Better Together

Pre-Consultation Business Case

Adults Physical and Mental Health Community Services

Technical Appendices

This document is a compilation of the technical documents that have underpinned the Phase 1 Adult Physical and Mental Health Community Services options development work between January 2025 to August 2026. They are provided as supporting information and are referenced within the Pre-Consultation Business Case (PCBC).

In the interests of openness and transparency, Powys Teaching Health Board has sought to publish as much supporting information as possible alongside this Pre-Consultation Business Case. However, a small number of appendices have been withheld, published in redacted form, or summarised rather than reproduced in full. Where appendices are withheld, redacted or summarised, this reflects a proportionate judgement about what is necessary to support the consultation, balanced against legitimate considerations such as commercial sensitivity, personal data, confidentiality, operational matters and the effective conduct of public business.

Please note documents were available in working draft form throughout the options development process, with some approval dates reflecting formal submission sign-off rather than first availability. Documents that have been further refreshed or updated and therefore have additional approval dates.

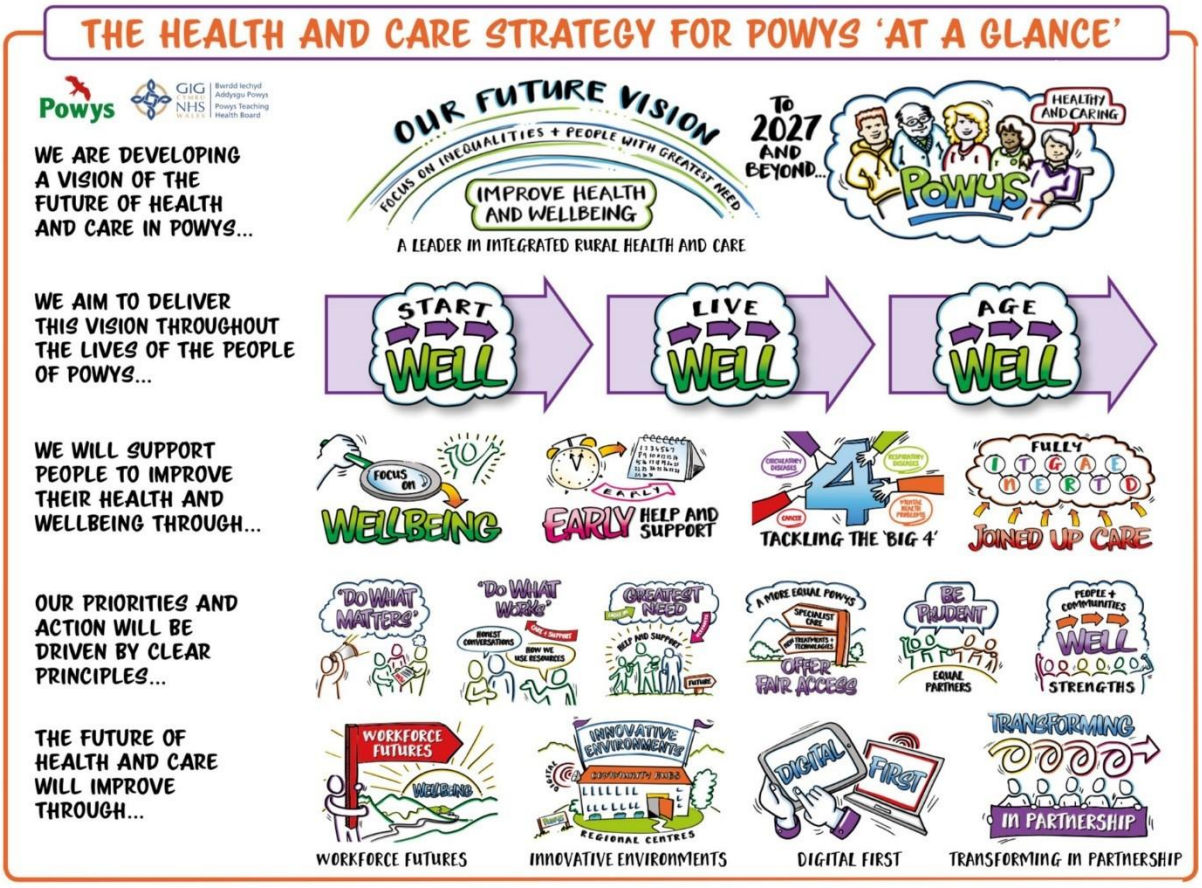
The table below provides a list of all the technical documents; dates they were approved and the governance approval routes. If the document is not available for publication, this has been outlined in the table.

Appendix	**Status**
A - Portfolio Executive Plan	Enclosed
B - Overarching Case for Change	Enclosed
Technical Chapters B.4 - Cover Page B.1 - Mental Health B.2 - Physical Health B.3 - Primary Care	Enclosed
C - Stage 2 Engagement Briefing	Enclosed
D - Stage 0 and 2 Engagement Report	Enclosed
E - Stakeholder Engagement Oversight	Enclosed
G – System Level Models of Care	Enclosed
J - Strategic Demand & Capacity Final Report	Enclosed
K - Long List of Ideas	Enclosed
L - Long List of options discounted	Enclosed
M - Level 1 Impact Assessments on short list options	These have not been published as they have been superseded by Level 2 Integrated Impact Assessments (ref Z2)
N - CRG Check & Challenge Report	Enclosed
O - Urgent Care Service Issues template	Enclosed
P - Urgent Care Service Model of Care	Enclosed
Q - Urgent Care Workforce Summary, assumptions and financial appraisal	This is a working document that reflects workforce and financial modelling which are not suitable for publication due to the reasons outlined above. The PCBC contains a summary of the material findings, implications and assumptions.
O.1 - Physical Health Service Issues template	Enclosed
P.1 - Physical Health Service Model of Care	Enclosed
Q.1 - Physical Health Workforce Summary, assumptions and financial appraisal	This is a working document that reflects workforce and financial modelling which are not suitable for publication due to the reasons

Appendix	Status
	outlined above. The PCBC contains a summary of the material findings, implications and assumptions.
O.2 - Mental Health Service Issues template	Enclosed
P.2 - Mental Health Service Model of Care	Enclosed
Q.2 - Mental Health Workforce Summary, assumptions and financial appraisal	This is a working document that reflects workforce and financial modelling which are not suitable for publication due to the reasons outlined above. The PCBC contains a summary of the material findings, implications and assumptions.
R - Phase 2 Patient Testing Pathway Report	Confidential, contains potential patient identifiable information.
S - Patient Pathway Testing including Day of Care Survey	Confidential, contains potential patient and staff identifiable information.
T - Mental Health Patient Testing Pathway Report	Confidential, contains potential patient identifiable information.
U - Estate Assessments	Enclosed
V - SWOT Analysis	Enclosed
W - Travel Time Analysis Report	Enclosed
X - non-financial option appraisal report – Urgent Care 21.4.26	Enclosed
Y - non-financial option appraisal report – All services 11.09.25	Enclosed
Z – Recommended Options Workshop Report	Enclosed
Z.1 - Deliberative Event 3 Report - 10.6.26	Enclosed
Z.2 - Level 2 Integrated Impact Assessments (Quality, EQIA, Health Impact)	Enclosed
Z.4 Phase 1 Consultation Plan	Enclosed
Z.5 - Step Report	Enclosed

Better Together
Portfolio Execution Plan (PEP)

Portfolio Governance, Tolerances and Escalations



1. Document Control

1.1. Version Control

This is a live document which can be updated as necessary, but as a minimum should be reviewed at the end of each stage or annually.

Version	Status	Date	Author	Update
0.1	Draft	02/04/24	Senior Manager, Transformation & Value	Baseline Document created
0.2	Draft	13/01/25	Assistant Director Transformation & Value, Senior Manager, Transformation & Value	Terminology amended from 'programme' to 'portfolio' where appropriate to reflect move to Better Together Portfolio Board (not marked as tracked changes). Sections 2.2, 3, 5.3 added. Additions to the Underlying Programme Areas roles & responsibilities. Other minor amends.
0.3	Draft	14/02/25	Assistant Director Transformation & Value, Senior Manager, Transformation & Value	Previous amendments / additions from v0.2 accepted. Further amendments following feedback from the Director of Corporate Governance including: • Outlined that an approvals process will be developed in line with the delegated responsibilities of the Portfolio Board, • Consolidated the objectives & deliverables, • Amended the quorum, • Noted that Risk Management approach will need to change in line with the revised Risk Management Framework. Further discussion required on in-year recovery (currently excluded from scope) as focus on longer term sustainability.
0.4	Draft	25/02/25	Director of Improvement & Transformation	Updated Portfolio Board membership and overview of Programme/Group Leadership following Portfolio Board discussion on Executive Lead/SRO roles and Portfolio Board

Version	Status	Date	Author	Update
				attendance. Amended roles and responsibilities.
0.5	Draft	05/02/26	Transformation Programme Managers	Live version updated following 12-month review to reflect agreed changes, but not re-issued
0.6	Draft	02/09/26	Assistant Director of Transformation and Value	Updated to reflect changes across the portfolio. Approved by Director of Transformation and Improvement.

1.2 Document distribution

Version	Distributed to	Date
0.1	Director of Improvement & Transformation, Assistant Director of Transformation & Value, Assistant Director of Improvement & Innovation	07/12/2024
0.1	Better Together Programme Board	12/12/2024
0.2	Better Together Portfolio Board	21/01/2025
0.3	Better Together Portfolio Board	18/02/2025
0.4	Executive Committee	28/02/2025
0.5	Not approved, live updates	n/a
0.6	Portfolio Board Chair and Deputy Chair for approval	04/09/26

1.3 Approvals/Sign off

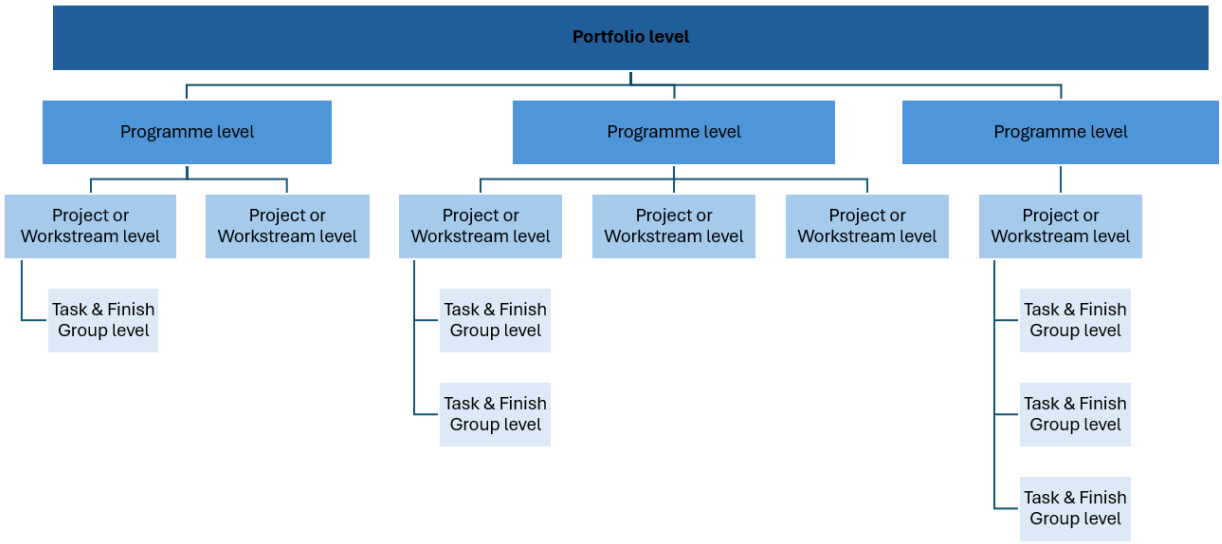
Version	Approved by	Date
0.4	**Executive Committee**	**05/03/2025**
0.6	**Portfolio Board Chair and Deputy Chair**	**04/09/2026**

Contents

1. Introduction

This Portfolio Execution Plan (PEP) describes the agreed strategy and portfolio procedures to be adopted by the Better Together Portfolio Board, related programmes and workstreams for the successful control and implementation of the Portfolio.

The diagram below provides an example of the relationship between portfolio, programme and project structures. The specific governance structure for the Better Together Portfolio Board is outlined later in this document.



2. Goals of the Better Together Portfolio

The goal of the Better Together Portfolio is to:

To improve quality and outcomes for the population of Powys by ensuring future models of care and configuration of services deliver viable and economically sustainable services that meet the needs of the rural population of Powys.

This will be achieved through:

- Using a value-based health care approach to improve quality standards and ensure value in everything we do.
- Further developing relationships with the public, patients, staff and key stakeholders to ensure they are engaged appropriately, enabling them to influence future solutions to inform any decisions on service change.
- A route map to sustainability to deliver agreed service improvements and changes in the short, medium and long term.
- Ensuring effective use of resource across the organisation with appropriate input from partners and key stakeholders to ensure delivery of the portfolio.

3. Portfolio Organisation

3.1. Key Stakeholders

The key stakeholders who will need to be involved under the portfolio are provided below. There will be a separate OD, Communications and Engagement Plan to support delivering of the overarching portfolio and ensure appropriate engagement at a programme level.

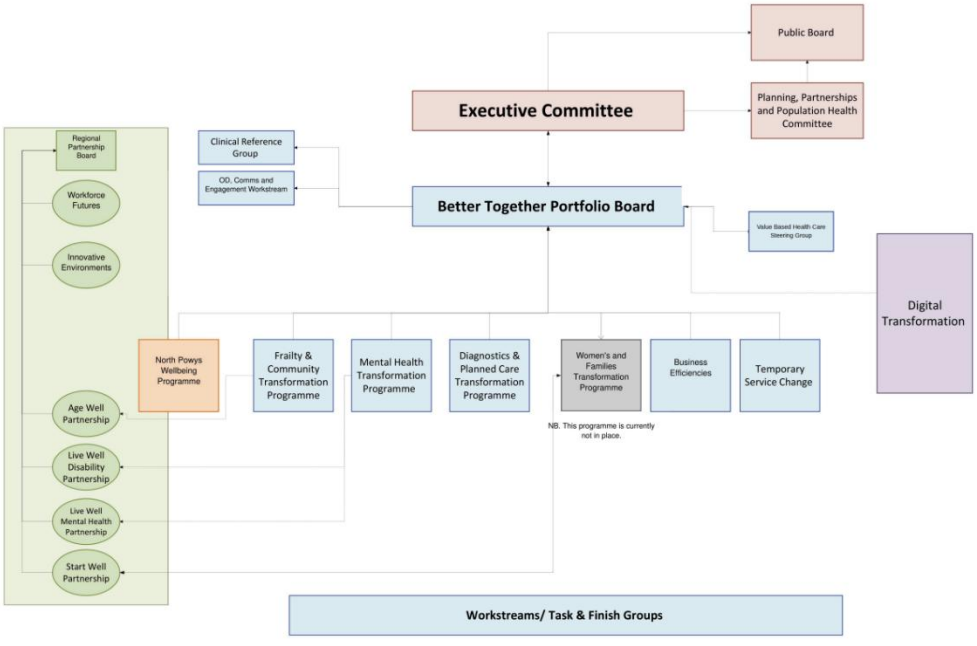
This will be managed by the OD, Communications and Engagement group and overseen by the Better Together Portfolio Board.

Category	Key Stakeholders	Interest (Low, Medium, High)		
		Financial	Strategic	Operational
Patients, Service Users, Carers	Patients	L	L	M
	Service Users	L	L	M
	Carers	L	L	M
Public	Residents of Powys	L	L	M
	Town & Community Councils	L	M	M
	Other citizen representative groups	L	M	M
PTHB staff and primary care contractors	All PTHB staff	L	M	M
	GP Practices	L	M	M
	Dentists	L	M	M
	Optometrists	L	M	M
	Pharmacists	L	M	M
Powys Partner Organisations	Powys County Council	M	H	H
	Powys Association of Voluntary Organisations	M	H	H
	Powys Regional Partnership Board	H	H	H
	Powys Public Service Board	M	M	M
	Natural Resources Wales	L	M	M
	Dyfed Powys Police	L	M	H
	Mid and West Wales Fire and Rescue	L	M	M
	Dyfed Powys Police and Crime Commissioner	L	M	M
	Third sector across Powys	M	M	H
	Commissioning relationships with neighbouring health boards and NHS Trusts	H	H	H
	Residential and Care Homes	H	H	H
	Domiciliary Care Sector	H	H	H
	Schools, FE and HE sector	L	M	M
National Bodies	Welsh Ambulance Service NHS Trust	M	H	H
	Public Health Wales	M	H	H
	HEIW	M	H	H
	JCC	H	H	H

Category	Key Stakeholders	Interest (Low, Medium, High)		
		Financial	Strategic	Operational
	National Collaboratives and Programmes	H	H	H
	Welsh Government	H	H	H
	National Commissioners – Older People, Veterans, Children, Future Generations, Welsh Language Commissioner	M	M	M
Unions and Professional Associations	Staff-Side partnership arrangements	H	H	H
	Unions, Professional Associations and Royal Colleges	L	M	M
Political	Constituency MSs	M	H	H
	Regional MSs	M	H	H
	MPs	M	H	H
	County councillors	M	H	H
Scrutiny & Regulation	Llais	L	H	H
	Healthcare Inspectorate Wales	L	H	H
Media	Local media in Powys	L	M	H
	National media interest	L	L	H
Business Sector and Supply Chain	Local business sector in Powys	M	L	L
	Supply chain	M	L	M
Other	TBC			

3.2. Portfolio Organisational Structure

Executive Committee agreed the Transformation Structure on 13 November 2024. Further updates have been agreed via Portfolio Board and Executive Committee which are reflected below:



The Programmes and Groups within the portfolio structure and their leadership is listed below. At programme level, there will be an Executive Sponsor and Senior Responsible Officer. The Executive Sponsor will, where possible, be the Executive Lead for the aligned priority in the integrated plan.

Programme/Group	**Leadership**
Frailty & Community Transformation Programme	Executive Lead: Executive Director of Primary Care, Community and Mental Health SRO: Deputy Director, Primary Care, Community & Mental Health
Mental Health Transformation Programme	Executive Lead: Executive Director of Primary Care, Community and Mental Health SRO: Assistant Director of Mental Health & Learning Disabilities
Diagnostics & Planned Care Transformation Programme	Executive Lead: Executive Director of Planning, Performance & Commissioning SRO Planned Care: Deputy Director, Primary Care, Community & Mental Health
Women Children and Families	Executive Lead: Executive Director of Nursing, Quality, Women and Family Health SRO: Director of Midwifery, Women and Family Health Programme not yet established.
Business Efficiencies Programme	Executive Lead/SRO: Executive Director of Allied Health Professions, Health Sciences & Digital Assistant Director of Improvement & Innovation (Operational Lead) and Chief Digital Officer (Digital Lead)
Temporary Service Change Programme	Executive Lead: Medical Director SRO: Deputy Director, Primary Care, Community & Mental Health
Clinical Reference Group	Chair: Executive Director of Allied Health Professions, Health Sciences & Digital Deputy Chair: Executive Director of Nursing, Quality, Women and Family Health Ad hoc frequency as required aligned to key programme and portfolio milestones

Programme/Group	Leadership
OD, Comms & Engagement	Chair: Director of Corporate Governance Deputy Chair: Assistant Director Innovation & Improvement
Value Based Health Care Steering Group	Executive Leads: Executive Medical Director and Acting Deputy Chief Executive & Acting Director of Finance (due to link to National Value & Sustainability Group and DOFs Value forum) Chair: Director of Clinical Strategy
Options Development Group/s	Chair Senior Responsible Officers who report into the associated Programme Board's for approval and decision making on key items

3.3. Key Responsibilities across the Portfolio

Element	Description
Better Together Portfolio Board	To oversee the portfolio which includes the Improvement & Transformation programmes across the organisation to ensure delivery of impact and benefits in line with the Powys Health & Care Strategy and Health Board's annual plan and Financial Recovery Programme. This will include the following for the underlying programme areas: • oversee development of the Clinical Service Planning • progress of the delivery of benefits, associated milestones and major deliverables, • escalation, through exception reporting, of the top risks currently scoring 15 or more and the escalation of the highest scoring issues (above major) • regular reporting of the above from the underlying programme areas through agreed highlight reports or other updates to provide assurance and escalation. Any feedback that follows to be provided by SRO (or their deputy) To ensure strategic alignment and delivery of transformation and value across the organisation it provides assurance to Executive Committee of the delivery of the Improvement & Transformation programme areas in

Element	Description
	line with the Health and Care Strategy, Annual Plan and Financial Recovery programme. To review and formally approve or ratify key documents and decisions presented by the Programme Board to ensure alignment with organisational priorities
Programme Executive Leads	The roles and responsibilities will depend on the size and nature of the programme, for example some programmes may have a combined Executive Leads and SRO. **General Roles & Responsibilities include:** • Sponsor, champion and owner of the programme • Ensuring Senior Responsible Officer, Clinical Lead and Operational Lead are appointed with appropriate capacity to deliver their roles and responsibilities. • Play a crucial role in guiding and supporting the programmes and will endorse the objectives and ensures the business investment delivers value for money. • Being accountable to the Health Board for the programme. • Ensuring strategic alignment of transformational change with local and national objectives.
Programme Senior Responsible Officers	**General Roles & Responsibilities include:** • Is delegated to have responsibility from the Executive Lead to deliver the programme • Providing clear leadership and direction within the programme, throughout the Programme lifecycle. • Ensuring that each programme has a programme initiation document and scope and clear set of deliverables and interdependencies with other programmes are managed. • Appointing Workstream leads. • Resource planning, financial tracking and delivering of outcomes and benefits. • Delegating tasks and activities to the programme team members, as required. • Ensuring that each programme has a plan that includes key milestones and known dependencies. • Creating and managing the interface with key stakeholders, including those in other programme and those sitting on the Better Together Portfolio Board, to ensure that all parties who require it are informed of progress.

Element	Description
	• Providing assurance for 'deliverables' which may sit in other programmes, but which directly impact upon the lead's own programme. • Overseeing a programme workbook, which includes management of risks, issues, monitoring and tracking of milestones and actions, monitoring and tracking programme costs. • Overseeing change control (time/cost or quality based). • Conducting programme meetings as per the programme drumbeat. • Ensuring lessons are learnt and sharing of learning • Appointing members, chairing and setting priorities for the programme. • Establishing and chairing or delegating the chairing of Workstream groups, where required to complete 'deliverables' or meet key milestones. Workstreams may also establish Task & Finish Groups to ensure the delivery of deliverables. • Escalating matters (outside of delegations) to the Executive Lead and Better Together Portfolio Board. • Approval of Highlight Reports for submission to the Better Together Portfolio Board and into relevant Committees as defined in the reporting requirements, with relevant feedback relayed to the Programme Boards.
Programme Clinical Leads:	**General Roles & Responsibilities include:** Being the 'clinical champion' for the programme and supporting the interface with other internal and external clinicians. • Providing clinical knowledge, skills, expertise and advice drawing from the relevant evidence base to ensure the programme delivers improved quality, outcomes, experience and cost, throughout the programme lifecycle. • Identification and assessment of clinical risks and mitigating factors • Supporting the programme team members with activities and tasks where clinical expertise is required. • Supporting the delivery of programme deliverables from a clinical perspective. • Bringing external learning through networks and other clinical contacts • Supporting the management of interdependencies between the programme and other clinical areas within and outside of PTHB. • Advising on the appointment of members to the programme.

Element	Description
	• Attending, and where agreed, chairing relevant Workstream groups and/or Task & Finish Groups.
Programme Operational Leads	**General Roles & Responsibilities include:** • Being the 'operational leader' for the programme and supporting the interface with other internal and external operational services and colleagues. • Providing operational knowledge, skills, expertise and advice to the programme throughout the programme lifecycle. • Supporting the programme team members with activities and tasks where operational expertise is required. • Identification and assessment of operational risks and mitigating factors • Manage stakeholder engagement with relevant operational teams as part of the programme. • Supporting the delivery of programme deliverables from an operational perspective. • Supporting the management of interdependencies between the programme and other operational areas within and outside of PTHB. • Advising on the appointment of members to the programme. Attending, and where agreed, chairing relevant Workstream groups and/or Task & Finish Groups.
Transformation Programme Manager	**General Roles and Responsibilities include:** • Supporting the Executive Lead and Senior Responsible Owner to deliver PTHB clinical programme transformation, within a whole system approach, offering expertise and support in programme and project management, change management, benefits management and value-based healthcare. • Leading the management and delivery of programmes/projects with multiple stakeholders ensuring programme objectives are delivered within budget, on time and to the standard and quality required. • Engaging with all stakeholders to determine the programme scope and implementation processes. • Managing the programme throughout the programme lifecycle to ensure all deliverables are met. • Managing programme workbook, which includes management of risks, issues, monitoring and tracking

Element	Description
	of milestones and actions, monitoring and tracking programme costs. • Managing change requests. • Ensuring robust systems of programme governance (clinical, financial, staff, audit and risk management) are in place Producing dashboard performance reports, reporting on project/programme progress, next steps, deliverables, resource requirements, risks and issues
PMO Project Manager	**Working alongside the Senior Manager for transformation and value, General Roles and Responsibilities include:** • Managing the Transformation and Value PMO function, supporting robust portfolio, programme and project governance, delivery and benefits realisation. • Managing projects from start-up to closure, ensuring plans, milestones, risks, issues, interdependencies, change control and documentation are maintained in line with agreed governance procedures. • Supporting the identification, tracking and reporting of benefits, delivery performance and impact across projects and programmes, escalating areas of concern where required to Portfolio Board. • Co-ordinating high-quality reporting, project information systems, portfolio documentation, action tracking and auditable project records to support assurance and decision making. • Supporting stakeholder engagement, communications and change activity, working collaboratively with OD, Communication and Engagement colleagues, operational teams and external partners. • Monitoring risks and issues across the portfolio to ensure appropriate management and escalation and effective decision making to ensure projects are delivered within budget, on time and to the required quality standards. • Promoting project management best practice, continuous improvement, lessons learned, value-based healthcare principles and new ways of working across the portfolio to ensure consistent approach.

Element	Description
Project Support Officer	**General Roles and Responsibilities include:** • Supporting to deliver the objectives within the clinical programmes and across the portfolio. • Ensuring reporting requirements are co-ordinated and meet the needs of the portfolio and that updates to multiple detailed plans are managed effectively. • Monitoring and updating programme development plans in line with cycle of work stream and Programme Board meetings, utilising the agreed progress reporting tool. • Monitoring the progression of defined portfolio and programme developments against timescales and deadlines to make-adjustments to plans as required, ensuring that all changes are passed through appropriate approval mechanisms. • Working with the Transformation Programme Manager and Workstream leads to ensure that project risks, plans and documents are up to date and issued in a timely manner. • Utilising highly developed administrative, time management and organisational skills to ensure the portfolio delivers against a backdrop of challenging timescales and conflicting priorities. • Maintaining project documentation including updating the PID, project plan, workbooks, risk registers, highlight reports and provide portfolio milestone reports on a quarterly basis. Providing secretariat support to various programme meetings as required.
Other Groups OD Comms and Engagement **Options Development Groups and VBHC**	This includes Clinical Reference Group, ODEC and Value Based Healthcare Steering Group. These groups will differ to the programmes. The chair is responsible for ensuring development of and overseeing the group's work plan, identifying members and ensuring resource and capacity is available to deliver the work plan and appropriate escalations of risks and issues to the Better Together Portfolio Board.
Improvement & Transformation Directorate	**General Roles and Responsibilities include:** • Monitor Programme Performance independently of the portfolio. • Undertake programme assurance tasks in line with the Programme integrated assurance plan. • Portfolio Board Highlight Report compilation. • Collation analysis and escalation of programme information. • Maintain critical portfolio and programme documents.

Element	Description
	• Oversee programme health-checks and audits throughout the lifecycle of the portfolio and programmes. • Preparation and support of programme for Gateway reviews (if required). • Tracking, measuring and reporting progress against strategic plan. • Coordinating work requests within the portfolio and management of resource. • Providing information management support to the Portfolio Board through implementing and maintaining the agreed programme filing structure and holding copies of core portfolio, programme and team documentation. Analysing interfaces and critical dependencies between the teams and recommending appropriate actions to the Programme Executive. • Monitoring risk and issue tracking and reporting at programme levels. • Registering change control activities and ensuring the subsequent investigation, resolution and monitoring the implementation of portfolio board level decisions. • Ensuring programme quality control through adherence to agreed programme level standards and practices. • Facilitating the reporting process cycle to the Portfolio Board at agreed intervals. • Lessons learning – this needs to be in all workstreams • Evaluation and benefits realisation • To provide planning and co-ordination of activities to ensure development of the route map to sustainability. To ensure QI/ VBHC tools and methodologies are embedded across the portfolio and within the organisation to maximise opportunities to improve quality and outcomes and delivery of sustainable services which are evidenced based.

3.4. Terms of Reference – Better Together Portfolio Board

The co-ordination and administration of the Better Together Portfolio Board will be through the Improvement & Transformation Directorate.

Purpose	The Portfolio Board functions as the formal ratification body within the governance structure, providing final endorsement of key documents and decisions that have been reviewed and agreed at the Programme Board.

	While the Programme Board undertakes detailed scrutiny, operational decision-making, and programme-level assurance, the Portfolio Board's role is to provide overarching oversight, confirm strategic alignment, and formally ratify recommendations before they progress into implementation or wider organisational governance routes i.e. Executive Committee. This ensures a transparent, consistent, and robust decision-making process across the portfolio to ensure that it delivers against intended outcomes and benefits, within time, cost and quality. To provide strategic oversight of all Improvement & Transformation programmes within the 'Better Together Portfolio'. This will include the following for the underlying programme areas: • progress of the delivery of benefits, associated milestones and major deliverables, • de-escalate risks and issues raised through exception reporting, (risks currently scoring 15 or more and issues scoring major or above) and attempt to exploit opportunities, • regular reporting of the above from the programme areas and supporting groups through agreed highlight reports or other updates to provide assurance and escalation.
Objectives	• Define, prioritise and communicate the activities in the portfolio in support of the PTHB strategic objectives. • Provide leadership and ensure alignment with strategic direction of the Health Board, • Ensure timely decision making and support to the portfolio. • Act as effective brokers and advocates for the portfolio across partner organisations and the community. • Ensure objectives, outcomes and benefits are agreed for the portfolio. • Ensure programme delivery against planned timescales, service standards and costs, removing any barriers which impact on delivery. • Ensure appropriate stakeholder engagement and management across the programmes. • To review and approve key documents ahead of submission to Executive Committee /Board such as business cases / proposals for organisational decision / impact assessments.

	• Stakeholder/engagement plans on the portfolio of work (individual engagements plans would fall within each business case?) • Monitoring, check and challenge of progress by underlying programme boards ~~areas~~. • Manage interdependencies between relevant programmes identified at a strategic level and appropriately delegated to relevant programme areas to manage. • Ensure appropriate and consistent programme governance across all of the Improvement & Transformation programme areas.
Delegated Powers and Authority	The Portfolio Board is authorised by the Executive Committee to ensure delivery of the portfolio. The level of delegated authority the portfolio board has from Executive Committee will be confirmed via an approvals plan for the portfolio. Some examples of things that will sit outside of the Portfolio Board's delegations would include, the case for change, the strategic portfolio content (what's in and what's out of scope), business cases, service change decisions and related engagement plans and any evaluation / review of service changes. The Portfolio Board has authority to establish Task & Finish Groups which are time-limited to focus on specific matters of advice or assurance as determined by the Portfolio Board. In unusual circumstances, where decisions are required outside of formal meetings, the Chair will decide. In these circumstances the Chair will advise members as soon as possible thereafter the details and reasons for decisions that have been made. Retrospective endorsement by the Portfolio Board will then be sought. When a full member is unable to attend, a nominated representative can take on the role of a full member including delegated decision-making responsibility. Nominated representatives must declare their nomination at the beginning of each meeting. They will be assumed to be representing the identified group member and will take responsibility for inputting and feeding back to their relevant area. Full members of the Portfolio Board may take decisions / vote recommendations.
Frequency of Meetings	Monthly meetings via Microsoft TEAMS

Quoracy	For a quorum, the Chair or Vice Chair, and the Executive Leads (or the relevant Senior Responsible Officer as their deputy) from the following programmes will be present: • Diagnostics & Planned Care Transformation Programme • Frailty & Community Model Transformation Programme • Mental Health Transformation Programme • Women, children and Families Programme • Organisational Development, Engagement and Communication • Value Based Health Care
Reporting	To Executive Committee.
Standard Agenda items	• Key documents / items for discussion and approval • Portfolio Highlight Report • ODEC update on Stakeholder Management & Communication and Organisational Development • Minutes and Action log from previous meeting
Outputs	Minutes and action log.
Membership	• Executive Director of People & Culture (Chair) • Executive Medical Director and Acting Deputy Chief Executive (Deputy Chair) • Executive Director of Nursing, Quality, Women and Family Health • Executive Director of Public Health • Executive Director of Primary, Community and Mental Health • Executive Director of Planning, Performance & Commissioning • Executive Director of Allied Health Professions, Health Sciences & Digital • Director of Corporate Governance / Board Secretary • Director of Improvement & Transformation • Director of Clinical Strategy • Assistant Director of Community Services • Assistant Director of Mental Health & Learning Disabilities • Assistant Director Performance & Commissioning • Deputy Director of Finance • Deputy Director Engagement Communications & Corporate Governance • Deputy Director of People & Culture • Associate Director of Capital, Estates and Property

	• Assistant Director of Transformation & Value • Assistant Director of Improvement & Innovation • Chief Digital Officer Branch Secretary for Unison Powys Health Care Staff Side Secretary In attendance Members of the Transformation and Value Team as required

4. Portfolio Management Controls

4.1 Financial Management & Tracking

To be developed further in accordance with the Health Board's Financial Recovery Programme.

4.2 Portfolio Planning, Tolerances and Escalations

An over-arching portfolio plan should track delivery against key milestones on the critical path, and those linked to delivery of outcomes and benefits. This will be updated via the individual programme and workstream highlight reports.

All changes to the agreed portfolio will be captured in a programme change register and narrative will be added to the plan. Reporting of the programme will be as per the bi-monthly reporting cycle. See Section 7.1 below.

As part of the drive for early identification and mitigation of key delivery issues, milestones are managed in 3 discrete, yet integrated levels.

- Level 1 = Portfolio Milestone
- Level 2 = Programme Milestone
- Level 3 = Workstream Milestone

Programme Level Milestones (PLMS)
These milestones are used to identify and report the external strategic or business beneficial outcomes and major enablers for the portfolio delivery. Programme Level Milestones may be selected for inclusion in an Organisation's strategic Documentation which could be within the public domain. As such, all Programme Level Milestones must have clear, unambiguous activity descriptions that can be easily understandable to the public.

Portfolio Milestones
Portfolio milestones are key checkpoints used to track progress, alignment, and delivery across a portfolio of programmes and projects. They provide a high-level

view of what must be achieved—and by when—to ensure that the overall strategic outcomes of the portfolio stay on track.

Portfolio milestones should be used by the Programme Board Chairs to monitor key deliverables and interfaces within individual workstream schedules, providing early warning to any potential schedule delays. Portfolio milestones must have clear, unambiguous activity descriptions that can be easily understandable. Slippage to Portfolio milestones will act as early warnings and will enable mitigation activities to be applied, to ensure minimal impact to delivery and slippage to the baseline position programme milestones.

Only items that affect the critical path are subjected to Change Control arrangements that need to be approved by the Programme Board for the Service area and then ratified by Better Together Portfolio Board. This includes tasks/activities that are not individually on the critical path, but which might impact the critical path if amended.

The approach for individual programmes is:

Delay impacting the Critical Path by up to 1 week	Delegated to Work Stream Lead in conference with the Programme Manager, to establish and mitigate any impact.
Delay impacting the Critical Path between 1 week and 1 month	Delegated to the SROs in conference with Director of Improvement and Transformation to establish and mitigate any impact.
Delay of over one month	Escalated to Better Together Portfolio Board to establish and mitigate any impact.

All changes should be captured by the Change Control process (see section 5.7 below), which are included within the Workstream workbooks.

Programme Milestones will be RAG rated by Workstream Leads. A summary of number of milestones reporting 'red', 'amber', 'green' and 'blue' will be provided to individual Programme Boards as part of the formal drumbeat reporting.

4.3 Programme/workstream Workbooks

The programmes will be required to maintain programme workbooks which will be inputted by the individual workstreams sitting beneath the programme board on a monthly basis. Each of the individual programme workstreams, will maintain a workstream workbook, which provides:

- An overall RAG rating

- Workstream overview, including key milestones, workstream deliverables and milestone tracking.
- A monthly Highlight Report.
- A Quarterly update report (IMTP Quarterly Reporting)
- A workstream Action Log.
- A workstream Risk Register.
- A workstream Issue Log.
- A workstream Change Register.
- An up-to-date monthly financial position (to be developed & confirmed with Finance).
- A Celebration and Learning Register.
- Stakeholder Map
- Benefits tracking

If a workstream is reporting Red or Amber, the Workstream Leads may be required to attend the individual Programme Board to provide a more detailed update on the Workstream position and any necessary actions to de-escalate.

4.4 Risks, Tolerance and Escalations

Risk tolerances and escalations are in the line with the PTHB Risk Management toolkit. It is also aligned with the risk management framework which sets out the appetite for risk, by risk category. The Risk Category that applies to the Better Together Portfolio is *Innovation and Strategic Change.* The maximum acceptable risk within this category is a score of 12-15, meaning that any programme risk scored at 15 or above needs to be escalated to the Better Together Portfolio Board.

Workstream risk scores should be routinely interrogated as part of the Programme meeting structure and drumbeat. In practice, this will mean that Workstream risks over 12 will be captured in the RAID log, for discussion with SRO's and escalation to individual Programme Boards.

All live risks are scored using the following matrix, and a total risk score is obtained by multiplying the Likelihood score by the Impact score.

Descriptor	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost certain (5)
Frequency How often might it / does it happen	This will probably never happen / recur	Do not expect it to happen / recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen / recur, but it is not a persisting issue / circumstances	Will undoubtedly happen / recur, possibly frequently

Descriptor	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Impact on the safety of patients, staff or public (physical / psychological harm)	Minimal injury requiring no / minimal intervention or treatment No time off work required	Minor injury or illness requiring minor intervention Requiring time off work for <3 days Increase in length of hospital stay by 1–3 days	Moderate injury requiring professional intervention Requiring time off work for 4–14 days Increase in length of hospital stay by 4–15 days RIDDOR / agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality / complaints / audit	Peripheral element of treatment or service sub-optimal Informal complaint / inquiry	Overall treatment or service sub-optimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints / independent review Low performance rating Critical report	Incident leading to totally unacceptable level or quality of treatment / service Gross failure of patient safety if findings not acted on Inquest / ombudsman inquiry Gross failure to meet national standards
Human resources / organisational development / staffing / competence	Short-term low staffing level that temporarily reduces service quality (<1 day)	Low staffing level that reduces service quality	Late delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>1day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attendance for mandatory / key training	Non-delivery of key objective / service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training / key training on an ongoing basis

Descriptor	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Statutory duty / inspections	No or minimal impact or breech of guidance / statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations/improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating 4 Severely critical report
Adverse publicity / reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives / projects	Insignificant cost increase / schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective / Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective / loss of >1 per cent of budget Failure to meet specification / slippage Loss of contract / payment by results Claim(s) >£1 million
Service / business interruption **Environmental impact**	Loss / interruption of >1 hour Minimal or no impact on the environment	Loss / interruption of >8 hours Minor impact on environment	Loss / interruption of >1 day Moderate impact on environment	Loss / interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

LIKELIHOOD						
	Almost Certain 5	5	10	15	20	25
	Likely 4	4	8	12	16	20
	Possible 3	3	6	9	12	15
	Unlikely 2	2	4	6	8	10
	Rare 1	1	2	3	4	5
		Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
		IMPACT				

Likelihood	
Rare	1
Unlikely	2
Possible	3
Likely	4
Almost Certain	5

X

Impact	
Negligible	1
Minor	2
Moderate	3
Major	4
Catastrophic	5

Each live risk will include an identified risk owner and mitigations are then added, so that a target risk score can be calculated, using the same calculation process as above.

4.5 Issues, Tolerances, and Escalations

An issue is a risk that has been become real.

Issues will be escalated to individual Programme Boards if the severity is 4 or above or

- Previously, as a risk, it had an impact score of 4 and over (i.e. Major or Catastrophic), or
- The issue will affect the critical path Tier 1 milestones.

If the severity of the issue is moderate (3) or above it will be raised to the SRO and managed via the programme workstream.

Issues will be escalated to the Better Together Portfolio Board if the severity is 4 or above or by Executive Lead

- Previously, as a risk, it had an impact score of 4 and over (i.e. Major or Catastrophic), and will impact on the annual plan delivery or Level 1 Programme Milestones.

All issues will be managed via the RAID log.

4.6 Quality Assurance, tolerances and escalations

Quality assurance arrangements need to be developed across the portfolio. Quality will need to be based upon the specifications of work outlined by the individual Programmes and their workstreams.

Escalations into Better Together Portfolio Board need to be developed.

4.7 Change Control

4.7.1 Change Control Procedure

The change control process is included in individual Programme and Workstream workbooks, and includes the following detail, this will be managed in accordance to the annual planning change requests.

North Powys Wellbeing Programme

Innovative Environment Change Request Log

No	Date	Type - Cost/Quality/Time	Request/Description	Impact	Author	Approved By	Approval Date

Any change controls that impact on the delivering of the Level 1 Programme Milestones will need to be agreed by the Better Together Portfolio Board.

4.8 Document Control

Document management and control is the collection, storage, dissemination and archiving of programme documentation in a structured manner, which supports the assurance processes and handover of the project.

In order to enable the tracking and flow of all information in the programme, SharePoint within the PTHB will be utilised as the system to ensure that all information used in the portfolio is up to date and that all out of date information is no longer accessible for implementation purposes but all data is available for record purposes.

Access to SharePoint information is managed by the Improvement & Transformation Directorate and contact details are: (TransformationTeam@wales.nhs.uk).

4.8.1 Version Control

This will be managed by the SharePoint system which automatically stores all versions that can be accessed at any time. User access rights will be considered by the management team on a case-by-case basis.

4.8.2 Handover Documentation – Assurance/project control

Assurance/project control documentation will follow the agreed existing Powys Teaching Health Board processes and be managed via an agreed assurance process.

4.8.3 Process for Document Signoff

This will be via the following:

- Contracts - Powys Health Board standard approval process.
- Internal Documentation Approval – Email Confirmation (Saved in SharePoint file with Document)
- Portfolio Board Approval - Email Confirmation, approved minutes of meeting (Saved in SharePoint file with Document)
- Executive Health Board Approval - Email Confirmation, approved minutes of meeting or scanned and dated wet signature (Saved in SharePoint file with Document)
- Welsh Assembly Government Approval - Email Confirmation, approved minutes of meeting or scanned and dated wet signature (Saved in SharePoint file with Document)

4.8.4 Filing Structure

The electronic filing structure (SharePoint) will follow the Better Together Portfolio Structure with consistent folder structures across each of the programmes. The aim is to ensure that the filing structure serves the requirements of both internal and external audit reviews.

5. Assurance

Assurance arrangements are managed within the clinical programmes whereby arrangements are agreed for specific pieces of work such as Phase 1 Adults Physical and Mental Health Community Services.

6. Communication and Reporting

6.1. Reporting

Type of Report	Purpose	Frequency
Portfolio Highlight Report	Highlight reports to understand planned activities, progress against milestones, Risks/Issues, Financial Performance and Change	Bi Monthly to Portfolio Board, then to Executive Committee.

	Control. To be provided by each programme Board /	Quarterly to PPPH Committee
Evaluation & Closure Report	To review project/programme efficiency and take forward any lessons into new projects/programmes	End of Project/Programme

6.2. Key Meetings

A schedule of meetings can be shared on request.

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.

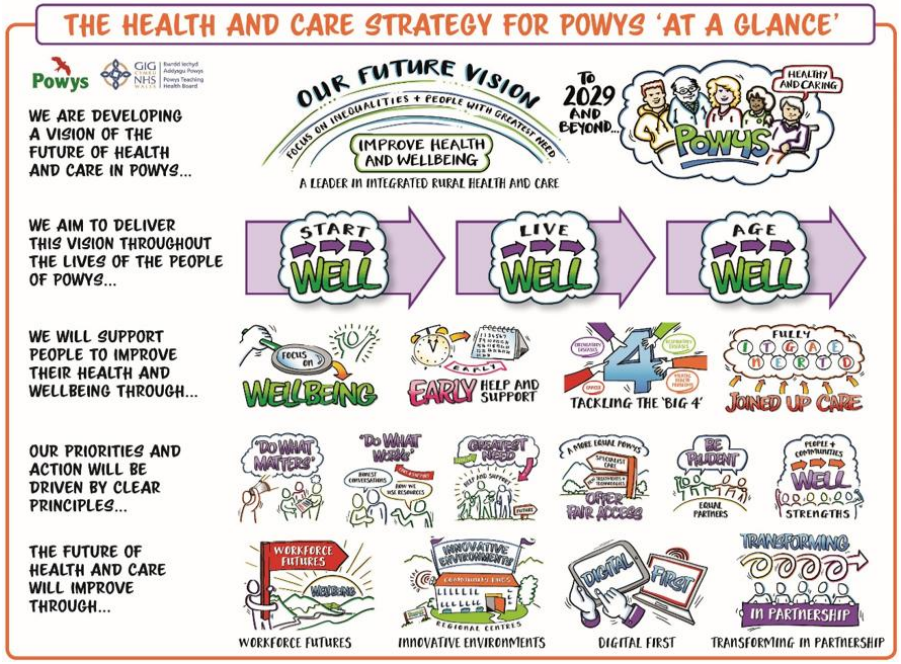
There is an urgent need to transform healthcare to respond to the challenges of today, and to meet the needs of the future. These include:

- 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.

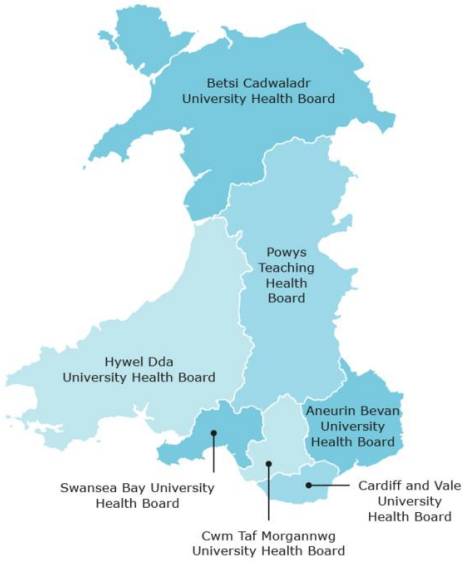
Our Better Together journey is continuing. We encourage you to continue to stay involved.

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.

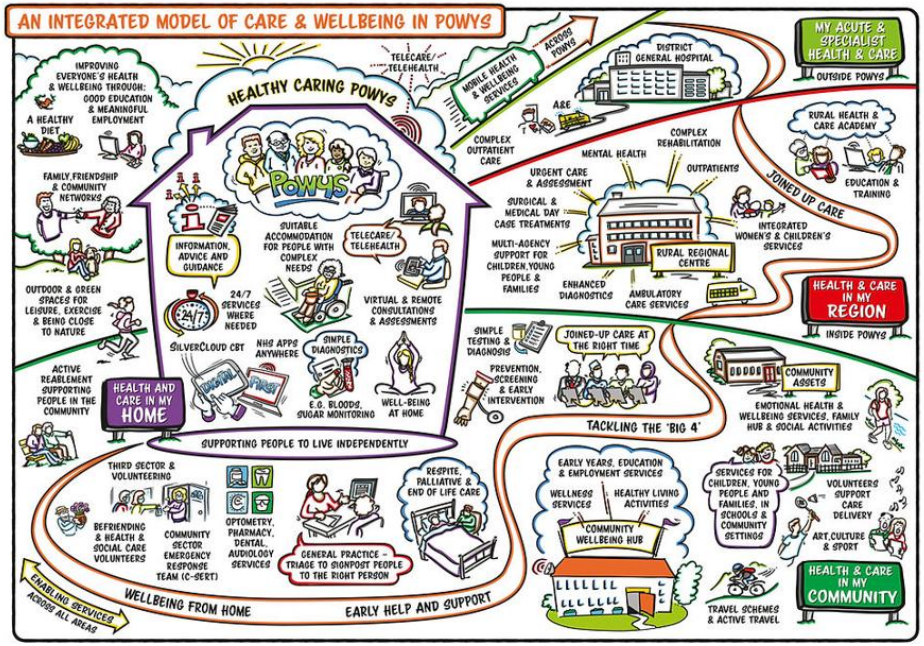
Key areas of national policy and legislation include:

- **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.

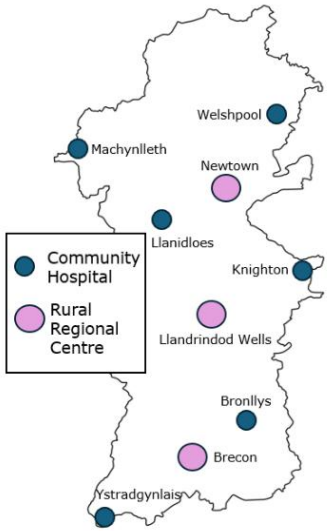
We need to find the right solutions for safe and sustainable care that improve quality and reduce harm. Our statutory Duty of Quality is an important part of this work. It supports us to focus on:

- 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.

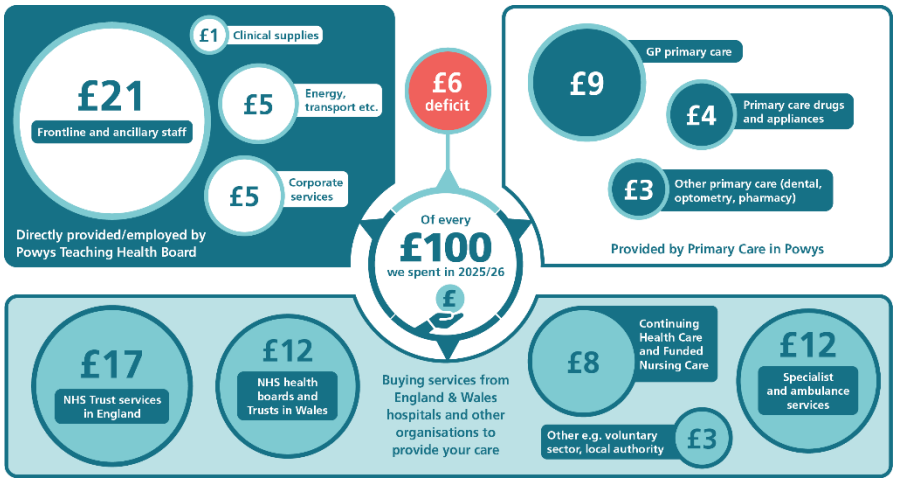
We need to review how and where services are provided in future to make best use of the available workforce supply. This also includes considering opportunities to invest in digital technology to address workforce challenges and improve staff experience, continuing to upskill and train the workforce 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.

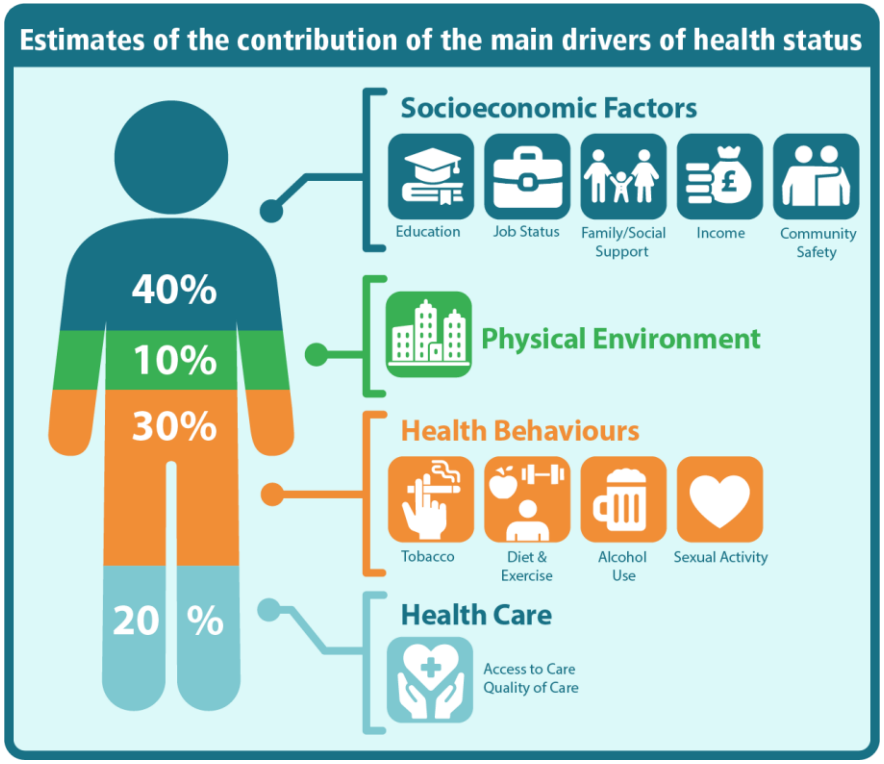
- Cwm Taf Morgannwg University Health Board made temporary emergency changes to stroke services, transferring the service from Prince Charles Hospital (PCH) in Merthyr Tydfil to Royal Glamorgan Hospital in Llantrisant. Ambulance services will convey Powys residents to the alternative nearest hospital 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.

Better Together Technical Chapters:

1. Purpose and Status

The Better Together Technical Chapters were published as Version 1.0 on 4 August 2025 and cover Physical Health and Community Services, Mental Health and Learning Disabilities, and Primary Care. They were developed to provide a shared understanding of the services in scope, the challenges and opportunities facing Powys Teaching Health Board, and the supporting evidence available at that stage of the Better Together programme. The Technical Chapters remain part of the supporting evidence base for the Pre-Consultation Business Case (PCBC) and are included at Appendix B.1, B.2, B.3.

Since the Technical Chapters were published, the Better Together programme has continued to develop its evidence base through further analysis, engagement, service model development and the preparation and assurance of the PCBC. This has included more recent activity and performance information, demand and capacity modelling, workforce and financial analysis, option development and appraisal, and assessment of travel, accessibility and wider impacts. The Technical Chapters have been reviewed and there have not been any significant changes since publication. On this basis, they have not been revised to incorporate progress of other programme related work and these documents should therefore be read alongside the PCBC and this overarching document.

The Technical Chapters remain a record of the evidence and service context available when they were developed; however, as the evidence base has developed, some of the quantifiable metrics they contain remain consistent with the PCBC, while others have been superseded by more recent information or analysis. Section 2 provides a consolidated schedule of these metrics so that the current PCBC position can be readily understood alongside the position originally presented within the Technical Chapters.

This document focuses specifically on relevant quantifiable measures where it is helpful to clarify the relationship between the position originally presented within the Technical Chapters and the latest position reflected in the PCBC. It does not seek to reproduce or replace the wider service context, qualitative evidence, stakeholder feedback or case for change contained within the Technical Chapters; this wider evidence remains relevant and should continue to be read alongside the PCBC.

2. Quantifiable Metrics Table

The following tables provide a consolidated view of the relevant quantifiable metrics contained within the Technical Chapters and their position within the PCBC. It is intended to support the reader in understanding how the quantified evidence base

has developed since the Technical Chapters were produced; it should therefore be read alongside, rather than in place of, the underlying Technical Chapters.

For each metric, the table sets out the current PCBC position alongside the corresponding Technical Chapter position. The metric position identifies whether the earlier metric remains aligned with the current PCBC position or has been superseded by more recent evidence or analysis. Where a metric is identified as superseded, the figure presented in the PCBC should be regarded as the latest available position.

2.1 Physical Health and Community Services

The metrics below should be read alongside the Physical Health and Community Services Technical Chapter at Appendix B.2 & B.3 and the relevant Physical Health and Community Services sections of the PCBC.

Metric	Current PCBC position	Technical Chapter position	Status
Inpatient bed base	146 inpatient beds	146 inpatient beds	Aligned
Bed-based intermediate care and reablement provision	12 short-stay reablement beds at Glan Irfon and 5 interim beds at Cottage View	Glan Irfon: 12-bed intermediate care centre; Cottage View: 15 beds, including 5 interim beds	Aligned
Total hospital admissions	44,082 admissions in 2025/26	39,779 admissions in 2023/24	Superseded
Total bed days and cost	156,383 bed days in 2025/26; costing more than £121m	153,670 bed days in 2023/24; costing more than £104m	Superseded
Average daily admissions and occupied beds	Approximately 120 admissions per day; equivalent to 428 occupied beds	Approximately 109 admissions per day; equivalent to 421 occupied beds	Superseded
Average length of stay	Approximately 40 days; compared with a Welsh Government target of less than 21 days	Approximately 40 days; target of less than 21 days	Aligned
Clinically optimised patients	60 of 132 patients (45%) clinically optimised for discharge	60 of 132 patients (45%) clinically	Aligned

		optimised for discharge	
Delayed discharge duration	22 of 60 clinically optimised patients (36%) had remained in hospital for more than one month	22 of 60 clinically optimised patients (36%) had remained in hospital for more than one month	Aligned
Pathway of Care Delays	43,179 total delayed bed days in 2025/26; estimated cost of £15.8m	2,906 bed days in 2023/24 relating specifically to Powys residents delayed in NHS England hospitals while awaiting return to a Powys service; expenditure of approximately £1.08m	Broader measure in PCBC
Bed utilisation and patient need	28 patients had no therapy or nursing needs; 32 required intensive rehabilitation; 19 required step-down care	28 patients had no therapy or nursing needs; 32 required intensive rehabilitation; 19 required step-down care	Aligned
Community inpatient workforce	Vacancy rate of 7.58%; agency staffing requirement equivalent to approximately 21 beds	Workforce analysis identified that 42 beds could not be staffed without agency support	Superseded
District Nursing workforce	100.03 WTE; supervisory standards not consistently achieved	100.03 WTE; supervisory standards not consistently achieved	Aligned
Projected inpatient demand	Without change, inpatient activity projected to increase by approximately 15%,	Inpatient activity projected to increase by approximately 15%, requiring an	Aligned

	requiring an additional 38 beds over ten years	additional 38 beds over ten years	
Projected population aged 80 and over	Projected to increase by 63.7% by 2043	Projected to increase by 63.7% by 2043	Aligned

2.2 Urgent Care and Diagnostics

Urgent Care and Diagnostics forms part of the Physical Health and Community Services Technical Chapter at Appendix B.2. The metrics below should therefore be read alongside that Technical Chapter and the relevant Urgent Care and Diagnostics sections of the PCBC.

Metric	Current PCBC position	Technical Chapter position	Status
Minor Injury Unit provision	Four Minor Injury Units	Four Minor Injury Units	Aligned
Minor Injury Unit opening hours	Brecon, Llandrindod Wells and Welshpool: 08:00-20:00; Ystradgynlais: 08:30-16:30 Monday to Friday, excluding Bank Holidays	Brecon, Llandrindod Wells and Welshpool: 08:00-20:00; Ystradgynlais: 08:30-16:30 Monday to Friday, excluding Bank Holidays	Aligned
GP minor injury provision	Minor injury services available through 10 GP practices	Minor injury services available through 10 GP practices	Aligned
Minor Injury Unit performance	Extremely low four-hour breach rate during 2025/26	No patients reported as waiting beyond the four-hour or 12-hour national targets	Superseded
Triage and senior clinical assessment	Median triage time of 5 minutes and median time to senior clinician of 7 minutes	Average time to senior clinician of approximately 5–7 minutes	Aligned
X-ray requirement	Approximately 20–25% of Minor Injury Unit	Approximately 20–25% of Minor Injury Unit	Aligned

	attendances require X-ray	attendances require X-ray	

2.3 Mental Health and Learning Disabilities

The metrics below should be read alongside the Mental Health and Learning Disabilities Technical Chapter at Appendix B.1 and the relevant Mental Health and Learning Disabilities sections of the PCBC.

Metric	Current PCBC position	Technical Chapter position	Status
Community Mental Health Team workforce	51.08 WTE across five teams	43.47 WTE across five teams	Superseded
Mental health referrals	Referrals increased by approximately 33% over ten years	Referrals increased by approximately 33% over ten years	Aligned
Local Primary Mental Health Support Service referrals	2,812 referrals in 2023/24	2,812 referrals in 2023/24	Aligned
Local Primary Mental Health Support Service performance	Performance improved from 78.7% in December 2024 to 98% in March 2025	Performance improved from 78.7% in December 2024 to 98% in March 2025	Aligned
Psychological therapy waiting times	63.1% waited less than 26 weeks against an 80% target; improving to 71.4% by March 2025	63.1% waited less than 26 weeks against an 80% target; improving to 71.4% by March 2025	Aligned
Care and Treatment Plan compliance	Approximately 80.6% against a 90% target	Approximately 80.6% against a 90% target	Aligned
PTHB mental health inpatient activity	Activity increased by approximately 10%; bed days increased by approximately 14%	Activity increased by approximately 10%; bed days increased by approximately 14%	Aligned
Externally commissioned	Activity increased by approximately 13%;	Activity increased by approximately 13%;	Aligned

mental health activity	bed days increased by approximately 19%	bed days increased by approximately 19%	
Suicide rate	Annual rate ranged from approximately 9 to 19 per 100,000; averaging approximately 13 per 100,000	Annual rate ranged from approximately 9 to 19 per 100,000; averaging approximately 13 per 100,000	Aligned
Agency, bank and temporary staffing expenditure	£2.93m agency expenditure and £1.0m bank staffing expenditure across Mental Health Services in 2025/26; a further £3.1m was spent on medical locums	£786k agency expenditure in 2023/24, with a further £240k on PTHB bank staffing; medical locum expenditure was not included in this measure	Superseded and broader measure in PCBC
Mental health nursing vacancies	44.29 WTE vacancies in 2025/26	Nursing vacancies reduced from 57.98 WTE in 2022 to 40.13 WTE in 2024	Superseded
Specialist placements	66 adults in specialist placements	66 adults in specialist placements	Aligned

Better Together

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

Chapter 2: Mental Health & Learning Disabilities

Version 1.0, 04 August 2025

Better Together is our big conversation with you to shape the future of safe, quality health services for Powys and ensure delivery of our Health and Care Strategy.

We are committed to working with patients, service users, communities, health and care staff, and partner organisations to improve health outcomes and make services more efficient and effective.

Whilst we have some excellent foundations to build on, we now need to radically change the way we provide services so that we can meet increasing demand and the future needs of the population.

We have a duty of care to ensure that we provide high quality services to our population. We also have a duty to live within our means. To achieve this, we need to consider options for how and where we could provide services in the future. This might mean patients need to access services in a different way or in a different place.

We will do this by working 'Better Together' with local people, partners and staff to shape health and care services that are sustainable, effective, and focused on what matters most to our communities.

This document provides an overview of mental health and learning disabilities services in Powys. It has been informed by our conversations and learning with patients & service users, communities, staff and wider stakeholders.

More information about Better Together – including how to find out more and have your say – is available from **pthb.nhs.wales/BetterTogether**

CONTENTS

Executive Summary

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

Key issues include:

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

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

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

Introduction

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

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

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

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

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

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

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

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

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

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

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

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

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

		Year 0 Powys Provider Activity	Year 0 Powys Provider Beddays	Year 0 Powys Provider Beds	Year 10 Do Nothing Powys Provider Activity	Year 10 Do Nothing Powys Provider Beddays	Year 10 Do Nothing Powys Provider Beds
HCP	651 Occupational Therapy	15	0	0	20	0	0
HCP	656 Clinical Psychology	4,985	0	0	5,504	0	0
HCP	710 Adult Mental Illness	4,750	0	0	4,622	0	0
HCP	711 Child & Adolescent Psychiatry	10,625	0	0	11,844	0	0
HCP	715 Old Age Psychiatry	23	0	0	31	0	0
HCP	724 Perinatal Psychiatry	4	0	0	4	0	0
HCP	Primary Care Mental Health	11,158	0	0	11,948	0	0
Outpatient	700 Learning Disability	372	0	0	406	0	0
Outpatient	710 Adult Mental Illness	2,225	0	0	2,365	0	0
Outpatient	711 Child & Adolescent Psychiatry	2,426	0	0	2,531	0	0
Outpatient	712 Forensic Psychiatry	0	0	0	0	0	0
Outpatient	713 Psychotherapy	0	0	0	0	0	0
Outpatient	715 Old Age Psychiatry	3,887	0	0	5,084	0	0
Outpatient	722 Liaison Psychiatry	0	0	0	0	0	0
Outpatient	724 Perinatal Psychiatry	0	0	0	0	0	0
Outpatient	727 Dementia Assessment	0	0	0	0	0	0
Outpatient	730 Neuropsychiatry	0	0	0	0	0	0
Outpatient	Unknown	0	0	0	0	0	0
Inpatient	710 Adult Mental Illness	204	4,568	13	219	4,827	14
Inpatient	711 Child & Adolescent Psychiatry	0	0	0	0	0	0
Inpatient	715 Old Age Psychiatry	62	4,847	14	76	5,908	17
Inpatient	724 Perinatal Psychiatry	0	0	0	0	0	0
Grand Total		**40,736**	**9,415**	**27**	**44,652**	**10,735**	**31**

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

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

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

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

Working age 'deaths of despair' have increased since the pandemic. After adjusting for demographic changes, deaths attributed to alcohol, drugs and suicide were up 24% – around 3,700 deaths – in 2023 compared with pre-pandemic levels for 15- to 64-year-olds in England and Wales. There is a strong association between these deaths with socioeconomic disadvantage.

The suicide rates in Powys (5-year rolling average age standardised rates per 100,000 population) have remained relatively stable over the past 10 years or so. The rates in Powys were similar to the average rates for Wales, with overlapping confidence intervals indicating no statistically significant difference between Powys and Wales.

[2] "The Economic and Social Costs of Mental Ill Health: Review of Methodology and Update of Calculations", Centre for Mental Health (2024)

[3] "Various indicators point to a deterioration in population mental health" E. Latimer; S. Ray-Chaudhurii C T. Waters, Institute for Fiscal Studies (2025)

PTHB has put in place single point of access and rapid response services to help ensure timely and appropriate assessment and intervention. The Welsh Government's Self Harm and Suicide Prevention Strategy will inform our service review and redesign.

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

Mental Health Services for People with a Learning Disability

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

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

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

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

[4] Public Health Wales (2022) "1000 Lives Guide 22: Improving general hospital care of patients who have a learning disability."
[5] Welsh Assembly Government (2007) "Statement on Policy and Practice for Adults with a Learning Disability". Welsh Government: Cardiff
[6] Michael, J. (2008) "Healthcare for All: A report of the Independent Inquiry into access to healthcare for people with learning disabilities." HMSO: London

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

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

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

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

Citizens' Feedback

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

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

Government Policy

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

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

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

1. There is action to make sure the building blocks are in place to support good mental health and wellbeing

2. Everyone has the knowledge, opportunities and confidence to protect and promote good mental health and wellbeing

3. There is a connected system where all people receive the appropriate level of support wherever they reach out for help

4. There are seamless mental health services – person-centred, needs led and guided to the right support first time, without delay

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

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

[7] 'Better Together: Designing a Sustainable Approach for Powys' draft document 3.i (2023) Powys Teaching Health Board

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

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

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

Socioeconomic Influence on Demand

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

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

Reviews in The Lancet (2021), and by the Centre for Mental Health (2024), evidence that the Covid-19 pandemic has had a significant adverse impact on the mental and emotional health and wellbeing of the UK population.[11][12] Mental and emotional health services in Powys are experiencing unprecedented requests for help for mild to moderate depression, anxiety, bereavement, the psychological impact of conditions such as 'long Covid' and the lingering effects of grief, social isolation and loneliness compounded by subsequent lockdowns owing to the pandemic. This change in patient presentation needs to be reflected in the core offer of mental health service provision, underpinned by a new health model developed to meet the changing needs of the population.

[8] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf

[9] MHF-Mental-Health-and-Housing-Report-2016.pdf

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

[11] 'Covid-19 and the Nation's Mental Health A Review of the Evidence Published so far' (2024) Centre For Mental Health

[12] COVID-19 and mental health (2021) 'The Lancet Psychiatry', Volume 8, Issue 2, 87

Performance and Clinical Governance Concerns

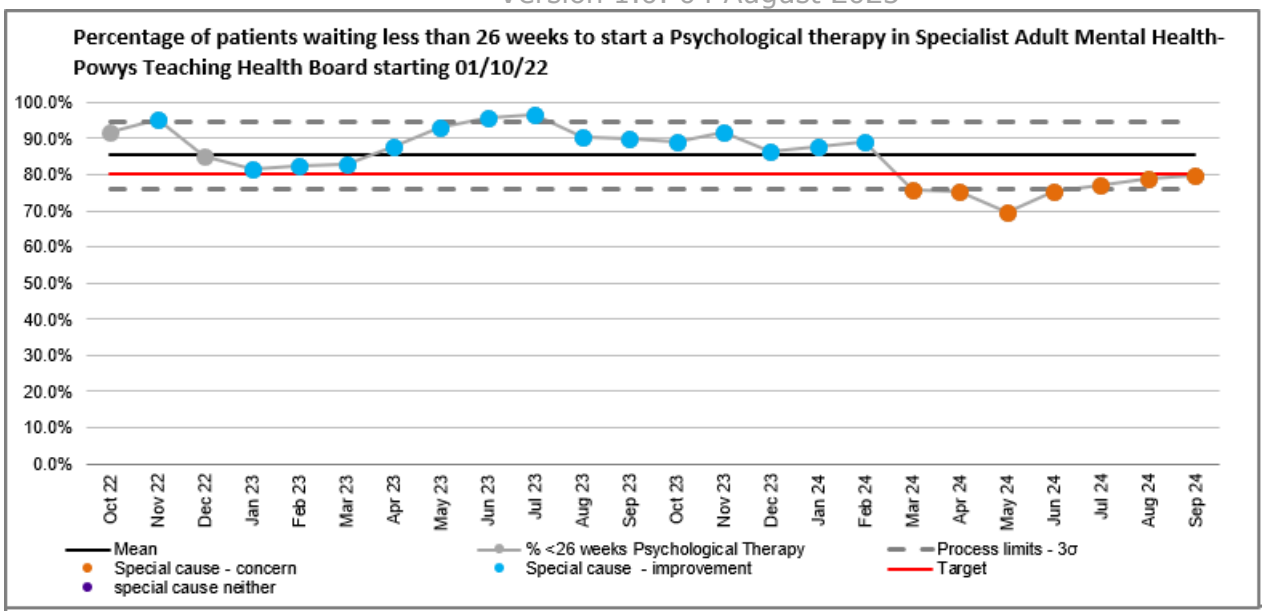
Two key areas of service performance shortfalls are reported:

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

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

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

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



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

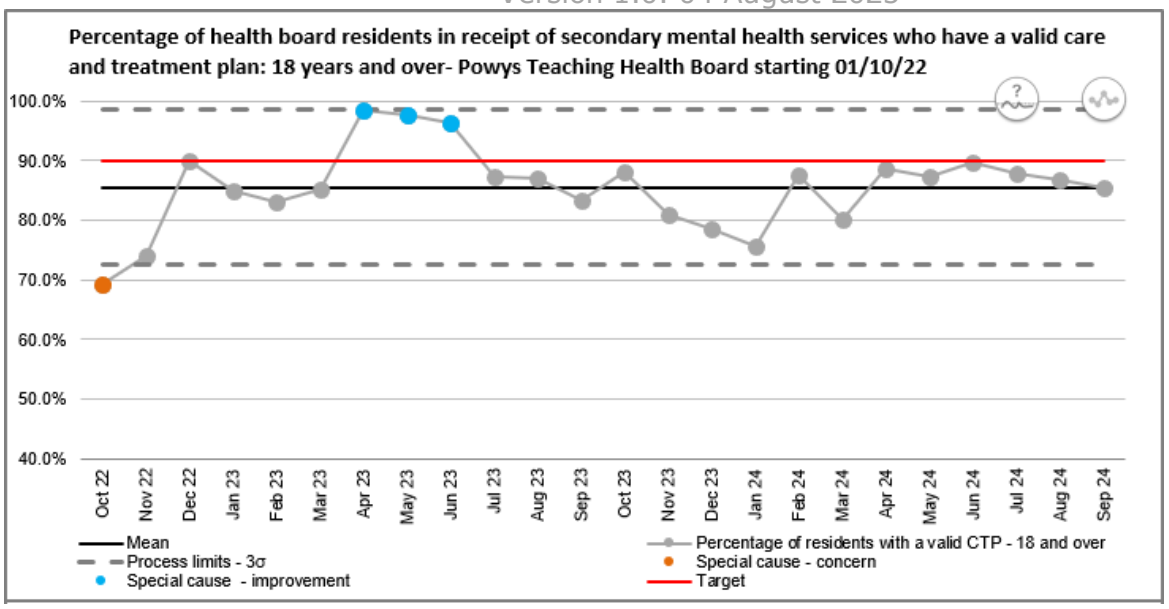
In response to the issues regarding staffing and increases in acuity and demand, a clinical audit was undertaken by the Director of Clinical Strategy in 2024. This identified clinical governance shortfalls which resulted in Mental Health services being placed in 'internal escalation' monitoring. Whilst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

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

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

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

[13] Source: Powys Population Needs Assessment (2022)



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

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

Geographical Challenge and 'critical mass'

Powys is a county comprising 5,181 km2 (2,000 sq. mi) and a population of 133,891 people in 2022. Ensuring community services are accessible across the county is a particular challenge. For example, whilst the total of staff in community mental health teams is 43.47wte (all staff groups), this is divided across five teams. Vacancies and absences have a significantly greater impact on our teams then would be the case if the Community Mental Health Team was a single team working from one location. Furthermore, the current configuration of wards and teams across Powys geography (with mental health wards in Llandrindod, Bronllys and Ystradgynlais), makes it difficult to move resources from one location to another, as would be normal management practice to ensure safety and best use of staff across a hospital site with co-located wards and departments.

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

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

Estate and Environment

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

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

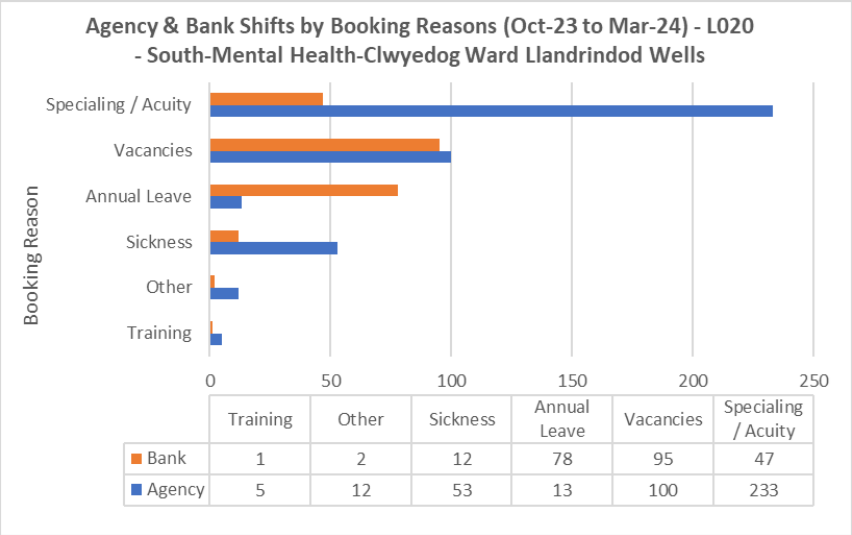
Workforce and Variable Pay

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

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

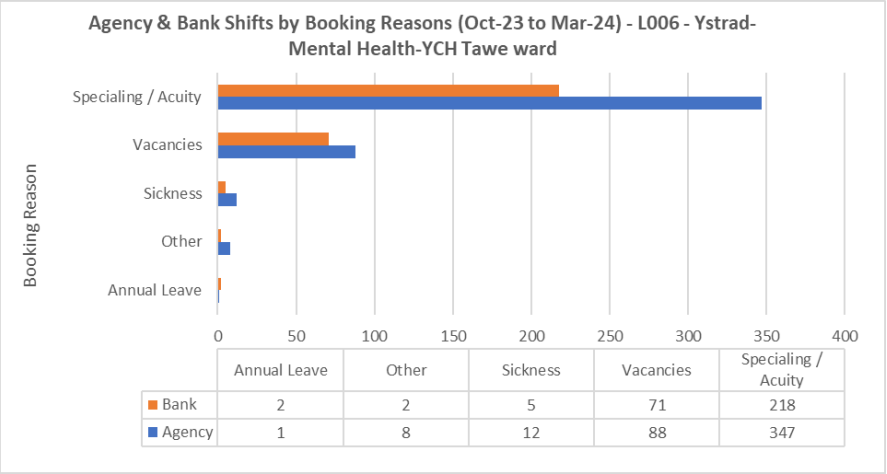
Whilst the use of variable pay has been necessary in terms of safely managing clinical risk, the detrimental impact on the financial position of Mental Health & Learning Disability Services is a significant contributor to the escalated position of PTHB for reasons of financial governance.

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



	Training	Other	Sickness	Annual Leave	Vacancies	Specialing / Acuity
Bank	1	2	12	78	95	47
Agency	5	12	53	13	100	233

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



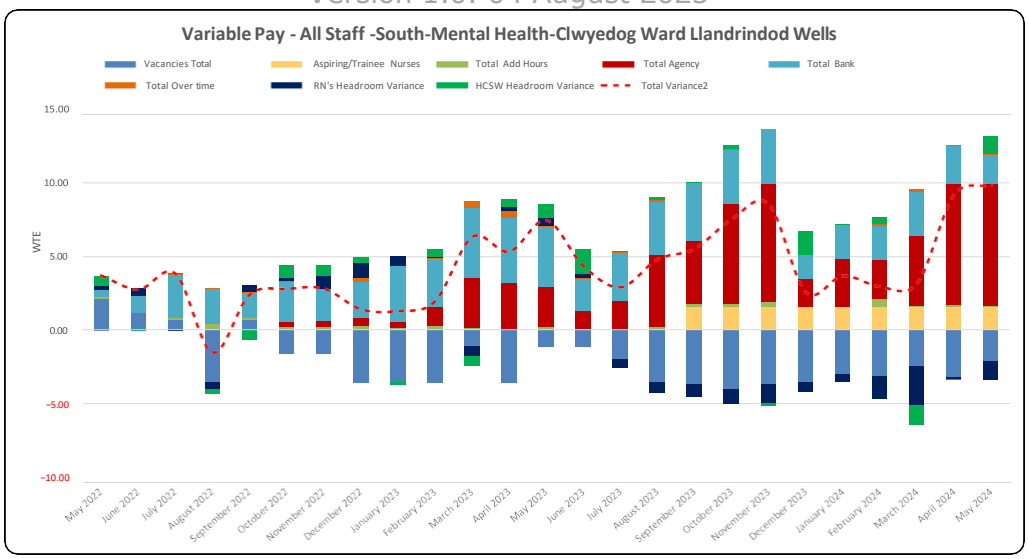
	Annual Leave	Other	Sickness	Vacancies	Specialing / Acuity
Bank	2	2	5	71	218
Agency	1	8	12	88	347

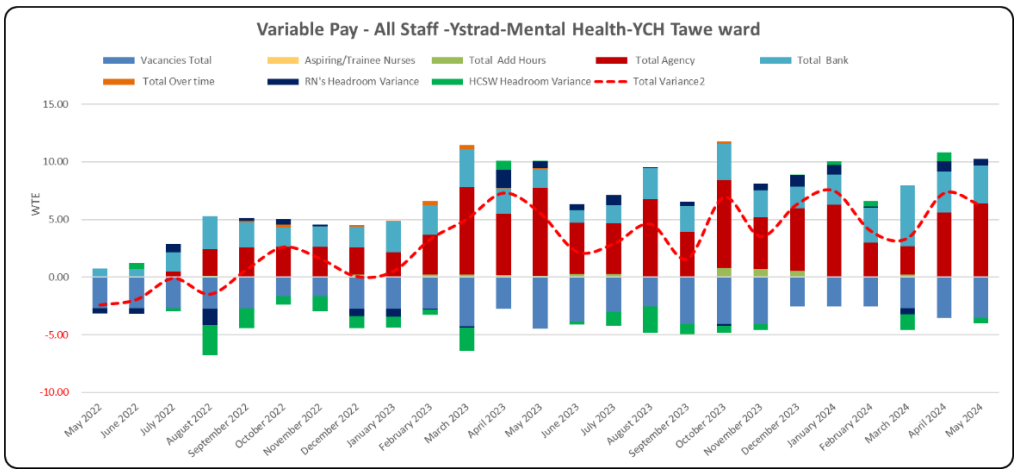
	Annual Leave	Other	Sickness	Vacancies	Specialing / Acuity
Bank	2	2	5	71	218
Agency	1	8	12	88	347

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

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

[15] Adult Acute Mental Health Units, Welsh Government, Welsh Health Building Note, 2016





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

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

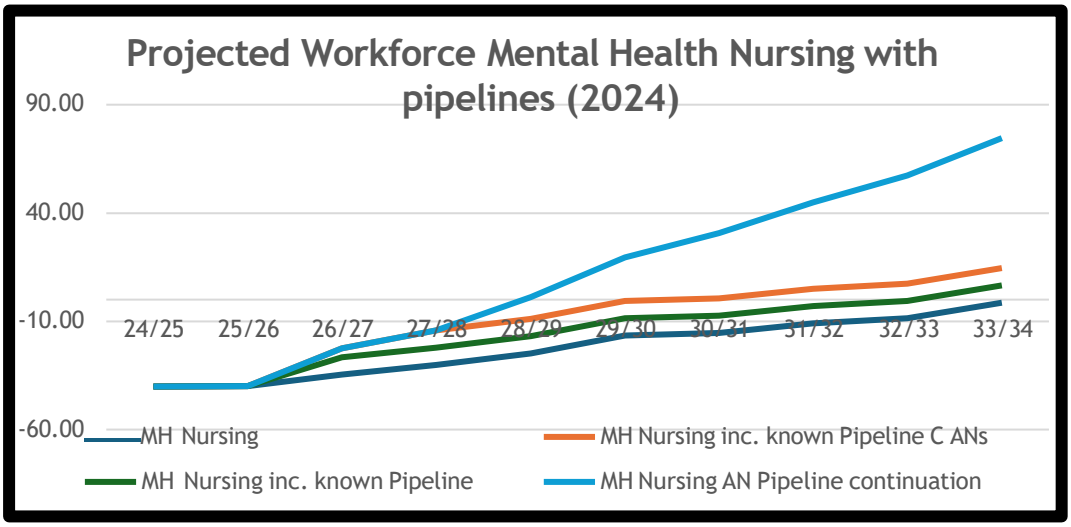
Variable pay has increased exponentially as in addition to the vacancy factor the increase in acuity and clinical risk experienced by patients where enhanced levels of nursing 'observation' is needed has regularly resulted in additional capacity for Health Care Support Worker (HCSW) or 'special nursing'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

Workforce projections

Mental Health Nursing

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

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



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

	2022 (WTE)	2024 (WTE)
Budgeted Est.	196.53	195.57
Vacancy position (Sept 22 & Oct 24)	-57.98	-40.13

[16] https://www.bbc.co.uk/news/articles/cz7ep0rx514o

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

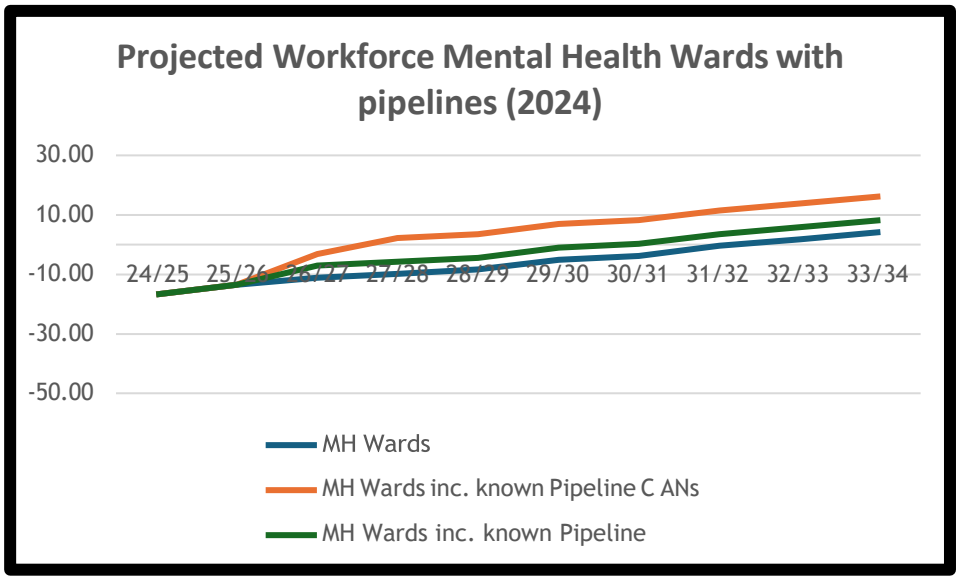
Allied Professionals and Mental Health Social Workers

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

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

Mental Health Wards

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

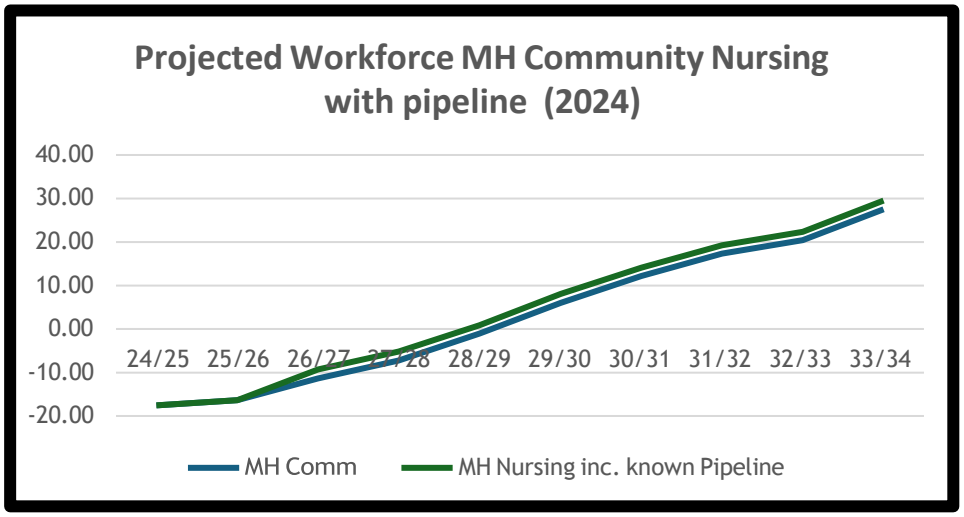


The table below shows that the shape and supply of the workforce is changing, with increased business as usual recruitment and improved retention, with turnover reduced by 50%.

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

Mental Health Community Nursing

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



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

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

Psychology and Psychological Therapy Workforce

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

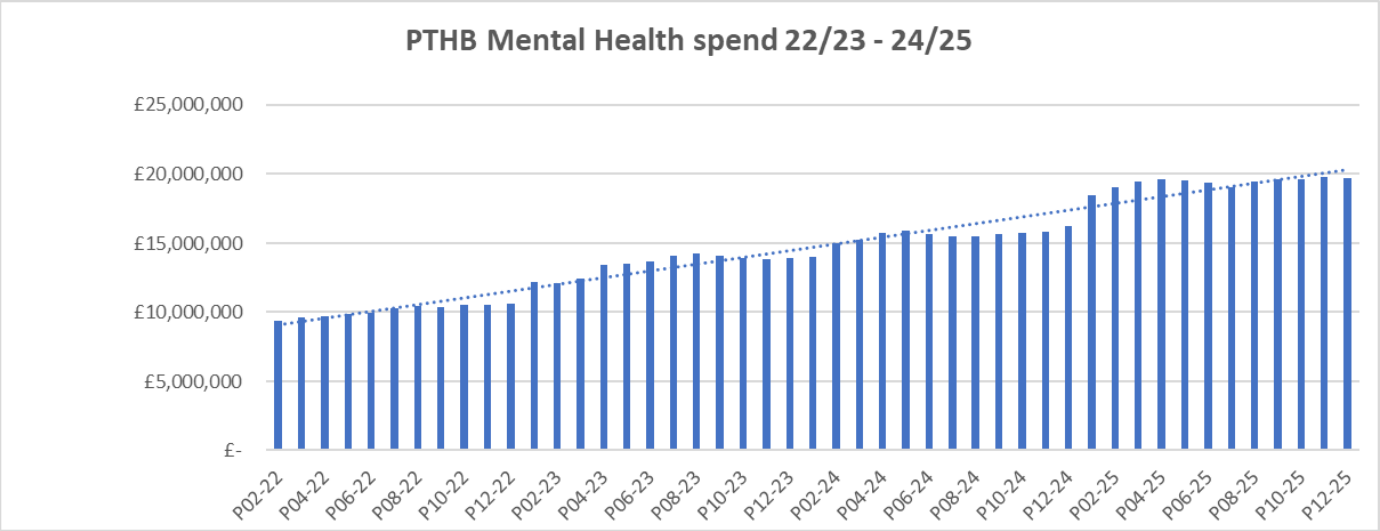
Nevertheless, the longstanding challenges with recruiting qualified psychologists in Powys means that qualified psychology posts remain unfilled across many teams and services within the mental health and learning disability directorate, including Adult Psychology and Psychological Therapy Service; Older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

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

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

Continuing Care and Commissioned Pathways

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

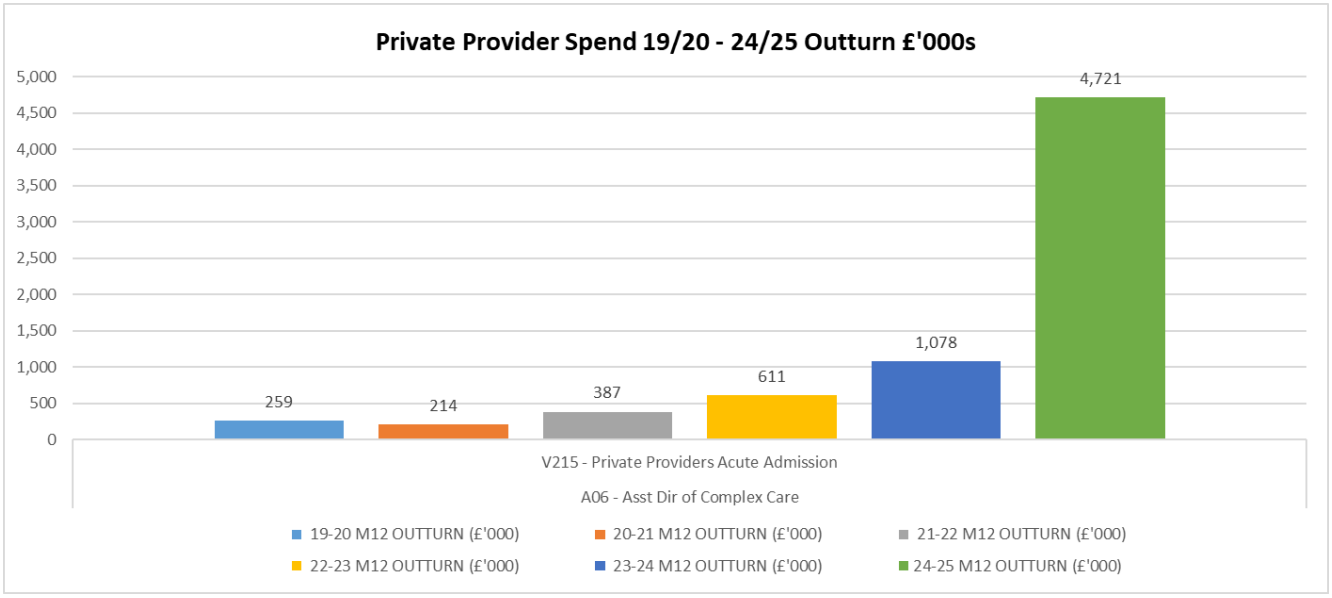


It can be seen from the graph above that each month there were significant increases in the forecast costs for adults with complex mental health needs in specialist placements. Elderly Mental Health (EMI) costs have grown in totality 66% & Adult Mental Health by 15% between 22/23 & 24/25. The inflation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

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

Active Placements with private providers within each year

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



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

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

Conclusion

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

Without transformation, the consequences will be severe:

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

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

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

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

Better Together

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

Chapter 1: Community Services

Version 1.0, 04 August 2025

Better Together is our big conversation with you to shape the future of safe, quality health services for Powys and ensure delivery of our Health and Care Strategy.

We are committed to working with patients, service users, communities, health and care staff, and partner organisations to improve health outcomes and make services more efficient and effective.

Whilst we have some excellent foundations to build on, we now need to radically change the way we provide services so that we can meet increasing demand and the future needs of the population.

We have a duty of care to ensure that we provide high quality services to our population. We also have a duty to live within our means. To achieve this, we need to consider options for how and where we could provide services in the future. This might mean patients need to access services in a different way or in a different place.

We will do this by working 'Better Together' with local people, partners and staff to shape health and care services that are sustainable, effective, and focused on what matters most to our communities.

This document provides an overview of adult NHS community services in Powys. It has been informed by our conversations and learning with patients & service users, communities, staff and wider stakeholders.

More information about Better Together – including how to find out more and have your say – is available from **pthb.nhs.wales/BetterTogether**

Contents

Executive Summary

Powys Teaching Health Board (PTHB), in alignment with the Powys Health & Care Strategy, national strategy *A Healthier Wales* and the Orford Report (*NHS in 10+ Years*), recognises the urgent need to transform the current model of community and hospital-based services in Powys. The present system has evolved organically, resulting in fragmented services that are no longer fit for purpose in meeting the complex, long-term health needs of an ageing population. With demand for services increasing, and workforce, estate, and financial pressures mounting, a fundamental redesign is required to make best use of the resources available to us to deliver sustainable, high-quality, person-centred care closer to home.

Feedback from residents and stakeholders has reinforced the need for integrated, preventative, and community-based approaches. There is strong public support for a new frailty model and concern over delayed discharges, insufficient palliative care, and reliance on hospital-based services. The strategic shift proposed focuses on earlier identification of frailty, reducing hospital admissions and length of stay, and delivering care in or near the home. This includes scaling up rapid response services, falls prevention, community rehabilitation, and the use of multi-disciplinary teams to deliver tailored, proactive care in the community.

Recent temporary service changes, including the creation of Ready to Go Home and Rehabilitation Units, have aimed to address deconditioning and discharge delays. Early evaluation shows promise in improving patient flow, reducing reliance on out-of-county hospitals, and optimising use of Powys's limited bed base. However, these changes must be matched with sustained investment in workforce, digital infrastructure, and community capacity to ensure safe, timely, and dignified care. Strategic planning also recognises the value of community assets and seeks to enhance—not diminish—their role in local care delivery in a way that is fit for purpose.

If the system remains unchanged, projected demographic shifts will exacerbate existing challenges, with a 63.7% increase in residents aged 80+ and a concurrent drop in the working-age population by 2043. NHS Wales policy mandates innovative, integrated, and preventative approaches to avoid widening gaps between need and capacity. The proposed community model in Powys is not only a local imperative but a national priority, ensuring equitable access, better outcomes, and more sustainable services for current and future generations.

While PTHB continues to deliver valued and traditionally configured community health services, the context in which these services operate has changed significantly. Evolving population health needs, an ageing and often inadequate estate, workforce fragility, and increasingly complex care pathways all signal a pressing need to re-evaluate how services are configured and delivered.

Conclusions

There is now clear evidence to support a shift toward earlier identification of frailty, proactive intervention at lower levels of acuity, and services that reduce long-term dependency on traditional health and social care. To meet future demand

sustainably, the focus must be on preventative, community-based care that is integrated and person-centred.

Reframing current service models is essential to respond effectively to these challenges. This will require making best use of the existing, serviceable estate, optimising workforce skills and capacity, and redesigning pathways to ensure that care is delivered as close to home as possible.

The opportunity now is to work with our communities and partners to reshape community services in a way that delivers better outcomes, improves resilience across the system, and aligns with both local need and national strategic direction.

Introduction

The long-term vision for health and care in Powys—*A Healthy, Caring Powys* (2017–2027)—is strongly aligned with the national policy direction set out in *A Healthier Wales* and the Welsh Government's *NHS in 10+ Years* report (the Orford Report, 2023). These frameworks emphasise the urgent need for integrated, person-centred care that responds to changing demographic and health demands across Wales.

Scientific evidence from Welsh Government[1] underscores a critical trend: a rapidly ageing population will result in a significant rise in long-term conditions, including frailty, dementia, cancer, cardiovascular and respiratory diseases, diabetes, and mental ill-health. The number of people with complex multimorbidity—defined as four or more co-existing conditions—is projected to nearly double by 2035, with mental health concerns present in the majority of these cases.

In Powys, these pressures are further compounded by long-standing workforce challenges, an ageing and often inadequate healthcare estate, escalating service demand, and financial constraints across the system. These issues create a compelling case for transformational change.

This Community Model chapter sets out the opportunities and challenges for delivering care closer to home. It proposes the development of an integrated, multi-disciplinary service model that brings together primary care, community and specialist nursing, and therapy-led frailty care. There is significant scope to improve the holistic management of physical and cognitive frailty and the physical health needs of mental health patients and therefore a clear interdependency with Mental Health services. This model aims to deliver accessible, coordinated, and proactive support for those with the most complex needs, enabling earlier intervention, better outcomes, and improved sustainability of services across Powys.

This chapter should be read in conjunction with the Primary Care chapter.

Feedback from residents

In 2024, a series of joint *Better Together* engagement events were held across all 13 localities in Powys, led collaboratively by Powys County Council and PTHB. These events brought together representatives from town and community councils, as well as third sector organisations, to gather views on a proposed integrated frailty and community care model. Feedback from residents was positive, with strong endorsement for the model's focus on prevention, early identification, timely intervention, and high-quality care in the last year of life.

[1] [1] Science Evidence Advice (SEA) NHS in 10+ years An examination of the projected impact of Long-Term Conditions and Risk Factors in Wales gov.wales Science Evidence Advice (SEA) Contents. (2023). Available at: https://www.gov.wales/sites/default/files/publications/2023-09/science-evidence-advice.pdf.

Stakeholders expressed a clear desire for more accessible preventative health information and support to promote healthy lifestyles. There was consensus that frailty assessments—currently initiated in General Practice using tools such as the Rockwood Clinical Frailty Scale—should be introduced earlier in life to help reduce falls and related hospital admissions. Many attendees were surprised by the scale of admissions due to falls, highlighting the importance of a proactive, preventative approach, particularly given pressures on bed availability and delayed discharges linked to care package and rehabilitation delays.

While there was support for the repatriation of services into Powys, some concerns were raised about the potential perception of community hospital 'downgrading' through the expansion of Ready to Go Home units. Community hospitals remain a source of strong civic pride, and there is a shared aspiration to see them play a role in the delivery of integrated, high-quality care.

End-of-life care was identified as a key area for improvement, particularly regarding access to hospice services within Powys. Participants emphasised the need for greater investment in palliative care, expressing a strong preference for dignified, person-centred end-of-life care delivered locally. The feedback provided a clear mandate to reflect on the current configuration of services and inform the strategic direction required to meet evolving needs.

Adult Community Services

PTHB both provides and commissions a wide range of services across our local communities. A patient journey through our services will typically involve interaction with a number of Health Board provider teams and often involves interactions with services which are commissioned from partner organisations and either delivered within Powys (in reach) or out of county. This can result in complex arrangements, fragmenting of patient records, and challenges to navigating pathways for both service users and clinicians. Our teams are focussed on delivering a seamless experience for their patients, but this is not always easy to achieve for the reasons outlined and we know that there is opportunity for us to improve this. This section will provide an outline of the community services directly provided by PTHB.

Specialist Teams

There are a number of small community-based, condition-specific, specialist nursing and practitioner teams in Powys, which provide advice, support and treatment to patients living with long term conditions, such as diabetes, respiratory, cardiac, and neurological conditions. These teams work closely with our core community nursing teams, therapy teams, primary and secondary care clinicians.

Such teams often have a relatively small number of staff, who are geographically spread across Powys, making it difficult to deliver services during periods of staff absence whether planned or unplanned. The teams are organised in many different ways, working to specialty specific evidence-based guidelines, and rely on different roles and professionals working within them to provide a greater range

of services. Services are provided in a variety of ways which can include outpatient clinics and home visits, both digitally and face to face.

The table below outlines the specialist team provision in the community across Powys and their current service offer.

Specialist Team	**Operating Hours**	**Number of whole-time equivalent staff**
District Nursing	08:00-20:00	100.03
Cardiac	09:00-17:00 Mon - Fri	3.2
Continence	08:30-16:30 Mon - Fri	3.5
Diabetes	09:00-17:00 Mon - Fri	4.4
Lymphoedema	09:00-17:00 Mon - Fri	3.8
Parkinson's Disease	09:00-17:00 Mon - Fri	2.0
Respiratory	09:00-17:00 Mon - Fri	6.1
Tissue Viability	09:00-17:00 Mon - Fri	1.6
Specialist Palliative Care	08:30-16:30 Mon - Fri (excluding bank holidays)	7.4
Complex Care	09:00-17:00 Mon - Fri	7.0

A Strategic Review of the services above is planned to take place in Financial Year 2025/2026 to understand the existing configuration of these teams, how they currently operate, their strengths, weaknesses, opportunities and challenges.

District Nursing

Powys District Nursing teams are organised into 12 localities (which do not completely align to the 13 localities used by the local authority) across the whole of Powys, and operate seven days per week, working 8am – 8pm every day. All teams include Health Care Support worker roles to facilitate an effective skill mix, but the team resource is predominately nurse registrants. Each nursing team will have a clinical lead District Nurse with a Nursing & Midwifery Council (NMC) recordable specialist qualification (SPQ) or a post registration community nursing degree and leadership training. To comply with the NHS Wales Community Nursing Specification, at least 20% of their time should be spent on case management and at least 20% of their time undertaking supervisory activities, aiming towards a nursing, supernumerary role as the needs of the team dictates, but this is infrequently achieved.

The service predominantly operates as a community based planned care function, working to support patients who are housebound, and require support and care with chronic health needs and conditions, such as diabetes, wound damage, management of medical devices such as catheters and specialist infusion lines, and patients at the end of their life. The service also operates to a 2-hour response standard for urgent referrals.

Where planned care can be organised more effectively, the teams will deliver some elements of care as outpatient clinics. These are aligned to each District Nursing team providing care for ambulant patients rather than in individual patient homes.

This includes wound care, leg wound management and prevention, and some support to vaccination. There is an opportunity to look at how these services are planned at locality and regional levels.

The teams work closely with a wide range of health care professionals and voluntary sector organisations, such as General Practice, community pharmacy, community therapy teams and community connectors. They also draw on the support of the specialist community teams including Tissue Viability Nursing, Specialist Palliative Care, Lymphoedema and Complex Care, but are themselves often acting as the case coordinator for these complex community patients.

Home First services

It is important that we support people to remain at home wherever possible and to ensure that, when a hospital admission is needed, people return home as quickly as safely possible. The Health Board has several teams in place who work closely with Social Care and Third Sector partners to facilitate these outcomes for our patients however the rurality and geography of Powys is a challenge to delivery of an efficient and effective service model.

To address this, from 1 April 2025, we have merged some of our services to form the Community Rehabilitation Service, which will support individuals that have rehabilitation goals and require wraparound support on discharge from hospital, and those that are in the community and at risk of hospital admission. The service operates from 8am to 8pm, seven days per week and supports adult residents of Powys aged 18 and over who have reduced ability to perform activities of daily living.

Alongside the Community Rehabilitation Service, Powys County Council operates an enablement pathway for individuals that have been assessed as requiring an ongoing package of care and have no ongoing rehabilitation goals. This service operates from 7am-10pm, seven days per week and supports adult residents of Powys aged 18 and over who require an increase in their existing package of domiciliary care or require a new package of domiciliary care. The service also supports individuals who have complex end of life or mental health needs if they already have a package of domiciliary care.

In addition, the Health Board and primary care clusters (which are groupings of primary and community care professional collaboratives working together across their local geography), have invested in new posts to support individuals living with frailty, supporting such patients to remain at home wherever possible. By reviewing their chronic health conditions, clinical risk factors for falls and other vulnerabilities for admission to hospital, these teams can put in place measures to help individuals maintain their independence, reduce the risk of them losing physical strength and help improve their resilience. These teams will work alongside local communities, voluntary sector partners and care agencies, to maximise the opportunities for this work. The evaluation of these services will help us to understand the impact of these posts and services and how we ensure we use them most effectively in a sustainable future model.

It is notable, that research has shown that one in three people aged 65 or over is at risk of falling over, rising to one in two people over the age of 80. It also remains well recognised that people who have fallen or who are fearful of falling can feel restricted physically and socially. It is therefore important to recognise the risks early and get the right help at the right time.

In response, we have created a Falls prevention pathway, to help identify why an individual might have fallen, or feels at risk of falling. The service then assesses and identifies actions aimed at reducing those risk factors, helps to improve confidence and aims to keeps the individual doing the things that they enjoy safely. Our next step in this journey will be to join up this preventative approach with further interventions to secondary prevention of falls and admission avoidance through enhancement of the existing community-based rapid response service to help someone who has already fallen, and also join this up with a service to support patients following a fracture, where improved bone health could be one way to avoid future falls and injuries. Medication optimisation is an important part of this approach and one we are working to improve to reduce the risk of falls and deliver safe, effective care. The Local Authority has also recently undertaken a 'diagnostic assessment' with Falls being a key area of opportunity identified for proactive intervention across partners.

Continuing Healthcare (CHC)

CHC is the name given to one or more services arranged and funded solely by the NHS for those people who have been assessed as having a 'primary health need' and need care outside of a hospital setting. Between 2019/2020 and 2023/2024, the number of open cases receiving CHC funding from the Health Board, has increased by 42%, and the overall costs have increased by 128%. It is recognised that work to improve the breadth and capacity of core community services will offer greater options for people who need health care, promoting independence through health teams who are familiar with the patient needs. This can then limit the need for separately and individually funded continuing healthcare services.

Following a national review of CHC; seven recommendations were made to the national Value and Sustainability Board, chaired by the Director General of Health and Social Services, established in 2024. The recommendations have now been prioritised and are being addressed both nationally and locally.

The Health Board is part of an All-Wales group working towards making improvements in the management and performance around CHC, initially through an All-Wales Digital System. The second priority area will be national support for NHS nurse assessors and reviewers relating to training and competency. This will ensure that there is fair and equitable application of CHC processes across Wales. Other areas for national development include a process to identify opportunities to ensure value through consistent pricing and a continuation of the High-Cost Mental Health & Learning Disabilities Placement Reviews.

Partnership is critical and the national work seeks to further enhance CHC Health and Social Care co-operation. Strategic Commissioned Care Planning and improving governance and oversight, nationally and locally will be part of the NHS Wales CHC Cooperation Programme Board.

Minor Injury Units (MIU)

For patients with minor injuries in Powys, several community hospitals incorporate a Minor Injury Unit (MIU) as well as several GP surgeries which are separately contracted to deliver care to patients with minor injuries. Our MIUs are based at Ystradgynlais, Brecon, Llandrindod Wells and Welshpool and are led by Emergency Nurse Practitioners.

Patients may attend one of our units for the following reasons:

- Broken bones (fractures)
- Dislocations, sprains and strains
- Wounds and minor burns
- Simple insect stings without complications
- Insect, animal and human bites
- Foreign bodies to eyes, ears and nose
- Head or face injuries (if there is no loss or change in level of consciousness)
- Non-penetrating eye and ear injuries
- Minor injuries

MIUs in Powys can treat adults and children aged two and over. We deliver a hybrid service model; this means we will assess and treat patients attending with no prior contact to the MIU, but we encourage a phone first approach. A phone first approach enables initial telephone assessment, following which an appointment time is given to be seen in MIU, or the patient is redirected to a more appropriate service to meet their needs, thus reducing unnecessary travel in an often very rural geographical area.

This approach facilitates a 'see and treat' model meaning that most people attending the MIU wait on average only between 5- and 7- minutes to be assessed by a senior clinician. This is well within NHS Wales national performance targets. Our MIUs continue to perform well against other national performance targets also with no patients waiting over the 12- and 4-hour targets.

There have been challenges in maintaining a safe staffing levels, which has meant that there have been a series of changes to the MIU opening hours since 2017.

Temporary Changes were made to the opening hours of Llandrindod Wells MIU, from 24 hours per day, to 07:00-00:00, seven days per week, in 2017. During the COVID-19 pandemic, a temporary change was made to reduce the opening hours at Welshpool MIU to 08:00-20:00, seven days per week.

Following analysis of demand for our MIU services, activity data demonstrated very low usage overnight. Taking this information into account alongside the staffing challenges, a six-month temporary change to the MIU opening hours in Brecon and Llandrindod Wells was implemented in November 2024. These MIUs have closed overnight, and are now open from 08:00 to 20:00, seven days a week. The current Powys MIU opening hours are shown in the table below.

Minor Injury Unit Site	Opening Hours from November 2024
Brecon	08:00 – 20:00, 7 days a week
Llandrindod Wells	08:00 – 20:00, 7 days a week
Welshpool	08:00 – 20:00 7 days a week
Ystradgynlais	08:30 – 16:30 Monday – Friday, except bank holidays

The evaluation of these changes was considered by the Board in July 2025 with a recommendation approved that the changes to MIU opening hours should remain in place until decisions are made through Phase 1 of Better Together, which is focused on adult Physical & Mental Health Community Services, including Urgent Care.

Ten Powys GP practices also provide advice and treatment to patients with minor injuries. The GP practices which do not have a PTHB provided MIU nearby provide these services as part of the General Medical Services contract and a supplementary service agreement.

Community Hospital admissions and beds

PTHB currently delivers adult inpatient services at eight locations which would traditionally be referred to as community hospitals. There remain nine community hospitals, recognising that Knighton Hospital does not currently operate an inpatient ward setting. This does however include nine other inpatient physical health settings, referred to as a ward, which until December 2024 admitted patients with a full range of different clinical presentations. This resulted in patients with very different clinical needs being admitted to the same setting resulting in a highly variable workload for the ward teams and subsequent variability in the ability of teams to meet all patient needs. Following review of our data and the evidence base for the delivery of high quality inpatient care, the PTHB Board agreed to a temporary service change to cohort two specific groups of patients, those who have identified rehabilitation needs (two wards temporarily changed to Rehabilitation Units) and those who are clinically ready to go home but unable to do so for reasons such as delays in social care provision (two wards temporarily changed to Ready To Go Home Units).

These changes became fully operational for a six-month period in December 2024 and are referenced in the table below. To fully understand the impact of these changes, an evaluation process was put in place to monitor and where possible measure various elements of the service, including patient outcomes, patient and staff experience, service effectiveness and efficiency. The evaluation outputs were considered by the Board in July 2025 with a recommendation approved that the temporary changes should remain in place until decisions are made through Phase 1 of Better Together.

Site & Ward	**Beds**	**General Medical**	**Rehab**	**Palliative**	**Specialist Stroke & Neuro Rehab**	**Day Hospitals **** (please see the note at the bottom of the table)	**Temporary Service Changes from 02/12/2024**
Machynlleth Hospital – Twymyn Ward	14	✓	✓			× (physical health)	
Welshpool Hospital – Maldwyn Ward	21	✓	✓	✓			
Newtown Hospital – Brynheulog Ward	15	✓	✓	✓	✓	× (physical health)	This ward is focusing on patients with rehabilitation needs.
Llanidloes Hospital – Graham Davies Ward	14	✓	✓	✓		× (physical health)	This is now a Ready to Go Home Unit for patients who are well enough to go home but are unable to do so straight away.
Llandrindod Wells Hospital – Claerwen Ward	15	✓	✓	✓			
Knighton Hospital	0						
Bronllys Hospital – Llewellyn Ward	18	✓				× (physical health)	This is now a Ready to Go Home Unit for patients who are well enough to go home but are unable to do so straight away.
Brecon Hospital – Y Bannau Ward	14	✓				× (mental health)	
Brecon Hospital – Epynt Ward	15		✓		✓		This ward is focusing on patients with rehabilitation needs.
Ystradgynlais Hospital – Adelina Patti Ward	20	✓				× (physical health) × (mental health)	
TOTAL	146						

** The Day Hospitals on PTHB sites were temporarily closed at the start of the COVID-19 pandemic due to the change in clinical pathways and the need to use these facilities to provide additional space to spread staff out to meet infection and prevention requirements. The Day Hospitals remain temporarily closed.

When considering bed-based care, it is important to note that the Health Board also operates Cottage View, a 15 bedded Residential Home in Knighton. With ten permanent residents, an additional five interim beds became operational in July 2023 and has helped to inform different options for care models, including interim placement for a number of residents experiencing delays for their longer-term home-based care.

Intermediate bed-based care is also provided at Glan Irfon, a 12 bedded Powys County Council owned intermediate care centre (operated by a private health care provider). The model for this unit is based on a six-week maximum stay to optimise independence, supporting temporary residents to return to their usual place of residence or a suitable alternative based on their needs. PTHB provides dedicated therapy input to this service.

During 2023/2024, there was a total of 39,779 admissions of Powys residents to inpatient beds, both within Powys hospitals and in out of county hospitals, with a total of 153,670 'bed days' at a cost of over £104 million. In 2023/2024, an average of 109 Powys residents were admitted to a hospital in- or out-of-county each day, and an average of 421 beds, including those in neighbouring District General Hospitals, were occupied by Powys residents every day.

The Health Board is currently digitising the process for prescribing, processing and recording the administration of medicines. Electronic Prescribing and Medicines Administration (ePMA) will replace existing paper-based processes to make things easier, safer and more efficient and effective. ePMA, and the move to electronic medication administration records, will help to support efficient discharge processes and management of medicines across different healthcare providers.

Significant challenges exist for delivering inpatient services in Powys. The configuration of our beds within small, geographically diverse units, based in poor condition and poorly configured estate can impact on the quality of care that we are able to deliver. Across Powys, our staff vacancy rate for inpatient services is high, this is discussed in more detail in a later section. This has led to a reliance on temporary staffing, including agency workers, which is recognised as both expensive and suboptimal for the delivery of high-quality patient care. The Health Board is an outlier within NHS Wales for our high level of temporary staffing usage, with the equivalent of approximately one third of our inpatient beds reliant on us using temporary staff to cover. Our physical estate is not configured to modern standards to support changes to staffing models and in many areas is in poor condition. Backlog maintenance and costs to bring existing sites up to current standards far exceed the capital funding available to the Health Board on an annual basis. Based on a condition survey undertaken in 2017/18, the total cost of repairs to bring the estate into a 'satisfactory condition' was around £70 million.

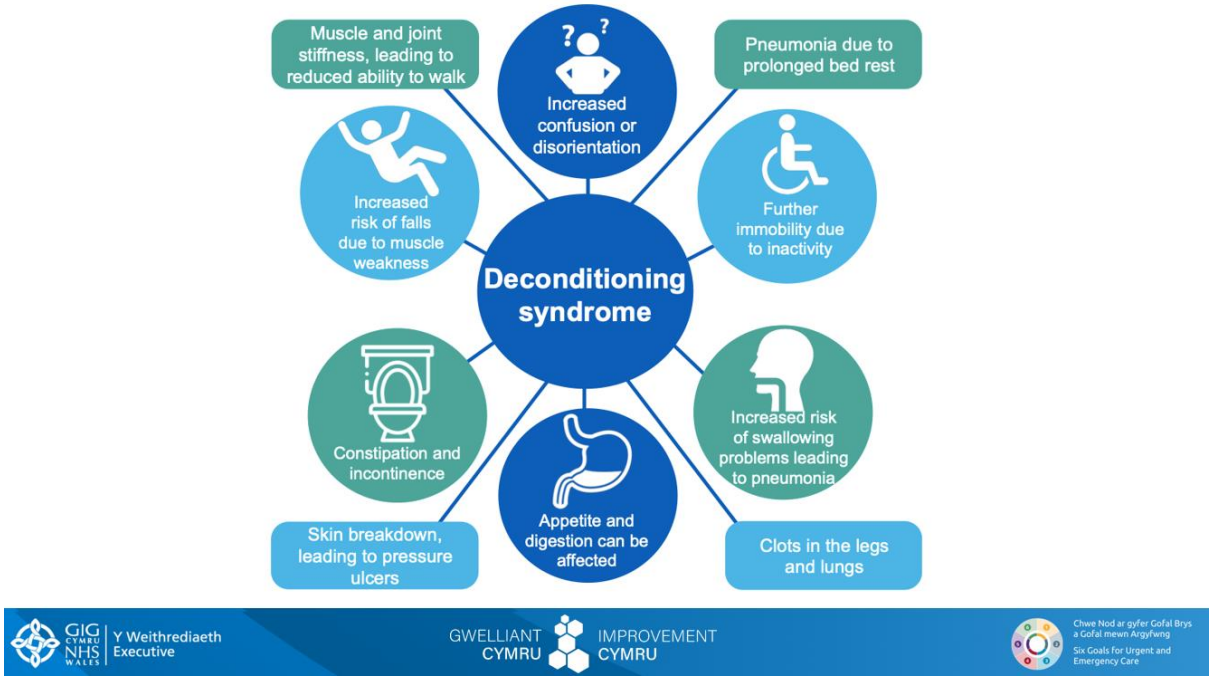
In response to these challenges the Health Board must do more to develop a robust plan for how we most effectively configure our inpatient beds to deliver high quality care to our patients, making best use of our resources.

Context & impact

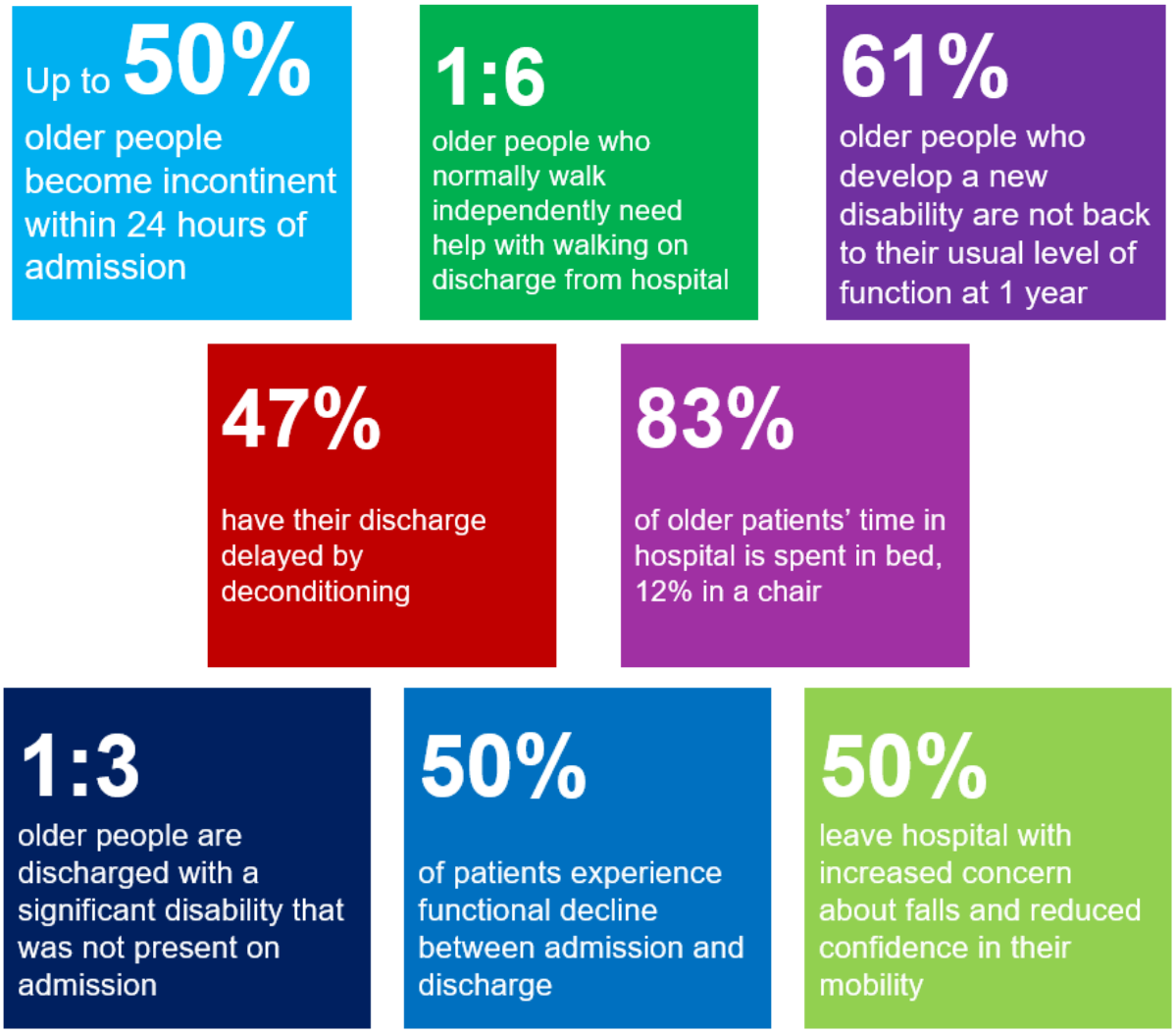
Preventing Deconditioning

It is notable that for many, their stay in hospital can be longer than intended, with the services required to support people in their own home either not being available or being delayed. This creates significant risks and potential harm, with reduced independent activity leading to deteriorating health. Evidence suggests that ten days in hospital can lead to the equivalent of ten years' worth of ageing in the muscles of people over 80 years old – this is also known as "deconditioning".

Deconditioning syndrome is often thought of as a physical consequence of bed rest and something that happens particularly in hospital settings affecting patient mobility. However, its effects are actually multisystemic and are not necessarily just about not walking and being in bed. The diagram below shows some of the impacts that deconditioning can have on an individual.



The following statistics outline the impact that hospital admission and deconditioning can have on older people:



Delirium is linked to significant adverse outcomes for individuals with a doubling of hospital length of stay and risk of fall in an inpatient setting, and a three times greater mortality rate with one in five dying within one month.

Deconditioning and delirium as a result of prolonged hospital admission are nationally recognised issues and the Health Board is working with national colleagues to prevent both. The enablement approach being delivered through the PTHB Ready to Go Home Units is helping to ensure that patients who are medically fit to return home but are unable to do so for another reason stay as healthy and as active as they can whilst they wait to return home, with the aim of reducing harm as a result of deconditioning.

Length of Stay in PTHB Hospitals

Whilst a good deal of work has been undertaken to improve the length of stay in Powys community hospitals, this has not yet reached an optimal level. Welsh Government recommendations to minimise length of stay, particularly for patients over 65, set targets of less than 21 days and shorter milestones at 48 hours and seven days. Although the average length of stay in PTHB has reduced in

2024/2025, it is still too high with an average length of stay of 40 days across our general wards.

Some of the reasons for our longer length of stay that we are working to address are:

- ***Long stay stranded patients*** – Some patients with complex needs can struggle to find onward care, with the involvement of multiple agencies, differing family views, limited capability to be involved in their own decision making, market limitations and geography. All of this can cause significant delay in their stay in a community hospital, and small numbers of such patients can disproportionately affect the average length of stay on one site.
- ***Market limitations*** – It is notable that some geographical areas can face very specific market challenges in the care sector, and with some patients waiting for specific onward pathways of care (such as a requirement for domiciliary care) which can cause long delays.
- **Variance in clinical need** – Recognising that some patients will be admitted with a need for more intensive support (for example following a stroke), they may also then have longer pathways to recovery. That said, recognising the risks to patients of extended stay in hospital, much has been done to shorten the in-patient stay, with a significant push towards maximising community-based services to support people at home.
- **Variation in clinical practice** – Whilst many of our teams would recognise the risks to longer staying patients, the models of care across so many different teams will invariably offer some differences. With differing medical models, variation in clinical practice, risk appetite and resources across each site, this will inevitably lead to some impacts to length of stay for patients. Removal of this unwarranted variation across Powys is important to help reduce unnecessary longer lengths of stay.

To inform decision making in relation to the previously referenced temporary service changes for our inpatient wards, a desktop review of nursing and rehabilitation needs for all admitted patients was undertaken at a point in time. The review identified that:

- 32 patients required daily rehabilitation from at least two professional disciplines and had some nursing needs – which suggested they required intensive rehabilitation programmes delivered by a specialist skilled workforce in a dedicated setting such as a rehabilitation unit.
- 19 patients required less than daily therapy input from at least one professional discipline and had some nursing needs – this suggested that the needs of these patients could be best met in a community hospital ward.
- 19 patients were no/low risk requiring daily intervention from at least one professional discipline with no nursing needs – this suggested that the needs of these patients could be best met in a step-down environment such as Glan Irfon which is therapy led with a rehabilitation ethos with no requirements for specialist nursing or medical input.

- 28 patients had no therapy and no nursing needs – these patients were those waiting to be discharged.

A desktop-based bed census was undertaken in June 2024; 132 patients were included in the census. Of the 132 patients:

- 60 patients (45%) were clinically optimised (ready to return home).
- Of those 60 patients, 22 (36%) had been waiting over a month to be discharged since being clinically optimised / ready for discharge.

The factors preventing those patients from being discharged were as follows:

- 35 patients (58.3%) were waiting for an assessment from another provider or service
- 24 patients (40%) had an assessment but were waiting for service capacity somewhere else
- One patient (1.6%) was waiting for something else (e.g. Housing, equipment, family support etc.)

The types of discharge expected for the patients identified as clinically optimised and ready for discharge were as follows:

- 28 patients (46.6%) were due to be discharged back to their normal residence with additional support needs
- 32 patients (53.4%) were due to be transferred to a new care setting that would become their new normal residence.

Previous care service provision for patient included in the census were as follows:

- 89 patients (67.4%) had no previous care provision prior to admission
- 32 patients (24.3%) had a domiciliary care package prior to admission – council funded
- Seven patients (5.3%) had reablement support
- There were four patients (3%) where it was not known whether they had a previous care service provision.

Pathway of Care Delays (PoCD)

In January 2023 the Welsh Government introduced a new framework which brought together Discharge to Recover and Assess (D2RA); the "SAFER" approach and "Red to Green". The new pathways are outcomes focussed with assessment at home recognised as key to reducing hospital length of stay and improving outcomes. Most people should be able to go home independently and without any additional support, which is described as Pathway 0, with the proportion of patients requiring increasing levels of support (described as Pathways 1-3) reducing as the pathway complexity rises in numerical order. Patients should be assessed in a proportionate way whilst in hospital, so this focuses only on what is needed for discharge. Longer term decisions should be made with the person in their own home. The "Home First" ethos and the individual at the centre of all discharge

considerations is vital. Only in exceptional circumstances should longer term assessments of need be made in hospital.

A PoCD Action Plan is in place between PTHB and Powys County Council to reduce PoCD for patients who experience a length of stay >21 days and is targeting the frail population and their risks as a reflection of Ministerial priorities. In the most recent census, the most common reasons for a delay were for patients awaiting the completion of an assessment by social care and those awaiting care home placement arrangements. Through the PoCD Action Plan, Powys County Council has sought to increase social care workforce capacity, to target a reduction in the delays relating to assessment. In addition, they have also undertaken work to support home care providers with recruitment of staff to improve delays in care home placement arrangements being confirmed. Since March 2024 the PoCD Action Plan has resulted in a reduction of 14% for total delays, 20% reduction in days delayed and a 21% reduction in assessment delays but there is still further progress to be made.

In financial year 2023/2024, PoCDs led to Powys residents being stranded in NHS England hospitals awaiting return to a Powys service for 2,906 bed days. This equated to £1,077,082 expenditure for PTHB. The Health Board is actively working with Powys County Council and our commissioned providers to identify further opportunities to work together to address POCDs, and the challenges that Powys County Council faces in improving market responsiveness and capacity. This will help to reduce the negative impact on patient outcomes and experience as a result of a prolonged hospital stay and reduce unnecessary costs for the Health Board.

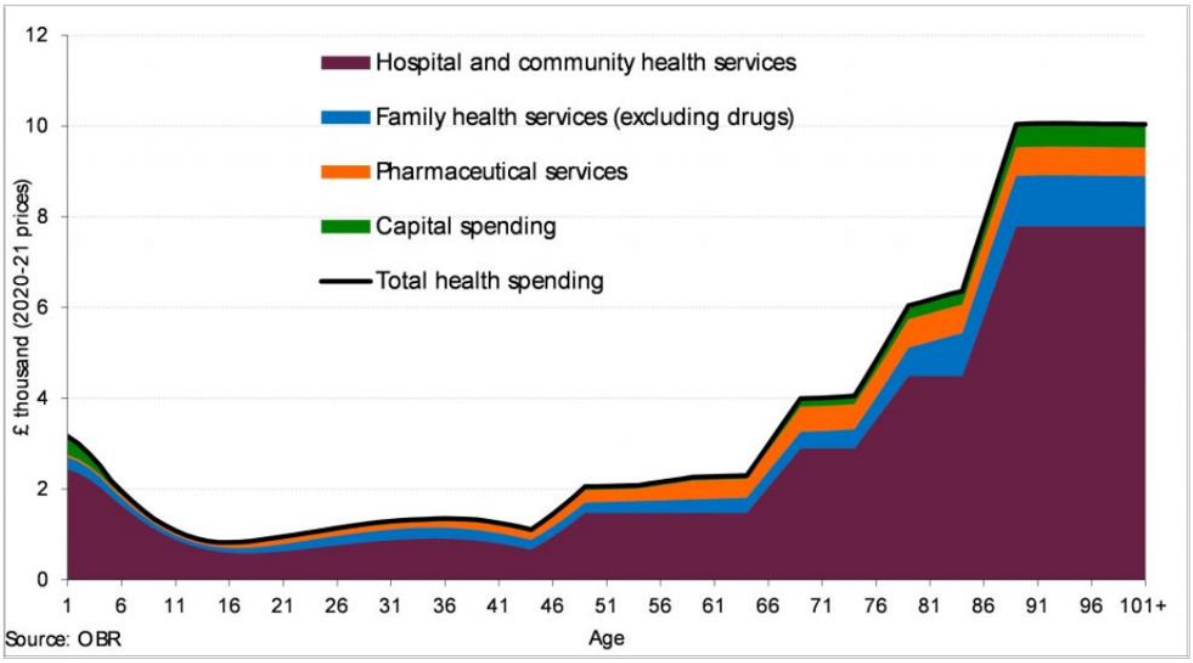
Predicted Future Demand and Capacity

Between 2021 and 2043 it is projected that the Powys population will increase by 1%, however the population projections are not equally spread across all age groups.

An increase in the number of older people in Powys will occur as the number of people of working age decreases. By 2043, the number of elderly persons (aged 65 years and over) is projected to rise by 25.2% (+9,346), while at the same time the working age population is projected to fall by 8.8% (-6,152). The 80 years and over age group is projected a large increase in Powys of 63.7% (+6,318 persons). The population change will create a gap between those who will need help and support in their later years, and those working aged people who will be providing it.

The number of deaths in Wales is expected to peak around 2037, this is similar to the UK-wide projections. This peak is driven by the ageing population, particularly the large cohort of ‘baby boomers’ (individuals born between 1946 and 1964) reaching their 80s and 90s around that time.

In terms of health spending, the age of the population and the last year of life are key determinants as set out below.



Source: OBR, Health spending per person

Age is a driver of health spending partly due to the fact that the prevalence of having two or more long term conditions also rises with age. As shown in the graph above from the Office for Budget Responsibility (OBR), the cost of caring for older people – taking into account hospital and community health services, family health services and pharmaceutical services – increases with age. Considering the correlation of age and healthcare spending, if we do nothing, in ten years' time, there will be an even greater demand on services.

As set out earlier, the Health Board already faces challenges in staffing its current inpatient beds in its existing configuration. Baseline bed modelling, undertaken as part of the North Powys Wellbeing Programme and using demographic and non-demographic data, indicates that if we do nothing within ten years there will be a requirement for an additional 38 beds across Powys, with a 15% increase in inpatient activity. This will be against a backdrop of a reduced working age population and ongoing estates challenges. If we act to optimise our patient pathways now, in alignment with the Discharge to Recover and Assess (D2RA) model and make best use of our resources then we can mitigate against this projected increased demand. Innovative solutions must be found to strengthen the services that are provided in the community and how we work other agencies and use other settings to provide a more sustainable model, that delivers better outcomes, at and closer to home.

Alongside the current inpatient bed provision, PTHB's community hospitals also provide a range of other services including Planned Care, Mental Health, Womens and Childrens services. This varies by individual site and is detailed in the table at Appendix A.

Urgent & Emergency Care Access

Demand for urgent and emergency care is increasing in line with the rising number of older people within the population. Most of the urgent care for the residents of Powys is currently delivered in secondary care (acute) hospitals out of county. Many patients are not only treated out of county but can find themselves admitted to hospital and struggling to return more quickly to care closer to their own home. On top of the benefits to reducing the numbers of patients stranded in such hospitals, quicker discharge can also reduce congestion elsewhere in the hospital system. By improving the timely discharge of patients from acute and community beds back into the community setting, capacity is freed up for patients awaiting transfer from acute hospital wards. This, in turn, allows patients to move out of Emergency Departments and into acute wards more efficiently, reducing congestion at the front door of acute hospitals. With improved patient flow from Emergency Departments to acute wards, space becomes available for ambulance crews to offload patients without delay. This ultimately enables the ambulance service (WAST) to release their crews from waiting at hospital, to then respond more effectively to 999 calls.

Delays in ambulance handovers are currently problematic in Wales. For emergency care Welsh Ambulance performance times remain poor with a reduction in performance in January 2025 to 47.9% for the 8-minute target. Welsh performance in emergency departments remains better than their English counterparts for Powys residents, but all major units are extremely challenged to provide timely care, with delays in ambulance handover times often occurring.

Last Year of Life

As detailed above, in terms of health spending, the age of the population and the last year of life are key determinants.

Healthcare costs in the last year of life also depend on age, but in this case, there is an inverse relationship between age and the cost of end-of-life care. Costs are high for people dying at comparatively younger ages (<70 years), and appear to decrease with increasing age of death, mainly due to a decrease in hospital care. This suggests that proximity to death is a more important determinant of health expenditure than ageing alone, and that living longer is not necessarily a burden on the health system. However, several studies have confirmed that it is not age per se, but time-to-death, particularly the final year of life, that is a stronger driver of healthcare expenditures.

There is an opportunity to think differently about how a patient is supported in their last year of life, through better coordination, particularly if the patient has several long-term conditions.

Palliative Care & End of Life

Palliative care for individuals with life limiting illnesses is ideally provided in the home and patients are admitted to community hospitals in Powys to help manage their symptoms, or where sufficient support is not available within their home.

Taking all deaths into account, most Powys deaths take place in hospital and mainly out of county. We know that many people with a palliative diagnosis would prefer to die at home, or somewhere that looks like a home, close to their loved ones. Of patients who died whilst on the caseload of the Specialist Palliative Care Team in 2023/2024 financial year, 66% expressed a preference to die at home, with 81% of these patients achieving a home death. Only 31% of all Powys deaths were in a private residence during 2021/2022, and 13% were in Powys hospitals. The main cause of death during this period was neoplasms (cancer), followed closely by circulatory diseases.

Palliative and end of life care in Powys is delivered by various teams both within PTHB, Social Services, commissioned services and the Third Sector. The wider palliative and end of life care team within PTHB includes GPs, District Nurses, disease specific specialist teams, Allied Health Professionals, community hospital teams and the specialist palliative care team. PTHB's Specialist Palliative Care Team provides specialist palliative care expertise to adults with complex symptom control needs who have advanced and progressive conditions. PTHB commissions services from several hospice partners to increase the offer of support for palliative and end of life patients, these include overnight hospice at home support via St David's Hospice Care (South Powys), Severn Hospice (North Powys) and Marie Curie (Pan Powys); inpatient hospice admissions via St Michaels Hospice (Mid and South East Powys), Severn Hospice (North Powys), and Ty Olwen Hospice (South West Powys). Of note the commissioning of Ty Olwen is currently being formalised with access and support at present being provided on a case-by-case basis; Palliative Medicine Consultant support is also commissioned from neighbouring Health Boards, Trusts and Hospices.

The geographical issues of Powys make provision of palliative and end of life care challenging, with services such as hospice inpatient units being out of county, many of our residents wish to remain within Powys for palliative and end of life care, which increases the complexity of care required to be delivered within county to meet patient preferences. There are also many challenges related to being able to provide a timely service for those in the last days of life, for example timely administration of breakthrough medication when patients may live a considerable travel time from their clinical team. Patients are also becoming more complex to manage with advancing treatments and increasing co-morbidities – it is therefore vital that the services responsible for delivering palliative and end of life care are sufficiently resourced to provide care. It is important that we train clinicians across our community-based services to provide general clinical support for palliative and end of life care, enabling our specialist teams to care for those patients with more complex needs.

Workforce

As we have outlined, PTHB has a high rate of temporary staff utilisation to fill gaps in our community services workforce.

The King's Fund[2] found that *"…staff experience was associated with sickness absence rates, spend on agency staff and staffing levels, indicating that staff wellbeing is impacted negatively by a workforce that is overstretched and supplemented by temporary staff. Patient experience was also negatively associated with workforce factors: higher spend on agency staff, fewer doctors and especially fewer nurses per bed, and bed occupancy."*

There are multiple drivers for our inpatient wards to rely on temporary staffing. From vacancies and unplanned absences to increased dependency of the patient cohort, the teams will undertake a daily (and sometimes several times per day) assessment of their staffing requirements, to find that additional staffing is required. The teams are managed to ensure that the controls for such arrangements are well embedded, with an expectation for good planning (12-week notice of rostering, annual leave management etc), clear escalation procedures and compliance monitoring. Despite this, there will always be a need for planned and unplanned use of agency staffing, where there is no local availability of workforce, limited opportunity to reschedule existing rostering and a lack of capacity for Bank staffing. In addition to the financial cost, the use of agency staff and temporary workforce can increase quality and safety risks if staff are not fully familiar with local processes, protocols and the patient cohort for which they are providing care.

The current configuration of nine wards or units across eight community hospital sites (excluding Knighton and mental health wards) means that there are limited opportunities for existing staff to cover any gaps due to unplanned leave. The geography of Powys also means many sites are isolated from each other making this even more difficult.

Prior to the temporary service changes to trial colocation of patients by clinical need on Rehabilitation Units and Ready to Go Home Units, nursing vacancies were high but improving with a concerted recruitment drive and an approach to 'grow our own' workforce. This has also included successful recruitment of nurses from overseas to reduce the number of nursing vacancies.

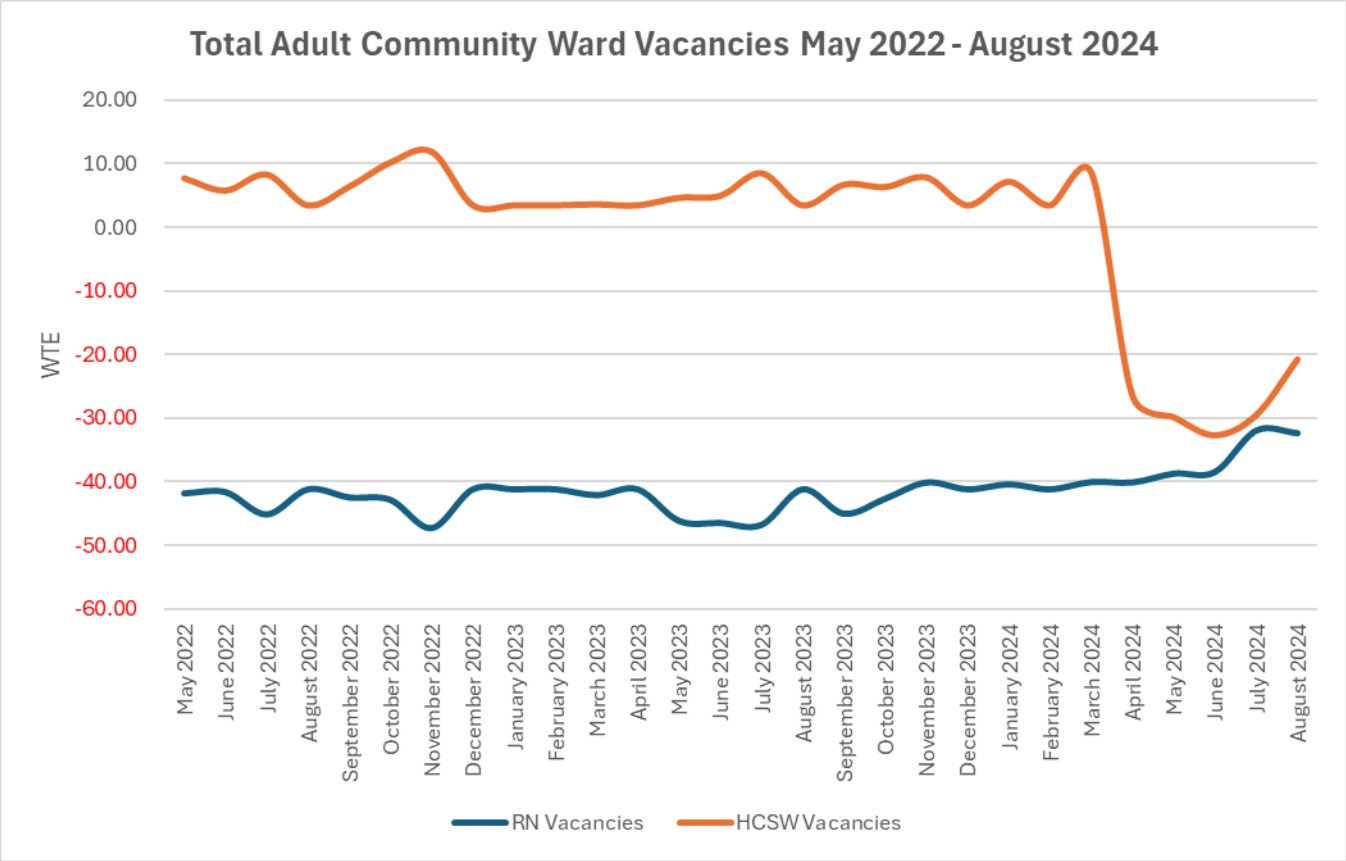
A summary of vacancies in August 2024 for our inpatient wards are provided below as a snapshot of this ongoing challenge.

	August 2024		
Ward	**RN Vacancies**	**HCSW Vacancies**	**Total Vacancies**
LWH - Hospital Nursing	-1.33	-3.88	**-5.21**
BRO - Hospital Nursing	-3.15	-6.73	**-9.88**
BWM - Hospital Nursing - Epynt	-4.54	2.54	**-7.06**
BWM - Hospital Nursing - Y Bannau	-1.80	-1.80	**-3.60**
LND - Hospital Nursing	-3.12	-3.40	**-6.52**
MAC - Hospital Nursing	-0	1.38	**1.38**

[2] Veena, S. and Picker, R. (2018). *The risks to care quality and staff wellbeing of an NHS system under pressure*. [online] Available at: https://picker.org/wp-content/uploads/2022/01/Risks-to-care-quality-and-staff-wellbeing-VR-SS-v8-Final.pdf.

MCI - Hospital Nursing	0.17	--3.32	**-3.15**
VMH - Hospital Nursing	-6.59	-3.77	**-10.36**
YCH - Hospital Nursing	-3.07	0.00	**-3.47**
Grand Total	**-26.33**	**-20.78**	**-44.38**

NB: Knighton Hospital data has been excluded from the vacancy data



For the charts above, please note:

- No Aspiring Nurses are included in the data.
- Following an over establishment of HCSWs over time, in certain areas the budgeted establishment has been adjusted to accommodate this and as a result, it is now possible to see a more accurate representation of the ward vacancies appear in April and May 2024.

A desktop analysis has indicated that if PTHB stopped using agency staff, it would be unable to provide sufficient care to just over a quarter of all its adult community beds (42 beds).

We are currently piloting a different overnight care/inpatient model in Powys, which includes community hospital inpatient wards, ready to go home units, inpatient rehabilitation units and reablement units. We have already seen a reduction in the use of agency staff in the first few months of the pilot period, and we will be continuing to monitor this and other data over the total six-month pilot period to inform further decision making.

We continue to review and improve our vacancy levels and agency usage with the intention to minimise agency use and this will remain a consistent point of focus,

however, it is fullsafer and more appropriate to develop a more sustainable approach to services and workforce in support of providing care to people at home where it is a good deal more safe and appropriate.

Conclusion

While PTHB continues to deliver valued and traditionally configured community health services, the context in which these services operate has changed significantly. Evolving population health needs, an ageing and often inadequate estate, workforce fragility, and increasingly complex care pathways all signal a pressing need to re-evaluate how services are configured and delivered.

There is now clear evidence to support a shift toward earlier identification of frailty, proactive intervention at lower levels of acuity, and services that reduce long-term dependency on traditional health and social care. To meet future demand sustainably, the focus must be on preventative, community-based care that is integrated and person-centred.

Reframing current service models is essential to respond effectively to these challenges. This will require making best use of the existing, serviceable estate, optimising workforce skills and capacity, and redesigning pathways to ensure that care is delivered as close to home as possible.

The opportunity now is to work with our communities and partners to reshape community services in a way that delivers better outcomes, improves resilience across the system, and aligns with both local need and national strategic direction

Appendix A: An overview of what services are provided at different community hospital sites in Powys as at December 2022.

	Outpatient Facilities	Inpatient Ward	Out of Hours (OOH)	Minor Injuries Unit	Midwife-led Birth Centre	Day Assessment Unit for midwifery	Endoscopy	Surgery	X-ray	Sonography	Therapy Services	Outpatient Audiology - Adult and Children	Dialysis	Respiratory Physiology
North Powys		OOH inpatient pharmacy cover for N Powys via Bronglais.												
Newtown Hospital	✓	Brynheulog 15 b GM, R, P & SN			✓	✓			✓ & reporting radiography, (5 days per week)	NOUS	✓ D; SLT; Po; Wa; MSK; CMATS; Pe; Ha	✓		✓ monthly clinic
Newtown Park Street Clinic	✓													
Newtown Ynys Y Plant	✓										PD; PP; POT; PSLT			
Machynlleth	✓	Twymyn 14 b GM, R. SC 18 MDT							✓ once a week		✓ D; Po weekly; Wa (PC); MSK weekly; CMATS			
Welshpool	✓	Maldwyn 21 b. GM, R, P SC 24.		✓	✓				✓ (5 days per week)	NOUS	✓ D; Po; Wa(PC); MSK; CMATS; Pe	✓	✓	✓ monthly clinic
Llanidloes	✓	Graham Davies 18 b GM, R, P. SC 21.			✓						✓ D 💻; Po; Wa(PC); O; MSK; CMATS			✓ monthly clinic
Mid and South Powys		OOH inpatient pharmacy cover for Mid & South Powys via Nevill Hall												
Llandrindod	✓	Claerwen 21 b GM, R, P. SC 27		✓	✓		✓	✓	✓ & reporting radiography	NOUS	✓ ; Po surgery;	✓ Adults only	✓	✓ bi-monthly clinic

									, (5 days per week)		Wa(PC); MSK; Pe; Ha			
		Clywedog Ward 9 b OAMH												
Waterloo Road	✓										PSLT;			
Builth Wells	✓										✓; Po; Wa(PC); MSK; CMATS; Pe			✓ bi-monthly clinic
Knighton	✓	Panpwnton			✓						✓; Po; Wa(PC); MSK			
		(Cottage View)												
Bronllys	✓	Llewellyn 18 b GM									✓; Po; Wa(PC); MSK	✓		✓ 2 x monthly clinic
		Felindre Ward 16 b AMH. SC 20												
Brecon	✓	Y Bannau 13 b GM, P.		✓	✓		✓	✓	✓	NOUS	✓; Po; Wa(PC); O; MSK; CMATS; Pe; Ha	✓		
		Epynt 15 b, R.												
		Crug Ward OAMH												
Brecon Children's Centre	✓										PD; PP;POT;PSLT	✓		
Ystradgynlais	✓	Adelina Patti 20 b GM		✓ closed on	✓				✓ (5 days per week)	NOUS	✓;	✓ Adults only		✓ monthly clinic

				weekends							Po; Wa(PC); O; MSK; CMATS			
		Tawe 10 b OAMH												

Key	
b = Beds GM = General medical R = Rehabilitation P = Palliative Care SN = Specialist Stroke & Neuro Rehabilitation WA = Wax Management & Ear Care Services D = Dietetics PD = Paediatric Dietetics Po = Podiatry 💻 = Digital NOUS = Non Obstetric Ultrasound Red-= service continuity difficulties	SC = Surge Capacity OAMH = Older Adult Mental Health AMH = Adult Mental Health ALOS = Average Length of Stay (as at 07/12/2022) PC = Primary Care O = Orthotics MSK = Musculoskeletal Physiotherapy Pe = Physiotherapy Pelvic Health Ha = Hand Therapy CMATS =Clinical Musculoskeletal Assessment & Treatment Physiotherapy; PP = Paediatric Physiotherapy; POT = Paediatric Occupational Therapy; PSLT = Paediatric Speech & Language Therapy

Appendix B: A list of the different specialist nursing and practitioner teams available in Powys as at December 2022.

Powys Specialist Nurses & Practitioners (Service operating hours)	Cardiac (9am-5pm weekdays) 3.2 WTE	Continence (0830-1630 weekdays) 3.466 WTE	Diabetes (9am-5pm weekdays) 4.44WTE	Lymphoedema (9am-5pm weekdays) 3.8WTE	Parkinson's (9am-5pm weekdays) 2.0WTE	Respiratory (9am-5pm weekdays) 6.1WTE	Tissue Viability (9am-5pm weekdays) 1.6 WTE	Specialist Palliative Care (08:30-16:30weekdays excluding bank holidays) WTE	Complex Care (9am-5pm weekdays) 7.0WTE	CAMHS Youth Offending Team (9am-5pm weekdays) 1.8WTE	Informatics (9am-5pm weekdays) 0.7WTE	Mental Health Complex Case (9am-5pm weekdays) 2.0WTE	Community Mental Health Team - Independent Prescriber 2.0 WTE	Community Learning Disabilities Team – Independent Prescriber (pam – 5pm weekdays) 1.0 WTE	Primary Care Mental Health Services 1.5WTE	Bowel Screening (9am-5pm Monday - Saturday) 0.6WTE	Infection Protection and Control (9am-5pm weekdays) 1.0 WTE	CAMHS Mental Health Practitioner (9am-5pm weekdays) 1.0WTE	Perinatal Mental Health Midwife 0.4WTE & Perinatal Mental Health Team Leader 0.6WTE(9am-5pm weekdays)	Looked After Children (9am – 5pm weekdays) 1.8WTE	Behavioural Learning Disabilities (9am – 5pm weekdays) 0.5WTE	Eating Disorders (9am-5pm weekdays) 1.6WTE	Neurodevelopmental Assessment (9am – 5pm weekdays) 2.4 WTE	Children with Learning Disabilities (9am – 5pm weekdays) 2.0 WTE	Paediatric Continence (9am – 5pm weekdays) 0.6 WTE	Safeguarding Adults & Domestic Abuse (9am-5pm weekdays) 2.6WTE	Womens Health (9am-5pm weekdays) 0.6WTE	Principal Health Promotion 1.0WTE
Pan-Powys	✓	✓	✓	✓		✓	✓	✓	✓	✓ ○	✓			✓		✓	✓ ○	✓ ○	✓ ○	✓ ○	✓	✓	✓ ○	✓ ○	✓ ○	✓	✓ ○	
North Powys			○		○											○												
North Cluster								○																				
North West & Mid Powys				○		✓																						
North East Powys						✓																						
South Powys					✓	✓	○																					
Mid Cluster								○																				
South Cluster								○																				
	Key:○ Some fragility in the North and SLA under review with Shrewsbury and Telford Hospital ; ○ Fragility in service, under review with leadership added to strengthen; ○ Sickness in North; ○ Some fragility but new appointee starting in Feb 23; ○Out of Hours advice via Severn Hospice; ○ Out Of Hours advice via St Michael's Hospice; ○Out Of Hours advice via Morriston for South West; Royal Gwent or Royal Glamorgan for South East; ○ Service is fragile as a single point of failure due to shortage in speciality bowel screening. Service is based in Brecon pan Powys but North Powys patients can choose closer service site in Bronglais; ○No Out Of Hours cover / service; ○Specialist Practitioner is independent prescribing trained with no other team members trained to provide this if away from work; ○Unique post in Youth Justice with no other staff experienced to be able to support; ○ Out of Hours covered by Community Mental Health Team Duty																										

Appendix C: The table below summarises the provision of community services across Powys.

Adult Community Services	Community Therapy (Occupational Therapy & Physiotherapy)	Home First	Community Neuro	Community Mental Health Services	Crisis Resolution Team	Speech & Language Therapy	Speech & Language Therapy (L&D)	Dietetics (Adults)	District Nursing	Midwifery	Powys Living Well Service	Sexual Health	Womens 'Health	Community Dentistry (adults & children) (clinics 09:30 – 16:00)	Community Respiratory
Pan-Powys (Details of out of hours arrangements)	✓ (Out of hours accessed via Brecon Switchboard)	✓ (7 days per week)	✓		✓ (9pm-9am 2 x Psychiatrists and 1 x Manager)	✓	✓	✓	✓ (Out of hours accessed via Brecon Switchboard)	✓ (On-call split 1 Band 7 and 5 Midwives across Powys)	✓ Invest in Your Health, Pain Toolkit and Moving Well all offered virtually to patients.		✓		✓
Home visits (including nursing homes if applicable)						✓		✓	✓	✓				✓	
North Powys				Fan Gorau (Newtown) & Bryntirion Resource Centre (Welshpool)	✓				✓	✓				Welshpool GP; Newtown Park St; Machynlleth Dyfi Valley (under refurbishment)	
Mid Powys				The Hazels (Llandrindod Wells)					✓	✓		✓		Llandrindod Hospital; Glan Irfon	
South Powys				Ty Illtyd (Brecon) Ystradgynlais Mental Health Resource Centre	✓				✓	✓		✓		Brecon Hospital; Ystradgynlais Hospital	

Better Together

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

Chapter 3: Primary Care

Version 1.0, 04 August 2025

Better Together is our big conversation with you to shape the future of safe, quality health services for Powys and ensure delivery of our Health and Care Strategy.

We are committed to working with patients, service users, communities, health and care staff, and partner organisations to improve health outcomes and make services more efficient and effective.

Whilst we have some excellent foundations to build on, we now need to radically change the way we provide services so that we can meet increasing demand and the future needs of the population.

We have a duty of care to ensure that we provide high quality services to our population. We also have a duty to live within our means. To achieve this, we need to consider options for how and where we could provide services in the future. This might mean patients need to access services in a different way or in a different place.

We will do this by working 'Better Together' with local people, partners and staff to shape health and care services that are sustainable, effective, and focused on what matters most to our communities.

This document provides an overview of primary care in Powys. It has been informed by our conversations and learning with patients & service users, communities, staff and wider stakeholders.

More information about Better Together – including how to find out more and have your say – is available from pthb.nhs.wales/BetterTogether

Contents

Executive Summary

Powys Teaching Health Board (PTHB), in alignment with the Powys Health & Care Strategy and national strategies such as *A Healthier Wales* and the *Primary Care Model for Wales*, has a focus on delivering prudent healthcare to support the future delivery of primary care services.

This Primary Care chapter outlines the current services delivered by Powys primary care services, identifying the current challenges, and explores the opportunities for delivering care closer to home. It emphasises the need to strengthen existing service models and the integration of primary and community care through multi-disciplinary approaches to support the future needs of our community through the 'start well', 'live well' and 'age well' programme.

Primary Care serves as the initial point of contact for healthcare services, including General Medical Services, General Dental Services, General Ophthalmic Services, and Community Pharmacy. Additional services are provided by Health Board staff, such Community Dental Services, Health Visitors, District Nurses, Occupational Therapists and Physiotherapists.

Powys Primary Care delivers high valued services across Powys communities, although we hear frustrations about issues such as access and appointments in General Practice, and availability of General Dental Services.

The goal is to deliver care in the community wherever safely and sustainably possible and this requires Primary Care to be resilient, sustainable, efficient, and effective, adhering to prudent and value-based healthcare principles.

Primary Care independent contractors work with wider health services within Clusters, which focus on identifying local service needs and improving population health. The Accelerated Cluster Development programme enhances collaborative efforts across services.

Powys has an established Primary and Community Care Academy to provide education and training for primary care contractors and community services. The PTHB Academy supports training, development, and recruitment, working closely with contractors and Clusters.

Powys has a higher average age than Wales and the UK, with 28% of the population over 65 years old, and this is expected to increase. An ageing population with increasing complex health needs is putting an untenable strain on primary care services resulting in a fatigued workforce and unsustainable services. There is a pressing need to re-evaluate how services are configured and delivered, recognising that changes need to align to national contracts and regulations.

To meet future demand and support sustainably, the focus must be on preventative, integrated primary and community-based care that is patient focussed. To successfully support the 'shift left' of services, workforce development needs to be supported and optimised to enable professionals to work to their top of licence. Workforce capacity, redesigning pathways and appropriate signposting across the health care system is pivotal to support the delivery of care closer to home.

The opportunity now is to work with our independent contractors and cluster teams to reshape primary and community services in a way that delivers better outcomes for our patients, improves resilience across the system, and aligns with both local need and national strategic direction.

Introduction

This Primary Care chapter sets out the existing provision of service and identifies the opportunities and challenges for delivering care closer to home through independent contractors, supported by wider community services and cluster-based services. It proposes the strengthening of existing services models and integrating opportunities through multi-disciplinary service provision that brings together primary and community care.

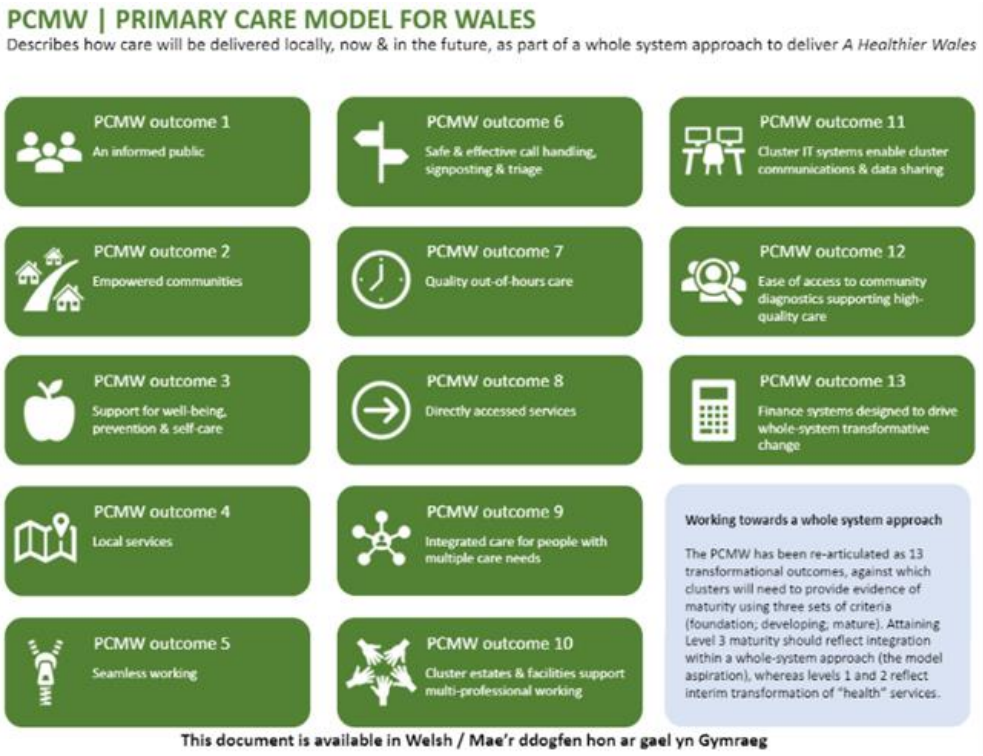
This chapter should be read in conjunction with the Community Model chapter.

The Powys Population Assessment [2] and Powys Wellbeing Assessment[3] have been updated and provide a refreshed understanding of life in the County. Insights from these two core sources of analysis have been used to inform the Health Board's Integrated plan[4] and some of the key population findings are summarised below:

- Powys is at the forefront of the issue of ageing population. The average age is higher than Wales and UK, with 28% of the population over 65 years old and this is predicted to increase.
- 75% of areas in Powys are in the top 30% most deprived in Wales in terms of Access to Services.

Primary Care refers to the first point of contact for patients in Wales requiring access to healthcare services, often referred to as the 'front door of the NHS'. There are four services of Primary Care which are contracted to Independent Contractors via the relevant regulatory and contract provision, namely General Medical Services, General Dental Services, General Ophthalmic Services and Community Pharmacy. There are wider Primary Care Services delivered via Health Board employed staff through Community Service provision such as Health Visitors, District Nurses, Specialist Nursing Teams, Community Dentistry, Occupational Therapists and Physiotherapists.

The direction of Primary Care is to support the 'shift left' of services from secondary care into the community, providing patient care closer to home. The 'Primary Care Model for Wales (PCMW)' describes this as part of a whole-system approach in order to deliver 'A Healthier Wales'. To achieve the PCMW, there is fundamental requirement for Primary Care to be resilient, sustainable, efficient and effective following prudent and value-based health care principles.



Primary Care independent contractors collaborate together with wider health services across a Cluster footprint. Clusters have been in existence in Wales for many years, however, there is a much stronger emphasis on collaboratively working across all services within a defined geographical area through the national Accelerated Cluster Development (ACD) programme launched in 2022. The main goal of a Cluster is to identify local service requirements and solutions, to improve population health and reduce health inequalities. More and more, Primary Care Clusters are being viewed as the delivery mechanism for health and social strategies.

Across Wales, each Health Board has developed a Primary and Community Care Academy providing local education and training for primary care independent contractors, and the wider primary care services in the community setting, with direct links into HEIW. The PTHB Primary and Community Care Academy develops and supports a wide programme of training and development options, in addition to providing a support platform for recruitment opportunities. The Academy works closely with independent contractors both directly and through the Cluster Programme, developing opportunities to upskill teams and leaders to support delivery of the Clusters vision.

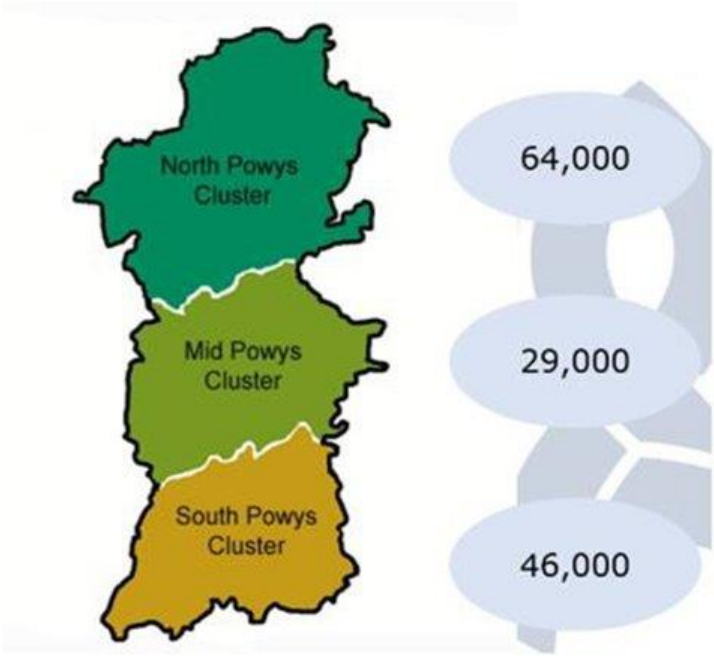
Resident Feedback

Access to primary care services continues to be a key theme with residents across several engagement events (Better Together, Llais, PAVO Locality events). There was some praise for individual GPs and pharmacies whilst other residents reported finding it difficult to get

appointments with their GP, access to an NHS dentist or experiencing delays to receiving their prescriptions. There was little feedback around optometry services.

Powys Clusters

Powys is divided into three Clusters: North Powys, Mid Powys, and South Powys, each shaped by the county's natural geography and community footprints.



These Clusters work alongside the Health Board to create plans aimed at enhancing the health and wellbeing of the local population. Their goal is to design services that meet specific community needs, improve access by offering more local services, and reduce the demand for acute care.

The Clusters bring together various community and service representatives to develop plans that focus on:

- Enhancing local population health and wellbeing
- Improving the quality-of-care services (ensuring they are timely, safe, effective, individualised, and dignified)
- Increasing the efficiency of care service delivery.

The Powys Clusters collaborate on planning and delivering care, creating opportunities to advance a sustainable care model as part of the Area Plan. They align their efforts with ministerial priorities, the area plan, and the Health Board plan, considering local population needs. For 2025/26, the Powys Clusters have set priorities and actions in five key areas:

- Improving Access to Primary & Community Services
- Pathways of Care, essential services, and business continuity
- Urgent & Emergency Care
- Mental Health and Wellbeing
- Workforce & Wellbeing

North Cluster

The North Powys Cluster is made up of:

Seven GP Practices, located in the following towns:

- Llanfyllin, with branch surgeries in Llanrheadr Y Mochnant and Four Crosses
- Welshpool, with a branch surgery in Guilsfield
- Llanfair Caereinion
- Montgomery, with a branch surgery in Newtown
- Newtown
- Machynlleth
- Llanidloes, with a branch surgery in Caersws

All north cluster practices are dispensing practices, providing health services to a rural population of approximately 64,000 patients.

Ten NHS dental practices located in the following towns:

- Llanfair Caereinion
- Llansantffraid
- Llanidloes
- Machynlleth (x2)
- Newtown (x3)
- Welshpool (x2)

Eight Community Pharmacies located in the following towns:

- Newtown (x3)
- Welshpool (x2)
- Llanfyllin
- Llanidloes
- Machynlleth

Six Optometry practices located in the following towns:

- Welshpool
- Newtown
- Machynlleth

There are four community hospitals, located in Machynlleth, Newtown, Llanidloes and Welshpool, providing a range of differing services across the four sites such as Outpatients facilities, Minor Injury Unit, X-ray Facilities, Therapy services, Midwife led Birth Centre, Inpatient general medical ward, Dialysis, specialist Stroke services, rehabilitation and palliative care services. Secondary care Ophthalmology services are provided from Machynlleth, Llanidloes and Welshpool.

There is also a Children's Centre, providing a range of Community clinics for children and young people, and dedicated Mental Health facility, located in Newtown, providing a range of community mental health services.

There are a range of Third sector services provided across the North Powys Cluster, including mental health, home support and befriending services.

Powys Association of Voluntary Organisations working in partnership with Powys County Council and PTHB, provide a Community Connectors Service, a Cancer Community Connector, and Health and Wellbeing engagement service, and a Mental Health Information service.

Mid Cluster

The Mid Powys Cluster is made up of:

Five GP Practices, providing services to a rural population of approximately 29,000 patients. The practices are located at:

- Builth Wells (with a branch site at Llanwrtyd Wells)
- Llandrindod Wells
- Presteigne
- Knighton
- Rhayader

Six dental practices located in the following towns:

- Builth Wells (x2)
- Llandrindod Wells (x2)
- Rhayader
- Knighton

Seven Community Pharmacies located in the following towns:

- Builth Wells
- Knighton
- Llandrindod Wells
- Llanwrtyd Wells
- Presteigne
- Rhayader

Three Optometry practices located in the following towns:

- Builth Wells
- Llandrindod Wells (x2)

There is a community hospital, located in Llandrindod Wells providing a range of differing services including Outpatients services, Minor Injury Unit, X-ray Facilities, Therapy services, Minor Surgery and Endoscopy,

Midwife-led Birth Centre, inpatient general medical ward, Dialysis, Inpatient General / Medical Ward, and elderly Mental Health Ward. The community hospital in Llandrindod Wells provides secondary care Ophthalmology services.

There is also a Community Mental Health facility, located in Llandrindod Wells, and an Integrated Health and Care Centre, providing short stay reablement services.

There are a range of Third Sector services provided across the Mid Powys Cluster, including mental health, home support and befriending services.

Powys Association of Voluntary Organisations working in partnership with Powys County Council and PTHB provide a Community Connectors Service, a Cancer Community Connector, and Health and Wellbeing engagement service, and a Mental Health Information service.

South Cluster

The South Powys Cluster is made up of:

Four GP Practices, providing services to a rural population of approximately 36,000 patients at the following locations:

- Hay-on-Wye
- Brecon
- Crickhowell
- Ystradgynlais

Five Dental practices located in the following towns:-

- Brecon
- Crickhowell (x2)
- Ystradgynlais
- Mobile Dental Unit

Eight Community Pharmacies located in the following towns:-

- Brecon (x2)
- Crickhowell
- Ystradgynlais
- Talgarth
- Lower Cwmtwrch
- Hay

Six Optometry practices located in the following towns:-

- Brecon (x3)
- Hay on Wye
- Crickhowell
- Ystradgynlais

There are three Community hospitals, located in Brecon, Bronllys and Ystradgynlais providing a range of differing services including Outpatients services, Minor Injury Unit, X-ray Facilities, Therapy services, Minor Surgery and Endoscopy, Midwife led Birth Centre, Therapy Services, inpatient general medical ward, Dialysis, Midwife-led birth centre, Inpatient General / Medical Ward, and elderly Mental Health Ward, and day hospital services. Secondary care Ophthalmology services are provided from Brecon and Ystradgynlais.

There is also a Children's Centre, providing a range of community clinics for children and young people, along with dedicated Mental Health Resource centres, located in Brecon and Ystradgynlais, providing a range of community mental health services.

There are a range of Third sector services provided across the South Powys Cluster, including mental health, home support and befriending services.

Powys Association of Voluntary Organisations working in partnership with Powys County Council and PTHB, provide a Community Connectors Service, a Cancer Community Connector, a Health and Wellbeing engagement service, and a Mental Health Information service.

General Medical Services (GMS)

Access and Demand

General Practice is crucial to the co-ordination of patient care and is seen as the gateway to other appropriate NHS services via a referral process or through signposting (care navigation). Care Navigation is now a mandatory clause in the General Medical Services (GMS) contract, whereby General Practice signpost patients to either another primary care provider, or to the most appropriate practitioner within its own practice. It is now widely recognised that not all conditions require attention by a GP, and the wider multi-professional Primary Care Team are upskilled and competent to manage a range of health conditions.

The GMS contract requires General Practice to provide a range of services within core working hours between 8.00am - 6.30pm Monday to Friday excluding bank holidays. This includes:

- Managing patients who are ill or believe themselves to be ill, with conditions from which recovery is generally expected for the duration of that condition, including relevant health promotion advice and referral as appropriate and reflecting patient choice wherever practicable.
- General management of patients who are terminally ill, and
- Management of chronic diseases.

Prevention and early intervention are a focus for GMS with a range of screening and vaccination campaigns delivered in Practice, alongside chronic condition management, end of life and acute illness access for patients. The GMS Contract requires providers to maintain registers for a range of chronic conditions, including proactive call and recall systems to ensure conditions are monitored effectively. Patient urgent access demand is increasing; therefore, reducing the ability for proactive prevention healthcare.

The GMS Out of Hours (OOH) period is overnight 6:30pm to 8am on weekdays, and 24 hours at weekends and bank holidays. PTHB contracts with two providers to deliver its OOH services, Shropdoc Co-operative Ltd and Swansea Bay University Health Board (SBUHB). The OOH pathway is front loaded by the national 111 service. The main OOH service provision is provided by Shropdoc for the provision of OOH GMS and OOH medical cover at PTHB community hospitals, excluding Ystradgynlais. SBUHB provide GMS OOH and medical cover to the Ystradgynlais population registered with the Ystradgynlais Medical Practice.

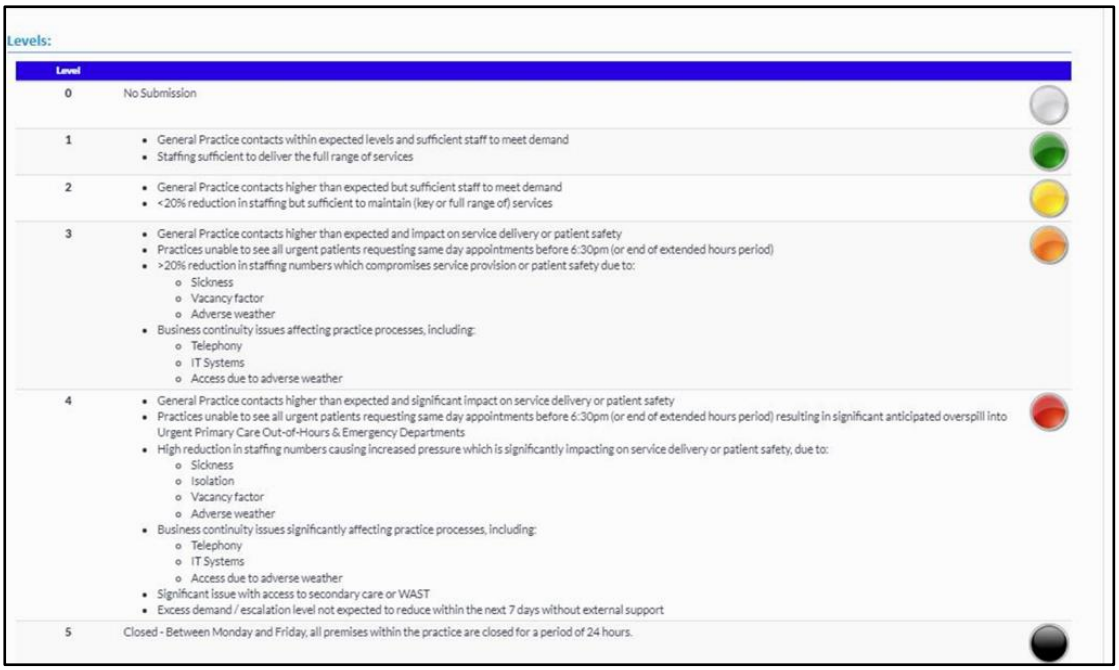
The NHS 111 service is available 24 hours a day and once assessed, will signpost or transfer patients to primary care in-hours, or out-of-hours services as required.

Due to rurality, GMS in Powys provide a wide range of Supplementary Services which are additional services above core contractual requirement. Patient access into GMS is increasing, and an increase in demand brings a strong risk that GMS contract holders will need to reduce their supplementary service offer to deliver the mandated core contract provision. If this should unfold it would be to the detriment of patient access to care and redirect burden elsewhere on the PTHB service provision and referral activity increasing to secondary care. GMS Teams are facing increasing patient demand, with many working long hours and under significant strain. This is compounded by increased administrative tasks that reduce the time available for patient care. There is concern of burnout and job dissatisfaction among the profession due to the intensity of the workload, and the British Medical Association (BMA) are advocating safe working practices.

Across Wales, patients are experiencing long waits for secondary care appointments following referral. This results in an increase in patients attending their General Practice for support, management and treatment while they wait for their secondary care appointment. Powys GMS issued 1,925 fit notes for patients unable to work due to ill health or recovery from ill health in March 2025. In the same month, 8,690 referrals were made to other healthcare services, including managing 102,139 telephone calls into General Practices, an increase in over 10,000 calls since November 2024 figures of 92,431.

There is a year-on-year increase in the number of items prescribed to manage health conditions reaching 272,060 items in March 2025 alone. Due to the rurality of Powys, 11 of the 16 GMS practices are dispensing practices, issuing medications to over 52,000 patients.

To monitor the capacity to provide services, GMS are required to report their escalation levels on a scale of 1-5 each month (as a minimum) with level 4 being the highest operational level before doors close at level 5. Escalation descriptors are as follows:



Levels:

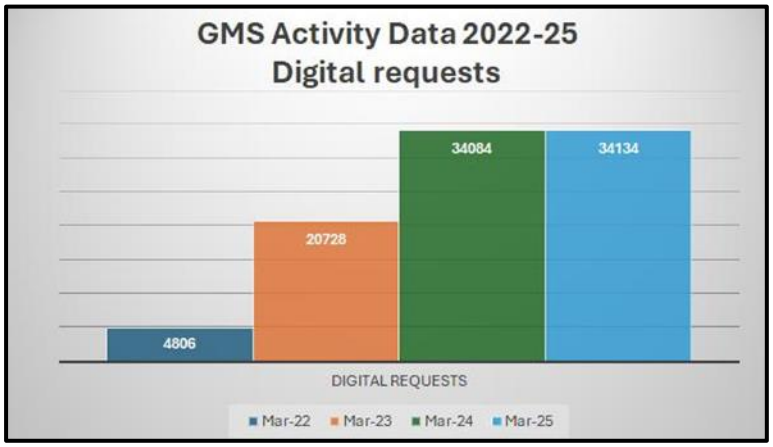
Level	
0	No Submission
1	• General Practice contacts within expected levels and sufficient staff to meet demand • Staffing sufficient to deliver the full range of services
2	• General Practice contacts higher than expected but sufficient staff to meet demand • <20% reduction in staffing but sufficient to maintain (key or full range of) services
3	• General Practice contacts higher than expected and impact on service delivery or patient safety • Practices unable to see all urgent patients requesting same day appointments before 6:30pm (or end of extended hours period) • >20% reduction in staffing numbers which compromises service provision or patient safety due to: o Sickness o Vacancy factor o Adverse weather • Business continuity issues affecting practice processes, including: o Telephony o IT Systems o Access due to adverse weather
4	• General Practice contacts higher than expected and significant impact on service delivery or patient safety • Practices unable to see all urgent patients requesting same day appointments before 6:30pm (or end of extended hours period) resulting in significant anticipated overspill into Urgent Primary Care Out-of-Hours & Emergency Departments • High reduction in staffing numbers causing increased pressure which is significantly impacting on service delivery or patient safety, due to: o Sickness o Isolation o Vacancy factor o Adverse weather • Business continuity issues significantly affecting practice processes, including: o Telephony o IT Systems o Access due to adverse weather • Significant issue with access to secondary care or WAST • Excess demand / escalation level not expected to reduce within the next 7 days without external support
5	Closed - Between Monday and Friday, all premises within the practice are closed for a period of 24 hours.

Practice Escalation Levels are a changing picture depending on internal factors such as staff absence, vacancies and external factors such as seasonal or contagious illnesses. Currently Powys have >50% of practices reporting at levels 3 or 4, with 25% reporting at level 4. The data indicates that Powys escalation levels are higher than the all Wales average for Level 3 and Level 4. Practices self assess their levels and influencing factors informing the levels may link to a combination of rurality, multi-site delivery models, population age demographics, and patient demand.

All Wales Escalation Levels as at 16/06/25										
Health Board	1		2		3		4		5	
	no:	%	no:	%	no:	%	no:	%	no:	%
ABUHB	36	53	26	38	6	9	0	0	0	0
BCUHB	33	34	48	50	12	13	3	3	0	0
CVUHB	9	16	30	55	11	20	5	9	0	0
CTMUHB	16	36	23	52	4	9	1	2	0	0
HDUHB	7	15	14	30	18	38	8	17	0	0
PTHB	2	13	5	31	5	31	4	25	0	0
SBUHB	15	34	18	41	10	23	1	2	0	0
Wales	118	32	164	44	66	18	22	6	0	0

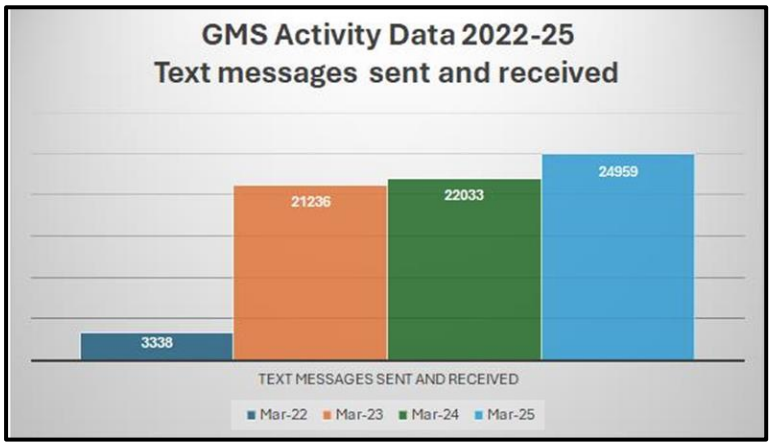
Model of delivery and location of services

There are currently 16 general practices across Powys with good geographical spread across the county.

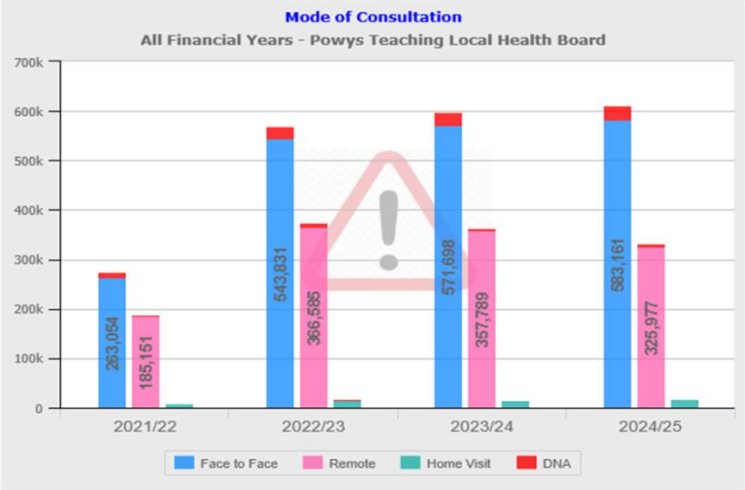


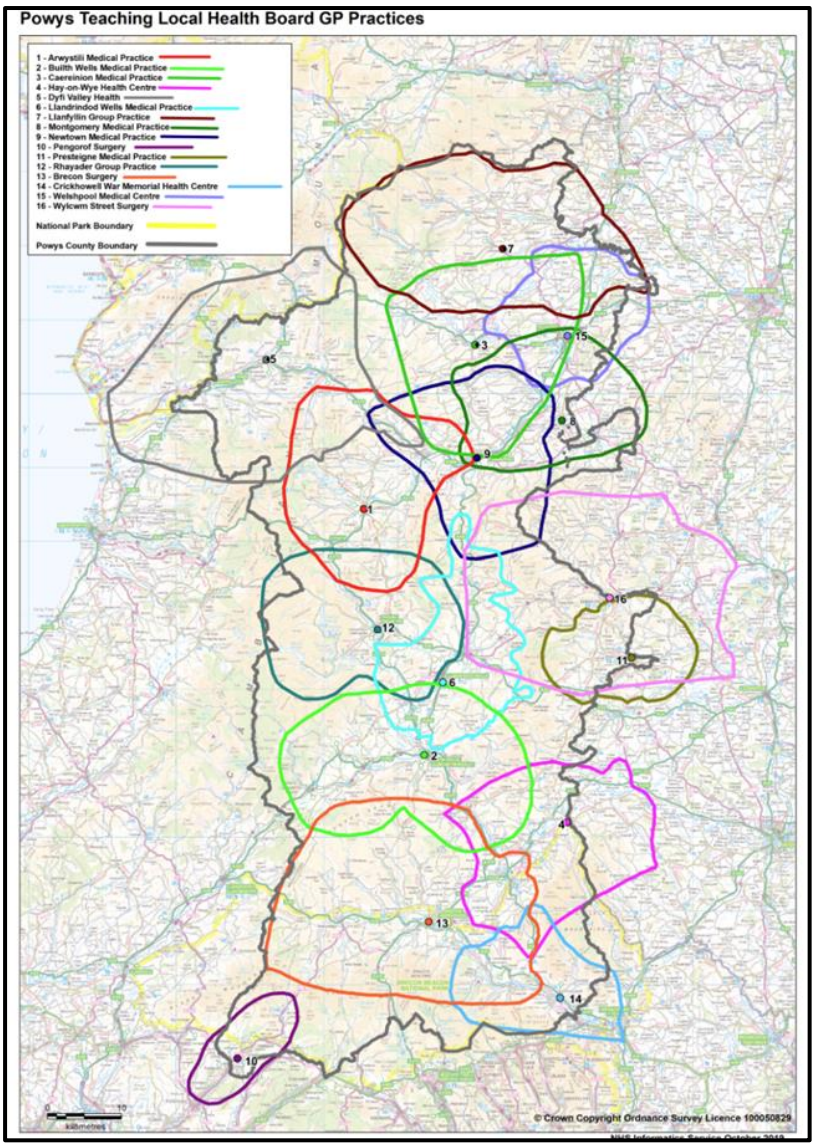
The way patients access services is changing, with more patients choosing to access General Practice via a digital means. A change in access behaviour also brings a change in service delivery. The table below demonstrates reported General Practice activity in the month of March since 2022. To note, caution needs to be taken for the 2022 data as this was a new initiative reporting process which needed time to bed in.

There has also been an increase in the number of text messages sent and received, to and from PTHB practices.



In addition to digital and text increases, the number of face-to-face appointments delivered by GMS in Powys continues to rise. It's interesting to note the reduction of remote appointments delivered from 2023 each year. This could be the result of an increase of requests for face-to-face appointments as we recovered from the pandemic, or due to an increase in opportunity through digital solutions.





GMS services are provided to the registered patient population. When a patient registers with a practice, their entire GMS medical record with historical healthcare data is transferred to that practice. Current GMS practice boundaries are detailed below. Due to the rurality of the county there are limited options for patients with regard to their GMS registration.

Workforce

Over a third (36%) of permanent GPs in Powys are aged 50+ years. The following charts show a breakdown by gender, age bands and professional roles within each of the three cluster areas.

North Cluster the workforce in this cluster is predominantly female. The largest number of staff is within the 18-29 age group, with the 55-59 age group the next largest. Approximately a third of the staff are in admin or non-clinical roles.

Mid Cluster the workforce in this cluster is predominantly female. The largest number of staff is within the 55-59 age group. Just under half of the staff are in admin or non-clinical roles.

South Cluster the workforce in this cluster is predominantly female. The 18-29 and the 55-59 age group have the highest number of staff. Just under half of the staff are in admin or non-clinical roles.

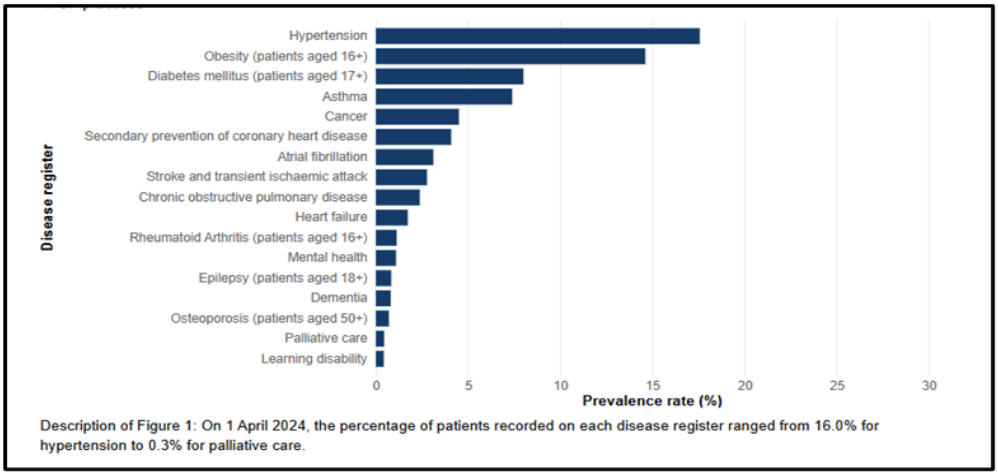
Powys tends to report a relatively stable workforce, with small numbers of staff fluctuations. The ‘grow our own’ approach is adopted by many in

General Practice, with career progression from junior to senior administrative roles, and support for nursing and other health professional careers. This is supported by the Primary and Community Care Academy delivering career enhancing training and development opportunities throughout the year.

Population Health

Disease register Prevalence

Public Health Wales publish Powys prevalence rates across seventeen clinical areas, with Hypertension having the highest prevalence and palliative care the lowest.



Description of Figure 1: On 1 April 2024, the percentage of patients recorded on each disease register ranged from 16.0% for hypertension to 0.3% for palliative care.

GMS Registered population by age sex and cluster

South Cluster

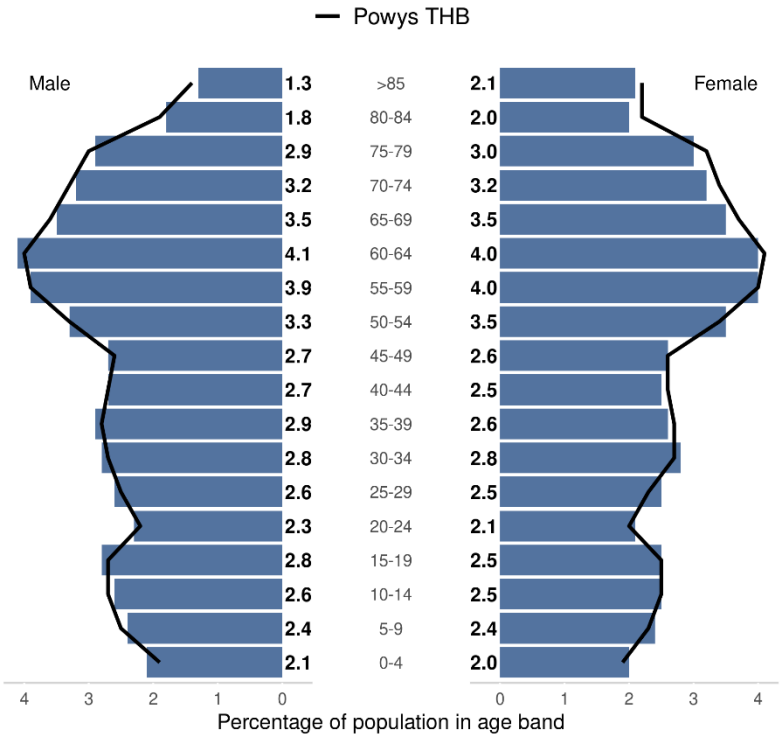
Figure: Registered population by age and sex, percentage, South Powys cluster, health board, 2024
Produced by Public Health Wales using Financial Practitioner Payment Scheme (FPPS) via DHCW

Mid Powys

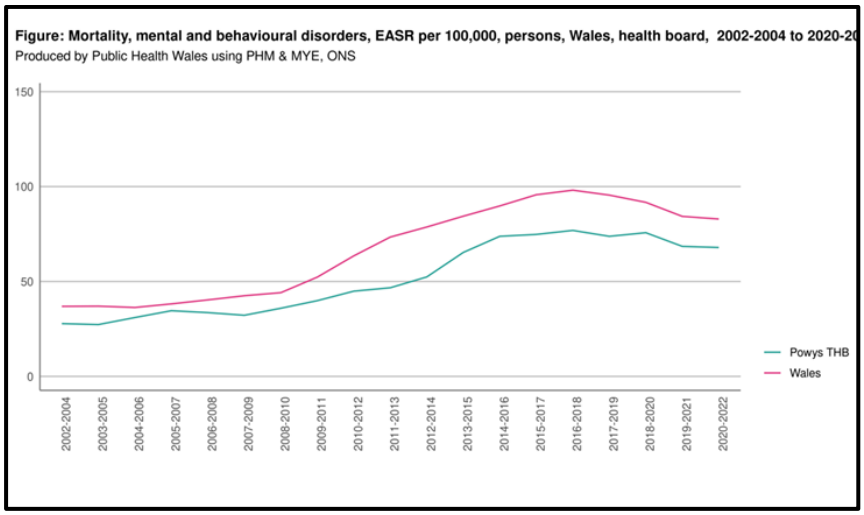
Figure: Registered population by age and sex, percentage, Mid Powys cluster, health board, 2024
Produced by Public Health Wales using Financial Practitioner Payment Scheme (FPPS) via DHCW

South Powys

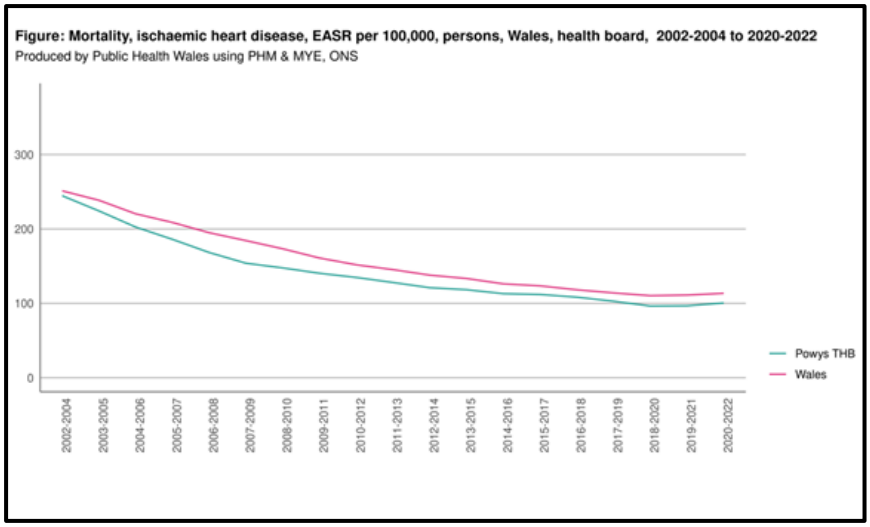
Figure: Registered population by age and sex, percentage, North Powys cluster, health board, 2024
Produced by Public Health Wales using Financial Practitioner Payment Scheme (FPPS) via DHCW



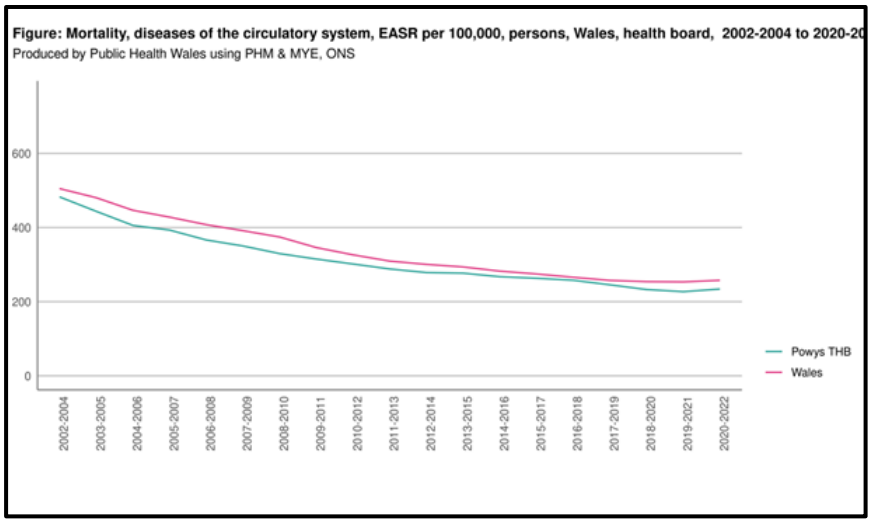
Public Health Wales have published mortality trend data across Wales over the last 20 years. Powys largely follows the national trend lines across a range of conditions reported, with a significant rise with mental and behavioural disorder data across Powys and Wales.



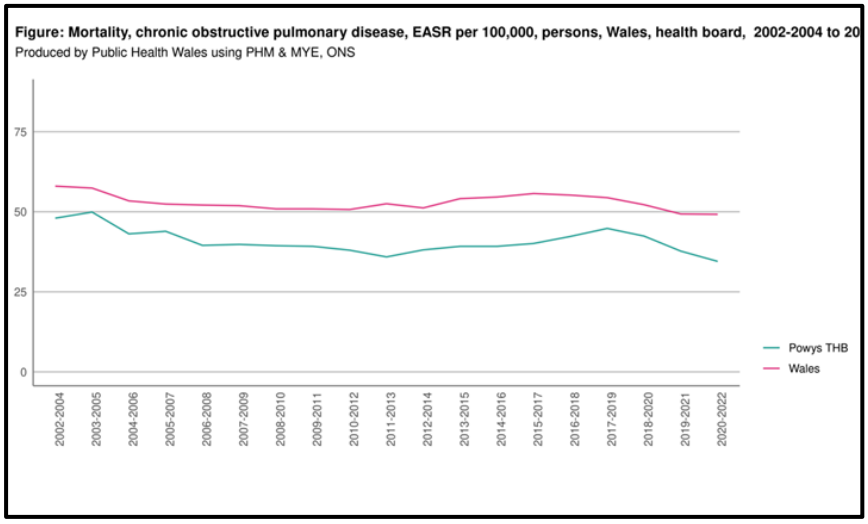
Conversely a significant reduction in the Ischaemic Heart Disease data.



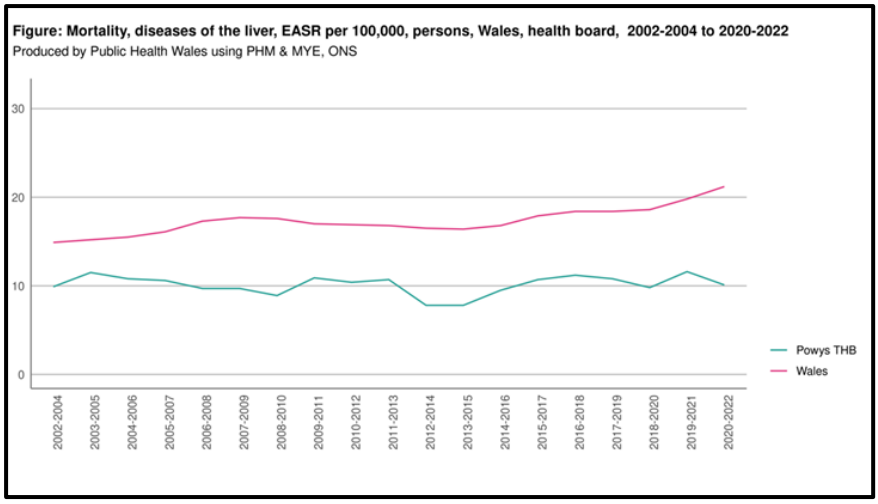
Likewise for diseases of the circulatory system data.



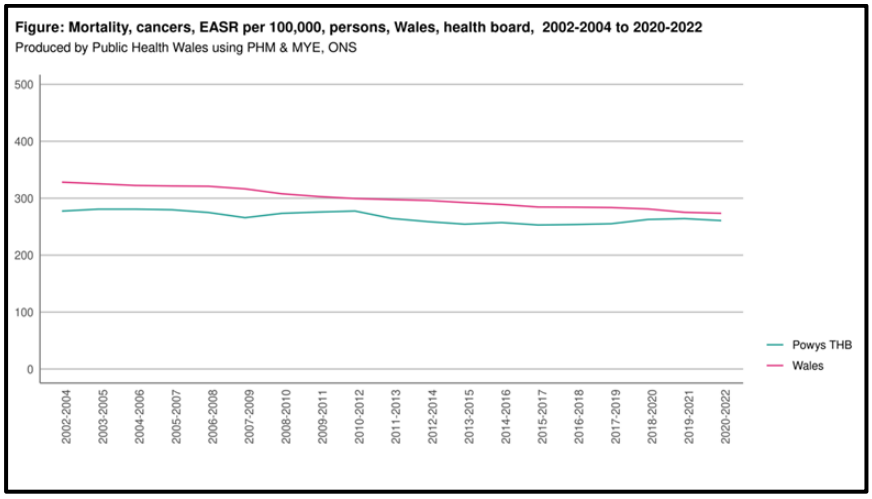
COPD data remains lower than Wales with a downward trend.



Data regarding diseases of the liver has fluctuated, however, have overall remained static in Powys compared to a rising prevalence reported across Wales.



However, although remaining lower than the national position, cancer data has not seen the decrease observed across Wales.



Across the Cluster footprints, all three Clusters report significantly lower numbers than the data across Wales on the Diabetes register. North Powys Cluster has a significantly higher incidence of emergency admissions with Ischaemic Heart Disease. Mid and North Powys show significantly lower incidence of Atrial Fibrillation disease. South Powys Cluster shows better population health outcomes with six indicators lower than the average across Wales.

Primary Care Clusters: Powys THB Summary Report

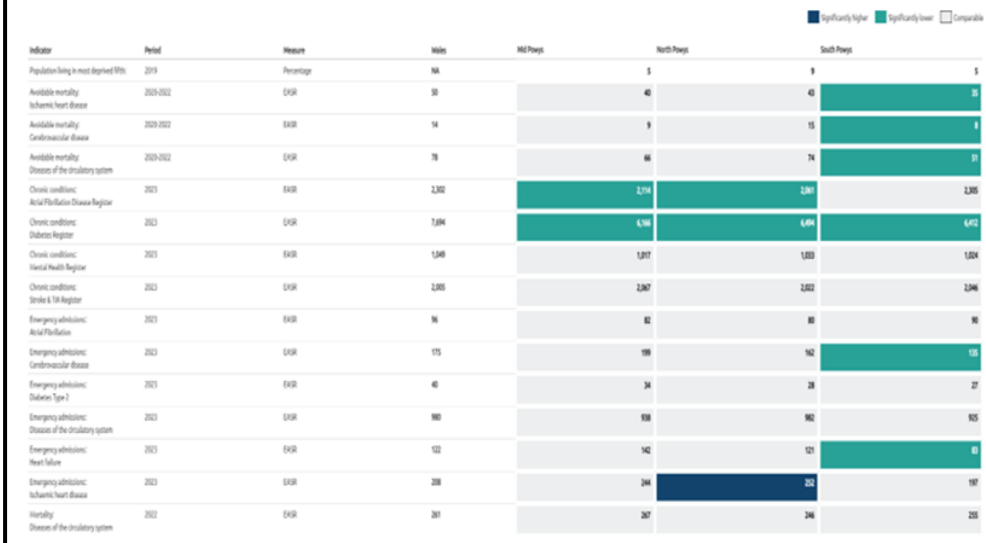
Key findings:
Powys THB has 3 primary care clusters.

- All 3 clusters in Powys have better outcomes than the Wales average for the prevalence of diabetes. Additionally, 2 of the 3 clusters have better outcomes for the prevalence of atrial fibrillation, possibly linked to a low percentage of the population living in the most deprived fifth of WIMD.

- South Powys has the best population health outcomes, with 6 of the indicators lower than the Wales average.

- There is a low percentage of the population living in the most deprived fifth of areas in Wales across the clusters in the health board.

The table below compares Powys THB clusters against Wales figures.



Key Issues and next steps

Due to the rising demand on General Practice the current situation is challenging and needs urgent action to maintain the current high-quality service. The demands placed on General Practice have compounded the situation and is causing some General Practitioners to consider their commitment to the profession, and new doctors questioning General Practice as an attractive career option. Under the current situation the forecast is not in a positive space, with practices likely to be fragmented in service offerings or considering their ultimate viability. Delays in the national contract negotiations for 2024/25 have compounded this issue.

If the status quo remains **w**orkload demands across health care will continue to exceed safe working practices, adding to the pressure and burden across the wider health system and creating professional fatigue

and disinterest. Possible service gaps and return of independent contracts will be likely, impacting on service to patients, with delays in accessing the right care. A consequence of this could be that patients may have to travel further afield to receive primary care which will also negatively impact on environmental factors.

Going forward, support to general practice needs to include a number of initiatives to stabilise the longevity of general medical services to the Powys population:

- Continue to encourage multi-professional team working with training and development programmes in place to upskill practitioners and create a flexible solution to patient needs.
- Continue to support General Practice with recruitment needs and the 'grow your own' approach.
- Continue to support Collaborative and Cluster discussions around best practice and innovative ideas.
- Develop a 'special interest' programme to encourage multi-professional practitioners with a particular interest to become actively involved in the planning and delivery around that area of care.
- Explore options for further enhancing supplementary services according to Value Based Healthcare principles.
- Develop robust care navigation and signposting processes to ensure patients access the right care at the right time from the right practitioner in the right place.
- Support General Practice communications to patients to promote the multiple ways to access treatment.

General and Community Dental Services

Access and Demand

Access to dental services in Powys consists of primary, community and specialist services. As Powys does not have a District General Hospital Some specialist and secondary services are carried out in the community within the Community Dental Service where it is safe to do so. apart from primary care specialist orthodontics which is provided through an independent contractor arrangement.

Access to routine general dental services is provided through both the independent contractor model and the community dental service (salaried GDP model).

Access to dental services is available from both private and NHS provision. There is no patient registration for dental patients and universal access is not automatically available. Evidence suggests that an estimated 15% of any population chooses private dentistry and a further 15 to 20% are estimated to seek care only for an urgent dental problem.

The recent development of the Dental Access Portal (DAP) will support the identification of patients requesting a routine dental appointment who do not have access. The DAP provides Powys with confirmation of the number of patients seeking routine dental care.

Prior to the national roll out of the DAP, PTHB introduced an NHS Dental Helpline and waiting list in September 2021. The helpline was set up to handle all queries and issues in relation to NHS dentistry in Powys along with adding patients to a local Powys waiting list. In 2024, the Welsh Government announced that a centralised waiting list would be created, and Powys piloted the implementation of DAP. The pilot started in June 2024 and in the first instance was just for use as a 'back-office' function to enable the legacy Powys waiting list to be uploaded. The DAP went live for Powys patients in September 2024 enabling patients to add themselves to the waiting list instead of contacting the dental helpline. The uploading of the legacy list included a list cleansing process which has provided a more accurate picture of the access need in Powys.

The current number of patients on the waiting list 3,159. The number of patients that have been allocated a practice since the DAP started last year is 1,716, of which 1,205 patients accepted the offer, 410 of those offers expired and 101 offers were declined. Since the waiting list was started in September 2021 a total of 4,079 patients have accepted a referral into an NHS practice.

The number of patients accessing specialist services is available through the electronic referral management system which captures the majority of dental referrals but excludes a small number of referrals from other health care professionals such as GPs.

The demand for urgent dentistry continues to fluctuate and anecdotal evidence suggests that it can be dependent on weather and holiday seasons. The current contract variation agreement with independent contractors allows the Health Board to commission urgent slots and the proposed new dental contract for implementation 2026/27 will continue the ability to commission new urgent patient access. The Community Dental Service supports urgent access provision across the county. Children have prioritised allocation to practices as soon as they are added to the waiting list. The PTHB aspiration is for no children to be listed on the waiting list.

Urgent slot access is very difficult to predict and can bring challenges when demand is outstripping the capacity. During the financial year 2024/25, PTHB offered an average of 62 slots per week which supported the treatment of 3,617 patients, of which 318 were children. In addition, a dental out of hours provision is in place for urgent dental care. This is provided by independent contractors that work over a weekend and on bank holidays. The current in hours urgent access offer is delivering an increase in the number of urgent slots to an average of 68 slots per week, this is as a result of putting local mitigations in place to boost the urgent capacity going forward.

Current model of delivery and location of services

The rurality of Powys 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 a number of years, making it difficult for residents to find a dentist or get timely appointments. Recruitment in the area continues to be very challenging.

There are 15 independent contractors based throughout Powys and a good coverage of Community Dental Services (CDS). The CDS provide GDS cover in Machynlleth and Builth Wells. A Mobile Dental Unit (MDU) service is in place across south Powys, rotating its location across the south cluster.

The Contract Reform programme offers various metrics, which include targets for new patients, historic patients and fluoride varnish. Over recent years independent contractors have had the option to continue working under the traditional Units of Dental Activity (UDA) contract or to opt into Contract Reform to 'vary' their contract and work towards achieving the various metrics.

2024/25 saw eleven practices sign up to Contract Reform and four remaining to deliver services under the regulated UDA model. There was a total of 6,317 new patients seen with 2,516 of these being children. Historic patients seen amounted to 28,582 of which 7,166 were children. Using these figures against the approximate population of Powys (133,000) 26% of the population were seen for routine dental, and 3% of the population were seen for urgent dental care.

A total of ten practices underperformed against their contract. Practice challenges to meet their targets are largely due to consistent themes of recruitment issues and staff sickness. The fully staffed practices with a stable complement of staff are the ones most likely to fulfil their contractual obligations.

As detailed in the map above the Community Dental Service has good geographical spread across the county.

- Ystradgynlais Community Hospital has two dental chairs providing routine access, special care, paediatric inhalation sedation and domiciliary care provision.
- Brecon War Memorial Hospital has four dental chairs providing routine access, paediatric, special care, domiciliary, oral surgery, consultant orthodontics, endodontics and a foundation training offer.

- Llandrindod Wells Hospital has two dental chairs and provides special care, oral surgery including general anaesthetic and intravenous sedation and endodontics/restorative.
- Glan Irfon, Builth Wells has three chairs providing salaried GDP routine work, and foundation training.
- Newtown Dental Clinic has three chairs, provides routine access, special care, paediatrics, inhalation sedation and domiciliary care.
- Machynlleth Hospital provides routine general dental practice work and has one chair.
- Welshpool Health Centre has one chair, providing routine access, special care, paediatrics, inhalation sedation and domiciliary care.
- The Mobile dental unit has one chair and is located across South Powys providing routine salaried general dental practice work.

Workforce

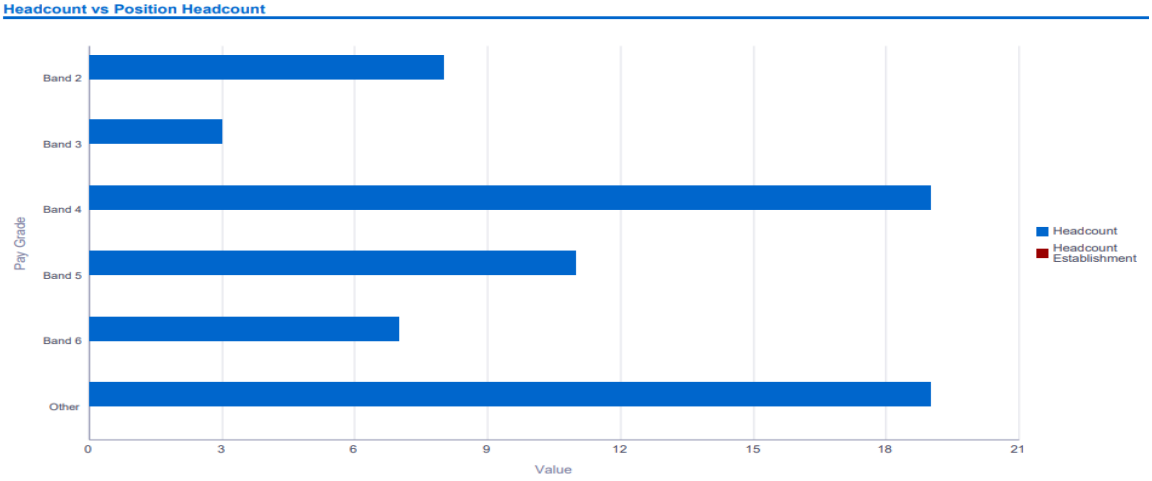
Workforce profile: Independent Contractors

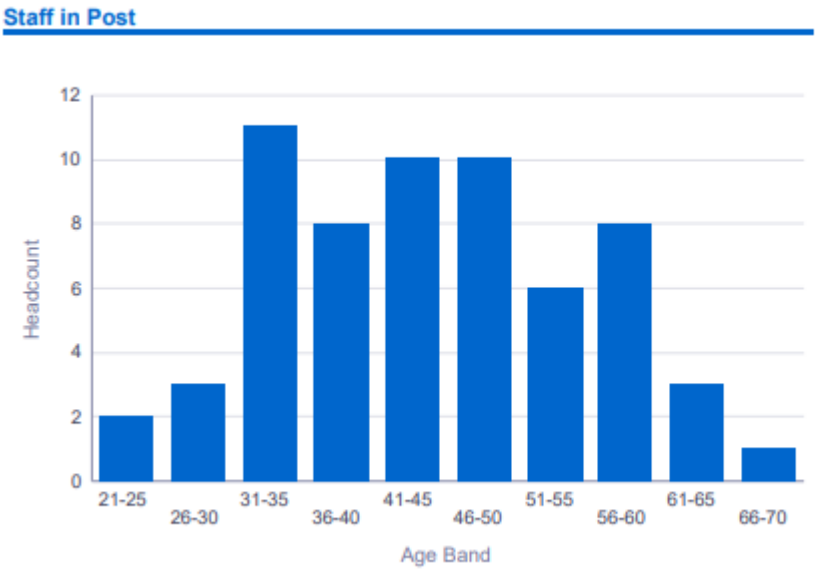
Nationally Health Boards have limited information regarding the independent dental workforce and currently rely on the Powys Dental Performers List and annual review visits to obtain details on the dental workforce.

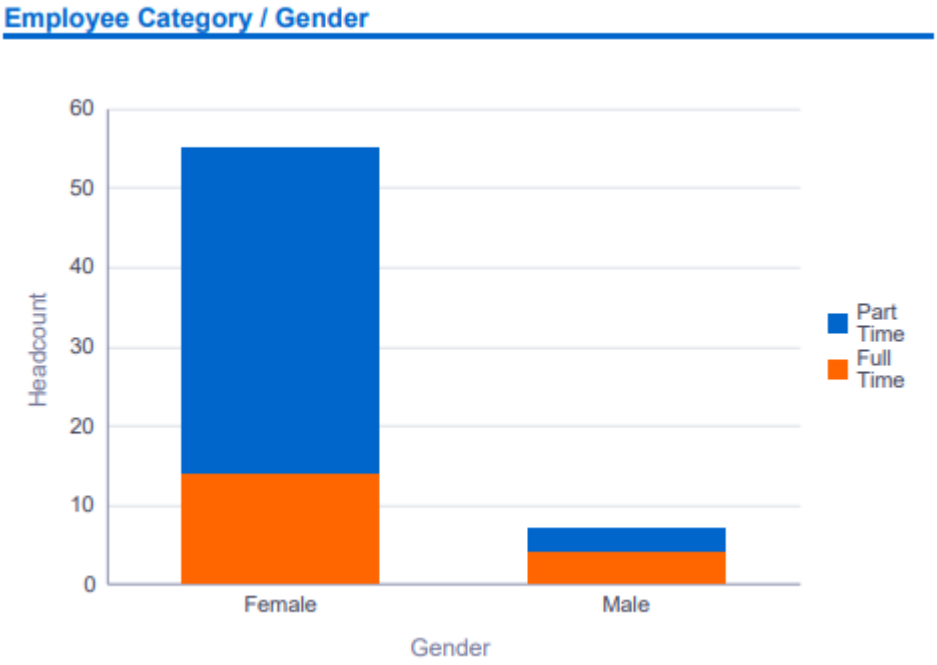
The current Powys independent dental workforce consists of the following registered professionals spread across the Powys cluster footprint.

Active Dental Performers	38
Dental Therapists	20
Dental Nurses	76
Foundation Dentists	4

Workforce profile: CDS







Dentists

There are currently four senior dental officers who are close to or will exceed 60 years of age within the next 4 years.

This equates to the equivalent of 2.8 WTE and will impact oral surgery and special care dentistry including paediatric dentistry. Succession planning has been considered regularly as it is estimated that within 4 years these individuals are likely to have retired, with one senior dental officer already given notice to retire in January 2026

The mitigation for oral surgery will be dependent upon upskilling the existing workforce and recruitment of a Consultant Oral Surgeon. The

upskilling has commenced 12 months ago by mutually agreeing to change a job plan. Options are being explored and scoped to recruit specialist support and maintain the existing team.

A senior dental officer in special care/paediatric dentistry is currently out to advert to attempt to recruit well in advance of the retirement date.

Special care dentistry is currently an area of dentistry that is difficult to recruit to, and alternative plans will be to upskill the existing workforce.

Dental Nurses

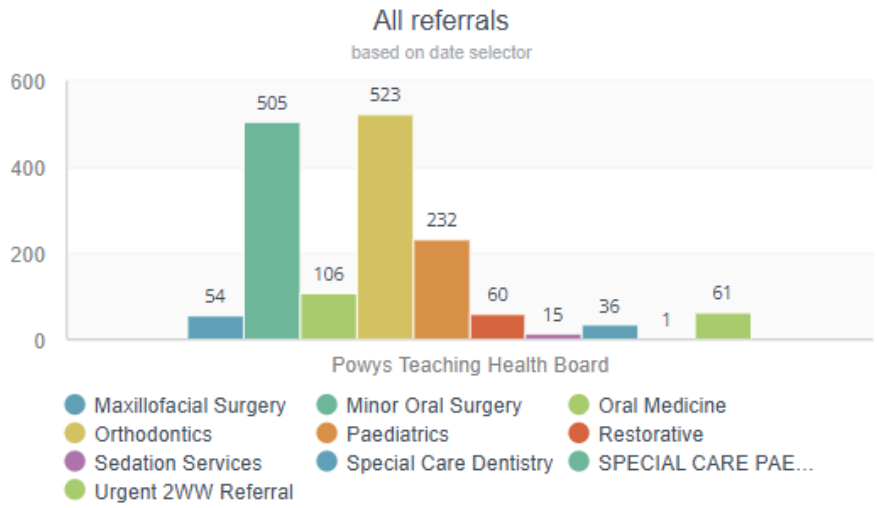
Recruitment of qualified dental nurses has been challenging in certain geographical areas of Powys. There are two dental nurses at NHS pension retirement age with significant experience. It is estimated that in the next 5 years there will likely be 2 possible vacancies due to dental nurse retirement. One is located in a more difficult area to recruit to.

It is possible to train dental nurses in-house and this remains an option if recruitment proves unsuccessful.

Population Health

The two main dental diseases caries and periodontal disease are largely preventable, and although PTHB compares favourably with caries prevalence across Wales and has been steadily improving it still remains a common disease with 1 in 5 children experiencing tooth decay. This combined with the fact that Powys has an ageing population who has extensive restorative work means that the future demand for treatment is likely to remain high.

Dentistry has additionally become more specialised, and complex which has led to a reduction in the average case load per practitioner. Patient expectations means that the treatment received although improves the options available will result in a lifetime of maintenance as they go through the restorative cycle.

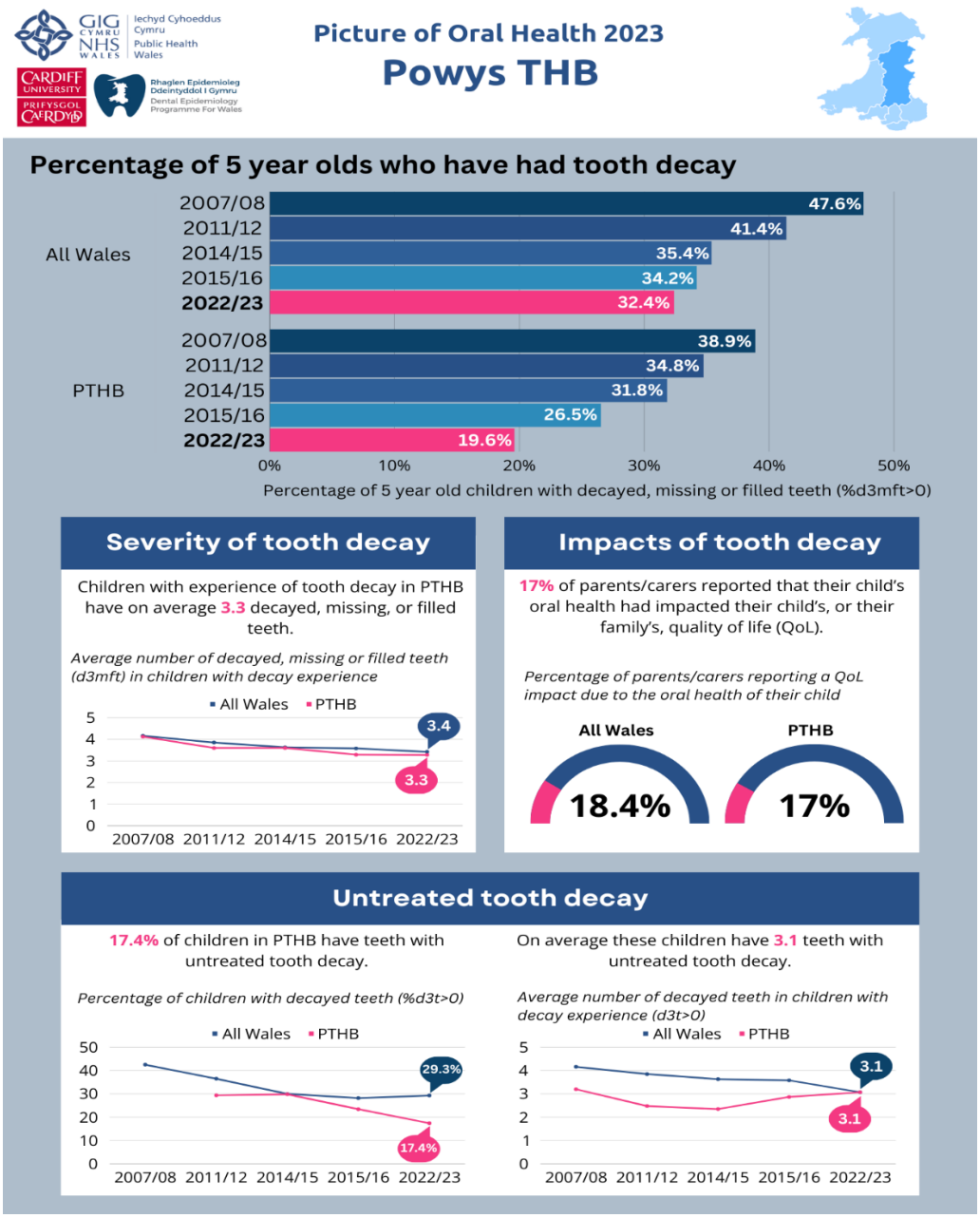


In the interim there is likely to be an increasing need and demand for services especially as patients are less likely to accept the loss of a tooth.

This means that a prevention strategy is of greater importance to reduce future burden of disease. We know that preventing tooth decay in early childhood is likely to prevent or minimise dental disease in adulthood. Prevention programmes such as designed to smile need to be maintained and where funding allows expanded.

Patient residing in care homes experience poorer dental health and often have complex medical needs, although the treatment is often palliative, prevention and timely access to dental treatment are vital to maintain quality of life. Appropriate training and education of the dental team is needed to ensure care is available for this vulnerable group.

Oral health needs to be integrated into wider health care and be recognised by other health care professionals. The dental team needs to integrate into the NHS ensuring that it does not continue to work in isolation.



Key Issues and next steps

Dental recruitment is difficult across the UK, but for a variety of reasons rural areas are significantly more challenged.

Work force retention and recruitment in conjunction with geographical challenges continues to be the main challenge to the sustainability of Powys primary care dental services.

Future service provision needs to adapt to changing dental needs to ensure that future population oral health needs are met, delivered by a continually developing and trained multi-disciplinary workforce. Skill mixing such as employing dental therapists and allowing them to practice at the top of their scope of practice reduces unmanageable caseloads and

stress within teams which further supports recruitment and retention of the rural dental workforce. Encouraging shared job roles where appropriate between practice and the Community Dental Service (CDS) also has the potential to support recruitment and retention.

The strategic vision of the CDS focusses on recruitment and retention of staff and creating a virtual dental hospital by moving as much treatment as possible out of secondary care into primary and community care.

Further development of the CDS into a flexible specialist workforce with access to modern dental equipment and infrastructure, including dental foundation year 1 training posts increases the chances of further recruitment and retention to both the CDS and the independent contractor workforce. Increasing local access to specialist services and peer support will enable the upskilling and development of additional skills which is a significant influencing factor for new and recently qualified dental graduates.

Going forward, initiatives to stabilise access to routine and specialist dental services need to include:

- Initiatives to support the continued expansion of Dental MDT
  - Approximately 70% of routine dentistry can be undertaken by Dental Therapists, recruitment of NHS dental therapists into both GDS and CDS will free up time for dentists to operate at the top of their scope of practice.
- Ensure that training opportunities and upskilling are available to produce variable and interesting job plans, this can be achieved by recruiting specialists and consultants into the CDS.
- Continuing to use specialists in primary and community care, to minimise referrals into secondary care.
- Build contingency and expand the salaried GDP model so that the service can respond quickly as needed to independent contractor contract terminations.
- Support contractual changes that lead to improved access, prevention and quality improvement.
- Accept that retention and recruitment is a long-term strategy, by continuing to support and expand foundation placements in the CDS and GDS.
- Encourage dental student placements in Powys to feed into the foundation training programme resulting in Powys being a place that is the preferred option (enhancement of reputation)
- Embrace digital solutions where possible and have a flexible work force using innovation (Mobile dental unit)
- Ensure infrastructure is fit for purpose, this additionally improves wellbeing, makes job plans attractive and supports

recruitment/retention of staff, including shared job roles across CDS/GDS.

- Continue to be innovative in approach of dental solutions and policy change to future proof the service.
- Continue with the team working that is needed to ensure services are developed and progressed to ensure oral health is included in any wider HB policies and procedures.
- Support and take advantages of future workforce opportunities such as provisional registration.

General Ophthalmic Services

Access and current model of delivery

The National Health Service (Ophthalmic Services) (Wales) Regulations 2023, came into force on the 20th of October 2023 reflecting the new optometry contract to secure the delivery of more clinical work in primary care optometry services from hospital eyecare services, helping to reduce the demand for and increase capacity to provide specialist eye care.

The *Future Approach for Optometry Services,* founded on the key principles of prudent healthcare aligned to the *Primary Care Model*, *A Healthier Wales* and the strategic direction set in Programme for Government has informed the ongoing reform of optometry.

The aim of the new Optometry Contract supports primary care optometry workforce to deliver additional pathways in optometry, with an emphasis on glaucoma, medical retina and hydroxychloroquine pathways to increase the number of optometrists with higher qualifications to provide these services.

The upskilling of the optometry profession is required to achieve a sustainable workforce needed to deliver the 'shift left of' services from secondary care into primary care.

Patient access to optometry services is not linked to patient registration and therefore patient choice informs where patients choose to access optometry services. Many Powys residents choose to access across border optometry services. This includes both Wales and England services.

Wales General Ophthalmic Services (WGOS) is a Primary Care Optometry service delivered from both fixed location premises in the community and closer to/in homes via mobile practices. WGOS is a tiered Service comprising of five levels:

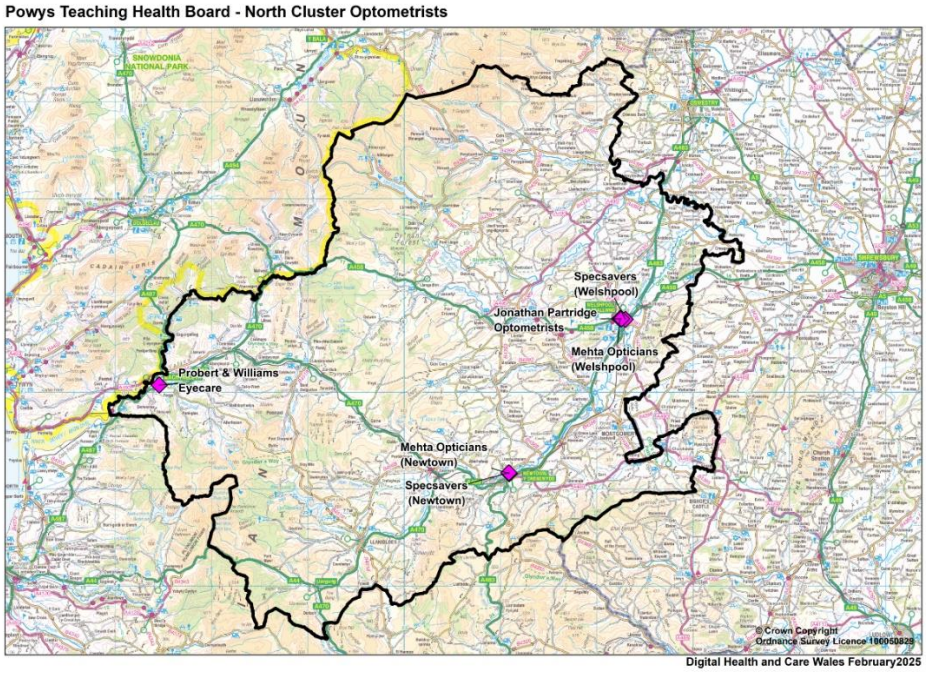
- WGOS 1: eye examinations and patient management plan (core)
- WGOS 2: made up of three bands: acute eye care; further follow up examinations and cataract post operative assessments (core)
- WGOS 3: low vision services and certification of vision impairment (optional)
- WGOS 4: examination of conditions previously managed in Hospital Eye Services for glaucoma, medical retina and risk of retinopathy (optional)
- WGOS 5: independent prescribing services(optional)

Location of Services

There are currently 15 Optometry practices across PTHB and 4 mobile contractors. All 19 contractors offer a mandatory level of service of WGOS 1 and 2 and a range of additional services across WGOS 3-5 are offered. There is an additional mobile contractor providing WGOS 3 mobile services only.

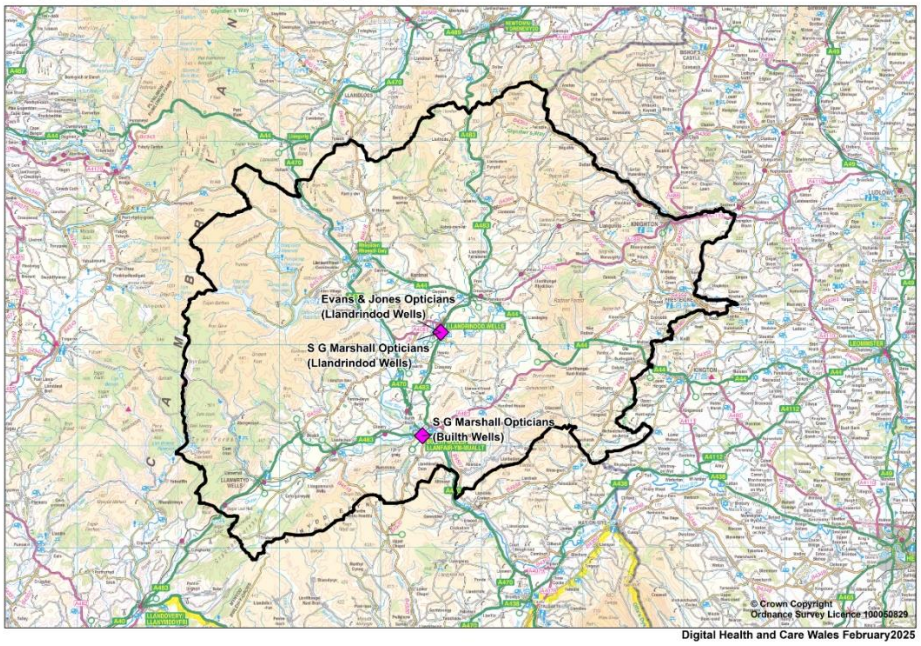
The following maps outline the current location of Optometry practices across each of the three Powys Cluster footprints:

North Cluster



Mid Cluster

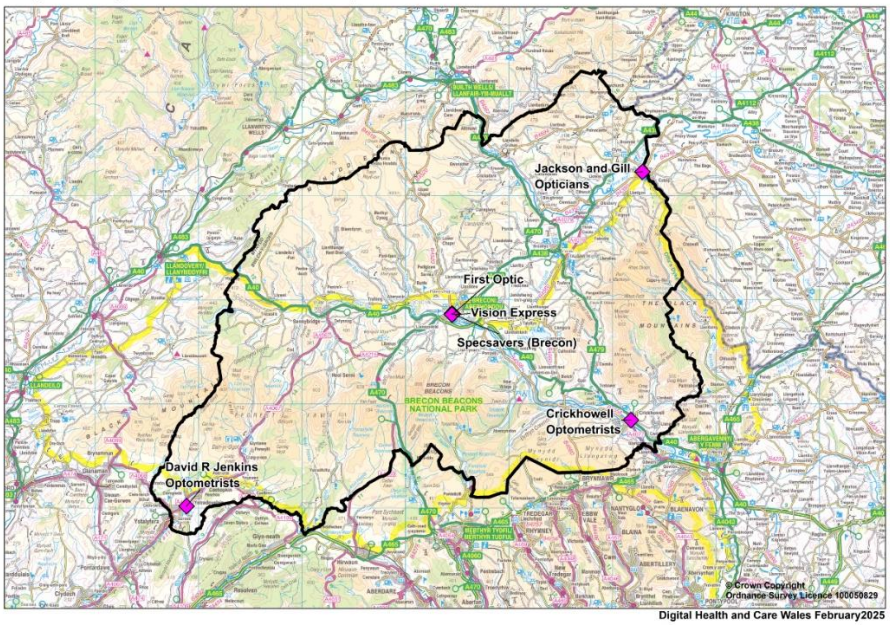
Powys Teaching Health Board - Mid Cluster Optometrists



Digital Health and Care Wales February2025

South Cluster

Powys Teaching Health Board - South Cluster Optometrists



Digital Health and Care Wales February2025

There are no optometry practices in some of the Powys towns where there is main General Medical Services provision. There is no optometry service provision in the following Powys towns:

North Cluster	Mid Cluster	South Cluster
• Llanfyllin, • Llanfair Caereinion • Montgomery • Llanidloes	• Knighton, • Presteigne • Rhayader	• Talgarth

Current Powys wide provision includes:

WGOS 1-2: All 15 practices and the 4 mobile providers provide. There is a reasonable geographical spread of these services across the Health Board, noting that practices are not present in all Powys towns.

WGOS 3: There is good coverage across all three clusters. However, the limited mobile provision presents challenges across county.

WGOS 4: Implementation of WGOS4 services has had a slow start, due to recruitment, capacity and optometrist skill set limitations across the county. This is further compounded by the complexity of the Powys secondary care commissioning arrangements.

- **Glaucoma Filtering:** There are currently two practices offering this service in Mid Powys. There is a lack of higher qualified (or in training) workforce to provide a Health Board-wide WGOS 4 Glaucoma Filtering service.
- **Glaucoma Monitoring:** Pathway not yet commenced.
- **Medical Retina:** Pathway not yet commenced.
- Hydroxychloroquine monitoring: Pathway not yet commenced.

There are no mobile providers of WGOS 4 within PTHB.

WGOS 5: Currently there is provision in two out of three Clusters (north and south). There are no mobile providers of WGOS 5 within PTHB.

Domiciliary eye care provision presents a challenge to Powys which results in gaps in service provision. This is primarily due to the limited number of mobile Optometry providers. Currently, there are only four mobile WGOS 1&2 Optometry providers serving the Health Board, and all of them are based outside of Powys.

This situation is further complicated by the limited provision of WGOS 3 mobile services (one additional WGOS 3 only provider) and the complete absence of WGOS 4 & 5 mobile services. As a result, residents of Powys may face challenges in accessing timely and convenient eye care, highlighting the need for ongoing support in this area.

Powys secondary care eye pathways are complex. This is compounded further by the lack of available data regarding secondary care activity

which makes it difficult to identify the true demand of services that can be transferred into primary care WGOS 4.

Workforce

The current Powys Optometry workforce consists of 39 registered professionals spread across the Powys cluster footprint. Optometrists make up 82% of the workforce with a small proportion attributed to Dispensing Opticians (8%) and Student Optometrists (10%). This can be summarised as:

North Cluster:	17
Mid Cluster:	6
South Cluster:	11
Mobile:	1
Unspecified:	4

The local higher qualified workforce aligned with WGOS 3-5 is summarised below:

- Higher Certificate Glaucoma: Mid Cluster 2
- Professional Certificate Glaucoma: North Cluster 3; Mid Cluster 2; South Cluster 3
- Professional Certificate Medical Retina: North Cluster 5; Mid Cluster 2; South Cluster 2
- Independent Prescribers: North Cluster 3; South Cluster 2
- Low Vision: North Cluster 4; Mid Cluster 3; South Cluster 4

Population Health

Based on the Powys population eye health demographics and prevalence predictions completed by the Royal National Institute of the Blind (RNIB) there is a particular need to focus on increased service delivery for WGOS4 including glaucoma, medical retina and hydroxychloroquine within primary care optometry.

The proportion of people aged 75 years and over in Powys is higher than the average for Wales. 13% of the population are aged 75 plus, compared to 10% in Wales.

Sight loss is linked to advancing age, the RNIB projects that by 2032 there are expected to be 7,210 people in Powys living with sight loss, an estimated increase of 18% over the next decade.

The table below summarises PTHB's estimated prevalence of sight loss over time (2022-2032), by severity.

Severity of sight loss	2022	2032
Mild sight loss	3,910	4,620
Moderate sight loss	1,350	1,580
Severe sight loss	840	1,010
Total	6,100	7,210

The RNIB (2023) Sight Loss Data Tool estimates the prevalence of a number of ocular conditions for PTHB. This data informs the Powys future eye healthcare needs:

Age-Related Macular Degeneration (AMD):

- 8,310 (6.2 %) people are living with the early stages of AMD.
- 640 (0.48%) are living with late-stage dry AMD.
- 1,320 (0.99%) are living with late-stage wet AMD.
- 1,860 (1.39%) combined late-stage AMD
- Between 2022 and 2032 the RNIB estimates an increase of 22% (409) in the number of people living with late-stage AMD

Cataract:

- 2,080 (1.56%) people living with cataract.
- Between 2022 and 2032 there is estimated to be an increase of 22% (458) in the number of people living with cataract.

Glaucoma:

- 3,030 (2.278%) people are living with ocular hypertension.
- A further 1,940 (1.45%) people are living with glaucoma.
- Between 2022 and 2032 there is estimated to be an increase of 14% (272) in the number of people living with glaucoma.

Diabetic Retinopathy:

- 2,700 (2.03%) people are living with diabetic retinopathy.
- Of these, it is estimated that 250 (0.18%) have severe diabetic retinopathy likely to result in significant and potentially certifiable sight loss.

- Between 2022 and 2032 there is estimated to be an increase of 2% (54) in the number of people living with diabetic retinopathy.

Ther are other related disease prevalence and factors that affect eye conditions. Diabetes provides a significant risk to eye health, as it can lead to an increased risk of glaucoma, diabetic retinopathy and cataracts. Current Powys diabetes prevalence is 8%.

In addition to chronic conditions, key risk factors such as obesity increases the risk of developing diabetes, leading to an increased risk of a range of eye related health conditions, as detailed above.

Smoking is known to increase the risk of developing age-related macular degeneration (AMD) and cataracts.

Certain ethnic groups are more at risk of having sight loss, in particular Black, Asian or Minority Ethnic are at an increased risk of glaucoma and diabetic retinopathy. The Powys population with these ethnic groups is lower than all Wales average.

Key Issues and next steps

Due to an ageing population and increasing prevalence of most major eye conditions, there is an increasing demand for all levels of WGOS across PTHB. Access to Optometry services within Powys has reduced over the years with practices closing, however the demand for WGOS 1-3 continues to be met through reasonable geographical coverage across the Health Board, with the notable exception of service gaps in some main towns and in particular North-West Powys.

Currently across Powys there is a very small cohort of Optometrists with specialist skills and qualifications to provide WGOS4 services. This includes no WGOS 4 and WGOS 5 provision in some clusters, or a low level of service provision, providing an inequitable service offer.

The complexity of Powys secondary care pathways and the lack of available data regarding secondary care activity makes it difficult to identify the true demand of services that can be transferred into primary care WGOS 4. However, based on the Powys population eye health demographics and the RNIB future predictions for prevalence of ocular conditions, it is clear that there is a particular need to focus on increased service delivery for WGOS4 including glaucoma, medical retina and hydroxychloroquine within primary care optometry.

The Health Board’s priority, in order to meet future demand, needs to continue to support the provision and development of WGOS services including supporting and promoting the optometry workforce to expand their skill set and gain the required accreditation. The PTHB aspiration is

for a minimum of 50% of Practices to be delivering the full range of WGOS services.

Implementation of WGOS4 will enable opportunities for referral management support across both PTHB in-reach and commissioned services and pathways. The implementation and roll out of WGOS 4 will support the 'shift left' of services by enabling care closer to home and freeing up Ophthalmology capacity within community hospitals, in-reach services and secondary care.

To meet the current and future demands, The Health Board, through its primary care, Academy and Cluster teams, will continue to work with HEIW to support targeted workforce upskilling in the necessary areas. Cluster funding opportunities and initiatives that allow optometry workforce development including succession planning are being progressed to support the implementation and ongoing sustainability of WGOS services across cluster footprints. Higher levels of clinical services identified by the local eye care needs assessments will be delivered on a Cluster level to bolster this provision. Taken together, the needs assessment combined with delivery on a Cluster footprint will ensure that local population needs will be fully considered and delivered against.

Community Pharmacy

Access and Demand

Community pharmacies are a vital and accessible part of the healthcare system in Powys, particularly in rural and underserved areas. Pharmacies are often the first point of contact for health advice, minor ailments, and urgent medicines supply. Recent feedback from residents noted positive experiences with pharmacy services, although some expressed concerns about medicine availability and access outside regular hours. Demand for pharmacy-led clinical services is growing as pressure increases on general medical services, highlighting the opportunity to expand community pharmacy's role in delivering care closer to home.

The community pharmacy contract mandates that, unless otherwise agreed with the Health Board, a pharmacy must provide pharmaceutical services for at least 40 hours per week. These hours are deemed core hours and pharmacies may choose to declare to open for supplementary hours in addition. In addition to these hours, the Health Board commissions a number of pharmacies to extend their opening hours on weekday evenings and to open on Sundays.

Presgripsiwn Newydd / A New Prescription is Welsh Government's long-term plan for the future of community pharmacy in Wales. Published in 2022, it sets out a vision for transforming the role of pharmacy teams to better support the health and wellbeing of the population. The plan emphasises a shift from dispensing and supply-focused services towards more patient-centred, clinical care delivered closer to home. It outlines priorities such as improving access to independent prescribing, enhancing the use of digital technology, strengthening the pharmacy workforce, and integrating pharmacy services within the wider primary care system. The ultimate aim is to ensure that community pharmacies are a key part of a sustainable, preventative, and person-focused healthcare system.

Recent contract changes have introduced the new national directed service: Clinical Community Pharmacy Service (CCPS) which all pharmacies in Powys have committed to provide. Currently, there are three mandatory components of this service:

- Contraception Services
- Common Ailments Service (including Sore Throat Test and Treat)
- Emergency Medicines Supply

Additional Pharmacy Services such as smoking cessation support, seasonal influenza vaccination and services to support the harm reduction agenda are also widely commissioned locally.

These developments support a shift of activity from GP practices to pharmacy, aligning with the broader ambitions of the Primary Care Model for Wales and helping improve population access, reduce delays in care, and free up GP capacity.

Current Model of Delivery and Location of Services

There are 23 community pharmacies located across the three Powys clusters. Pharmacies are often co-located near GP practices or central town centres, providing convenient access to services.

Community pharmacies dispense prescriptions to approximately two thirds of the population of Powys; dispensing GMS practices dispense prescriptions to patients who live in more remote, rural areas of the county.

The presence of a pharmacist allows for community pharmacies to offer a suite of additional clinical services that are not commissioned to be provided from dispensing GMS practices.

Clinical pharmacy services have traditionally relied solely on pharmacists for their delivery, but recent contract amendments enable the pharmacy technician workforce to issue certain medications without a prescription and deliver services such as the Seasonal Influenza Vaccination and Contraception Services under the Clinical Community Pharmacy Service (CCPS). These changes allow for more robust and reliable service delivery in community pharmacy.

Community pharmacy in Wales is undergoing a major shift from a traditional focus on dispensing prescriptions to delivering a broader range of patient-facing clinical services. This often means that pharmacy premises are no longer fit for purpose and contractors are having to adapt to new ways of working; pharmacies would have traditionally dedicated space for dispensing prescriptions, over the counter medicines and retail but are now starting to clear space for additional consulting rooms.

The *Community Pharmacy Premise Improvement Scheme*, first launched in 2024 offers grants of up to £45,000 per pharmacy, facilitating essential upgrades such as improved or additional consultation areas and enhanced accessibility. These improvements are designed to support the delivery of more patient-centred services in community settings.

Workforce

Community pharmacies in Powys are staffed by qualified pharmacists and pharmacy technicians, supported by trained dispensing and counter staff. Recruitment and retention remain a challenge, particularly in remote

locations. There has been reliance on relief or locum pharmacists in some areas who were often not accredited to provide clinical services in Wales.

Community pharmacies have only recently been added to the Wales National Workforce Reporting System (WNWRS) and the first set of data will become available in this financial year.

There is a national drive to increase the number of community pharmacists that are trained and working as independent prescribers. To support this, a new national directed service: Pharmacist Independent Prescribing Service (PIPS) was included in the contract from April 2022. This service allows the provision of a national extended minor illness service and/or national contraception service, or other Health Board commissioned services, depending on local priorities. Powys currently has eight pharmacies offering this service.

2026 will see the first cohort of pharmacy students qualifying as independent prescribers at the point of registration; existing pharmacists have also been encouraged to undertake independent prescribing courses. In Wales, this initiative aligns with broader efforts to enhance the role of pharmacists in delivering clinical care, particularly in community settings. By enabling pharmacists to prescribe independently from the outset of their careers, the healthcare system aims to improve patient access to medicines and alleviate pressures on other primary care services.

Population Health (Prevalence)

Powys has an older-than-average population with high levels of chronic disease, multimorbidity, and polypharmacy. Over 28% of the population is aged over 65, with growing numbers of people living with hypertension, diabetes, respiratory conditions, and frailty. Community pharmacies are well placed to contribute to preventative health and early intervention, particularly through the management of minor illness, lifestyle support, and structured medication reviews.

With appropriate support and integration, pharmacies can play a greater role in addressing health inequalities—especially in areas with poor access to GP services or public transport. They are also key partners in supporting antimicrobial stewardship, safe use of high-risk medicines, and reducing medicines waste across the system.

Community Pharmacy Summary

Community pharmacies in Powys can significantly improve access to primary care services by delivering a broader range of clinical services, supporting medicines management, engaging in public health initiatives,

and leveraging their local presence. Integration into cluster planning and strategic upskilling will be key enablers of this transformation.

Conclusion

Powys Primary Care delivers high valued services across Powys communities.

An ageing population with increasing complex health needs is putting an untenable strain on primary care services resulting in a fatigued workforce and unsustainable services. There is a pressing need to re-evaluate how services are configured and delivered, recognising that changes need to align to national contracts and regulations.

To meet future demand and support sustainably, the focus must be on preventative, integrated primary and community-based care that is integrated and patient focussed. To successfully support the 'shift left' of services, workforce development needs to be supported and optimised to enable professionals to work to their top of licence. Workforce capacity, redesigning pathways and appropriate signposting across the health care system is pivotal to support the delivery of care closer to home.

The opportunity now is to work with our independent contractors and cluster teams to reshape primary and community services in a way that delivers better outcomes for our patients, improves resilience across the system, and aligns with both local need and national strategic direction.

Better Together: Seeking Your Views on Adult Physical and Mental Health Community Services in Powys

Engagement Document: We are seeking your initial views on adult physical and mental health community services in Powys by 27 July 2025. This document explains how you can find out more and have your say.

1. Welcome

Thank you for your interest in Better Together. It is our big conversation with you to shape the future of safe, quality health services for Powys and ensure delivery of our Health and Care Strategy.

We are committed to working with patients, service users, communities, health and care staff, and partner organisations to improve health outcomes and make services more efficient and effective.

Whilst we have some excellent foundations to build on, we now need to radically change the way we provide services so that we can meet increasing demand and the future needs of the population.

We have a duty of care to ensure that we provide high quality services to our population. We also have a duty to live within our means. To achieve this, we need to consider options for how and where we could provide services in the future. This might mean patients need to access services in a different way or in a different place.

We will do this by working 'Better Together' with local people, partners and staff to shape health and care services that are sustainable, effective, and focused on what matters most to our communities.

This document explains why change is needed, our level of ambition to transform healthcare services, and how you can have your say.

Through listening to our patients, and to our clinical and professional teams, we have identified the need to focus our efforts initially on our physical and

mental health community services. This is due to the challenges these services are experiencing, and the increasing impact this is having on quality and our ability to provide safe and effective care.

We are seeking your views on how we address the challenges and provide sustainable services for the future.

The following explains what we mean by physical and mental health community services and what is included in this phase of our work:

- **Inpatient Services**: we are looking at our inpatient care, which includes our community hospital inpatient wards and mental health inpatient wards. It will also include how we are providing palliative and end of life care both in and out of hospital.
- **Urgent Care**: this includes looking at how we meet urgent care needs in the future, including the Minor Injury Units that the health board provides and how we work with the GP practices and acute hospitals that the Health Board funds.
- **Mental Health**: this includes our single 'front door' to access mental health services and our teams in the community that support older adults and inpatient care.
- **Other important community-based services** include those teams which may visit someone at home to provide support and treatment and work closely with primary care and third sector partners. These include District Nursing, Home First and Falls Prevention teams, as well as services where you might have an appointment either in person or online, for example condition specific teams, therapies and imaging.

We will be working closely with primary care (General Practice, Dentists, Pharmacy and Optometry), third sector (community & voluntary organisations), adult social care, and secondary care providers (e.g. District General Hospitals) to improve patient experiences and outcomes.

There will be other opportunities to hear your views on how we address other challenges identified within the Case for Change which we published in April. During 2025 we are focusing on adult physical and mental health community services. After this, we will focus on planned care (such as routine outpatients, surgical day cases and investigations which help to identify a health condition or disease) followed by services which support children, families and women's health.

2. Healthcare in Powys

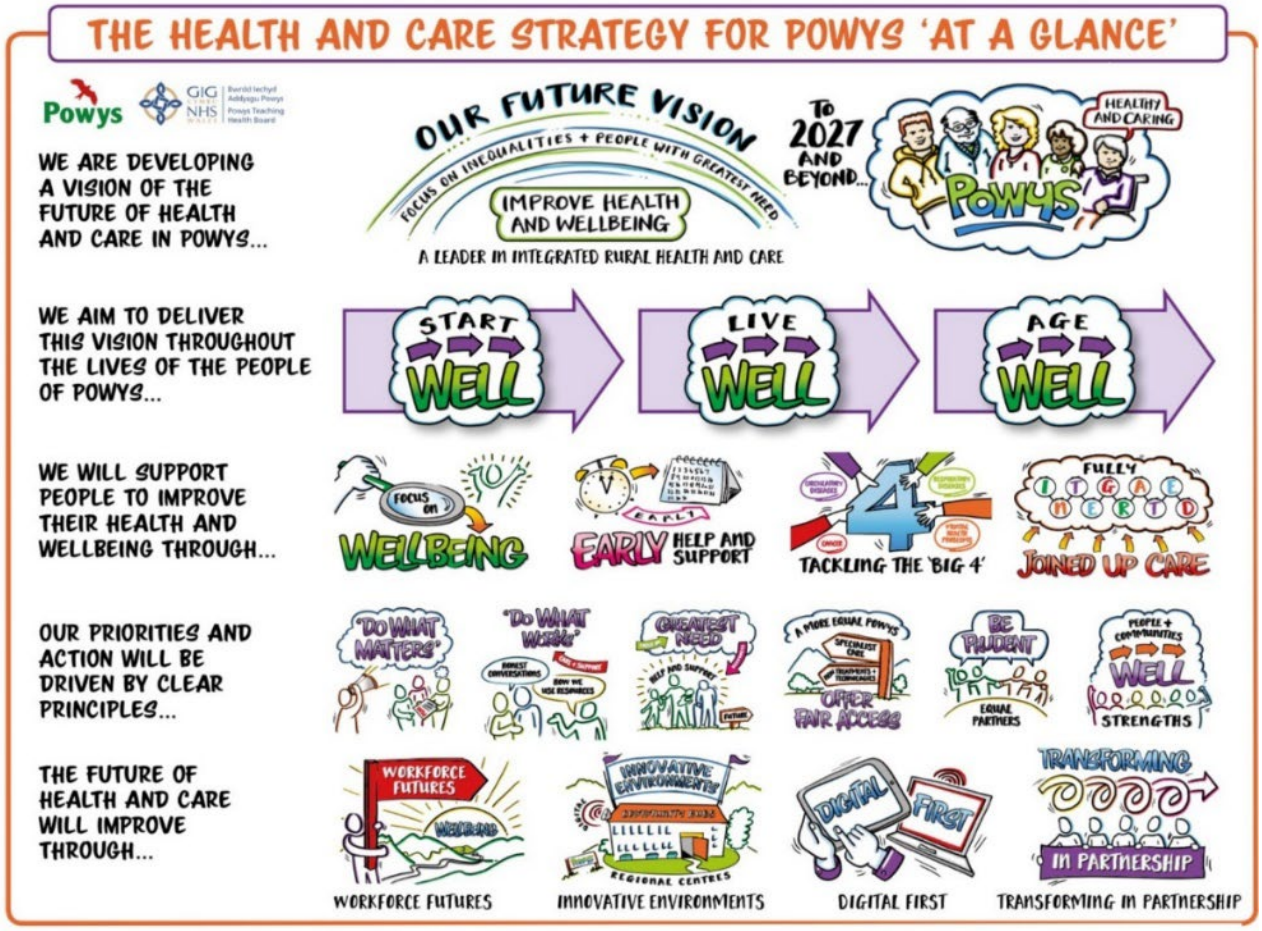
Powys Teaching Health Board (PTHB) is one of seven health boards in Wales. It plans and provides health care for about 133,000 people living in Powys.

Powys is the biggest county in Wales by size, but it has one of the smallest and most spread-out populations.

The number of older people in Powys is growing. Right now, 28% of people living in Powys are over 65, which is more than in most other parts of Wales and the UK. In the last 20 years, the number of people aged 80 and over has gone up by more than 50%. At the same time, there are fewer people of working age (people who are most likely to be in jobs like health professionals and carers), and this number is expected to keep going down.

Because Powys is so rural and people live far apart, it can be hard to offer health services close to home. The health board can only run services in Powys if it's safe to do so. For some specialist types of care, it's safer and better for people to go to hospitals outside of Powys, in other parts of Wales or in England.

In 2017, Powys created a strategy called *A Healthy Caring Powys*. This strategy focuses on giving people help earlier, and making sure care is joined up and close to home whenever possible.



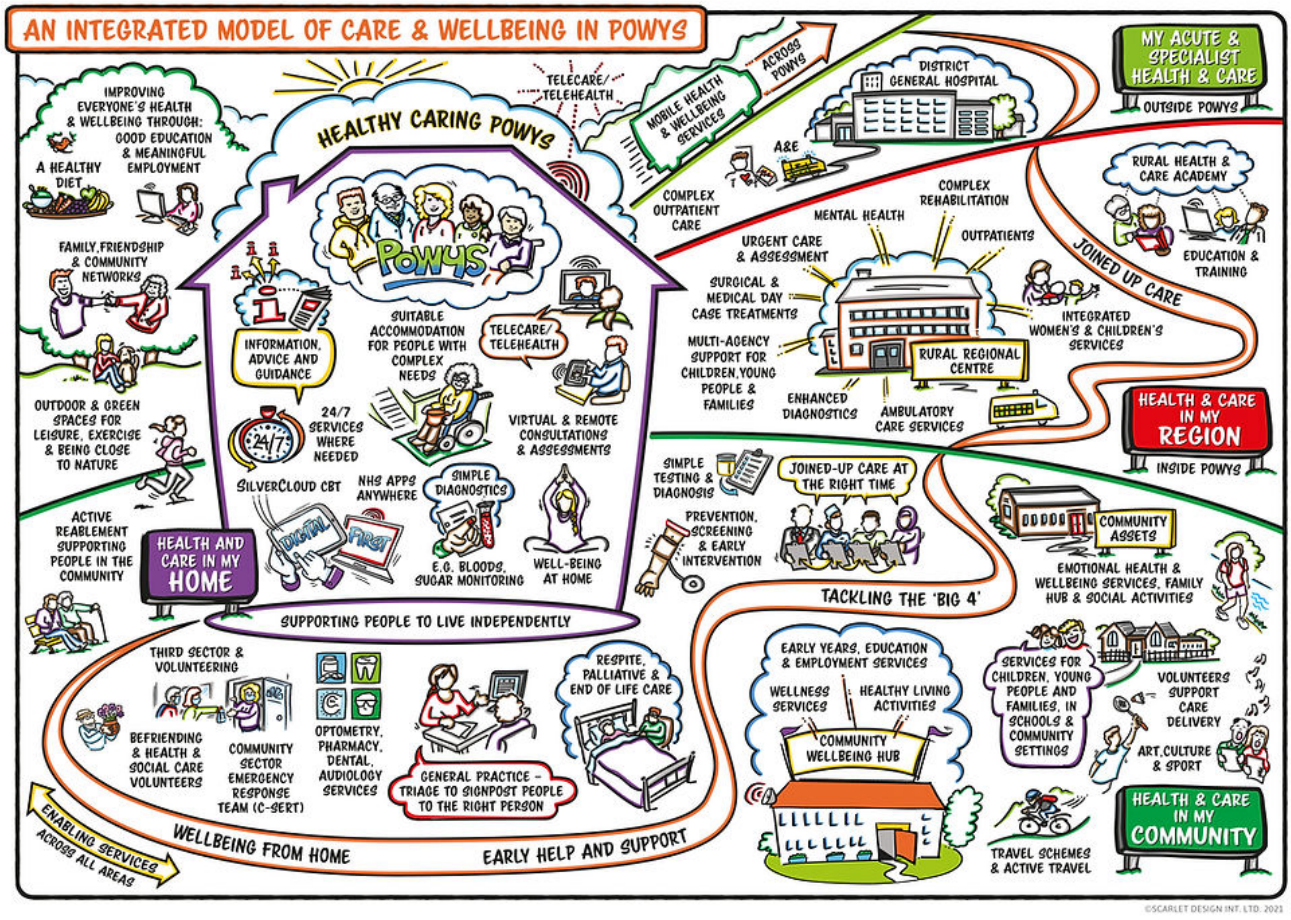
Three Rural Regional Centres – in Newtown, Llandrindod Wells and Brecon – were identified in the strategy. These will deliver more specialist community services in Powys where safe to do so, reducing the need to travel for care outside the county. It also introduced the idea of Community Wellbeing Hubs

that could meet local community needs, support people to stay well, prevent ill health and bring age groups together within communities.

The core principles in the Health and Care strategy will continue to guide Better Together to support the delivery of sustainable services for the future:

- Do What Matters
- Do What Works
- Focus on Greatest Need
- Offer Fair Access
- Be Prudent
- Work with the Strengths of People and Communities

The Integrated Model of Care and Wellbeing for Powys (pictured below) built on the Health and Care Strategy. It was developed through feedback from patients, communities and staff on 'what matters' about their health.



It outlines the health and care services people want to be 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. Importantly, it continues to recognise that acute and specialist care normally need to be provided outside the county due to the rural nature of Powys.

3. Why Change is Needed

The dedication of health and care staff & volunteers continues to help us improve outcomes and experience for the people of Powys. However, to ensure services that are safe, sustainable and high quality, we need to make changes to address the significant challenges for our community physical and mental health services. Our Case for Change discussed these challenges in more detail, and your feedback on the Case for Change is helping us to make sure we understand what matters to you. Key challenges include:

More people need help, and their needs are more complicated

More people are living longer and getting long-term illnesses. This means that more people in Powys need care. Many of them have more than one health problem, affecting both physical and mental health, so they need care that is planned ahead, joined up, and in the right place.

Staying in hospital for too long can make older people weaker. The goal in Wales is for more people to leave hospital within 21 days following an admission. In Powys they often stay around 40 days. This is too long. Research shows that older people can lose a lot of muscle strength after just 10 days in a hospital bed. It can be similar to ageing 10 years. This is called "deconditioning." Many older people who could walk without help before they went to hospital need help to walk after leaving.

More people are needing help with their mental health. The COVID-19 pandemic, followed by global economic instability and political conflict, have significantly contributed to poorer mental health for some people. In Powys, we have some areas of high poverty and rurality, which can increase social isolation. Our current services will not be able to cope with the increased demand for mental health services. This means some people are waiting too long for the help they need. We need to change how we work; if we don't then data tells us that the number of people needing support from mental health services could go up by a third in the next 10 years.

People experience differences in outcomes and access to services

We are not always able to offer patients the person-centred care they would like. This can be harder because Powys is very sparsely populated. For example, many primary and community care facilities are located in towns, so people need to travel from villages and isolated communities. Also, district general hospitals are provided in neighbouring counties so patients from all parts of Powys need to travel to use these services.

We face challenges in recruiting and retaining staff

There are not enough health and care workers, especially in hospitals and local community services. It is hard for us to recruit the right staff in some places,

so many jobs are filled by temporary staff. This makes care more expensive and has an impact on the cost and quality of care that we provide. At the moment, about 14 out of every 100 jobs are empty with this rising to 17 out of every 100 jobs in our hospital wards. In addition, the number of people of working age in Powys is declining as the population ages and the number of people needing our services is increasing, this is not just a problem for the health board but also for areas such as General Practice where over a third of permanent GPs are aged over 50.

Health services are fragile and could work together better

Different parts of the health system often work separately. Some services have very few staff, which can affect your care and experience particularly when people need to take time off work. This also affects the quality of care we can provide. Also, the way that our wards and teams are arranged across Powys makes it difficult to move staff and equipment from one location to another to ensure safety and best use of staff as would be normal practice elsewhere. Due to our geography, community-based staff can spend a long time travelling between locations reducing their time to care. Health services, social care, and the third sector do not always work as closely together as we could. This can make the system confusing for patients and for staff, and patients may have to repeat things to different teams or wait too long.

We need to live within our means

There are financial pressures across all public sector services and there is not enough public money to meet increasing demand for services. For every £100 we spend we overspend by £3. This is in addition to the major savings programmes already in place including reduction in back office costs.

We do not always spend our money where we would want to. In 2023/24 we spent £240,000 every week to pay temporary staff to fill gaps. If we stopped using these staff it would mean that in theory we would be unable to use 57 of our inpatient beds. We also spend a lot of money on both general and mental health inpatient beds in other providers due to delays in social care and the ways our own services are currently set up. Through designing our services in a better way we could be using this money in other places to improve quality of care, patient outcomes and experience. We need to focus on things that help the most, like preventing ill health and caring for people in their own communities, making best use of our staff, buildings and funding.

Many of our buildings are old and not designed for modern care

Many of our buildings are old and not designed in a way that supports us to provide modern healthcare and develop new ways of working. This makes it hard for teams to work well together and give the best care. The layout of our acute mental health wards and some of our general wards means that we often require additional staffing to ensure patients are safe. Improved facilities

would improve patient experience during their stay, improve patient outcomes and reduce the time that people spend in hospital as well as staffing requirements and costs. We currently spend a lot of money on keeping our buildings running and do not have enough funding to bring them up to modern standards.

Many people welcome digital solutions but some face barriers

We have seen a lot of progress in using digital technology in recent years. There is more that we can do, particularly to make sure that care is person-centred and is cost effective. This work needs to recognise that some people do not have digital access or skills.

4. What have you told us?

We make sure that we are always listening and learning from the people of Powys about what is important to you.

For example, thousands of voices from patients, citizens, health and care staff and partner organisations helped us to develop the Health and Care Strategy for Powys. Your views and experiences have informed local and national priorities for health services which are set in key documents such as:

- A Healthier Wales
- The Powys Well-Being Plan
- The Powys Area Plan

We've also listened carefully to feedback from residents, staff, and partners about "what good looks like" and "what matters to you" for physical and mental health community services' in the future. This has included:

- Feedback you share about your experience of care.
- Representations from Llais, the Citizen Voice Body for Wales, based on what they have heard from the people of Powys.
- Views you share through surveys and focus groups.
- Working with other organisations to hear your views, such as Powys Association of Voluntary Organisations and the Bevan Commission.

We recognise that we cannot always respond by providing all the services you *want* here in Powys. But we do ensure that your feedback helps us to provide services that best meet your *needs* in ways that meet NHS quality standards and are affordable to the public purse.

Temporary Changes to Services from December 2024

Following a period of engagement with you in summer 2024, we made some temporary changes to our inpatient wards and Minor Injury Units. These

changes were needed because of challenges we face to keep these services safe and to maintain quality. These temporary changes are subject to ongoing monitoring. A detailed evaluation is taking place. This takes account of many different factors including patient experience, patient safety, and the impact on patient independence and "deconditioning". Recommendations from this evaluation will be discussed at a meeting of the Board in July 2025.

You can find out more about the temporary changes and next steps using the address and QR code below:

pthb.nhs.wales/temporary-2025

Better Together Case For Change

In April 2025, we published the Better Together: Case for Change. This explains why "no change" is not an option, and why we need to take steps to change the way we deliver health services in Powys.

You can find out more from the Case for Change web page using the address and QR code below:

www.haveyoursaypowys.wales/better-together-spring25

Key themes from your feedback

Some of the key themes from your feedback include:

- 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), 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 between different parts of the county, and variation in quality of care.
- 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 e.g. 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 the use of digital tools, and also some people prefer not to use them.
- 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.
- You are concerned about the number of staff available in Powys and whether we can continue to offer services safely and effectively, and what more can be done to train, recruit and retain the future workforce given the reducing number of people of working age.
- You ask whether more funding could be provided to the NHS in Powys, and whether public resources could be used more effectively.

5. How are we developing ideas for the future?

We have already made important progress to deliver the vision we set out in the Health and Care Strategy.

Some of our developments include:

- A £15m redevelopment at Ysbyty Bro Ddyfi has significantly improved the environment of care in the Integrated Health & Wellbeing Hub in Machynlleth
- Work is progressing on our ambitious plans for a new integrated health and care campus in Newtown serving communities across North Powys. Our goal is for the first phase of this development to open in 2028.
- A £1.7m investment by Welsh Government has brought state-of-the-art X-ray equipment to five locations across the county: Brecon, Llandrindod Wells, Newtown, Welshpool and Ystradgynlais.
- We have created a Mental Health "Single Point of Access" linked with the new NHS 111 Press 2 service to help offer quicker and easier access to mental health advice and support.

- Llandrindod Wells County War Memorial Hospital has seen over £10m of investment including improved outpatient facilities, birthing suite, surgical and diagnostic facilities, and community dental clinic.

But progress has been affected by a range of factors including the COVID pandemic, and cost of living challenges and we know we need to go further. The Better Together Programme will help us achieve this by:

- Building on the firm foundations in our Health and Care Strategy and the Integrated Model of Care and Wellbeing
- Listening and learning from your feedback (see Section 4)
- Working with clinical and professional teams, third sector and social care partners.
- Drawing on best practice and evidence – locally, nationally and internationally.

This work is generating ideas to address the challenges set out in the Better Together Case for Change and has informed the development of our ambitions and scenarios for how services could be provided in the future.

6. Our Ambitions for Adult Physical and Mental Health Community Services in Powys

The Health Board wants to work with you – our communities, and our health and care partners – to solve the challenges we have talked about in our Case for Change. This will help us all to take better care of people's physical and mental health and make sure we can continue to do so in the future by making best use of our people, places and funding.

Together we want to create a future that:

- **Helps people to stay healthy** – We want to focus more on preventing ill health. This includes helping people connect with local groups and activities that support their health and wellbeing. We want everyone to feel confident about looking after their own health and finding support in their community.
- **Makes local health services better** – We want to improve access to health services close to home, so fewer people need to go to hospital. This will save money so that we can better spend it on keeping people well and help people get better faster and go home sooner if they do need to stay in hospital. We want to provide as much care as we can locally but there is a balance of what we can provide safely locally and more specialist care which will need to be provided on a regional basis or out of county to make best use of our resources and gain the best outcomes for people.

- **Joins up care for the whole person** – We want services to work better together and for us to work closely with Primary Care, Specialist teams in and out of county, Social Care and Third Sector to achieve this. This includes having one place to contact, doing full health checks and assessments together on or behalf of each other, and making care plans in advance to support people before problems get worse. We want to reduce the number of times that people have to tell their story to different teams through appropriate sharing of information and joined up plans centred around the person.
- **Improves how we provide our inpatient care** – when needed we want inpatient care in our hospitals to be high quality, in buildings that are fit for purpose and with the right staff available to deliver safe and effective care for people with both physical and mental health needs. We want our hospital-based teams, community teams and partners to work closely together to make sure that people are only in hospital for as long as they really need to be.
- **Improves same day care in the community** – We want people to get tests, assessments, interventions and treatments at the right time and as near to home as possible so they do not need to be admitted to hospital unless they really have to. We want to work closely with our Primary Care, Social Care and Third Sector partners to ensure that we can respond to people's needs in a timely and joined up way. We want to be able to identify quickly if someone needs more help to prevent them having to go to hospital and get them the right care in the right place to meet their needs.
- **Uses technology to help people** – We want to use tools like online clinics, remote check-ups, and shared health records to make care easier to get and make it more connected.
- **Makes Powys Teaching Health Board a great place to work** – We want our staff to feel motivated, enthused and providing the right care to our public, patients and each other. We recognise that some staff are working in buildings that are not conducive to delivering modern day healthcare and are often working with gaps in the team. These issues impact on staff and create a barrier to being seen to be a great place to work. Whilst we recognise that any changes that might be made to service design and delivery could worry some of our staff, we also have heard that change is needed and staff excitement about the opportunities for career and skills development, greater team resilience and less reliance on agency usage. We will continue to work with our Trade Union partners to help reassure and support our staff through any changes that might be made in the future.
- **Enables us to live within our means** - We want to plan and commission our physical and mental health community services for the

future to ensure our 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.

7. Developing ideas for the future shape of adult physical and mental health community services

We have been listening to feedback from patients and the public, from clinical and professional colleagues working in health and care services, and from organisations we work with in Powys and beyond.

This includes the ideas you have shared during our recent engagement on the "Case For Change".

Based on this feedback we have developed some initial scenarios for how physical and mental health community services could be provided in Powys in future. These are broad scenarios rather than detailed options. These scenarios focus on adult physical and mental health community services. Next year we will focus on planned care. After that we will focus on services for women, children and young people.

These scenarios do not all have to happen separately. Some could occur together. For example:

- If we develop Centres of Excellence (Scenario 3) then we may also be able to strengthen the way we provide community services (Scenario 4).
- But, if we only make minor service changes and developments (Scenario 2), we would not be able to re-focus our staff, buildings and funding on strengthened community services (Scenario 4)

Scenario	Advantages (ways in which this may improve my experience or outcomes)	Disadvantages (ways in which my experience or outcomes may be worse)
1. No Change	• "No Change" is not option. We need to develop and change how we provide your adult physical and mental health community services to respond to the challenges described in this document.	
2. Minor changes and developments to the way we provide physical and mental health community services (we refer to this scenario as "do minimum")	For patients and citizens: • Right now, my care continues to be provided broadly in the way it is now (although it may need to change in future). For health and care staff:	For patients and citizens: • The health board may not be able to continue to provide services in the way they do now. Urgent or emergency changes to services may happen that

	• I will predominately work in the same location and places as I do now. • I will continue to work with the same colleagues, within the same team.	affect the way I receive my care • My services continue to be provided in buildings that are not designed for modern healthcare. • Improvements happen more slowly than they could. • The challenges affecting the experience, safety and outcomes of my care are not addressed as quickly as they could be. For health and care staff: • I may be required to do more with no additional resources and therefore will experience increased workload pressures and demand. • I may be subject to formal organisational change on a frequent basis affecting my contract of employment, to deal with urgent or temporary changes to services. • I may feel more uncertain about the changes and the impact on my personal and professional circumstances. • I will continue to work in buildings that are not designed for modern healthcare and that offer the best staff wellbeing and patient experience.
3. More services in Powys are provided within "centres of excellence" including in Rural Regional Centres. This would mean that some of our services (such as hospital beds) are provided in fewer locations than now.	For patients and citizens: • I can continue to access the care, I currently receive, within Powys. • The services I receive, within Powys, will be improved and enhanced, because of this I am less likely to have to travel outside of the county for certain care and treatment.	For patients and citizens: • I may need to travel further than I do now because some services within Powys are provided from fewer locations than now. For health and care staff: • I may be required to go through a formal organisational change affecting my contract of employment.

	• This will help improve my health experience and outcomes, for example I will not spend unnecessary time in hospital I will and maintain my independence. • I am more likely to receive earlier diagnosis and treatment because there are improved facilities in the county's Rural Regional Centres. For health and care staff: • I can deliver patient-centred care focusing on what matters. • I can work collaboratively across organisational and sector boundaries and communication has improved. • I will have greater job satisfaction by working in a multi-disciplinary setting. • The care I deliver will be enhanced for patients improving their outcomes and experiences. • I will have more opportunities to learn new skills and competencies. • I will have more support through targeted investment in workforce development, supporting my career progression.	• I may need to travel further than I do now because some services within Powys are provided from fewer locations and different places. • I may experience changes to my line management, role and job description.
4. Developing and expanding the range of services available at home through strengthened primary & community teams. This includes changing and	For patients and citizens: • I am supported to stay at home which also means that I stay more connected to my community. • I can be more responsible for my own	For patients and citizens: • This may mean that the more specialised care I currently receive in Powys would be provided from fewer locations. For health and care staff:

developing the way we provide services in communities across Powys.	health and wellbeing, in partnership with health and care staff. • Information and support are more easily available, how and when I need it. For health and care staff: • I can deliver patient-centred care focusing on what matters. • I can work collaboratively across organisational and sector boundaries and communication has improved. • I will have greater job satisfaction by working with multi-disciplinary services. • The care I delivered will be enhanced for patients improving their outcomes and experiences. • I will have more opportunities to learn new skills and competencies. • I will have more support through targeted investment in workforce development, supporting my career progression.	• I may be required to go through a formal organisational change affecting my contract of employment. • I may need to travel further than I do now to deliver a greater range of service at home. • I may experience changes to my line management, role and job description.
5. Inpatient care, including community hospital beds, is provided outside the county in neighbouring health boards.	For patients and citizens: • More of the staff and resources in Powys can focus on supporting me in my own home. For health and care staff: • My role in Powys is likely to be more focused on supporting people in their home.	For patients and citizens: • I have to travel outside the county for inpatient community care. For health and care staff: • I may be subject to an organisational change which may result in my role being made redundant, subject to TUPE with a new employer or redeployed to a new role in Powys.
6. Provide a District General Hospital in Powys	• There are no safe and feasible options for providing a District General Hospital in Powys because of the rural and sparsely populated nature of the county.	

During this engagement, we would like to hear your views about these scenarios. For example:

- What do you feel are the advantages and disadvantages of the scenarios?
- How might these scenarios affect different people based on factors such as age, carer responsibilities, deprivation, disability, gender reassignment, marriage & civil partnership, race, religion & belief, sex, sexual orientation, and Welsh Language.
- Are there other scenarios we need to consider as part of this work?

To help imagine what adult physical and mental health services could look like in the future we have developed examples of Powys service users each with different needs. These are available from our website.

As we develop these scenarios, we will then need to test them against our "hurdle criteria" to identify a shortlist of options for the future. We will then need to use our "assessment criteria" to make recommendations for the future which we will share and test with you.

Using these scenarios will also help us decide the way forward in relation to temporary changes that have taken place over the last five years. These include temporary changes to inpatient wards and minor injury units.

8. The principles and assessment criteria that will guide our planning and decision making

Our approach to designing the future includes:

- **Design Principles** – these are the key factors that we take into account when designing the future shape of services. This helps us develop a "long list" of options.
- **Hurdle Criteria** – these are tests that any options need to pass before they can be given further consideration. This helps us focus on a "short list" of options.
- **Assessment Criteria** – we use these to test the shortlisted options and make recommendations.

Design Principles

When we design services, we need to consider how best to deliver them in our rural environment. This includes deciding whether they can be provided in your home, in your locality, within Powys at a regional level, or need to be provided outside the county:

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

As we design services for the future we will:

- Listen to the people of Powys about what matters to you at each level to inform our planning.
- Use data and evidence to make sure we are addressing the most important needs of people in Powys at each level.
- Use digital tools to improve access to services where appropriate, we will also work to make sure people can use them and feel comfortable.
- Design services in ways that are based on clinical need, are sustainable and use money and resources wisely.
- Aim to minimise impact on travel but need to balance this with the ability to deliver safe services.

Hurdle Criteria

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

Listed below are the hurdle criteria we are using to assess different options for the future shape of physical and mental health community services in Powys.

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

Assessment criteria

The Hurdle Criteria help us identify a short list of options. The next step is to use Assessment Criteria to decide which option is the best way forward.

We plan to use the six domains of quality to develop our assessment criteria. These six domains of quality are based on the NHS Wales Health and Care Quality Standards.

Which of these is most important to you? Which is least important to you? Are there other factors that we should consider when making recommendations about the future shape of health services?

	Examples
Safe	• Ensuring safe services and preventing harm (for example, reduce deconditioning of patients, improve safeguarding, providing the right support when needed)
Timely	• Improving access to care (for example, quicker access to high quality advice and care, reduced waiting times)
Effective	• Complying with service standards • Follows evidence and best practice • Improves outcomes for people
Efficient	• Living within our means (financial sustainability) • Having a sustainable workforce • Making best use of our staff, buildings and other resources
Equitable	• Offering fair access to services • Reducing stigma around mental health
Person-Centred	• Improving patient experience, including in relation to travel and transport • Addressing what matters to the person

9. Seeking Your Views

We welcome your views to help shape the future of safe, quality health services for Powys. We are keen to hear your views on the following questions:

Thinking about the scenarios for the future of adult physical and mental health community services in Powys in Section 7:

- What do you feel are the advantages and disadvantages of the scenarios?
- How might these scenarios affect different people based on factors such as age, carer responsibilities, deprivation, disability, gender reassignment, marriage & civil partnership, race, religion & belief, sex, sexual orientation, and Welsh Language?
- Are there other scenarios we need to consider as part of this work?

Thinking about the Assessment Criteria in Section 8:

- Which of these is most important to you?
- Which is least important to you?
- Are there other factors that we should consider when making recommendations about the future shape of health services?

10. Have Your Say

During 2024 and Spring 2025 we have listened to lots of feedback about the strengths, weaknesses, opportunities and challenges for health services for the people of Powys.

Your views have shaped the ideas in this document. We would now like to hear your views on the ideas in this document from 9 June to 27 July 2025.

There are lots of ways to get involved:

- Visit our engagement website at **www.haveyoursaypowys.wales/better-together-summer25** to find out more and share your views
- Sign up to join one of our public discussion events across Powys. You can find more details about these events on our engagement website.
- Request a paper copy of this document and our survey to be sent to your home address. You can do this by calling our engagement answerphone on 01874 442917 or email powys.engagement@wales.nhs.uk
- Share your views in writing to Better Together, Powys Teaching Health Board, Glasbury House, Bronllys Hospital, Bronllys, Powys LD3 0LY

11. What Happens Next?

After this engagement period we will analyse the feedback we have heard and use this to develop more detailed ideas for the future of physical and mental health community services. We will also share and discuss the findings with Llais, the independent statutory Citizen Voice Body for health and social care in Wales. This includes working with Llais to decide whether further engagement or consultation is needed.

If options are identified that need further engagement or consultation then we will share these with you and seek your views to help us decide how to ensure the future of safe, quality health services for Powys.

If you would like to stay updated on this work you can join our mailing list at pthb.nhs.wales/news-sign-up

This year we are focusing on physical and mental health community services. Next year we will focus on planned care such as routine outpatients, surgical day cases and investigations which help to identify a health condition or disease. This will be followed by a focus on services which support children, families and women's health.

Thank you for helping to shape services that meet the needs of Powys communities now and for the future.

For Publication

Better Together: Stage 0 to Stage 2 Engagement Report

Contents

Introduction and background

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

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

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

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

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

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

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

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

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

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

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

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

Executive Summary

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

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

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

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

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

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

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

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

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

Feedback from Llais

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

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

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

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

Methodology

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

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

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

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

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

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

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

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

Stage 0: Discovery activity

Stage 0 Summary findings

Patient and stakeholder organisation feedback

Bevan Commission

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

Analysis of key factors from this work identified seven themes:

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

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

Sustainable Powys

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

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

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

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

Powys County Council

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

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

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

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

Young people

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

The young people highlighted the following themes:

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

Third and voluntary sector

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

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

Llais and patient voice

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

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

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

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

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

Temporary service change

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

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

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

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

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

Stage 0 Supporting Reports

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

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

Stage 1: Case for Change pre-engagement activity

Stage 1 Summary Methodology

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

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

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

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

Stage 1 Public and stakeholder survey

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

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

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

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

Summary of public and stakeholder survey feedback

Demographics

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

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

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

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

Opinions on the Case for Change

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

Key gaps in the Case for Change

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

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

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

Key Strengths

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

Key Weaknesses

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

Key Opportunities

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

Key Threats

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

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

Recurring concerns

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

Recurring suggestions

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

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

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

Novel suggestions for improvement

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

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

Stage 1 staff survey feedback

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

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

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

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

Staff concerns included

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

Suggestions for improvement included

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

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

Primary Care

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

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

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

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

Protected characteristic groups

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

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

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

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

Independent data gathering and reporting

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

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

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

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

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

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

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

Protected characteristics groups' feedback

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

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

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

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

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

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

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

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

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

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

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

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

Group-specific feedback

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

Veterans

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

Travellers

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

Syrian refugees

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

LGBTQ+ Youth perspectives

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

MIND Powys – Brecon Mum's Group

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

PTHB staff Neurodiversity Group (ND)

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

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

Arts in Health Group (older age group)

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

Community outreach activities

Health and Well-being events

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

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

The key findings from the events were as follows:

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

All three localities reported challenges with the following recurrent themes:

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

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

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

Regional differences

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

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

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

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

Dementia patients and carers

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

The Dementia Day engagements revealed consistent challenges:

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

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

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

Farmers

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

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

Engagement with elected representatives

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

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

Stage 1: Supporting Reports

The following supporting reports are available in the Appendices:

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

First Deliberative Event

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

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

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

Delegates at the event identified some recurring concerns.

Gaps in Hurdle Criteria

Missing elements:

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

Ambiguity and jargon:

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

Barriers to innovation

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

Recurring suggestions

Improvements to Assessment Criteria:

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

Refine Hurdle Criteria:

- Simplify to yes/no questions for clarity

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

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

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

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

First Deliberative Event – Supporting documents

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

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

Stage 2 Summary Methodology

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

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

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

Stage 2 public survey

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

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

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

Stage 2 public focus groups

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

Key insights – public focus groups and headline public survey results

Community and staff priorities

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

Assessment Criteria Preferences

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

Scenario feedback

Scenario 1: Do Nothing

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

Scenario 2: Do Minimum

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

Scenario 3: Centres of Excellence / Rural Regional Centres

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

Scenario 4: Enhanced Home Care

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

Scenario 5: Out of Area Care

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

Scenario 6: District General Hospital

- Rejected.

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

Emerging trends

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

Public recommendations

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

Practice Solutions' conclusions and recommendations from public focus groups

Observations

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

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

Summary focus group conclusions

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

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

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

Practice Solutions recommendations

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

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

Llais feedback

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

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

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

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

Public drop-in sessions

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

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

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

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

Summary of drop-in session feedback

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

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

Stage 2 Staff perspectives

Staff survey

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

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

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

Staff engagement

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

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

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

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

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

Staff key insights / workforce priorities

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

Scenario feedback

Scenario 2: Minor Changes

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

Scenario 3: Centres of Excellence

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

Scenario 4: At Home

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

Scenario 5: Out of County

- *Advantages:* Access to specialist care.

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

Emerging Trends

1. Localised, Integrated Care

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

2. Infrastructure and Access

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

3. Mental Health and Holistic Support

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

Staff recommendations

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

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

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

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

Targeted specialist and clinical engagement

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

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

Physical Health Community Model

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

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

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

Key recommendations include:

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

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

Mental Health Community Model

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

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

Combined Physical and Mental Health Community Model

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

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

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

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

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

Primary Care viewpoint

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

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

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

Community outreach

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

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

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

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

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

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

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

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

Novel suggestions for improvement

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

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

Stage 2: Supporting Reports

The following supporting reports are available in the Appendices:

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

Second Deliberative Event

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

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

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

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

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

Recurring concerns

1. Fragmentation and Siloed Working

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

2. Access and Equity Challenges

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

3. Workforce Sustainability

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

- Need for generalist roles and multidisciplinary teams.

4. Data and Evaluation Limitations

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

5. Mental Health Integration

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

Recurring Suggestions

1. Integrated, Person-Centred Models

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

2. Community-Based and Place-Based Approaches

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

3. Workforce Development

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

4. Digital and Virtual Care

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

5. Partnership and Collaboration

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

6. Evaluation and Impact Measurement

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

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

Reflections from Practice Solutions

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

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

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

What Stood Out

The 113 comments were received from participants. They showed:

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

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

What does this mean for future services?

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

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

Deliberative Event 2 - Supporting Reports

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

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

Appendices

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

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

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

Background:

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

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

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

What we heard:

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

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

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

1

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

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

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

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

Other Observations

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

Katie Blackburn

Regional Director – Llais Powys

8 September 20

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

PTHB Citizen and Stakeholder Engagement Report 2024

What we know and have heard from engagement in 2024

Version 1.2, 11 February 2025

Sue Ling, Engagement Manager, Powys Teaching Health Board

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

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

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

Better Together Stage 1 Pre-Engagement Public Survey Feedback Report

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

Background:

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

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

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

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

Stage 1 Pre-Engagement Purpose:

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

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

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

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

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

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

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

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

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

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

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

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

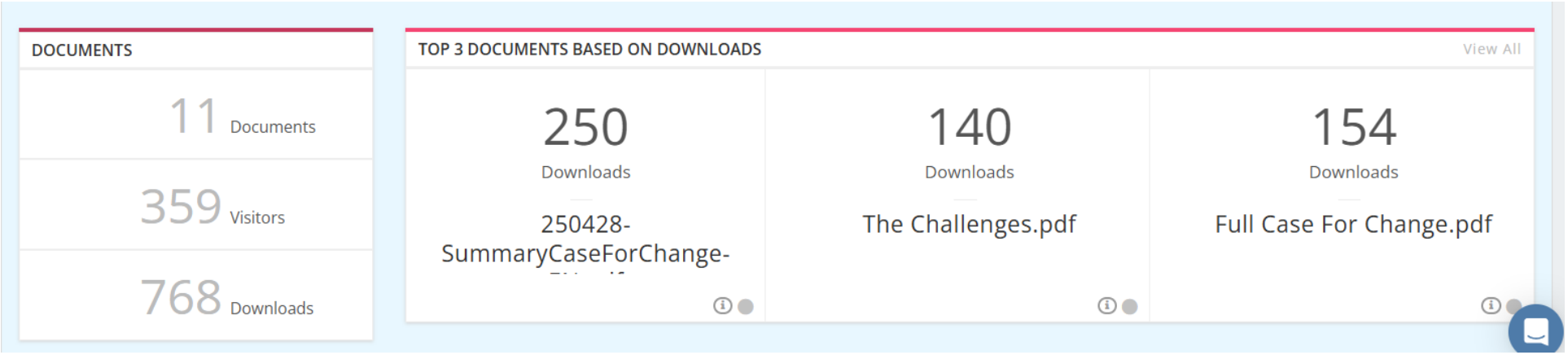
The Stage 1 engagement exercise was then promoted using a mix of communication channels including PTHB's own and partner website and social media channels. Press releases were issued and shared with a range of other key stakeholders and partner organisations including the council, voluntary sector, town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

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

Responses

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

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



Respondent Demographics

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

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

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

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

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

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

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

Summary of Key Findings

Case for Change

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

Key gaps identified included:

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

Key strengths included:

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

Key weaknesses were:

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

Key Opportunities for improving health included:

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

Key Threats were:

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

Summary of Key Insights

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

Survey methodology statement

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

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

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

A question-by-question analysis follows:

Survey Findings

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

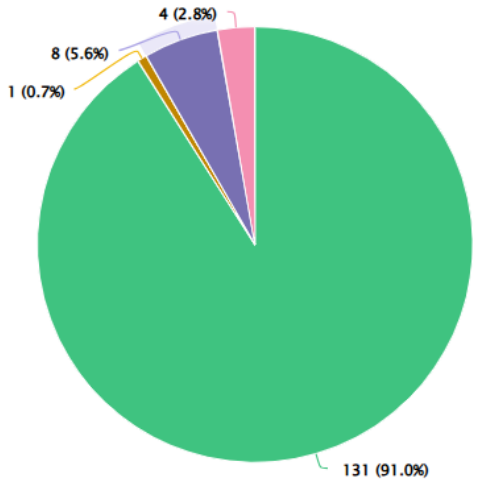
Question by Question Analysis

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

Q1. Firstly, are you responding as:

144 respondents answered this question.

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



Q2. Which organisation do you work for?

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

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

126 respondents answered this question.

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

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

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

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

126 respondents answered this question.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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


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

Shaping the Future - Your Views on Better Together

You Said → Our Weaknesses

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

"Access to NHS dentists."

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

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

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

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

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

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

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

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

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

"Difficult GP access and hospital waiting delays."

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

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

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

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

→ Feedback is published in the language received.

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

PTHB Engagement and Communication Team. May 2025


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

Shaping the Future - Your Views on Better Together

You Said → Some Threats

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

"Rurality, staffing, public expectations."

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

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

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

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

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

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

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

"Another pandemic."

"Climate change."

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

"Crumbling buildings and infrastructure."

"An unrealistic budget for a rural healthcare setting."

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

"Failure to mitigate lasting pandemic effects."

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

→ Feedback is published in the language received.

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

PTHB Engagement and Communication Team. May 2025

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

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

Transport & Rural Isolation

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

Age-Related Barriers

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

Disability, Neurodiversity & Mental Health

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

Digital Exclusion

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

Financial Constraints

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

Service Availability & Quality

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

Workforce & Systemic Issues

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

Cultural & Language Barriers

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

Social Isolation & Advocacy

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

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

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

Access to Local and General Hospital Services

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

Improved Primary Care Access

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

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

Ambulance and Emergency Services

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

Dental Services

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

Mental Health and Social Care

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

Staffing and Workforce

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

Systems Efficiency and Bureaucracy

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

Cross-Border and Equity Issues

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

Prevention and Health Education

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

Communication and Patient Experience

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

Strategic Planning and Funding

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

Demographic Information

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

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

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

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

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

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

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

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

141 responses were received to this question.

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

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

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

132 responses were received for this question.

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

Q14. Which age category applies to you?

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

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

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

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

140 respondents answered this question.

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

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

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

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

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

60 responses were received for this question.

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

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

This question received 53 responses,

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

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

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

137 responses were received for this question.

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

Conclusion

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

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

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

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

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

Overview

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

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

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

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

Methodology

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

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

Recurring Concerns

1. Infrastructure and Digital Limitations

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

2. Workforce Challenges

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

3. Geographical and Access Barriers

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

4. Communication and Coordination Issues

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

5. Financial Constraints

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

6. Change Fatigue and Engagement Gaps

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

Recurring Suggestions

1. Digital Transformation

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

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

2. Integrated and Community-Based Care

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

3. Workforce Development

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

4. Improved Communication and Coordination

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

5. Community and Stakeholder Engagement

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

Conclusion

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

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

The Ask

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

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

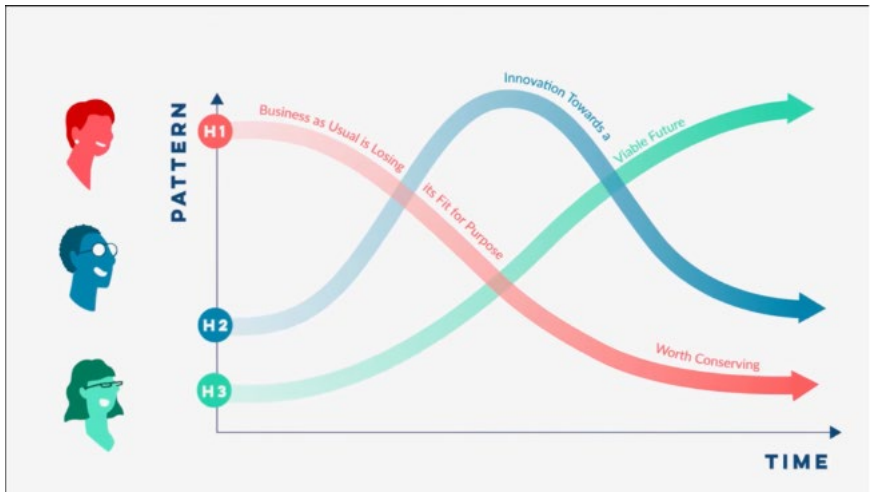


Figure 1: Three Horizons Framework

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

Who did we speak to

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

Why did we speak to these groups?

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

What did we hear?

Overall

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Figure 2: Interviewee Responses on PTHB Services Word Cloud

SWOT Analysis

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

Strengths (of the current system / approach)

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

Weaknesses

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

Opportunities

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

social services, and between local authorities and health boards.

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

Threats

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

<u>Participant Health Service Scores</u>

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

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

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

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

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

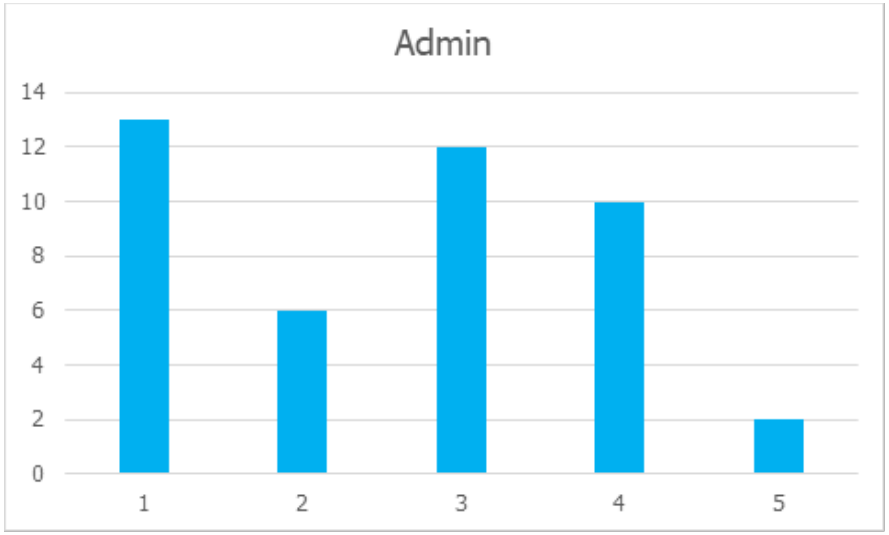


Figure 3: Interviewee Responses on PTHB services included administrative support.

Median: 3

Mode: 1

Average: 1.3

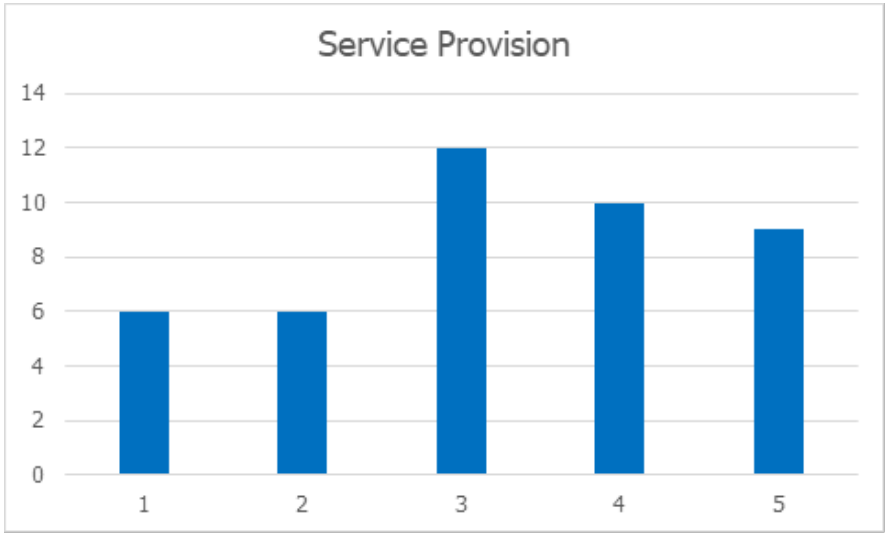


Figure 4: Interviewee Responses on PTHB services with the administrative support removed.

Median: 3

Mode: 3

Average: 3.2

Figure 5: Interviewee Responses Word Cloud rating the PTHB Services

Key Themes

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

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

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

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

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

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

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

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

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

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

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

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

What Needs to Change

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

Examples of Good Practice

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

Local, Embedded, and Accessible Services

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

Stakeholder Advocacy or Voice

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

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

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

Providing Mutual Support and Social Connection

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

Preventative and Holistic Approaches

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

Volunteering and Participation

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

Inclusive Design and Flexibility

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

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

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

Conclusion

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

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

Annex One: Workshop Questions / Script

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

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

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

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

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

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

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

Introduction:

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

The aim was twofold:

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

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

Conversations:

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

In total, the Engagement Team visited:

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

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

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

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

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

Key Findings across all groups

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

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

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

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

Wellbeing Days – Socio Economic Lens

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

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

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

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

Methodology

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

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

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

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

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

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

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

Key Insights

1. Access to Healthcare Services Is a Universal Concern

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

2. Digital Exclusion Remains a Barrier

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

3. Communication and Coordination Gaps

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

4. Underfunding and Workforce Shortages

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

5. Rural Isolation and Transport Challenges

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

Trends across the three localities

All localities reported challenges with the following recurrent themes:

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

1. Reinvest in Local and Preventative Services

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

2. Enhance Accessibility and Inclusion

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

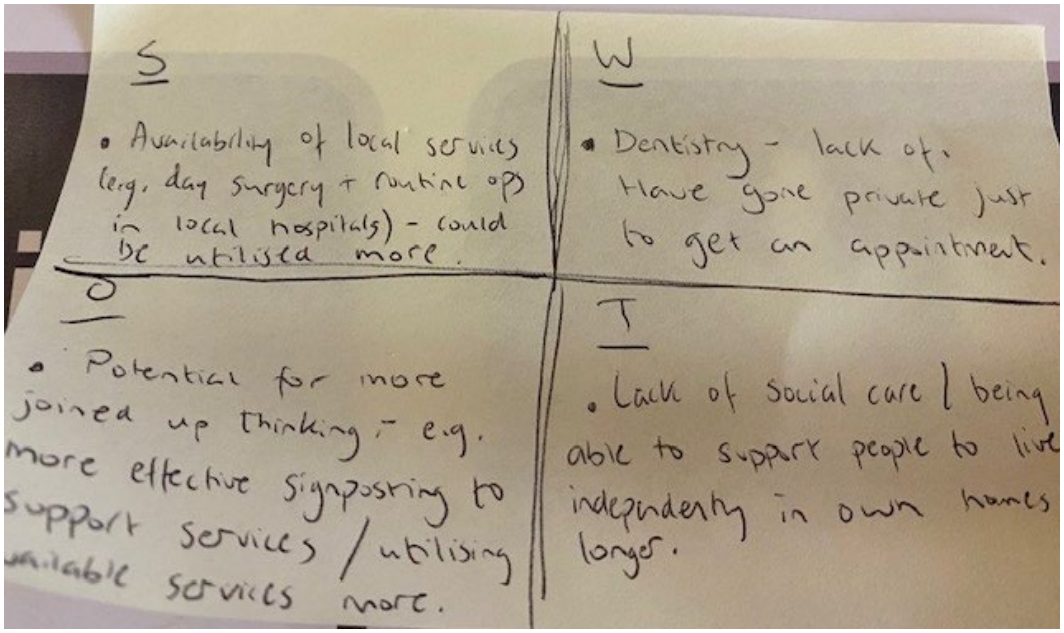
3. Strengthen Collaboration and Coordination

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

4. Address Workforce and Transport Gaps

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

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


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

Dementia Days

Overview

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

Methodology statement

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

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

Recurring Concerns

1. Access to Services

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

2. Transport and Distance

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

3. Communication and Continuity

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

4. Workforce and Funding

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

Suggestions and Opportunities

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

Conclusion

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

Neuro diverse group of staff from the council and health board

Overview

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

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

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

Methodology

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

Recurring Concerns

1. Long Waiting Times for Diagnosis

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

2. Lack of Support During the Waiting Period

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

3. Inconsistent Access and Coordination

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

4. Stigma and Misunderstanding

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

Recurring Suggestions

1. Training and Awareness

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

2. Improved Diagnosis Pathways

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

3. Support During Waiting Period

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

4. Workplace and Societal Change

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

Conclusion

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

Veterans Session

Overview

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

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

Key Themes

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

Suggestions and Opportunities

GP Training

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

Improved Access and Choice

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

Conclusion

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

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

LGBTQ+ secondary school pupils

Overview

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

Recurring Concerns

Access and Availability

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

Mental Health

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

Gender and Identity Sensitivity

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

Communication and Awareness

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

Suggestions and Opportunities

Improve Local Access

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

Enhance Mental Health Support

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

Technology and Innovation

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

Gender-Inclusive Care

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

Conclusion

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

Brecon Mums Group

Overview

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

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

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

Methodology

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

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

Recurring Concerns

1. Access to Services

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

2. Communication and Coordination

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

3. Staffing and Capacity

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

4. Respect and Sensitivity

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

Recurring Suggestions

1. Preventative and Community-Based Care

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

2. Improved Support for Families

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

3. Better Use of Local Resources

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

4. Enhance Communication and Systems

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

Conclusion

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

Art and wellbeing group

Overview

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

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

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

Methodology

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

Recurring Concerns

1. Access and Coordination Issues

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

2. Staffing and Visibility

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

3. Infrastructure and Resource Use

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

4. Health Inequalities and Systemic Decline

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

Recurring Suggestions

1. Arts and Wellbeing Integration

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

2. Community and Face-to-Face Engagement

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

3. Service Innovation and Efficiency

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

4. Learning from Elsewhere

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

Conclusion

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

Traveller community

Overview

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

Recurring Concerns

1. Housing and Environmental Health

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

2. Healthcare Access

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

3. Health Conditions and Support

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

Suggestions and Opportunities

1. Improve GP Access

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

2. Support for Chronic Conditions

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

3. Infrastructure and Accessibility

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

4. Transport and Outreach

- Explore transport solutions or mobile services for isolated communities.

5. System Reform

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

Conclusion

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

Syrian refugees

Overview

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

Key Concerns

1.Language and Translation Barriers

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

2.Access and Referral Issues

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

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

3.Cultural Sensitivity Gaps

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

Opportunities for Improvement

1. Translation Services

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

2. Culturally appropriate health education materials

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

3. Referral Pathways

- Adapt referral processes to reduce educational disruption for children.

4. Staff Training

- Promote cultural awareness among healthcare providers.

Conclusion

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

Farming community

Background

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

Demographics

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

Respondent age ranges had an even spread:

Two aged 25 to 34 years

Two aged 45 to 54 years

Two aged 55 to 64 years

One aged 65 to 74 years

Methodology

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

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

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

SWOT analysis

Strengths

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

Weaknesses

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

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

Opportunities

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

Threats

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

Insights

Recurring Concerns

1. Access to Services

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

2. Systemic and Cross-Border Issues

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

3. Equity and Funding

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

Recurring Suggestions

1. Service Improvements

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

2. Digital Transformation

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

3. Public Health and Prevention

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

Conclusion

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

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

Available on request.

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

Overview

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

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

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

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

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

Methodology statement

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

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

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

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

The summary key findings are in the following sections:

- Recurring concerns
- Recurring suggestions
- Conclusion

Recurring Concerns

1. Gaps in Assessment and Hurdle Criteria

Missing Elements:

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

Ambiguity and Jargon:

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

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

2. Barriers to Innovation

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

Recurring Suggestions

1. Improve Assessment Criteria, to include:

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

2. Refine Hurdle Criteria

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

Conclusion

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

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

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

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

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

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

Report by Practice Solutions Ltd

Background

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

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

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

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

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

The initial phase of changing services has focused on physical and mental health community services namely [1, 3]:

- Inpatient Services – including community hospital inpatient wards, mental health impatient wards and palliative and end of life care in and out of hospital.
- Urgent Care – including Minor Injury Units, General Practitioner (GP) practices and acute hospitals funded by PTHB.
- Mental Health services – including the single 'front door' access to mental health services and community teams.
- Community Based Services – including District Nursing, Home First Teams, Falls Prevention Teams, condition specific teams, therapies and imaging.

This report details how Practice Solutions supported PTHB with the facilitation of a series of face to face and online workshops with the community, partners and workforce – see Stage 2 by PTHB in their engagement process (see Figure 1 for details).

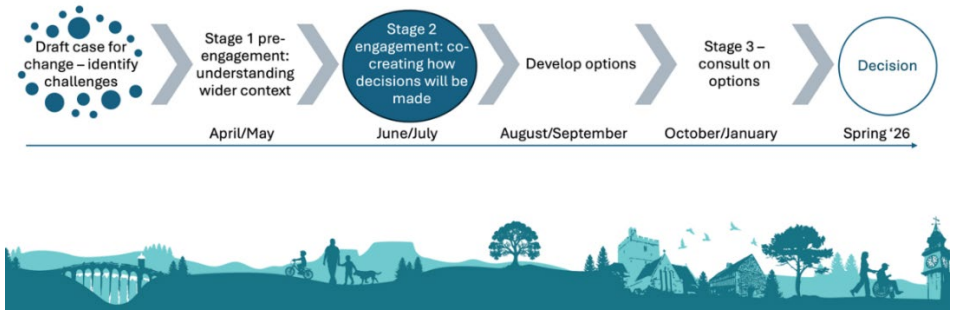


Figure 1 – an overview of PTHB engagement stages

The aim of the engagement was to seek ideas from participants on details of what might be the most appropriate way services could be delivered in Powys; and understand what was influencing the decision making of the community members, partners and the workforce when making these suggestions.

It was very important to PTHB that the participants in this engagement felt that they'd been heard and their contributions had been valued and meaningful. They recognised that participant experience would ensure that ideas and suggestions were well informed by the views and experiences of Powys residents and Health Board staff. They hoped that challenges would be identified early on, and consensus built during the process.

[3] Better Together Summary Case for Change Powys Teaching Health Board Version 1.1 7 May 2025.

The findings of this report will add to other approaches used during PTHB's Stage 2 engagement, such as an online questionnaire and in-house efforts to gather workforce input.

Methodology

Events were publicised using Powys Teaching Health Board's own channels, including publishing stories to its website, targeted newsletter distribution to its subscribers, organic and paid-for social media, and by invitation letter to local elected representatives (MPs, MSs, County Councillors and Town and Community Councillors). In addition, a story was prepared and shared for syndication by partner organisations.

Six workshops were organised for external, community participants in Brecon, Ystradgynlais, Welshpool, Llandrindod, Newtown and online in July 2025. A total of 38 members of the community and representatives from partner organisations took part in these events.

Three workshops were organised for internal, PTHB participants in Newtown, Llandrindod and online in July 2025. A total of 97 members of the PTHB workforce (including approximately 60 members of staff online) took part in these events.

For details of the workshop Agenda see Annex One – Workshop Agenda (External and Internal Participants)

For a list of workshop participants / organisations involved see Annex Two (redacted for publication).

Annex Three has the details of the scenario descriptions used during the workshops.

Observations

Participant Expectations

At the start of each workshop, participants were asked to share their expectations of either the process or the workshops they were attending. The following section summarises what community groups, partnership organisations and staff said.

- Community Groups and Partner Organisation's Expectations

Many had come to the meeting to listen, learn and share their experience and feed into the process. Many recognised the need to create a safe, respectful, and inclusive space for these engagement conversations. They also wanted to see resident's and service user experience shaping the service re-design and inform future decision making.

Participants had wanted to improve their understanding of the health service and subsequent strategy and had an expectation of co-producing and collaborating on what the future might look like. They wanted to understand the role of the third sector in any future changes, particularly in terms of improving community mental health and wellbeing.

Participants wanted to share their concerns regarding Mental Health Services. They were particularly interested in prioritising a service that was holistic, community-based and had a preventative focus. Other concerns included the challenges of access, equity and inclusion in Powys – due to transport barriers, digital exclusion, carers' struggles and people with mobility issues.

They wanted action, influence and impact and hoped for Positive Change, such as 'a healthier, happier community,' 'a joined-up system that works better for everyone' and 'services that are co-designed, user-informed, and community-rooted.'

- PTHB Staff Expectations

Many participants reported not knowing why they were there, what the session was about, or what Better Together was for. Some asked for more clarity and communication at all staff levels. Some members of staff wanted to know about the personal and team impact of future changes, whilst ensuring that future changes are focused on patient experience and service improvement. Despite these concerns, they were willing to contribute and share ideas – and even without clear expectations, they wanted to be constructive.

Scenario Feedback[4]

In the following section includes feedback and questions from both the two streams of engagement, **Community / Partners and PTHB staff. The two sections have been kept apart to better understand the different perspective and pressures of the different stakeholders.**

Scenario 1: No Change

Community and Partners

- The community recognised that change is necessary.
- **They had concerns that the current system was not working and that without change, lives would be lost.**

Staff

- **[No comments were made by staff on this scenario].**

Questions about the Scenario

- Participants asked how the proposed changes will address current inefficiencies, such as poor transport and dental services, and what guarantees exist that real improvements will happen this time?

[4] For more details of the Scenarios, see Annex Three.

Scenario 2: Minor Changes

Community and Partners

- Small changes are potentially quick and easier to accept, especially if they focus on strengths, communication, and access.
- Doubts remain about solving long-term challenges such as retaining the workforce, poor digital connectivity and deteriorating facilities.
- Need to ensure services like palliative care meet local needs.

Staff

- "Minimum change" feels like a sticking plaster and unsustainable.
- **There were** calls for bigger, future-proof investments, streamlined technology, and better staff retention and development.

Questions about the Scenario

- What exactly counts as a "minor" or "small" change, and how is it defined?
- How will strengths be retained while tackling inefficiencies, and how will access, communication, and technology be improved?
- Is investing in old buildings worthwhile?
- How will staff and community be engaged so change is accepted and effective?

Scenario 3: Centres of Excellence

Community and Partners

- "Centres of excellence" must be clearly defined, accessible, welcoming, and designed to complement—not replace—existing local services.
- Co-locating health, social care, voluntary, and specialist services is key to improve early intervention, reduce travel, and provide coordinated, proactive care.
- Potential centres discussed in Machynlleth, Ystradgynlais, Welshpool, Brecon and Llandrindod Wells.

Staff

- Staff see the potential for centres of excellence to improve services, skills, and teaching, with modernised facilities and extended diagnostic hours.
- **Negative** impacts on elderly and vulnerable patients due to travel difficulties, digital exclusion, and social care bottlenecks could undermine the model.

Questions about the Scenario

- What exactly is a "centre of excellence" and how will its role, size, and services be determined?
- Where will the centres be located? And how will gaps in services be covered?
- Will they replace or complement existing hospitals and community facilities?
- How will GPs, social services, voluntary organisations, and other agencies fit into the model, and how will services be coordinated?
- How will third sector services be sustained and made financially stable in this scenario?
- How will equitable access be ensured, especially for elderly, remote, and digitally excluded groups?
- How will IT and record-sharing systems work reliably across locations, and how will the approach prevent patient harm or isolation?

Scenario 4: Expanding Home Care

Community and Partners

- Recognised the value of multidisciplinary care close to home for its potential to reduce hospital pressure and support independence.
- Concerns about patient isolation, service variations result in a postcode lottery of service delivery.
- Opportunities to use digital tools, rotating specialists, and integrated hubs.
- Communication needs to be effective.
- Sites need to be equitably sited across Powys, with strong links between social and domiciliary care.
- Needs health, social care and the third sector to work together delivering patient centred services.

Staff

- Home-based care could reduce patient travel, improve continuity, and build on current local community team provision.
- **Requires staff** upskilling, better communication between services, and robust social care involvement.
- Concerns about higher costs and uneven service quality across the county – potentially gaps in mental health and specialist support.

Questions about the Scenario

- What kinds of injuries, treatments, and conditions will be eligible for care at home, and how will suitability be assessed?
- Will it result in the downgrading of other health services?
- How will social services, domiciliary care, and third-sector partners be integrated, especially for palliative and dementia care?
- What technology, information-sharing systems, and communication processes will support effective coordination between hospital and community teams?
- How will workforce capacity, training, and specialist availability be addressed, and what happens in emergencies or when home care is not possible?

Scenario 5: Inpatient Care out of Powys and helping people at home

Community and Partners

- Participants felt older people would prefer more home-based care, backed by strong integration with social care, and close links with community / third sector.
- Serious concerns about losing community hospitals, reducing local beds, and the impact on families, especially for palliative care, minor injuries, and services that can't be delivered at home.
- Would need everyone to be able to access the same patient records in a timely way to ensure safety, quality and continuity of care.

Staff

- Similarities to existing mental health and therapy models.
- Heavily dependent on district general hospitals.
- Results in increased travel, siloed working between services, loss of local rehabilitation beds, lower staff skill mix and morale, and higher costs for out-of-area care.

Questions about the Scenario

- How will home-based care be integrated with social care, charities, and local organisations to ensure quality and continuity?
- Will community hospitals, minor injuries units, and local beds be retained, and how will they complement home-based care?
- How will communication and data sharing work effectively across hospitals, community teams, and partners?
- How will travel, transport, and visiting challenges be addressed for patients and families?
- How will staffing, skill mix, and volunteer involvement be maintained to avoid loss of capacity and morale?

Scenario 6: A District General Hospital for Powys

Community and Partners

- This option is unrealistic due to poor public transport, inconvenient travel, and misaligned appointment times.
- **Doubtful ability** to attract and retain staff or maintain medical expertise and accreditation.

Staff

- **[No comments were made by staff on this scenario].**

Questions about the Scenario

- How would transport and appointment times be coordinated to make access practical for patients?
- How would staffing, recruitment, and retention be managed, and how would medical accreditation be maintained?

<u>Feedback about Assessment Criteria</u>

During each workshop, participants were asked to give an insight into their thinking behind some of the comments and feedback they provided for each of the scenarios.

Community and Partner Organisations felt that the health and care system should focus on prevention, supporting healthy lives, and making the best use of limited resources. Care needs to be local, accessible, and sustainable—especially in rural areas—and centred on people and families. Better health education, communication, and non-medical preventative support are essential, requiring strong local partnerships. The goal is an equitable, timely, and trustworthy system that delivers the right care, in the right place, at the right time, delivered by professionals who understand and meet the needs of individuals and communities.

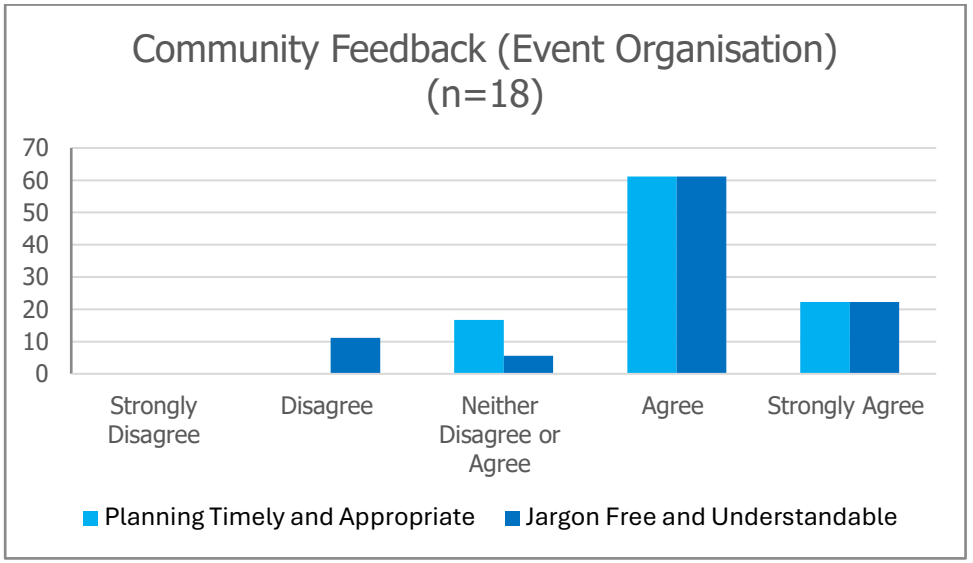
The PTHB staff shared the view that the services should be high-quality, equitable, sustainable, and patient-centred - focusing on prevention, local access, and integrated care, while building workforce capacity and respecting patient values.

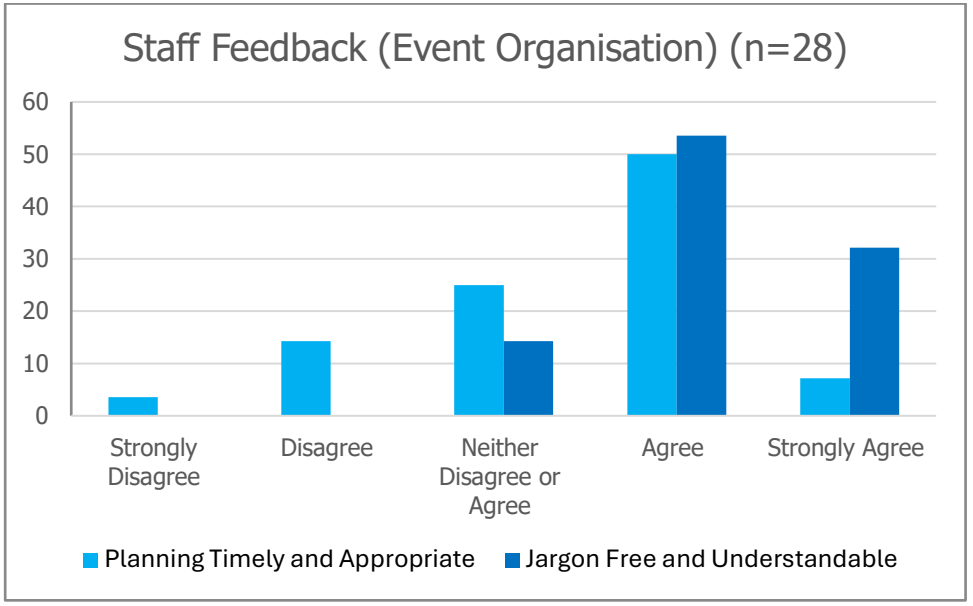
Feedback about the Engagement Process

To understand the effectiveness of the different aspects of the community and staff engagement, participants were asked a series of questions about different aspects of the process. Specifically, their views on the organisation for each event; their involvement once there and their understanding of the overall process once they'd taken part in the workshop.

Starting with the Event Organisation, participants were asked to mark their views between strongly disagree and strongly agree on the following statements:

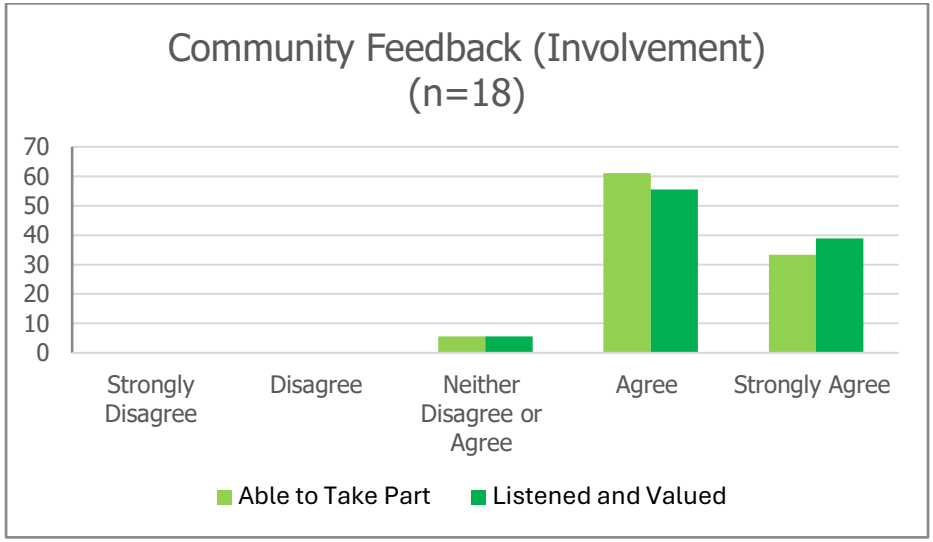
- I feel the engagement has been planned and delivered in a timely and appropriate way.
- The information provided at this event and during the registration process has been jargon free, appropriate and understandable.

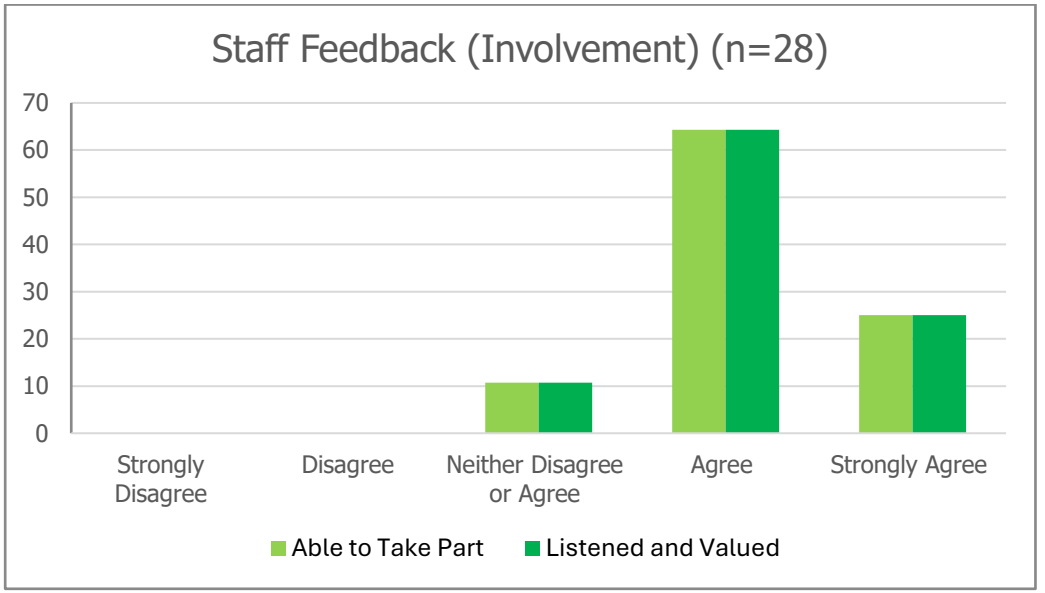




Regarding their involvement in the workshop, participants were asked to mark their views between strongly disagree and strongly agree on the following statements:

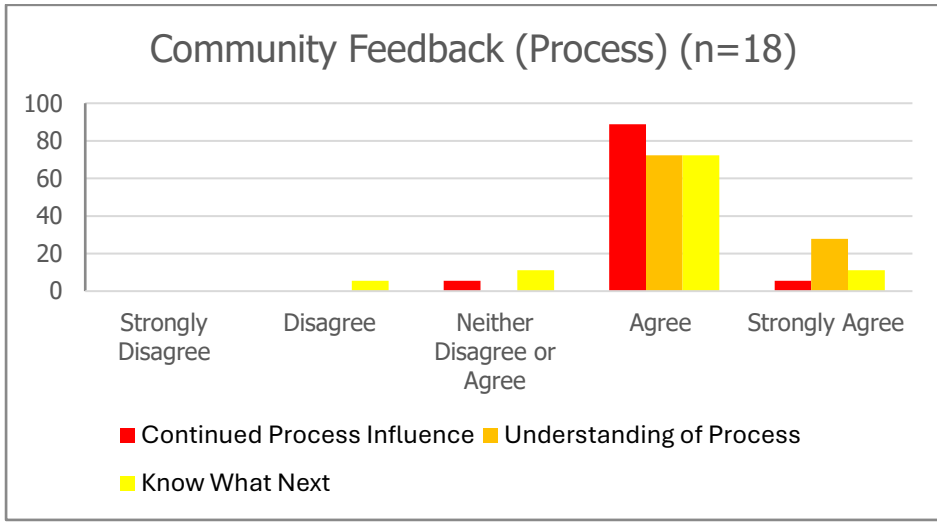
- I feel I was able to effectively take part in today's event.
- Today I felt my voice was listened to and my involvement has been valued.

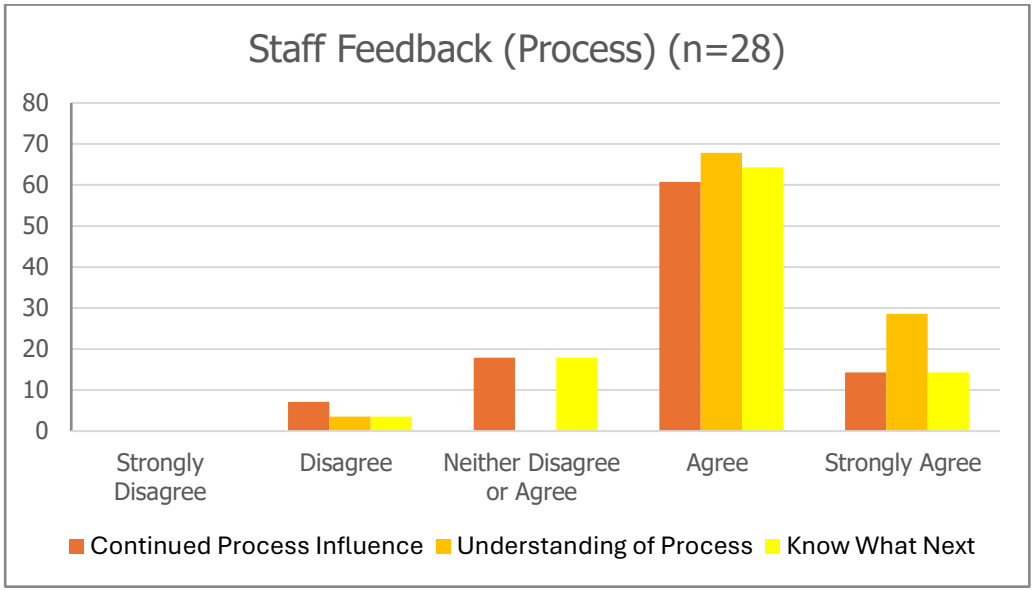




And finally, in terms of participant understanding of the overall process, participants were asked to mark their views between strongly disagree and strongly agree on the following statements:

- I have a better understanding of the process and how it's going to influence the work of PTHB and it's partners.
- From today I am clear about how I will be able to continue to influence and contribute to the development and delivery of health services for Powys.





Participants were also given the opportunity to add further comments. In summary, participants in the community workshop felt that the event was well-organised, informative, and effectively facilitated, with appreciation for the face-to-face format and strong contributions from key staff. However, attendees raised concerns about the need for wider engagement and suggested improvements such in terms of venues and further development of the process.

Attendees at the staff workshops found them informative and appreciated the opportunity to learn more through participation. However, several raised concerns about short notice for clinicians and staff, limited consultation time, unclear decision-making

processes, and suggested longer, more sector-specific sessions with open, inclusive communication.

Conclusions

The aim of this engagement was to seek ideas and hopefully consensus from participants on what might be the most appropriate way services could be delivered in Powys in the future. And to also understand what was influencing the decision making of the community members, partners and the workforce when making these suggestions.

To begin with, the broader feedback about the engagement process provided some interesting factors to consider as the process moves from Stage 2 into Option Development (see figure 1), namely:

- The community groups and partners have attended the workshops with a forward thinking, values-based mindset – with an interest in being heard, involved and active in shaping future services. Indeed, those who have attended felt that they had an opportunity to take part and be heard.
- There have been some concerns voiced from this group about potential clashes with other strategic engagement processes within the county – which could've had an impact on overall participant numbers in PTHB events.
- PTHB staff have asked for better internal communications going forward about the process – along with reassurance about what change meant to them, their teams and their jobs. Again, they felt that the workshops had provided an opportunity to be heard and take part.
- The community members, partners and staff said they came out of the events with a better understanding of the process, the next steps and

how they might influence decisions going forward – although there was less agreement on this last point from the staff.

Overall, both the community groups, partners and staff preferred a blended scenario – where no one scenario was viewed as the preferred option across Powys. There was also strong support for prevention, early intervention and integrated service delivery from the workshop participants for all the scenarios. They felt the scenarios couldn't be delivered by a health board operating in isolation. The support of the third sector and the local authority, including social service provision were seen as crucial.

There were shared concerns about travel and accessibility in a rural county with an ageing population, with the impacts of poor weather probably frustrating year-round service delivery.

And there was shared interest in blending digital and in-person services, but also recognition that digital exclusion remains a barrier for many across the county.

This next section provides details of what participants felt was an appropriate amalgamation of scenarios to meet the health needs of Powys in the future.

Preferred Scenario:

From the Community and Partners

- A hybrid of Scenarios 3, 4, and 5
- Scenario 3 was widely seen as the core vision, emphasising prevention, early intervention, and community-based services – including social prescribing, early intervention, community connectors, housing support and lifestyle advice.
- It was seen as having potential to produce better outcomes and earlier treatments.
- Hub and spoke arrangement were suggested.
- The practical strengths of Scenarios 4 and 5 was including:
    - Potential for local hubs, mobile units and virtual consultations to avoid transport barriers.
    - Use of existing infrastructure e.g., community hospitals, local beds and integrating social care and voluntary services.
- Participants saw the benefits of home care, especially for end-of-life needs.
- A 'no wrong door' approach.
- Upskilling of teams to reduce reliance on external providers.
- **The discussion in Welshpool identified greater acceptance of using out of county inpatient care than in the other locations.**

From the Worksforce

- A blend of Scenarios 3 and 4. Although Scenario 4 receives the strongest consistent support due to its focus on community-based, preventative care and its ability to reduce hospital pressure.
- Scenario 3 had mixed views, although specialised centres with professionals from social and health care, centralising skills and palliative care beds was supported by the participants.
- Concerns about this scenario included moving the service further from people's homes and understanding what 'excellence' meant.
- Scenario 4 was seen to improve the patient experience, supporting patient-centred care and wellbeing through upskilling staff.
- Integration of both was seen as being the key. The combination of centralised specialisms and improved home care seen as optimal.
- This approach needed to include the voluntary sector, social care, and mental health referrals.

Note: During the group discussions in Welshpool, it was clear that the participants were more sympathetic to scenario 5 – more so than in other parts of the county – which could influence, or skew, what the 'average view' in Powys might be.

Participants were also asked to share which criteria they were using when assessing which of the scenarios was most beneficial. Both 'groups' referenced the six STEEEP assessment criteria, namely safe, timely, effective, efficient, equitable and person centred.

The community identified the following as additional factors influencing their decision making:

- Financial sustainability.
- Being place based / keeping people at home / local decisions.
- Integrating with other non-health services - voluntary sector, community groups, circles of support, the council.
- Empowering - people take responsibility for their own health where they can (information, a booklet, education, information).

Staff members, doing the same exercise, identified the following as additional factors influencing their decision making:

- Geography / access.
- Workforce capability.
- Financial sustainability.
- Joined up working.
- Ill health prevention.

Recommendations

A. Powys Teaching Health Board to further refine a description that amalgamates scenarios 3, 4 and 5 as an option for further engagement.

B. The description needs to answer the following participant questions (where possible):

1. **Centres of Excellence**
- What is a "centre of excellence" and how will its role, size, and services be defined?
- Where will centres be located, and how will service gaps be covered?
- Will they replace or complement existing hospitals, community hospitals, minor injuries units, and other facilities?

2. **Integration and Coordination**
- How will GPs, social services, voluntary organisations, and third-sector partners fit in, and how will coordination be managed?
- How will social services, domiciliary care, and voluntary partners be integrated for areas like palliative and dementia care?
- How will home-based care be joined up with social care, charities, and local organisations to ensure quality and continuity?

3. **Sustainability and Access**
- How will third-sector services be supported and made financially sustainable?
- How will equitable access be ensured for elderly, remote, and digitally excluded groups?
- How will travel, transport, and visiting challenges for patients and families be addressed?

4. **Technology and Information Sharing**
- How will IT infrastructure, record-sharing, and communication systems work reliably across locations and partners?
- How will risks of patient harm, poor communication, or isolation be prevented?

5. **Scope of Home-Based Care**
- What conditions and treatments will be suitable for home-based care, and how will suitability be assessed?
- What happens in emergencies or when home care is not possible?

6. **Workforce and Capacity**
- How will workforce capacity, training, and specialist availability be managed?
- How will staffing, skill mix, and volunteer involvement be maintained to avoid loss of capacity and morale?

7. **Wider Service Impacts**
- Will the model lead to downgrading of other health services, or will it complement existing provision?

C. Powys Teaching Health Board to ensure that the workforce is given sufficient notice of what is happening and sufficient opportunities to bring their practical experience into designing future services as part of this process.

D. Continue to work with Community Groups and Partners – taking advantage of the 'forward thinking**, values-based**

mindset' found in the current cohort. These are potential early adopters in the process and a strategic ally going forward – who are aware of the process and the pressures the Health Board face. They will also value what they help to build in the future.

Annex One – Workshop Agenda (External and Internal Participants)

Draft Workshop Agenda

Purpose of Today's Session:

- To help us shape the future of Adult Physical and Mental Health Community Services – by giving us feedback on our scenarios and decision-making processes.
- This isn't a blank piece of paper remember … previous conversations have already taken place. Conversations began in early 2024.

1 Introductions to include:
- Names of participants
- Expectations of the participants / why are they taking part.

2 Framing the Problems facing Adult Physical and Mental Health Community Services in Powys:

- Financial constraints
- Geographic challenges
- Demographic Changes
- What's happened before / what have PTHB learned so far
- Reference how the Scenarios have come about and why.

3 Understanding the Adult Physical and Mental Health Community Services in Powys Scenarios:

- What words stand out in each scenario?
- What feels positive or promising about each approach?
- What worries or concerns would you have?
- How well would this work for you, your family, or your community?
- Which factors are driving your decision making regarding this scenario?

Review the Scenarios with Sticky Dots or Markers:

- ☑ Things they like or agree with.
- ✖ Things they're unsure or concerned about.
- ★ Ideas they feel are especially important or worth exploring.
- They can add additional comments if they choose – to tell the story of each scenario as they see it.

4. Whole-Group Reflection:

Which scenario felt the most promising? Why?

- What common themes or needs came up?
- What surprised you?
- Which **factors** are **driving** your **decision making** here?

5 What next.

Annex 2: Names of workshop participants and organisations

Redacted

Annex Three: Details of the Scenarios given to workshop participants

Scenario 1

Scenario 1: no change. This is not a viable option because services will fail, and the health board will run out of money.

Scenario 2

Scenario 2: minor changes and developments and is the "do minimum" option. Things would mostly stay the same, but some small updates might happen. Some services might not keep working as they do now. And some emergency changes might be needed. Improvements would be slow, and some buildings would not be updated.

Scenario 3

Scenario 3: deliver more services through "centres of excellence" including rural regional centres. Some of our services – like hospital beds – would be grouped in fewer locations. This could mean better care and fewer trips outside Powys for treatment. People are more likely to get a diagnosis sooner. People may also spend less time in hospital. But people might need to travel more within Powys.

Scenario 4

Scenario 4: developing and expanding better home care, with more services available at home through strengthened primary and community teams. Information and support would be easier to access. But some special treatments might only be offered in fewer places.

Scenario 5

Scenario 5: Inpatient care, including community hospital beds, is provided out of Powys. There would be more focus on helping people in their own homes. But those needing hospital care would have to travel outside of the county.

Scenario 6

Scenario 6: A District General Hospital for Powys. This is not a safe or affordable option because our population is too small and spread out to support a District General Hospital in the county. Wherever we located it, too many people would live closer to an alternative hospital. It would not see enough patients to make it clinically viable.

Appendix 11: Better Together Stage 2 Engagement on Adult Physical and Mental Health Community Services: stakeholder summary report of Practice Solutions' presentation to Deliberative Event 2 on public focus groups and survey initial findings

Background

This stakeholder summary report reflects the insights gained from the Better Together Stage 2 public engagement on Adult Physical and Mental Health Community Services delivered in Powys.

Independent facilitation of the focus groups, and analysis of focus group and public survey data, were conducted by Practice Solutions Ltd. The survey and focus group activity was undertaken between 9 June to 27 July 2025 and supported by Powys Teaching Health Board (PTHB).

Demographics

Focus groups

The focus group engagement sessions took place in five face-to-face community workshops, with 38 participants, and in one online community workshop with six participants. In addition, Practice Solutions Ltd also facilitated two face-to-face staff workshops with a total of 37 participants, and one online staff workshop with 60 participants.

Public survey

The public survey had 164 respondents, who provided their feedback either online, paper or Easy Read survey. The breakdown of survey respondents included 119 Powys residents, 35 healthcare professionals/health board workers, and four people representing local organisations.

The number of survey responses were grouped according to the Primary Care Cluster locality from which they live in. This distribution was uneven, and the South Cluster area was generally under-represented, while the Mid Cluster was relatively over-represented. The majority of responses came from the North Cluster area, which broadly correlates with the population distribution in Powys. A small number of responses were made by those who lived out of county but retained a professional or personal link to the county.

Methodology

The survey was hosted on the Have Your Say engagement portal, with online responses logged automatically, and responses submitted via other means (postal, telephone or email) manually keyed-in to the online database. Analysis by Practice Solutions Ltd was conducted manually, with a full survey report to follow.

Participation in the focus groups was by open invitation, which was shared across PTHB's owned and earned channels. Analysis of the focus group outputs was also conducted manually by Practice Solutions Ltd.

The subsequent analysis and reporting used for this stakeholder summary report was created from the 'initial findings' presentation, delivered by Practice Solutions Ltd on 13 August 2025. This document has been created with assistance from the CoPilot generative AI tool, using the following prompt: "*Please write a report highlighting key insights, trends, and recommendations from the following presentation*".

The report has been created by a member of the Engagement and Communications team and checked for consistency by other team members and also members of the Transformation and Value team.

This report is intended as an aid to quickly understand the key points raised during the Stage 2 public engagement. It does not seek to replace the detailed reporting that will be completed by Practice Solutions Ltd and delivered to PTHB by the end of August 2025.

Engagement Overview

The Better Together engagement process involved workshops and surveys with Powys residents, professionals, and health board staff. The goal was to explore future models of health and care delivery in Powys and gather views on six proposed scenarios.

Key Insights

Community and Staff Priorities

- *Community Values:* Services should be sustainable, place-based, integrated, and empowering.
- *Staff Priorities:* Services must be geographically accessible, workforce-aligned, financially sustainable, and prevention-focused.

Assessment Criteria Preferences

- *Most important:*
  - Safe services and harm prevention
  - Improved access to care
  - Better health outcomes
- *Least important:*
  - Financial sustainability

- Reducing stigma
- Compliance with service standards

Scenario Feedback

Scenario 1: Do Nothing

- Widely rejected.
- Seen as unsafe, unsustainable, and a failure to address urgent needs.

Scenario 2: Do Minimum

- Mixed views.
- Positives: Better facilities, integrated workforce, career development.
- Negatives: Transport barriers, geographic inequality, training concerns.

Scenario 3: Centres of Excellence / Rural Regional Centres

- Strong support.
- Valued for continuity of care, community-based support, and skill development.
- Concerns: Isolation, service capacity, and equitable access.

Scenario 4: Enhanced Home Care

- Mixed experiences.
- Positives: Familiar environment, reduced hospital pressure.
- Negatives: Risk of isolation, staffing challenges, unclear service boundaries.

Scenario 5: Out of Area Care

- Strongly opposed.
- Concerns about travel, language, loss of local identity, and perceived inequality.

Scenario 6: District General Hospital

- Rejected.
- Seen as unrealistic, difficult to staff, and geographically inconvenient.

Emerging Trends

- **Desire for Change:** Communities and staff agree that transformation is essential.
- **Preference for Localised, Integrated Care:** Centres of excellence and strengthened primary/community care are favoured.
- **Emphasis on Prevention and Early Intervention:** Seen as key to long-term sustainability.
- **Need for Equity and Flexibility:** Services must be fair and adaptable to local needs.
- **Importance of Communication and IT Infrastructure:** Digital systems must support service delivery and reduce exclusion.

Recommendations

8. **Develop Integrated Rural Health Hubs:** Focus on community-based care with multidisciplinary teams.
9. **Strengthen Transport and Digital Infrastructure:** Address rural isolation and digital exclusion.
10. **Invest in Workforce Stability:** Prioritise recruitment, retention, and skill development.
11. **Improve Communication and Transparency:** Use accessible language and clear messaging about service changes.
12. **Enhance Coordination Across Services:** Avoid duplication and improve continuity of care.
13. **Support Preventative Health and Public Education:** Promote healthy living and early intervention.
14. **Build Partnerships with Third Sector and Local Authorities:** Ensure joined up working across systems.

Appendix 12: ‘PTHB Better Together Summary Report’

Practice Solutions’ report and analysis of Stage 2 engagement from the public survey and focus groups.

Practice Solutions

Powys Teaching Health Board

PTHB Better Together: Views on Adult Physical and Mental Health Community Services in Powys Engagement Events

28th August 2025

Background

Powys Teaching Health Board (PTHB) is one of seven health boards in Wales. It plans and provides health care for about 133,000 people living in Powys[1]. The Health Board recognises that changes are required so that services remain safe, sustainable and high quality in the future[2]. To achieve the desired changes, services will need to overcome the following challenges[1]:

- More people needing help, and their needs are more complicated.
- People across the county experiencing differences in outcomes and access to services.
- PTHB challenges in recruiting and retaining staff.
- Some parts of the health service across the county working better than others.
- Financial pressures on the Health Board.
- Remaining barriers and opportunities for use of digital technology in health service delivery across the county.

Powys Teaching Health Board's Better Together programme, is the organisation's 'big conversation' with residents, partners and health service staff to shape the future of safe, quality health services for Powys considering these challenges.

The initial phase of changing services has focused on physical and mental health community services namely [1] [3]:

- Inpatient Services – including community hospital inpatient wards, mental health impatient wards and palliative and end of life care in and out of hospital.
- Urgent Care – including Minor Injury Units, General Practitioner (GP) practices and acute hospitals funded by PTHB.
- Mental Health services – including the single 'front door' access to mental health services and community teams.
- Community Based Services – including District Nursing, Home First Teams, Falls Prevention Teams, condition specific teams, therapies and imaging.

This report details how Practice Solutions supported PTHB with the facilitation of a series of face to face and online workshops with the community, partners and workforce – see Stage Two by PTHB in their engagement process (see Figure 1 for details).

[1] Better Together: Seeing your Views on Adult Physical and Mental Health Community Services in Powys. Powys Teaching Health Board Summer 2025

[2] https://www.haveyoursaypowys.wales/better-together-spring25

[3] Better Together Summary Case for Change Powys Teaching Health Board Version 1.1 7 May 2025.

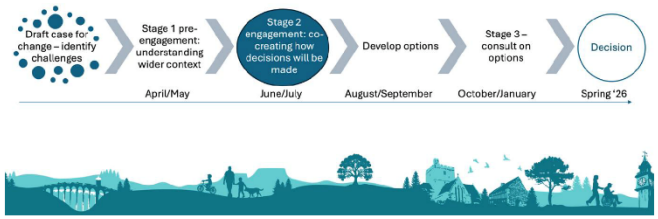


Figure 1 – an overview of PTHB engagement stages

The aim of the engagement was to seek ideas from participants on details of what might be the most appropriate way services could be delivered in Powys; and understand what was influencing the decision making of the community members, partners and the workforce when making these suggestions.

It was very important to PTHB that the participants in this engagement felt that they'd been heard and their contributions had been valued and meaningful. They recognised that participant experience would ensure that ideas and suggestions were well informed by the views and experiences of Powys residents and Health Board staff. They hoped that challenges would be identified early on, and consensus built during the process.

The findings of this report will add to other approaches used during PTHB's Stage Two engagement, such as an online questionnaire and in-house efforts to gather workforce input.

Methodology

Events were publicised using Powys Teaching Health Board's own channels, including publishing stories to its website, targeted newsletter distribution to its subscribers, organic and paid-for social media, and by invitation letter to local elected representatives (MPs, MSs, County Councillors and Town and Community Councillors). In addition, a story was prepared and shared for syndication by partner organisations.

Six workshops were organised for external, community participants in Brecon, Ystradgynlais, Welshpool, Llandrindod, Newtown and online in July 2025. A total of 38 members of the community and representatives from partner organisations took part in these events.

Three workshops were organised for internal, PTHB participants in Newtown, Llandrindod and online in July 2025. A total of 97 members of the PTHB workforce (including approximately 60 members of staff online) took part in these events.

For details of the workshop Agenda see Annex One – Workshop Agenda (External and Internal Participants)

Annex Two has the details of the scenario descriptions used during the workshops.

Observations

Participant Expectations

At the start of each workshop, participants were asked to share their expectations of either the process or the workshops they were attending. The following section summarises what community groups, partnership organisations and staff said.

Community Groups and Partner Organisation's Expectations
Many had come to the meeting to listen, learn and share their experience and feed into the process. Many recognised the need to create a safe, respectful, and inclusive space for these engagement conversations. They also wanted to see resident's and service user experience shaping the service re-design and inform future decision making.

Participants had wanted to improve their understanding of the health service and subsequent strategy and had an expectation of co-producing and collaborating on what the future might look like. They wanted to understand the role of the third sector in any future changes, particularly in terms of improving community mental health and wellbeing.

Participants wanted to share their concerns regarding Mental Health Services. They were particularly interested in prioritising a service that was holistic, community-based and had a preventative focus. Other concerns included the challenges of access, equity and inclusion in Powys – due to transport barriers, digital exclusion, carers' struggles and people with mobility issues.

They wanted action, influence and impact and hoped for Positive Change, such as 'a healthier, happier community,' 'a joined-up system that works better for everyone' and 'services that are co-designed, user-informed, and community-rooted.'

PTHB Staff Expectations
Many participants reported not knowing why they were there, what the session was about, or what Better Together was for. Some asked for more clarity and communication at all staff levels. Some members of staff wanted to know about the personal and team impact of future changes, whilst ensuring that future changes are focused on patient experience and service improvement. Despite these concerns, they were willing to contribute and share ideas – and even without clear expectations, they wanted to be constructive.

Scenario Feedback[4]

In the following section includes feedback and questions from both the two streams of engagement, Community / Partners and PTHB staff. The two sections have been kept apart to better understand the different perspective and pressures of the different stakeholders.

Scenario 1: No Change

Community and Partners	Staff
• The community recognised that change is necessary. • They had concerns that the current system was not working and that without change, lives would be lost.	• [No comments were made by staff on this scenario].

Questions about the Scenario

- Participants asked how the proposed changes will address current inefficiencies, such as poor transport and dental services, and what guarantees exist that real improvements will happen this time?

Scenario 2: Minor Changes

Community and Partners	Staff
• Small changes are potentially quick and easier to accept, especially if they focus on strengths, communication, and access. • Doubts remain about solving long-term challenges such as retaining the workforce, poor digital connectivity and deteriorating facilities. • Need to ensure services like palliative care meet local needs.	• "Minimum change" feels like a sticking plaster and unsustainable. • There were calls for bigger, future-proof investments, streamlined technology, and better staff retention and development.

Questions about the Scenario

- What exactly counts as a "minor" or "small" change, and how is it defined?
- How will strengths be retained while tackling inefficiencies, and how will access, communication, and technology be improved?
- Is investing in old buildings worthwhile?
- How will staff and community be engaged so change is accepted and effective?

[4] For more details of the Scenarios, see Appendix Three.

Scenario 3: Centres of Excellence

Community and Partners	Staff
• "Centres of excellence" must be clearly defined, accessible, welcoming, and designed to complement—not replace—existing local services. • Co-locating health, social care, voluntary, and specialist services is key to improve early intervention, reduce travel, and provide coordinated, proactive care. • Potential centres discussed in Machynlleth, Ystradgynlais, Welshpool, Brecon and Llandrindod Wells.	• Staff see the potential for centres of excellence to improve services, skills, and teaching, with modernised facilities and extended diagnostic hours. • Negative impacts on elderly and vulnerable patients due to travel difficulties, digital exclusion, and social care bottlenecks could undermine the model.

Questions about the Scenario

- What exactly is a "centre of excellence" and how will its role, size, and services be determined?
- Where will the centres be located? And how will gaps in services be covered?
- Will they replace or complement existing hospitals and community facilities?
- How will GPs, social services, voluntary organisations, and other agencies fit into the model, and how will services be coordinated?
- How will third sector services be sustained and made financially stable in this scenario?
- How will equitable access be ensured, especially for elderly, remote, and digitally excluded groups?
- How will IT and record-sharing systems work reliably across locations, and how will the approach prevent patient harm or isolation?

Scenario 4: Expanding Home Care

Community and Partners	Staff
• Recognised the value of multidisciplinary care close to home for its potential to reduce hospital pressure and support independence. • Concerns about patient isolation, service variations result in a postcode lottery of service delivery. • Opportunities to use digital tools, rotating specialists, and integrated hubs. • Communication needs to be effective. • Sites need to be equitably sited across Powys, with strong links between social and domiciliary care. • Needs health, social care and the third sector to work together delivering patient centred services.	• Home-based care could reduce patient travel, improve continuity, and build on current local community team provision. • Requires staff upskilling, better communication between services, and robust social care involvement. • Concerns about higher costs and uneven service quality across the county – potentially gaps in mental health and specialist support.

Questions about the Scenario

- What kinds of injuries, treatments, and conditions will be eligible for care at home, and how will suitability be assessed?
- Will it result in the downgrading of other health services?
- How will social services, domiciliary care, and third-sector partners be integrated, especially for palliative and dementia care?
- What technology, information-sharing systems, and communication processes will support effective coordination between hospital and community teams?
- How will workforce capacity, training, and specialist availability be addressed, and what happens in emergencies or when home care is not possible?

Scenario 5: Inpatient Care out of Powys and helping people at home

Community and Partners	Staff
• Participants felt older people would prefer more home-based care, backed by strong integration with social care, and close links with community / third sector. • Serious concerns about losing community hospitals, reducing local beds, and the impact on families, especially for palliative care, minor injuries, and services that can't be delivered at home. • Would need everyone to be able to access the same patient records in a timely way to ensure safety, quality and continuity of care.	• Similarities to existing mental health and therapy models. • Heavily dependency on district general hospitals. • Results in increased travel, siloed working between services, loss of local rehabilitation beds, lower staff skill mix and morale, and higher costs for out-of-area care.

Questions about the Scenario

- How will home-based care be integrated with social care, charities, and local organisations to ensure quality and continuity?
- Will community hospitals, minor injuries units, and local beds be retained, and how will they complement home-based care?
- How will communication and data sharing work effectively across hospitals, community teams, and partners?
- How will travel, transport, and visiting challenges be addressed for patients and families?
- How will staffing, skill mix, and volunteer involvement be maintained to avoid loss of capacity and morale?

Scenario 6: A District General Hospital for Powys

Community and Partners	Staff
• This option is unrealistic due to poor public transport, inconvenient travel, and misaligned appointment times. • Doubtful ability to attract and retain staff or maintain medical expertise and accreditation.	• [No comments were made by staff on this scenario].

Questions about the Scenario

- How would transport and appointment times be coordinated to make access practical for patients?
- How would staffing, recruitment, and retention be managed, and how would medical accreditation be maintained?

Feedback about Assessment Criteria

During each workshop, participants were asked to give an insight into their thinking behind some of the comments and feedback they provided for each of the scenarios.

Community and Partner Organisations felt that the health and care system should focus on prevention, supporting healthy lives, and making the best use of limited resources. Care needs to be local, accessible, and sustainable—especially in rural areas—and centred on people and families. Better health education, communication, and non-medical preventative support are essential, requiring strong local partnerships. The goal is an equitable, timely, and trustworthy system that delivers the right care, in the right place, at the right time, delivered by professionals who understand and meet the needs of individuals and communities.

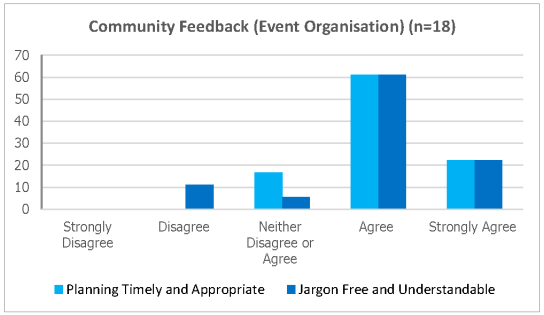
The PTHB staff shared the view that the services should be high-quality, equitable, sustainable, and patient-centred - focusing on prevention, local access, and integrated care, while building workforce capacity and respecting patient values.

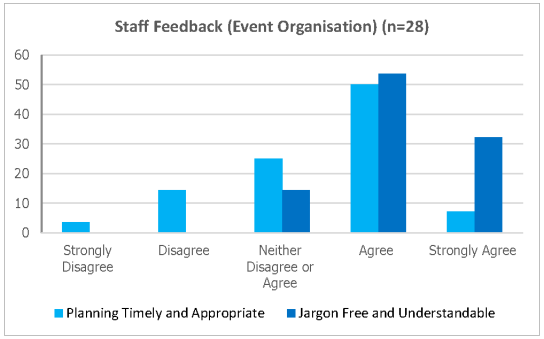
Feedback about the Engagement Process

To understand the effectiveness of the different aspects of the community and staff engagement, participants were asked a series of questions about different aspects of the process. Specifically, their views on the organisation for each event; their involvement once there and their understanding of the overall process once they'd taken part in the workshop.

Starting with the Event Organisation, participants were asked to mark their views between strongly disagree and strongly agree on the following statements:

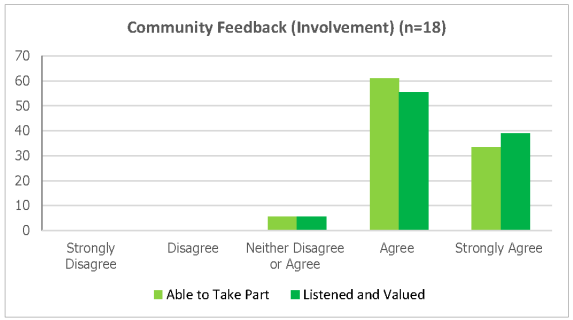
- I feel the engagement has been planned and delivered in a timely and appropriate way.
- The information provided at this event and during the registration process has been jargon free, appropriate and understandable.

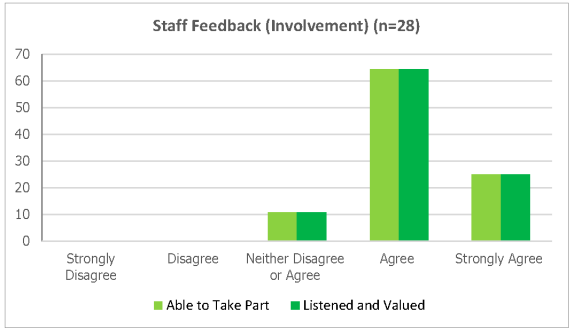




Regarding their involvement in the workshop, participants were asked to mark their views between strongly disagree and strongly agree on the following statements:

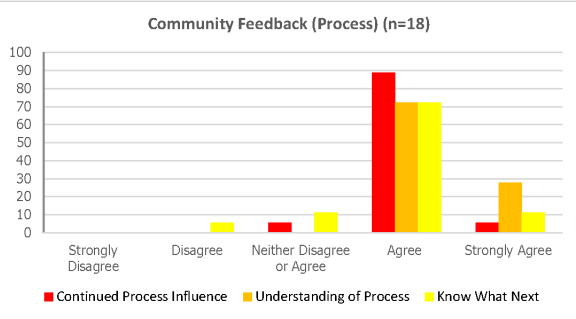
- I feel I was able to effectively take part in today's event.
- Today I felt my voice was listened to and my involvement has been valued.

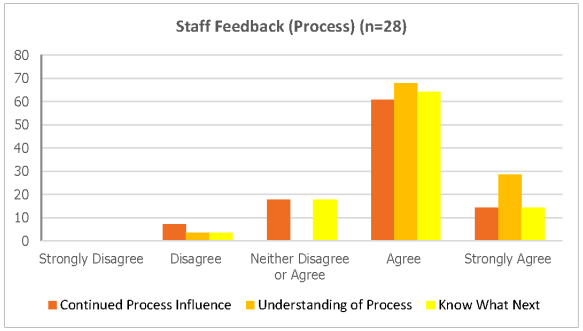




And finally, in terms of participant understanding of the overall process, participants were asked to mark their views between strongly disagree and strongly agree on the following statements:

- I have a better understanding of the process and how it's going to influence the work of PTHB and it's partners.
- From today I am clear about how I will be able to continue to influence and contribute to the development and delivery of health services for Powys.





Participants were also given the opportunity to add further comments. In summary, participants in the community workshop felt that the event was well-organised, informative, and effectively facilitated, with appreciation for the face-to-face format and strong contributions from key staff. However, attendees raised concerns about the need for wider engagement and suggested improvements such in terms of venues and further development of the process.

Attendees at the staff workshops found them informative and appreciated the opportunity to learn more through participation. However, several raised concerns about short notice for clinicians and staff, limited consultation time, unclear decision-making processes, and suggested longer, more sector-specific sessions with open, inclusive communication.

Conclusions

The aim of this engagement was to seek ideas and hopefully consensus from participants on what might be the most appropriate way services could be delivered in Powys in the future. And to also understand what was influencing the decision making of the community members, partners and the workforce when making these suggestions.

To begin with, the broader feedback about the engagement process provided some interesting factors to consider as the process moves from Stage Two into Option Development (see figure 1), namely:

- The community groups and partners have attended the workshops with a forward thinking, values-based mindset – with an interest in being heard, involved and active in shaping future services. Indeed, those who have attended felt that they had an opportunity to take part and be heard.
- There have been some concerns voiced from this group about potential clashes with other strategic engagement processes within the county – which could've had an impact on overall participant numbers in PTHB events.
- PTHB staff have asked for better internal communications going forward about the process – along with reassurance about what change meant to them, their teams and their jobs. Again, they felt that the workshops had provided an opportunity to be heard and take part.
- The community members, partners and staff said they came out of the events with a better understanding of the process, the next steps and how they might influence decisions going forward – although there was less agreement on this last point from the staff.

Overall, both the community groups, partners and staff preferred a blended scenario – where no one scenario was viewed as the preferred option across Powys. There was also strong support for prevention, early intervention and integrated service delivery from the workshop participants for all the scenarios. They felt the scenarios couldn't be delivered by a health board operating in isolation. The support of the third sector and the local authority, including social service provision were seen as crucial.

There were shared concerns about travel and accessibility in a rural county with an ageing population, with the impacts of poor weather probably frustrating year-round service delivery.

And there was shared interest in blending digital and in-person services, but also recognition that digital exclusion remains a barrier for many across the county.

This next section provides details of what participants felt was an appropriate amalgamation of scenarios to meet the health needs of Powys in the future.

Preferred Scenario	
From the Community and Partners	**From the Worksforce**

• A hybrid of Scenarios 3, 4, and 5
• Scenario 3 was widely seen as the core vision, emphasising prevention, early intervention, and community-based services – including social prescribing, early intervention, community connectors, housing support and lifestyle advice.
• It was seen as having potential to produce better outcomes and earlier treatments.
• Hub and spoke arrangement were suggested.
• The practical strengths of Scenarios 4 and 5 was including:
  ○ Potential for local hubs, mobile units and virtual consultations to avoid transport barriers.
  ○ Use of existing infrastructure e.g., community hospitals, local beds and integrating social care and voluntary services.
• Participants saw the benefits of home care, especially for end-of-life needs.
• A 'no wrong door' approach.
• Upskilling of teams to reduce reliance on external providers.
• The discussion in Welshpool identified greater acceptance of using out of county inpatient care than in the other locations.
	• A blend of Scenarios 3 and 4. Although Scenario 4 receives the strongest consistent support due to its focus on community-based, preventative care and its ability to reduce hospital pressure.
	• Scenario 3 had mixed views, although specialised centres with professionals from social and health care, centralising skills and palliative care beds was supported by the participants.
	• Concerns about this scenario included moving the service further from people's homes and understanding what 'excellence' meant.
	• Scenario 4 was seen to improve the patient experience, supporting patient-centred care and wellbeing through upskilling staff.
	• Integration of both was seen as being the key. The combination of centralised specialisms and improved home care seen as optimal.
	• This approach needed to include the voluntary sector, social care, and mental health referrals.

Note: During the group discussions in Welshpool, it was clear that the participants were more sympathetic to scenario 5 – more so than in other parts of the county – which could influence, or skew, what the 'average view' in Powys might be.

Participants were also asked to share which criteria they were using when assessing which of the scenarios was most beneficial. Both 'groups' referenced the six STEEP assessment criteria, namely safe, timely, effective, efficient, equitable and person centred.

The community identified the following as additional factors influencing their decision making:

- Financial sustainability.
- Being place based / keeping people at home / local decisions.
- Integrating with other non-health services - voluntary sector, community groups, circles of support, the council.
- Empowering - people take responsibility for their own health where they can (information, a booklet, education, information).

Staff members, doing the same exercise, identified the following as additional factors influencing their decision making:

- Geography / access.
- Workforce capability.
- Financial sustainability.
- Joined up working.
- Ill health prevention.

Recommendations

A. Powys Teaching Health Board to further refine a description that amalgamates scenarios 3, 4 and 5 as an option for further consultation.

B. The description needs to answer the following participant questions (where possible):

1. Centres of Excellence
    - What is a "centre of excellence" and how will its role, size, and services be defined?
    - Where will centres be located, and how will service gaps be covered?
    - Will they replace or complement existing hospitals, community hospitals, minor injuries units, and other facilities?
2. Integration and Coordination
    - How will GPs, social services, voluntary organisations, and third-sector partners fit in, and how will coordination be managed?
    - How will social services, domiciliary care, and voluntary partners be integrated for areas like palliative and dementia care?
    - How will home-based care be joined up with social care, charities, and local organisations to ensure quality and continuity?
3. Sustainability and Access
    - How will third-sector services be supported and made financially sustainable?
    - How will equitable access be ensured for elderly, remote, and digitally excluded groups?
    - How will travel, transport, and visiting challenges for patients and families be addressed?
4. Technology and Information Sharing
    - How will IT infrastructure, record-sharing, and communication systems work reliably across locations and partners?
    - How will risks of patient harm, poor communication, or isolation be prevented?
5. Scope of Home-Based Care
    - What conditions and treatments will be suitable for home-based care, and how will suitability be assessed?
    - What happens in emergencies or when home care is not possible?
6. Workforce and Capacity
    - How will workforce capacity, training, and specialist availability be managed?
    - How will staffing, skill mix, and volunteer involvement be maintained to avoid loss of capacity and morale?
7. Wider Service Impacts
    - Will the model lead to downgrading of other health services, or will it complement existing provision?

C. Powys Teaching Health Board to ensure that the workforce is given sufficient notice of what is happening and sufficient opportunities to bring their practical experience into designing future services as part of this process.

D. Continue to work with Community Groups and Partners – taking advantage of the 'forward thinking, values-based mindset' found in the current cohort. These are potential early adopters in the process and a strategic ally going forward – who are aware of the process and the pressures the Health Board face. They will also value what they help to build in the future.

Annex One – Workshop Agenda (External and Internal Participants)

Draft Workshop Agenda

Purpose of Today's Session:

- To help us shape the future of Adult Physical and Mental Health Community Services – by giving us feedback on our scenarios and decision-making processes.
- This isn't a blank piece of paper remember … previous conversations have already taken place. Conversations began in early 2024.

1 Introductions to include:
   - Names of participants
   - Expectations of the participants / why are they taking part.

2 Framing the Problems facing Adult Physical and Mental Health Community Services in Powys:
   - Financial constraints
   - Geographic challenges
   - Demographic Changes
   - What's happened before / what have PTHB learned so far
   - Reference how the Scenarios have come about and why.

3 Understanding the Adult Physical and Mental Health Community Services in Powys Scenarios:
   - What words stand out in each scenario?
   - What feels positive or promising about each approach?
   - What worries or concerns would you have?
   - How well would this work for you, your family, or your community?
   - Which factors are driving your decision making regarding this scenario?

   Review the Scenarios with Sticky Dots or Markers:

   - ☑ Things they like or agree with.
   - ✕ Things they're unsure or concerned about.
   - ★ Ideas they feel are especially important or worth exploring.
   - They can add additional comments if they choose – to tell the story of each scenario as they see it.

4. Whole-Group Reflection:
   Which scenario felt the most promising? Why?

   - What common themes or needs came up?
   - What surprised you?
   - Which **factors** are **driving** your **decision making** here?

5 What next.

Annex Two: Details of the Scenarios given to workshop participants

Scenario 1

Scenario 1: no change. This is not a viable option because services will fail, and the health board will run out of money.

Scenario 2

Scenario 2: minor changes and developments and is the "do minimum" option. Things would mostly stay the same, but some small updates might happen. Some services might not keep working as they do now. And some emergency changes might be needed. Improvements would be slow, and some buildings would not be updated.

Scenario 3

Scenario 3: deliver more services through "centres of excellence" including rural regional centres. Some of our services – like hospital beds – would be grouped in fewer locations. This could mean better care and fewer trips outside Powys for treatment. People are more likely to get a diagnosis sooner. People may also spend less time in hospital. But people might need to travel more within Powys.

Scenario 4

Scenario 4: developing and expanding better home care, with more services available at home through strengthened primary and community teams. Information and support would be easier to access. But some special treatments might only be offered in fewer places.

Scenario 5

Scenario 5: Inpatient care, including community hospital beds, is provided out of Powys. There would be more focus on helping people in their own homes. But those needing hospital care would have to travel outside of the county.

Scenario 6

Scenario 6: A District General Hospital for Powys. This is not a safe or affordable option because our population is too small and spread out to support a District General Hospital in the county. Wherever we located it, too many people would live closer to an alternative hospital. It would not see enough patients to make it clinically viable.

Appendix 13: Better Together Stage 2 Feedback Report on the drop in events held in six Powys towns

Introduction:

Alongside hosting invited workshops in five key towns in the county, the health board also offered all residents the opportunity to drop in to these same five venues later in the day. Between the hours of 5pm and 7pm people were able to visit the venue to find out more about the Stage 2 engagement exercise and to give their feedback in a face-to-face setting with officers and Executives on hand to answer any questions.

Conversations:

Although the number of people attending was low overall, with just under 30 people visiting across the five events the conversations and feedback given was insightful in helping the health board to better understand the views of interested residents.

Alongside the organised drop in events, the health board also attended a session at the Plas, Machynlleth on Monday 7 July where they joined together with Hywel Dda University Health Board who were consulting on their Clinical Services Plan.

Conversations took place with a further 15–20 people during the session which ran from 1pm to 8pm bringing the total number of views captured to approximately 60 residents across the six towns.

The drop in events which followed on from the workshops took place as follows:

Towns	Day and Date	Time
Brecon	Tuesday 1 July	5pm to 7pm
Welshpool	Wednesday 2 July	5pm to 7pm
Ystradgynlais	Thursday 3 July	5pm to 7pm
Llandrindod Wells	Thursday 10 July	5pm to 7pm
Newtown	Wednesday 16 July	5pm to 7pm

Residents were able to contribute their views to both the Hywel Dda consultation and talk with the Engagement Team about the Better Together programme and contribute their views.

Residents at all six sessions were invited to have a look at the engagement documentation and speak to health board staff about the scenarios and the assessment criteria. Staff were on hand to explain each of the scenarios listed in the documentation, have a further conversation with residents and to capture their views about the advantages and disadvantages of each scenario, list these on post-it-notes and then add them onto a large engagement feedback chart.

Staff were also on hand to take people through the draft assessment criteria and invite people to share their views on which they felt were the most and least important criteria.

The following provides a summary of all the views captured across the five drop-in events. This analysis was conducted using Co-pilot and then checked by staff involved in the five drop-in events to ensure the feedback was accurate and reflected their notes and conversations. Copilot was asked the following:

"Please could you provide the following: 1) a summary of the key advantages that people gave for each of the scenarios listed in the table. 2) a summary of the key disadvantages that people gave for the scenarios listed in the table. 3) anything else that was an interesting or different viewpoint."

The summary table below sets out the key views given regarding the 6 scenarios. This is followed by a more detailed overview of all the comments shared.

Scenario	Advantages	Disadvantages
No Change	There are no advantages to this scenario	N/A
Do Minimum	Would cause minimal disruption so	This is not a big enough change to improve services.

	might appeal to some.	
Centres of Excellence	Support for care closer to home and some specialisation.	Location of centres was a concern. Transport and parking to get to centre for many likely. Closure of other hospitals.
Care Closer to home	Person first care supported including dignified end of life care. Could reduce hospital stays. Would respond to our ageing population profile.	Staffing issues and the travel logistics for home visits. Virtual offer could lead to isolation. Access challenges.
Out of county in-patient care	Positive experiences. Willingness to travel for specialist/quality care.	Family visits and travel times/distance/costs anxiety re-driving/parking/location of hospitals.
District General Hospital	None captured.	None captured.

Summary of Feedback

The top themes identified during the drop in events were as follows:

- **Mental Health Services:** Most frequently mentioned, with strong calls for trauma-informed care and better coordination.
- **Transport & Accessibility:** A major concern across all scenarios, especially for a rural county with dispersed communities and for access when referred or needing to access out-of-county hospitals and health services.
- **Primary Care & GPs:** Seen as central to access, but currently under strain.
- **Staffing & Workforce:** A need for more nurses, GPs, and better training.
- **Data Transparency & Trust:** People want clarity, evidence, and accountability.
- **Technology & Digital Access:** Interest in AI, telemedicine, and digital transformation.
- **Urgent Care & Ambulance:** Calls for faster response and better integration.

- **Social Care & Isolation:** Emphasis on community support and tackling loneliness.

Key Advantages and Disadvantages by Scenario

Scenario 1: No Change

Residents who attended the drop in felt and agreed that this was not an option for the health board and that there was logic to making changes so that we could balance the budget and improve health services.

Scenario 2: Do Minimum.

Minor Changes and developments to the way we provide physical and mental health community services.

This scenario set out that we could continue to deliver services broadly in the same way as we were now with some minor changes. Views were as follows:

Advantages:

- This would cause minimal disruption to existing services.
- Some services are currently good once accessed.
- Emphasis on involving GPs and mental health teams collaboratively.

Disadvantages:

- This was seen as insufficient and ineffective - "not a big enough change."
- Mental health services are still lacking; so, this would not solve core issues.
- Communication and access challenges would persist.
- Staff (especially nurses and doctors) are overworked now so need to do something.
- Travel to hospital appointments is difficult for those in poor health. Do minimum would not change this.
- Perception of stagnation—change promised but not delivered.

Scenario 3: Centres of Excellence.

More services in Powys are provided within 'centres of excellence' including Rural Regional Centres. This would mean that some of our services (such as hospital beds) are provided in fewer locations than now.

Advantages:

- There is potential for specialist care and better outcomes for people.
- People supported the concept of step-down care closer to home.

- Investment in MIU and visiting consultants would be welcomed.
- Preference for fewer, better-equipped sites over diluted services.
- This scenario could improve access and reduce unnecessary travel if well-placed.
- Mental health improvements were suggested as an outcome (trauma-informed care, home support).
- Residents expressed an interest in Powys Teaching Health Board combining Scenarios 3 and 4 for a balanced approach.

Disadvantages:

- Concerns about reduced bed numbers and accessibility.
- Scepticism about the term "excellence" and who defines it.
- Concerns and clarity required about what a "centre of excellence" looks like.
- Risk of losing local services and community hospitals.
- Transport and parking logistics are major concerns.
- Staff consistency and record-keeping issues.
- Needs to be patient-centred, not just structurally efficient.

Scenario 4: Expanded Home & Community Services

Developing and expanding a range of services available at home through strengthened primary care & community teams. This includes changing and developing the way we provide services in communities across Powys.

Advantages:

- There was strong support for dignified end-of-life care at home.
- District nurses and ShropDoc were praised.
- This scenario was seen to reduce hospital stays and provide better patient comfort.
- Digital options (video consultations) seen as viable.
- This would place an emphasis on person-first care and flexible delivery channels.
- People felt this would recognise and respond to the growing elderly population and the clear need for home care.
- Carers and digital transformation highlighted as key enablers to this scenario.

Disadvantages:

- Risk of overburdening families without adequate support.
- Loss of hospital beds could impact care quality.
- Staff shortages and travel logistics for home visits.
- Virtual care may lead to isolation or cost burdens.
- Access challenges could deter people from seeking care.

Scenario 5: Inpatient Care Outside Powys

Including community hospital beds being provided outside the county in neighbouring health boards.

Advantages:

- Some positive experiences with Hereford services (A&E, McMillan Unit).
- Residents potentially understanding and being willing to travel for quality care out of county.

Disadvantages:

- Long ambulance waits and poor transport options.
- Family visitation becomes difficult, leading to loneliness for the patient in a hospital out of county.
- Economic and social impact on local communities (e.g., Ystradgynlais).
- Anxiety and cost concerns (e.g., parking fees).
- Poor coordination and communication across borders.
- Mental health patients moved far from home—disruptive and distressing.
- Lack of trust in receiving consistent, quality care.

Scenario 6: Provide a district general hospital in Powys

When sharing the information in the engagement document residents could see that this was an unlikely scenario for the county and did not feel it necessary to comment further.

Key Themes from all and "Other Scenarios"

Those attending the drop in events were also asked if they had other ideas or comments about scenarios or approaches for future Adult Physical and Mental Health Community Services.

The following key themes/points were put forward.

- **A need for clarity and data:** The scenarios (especially Scenario 3) were seen as too vague

by many. Respondents wanted more transparency, data, and evidence to support them in helping them feel informed enough to give their views. They then wanted their views to shape what future options and services might look like before any final decisions were taken.

- **Transport and accessibility:** These were persistent themes across all the feedback given in the drop-in sessions and throughout the Better Together engagement work to date. Travel times, travel planning, access to public transport and non-emergency patient transport were all flagged. Appointment times to attend a district general hospital are often given to Powys patients without any consideration of travel needs living in a rural county. Planned care times should align with English standards and consultants should be brought into Powys to reduce travel burden.
- **Community Involvement:** There was an emphasis that we need to be listening to diverse voices and lived experiences as we look to transform future health care services.
- **Trust and Engagement:** There was scepticism about whether feedback given by residents will lead to any real change.
- **Investment in Ambulance Services:** Faster response times were seen as a priority for many people who are worried about waiting times for an ambulance to get to an A&E hospital if they need it in an emergency.
- **Technology and AI:** There was interest in the NHS/health board investing in and using various apps to help track patient referrals and improve access to health care. Telemedicine is welcomed, e.g. sending photos for remote diagnosis, but some felt that there was too much reliance on computer systems. However, there were also comments about ensuring there were alternative channels for those less able to access/use digital services. And that there is a need for more human interaction.
- **Communication and Listening:** Some people gave feedback that complaints handling needs improvement—and that we need to listen earlier in the process. Joined up working between health board and local authority is essential.
- **Primary Care Reform:** GPs are seen as overwhelmed and there are views that there is a need to re-establish their central role as the first point of contact for residents to flag and speak to someone about their health. Views about access to GPs across the county was mixed. Some were happy with their GP. Many felt it was much harder to get appointments. There were comments regarding the triage process and

being referred to the pharmacy instead of their GP.

- **Mental Health Focus:** There were concerns about services especially for young people; trauma-informed care and collaboration with third-sector organisations like Samaritans was flagged as important. Services are seen to be failing people with complex mental health needs due to Ignoring multiple diagnoses – Post Traumatic Stress Disorder (PTSD), Obsessive Compulsion Disorder (OCD), depression, personality disorder), poor coordination and communication between staff, patients being blamed or labelled as aggressive for advocating for themselves and there being an issue where patients are having to repeat their personal history due to a lack of continuity.
- **Education and Workforce:** There were calls for nurse training schools and local universities to support our recruitment needs.
- **Cost and Equity:** Concerns were expressed about financial priorities and fairness in access to services across the county with it being so diverse and rural.
- **Geographic Equity:** Views were given that creating centres of excellence or centralising certain services in Powys may disadvantage other border communities and smaller towns.
- **Systemic and Strategic Issues:** There were comment regarding the need for a clear roadmap and visible pathways for change, concerns about engagement being a tick-box exercise; and a lack of trust that feedback will lead to action. There were also some views that Welsh Government strategies feel disconnected from local realities and that the North Powys development must be realised and contribute to the solutions.
- **Community and Prevention:** Comments were received that volunteering needs to be easier and incentivised, health promotion should focus on individual ownership, early intervention and prevention are key priorities and that leisure resources (e.g. swimming pools) are lacking and needed to support wellbeing. There was recognition and frustration that social care flow is poor, affecting the overall efficiency of the health care system.
- **Service Delivery and Access:** There were comments that our triage systems need to be more personalised, the 111 service is poor—long waits with an over-reliance on a digital system.

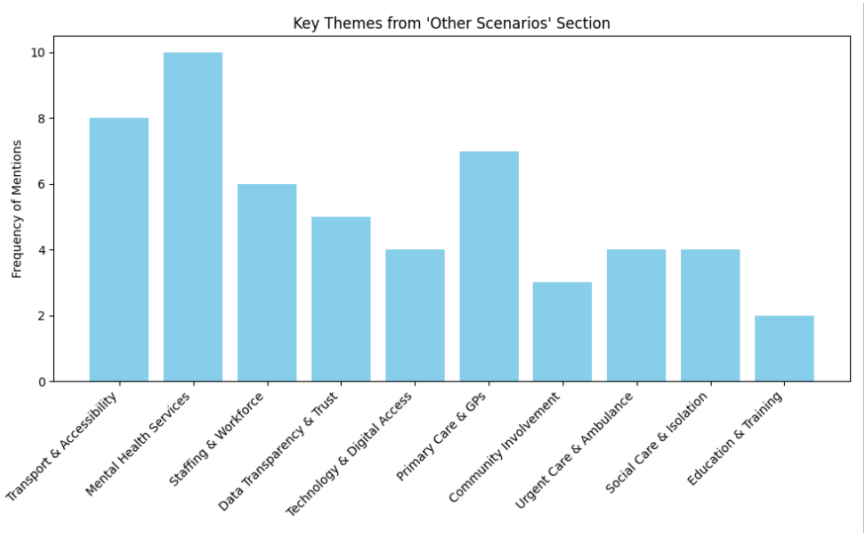
Decision Making Suggestions:

A couple of individuals provided some specific points that related to how we make/take decisions going forward. These were:

- Our scenarios should all be focused on data-driven decision-making.
- That integration with the local authority could be a consideration / a scenario
- That our scenarios and decisions needed to be based on funding and have a staffing focus.

3. **Visualisation of Key Themes from "Other Scenarios" section**

The bar chart shows the most frequently mentioned themes across the "Other Scenarios" section:



Assessment Criteria

Those who provided feedback on the draft assessment criteria felt that most of the items listed were both sensible and important when taking decisions around the future of health care. Some were seen as more important than others. The chart below provides a tally of the views expressed alongside some comments. For example, under the criterion 'Safe' eight people felt this was one of the most important factors to consider. One person gave a specific view on this criterion. One person didn't feel safety was as important and gave a view on their reason.

Criteria	Examples given in our Engagemen	Most Important	Least Important

	t Document		
Safe	Ensuring safe services and preventing harm (for example, reduce deconditioning of patients, improve safeguarding, providing the right support when needed)	**8** Comment: People must feel safe to access and enter care/services, particularly those who require additional support. Access to safe services is essential in relation to travel and ambulance waiting times.	**1** Comment: If I wanted to be really safe, I would move towards/closer to a District General Hospital. Living in a rural area comes with a level of risk.
Timely	Improving access to care (for example, quicker access to high quality	**8** Comment: Time is critical particularly in emergency	**0**
	advice and care, reduced waiting times)	situations. The time must be correct in meeting the patient's care needs.	
Effective	Complying with service standards	**1**	**3** Comment: This is not the same for everyone. Everyone has different needs.
	Follows evidence and best practice.	**0**	**1**
	Improves outcomes for people	**1** Comment: Better	**0**

		communication with families. The person must be at the center of care.	
Efficient	Living within our means (financial sustainability)	**3**	**3** <u>Comment:</u> Strongly disagree with this everyone should have the best access to care regardless of the cost.
	Having a sustainable workforce	**2**	**1**
	Making best use of our staff, buildings and other resources	**4** <u>Comment:</u> Linking up services interdependencies including	**1**
		health, council and ambulances.	
Equitable	Offering fair access to services	**5** <u>Comment:</u> Fairness is important	**0**
	Reducing stigma around mental health	**5**	**0**
Person-centered	Improving patient experience, including in relation to travel and transport	**8** <u>Comment:</u> Person centered is very important. <u>Comment:</u> Must also improve the experience for families, especially in	**3**

		relation to mental health. This includes the crisis team not informing carers of information.	
	Addressing what matters to the person	**6** Comment: More person focused care is needed.	**1**
Other factors	What can communities do to support ambulance services? With the aim to improve patient experiences in relation to travel and transport.		

Alongside people being asked to rank the assessment criteria, people also shared their thoughts about why and what the health board needed to factor in when looking at this aspect of service change. Some of the comments are listed in the table above but in summary the views given for each criterion are as follows:

Safe

- People must feel safe when accessing care, especially those needing additional support.
- Safety is closely linked to travel and ambulance waiting times.
- Living in rural areas introduces inherent risks.
- Some felt that to truly ensure safety, Powys should move towards a District General Hospital (DGH) model.

Timely

- Time is critical, especially in emergencies.
- Quicker access to care is essential to meet patient needs.
- Delays in care can negatively affect outcomes.
- Timeliness was consistently marked as a high priority.

Effective

- Services must comply with standards but also be adaptable to individual needs.
- "One-size-fits-all" approaches are ineffective.
- Communication with families and placing the person at the centre of care are key.

- Evidence-based practice and improved outcomes were highlighted.

Efficient

- Financial sustainability is important but controversial—some strongly disagreed that cost should limit access to care.
- A sustainable workforce is needed.
- Better use of staff, buildings, and resources was encouraged.
- Integration across services (e.g., health, council, ambulance) was seen as beneficial.

Equitable

- Fair access to services is essential.
- Reducing stigma around mental health was a recurring theme.
- Equity was linked to fairness and inclusion, especially for vulnerable groups.

Person-Centred

- Strong emphasis on improving patient experience, especially regarding travel and transport.
- Care must be tailored to what matters most to the individual.
- Families, particularly carers, must be better supported and informed.
- More personalised care and communication were requested.
- Person-centred care was marked as very important by many respondents.

Conclusion:

The views captured in the drop in events have added to the health board's understanding with some insightful conversations with those residents who attended to give their views. The views in this report will feed into the next stage of the process.

Appendix 14: Better Together Stage 2 Feedback Report on the community outreach activities

Introduction:

In addition to the organised workshop sessions and drop in events which were held in 5 Powys towns, engagement officers planned and attended a mix of community events and sessions across the county during the engagement period.

The aim was twofold:

- to reach out and talk to and share the engagement materials and surveys with people who may not have seen the online engagement materials, flyers or posters.
- to visit and consider specific groups that might be more likely to be impacted by any changes to adult physical and mental health community services.

The officers used a mix of approaches like social media channels and community databases to find out what groups were meeting when. Contact was made with as many groups as possible during the engagement period, permissions sought to attend, and visits organised.

Conversations:

The Engagement Officers listened to resident experiences and had conversations to capture resident insights about the potential advantages and

disadvantages of the scenarios set out in the engagement document.

If time allowed people were also asked for their views on the draft assessment criteria. However, there were fewer responses to this part due to time constraints.

In some groups the officer handed out paper versions of the Easy Read and paper surveys or gave attendees a flyer which signposted them to the online survey if they felt they would like to complete the survey at home once they had time to reflect on the ask.

In total, the Engagement Team visited 25 different community groups or community sessions during the engagement period. This was in addition to attending the five workshop sessions and drop in events and visiting communities to put up flyers in various community spaces like post offices, shops and supermarkets to promote the engagement exercise.

Each of the 18 libraries in Powys were also sent or taken a folder which contained copies of all the engagement materials in both English and Welsh to ensure residents could also browse all the information in a safe space, complete a survey and hand it in to the librarian.

In total, the community outreach activities resulted in just under 550 people being reached/informed about the health board's Better Together engagement exercise.

See **Annex A** for a list of the groups.

The following provides a summary of all the views captured across the community sessions attended. This analysis was conducted using Co-pilot and then checked by staff involved in capturing views given to ensure accuracy. Copilot was asked the following:

"Please could you provide the following: 1) a summary of the key advantages that people gave for each of the scenarios listed in the table. 2) a summary of the key disadvantages that people gave for the scenarios listed in the table. 3) anything else that was an interesting or different viewpoint."

The summary table below sets out the key views given regarding the six scenarios. This is followed by a more detailed overview of all the comments shared.

Scenario	Advantages	Disadvantages
No Change	No advantages to this scenario.	Budget pressures continue/get worse Staff shortages continue Service provision affected.
Do Minimum	Small change could provide a level of comfort to residents as opposed to progressing larger changes to health services.	This would be a "sticking plaster" only approach so will not improve health care in the long term.
Centres of Excellence	More services under one roof could be good for those communities with a centre of excellence.	Number and location could disadvantage some Powys communities/towns.
Care Closer to home	Strong support to expand provision in communities	Recruitment query – would we be able to deliver
Out of county in-patient care	Positive resident experiences.	Travel distances and travel times for family visits.
District General Hospital	None captured.	None captured.

Key Advantages and Disadvantages by Scenario

Scenario 1 – No Change

In the Engagement Document we had listed that as a health board "No Change" was not an option. We stated, "*We need to develop and change how we provide adult physical and mental health community services to respond to the challenges described."*

In conversations, residents tended to agree that this was not an option and that there were no advantages. The view was that change needed to happen. The main disadvantage flagged by residents was around the financial situation facing the health board.

Advantages:

- None

Disadvantages:

- Concern over financial overspending leading to service cuts.

Scenario 2 – Do Minimum.

Minor Changes and developments to the way we provide physical and mental health community services.

This scenario set out that we could continue to deliver services broadly in the same way as we were now with some minor changes. Views were as follows:

Advantages:

- People would feel and be comfortable with minor rather than major changes so there would be less resistance and fear around the future of health services
- Possible minor changes could see improvements to buildings and wards
- A suggestion for a minor change was to reduce the reliance on costly agency staff.

Disadvantages:

Residents felt that overall, there were more disadvantages than advantages to minor changes. They shared that:

- Barriers would still exist re- accessing GPs.
- They were concerned about staff qualifications and loss of skilled care as people left to find work elsewhere.
- People having long-term unresolved health issues.
- There would still be difficulty navigating the system and accessing appropriate care.
- Continuity of care would be poor (this person had moved to Powys and felt it was poor and would continue to be poor if only minor changes were considered).

Additional Comments

It was clear that when talking about minor changes people wanted to make it clear at the outset that their community hospitals were seen as vital for rehabilitation and local care. One person had shared their positive experiences with diabetes care and outpatient services. There was also strong support for sustaining palliative care in community hospitals.

Scenario 3 – Centres of Excellence.

More services in Powys are provided within 'centres of excellence' including Rural Regional Centres. This would mean that some of our services (such as hospital beds) are provided in fewer locations than now.

Several people could see some advantages but were also aware of the disadvantages that this scenario could bring for Powys. The comments are summed up as follows:

Advantages:

- There was support for specialist clinics and drop-in days.
- There was a desire for more appointments in local towns (e.g., Newtown, Llanidloes).
- There was a preference for services closer to home to reduce the travel burden that Powys residents face.

Disadvantages:

- Fear of rural areas being neglected (e.g., Ystradgynlais).
- Need for more beds in community hospitals.
- Importance of retaining MIUs and smaller units.
- Transport and accessibility challenges.

Scenario 4 – Expanded Home & Community Services.

Developing and expanding a range of services available at home through strengthened primary care & community teams. This includes changing and developing the way we provide services in communities across Powys.

There was quite a lot of support for this scenario in the conversations that Engagement Officers had. Some advantages were given and several points made in relation to expanding services in the local community. These included:

- Strong support for dignified palliative care at home.
- Appreciation for local nurses and mental health services.
- Some positive feedback on GP appointment wait times and local chemists.
- Support for breast screening in local car parks.
- The leg clubs and district nurses were highly valued.
- There was an emphasis on keeping Llanidloes hospital open for community-based care.

Disadvantages:

- A lack of current home visit services.
- Long NHS wait times compared to private care.
- Delays in eye treatments (e.g., cataracts).

Scenario 5 – Inpatient Care Outside Powys

Including community hospital beds being provided outside the county in neighbouring health boards.

For this scenario there were more comments around disadvantages given by residents than there were for advantages. Many had received good care out of county but there were concerns around the idea of moving all inpatient care/hospital beds out of the county.

Advantages:

- Some people had found out-of-county treatment to be high quality so could see the advantages of this scenario.
- There was a willingness to travel for treatment and a view that this was worthwhile to get the best care possible/quality care for loved ones/oneself.
- Residents had said they had had positive experiences in Hereford, Birmingham, Cheltenham, Shrewsbury, and Oswestry.

Disadvantages

- Long travel distances.
- Early appointment times.
- Transport difficulties and costs.
- Pressure on volunteer drivers and lack of proper training.
- Poor coordination of transport services.
- Reduced mental health services and increased travel burden.
- Long hospital stays due to delays in test results.
- Ambulance delays and hospital overcrowding.
- Parking issues and reliance on family/friends for transport.
- Negative experiences with discharge and care quality.

Scenario 6 – Provide a District General Hospital in Powys

This scenario did not generate notable feedback or advantages. People were generally in agreement with the reasoning provided by the health board around why it was unrealistic (staffing, location) and accepted that a new hospital would not deliver meaningful benefits for the county.

Interesting or Different Viewpoints

When analysing the feedback given the Engagement Officer asked Co-pilot to pull out any interesting or different views. There were a few categories and comments as listed below:

- **Alternative staffing ideas:** Use of military medical staff and shared CEO with neighbouring health boards.
- **Preventative care suggestions:** First aid training in schools and practical skills development.
- **Private healthcare use:** Some opted for private treatment due to long NHS wait times.
- **Procurement concerns:** Belief that NHS is overcharged for supplies.
- Community sentiment: Strong emotional attachment to local hospitals like Llanidloes.
- **Engagement feedback:** Mixed views on survey design, ranking questions, and demographic queries.
- **Suggestions for future engagement:** Use of local Facebook pages and community contacts.

3. Assessment Criteria

Some residents had time and gave their views around the draft Assessment Criteria that the health board is looking to use when assessing the final options around service changes to adult mental and physical health community services in Powys.

Although the numbers are low there appeared to be a view that **'Making best use of our staff, buildings and other resources'** and **'Improving access to care'** were considered the most important criteria to consider when looking at future options around service change.

No one gave a view on which of the criteria were least important. This was because residents felt all were important and they did not want to choose. The questionnaire also gave people the chance to rank all the criteria individually but again this was not a popular option with people stating that all were essential and ranking was not something they wished to do. The table below provides an overview.

Criteria	**Most Important**
Ensuring safe services and preventing harm	
Improving access to care	**3**
Complying with service standards	
Follows evidence and best practice.	
Improves outcomes for people	
Living within our means (financial sustainability)	**1**

Having a sustainable workforce	
Making best use of our staff, buildings and other resources	**4**
Offering fair access to services	**2**
Reducing stigma around mental health	
Improving patient experience, including in relation to travel and transport	**2**
Addressing what matters to the person	**1**

Conclusion

The views from these outreach sessions have added to the health board's understanding of how residents view health services with some insightful conversations taking place and comments provided.

The views in this report will feed into the next stage of the process.

Annex A - Groups Visited

Date	Venue	Approx. number of people	Notes	Surveys/Pack Given
27 June	Co-op Builth Wells	30		Raising awareness and distributing surveys
4 July	Llandrindod Tesco	100	estimated	Raising awareness and Leaflets given
7 July	Hywel Dda Consultation in Machynlleth	10		Raising awareness, Surveys/Packs given
9 July	U3A Singing for Fun Llandrindod Wells	12		Leaflets and Surveys
9 July	Builth Wells Ladies Choir	30		Raising awareness and distributing
				survey copies
10 July	Newtown Morrisons	80	estimated	Flyers, conversations, invite to drop in. People count includes people walking past.
10 July	Llanidloes Only Legs Aloud	15	estimated	Leaflets dropped in
11 July	Builth Wells Lunch Club	25		Raising awareness and distributing survey copies
11 July	Llanyre Sit Stretch Relax Session	30		Raising awareness, distributing survey copies and leaflets
11 July	New Radnor Community Centre – Line Dancing	7		Raising awareness and Leaflets given

14 July	Llanidloes Sewing Group	3		Raising awareness, conversations and distributing survey copies
14 July	Chess club - Clarence Hall, Crickhowell	6		Leaflets given. Aneurin Bevan HB posters and easy reads given to Clarence Hall staff to hand out in other events.
14 July	Rhayader Leg Club	20		Surveys/Packs Given
15 July	Ystradgynlais Crafty Cafe	30	estimated	Surveys/Packs Given. Easy reads and leaflets also given
15 July	Welshpool Mind Walk and Talk	2		Raising awareness and Leaflets given
15 July	Llanfyllin Gentle Yoga	12		Raising awareness, Leaflets and Surveys
15 July	Brecon Leg Club	10		Raising awareness, Surveys/Packs Given
16 July	Brecon Mind social group	6	plus children	Completed using QR codes on phones. Easy reads and extra leaflets left given
17 July	Ystradgynlais MIND	7		Easy reads and leaflets given
17 July	Llanidloes Only Legs Aloud	28		Raising awareness, Leaflets and Surveys given
17 July	Llandrindod Wells Leg Club	20		Raising awareness, Leaflets and Surveys given

22 July	Llandrindod U3A Sewing Group	8		Raising awareness/ distributing paper surveys
22 July	Kaleidoscope	12		Raising awareness/ distributing paper surveys
22 July	Newtown Senior Holiday at Home	23		Raising awareness, Leaflets and Surveys given
24 July	Trecastle 4T's	3		The host has shared on local social media platforms today. Easy reads and leaflets given
28 July	Welshpool Livestock Market with	7		Seeking views and conducting
	Farming Fit team			interviews with Powys farmers.
Total		**536**		

Appendix 15: Stakeholder summary report on Primary Care (GMS focused) feedback on the Stage 2 Better Together engagement on Adult Physical and Mental Health Community Services

Overview

The workshop took place on 17 June 2025 in support of the Better Together Stage 2 engagement on adult physical and mental health community services. It was a follow-up to an earlier Primary Care-focused workshop that took place in March 2025, which formed part of the Stage 1 pre-engagement on the Draft Case for Change.

This event sought to gain a Primary Care perspective with a specific focus on the General Medical Services (GMS) contract.

The event was facilitated by Powys Teaching Health Board (PTHB) Directors and staff and included 29 participants from within PTHB, Primary Care representatives from General Practice, Pharmacy and Dentistry and other partners.

Methodology

This report is based on a CoPilot AI summary of the full post-event report jointly prepared by the Primary Care & Mental Health (PCMH) and the Transformation & Value (T&V) teams in June 2025. This document has been created and edited by a member of the Engagement and Communications team and reviewed by the PCMH and T&V teams. It used the following CoPilot prompt: "Please identify any recurring concerns or suggestions from respondents in the following documents".

This report does not seek to recreate the detail of the original report, but only to identify and summarise recurring concerns and suggestions, and to draw some conclusions from them. It will be used to support the development of a composite Engagement Report that captures all high level Better Together engagement activity and feedback through Stage 0 Discovery, Stage 1 Pre-Engagement on the Draft Case for Change, and Stage 2 Engagement on Adult Physical and Mental Health Community Services.

Recurring Concerns

1. Fragmented Communication and Coordination

- Poor communication between services, especially between primary care and other sectors.
- Lack of clarity around service offerings and Multi-Disciplinary Team (MDT) coverage.
- Referral processes are slow and burdensome.

2. Workforce and Capacity Challenges

- Primary care is under-supported and overstretched.
- Lack of sufficient social care support makes home-based care unsafe.
- Upskilling is needed, including for non-clinical staff like receptionists.

3. Geographical Barriers

- Powys' rural geography limits access and consumes time through travel.
- Transport challenges impact both patients and staff.
- Equity of service provision across Powys is inconsistent.

4. End-of-Life and Frailty Care Gaps

- End-of-life care lacks coordination and advanced planning.
- Frailty services are underdeveloped and need proactive approaches.
- Complex needs (e.g. dementia) require better understanding and support.

Recurring Suggestions

1. Integrated, Place-Based Teams

- Develop core teams embedded in practices to support local delivery.
- Promote integrated working across physical, mental health, and social care.
- Include third sector partners in MDTs and planning.

2. Virtual Wards and Remote Care

- Use virtual wards to address capacity and geographical challenges.
- Enable care at home through remote monitoring and digital tools.
- Explore intermediate care and point-of-care testing options.

3. Local Hubs and Day Services

- Establish local hubs for day cases and ambulatory care.
- Use community hospitals more effectively.
- Create purpose-driven day hospitals and "flying squads."

4. Proactive and Preventative Approaches

- Shift focus from reactive to proactive care, especially for frailty.
- Invest in community health and social engagement (e.g. day centres).

- Include dental, optometry, and falls prevention in-reach.

5. Simplify Information and Processes

- Reduce complexity in communications and service navigation.
- Make information more accessible and user-friendly.
- Improve internal systems like Flow Hub and PURSHH.

Conclusion

The session reinforced the need for integrated, proactive, and locally responsive models of care in Powys. Attendees consistently called for better communication, smarter use of resources, and more equitable service delivery. The suggestions — ranging from virtual wards to place-based teams — will inform the refinement of options in the Better Together portfolio.

Appendix 16: Stakeholder summary report on the Physical Health Community Model Workshops 1 and 2

Overview

This report captures the summary outcomes of the first and second workshops that were devised to support the accelerated development of the physical health community model. The workshops took place during May 2025 and aimed to check and confirm the shared vision and guiding principles for the development of the emerging community model.

The session was intended to align internal and external stakeholders around the vision that had been developed to date and to confirm its value. The second part of the workshop focussed on outlining the path forward, exploring a broad range of future options and agreeing on how these would be assessed and refined.

The workshop outcomes included a range a recurring concerns and suggestions which emerged across both sessions. These summary outcomes reflect consistent themes voiced by participants and can help guide future planning and decision-making.

Methodology

This report is based on an AI summary produced using CoPilot. It has been created and edited by a member of the Engagement and Communications team and reviewed by the Transformation and Value Team. It used the following CoPilot prompts: "Please identify any recurring concerns or suggestions from respondents in the following documents" and "Please add a conclusion".

Recurring Concerns

1. **Fragmentation of Services**
    - Lack of seamless internal referrals and coordination.
    - Time wasted on handoffs and unclear pathways.
    - Overcomplicated systems with too many professionals involved.
2. **Digital Literacy and Infrastructure**
    - Need for improved digital literacy among staff and patients.
    - Inconsistent access to shared patient records and digital tools.
    - Variation in virtual ward models across Powys.
3. **Workforce Challenges**

- Difficulty recruiting in certain areas (especially Mid Powys).
- Concerns about caseloads and capacity, especially for district nurses.
- Need for better understanding of roles across services.

4. **Equity and Access**
    - Variation in service availability across Powys.
    - Travel and infrastructure barriers to accessing care.
    - Desire for consistent care regardless of location.

5. **Reactive vs Proactive Care**
    - Over-reliance on reactive responses (e.g., 999 calls).
    - Lack of proactive baseline assessments and early interventions.
    - Limited preventative services and health education.

Recurring Suggestions

1. **One Stop Shops / Community Hubs**
    - Centralised access points for care coordination.
    - Integration of health, social care, and third sector services.
    - Use of hubs for diagnostics, IV treatments, and MDT working.
2. **Hospital at Home / Virtual Ward Models**
    - Enable care at home with remote monitoring and rapid response.
    - Use of wearables and digital triage tools.
    - Clear governance and escalation pathways.
3. **Shared Patient Records & Unified Systems**
    - Improve access to real-time patient information.
    - Reduce duplication and improve continuity of care.
    - Support decision-making across services.
4. **Prevention and Health Promotion**
    - Community-based education and health information.
    - Annual health MOTs and prehabilitation services.
    - Use of social prescribing and peer support.
5. **Role Clarity and MDT Collaboration**
    - Promote generalist and specialist collaboration.

- Co-location and daily huddles to improve communication.
- Training and knowledge sharing across disciplines.

6. **Care Coordination and Case Management**

    - Designated coordinators to support individuals through their care journey.
    - Tiered intervention models based on frailty scores and risk assessments.
    - Empowerment of patients and families in care planning.

Conclusion

The Physical Health Community Model Workshops surfaced a strong and consistent appetite for transformation within Powys. Participants voiced a shared commitment to improving patient outcomes through more integrated, proactive, and person-centred care.

Recurring concerns — including fragmented services, digital infrastructure gaps, and workforce challenges — highlight systemic barriers. Suggestions for change move towards a more agile, equitable, and digitally enabled health system.

Key recommendations include:

- Prioritising co-designed solutions that reflect local needs.
- Investing in digital infrastructure and workforce development.
- Building upon existing good practice while addressing service variation.
- Ensuring governance and operational clarity to support new models of care.

Appendix 17: Stakeholder summary report on the Mental Health Community Model Workshops 1 and 2

Overview

This report captures the summary outcomes of the first and second workshops that were devised to support the accelerated development of the mental health community model. The workshops took place during May 2025 and aimed to check and confirm the shared vision and guiding principles for the development of the emerging community model.

The session was intended to confirm the future vision for adult mental health community services, and to help identify the patient outcomes and benefits that the health board wishes to achieve through the Better Together portfolio of activity.

The workshop outcomes included identifying a range a recurring concerns and suggestions which emerged across both sessions by internal and external stakeholders. These summary outcomes reflect consistent themes voiced by participants and can help guide future planning and decision-making.

Methodology

This report is based on an AI summary produced using CoPilot. It has been created and edited by a member of the Engagement and Communications team and reviewed by the Transformation and Value Team. It used the following CoPilot prompts: "Please identify any recurring concerns or suggestions from respondents in the following documents".

Recurring Concerns

1. **Fragmentation Across Services**
   - Mental health, physical health, and social care operate in silos.
   - Lack of joined-up assessments and unclear referral pathways.
   - Transition gaps between Child and Adolescent Mental Health Services (CAMHS), adult, and older adult services.

2. **Access and Equity**
   - Transport barriers, especially for older adults and rural communities.
   - Inconsistent access to services and support across Powys.
   - Limited visibility of services like Community Mental Health Teams (CHMTs) and Multi-Agency Support??? (MAS).

3. **Workforce and Capacity**

- Shortage of specialist roles (e.g. Elderly Mentally Infirm (EMI) social workers, Occupational Therapists (OTs), pharmacy technicians).
- Fragile workforce capacity, especially in community mental health.
- Need for better skill mix and local training options.

4. **Inpatient Care Challenges**
   - Inappropriate ward environments and mixed patient presentations.
   - Lack of purpose-built psychiatric units.
   - Over-reliance on inpatient beds due to limited community alternatives.

5. **Carer and Family Support**
   - Insufficient support for carers and young carers.
   - Lack of integration of family needs into care planning.
   - Need for respite and education for carers.

Recurring Suggestions

1. **Integrated Holistic Assessment**
   - Joint physical and mental health assessments.
   - Shared digital systems and pooled budgets.
   - Trusted assessor protocols to reduce duplication.

2. **Community-Based Care Models**
   - Development of regional hubs and crisis homes.
   - Step-down care and home treatment options.
   - Outreach and mobile Multi-Disciplinary Teams (MDTs) to support rural areas.

3. **Improved Transitions**
   - Needs-led transitions between CAMHS and adult services.
   - Clear service specifications and referral thresholds.
   - Investment in transition models and staff skill sets.

4. **Digital and Assistive Technology**
   - Use of tech-enabled care and appointment management.
   - AI for triage and scheduling.
   - Devices to support medication adherence and independence.

5. **Third Sector and Social Inclusion**
   - Better commissioning and alignment of third sector services.

- Therapeutic and social groups (e.g. arts, singing, day trips).
- Addressing stigma and promoting mental health literacy.

6. **Training and Workforce Development**
    - Upskilling in psychological interventions.
    - Local training pathways and career development.
    - Inclusion of non-registered roles (e.g. recovery navigators)

Conclusion

The Mental Health Community Model Workshops revealed a strong consensus on the need for more integrated, person-centred, and community-based mental health services in Powys. Participants consistently highlighted the importance of breaking down silos between services, improving access and equity, and supporting both patients and carers holistically.

The ideas generated — ranging from joint assessments and digital innovations to community hubs and enhanced workforce models — should inform the development of a long list of options and emerging care models.

Appendix 18: Stakeholder summary report on the combined Physical and Mental Health Community Model Workshop 3

Overview

This report captures the summary outcomes of the combined physical and mental health community model workshop that took place at the end of May 2025. This event followed from two physical health community model workshops and two mental health community model workshops that were concluded by mid-May 2025.

This was the final combined workshop as part of the series that was designed to support the accelerated development of the physical health and mental health community model as part of the Better Together portfolio. The workshop had been planned to bring together the outputs from the previous workshops and enable colleagues from physical health, mental health, and selected partners, to review the existing work and develop ideas further.

Methodology

This report is based on an AI summary produced using CoPilot. It has been created and edited by a member of the Engagement and Communications team and reviewed by the Transformation and Value Team. It used the following CoPilot prompts: "Please identify any recurring concerns or suggestions from respondents in the following documents".

Recurring Concerns

1. **Fragmented Services and Siloed Thinking**
    - Physical and mental health services remain largely separate in Powys.
    - Siloed training and professional boundaries hinder integrated care.
    - Lack of shared definitions (e.g. generalist vs specialist) creates confusion.

2. **Access and Infrastructure Gaps**
    - Limited out-of-hours coverage (e.g. no District Nurse (DN) or Mental Health (MH) cover after 9pm).
    - Poor access to diagnostics (e.g. blood results not integrated into Welsh Clinical Portal (WCN)).
    - Estates not fit for purpose, especially for inpatient mental health.

3. Workforce Challenges

- Difficulty recruiting and retaining staff, especially in rural areas.
- Need for dual-trained professionals (e.g. Registered General Nurse (RGN)/Registered Mental Health Nurse (RMN)).??CHECK??
- Teams are stretched too thin, impacting care quality and continuity.

4. Inadequate Transition and Continuity of Care

- Child and Adolescent Mental Health Services (CAMHS) to adult mental health transitions are poorly supported.
- Lack of crisis houses and step-down options.
- Incomplete data and unclear pathways into beds.

5. Limited Support for Families and Carers

- Insufficient coordination around family dynamics.
- Carers lack tools and support, especially older adults caring for children.
- Need for a "Team Around the Family" approach.

Recurring Suggestions

1. Integrated Assessment and Care Models

- One holistic health assessment covering physical and mental health.
- Co-located services and joint Multi-Disciplinary Teams (MDTs) across health, social care, and third sector.
- Shared digital systems and pooled budgets.

2. Regional Centres and Community Hubs

- Develop integrated rural regional centres with diagnostic hubs.
- Use existing estate creatively for wellbeing hubs and mobile outreach.
- Include third sector as equal partners in service delivery.

3. Evidence-Based and Innovative Practices

- Adopt proven models like "Open Dialogue" for mental health.
- Use assistive technology and remote consultations.
- Invest in prevention and early intervention to reduce admissions.

4. Workforce Development and Role Innovation

- Rotational working and internal progression pathways.

- Introduce roles like Family Health Nurse and Recovery Navigators.
- Upskill staff in psychological and physical health interventions.

5. Improved Access and Navigation

- Single Point of Access (SPOA) with clear pathways.
- Navigator/coordinator roles to guide patients and families.
- Better public and staff-facing directories of services.

Conclusion

The final combined physical and mental health community model workshop 3 successfully brought together physical and mental health professionals to co-create ideas for a more integrated community model. The recurring concerns highlight systemic barriers — including fragmentation, access gaps, workforce strain, and poor transitions — while the suggestions offer practical, innovative solutions rooted in collaboration, evidence, and person-centred care.

These insights will help refine the long list of options and inform the upcoming Deliberative Event and future design phases. The emphasis on holistic assessment, regional hubs, and coordinated family support reflects a shared vision for a more responsive and equitable health system in Powys.

Appendix 19: Stakeholder summary report on the Medical Psychiatry Workshop

Overview

The workshop took place on 21 May 2025 in support of the Better Together Stage 2 engagement on adult physical and mental health community services. This was an additional workshop to the planned workshops that supported the development of the Joint Physical and Mental Health Community Model of Care, as Workshop 2 had clashed with preexisting commitments for the mental health medical teams.

This event brought together 10 key medical stakeholders from within Powys Teaching Health Board (PTHB) and Primary Care. The event was facilitated by the Improvement and Transformation team.

Methodology

This report is based on a CoPilot AI summary of the full post-event report prepared by the Transformation & Value (T&V) team. This document has been created and edited by a member of the Engagement and Communications team and reviewed by the T&V teams. It used the following CoPilot prompt: "Please identify any recurring concerns or suggestions from respondents in the following document."

This report does not seek to recreate the detail of the original report, but only to identify and summarise recurring concerns and suggestions, and to draw some conclusions from them. It will be used to support the development of a composite Engagement Report that captures all high-level Better Together engagement activity and feedback through Stage 0 Discovery, Stage 1 Pre-Engagement on the Draft Case for Change, and Stage 2 Engagement on Adult Physical and Mental Health Community Services.

Recurring Concerns

1. Fragmentation and Lack of Integration

- Health and social care teams operate separately, with limited collaboration.
- Mental health services are perceived as risk management rather than therapeutic.
- Poor integration of patient records and data systems.

2. Access and Capacity Issues

- Lack of crisis beds, especially for older adults.
- Limited 24-hour community support and crisis response.
- Long waits for services and inadequate triage processes.

3. Workforce Challenges

- Heavy reliance on agency staff and locums.
- Difficulty recruiting and retaining staff, especially in rural areas.
- Lack of general nursing skills in mental health inpatient settings.

4. Geographical and Transport Barriers

- Centralisation of services raises concerns about accessibility.
- Transport for patients and families is a major challenge.
- Radnorshire and other areas are hard to recruit to and serve effectively.

5. Data and Decision-Making Gaps

- Poor outcome data and lack of digital integration.
- Decisions about service changes made unilaterally.
- Lack of senior clinical input in triage and care planning.

Recurring Suggestions

1. Integrated and Collocated Teams

- Embed social workers within mental health teams.
- Pool budgets between NHS and local authorities.
- Collocate services to improve communication and coordination.

2. Community-Based Crisis Support

- Develop crisis houses and sanctuary services.
- Create "flying squads" (e.g. Health Care Assistants (HCAs) supported by senior staff) for home-based crisis care.
- Provide step-up beds in community hospitals for older adults.

3. Improved Inpatient Models

- Centralise inpatient services with strong transport links.
- Consider separate assessment and treatment wards.
- Use community hospitals for step-down care.

4. Workforce Development

- Offer enhanced pay or "Powys weighting" to attract staff.
- Rotate doctors across Child and Adolescent Mental Health Services (CAMHS), Learning Disability (LD), and adult services.
- Upskill Registered Mental Health Nurses (RMNs) in physical health competencies.

5. Digital and Data Improvements

- Improve access to patient records and digital systems.

- Use virtual ward rounds and remote consultations.
- Collect and use outcome data to inform service design.

6. Proactive and Person-Centred Care

- Standardise models across Powys (e.g. one-stop shops).
- Refer patients for specific interventions rather than to entire teams.
- Recognise the emotional and social needs of patients and families.

Conclusion

The workshop highlighted a strong consensus on the need for better integration, community-based crisis support, and workforce sustainability. Participants emphasised the importance of collaboration across sectors, digital transformation, and proactive care models to improve outcomes and reduce reliance on inpatient services. These insights will inform the development of long-list options for the Better Together portfolio and the creation of the Joint Physical and Mental Health Community Model of care.

Appendix 20: Better Together Stage 2 Engagement on Adult Physical and Mental Health Community Services: stakeholder summary report on staff survey findings

Background

This stakeholder summary report reflects the insights gained from Powys Teaching Health Board (PTHB) staff on the Better Together Stage 2 engagement on Adult Physical and Mental Health Community Services delivered in Powys.

The survey was conducted by the Organisational Development (OD) team and was complimentary to the independent work by Practice Solutions Ltd, who also delivered two independent face-to-face and one online staff focus group events. The summary staff survey results from the OD team were shared alongside the interim results from Practice Solutions Ltd at a stakeholder event on 13 August 2025. All data collection activity took place between 9 June to 27 July 2025.

Demographics

Survey

The survey elicited 36 responses gathered via survey and on-site engagement. The majority of the 22 respondent that disclosed the type of work they undertake described themselves as being 'clinical, working with patients (13 responses).

Almost half of the 32 respondents that disclosed the geographic area within which they work report their location as being in South Powys (15 responses). Over half of the 22 respondents that declared their job band are employed in bands 2 to 7.

Staff engagement

The senior leaders and the OD team spoke to 375 members of staff in person, across as many physical sites as possible and left Better Together explanatory leaflets with a further 518. Of those who disclosed their job role, the majority (198 respondents) worked in clinical roles with patients. 96 respondents worked in non-clinical support roles, 54 were non-clinical but patient-facing, and a further 30 were clinical but not directly patient-facing.

Of those who spoke with the OD team direct, 177 were in Bands 2 to 4, 128 were in Bands 5 to 7, and a further 10 were in Bands 8 and 9.

Methodology

The full survey report, ***Better Together: Seeking Staff views Stage 2 Engagement Survey Results Summer 2025***, was created by PTHB's Organisational Development (OD) team. Analysis and reporting was managed entirely by the OD team utilising the CoPilot generative AI tool to avoid individual unconscious bias and to assist with summarising data.

This stakeholder summary is based entirely on the OD team's full survey report. This document has also been created with assistance from the CoPilot generative AI tool, using the following prompt: "*Please write a report highlighting key insights, trends, and recommendations from the following presentation*".

This document is intended only as an aid to quickly understand the key points raised by staff. It has been created by a member of the Engagement and Communications team and checked for consistency by the OD team.

Engagement Overview

Respondents were asked for views on the advantages, disadvantages and ideas regarding scenarios 2 to 5, as outlined in the Better Together Engagement Document. It is important to note that staff were not presented with Scenario 1 "do nothing" and Scenario 6 "District General Hospital for Powys". The considered view by PTHB management was that staff members have the practical insight and experience to understand why Scenarios 1 and 6 are not realistic or viable.

No questions were set as mandatory, so there is variation in the response rate across questions. Most response options were free text.

Key Insights / **Workforce Priorities**

- Sustainable staffing was the most important criterion for respondents.
- Recruitment, retention, and training were recurring concerns, especially in rural areas.
- Staff called for better career progression, more training locally, and reduced reliance on agency staff.

Scenario feedback

Scenario 2: Minor Changes

- *Advantages:* Cost-effective, familiar, easier to implement.
- *Concerns:* Not ambitious enough; slow progress.
- *Suggestions:* Coffee mornings for dementia groups, regional hubs, better procurement, and staff rotation roles.

Scenario 3: Centres of Excellence

- *Advantages:* Improved care, staff development, reduced admissions.
- *Concerns:* Travel barriers, staffing shortages, cost.
- *Suggestions:* Satellite clinics, day surgery expansion, better IT integration, and collaboration with neighbouring health boards.

Scenario 4: At Home

- *Advantages:* Holistic care, reduced hospital stays, patient-centred care.
- *Concerns:* Staffing, care package availability, reliance on external providers.
- *Suggestions:* Matrix teams, therapy hubs, public education, and community team coordination.

Scenario 5: Out of County

- *Advantages:* Access to specialist care.
- *Concerns:* Travel burden, isolation, communication gaps, cost.
- *Suggestions:* Cottage hospitals, standardised treatment across health boards, patient involvement in location decisions.

Emerging Trends

1. Localised, Integrated Care

- Strong support for community-based services, especially in Ystradgynlais, Llanidloes, and Machynlleth.
- Desire for joined up working across health, social care, and third sector.

2. Infrastructure and Access

- Transport and digital infrastructure are major barriers.
- Calls for better IT systems, centralised patient records, and mobile services.

3. Mental Health and Holistic Support

- Need for early intervention, more trained staff, and integrated physical and mental health care.
- Suggestions for recovery colleges, peer support roles, and community virtual wards.

Recommendations

5. **Invest in Workforce Development**
   - Strong emphasis on the need to tackle staff shortages and to provide training to plug gaps.
   - Improve recruitment and retention strategies.

6. **Strengthen Community-Based Services**
   - Maintain local services, including therapy hubs and day clinics, especially in Ystradgynlais and Llanidloes.
   - Improve coordination and collaboration with social services and primary care.

7. **Improve Infrastructure**
   - Upgrade IT systems and integration and improve digital access.
   - Enhance transport links and consider mobile service delivery.

8. **Promote Integrated and Preventative Care**
   - Eary intervention and better integration between physical and mental health teams and between PTHB and other health board providers.

Appendix 21: Better Together Deliberative Event 2: stakeholder summary of outputs from the review of stage 2 engagement feedback, including the assessment and appraisal process and of emergent models of care and options for the future delivery of adult physical and mental health community services in Powys

Overview

Powys Teaching Health Board (PTHB) held its second Better Together deliberative stakeholder event on 13 August 2025 in Builth Wells. The event bridged the gap between the end of the Stage 2 engagement activity on adult physical and mental health community services in Powys, and the development of materials to support the next stage. This included discussion of the draft models of care, of the assessment and evaluation criteria, and of the emergent high-level options for the delivery of care.

Participants included PTHB staff, public and voluntary sector partner organisations, primary care representatives, commissioned service providers from within the NHS system, and patients, carers and service-user representatives. Facilitation was managed by PTHB staff from the Transformation and Value, Workforce and Organisational Development, and Engagement and Communication teams.

The full-day event was attended by 77 individuals, with visible support from the Chair of PTHB, Executive Directors and senior leadership team members. In addition to receiving updates on the stage 2 staff and public surveys and public-facing focus groups, participants were also asked to complete workshop exercises.

The exercises included reviewing the draft models of care; consideration of the emergent options for future adult physical and mental health community service delivery; and a review and feedback on assessment and evaluation criteria.

The exercises were table and room-based and supported by table facilitators. Final reporting back to the Plenary session was undertaken by Executive Directors, who also acted as “Room Chairs” and summarised the results from their room, which comprised a collection of two to three tables.

Methodology statement

This report is based on the manual collection and coding of response data from every group (organised by cabaret-style table) that participated on the day.

This stakeholder summary analysis was completed using the CoPilot AI tool to review the event outputs using the following prompt: "*Please identify any recurring concerns or suggestions from respondents in the following text*".

Initial quality assurance checks were completed by a member of the Engagement team from PTHB that was also present at the event and acted as a facilitator during the event. The final quality check and review by completed by the Transformation & Value team.

The summary key findings are in the following sections:

- Recurring concerns
- Recurring suggestions
- Conclusion

Recurring Concerns

1. Fragmentation and Siloed Working

- Persistent siloed practices across health, social care, and third sector.
- Lack of shared language and understanding between services.
- Unilateral service changes without cross-sector coordination.

2. Access and Equity Challenges

- Geographic and transport barriers across Powys.
- Unequal access to services and support, especially in rural areas.
- Concerns about centralisation and its impact on local service availability.

3. Workforce Sustainability

- Difficulty recruiting and retaining staff, especially in remote areas.
- Heavy reliance on temporary and agency staff.
- Need for generalist roles and multidisciplinary teams.

4. Data and Evaluation Limitations

- Poor outcome data and lack of integrated digital systems.
- Unclear success metrics and concerns about current frameworks (e.g. the STEEEP six domains of healthcare quality: Safety; Timely; Effective; Efficient; Equitable; and Patient-Centred).
- Need for better use of data to communicate impact and manage expectations.

5. Mental Health Integration

- Mental health services not fully integrated with physical health.
- Lack of a single point of access for mental health.
- Risk-averse culture leading to unnecessary referrals.

Recurring Suggestions

1. Integrated, Person-Centred Models

- Merge physical and mental health services to reflect whole-person care.
- Develop one-stop shops, integrated care centres, and community hubs.
- Promote shared decision-making and patient ownership of care plans.

2. Community-Based and Place-Based Approaches

- Strengthen local service delivery through regional hubs.
- Use community transport and co-located services to improve access.
- Map existing services to identify gaps and vulnerabilities.

3. Workforce Development

- Shift from specialist to generalist roles with multidisciplinary teams.
- Offer enhanced pay or incentives for hard-to-recruit areas.
- Rotate staff across services (e.g. Child and Adolescent Mental Health Services (CAMHS), Learning Disability (LD), adult Mental Health (MD)) to improve coverage.

4. Digital and Virtual Care

- Expand virtual consultations and remote care options.
- Improve access to patient records and digital infrastructure.
- Use digital tools to support triage and care planning.

5. Partnership and Collaboration

- Pool budgets across sectors to reduce funding disputes.
- Embed social workers in mental health teams.
- Promote shared governance and integrated planning.

6. Evaluation and Impact Measurement

- Focus on outcomes like healthy life years, not just activity.
- Clarify what "sustainability" means — financial, operational, environmental.
- Include community voices in defining success and assessing impact.

Conclusion

The event reinforced a strong appetite for transformational change across Powys, with a clear emphasis on integration, equity, and person-centred care. Participants called for practical solutions to long-standing challenges — especially around workforce, access, and data — and offered thoughtful suggestions to guide the next phase of the Better Together portfolio.

Appendix 22: Reflections on the Practice Solutions Presentation to the 13 August 2025 Deliberative Event

Dafydd Thomas v1

Overall

Following the presentation, the event participants were asked the following questions using the xleap collaboration software:

1. What stood out from the presentations and why?
2. From all that you've just heard, what has reminded you of your own situation and why?
3. From listening to each other in the group, what key insights have emerged from the discussion?
4. What does this mean for the future of Adult Physical and Mental Health Community Services in Powys?

The questions were kept open until the end of lunch. During that time 238 comments were made. The rest of this paper summarises the comments and how that impacted their thinking.

What Stood Out

The 113 comments from the participants about what had stood out from the presentations have been summarised in the following list (in no particular order):

- There was an appetite for and reflections about the need to change. Some commented that the need for change has been discussed for a long time and now is the time to take things forward – and maybe the 'current conditions' support that.
- There were some reflections on community and staff engagement in this process – pleased that it was happening and a mixed response to the numbers involved and why. They said the engagement needed to be representative, pitched at the right level and containing sufficient detail for the audience to comment.
- Regarding the scenarios, there were some general reflections and appreciation about the findings of the engagement – including the scenarios being patient focused, available in hubs / centres (but detail needed), with services integrated. There were also comments on a whole sector approach and place based / community focused services.
- Digital Care, Remote Care, Virtual Care noted – with comments ranging from concern to recognising an opportunity to do something different within the county.
- The challenges of transport across the county were recognised – and community transport being a service enabler.
- Participants recognised that resources will be required to help shift the service during transition.
- Effective use of language and clear communication were seen as important in the feedback. Plain

language materials made available locally to clearly communicate what is going on and to manage expectations. The role that data plays in communicating those messages was also noted.
- Participants recognised that the workforce underpins everything – with staff mentioned several times in the feedback.
- Participants had welcomed Anne Hendry's involvement – including her independence, academic insights and examples. One participant said, "the presentation helped show we're not quite there yet."
- Some of the participants suffered from information overload on the day and wanted time to question some of the conclusions or suggestions.

<u>What does this mean for future services?</u>

When the participants were asked what this information and subsequent conversations meant for the future of Adult Physical and Mental Health Community Services in Powys, their feedback can be summarised as follows:

- Mental and physical health need to be joined, reflecting the whole person. Patients need to be looked at holistically – with one-stop shops, integrated care centres, and community hubs seen as the best way forward.
- A shift in mindset is required – people need to be empowered to manage their own lives and professionals need to promote that independence. For that to happen, everyone needs to work together - communities, primary care, secondary care, third sector.
- In terms of workforce development, a move from specialists to generalists is required with more multi-disciplinary roles. These skills need to be nurtured and valued – along with creativity, innovation and less aversion to managed risk. GPs remain a key access point.
- System and service redesign will be required to support this – and focusing on outcomes that support people at home will require movement away from legacy and outdated models of support, funding and performance management.
- One of the goals of this new approach should be equity.
- Partnership working across health, social care, and third sector is paramount – with shared language and terminology to help organisational collaboration.
- Services must be future orientated – concurrently focusing on delivery and incremental adaptations, whilst planning for a changing future.

Stakeholder Participation and Public Involvement Overview

The table below provides a summary of who was involved, at which stages, and for what purpose during Phase 1 of the Better Together programme.

Stage / Step	Purpose of involvement	Primary participant groups	Patient, service user & public involvement	Assurance provided / use of outputs
Stage 0 – Discovery	Identify system pressures, population needs, service fragility and emerging priorities	Public, patients, unpaid carers, staff, Powys County Council, third sector, PAVO, Llais, community groups, young people, farming communities	**Direct involvement** through surveys, workshops, targeted engagement with residents with protected characteristics and community outreach via 13 drop-in sessions	Informed the Case for Change; established baseline issues and priorities; triangulated evidence base for options development
Step 1 / Stage 1 – Case for Change (early engagement)	Test completeness and accuracy of the Case for Change; capture views on priorities and future direction	Public, patients, carers, staff, partners, representative bodies	**Direct involvement** through public engagement events, surveys and deliberative discussions	Validated the Case for Change; strengthened focus on care closer to home, equity, access, prevention and workforce
Step 2 / Stage 2 – Scenario testing & option development engagement	Test broad service scenarios; gather feedback on design principles and assessment criteria	Public, staff, Primary Care, Powys County Council, PAVO, third sector, charities, clinical stakeholders	**Direct involvement** through public survey, focus groups, drop-ins, staff engagement and facilitated workshops and some community outreach	Informed development of long list of options; shaped scenarios, weighting and mitigation considerations
Deliberative Event 1 (June 2025)	Sense-check emerging ideas and long-list direction; provide challenge from multiple perspectives	Service users, Llais, partners, PCC, PAVO, charities, Primary Care, PTHB clinical and executive teams	**Direct service user and representative participation**	Strengthened assurance that early ideas reflected stakeholder priorities; tested case for change and criteria

Steps 3–4 – Option refinement & shortlisting (technical stages)	Test viability, deliverability and alignment through hurdle criteria and detailed option refinement	Clinical leads, operational managers, workforce, finance, estates, digital, partners	**No direct public participation** at this stage due to technical complexity	Ensured options were clinically safe, deliverable and financially credible prior to consultation

Stage / Step	Purpose of involvement	Primary participant groups	Patient, service user & public involvement	Assurance provided / use of outputs
Deliberative Event 2 (August 2025)	Sense-check shortlisted options; test alignment with engagement themes	Public representatives, service users, partners, PAVO, PCC, Primary Care, clinical and executive leaders	**Direct service user and representative participation**	Provided assurance that shortlisted options remained aligned to stakeholder priorities and engagement findings
Step 5 – Non-financial options appraisal (technical appraisal)	Structured appraisal of shortlisted options using STEEEP criteria	Clinical and professional stakeholders, partners, PCC, PAVO, executives	**Llais invited as observer – declined**; no direct public participation	Provided technical assurance to inform Executive and Board discussion; outputs explicitly framed as indicative
Ongoing assurance & challenge (CRG, Workforce & Finance, Executive)	Independent clinical, workforce and financial scrutiny	Clinical Reference Group, workforce and finance leads, executives	Indirect via earlier engagement outputs	Strengthened confidence in safety, deliverability and affordability
Pre-consultation engagement (planned – June 2026)	Validate recommended options; test risks, assumptions and unintended consequences	Public, patients, carers, stakeholders, partners	**Planned direct involvement** through deliberative engagement	Mitigates risk of late-stage issues; strengthens consultation readiness and legitimacy

Participation was proportionate to the purpose of each stage, with broad public and service user engagement undertaken at discovery, option-shaping and deliberative stages, and more focused technical involvement applied during complex appraisal phases. Outputs from earlier engagement were actively used to inform option refinement, assessment criteria, weighting and mitigations, ensuring patient and public perspectives influenced decisions throughout the process.

The programme explicitly recognises the risk that limited public involvement at technical stages may give rise to additional issues during consultation. This risk has been mitigated through extensive early engagement, multiple deliberative events, independent assurance, and planned further engagement prior to formal consultation.

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board