlets or dispersed settlements, local access to services can be challenging. In fact, in the Welsh Index of Multiple Deprivation, three quarters of Lower-layer Super Output Areas (LSOAs) in Powys are ranked in the lowest 30% in Wales for 'Access to Services'.

Within Powys the average population density is just 26 people per km^2. It is the most sparsely populated local authority in Wales and England. Of the 13 localities in Powys, Builth & Llanwrtyd is the most sparsely populated with 11 people per km^2. This is closely followed by Machynlleth with 12 people per km^2.

The average household size is 2.2 persons. But over a third of Powys households are single-person households. This is projected to increase by a further 14.5% by 2047. Single-person households can experience significant impacts from loneliness and isolation, and this can also exacerbate existing mental health conditions and directly contribute to worsening physical health.

The most recent population estimates indicate that there are 135,059 people living in Powys[1]. The population is predicted to increase, with the average age of the population also continuing to increase.

Average life expectancy is amongst the highest of all local authority areas in Wales. 29% of the population is over the age of 65 years. This is higher than the Wales average (21.7%) and the UK average (19.5%) and is projected to continue to rise over the next 20 years. The number of people aged 80 and over in Powys has increased by over 50% in the last 20 years.

Data from the 2021 census also indicates a low birth rate and a large outward migration of young people from Powys. Powys is seen as an attractive place to retire, but with limited opportunities for higher education or for employment for young people.

Based on the 2021 census, the median age of the people of Powys has increased from 46 to 50 over the last ten years. This is the highest median age in Wales.

Figures show the proportion of people of working age has declined in recent years and is lower than the Welsh and UK average. Population projections indicate that it will continue to decline over the next twenty years. This means that whilst the number of people needing help in later life is increasing, the number of people of working

[1] Source: Office For National Statistics Census 2021 Powys population change

age able to support them is reducing. The Powys Population Needs Assessment 2022 highlights that 'Population changes and workforce need to be a key focus. If we do nothing there will be a care crisis in the short to medium term.'

People in Powys live longer in good health than the population of Wales and the UK overall. However, there are health inequalities. Powys has nine LSOAs in the top 30% most deprived areas of Wales, and around 1 child in 5 is living in poverty. Higher levels of deprivation are normally associated with greater physical and mental health needs.

The increasing age of the population is driving a growth in demand for health services. This includes key areas such as cancer, dementia, cardiovascular issues, and mental health. Demand for adult and older adult mental health services is also projected to increase by up to 33% over the next ten years.

The needs of the population are also becoming more complex. Generally, as people grow older, they are more likely to be living with multiple health conditions and be taking multiple medications (known as 'polypharmacy').

Other key findings in the updated draft Powys Well-being Assessment 2027 include:

- 10.6% of the population are unpaid carers.
- 31% of unpaid carers provide 50 or more hours of care per week, indicating a significant burden.
- 11% of people in Powys report feeling lonely, which is just under the Welsh average.
- 3,300 people are on the housing demand register.
- In Powys, average housing prices are 6.7 times higher than the average disposable income, ranking the third highest among the 22 local Authorities in Wales.
- 5,019 children live in absolute poverty (nearly one in five of all children in Powys).
- Employment has fallen significantly, with around 8,100 fewer jobs since 2018 and a 12.3% reduction in full time work.
- 75.6% Powys residents aged 16-64 were economically active, which is below both the Wales and UK averages.
- Median weekly earnings are lower than Wales and UK averages.
- 93% of the business sector is micro-businesses (0-9 employees) with just 10 large businesses (100 employees or more) in the county.
- 13.5% of properties in Powys have an internet connectivity speed of under 30mb/s, the worst rate among all local authority areas in Wales.
- 16% of residents can speak the Welsh language, ranging from 49% in Machynlleth to 8% in Knighton and Presteigne.

5. Building on our Strengths

Powys has a clear vision and a strong collaborative model of local primary and community care which is well connected to communities. There is a strong commitment from local volunteers to their communities enabling the delivery of local services that support individuals and community wellbeing. We think this model is central to achieving better outcomes for the people of Powys. But we recognise that continued work is needed to sustain and nurture this.

Our ambition is to build on the services we already have within the county, to provide care as close to home as possible, and to reduce the need for patients to travel out of county. We will do this by building on the strengths of our loyal and dedicated workforce who are committed to improving patient outcomes. We will also expand digital opportunities to improve access to services, where it is safe and sustainable to do so. We will build on the strengths of our partnerships with third sector partners and with district general hospitals outside the county to improve primary and community care.

Recent innovations have seen the expansion of digital solutions for health and care. This has enabled more people to receive care and support at home, or close to home. We need to continue to support people to access online services through improving skills and lack of broadband or mobile coverage. Current digital developments within our services include the installation of new digital x-ray equipment that improves the standard of care for patients, and the ability to share scans with acute hospitals.

We believe a focus on 'value-based health care' can help us to focus even more on prevention and early intervention. Refocusing how we commission health services could reduce the incidence of chronic diseases and complications. For example, if we reduce the use of treatments with limited evidence of effectiveness, resources can then be reinvested in new services based on the strongest evidence and that offer the greatest value for patients.

There are also other opportunities to make better use of resources and improve the outcomes and the experience of health and care for people in Powys. We understand more can be done to improve wellbeing and prevent ill health. Opportunities need to be explored collectively, between professionals, organisations, patients, service users and our communities.

Through engagement with a wide range of national improvement programmes – such as Getting It Right First Time (GIRFT), Value-Based Health Care, Safe Care Collaborative, Improvement Cymru – we can build capacity and capability in the county to lead the improvement that is needed.

6. Meeting the Challenges

Patient Quality & Outcomes

Life expectancy in Powys is amongst the highest in Wales, but lags behind that of the healthiest populations in the UK and internationally, so there is every reason to believe there are opportunities to reduce inequalities and improve outcomes for our population. We need to make further progress to support people to stay well and to prevent cancer, coronary heart disease, respiratory conditions, mental ill health, and other conditions that limit life, and to provide palliative and end-of-life care closer to home.

Due to our small and sparse population it is not viable to provide a District General Hospital (DGH) within the county. Patients therefore must travel outside the county to access acute and specialist care. Travel times and transport networks can be challenging.

Within Powys the dispersed and rural nature of the county presents challenges for patients, and operational difficulties for us in providing services due to outdated infrastructure, dispersed teams and workforce shortages.

Some of the services we provide can be fragile in nature, as they can be dependent on a small number of specially trained staff. Continuity of service or waiting times can be adversely affected if we have vacancies. It is also difficult to ensure there is a consistent offer for every part of the county: different Powys communities are served by different neighbouring hospitals around our very long border so pathways of care and waiting times can vary.

Pathways of care can also be affected by a range of factors including: travel; demand pressures and fragility of services in individual hospitals (e.g. recent temporary changes to stroke services in Prince Charles Hospital) or in primary and community care; insufficient alignment between care models in Powys and in other NHS providers, including differing policies for health services in England and Wales etc. This complexity contributes to variation in the services our residents experience – not just in travel distance and waiting times, but also in wider issues of quality and outcomes, including long hospital stays which can lead to missed recovery opportunities.

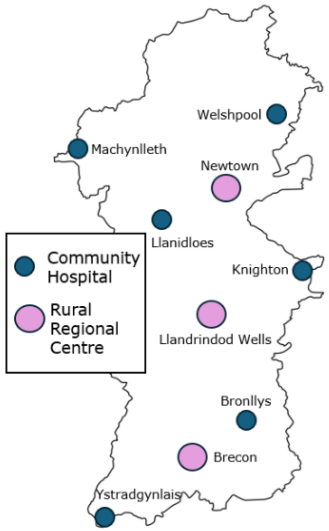
We need to find the right solutions for safe and sustainable care that improve quality and reduce harm. Our statutory Duty of Quality is an important part of this work. It supports us to focus on:

- Safe care – preventing avoidable harm.
- Timely care – the right time, right place and right clinical priority.
- Effective care – using the latest evidence.
- Efficient care – avoiding waste and using our resources wisely.
- Equitable care – offering everyone the opportunity for the best outcomes and healthy life.

- Person-centred care – ensuring dignity and respect for the needs and perspectives of the person receiving care.

Buildings and Facilities

PTHB directly provides services across a wide range of sites in the county. This includes nine community hospital sites, of which three are designated as Rural Regional Centres (Brecon, Llandrindod Wells, Newtown) that provide an enhanced range of services for their Powys region[2].



In addition to these hospital sites, PTHB provides services in a range of community clinics and centres (e.g. Glan Irfon Integrated Health and Social Care Centre in Builth Wells). A wide range of services are also provided in primary care facilities such as GP practices, pharmacies, dental surgeries and optometrists in towns across the county.

The quality and condition of our current buildings hinders opportunities to develop services for the future and can have an adverse impact on patient and service user experience, and on staff recruitment and retention.

Many of the buildings operated by PTHB pre-date the establishment of the NHS in 1948. They are designed based on the needs and patterns of care of the past, rather than looking forward to the future.

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%. Only 8% of our buildings have been built since 2005, compared with the Wales average of 23%. Based on a condition survey undertaken in 2017/18[3], the total cost of repairs to bring the estate into a 'satisfactory condition' was around £70 million.

Whilst there has been investment to improve the patient and staff environment and to reduce backlog maintenance (e.g. Llandrindod Wells, Machynlleth), there remain significant challenges to bring our overall estate to modern environmental standards.

Addressing this backlog is challenging. In 2025/26 PTHB received improved baseline capital funding of £2.7m from

[2] Breconshire War Memorial Hospital and Llandrindod Wells County Memorial Hospital both provide a range of enhanced services such as day surgery. The North Powys Wellbeing Programme aims to expand the future services in Newtown.

[3] These condition surveys are very detailed reviews of our buildings. They are undertaken periodically and our latest review is currently under way with findings due later in 2025.

Welsh Government, up from £1.43m in 2024/25. A further non-recurring increase in 2026/27 took discretionary capital funding to just over £3m. PTHB needs radical transformation to resolve current levels of backlog maintenance and must bid for additional capital funding. It has been successful in securing around £3.5m of Targeted Estates Funding, with 16 of 17 bids approved. An additional £4.2m Re:fit decarbonisation programme has been delivered across PTHB's estate, and the health board continues to work with Welsh Government for support for major capital business case developments.

The health board has very clear ambitions and is working with the NHS and partner organisations locally. For example, PTHB is working with Powys County Council and other partners on an innovative scheme to develop a new multi-agency campus in Newtown including the Rural Regional Centre for North Powys.

The digital infrastructure within the buildings is not always adequate, and whilst we have seen developments in both physical and digital environments for care in recent years, sustaining and building on this momentum will be key to resilience, recovery and longer-term sustainability.

We need to create multi-purpose, flexible care environments which are digitally enabled and support collaborative working which improves quality of care and attracts and retains staff.

Workforce

We benefit from a passionate and committed workforce who strive to provide high standards of care in our rural context.

There are global workforce shortages in some professions – also being experienced nationally in NHS Wales and locally in Powys – that are affecting the delivery of services. This is creating instability and fragility across the country and our county in healthcare delivery.

Our workforce is getting older, and the health board faces recruitment and retention issues in several clinical and medical professions. The rural nature of Powys makes it difficult to attract new staff. This creates heavy reliance on expensive agency staff to sustain core services.

These challenges are compounded in Powys due to our sparse and rural geography, our ageing population profile and outward migration of young people. In fact, reliance on agency staffing in PTHB is significantly higher than the Wales average with 9.5% of the total pay budget spent on agency staffing in November 2024 compared with an NHS Wales average of 2.8%. Putting this into perspective, agency staffing covers the equivalent of just over a quarter of all community beds (42 beds) and over half of all mental health beds (20 beds) across the county.

Agency usage does not offer good value for money for the public purse. It can also have a negative impact on

quality and safety of services – for example, because agency staff are less likely to be familiar with our services and facilities and have less frequent contact with the patients in our care.

Currently over 44% of the PTHB workforce is aged 51 and over, and 36% of permanent GPs in Powys are also aged 50 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 and attraction of NHS workers from within our local communities.

PTHB has made significant progress over the last two years in strengthening its nursing and midwifery and its allied health professional workforce. This includes the continued success of the Aspiring Nurse programme as well as overseas recruitment. However, the lead-in time to realise the benefits for these programmes may not keep pace with increases in demand for healthcare services.

Staff shortages make it difficult to make progress in improving clinical practice and to meet service demands. They can also increase workload which impacts on staff wellbeing and quality of care.

Alongside the challenges for the NHS workforce, there are difficulties in recruitment and retention in the care sector in the county to support people to maintain independence and to return home from hospital when they no longer need inpatient care. It is also essential to recognise the vital contribution of volunteers and unpaid carers, whose role is critical in our rural county.

Staff feedback has highlighted issues with communication and co-ordination of care amongst staff groups. There are opportunities to improve collaborative working and communication through investing in digital opportunities and creating environments that support integrated working between the health board and its partners.

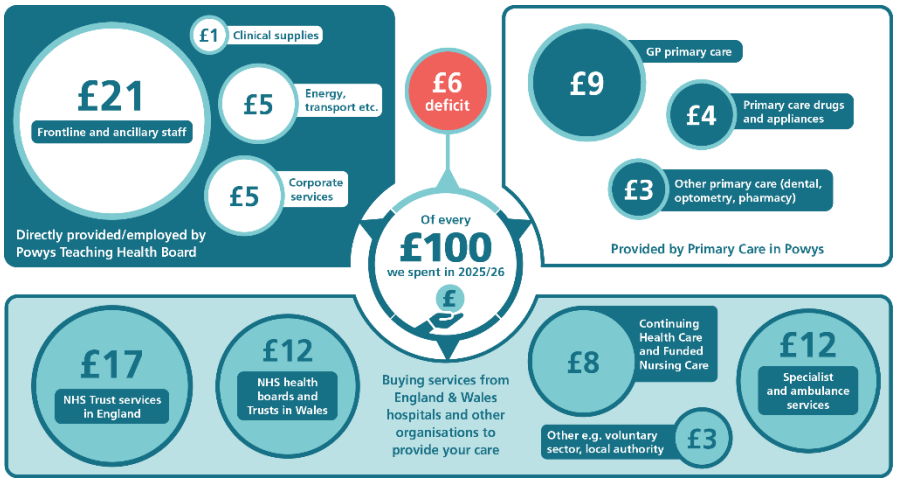
We need to review how and where services are provided in future to make best use of the available workforce supply. This also includes considering opportunities to invest in digital technology to address workforce challenges and improve staff experience, continuing to upskill and train the workforce to meet the changing needs of healthcare delivery, and creating a more flexible workforce model that allows healthcare professionals to work across various settings to enhance service delivery.

Finance and Commissioning

Powys, like many other health boards, is facing increased financial pressure. Balancing patient need and demand for services with the resources available to us (financial, human, digital and estates) continues to be a key challenge for PTHB and this is impacting on our ability to maintain and improve delivery of services in the immediate term.

During 2025/26, PTHB spent £517 million pounds to provide and commission health services for the people of

Powys. The infographic overleaf shows how the funding we receive from the public purse is spent on different services that we provide and commission.



Right now, the health services we provide and commission for Powys residents cost more than our funding. In fact, for every £100 we spend, we are overspending by £9. This is despite making significant savings (around £4 in every £100). These savings include reducing back-office costs and reducing the amount we spend on expensive agency staff. It is therefore essential that the health board takes steps to live within its means and does not store up even further financial problems for the organisation or Welsh Government for future years.

Delivering healthcare in rural areas has proven to be more expensive, with additional complexities for recruitment and retention of staff in remote areas which further compounds the financial pressure. In fact, without the use of expensive temporary staffing resource, we would currently be unable to keep some of our services running.

Our small population size, together with the geographical spread of the county, and the sparsely populated nature of Powys mean it is not viable to provide a District General Hospital (DGH) within the county. Therefore, many hospital services are purchased ('commissioned') for Powys residents from neighbouring health boards in Wales and neighbouring NHS Trusts in England.

In fact, of every £100 we receive we spend approximately £17 on hospital services purchased from NHS providers in England, and approximately £12 on hospital services purchased from NHS providers in Wales. A further £12 in every £100 is spent on specialised and ambulance services purchased through national arrangements known as the NHS Wales Joint Commissioning Committee.

This means that in total PTHB spent nearly £212m on commissioning these services during 2025/26, representing 41% of PTHB's total spend. This amount has increased by more than £40m over the previous four years and is continuing to increase. This increase is one reason why we are currently in a deficit position and spending more money than we receive.

Linked to this, during 2026/27 we are commissioning planned care from hospitals in England based on the NHS

Wales waiting times targets. This is not a decision we have taken lightly, and it reflects the way we are funded. We must take action to live within our means, or we will build up bigger financial difficulties for the future. More information about these arrangements is available from our website at **pthb.nhs.wales/powys-elective**

We need to think carefully about the right way to plan and commission services for the future to ensure resources are directed to those with the 'greatest need' in a way that is affordable. We also need to do this in a way that ensures that services are safe, timely, effective, efficient, equitable, and person-centred. We need to invest in service models that support multi-purpose, flexible care environments and digital integration.

Digital Opportunities and Challenges

Whilst the COVID-19 pandemic was a period of significant challenge for society and for the NHS, it did stimulate significant developments in digital care that provide positive foundations for the future.

Investment in digital opportunities has enormous potential to improve access to services, to reduce the need for patients and clinicians to travel across and outside of Powys and improve efficiency and support our workforce to deliver high-quality services.

As a health board we have set out an ambitious digital strategic framework that focuses on:

- Digital Care – for example, using telehealth and digital technologies to put citizens in greater control of their own health and wellbeing.
- Digital Access – for example, putting in place new digital systems that help ensure that patients only need to tell their story once.
- Digital Infrastructure and Intelligence – for example, having reliable data sources and responding to growing cybersecurity threats.

But Powys faces some specific digital challenges due to our geography and population:

- Older populations tend to be associated with lower levels of digital access and confidence. This can affect access to digital services for patients, but also adoption by our workforce.
- Parts of the county do not have the levels of broadband or mobile access needed to support digital technologies.
- Our dispersed service delivery model aims to provide care as close to home as possible in a large rural county, but this reduces economies of scale when installing new digital equipment.
- There are challenges in enabling safe, secure connections between the NHS digital systems in Wales and England so that information follows the patient.
- Digital solutions developed for the NHS in Wales do not always best meet the unique and specific needs of Powys, including cross-border care with England.

- Multiple digital systems make it hard to find compelling intelligence to support population health planning.

Overall, there are significant opportunities to set out a clear route map for the future that recognises that our older population will be increasingly digitally literate (whilst acknowledging that digital divides will remain). Enabling more technology in the hand or in the home can support people to manage their own condition and support with prevention and early intervention. It will also give the power of information to help us plan NHS services for the future.

Working Together Across Borders

We are proud of our strong working relationships with the NHS in neighbouring counties. These relationships help us to offer services to Powys residents where it is not safe or viable for us to provide them within the county.

Our main commissioning relationships for the provision of healthcare services for Powys residents are as follows:

- The Shrewsbury and Telford Hospital NHS Trust (SaTH)
- Wye Valley NHS Trust
- Aneurin Bevan University Health Board
- Swansea Bay University Health Board
- The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- Hywel Dda University Health Board
- Cwm Taf Morgannwg University Health Board
- Betsi Cadwaladr University Health Board
- Gloucestershire Hospitals NHS Foundation Trust
- Cardiff & Vale University Health Board
- Velindre University NHS Trust

Commissioning values range from £36m (SaTH) to £2.5m with Cardiff & Vale, based on expenditure for 25/26.

The information above relates to services that are secured directly by PTHB through our own contracts with health boards, NHS Trusts and other providers. A range of more specialised services as well as ambulance services are commissioning jointly by health boards in Wales through the NHS Wales Joint Commissioning Committee. Welsh Government also directly commissions some services on behalf of all Wales residents (e.g. screening programmes delivered by Public Health Wales).

Each of our partner organisations also has important responsibilities to ensure that the services they provide are safe and sustainable. This means they may need to take action to transform their services in ways that best meet the needs of patients within their catchment. These changes can affect the way in which Powys residents access services outside the county.

Some examples include:

- A Hospitals Transformation Programme is currently under way in Shrewsbury and Telford. Royal Shrewsbury Hospital will become the main centre for emergency and critical care, with a range of services

including maternity, neonatal and stroke transferring from Telford to Shrewsbury.

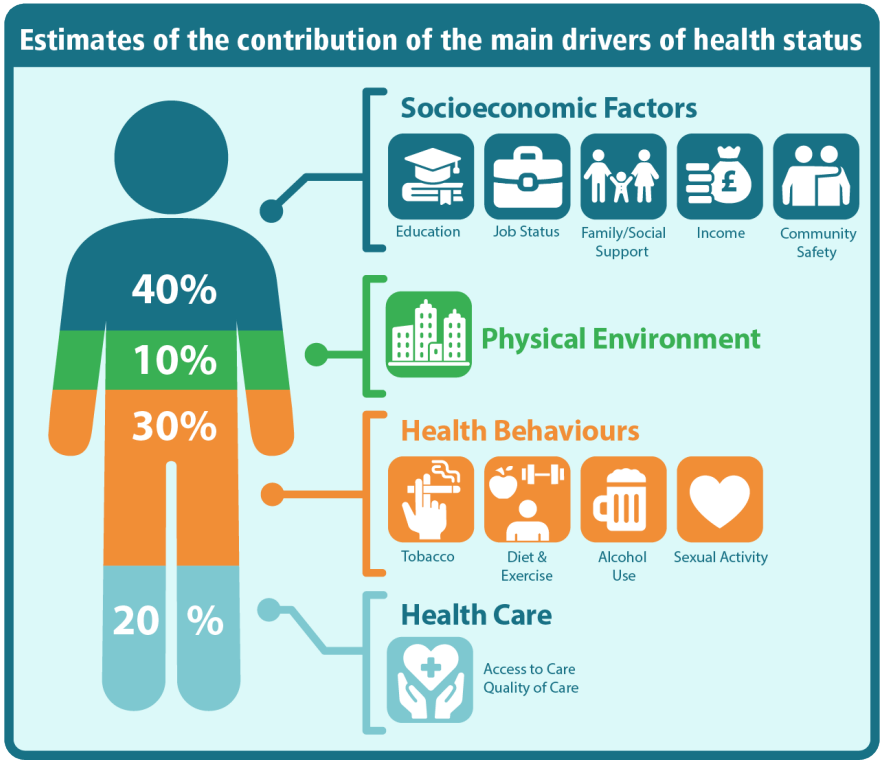
- Cwm Taf Morgannwg University Health Board made temporary emergency changes to stroke services, transferring the service from Prince Charles Hospital (PCH) in Merthyr Tydfil to Royal Glamorgan Hospital in Llantrisant. Ambulance services will convey Powys residents to the alternative nearest hospital such as The Grange. These are temporary measures, and work is under way across South East Wales to agree the future permanent shape of these services.
- Hywel Dda University Health Board has developed a longer-term vision for services including a new Emergency and Planned Care hospital in the south of the Hywel Dda area. This will take some years to come to fruition. In the meantime they are developing options to ensure that key services such as stroke and endoscopy remain safe and sustainable across West Wales. Formal consultation on these proposals took place between May and August 2025.
- In Herefordshire and Worcestershire, a review of stroke services is also under way. This may lead to changes in the future configuration of stroke services at Hereford County and Worcestershire Royal Hospitals.

Some of these plans and proposals will provide more services for more Powys residents closer to our county borders. Others will see some services move further away from our borders so that the best clinical outcome can be met based to the latest clinical evidence, technologies and treatments. We are committed to working closely with neighbouring health boards and NHS Trusts, as well as with Wales Ambulance Service University NHS Trust, Welsh Government, NHS Wales Executive, NHS England and other partners to advocate for the population of Powys and ensure the public is engaged in the process. For example, it is important that when neighbouring services are developing proposals for change, they consider the travel and transport impact.

Preventing Ill Health

We face unprecedented demands on our health system, and we will not be able to address these challenges simply by finding efficiencies in the way we delivery care. It is important for us to consider how PTHB can contribute to prevention of ill health and manage our own impact on demand for services.

Evidence suggests that healthcare only accounts for about 20% of the health status of our population, with other factors such as health behaviours, socioeconomic conditions and the physical environment having larger effects on health overall. The diagram below visually shows the contribution of the main drivers of health.



To improve the health of our population and reduce health inequalities, we need to think more widely about influences on the health of our population and, where possible, to reduce the risk of adverse outcomes and the need for healthcare arising in the first place. Preventative approaches have the potential to be more cost effective for the public purse than continuing to develop expensive services to treat ill health.

We are keen to engage with communities in Powys to understand how we might more systematically prevent health-related problems arising. We are keen to build on the strengths of our existing communities to drive changes towards prevention. Examples of the kinds of approaches that could help us address challenges are:

- Developing preventative services.
- Social prescribing.
- Action on the socioeconomic and environmental determinants of health (e.g. improving community safety, reducing pollution).

Social prescribing is a way of connecting people with their community to better manage their health and wellbeing. It can help empower individuals to recognise their own needs, strengths, and personal assets and to connect with their own communities for support with their health and wellbeing.

The third sector (non-governmental, not-for-profit organisations such as charities, social enterprises, and community groups) play a crucial role in supporting wellbeing in communities across Powys. The introduction of the National Framework for Social Prescribing presents further opportunities locally to improve wellbeing and support the shift to prevention and early intervention through a non-medical intervention.

7. Primary Care

This section provides an overview of the opportunities and challenges for primary care services.

Primary Care offers a range of care to residents through GP practices, dental practices, pharmacies and optometrists. A part of this is how primary care services work with each other and other services in the community through clusters.

The Primary Care Out of Hours service provides urgent access when usual GP practices are closed. The NHS 111 Wales service is available 24 hours a day to provide urgent care information and advice including referral to urgent dental care and GP out of hours. For example, at night or at the weekend, GP Out of Hours will assess and treat patients based on their clinical needs.

The 'Primary Care Model for Wales' (PCMW) outlines 13 outcome measures required to deliver 'A Healthier Wales'. It focuses on how we create an 'informed public' and 'empowered communities' with focus on wellbeing, prevention and self-care. This includes ensuring safe and effective signposting and triage, with access to community diagnostics and local services supporting high-quality care.

General Medical Services

There are 16 GP Practices across Powys, with a wide range of professionals who are committed and passionate about patient care and delivering care closer to home. Whilst many people in Powys recognise that they may need to travel for more specialised services, they do expect General Medical Services (GMS) to be nearby.

There is a rising demand for GP Practice services. This can lead to staff working long hours and under significant strain. This is compounded by administrative tasks that reduce the time available for patient care. We know that recruitment can be difficult with some practices experiencing this more keenly. Nationally, there is concern about burnout and job dissatisfaction among primary care professionals due to the intensity of the workload. Despite these challenges, activity and appointments in GMS have grown in Powys with now almost one million appointments each year, and this is the highest level of activity per capita in Wales.

In addition to the core services that every GP Practice must offer, we have the highest number of Supplementary Services compared to other parts of Wales. This includes the offer of additional clinical services such as extended contraceptive services, heart failure services and extended minor surgery services. Some GP Practices also have contracts with PTHB to provide clinical care in our community hospitals.

The introduction of patient triage and digital platforms has helped GP Practices to manage demand, but there is

more we can do to support this whilst also recognising the different communication needs of patients.

Ensuring a strong and sustainable GMS is important for our whole Powys population. This will provide the initial care and treatment when people need it, deliver continuity and build trust so that we can grow the services within our Powys communities.

The overall workforce in Powys General Practice is predominantly female, particularly reflecting the high proportion of women working in primary care administration and nursing roles. The age profile across the workforce is fairly evenly spread, but with a significant proportion of staff in the 55+ age bracket. Over a third (36%) of permanent GPs in Powys are aged 50 and over.

The national primary care workforce plan aims to develop a sustainable workforce model. Key areas of focus include:

- Embedding multi-professional working in all sectors including urgent primary care.
- Expanding training and education.
- Taking advantage of new technologies and scientific advances to free up time to care.

General & Community Dental Services

Dental services in Powys are provided through General Dental Services (including high street dentists with contracts with the NHS to provide NHS dental services) and Community Dental Services (directly provided by PTHB).

There continue to be significant challenges in access to primary care dental services across the UK and these are also experienced in Powys. Powys was an early adopter of a centralised waiting list for NHS dental services via a county-wide helpline, and was the first pilot area for a new national Dental Access Portal to make it even simpler for people to join the waiting list and help us better understand dental access needs. This portal has now been rolled out nationwide.

In July 2025 the Dental Access Portal identified 3,700 adults and 10 children waiting for access to routine dental treatment. Children are allocated to a practice as soon as they are added to the waiting list. This service will increasingly help us to map dental access needs, and we know that we have a large number of people in Powys not currently able to access routine dental care or timely orthodontic treatment.

The rurality of Powys further exacerbates difficulties in providing accessible dental care, often resulting in longer travel times and fewer available appointments. There has been a general shortage of dentists across Powys for several years, making it difficult for residents to find a dentist or get timely appointments.

The Community Dental Service (CDS) provides urgent dental access as well as courses of treatment for the Powys population. We have been fortunate to grow this team who have been able to provide services in areas where General Dental Service contracts may have ended. There is further opportunity for growth and workforce development within the CDS, as well as identifying opportunities to grow dental access.

It will be critically important to understand the priorities for access, particularly as the there is no longer a requirement for 6 or 12 monthly reviews, unless there is specific dental decay.

Optometry Services

Recent national changes to the contract for primary care eye services ('optometry') aim to provide more eye care services closer to home. This includes expanding the core eye care services offered in primary care to include eye examinations as well as eye tests. In addition, contract reform is enabling enhanced eye care services for specific eye conditions to be delivered from Optometry practices, and local pathways for glaucoma, medical retina and hydroxychloroquine are being developed.

There are not enough optometrists with extended skills to provide enhanced services. Capacity for optometrists to achieve the required qualification while maintaining general eye care services is challenging. This will affect the pace of development and expansion of these services.

There is further work required to ensure we can continue to grow the workforce and deliver a range of eye care services in the community. It is expected that we can bring more services closer to home and reduce the need for hospital-based care.

Complex secondary care urgent and emergency eye care services are delivered through in-reach (e.g. specialists from outside the county providing clinical services in Powys hospitals) and commissioned services (e.g. attending a DGH outside Powys). The geography of Powys means we have relationships with multiple neighbouring hospitals, and this can present further complexity and challenges for us in developing and implementing new pathways of care.

Community Pharmacy

There are 23 community pharmacies spread across the county of Powys. The Powys Pharmaceutical Needs Assessment provides more detailed information about service provision and potential gaps and is used to guide service changes and contract applications. This is next due for review during 2025/26, with an updated Assessment published in Autumn 2026.

Community pharmacy services are provided in line with the national community pharmacy contract. This aims to deliver the vision set out in 'Pharmacy: Delivering a Healthier Wales', enabling pharmacists to focus far

beyond the dispensing of prescriptions and increasingly on the delivery of clinical services for local communities.

All pharmacies across Powys offer the Common Ailments Service, Emergency Medicine Supply and Contraceptive Services. These are mandated aspects of the Clinical Community Pharmacy Service (CCPS). This helps to ensure that the skills of pharmacists are being utilised across Powys, and also alleviates some of the pressure on GP and out of hours (OOH) services.

Some pharmacies also offer the non-mandatory aspects of the CCPS, namely Sore Throat Test and Treat, and the Urinary Tract Infection Service.

The pharmacy contract also includes provision for 'additional pharmacy services'. These include smoking cessation support, waste reduction scheme, respiratory rescue medicines packs, supervised administration, access to palliative care medicines, return of patient sharps, needle and syringe exchange, inhaler review, and medicines administration record (MAR) provision. The health board's website provides a helpful list of where each service is provided in Powys.

Access to pharmacists who can prescribe independently (known as 'independent pharmacist prescribers') in community pharmacies in Powys has increased. Seven contractors currently offer a prescribing service, and more are expected to join the list during 2025/26. The main challenge faced by pharmacists who wish to train as independent prescribers continues to be the ability to secure a Designated Prescribing Practitioner (DPP) to provide supervision, support and practical experience in a clinical area during training

Across the UK, community pharmacy contractors are facing challenging times, particularly with regards to funding and workforce. Across Wales there was a 2.7% decline in the number of community pharmacies in 2023/24 although the number remained stable in Powys. There is also an increase in contractors submitting requests to reduce their opening hours.

Currently in Powys there is very limited access to pharmacy services on Sundays and after 5.30pm on weekdays.

Primary Care Clusters

Primary Care Clusters are a key part of the Primary Care Model for Wales. They bring together local partners involved in health and care services across a geographical area, typically serving a population between 25,000 and 100,000 people. Their purpose is to understand the local service challenges and gaps for the population and work together to make changes which will have a positive impact.

Historically Powys has operated three Primary Care Clusters in North Powys, Mid Powys and South Powys. However, in 2025/26 work began on merging the Mid and

South Clusters, thus reducing Powys to two Primary Care Clusters.

The clusters have a long history of working together, expanding over the last few years to ensure they include representation from all professional groups delivering Primary Care such as General Practitioners, Community Pharmacists, Optometrists, Dentists, Allied Health Professionals and Nursing, as well as representation from health board services. Each Primary Care professional group also works together in a Collaborative, which is a forum for the professional group to discuss local challenges and ideas for how to address these. Clusters meet regularly to review these ideas and to develop and deliver plans.

Although Clusters are in place, more development is needed to support a robust planning approach and collective delivery of services. Further consideration is required of the alignment between these groups and both the Local Authority and the third sector. There is also a need to ensure that positive changes can be implemented rapidly, and that there is equitable development across Powys to deliver for the whole population.

Ensuring Primary Care Clusters and Collaboratives are supported will be essential to enable a joined-up response to the challenges in Primary and Community Care – as well as to continue to reduce the need to travel for acute and specialist care outside the county.

8. Community and Frailty

This section provides an overview of the opportunities and challenges for our community services, and for responding to the needs of people living with frailty.

Our community services support people with urgent and routine care, including people with long-term conditions. They include a wide range of support such as district nursing, palliative care, specialist nursing, community therapies, rehabilitation and inpatient services. These teams work closely with primary care and third sector partners to deliver care in the community.

Frailty is a long-term condition and affects a person's ability to cope with even minor illness, infection, or stressful life events such as a change in living circumstances, or bereavement.

Home first approach

It is important that we support people to remain at home wherever possible, and that we ensure that people return home from hospital fitter and faster. There are currently limited community rehabilitation and reablement services that work in people's homes which can struggle due to the large geography of Powys.

PTHB and primary care clusters have invested in new posts to support individuals living with frailty to stay at home. The evaluation of these services will help us to understand the impact of these roles in order to improve care and outcomes for the future.

We have also created a new Falls Prevention Pathway, and our next step will be to develop a community-based rapid response service to help people who have fallen to remain at home where safe.

Community Based Services

There are several small community-based specialist nursing and practitioner teams in Powys, which provide advice, support and treatment to patients living with long term conditions, such as diabetes and respiratory conditions. These teams work closely with our core community nursing and therapy teams. They often have different roles and professionals working within them to provide a greater range of services. However, these teams often have a relatively small number of staff geographically spread across Powys, making it more difficult to continue to provide services when staff are taking leave or are unwell.

Continuing Health Care (CHC)

Some people with long-term complex health needs qualify for free health and social care arranged and funded solely by the NHS. This is known as NHS continuing health care (CHC).

The cost of providing CHC has increased by 89% in the last five years. Improving core community services has

the potential to offer greater options for people who need CHC, promoting independence through wraparound support from healthcare teams who know the patient – and reducing the need for separately funded continuing healthcare services.

Hospital admissions and beds

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. These figures include hospitals in Powys and those outside the county.

Within the county we currently have 146 physical health beds (the actual figure will vary to reflect seasonal demands) across 9 community sites. This is in addition to Knighton Hospital (where the ward is temporarily refocused as a reablement unit working in partnership with Cottage View) and Glan Irfon Health and Care Centre in Builth Wells.

Staff vacancy rates in community inpatient wards are high, meaning that nearly a quarter of all community beds (42 beds) in Powys are being supported by agency staffing. This is not sustainable and more importantly does not ensure high-quality continuity of care. We need to look at how we use community inpatient beds to improve quality and make better use of resources.

Evidence shows that 10 days in hospital can lead to the equivalent of 10 years' worth of ageing in the muscles of people over 80 years old. This is also known as 'deconditioning' and can have a significant impact on an older person. National research shows that one in six older people who normally walk independently need help with walking on discharge from hospital.

Length of stay in a hospital should therefore be as short as safely possible. Welsh Government has set a national goal to reduce the number of stays in hospital that exceed 21 days. Although locally the length of stay did reduce in 2024/25, currently in Powys community hospitals the average length of stay is 40 days, which is too long.

A home first approach is key to keeping people at home and preventing an escalation of needs leading to hospital admission. If we do not change the way we provide community care we will continue to see hospital related deconditioning which causes harm to patients.

Delays in Pathways of Care

65% of people admitted to hospital 'decondition' within 48 hours. But there are often long delays in enabling people to transfer home from hospital, particularly after an emergency admission.

Once a patient is ready to leave hospital ('medically fit for discharge') there can be delays caused by the need to undertake detailed assessments to access home based

care or care home placements. Best practice would be to carry out these assessments at home wherever possible. However currently they tend to happen in hospital.

Reducing delayed transfers of care is particularly challenging and limited capacity in social care is a significant factor.

Urgent and Emergency Care Access

Due to the rural and sparsely populated nature of Powys the majority of emergency hospital care will be provided outside the county in District General Hospitals. Within the county we provide those urgent care services that it is safe and appropriate to provide in our rural context, including nurse-led Minor Injury Units.

Demand for urgent and emergency care is increasing. This reflects the rising number of older people within the population, who are more likely to have urgent or emergency care needs.

Welsh Ambulance performance times remain poor in Powys, with 47.9% of category red calls receiving a response within the 8-minute target. Emergency department waiting times are currently shorter in Welsh hospitals than in the English hospitals accessed by our residents, but all emergency departments face major challenges in providing timely care. Delays in discharge from acute hospitals means that emergency departments face challenges in admitting patients to the wards. This in turn means that the ambulance service experiences delays in handing patients over to emergency department teams. Patients experience delays waiting for emergency admission, and ambulances are not being released to attend to other emergency patients.

In Powys, PTHB operates four Minor Injury Units (MIUs) run by emergency nurse practitioners. These continue to perform well, with all patients seen within the 4-hour target. Recent performance figures show that the median time to triage was 5 minutes, and the median time to assessment by senior clinician was 7 minutes which is well within national targets. There is very low demand for community minor injury services overnight and these units are temporarily closed from 8pm to 8am.

Many Powys GP practices also provide minor injury services. Wider sources of urgent advice and support include pharmacies and NHS 111 Wales.

Palliative Care & End of Life

Palliative care for people with life limiting illnesses is ideally provided in the home. Patients may also be admitted to community hospitals in Powys to help manage their symptoms or where sufficient support is not available in the home.

We know that many people with a palliative diagnosis would prefer to die at home, or somewhere that feels like their home, close to their loved ones. In fact, of those patients under the care of the Specialist Palliative Care team, around half were able to die at home. However,

most deaths of Powys residents take place in hospital, and these are mainly outside the county. In 2025/26, there were 1,578 deaths of Powys residents. 752 were hospital deaths, of which 564 were out of county, with 188 being in hospitals in Powys and 437 of deaths occurred at home.

There are opportunities to strengthen community services and teams to support people with their choices at the end of life.

Community and Frailty Workforce

Our dependence on agency nursing remains too high and is not sustainable. This is despite concerted efforts to reduce our vacancies including 'growing our own workforce' through opportunities for existing staff to develop their skills (such as our Aspiring Nurse Programme), and successfully recruiting nurses from overseas.

Powys Teaching Health Board has reconfirmed the timeline for making decisions on the temporary service changes first introduced in November and December 2024. Detailed discussion took place at a meeting in public of the health board on 25 March 2026, where members reviewed the latest detailed evaluation of the temporary arrangements, including Minor Injury Units (MIUs) and the Rehabilitation and Ready to Go Home Units. The Board noted strong evidence that the changes continue to improve safety, resilience and patient experience, with no evidence of harm identified during the extended period of monitoring. This latest assessment drew on feedback from hundreds of voices including patients, public, staff, and partner organisations across the county – alongside a wider review of experience, safety and outcomes.

Based on this assessment the health board agreed that given the overall benefits of these temporary service changes for the people of Powys they should remain in place during 2026. Decisions on the permanent future shape of countywide adult physical and mental health community services are due to be made through a formal consultation as part of the Better Together programme.

We need to develop and upskill our workforce to support people at home where it is safe and appropriate. Creating a more flexible workforce that works collaboratively with primary care, third sector partners and social care providers will be key to expanding and strengthening community-based care. This is essential in preventing needs from escalating, reduce hospital admissions and improve patient experience through a more joined-up approach.

9. Mental Health Services

This section provides an overview of the opportunities and challenges for mental health services.

PTHB provides and commissions mental health and wellbeing services that deliver assessment, care and treatment for people of all ages, with a wide range of mental health presentations, across all levels of complexity, risk and clinical need.

Within Powys, we offer a wide range of community services as well as inpatient services. Current inpatient services include 38 beds across two inpatient wards for older adults (Llandrindod Wells, Ystradgynlais) and one ward for adults (Bronllys), with a further older adult inpatient ward in Brecon which is temporarily closed.

Due to the rural nature of Powys, some more highly specialised mental health services are provided through referral to services outside the county.

We have worked closely with service users and partner organisations to analyse the changing nature of requests for mental health support and to co-design solutions in response. The recently established 'single point of access' to mental health services in Powys (aligned to the development of the national 'NHS 111 Press 2 for mental health service') has already improved access to services and enables a quicker response to patients.

Learning disabilities and mental health

Learning disabilities affect about 1.5 million people in the UK and are common lifelong conditions which are neither illness nor disease. It is expected that the number of people with a learning disability will grow by over 10% by 2030, and growth in the complexities of learning disabilities is also forecast. This is partly because better support for people with learning disabilities is enabling more people to live longer, including more young people with complex disabilities living to adulthood.

Some people with a learning disability may also have other physical and/or mental health conditions. Our Learning Disability team provides specialist community healthcare to adults who have a diagnosed learning disability, and we commission some specialist hospital and care placements for people with a learning disability who also have a complex mental illness that may be resistant to treatment.

The growth in complexity and comorbidity amongst people with a learning disability is contributing to increased pressures in mental health inpatient care, and the number of people requiring specialist placements funded through NHS Continuing Health Care.

Mental Health and Society

There remains significant stigma and discrimination associated with mental health issues. This can exacerbate people's difficulties and make it harder for them to

recover. Stigma may be compounded further for people living with both mental illness and a learning disability.

Evidence[4] confirms that people with mental health problems are among the least likely of any groups with a long-term health condition to find work, live in good quality housing and be socially included in mainstream society. People living with severe mental health issues, including complex emotional needs, on average live up to 20 years less than the general population and are less likely to have their physical health needs met.

Poor mental health in the population can also lead to decreased productivity, increased absenteeism, and higher healthcare and welfare costs.

The COVID-19 pandemic, followed by global economic instability and political conflict, have significantly contributed to poorer mental health amongst some of the population. Economic downturns can lead to conditions that directly increase stress levels, which can contribute to mental health disorders.

There are several factors highlighted within the Powys Population Needs Assessment that contribute to poor mental health and increased demand on services, such as deprivation and poverty, rurality and isolation, reported crime, homelessness and substance misuse. Powys has 9 LSOAs in the top 30% most deprived areas in Wales, and high deprivation is a key driver of poor mental and physical health.

Further action is needed to improve wellbeing, with a focus on prevention, to stop people's needs from becoming worse, and to manage the increasing complexity of mental health and learning disabilities demand.

Sustained Demand for Services

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

[4] Effects of poverty on mental health in the UK working-age population: causal analyses of the UK Household Longitudinal Study | International Journal of Epidemiology | Oxford Academic

Increasing demand and capacity pressures within our mental health system mean that people can wait too long for an assessment and/or treatment. If we do not redesign the way we deliver our services, modelling indicates that in 10 years' time referrals into adult and older adult mental health services may increase by up to 33%. This would mean that mental health services could be overwhelmed by an increase in demand.

Failing to transform mental health services in Powys will lead to longer waiting times. This will increase clinical risk and worsen outcomes for service users, and also risks uncontrolled financial pressures which will need to be met from the public purse.

Whilst there are challenges in responding to growing demand, our teams have examples of positive progress:

- Adult Local Primary Mental Health Support Service assessments undertaken within 28 days from receipt of referral improved to 78.7% by December 2024, just short of the 80% national target. Performance continued to improve, and by March 2025, 98% of people were offered an assessment within four weeks of referral.
- Around 87% of Powys patients were waiting less than 26 weeks to start specialist adult mental health psychological therapy by May 2026, up from 63.1% in November 2024 and comfortably exceeding the Welsh National Target of 80%.

However increased demand, and fragility of the workforce including sickness and vacancies, continues to challenge and means that performance standards are not consistently achieved. For examples, the number of adult patients with up-to-date care treatment plans was 80.6% against the required 90% national compliance target.

Preventing Suicide and Self-Harm

Between 2015 and 2025 we have seen variation in suicide rates in Powys. Over the ten-year period the average incidence has been 13 per 100,000 which is in line with national averages, with variation between 9 and 19 per 100,000 people per year.

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

Our Buildings and Geography

Whilst mental health and wellbeing services provide support throughout Powys, there is a lack of locations

offering an appropriate, therapeutic physical environment for delivering care and support.

In addition to the condition of currently available buildings, the specialist nature of some mental health services means teams often have a small number of staff and can be spread thinly across Powys. Travel time can be challenging, and maintaining service delivery can be difficult, particularly if there are vacancies or when team members are unwell.

There are also similar issues for our inpatient wards in Llandrindod Wells, Bronllys and Ystradgynlais being spread out across Powys, making it more difficult for staff to cover for one another when there is sickness and annual leave. Decisions are also needed in relation to Crug Ward in Brecon which is temporarily closed.

The layout of our acute mental health wards means that we often require additional staffing to ensure patients are safe within the environment. Improved ward facilities could improve patient experience during their stay as well as reducing staffing requirements. Based on the current needs of patients there is also a need to review the arrangements with specialist and other providers of mental health services.

Mental Health Workforce Issues

The UK-wide shortage of mental health nurses has made recruitment into Powys difficult and has been hampered further by the impact of the COVID-19 pandemic.

Increases in acuity and clinical risk experienced by patients can also require enhanced levels of nursing observation, which typically leads to increased workforce demands.

There is also a need to ensure that staff on our wards have the skills to meet the needs of people with disabilities, including those with a learning disability.

Typically staffing shortfalls are addressed using additional temporary staffing. Associated costs have risen significantly, with Agency expenditure increasing from £786k in 2023/24 to £2.93m in 2025/26, with a further £1m spent on bank staff and £3.1m on medical locums.

Despite some improvement in vacancy levels compared with 2022, persistent workforce shortages have driven a reliance on temporary staffing and created ongoing financial and operational pressures.

In addition to being an expensive solution, some studies[5] suggest the use of temporary staff does not promote optimum care. Although the use of temporary staff has

[5] Flexible nurse staffing in hospital wards: the effects on costs and patient outcomes - ePrints Soton

helped to mitigate risk, it can also create risks associated with continuity of care and the inefficiencies of repeatedly introducing new staff to the clinical setting.

Looking ahead, our longer-term projected workforce position has improved compared with our forecasts. In 2022 Mental Health nursing vacancies were 57.88 Whole Time Equivalents (WTE). The position has improved overall and had reduced to 44.29 WTE by the end of 2025/26.

Workforce turnover has reduced in most areas, and programmes such as Aspiring Nurse will help us to address future workforce challenges. However, we need to ensure that concerted action remains in place to maintain this trajectory which is also dependent on external factors such as continued availability of mental health nurse training.

Although the longer-term workforce projections have improved, we also need to continue to find immediate solutions to bridge our current workforce gaps.

10. Planned Care

This section provides an overview of the opportunities and challenges for planned care services.

This includes booked outpatient appointments and medical and surgical procedures in NHS community services and hospitals, rather than primary care services which were discussed in the previous separate chapter.

Some planned appointments and procedures are provided locally in Powys where it is safe and viable to do so. For example, Powys community hospitals offer outpatient clinics with doctors and other health professionals. In Brecon and Llandrindod Wells we have day surgery facilities to offer some operations locally, with plans to provide day surgery in Newtown in future as part of the North Powys Wellbeing Programme. Day surgery is normally undertaken by specialists who 'in-reach' to Powys from hospitals in neighbouring counties, rather than by specialists who are directly employed by PTHB.

Given the nature of Powys, many outpatient appointments and procedures will need to be undertaken in hospitals in neighbouring counties where they have the specialist staff and equipment available to provide safe, timely, effective, efficient, equitable and person-centred care. For example, some procedures should only take place in hospitals with critical care facilities to help recovery or response to complications.

We know from speaking with Powys patients and residents that issues such as travel & transport for planned care, waiting times for treatment, and communication and information (including availability of patient records when visiting hospitals outside Powys) are key concerns.

Planned Care Waiting Times

The COVID-19 pandemic severely disrupted planned care services. Many non-urgent appointments and procedures were suspended. This has created a significant backlog of delayed appointments and procedures. Alongside this, we are seeing rising demand arising from factors such as an ageing population.

Together this means that waiting lists and waiting times have grown significantly since 2019. Whilst concerted action is under way to reduce waiting times, they remain unacceptably high.

Over 27,700 Powys residents were waiting on a referral to treatment (RTT) pathway for planned care (as at October 2024). Nearly three quarters (74%) of these are waiting for care from a provider outside Powys. The specialties with the longest waits are Trauma and Orthopaedics, General Surgery, Ophthalmology and Urology. Nearly 10% of people on RTT pathways were reported to be waiting for over one year.

To put this in perspective, in 2023/24, there were over 256,100 outpatient contacts, and an average of 985

outpatient attendances per week across all hospitals visited by Powys patients. Just over a quarter (27%) of outpatient contacts were in Powys.

A range of actions is under way to improve planned care services for Powys residents in line with the NHS Wales Performance Framework measures. These include:

- Commissioning and providing planned care services to meet the NHS Wales Performance Framework standards. We are working with partners on programmes such as Getting It Right First Time (GIRFT) and Value-Based Health Care. This helps us to ensure that services are efficient and high quality. For example, by discontinuing the use of treatments that do not add value for patients and investing in those that do.
- Working with our Primary Care colleagues to improve referrals. This includes using technology and introducing alternative pathways to reduce the need for a hospital visit. Initial priority areas are orthopaedics and ophthalmology where some patients are currently experiencing very long waits.
- We are establishing a new 'single point of contact' so that it is easier for patients to find out about their planned care referral, arrange appointments, and reduce cancellations.
- Our Waiting Well Services aim to help people to keep well while they wait, including taking action to maintain and improve their health so that they are ready for surgery. For example, the 'Add To Your Life' programme offers tailored advice on positive steps to improve physical health and mental wellbeing.
- We are using technology to enhance the way we offer planned care for patients. This includes the introduction of NHS Apps, 'See on Symptoms' and 'Patient Initiated Follow-Ups' as well as the recent renewal of the Attend Anywhere service to provide individual and group virtual consultations. This will enable us to make better use of our resources.

Conversely, given the very challenging financial position, our plans for 2025/26 also include the intention to commission planned care from hospitals in England based on the NHS Wales waiting times targets. This is not a decision we have taken lightly, and it reflects the way we are funded. We must take action to live within our means, or we will build up bigger financial difficulties for the future. The changed arrangements took effect from the beginning of July 2025.

Fragile In-Reach Services

As mentioned above, PTHB has a high dependence on teams from neighbouring organisations visiting our hospitals to provide planned care services. These are known as 'in-reach services'.

Currently 18 specialties are provided in Powys hospitals by visiting consultant teams from six Welsh health boards and three English NHS Trusts. Sometimes when the

organisations that employ these teams are experiencing their own pressures it can be more difficult for them to release consultants and other specialist staff to visit Powys.

This can make the delivery of planned care services here in Powys more fragile. It also affects our ability to expand the range of planned care services we provide within the county, reducing the need to travel to neighbouring hospitals.

We need to review existing services and identify alternative pathways and workforce models to improve quality and reduce fragility of services.

Commissioning

We work closely with neighbouring health boards in Wales and NHS Trusts in England. But because these organisations also have a large catchment outside Powys, sometimes they may need to make changes to their services in ways that increase the distance and travel for Powys resident to access planned care. For example, it may be safer and more effective for them to focus planned care services on one of their hospital sites rather than across multiple sites. This can mean that we need to react and respond – sometimes at short notice – to changes they make that are outside our direct control.

A further example of the challenges we can face in commissioning services is the different waiting times experienced by patients in different parts of Powys.

Depending on where you live in Powys you will normally be referred to the nearest neighbouring hospital that offers the clinical specialty that you need. But waiting times can vary considerably between hospitals and between specialties.

Impact of our Buildings and Infrastructure on Planned Care Services

The PTHB estate faces several challenges that make it difficult to deliver modern planned care services as effectively and efficiently as we would wish. Many of the buildings that make up the PTHB estate were designed for the models of care of the past, and not for the needs of the future. For example, they may not provide a suitable environment for convenient one-stop integrated services where you are seen and treated in a single appointment. Some parts of our hospitals are not fully compliant with modern standards and have backlog maintenance issues. This can limit our ability to introduce and offer the latest treatments and technologies.

Additionally, the digital infrastructure in our buildings – and more widely across the county in people's homes – can affect our ability to support virtual appointments, to share patient information across primary and secondary care, and to access high-quality information and advice to support self-care and waiting well.

Our Planned Care Workforce

In common with many other areas of the NHS workforce, we can face challenges in recruiting and retaining specialist staff with the right skills and expertise to provide reliable and consistent planned care services.

As mentioned above, many of our services are also dependent on 'in-reach', with staff from neighbouring NHS organisations visiting Powys hospitals to provide appointments and procedures. Availability of these staff can be affected by many different factors – for example, if their employing organisation needs their help to respond to emergency pressures.

For example, our patients may benefit from an individual who has developed specialist skills in a key area, enabling them to provide additional services within the county. They may be the only member of staff in the county with these skills. When they move to a new role or retire it can be challenging for us to replace their skills in order to maintain delivery of the service they have been offering.

There are opportunities to consider alternative solutions such as GPs with extended roles and advanced clinical practitioners (ACPs) to help us maintain and expand services.

11. Diagnostics and Imaging

This section provides an overview of the opportunities and challenges for diagnostic and imaging services.

Diagnostics refers to the process of identifying a disease or condition from its signs and symptoms. It involves various methods and tools to determine the nature and cause of a health issue. This can include:

- **Clinical examinations:** Physical check-ups by healthcare professionals.
- **Laboratory tests**: Blood tests, urine tests, and other analyses.
- **Medical history:** Reviewing a patient's health history and family history.
- **Specialised tests:** Such as biopsies or genetic testing.

Imaging in the medical field refers to techniques used to create visual representations of the interior of a body for clinical analysis and medical intervention. Common imaging techniques include:

- **X-rays:** Using radiation to view bones and certain tissues.
- **Ultrasound:** Using sound waves to create images of organs and structures inside the body.
- **MRI** (Magnetic Resonance Imaging): Using magnetic fields and radio waves to produce detailed images of organs and tissues.
- **CT** (Computed Tomography) scans: Combining X-ray images taken from different angles to create cross-sectional images of bones and soft tissues.
- **PET** (Positron Emission Tomography) scans: Using radioactive substances to visualize and measure changes in metabolic processes.

Where possible, we provide these services within the county. However, some technologies and techniques cannot safely and viably be provided within Powys. For example, the imaging equipment may be very expensive and need to serve a catchment much larger than the population of Powys. It may require highly specialised support teams to maintain the equipment to ensure it operates effectively. Or it may require highly specialised teams available 24 hours a day to take images and analyse them – so given our small rural population it would not be feasible to offer the service within Powys.

We know from speaking with patients that there is appreciation for the diagnostics and imaging services provided within the county. In common with other services, there is anxiety about the distance to travel for some tests and imaging that cannot be provided within the county, and some frustration amongst patients and residents that such services cannot be provided within Powys. Patients also highlight issues with transfer of results between organisations, particularly cross-border with England.

The need for transformation in diagnostic services across the UK has been clearly identified. For example, an independent review of diagnostic services in England[6] highlighted that the Covid-19 pandemic had exacerbated pre-existing challenges arising from rising demand, increase in test requests, and broadening of clinical indications for existing technologies. It identifies the need to significantly expand diagnostic capacity to facilitate recovery from the pandemic and respond to rising demand.

Against this backdrop, a range of improvements are taking place. For example, a recent X-ray replacement programme has seen the installation of new digital X-ray equipment in five locations in Powys. Funded by Welsh Government, this £1.7m programme will offer faster, clearer images, helping to improve diagnostics for the people of Powys. As well as providing quicker results and more accurate diagnoses, it will also help to reduce waiting times for X-rays which in turn will improve access to treatment.

Impact of Our Buildings and Infrastructure on Diagnostic Services

The existing infrastructure in Powys, both built and digital, is outdated and creates challenges and barriers to the introduction of new diagnostic and imaging technologies & models of care. This presents difficulties for pathway redesign and implementation of new community diagnostics required to assess and manage patient needs more locally.

Diagnostic Waiting Times

As with planned care services, the COVID-19 pandemic severely disrupted diagnostics and imaging services, creating a backlog that has not yet been fully addressed, contributing to current delays.

An independent Review of Diagnostic Services for NHS England (2020) highlighted the challenges in rising demand for imaging, outstripping current capacity across all types of imaging. This leads to delays in care pathways which can compromise the quality and outcomes of patient care.

As at December 2024, over 3,300 patient pathways were reported waiting in Powys for either a Diagnostic or an Allied Health Professional service (AHP) intervention. Delays in these pathways impact on PTHB's wider ability to meet Welsh Government planned care targets. Pathway breaches of the 8-week target for diagnostics were limited but higher than PTHB's predicted target of zero for this period, with 73 waiting for an echocardiogram, 3 waiting for endoscopy and a further 8

[6] Source: Diagnostics: Recovery and Renewal – Report of the Independent Review of Diagnostic Services for NHS England – October 2020

waiting for non-obstetric ultrasound. AHP service access and intervention remains broadly robust against their 14-week target with very limited breaches during 2024/25.

The figures above refer to Powys residents waiting for tests provided by PTHB services and do not include Powys residents who are waiting for tests outside the county, for example where the diagnostic is not available in Powys and/or is being undertaken as part of their pathway of care for commissioned services. Waiting times for PTHB provider diagnostics and in commissioned services are subject to active and ongoing performance monitoring.

Enablers

Implementing newer techniques in diagnostics and patient review could also improve patient outcomes and experience. Improvements to digital infrastructure - both within PTHB and more widely across the county - could increase opportunities for remote access and telemedicine, enabling remote consultations and diagnosis, which can be particularly beneficial in rural areas and communities more remote from District General Hospital services.

Artificial intelligence (AI) technologies applied to imaging, such as cancer screening, are among the most advanced uses of AI in healthcare. They have the potential to transform the prevention, early detection, and treatment of diseases, helping to provide better care and faster access to treatment.

Our Diagnostic and Imaging Workforce

Across the UK, system-wide capacity issues are exacerbated by difficulties in recruiting to consultant radiologist, radiographer, and sonographer vacancies. Recruitment difficulties are also affected by geography, and our small and sparse population compounded by the distance from large population centres can affect local recruitment.

Recent workforce projections undertaken in 2024 show a significant decline and worsening picture for the diagnostics workforce when compared with 2022 projections. Though there has been a recent increase in budgeted establishment for Radiographers, which was to enable more clinical diagnostic activity to be undertaken in Powys, recruitment and workforce supply has remained challenging, with vacancies increasing. We have been able to invest in new and development posts, in areas such as radiography, point of care testing and respiratory physiology, to help grow the workforce of the future.

A robust workforce plan will provide a firm foundation for organisational resilience, drawing on the learning gained from the response to the pandemic. Opportunities for the workforce to deliver new evidenced-based developments in practice need to be explored. This will help to address recruitment challenges by using international, national, and local initiatives to reshape the workforce for diagnostics.

12. Women and Children's Services

This section provides an overview of the opportunities and challenges for women and children's services.

PTHB provides and commissions women and children's services in primary and community care within Powys. But the rural and sparse nature of Powys means that many more specialised services cannot safely and sustainably be provided within the county, and we commission these from providers outside the county.

Examples of women's services provided within the county include midwife-led maternity services, perinatal mental health, endometriosis clinical nurse specialist clinics, pelvic health, contraception & sexual health, and some in-reach outpatient services. Services provided outside the county include consultant maternity & neonatal services, surgical and inpatient services.

Examples of children's services provided within the county include community children's nursing, health visiting (including flying start), school nursing, paediatric ophthalmology, audiology, safeguarding, learning disabilities, outpatients/paediatrician services, Child and Adolescent Mental Health Services (CAMHS), children's neurodevelopment services, therapies, continuing health care (e.g. packages of care in the home to support children with highly complex needs), portage (play therapy), orthotics, podiatry and in-reach wheelchair services. Examples of children's services accessed outside the county include emergency care, inpatient care and surgical services.

Our Buildings and Geography

The rurality of Powys and its population base means that providing safe and sustainable women and children's services within the county can be challenging.

As a result, many women and children's services need to be accessed outside the county – for example, consultant maternity and neonatal services.

The services we provide within the county are often thinly spread across multiple buildings which are outdated and not designed for modern healthcare, requiring significant change to meet future service needs. Action needs to be taken to address these challenges and to redesign the way services are provided.

Key Challenges for Women's Services in Powys

Powys offers midwife led maternity care inclusive of antenatal, intrapartum and postnatal care, linking in with consultant-led services, heath visitors, primary care, community paediatrics, specialised mental health services and social care. Births are supported both at home and within PTHB birth centres. Where women require or choose consultant-led birth these services are accessed

outside the county in neighbouring District General Hospitals (DGH).

Over the last 5 years, on average 213 women per year birthed their babies in Powys, either at home or within a dedicated birthing unit. This accounts for 29% of all Powys births. With reducing birth rates, and the majority of specialised care being offered out of county at DGH units, there is a need to review future provision of midwifery birthing units across Powys to ensure high quality, safe and sustainable services.

Women need to travel out of county to access the majority of women's healthcare services, and waiting times can be long. This can increase the risk that health-related issues may go undiagnosed or untreated for longer periods, resulting in poorer health outcomes and increased mortality rates.

There are opportunities to look at alternative pathways in a primary and community setting. This includes exploring options for a Women's Health Hub for our rural context, aligned with the recent Women's Health Plan for Wales. Taking a 'value-based health care' approach across the women's pathway will improve quality and access through local primary and community services and reduce commissioning spend outside of Powys.

Children's Neurodevelopment Services

There are a number of key challenges for children's services, including Children's Neurodevelopment Services which are experiencing significant pressures and fragility. Rising levels of demand are contributing to a growing and significant challenge relating to waiting lists and delays for patients. It is becoming increasingly clear that existing ways of working are not sustainable. A review conducted by the Welsh Government[7] highlighted that the demand for Neurodevelopment diagnostic assessments has outstripped the capacity of available services.

We continue to work with Powys County Council, the voluntary sector, and with children and families who use Neurodevelopment services, to make improvements. This service remains a priority as we recognise that demand on the service is likely to continue to increase.

Increasing Prevalence of Childhood Obesity

Obesity in children and young people is the most prevalent, costly, and preventable disease of our time. Effective assessment and response to the drivers and risks for becoming overweight at the earliest stage of life supports a cost-effective care model that can positively change the outcome for children and young people of Powys. This can also reduce the financial burden of

[7] Source: Review of the Demand, Capacity and Design of Neurodevelopmental Services: Full Report (Welsh Government, 2022)

secondary chronic conditions such as heart disease, stroke and certain cancers.

24.1% of children in Powys are categorised as 'overweight' or 'obese'. The reasons behind rising childhood obesity are complex. They include the impact of living in poverty, the sedentary behaviours associated with the impact of technological advances on modern life, the influence and lifestyle of friends and family, and the promotion and consumption of unhealthy foods to children and young people.

Co-ordinated work is under way across partners to address the causes of childhood obesity. In relation to health service provision, there are currently gaps in weight management services in Powys, and further work is required to achieve the Welsh Government All Wales Weight Management pathway.

Children's Mental Health Needs

Following the COVID-19 pandemic, there has been a significant increase in recorded instances of mental health issues for the younger population. In Powys there has been a 49% increase in demand for CAMHS over the last 4 years, and the complexity of need is also intensifying.

Between 2019/20 and 2023/24 accepted referrals for anxiety increased by 63% and accepted referrals for children and young people who were suicidal increased from 7 to 86. There was a 64% increase in new referrals for counselling between 2020 and post pandemic.

NHS Benchmarking data from 2023/24 shows that referrals received per 100,000 population were 8% higher than the Wales average, with significantly more patients on the caseload (4,429) per 100,000 population than the Wales average (1,989). Contacts delivered per 100,000 were also higher than the Wales average; 53,199 and 32,701 respectively[8].

Continuing Health Care (CHC)

A small number of children and young people have very complex health needs. These may be the result of congenital conditions, long-term or life-limiting or life-threatening conditions, disability, or the after-effects of serious illness or injury. Their care may be technology-dependent requiring nursing input. Some children and young people will have complex mental health or a learning disability requiring specialist therapeutic input or placement provision.

There are opportunities to look at alternative provision to optimise care for these children and young people.

[8] Source: NHS Benchmarking Network

Women and Children's Workforce Challenges

In Powys there have been longstanding workforce challenges within children's services, which have been further exacerbated by the pandemic with rising levels of demand, and complexity of needs.

More positively, recently the shape and supply of the workforce for women and children's service has changed as recruitment has improved in all areas, with the exception of CAMHS, and future projections are generally showing improvement. Achieving these projections is dependent on a number of factors, including that forecast supply (e.g. nurses in training) is maintained.

As in other workforce areas, the geography of Powys means that travel times and distances can be high – particularly for specialist teams working with small caseloads. Small teams also face particularly fragility due to vacancies or sickness.

Following the publication of the Welsh Government Women's Health Plan for Wales opportunities have been identified to develop a more sustainable workforce model. Further work is required to engage with commissioning partners and primary care colleagues to address the opportunities for service development and provision.

13. Stay Involved

Better Together is our conversation with you to shape the future of safe, quality health services for Powys.

We encourage you to stay involved.

There is lots of useful information on our Better Together website. Just scan the QR code or visit **pthb.nhs.wales/BetterTogether**

You can:

- Read more about the Case for Change, including our technical chapters on Adult Community Services, Mental Health, Primary Care and Diagnostics
- Sign up for regular email updates to keep you informed and involved

Together we will build a vision for safe, quality health services that we can all be proud of.

14. Glossary and References

We recognise that this document includes technical terms. A glossary of health terms in the NHS in Wales is available from the Welsh NHS Confederation website and some key terms are defined below:

A Healthier Wales	Welsh Government's plan of the future of health and social care.
Acute Care	Acute care normally refers to the medical and surgical treatment provided by a District General Hospital or other major hospital. Powys residents access acute care in neighbouring hospitals outside the county due the rural and sparsely populated nature of Powys.
Commissioning	Commissioning is a term used for the purchasing of NHS services to meet the health needs of a local population. Powys Teaching Health Board directly provides some services where it is safe and appropriate to do so in our rural context, and we commission acute and specialised services from hospitals outside the county.
Continuing Health Care (CHC)	NHS continuing healthcare is health and social care outside of hospital that is arranged and funded by the NHS. It is available for people who need ongoing healthcare and where they have been assessed as having a primary health need.
Delayed Transfers of Care	A delayed transfer of care occurs when a patient is ready to return home or transfer to another form of care but is still occupying a hospital bed because an appropriate setting to be transferred to, such as a package of care to enable them to return home, is not available.
Discretionary Capital	Discretionary capital is that allocated directly to NHS organisations for priority obligations such as health and safety and Firecode, maintaining the fabric of the estate, and the timely replacement of Equipment.
Duty of Quality	Health boards in Wales have a statutory Duty of Quality. This requires Welsh Ministers and the NHS to think about how their decisions will improve health care in the future.
Early intervention / early help and support	Early intervention services provide treatment and support for people who are experiencing early symptoms of an illness. The aim is to provide low-level support to prevent the person developing more acute needs at a later stage.
Emergency Department	Consultant-led services to provide 24-hour immediate care and resuscitation facilities for life and limb threatening injuries and illnesses. Due to the rural and sparsely populated nature of Powys, it is not possible to provide Emergency Department services within the county.
Frailty	Frailty is a long-term condition. It describes a state of health whereby body systems gradually lose their biological, physical, and mental resilience. It is commonly associated with the ageing process and therefore mostly experienced by older people, although not all older people are living with frailty. However, as the population continues to age, the number of people living with frailty or who are at risk of developing frailty will increase.
GIRFT	'Getting It Right First Time' aims to improve the treatment and care of patients through clinically-led reviews using data, patient experience, and expert clinical knowledge.
Health and Care Strategy for Powys	A vision for the future of health and care in Powys, informed by thousands of public and staff voices across the county. A key part of the vision is the Integrated Model of Care and Wellbeing.
Improvement Cymru	Improvement Cymru is the improvement service for NHS Wales.
Inpatient Care	Receiving medical treatment or nursing care and staying overnight (or longer) in a hospital.

Integrated Model of Care and Wellbeing	Brings health, social care, mental health and community services together to provide joined-up support that helps people stay well, independent and connected, with more care delivered at home or close to home.
JCC	NHS Wales Joint Commissioning Committee, a statutory joint committee of the health boards in Wales responsible for commissioning a range of services at a national level. It is the successor body to the Welsh Health Specialist Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC).
LSOA	LSOA (Lower Layer Super Output Area) is a term used in statistical geography. It is a geographical area normally comprising around 1500 people. There are 79 LSOAs in Powys.
NHS Wales National Clinical Framework	Core national guidance on how to plan and provide local and national clinical services.
NHS Wales Priorities and Planning Framework	Detailed guidance from Welsh Government to the NHS to set out the specific priorities and actions for health boards and other NHS Wales bodies to provide services and improve health.
Palliative Care	Palliative care is a multidisciplinary approach to specialised medical and nursing care for people with life-limiting illnesses. It normally focuses on providing relief from the symptoms, pain, and the physical and mental stress of a terminal diagnosis.
Pharmacy: Delivering A Healthier Wales	A national vision for how pharmacy services can contribute to A Healthier Wales.
Planned Care / Elective Care	Planned care is planned, pre-arranged, non-emergency care, including scheduled operations. It normally refers to care provided by medical and surgical specialists in a hospital or other secondary care setting – including in our day case theatres in Powys. It can also be known as Elective Care.
	Examples include knee replacements, arthroscopies and cataract operations.
Powys Association of Voluntary Organisations	The County Voluntary Council for Powys, supporting the third sector across the county.
Powys County Council	The statutory local authority for Powys.
Powys Pharmaceutical Needs Assessment	A detailed assessment of the availability of pharmacy services, needs and gaps in Powys.
Powys Population Needs Assessment	A detailed assessment of the care and support needs of the people of Powys.
Powys Public Service Board	Public Services Boards (PSBs) were established in 2015 to bring together local public service leaders to assess and address the well-being needs of their areas.
Powys Regional Partnership Board	Regional Partnership Boards bring together health boards, local authorities and the third sector to meet the care and support needs of people in their area.
Powys Teaching Health Board	The NHS organisation responsible for planning, commissioning and providing health services for the people of Powys.
Powys Well-being Assessment	A detailed assessment of the well-being and needs of the people of Powys. The current 2022 Well-being Assessment will be replaced by the 2027 Well-being Assessment soon (currently in draft).
Primary Care	Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes GPs, community pharmacy, dental, and optometry (eye health) services.
Primary Care Model for Wales	A national whole system approach to sustainable and accessible local health and wellbeing care, focusing on place-based care, care closer to home and multi-professional working.
PTHB Integrated Plans and Annual Plans	The health board's short and medium term plans and priorities for improving health and developing health services.

Quality Statements	Detailed national guidance describing what good quality services should look like. Quality statements have been published for a wide range of conditions e.g. diabetes, kidney disease, stroke.
Safe Care Collaborative	The Safe Care Collaborative brings together health boards and trusts across Wales to accelerate improvement projects that will improve patient safety throughout the NHS in Wales.
Social Prescribing	Social prescribing refers to ways of connecting people with their community to better manage their health and wellbeing. It can help empower individuals to recognise their own needs, strengths, and personal assets and to connect with their own communities for support with their personal health and wellbeing.
Value-based health care	'Value-based health care' means focusing on getting the best possible health outcomes for patients while also considering the cost of delivering those outcomes. It's about maximizing the 'value' by ensuring the benefits of a treatment or service outweigh the cost and potential risks, considering the patient's preferences and goals.
Well-being of Future Generations Act	Legislation in Wales that aims to ensure that we all work together to improve our environment, our economy, our society, and our culture.
Welsh Index of Multiple Deprivation	Welsh Government's official measure of relative deprivation across Wales.
Women's Health Plan for Wales	A 10 year vision to improve healthcare services for women across Wales.