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Powys Teaching
Health Board

Agenda item: 3.10

PTHB BOARD		30 SEPTEMBER 2026	
Subject:	Annual Equality Report 2025/26		
Approved and presented by:	Debra Wood-Lawson, Executive Director of People, Culture & Transformation		
Prepared by:	Service Lead for Welsh Language & Equality Head of People: Business Partnering & EDI		
Other Committees and meetings considered at:	Executive Committee, 26 May 2026 People and Culture, 11 June 2026, who recommended the report to Board for approval		
PURPOSE:			
The purpose of this paper is to seek approval of the Annual Equality Report 2025–26 prior to public publication, and to provide assurance regarding progress against the Strategic Equality Plan and compliance with statutory equality duties.			
RECOMMENDATION(S):			
The Board is asked to:			
- Take ASSURANCE from the progress made against the Strategic Equality Plan, and APPROVE the Equality Annual Report 2025–26 for publication.			
Approve/Take Assurance		Discuss	Note
Y		Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The Equality Annual Report demonstrates broad alignment with the Health Board's wellbeing objectives, particularly in relation to reducing inequalities, improving access and strengthening workforce inclusion
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

The Annual Equality Report outlines how Powys Teaching Health Board has met its statutory equality duties and progressed delivery of its Strategic Equality Plan (SEP) during 2025–26. The report is a key mechanism to:

- demonstrate compliance with equality legislation
- provide transparency to the public
- evidence progress against strategic equality objectives

The report, included within appendix 1, sets out progress against the SEP for 2025–26 and reflects improved transparency in reporting through the inclusion of Ethnicity Pay reporting, which has not previously been incorporated within this annual report.

SUMMARY OF REPORT

Compared to the previous year, the 2025–26 Equality Annual Report demonstrates a more comprehensive approach to equality reporting. There is increased depth of evidence across all Strategic Equality Objectives, supported by improved workforce data, where available. The report provides clearer alignment between strategic objectives and delivery, supported by more detailed narrative and evidence of activity. In particular, the introduction of Ethnicity Pay reporting represents a significant step forward in transparency and organisational insight.

The report also enables the organisation to highlight key achievements during the year, including:

- Expansion of accessible services; the wider use of British Sign Language interpretation (Convo) and language services, improving communication and access for patients with additional needs.
- Strengthening of community-based and digital service delivery; supporting improved access to care closer to home across a rural population, including initiatives such as Attend Anywhere, BadgerNet and the mobile dental unit.
- Achievement of Disability Confident Level 2 status; demonstrating progress in creating a more inclusive workplace and supporting the recruitment and retention of disabled staff.
- Continued delivery of the Anti-Racism Action Plan; including improved workforce data completeness and increased visibility of training, engagement and staff network activity.
- Introduction of Ethnicity Pay reporting; enhancing organisational transparency and supporting a more mature, data-led understanding of workforce equality, in line with the commitments set out in the Health Board's local Anti-Racism Action Plan.

The report also highlights a number of key data shifts during 2025–26;

- Notably, the Gender Pay Gap has increased to 20.7%, reflecting changes in workforce composition rather than pay inequality.
- There has been a positive increase in the proportion of minority ethnic staff, rising from 4.04% to 5.18% (excluding unknowns), although representation remains concentrated within specific staff groups, particularly at Band 5.
- Workforce data quality has continued to improve, with reductions in unknown or undeclared data across multiple characteristics. These improvements provide a stronger evidence base for analysis and future action

In summary, the report demonstrates continued progress in the delivery of the Strategic Equality Plan, alongside a more mature and transparent approach to equality reporting. There is clear evidence of strengthened activity across key areas and enhanced organisational insight, particularly through the introduction of Ethnicity Pay reporting. While the report highlights positive progress, it also reinforces the need for continued focus across our SEP objectives and agreed local anti-racism action plan.

NEXT STEPS:

Subject to Board approval, the report will be:

- Prepared for public publication in line with statutory requirements.



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Health Board

**Powys Teaching
Health Board
Equality Annual Report
2025-2026**

Board

30 September 2026

Item 3.10a

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1. Foreword

CEO’s Foreword – Equality Annual Report 2025–26

I am pleased to introduce this Equality Annual Report for 2025–2026, outlining the steps we have taken over the past year to strengthen equality, diversity, and inclusion across Powys.

During the year, we have focused on improving how people access information and services. One example is the new Women’s Online Health Hub, launched in March 2026, which brings together clear, reliable information on a wide range of topics affecting women at different stages of life. Importantly, this resource was shaped by feedback from over 300 women locally, ensuring it reflects what matters most to those who use it.

We have also improved support for Deaf people by widening the availability of a British Sign Language interpreting service through the Convo app. This now connects users with more than 80 healthcare providers across Powys, helping to make communication easier and more inclusive.

Alongside this, we are proud to have achieved Disability Confident Employer Level 2 status, recognising our ongoing work to create a workplace where disabled people are supported in recruitment, retention, and career development.

While these developments are encouraging, we know there is more to do. We remain committed to listening, learning, and working with our communities to continue making meaningful progress toward greater equality.



Hayley Thomas
Chief Executive Officer
Powys Teaching Health Board

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Executive Director of People, Culture & Transformation Introduction

This year's Equality Annual Report highlights the progress made in strengthening fairness, inclusion, and respect across our organisation.

We signed the Hate Crime Charter, reinforcing our commitment to ensuring people are treated with dignity and supported appropriately. In partnership with the Wales Hate Support Centre, we also began delivering hate crime awareness training to staff, with further sessions planned.

We have continued to build staff awareness through Cognitive and Unconscious Bias training, with many staff taking part and strong feedback.

Accessibility has also improved through the expanded use of the Convo app, helping Deaf people communicate more easily with healthcare services across Powys.

These achievements provide a strong foundation, and we will continue to build on this work to create an even more inclusive and supportive environment for all.



Debra Wood-Lawson

Executive Director of People, Culture & Transformation
Board Equality Champion, Powys Teaching Health Board

2. Introduction & Strategic Context

Powys Teaching Health Board (PTHB) serves a population aligned to the geographical boundaries of Powys County Council. At the time of the 2021 Census, Powys had a population of approximately 133,200 people spread across a large rural area of around 2,000 square miles. This equates to a population density of 26 people per square kilometre—the lowest of any local authority area in Wales.

The rurality of Powys significantly shapes the Health Board's operating model. While many services are delivered locally through community hospitals and primary care, the absence of District General Hospitals within Powys means that a substantial proportion of secondary and specialist care is commissioned from neighbouring health boards, including providers across the border in England. As a result, a significant proportion of the Health Board's funding is used to commission services externally, and the services delivered directly by PTHB are disproportionately focused on community-based care compared to other health boards in Wales.

This model has implications for both service delivery and workforce. The organisation is smaller in scale than would typically be expected for a population of this size, employing 2,644 staff as at 31 March 2026. This is fewer than the workforce of a typical District General Hospital elsewhere in Wales. The workforce is also geographically dispersed, with no centralised acute site, and a proportion of staff living outside the county. This creates distinct challenges in terms of consistency of service delivery, access, and staff engagement.

In response to this context, PTHB has developed strong partnership arrangements across sectors, including Powys County Council, Dyfed-Powys Police and Powys Association of Voluntary Organisations (PAVO). These partnerships are critical to delivering integrated, population-focused services in a rural setting.

Further information on the Health Board's strategic direction and plans for improving services for the people of Powys can be found on our website under the [Key Documents](#) section which includes copies of our annual reports, annual quality statements, strategies and plans.

2.1 Understanding Diversity in Powys

PTHB recognises the diversity of its population and is committed to ensuring that all individuals are treated with dignity, respect and equity. In addition to our organisational values, we have statutory responsibilities under the Public Sector Equality Duty. This report outlines how the Health

Board is meeting these responsibilities, particularly in relation to the protected characteristics defined within the Equality Act 2010: Age, Disability, Pregnancy and Maternity, Race and Ethnicity, Religion or Belief, Sex, Sexual Orientation and Gender Reassignment.

The demographic profile of Powys presents a distinctive context for equality and inclusion work. As a rural county, Powys differs from the Welsh average in several key areas:

- **Age:** 27.8% of the population is aged 65 and over, the highest proportion of any local authority in Wales (compared to a Welsh average of 21.3%). This has implications for service demand, accessibility and the design of age-appropriate care.
- **Disability:** 18.1% of the population reports a disability, slightly lower than the Wales average of 21.1%. However, 7.6% report that their day-to-day activities are 'limited a lot', highlighting ongoing needs in relation to accessibility and support.
- **Race and Ethnicity:** Powys has one of the least ethnically diverse populations in Wales, with 97.7% of residents identifying as White (including all White minority groups) and 2.2% identifying as Black, Asian or minority ethnic (compared to 6.2% across Wales). While this reflects the current population profile, it presents challenges in ensuring services are culturally competent and inclusive.

A summary of the workforce demographics within Powys is included in appendix 2.

2.2 Implications for Equality and Service Delivery

The combination of a **sparse, rural population, ageing demographic,** and **dispersed service model** creates specific challenges in addressing inequality. These include:

- **Inequality of access** to services due to geography, transport and digital connectivity
- **Inequality of opportunity** for individuals to engage with services or employment
- **Health inequalities**, particularly for those living in more remote or deprived areas

There is also a growing challenge in understanding and addressing **socio-economic inequalities**. Individuals and communities experiencing financial hardship may face additional barriers to accessing services and support. This has been acknowledged in national analyses, including reports from [Public Health Wales](#) and [the Nuffield Trust](#).

The Health Board's **Strategic Equality Plan (SEP)** sets out how these challenges will be addressed, with a focus on reducing inequality and improving outcomes. The SEP is aligned with the Health Board's annual plan, ensuring that equality considerations are embedded within broader organisational priorities and service planning.

3. Summary of Delivery Against Strategic Equality Objectives

During 2025/26, the Health Board has progressed a range of actions aligned to its Strategic Equality Plan, focusing on improving access to services, addressing health inequalities, strengthening workforce inclusion, and meeting its statutory duties.

Appendix 1 contains a more detailed capture of our actions.

Objective 1 – Designing and delivering services closer to home and improving access

This year has seen continued progress against our Strategic Equality Plan objective, with collective action supporting the Health Board's ambition to improve access to services for Powys residents. This has included;

- Strengthening community-based and accessible service delivery, aligned to the principle of providing care closer to home. This includes the development of an integrated frailty and falls pathway, improved clinical resilience within community services, and enhanced diagnostics and planned care capacity.
- There has been a continued expansion of digital and remote care, with Attend Anywhere consultations supporting a wider range of services and improving access for patients across Powys. Digital innovation has also been enhanced through the introduction of systems such as BadgerNet, improving the safety and coordination of maternity care, and the promotion of online mental health support through SilverCloud.



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- Access to services has been further improved through practical initiatives such as the relocation of the mobile dental unit to Bronllys Hospital, bringing care closer to communities who may otherwise face barriers due to distance or mobility.
- Engagement activity delivered through the Better Together programme has supported the design and development of services by incorporating feedback from a broad range of residents, including those from protected groups.

Objective 2 – Addressing known health inequalities

This year has seen continued progress in addressing health inequalities supported by a range of targeted population health and prevention initiatives. Collectively, these actions help improve access to preventative services and increase awareness of health inequalities within the population. While there is evidence of improved reach and engagement, work will need to continue to demonstrate sustained improvements in health outcomes over time. Key developments include:

- The launch of a Women's Online Health Hub, co-designed with local women, improving access to trusted information across a range of health topics.
- Targeted work has also been undertaken through programmes such as Healthy and Sustainable Preschools, Health Promoting Schools, and the Whole System Approach to Healthy Weight, supporting improved wellbeing outcomes, particularly in more deprived communities.
- A strong focus has been placed on prevention and early intervention, including targeted vaccination programmes, stop smoking support in areas of higher deprivation, and outreach activity focused on underserved groups. Health protection work has also been strengthened through initiatives such as the Care Homes Health Protection Champions programme and targeted communicable disease prevention activity.

Women's Health



Welcomed to the Women's Online Health Hub. Please click on the link below to explore the services available to you in Powys.



- In addition, the Health Board has continued to promote awareness of a range of health conditions and lived experiences, supporting improved understanding and inclusion across services.

Objective 3 - improving access for people with different needs

This year has seen continued progress in improving access to services, with a particular focus on reducing communication barriers and creating more inclusive environments for patients. Collectively, these actions have supported improved communication, accessibility, and inclusivity across services, helping to reduce barriers for individuals with additional needs. Key developments include:

- The expansion of Convo services to Primary Care Services, enabling British Sign Language users to access a wide range of healthcare providers across Powys via live video interpretation.
- The continued use of Language Line, providing interpretation across over 30 languages. These services have strengthened access to care by supporting clear, timely and person-centred communication.
- Access has also been enhanced through the rollout of Digital Listener technology across outpatient settings, improving communication for individuals with hearing loss, and through environmental improvements aligned to the Dementia Friendly Hospital Charter, including enhancements at Bronllys Hospital.
- In addition, the development of inclusive and therapeutic environments, such as the partnership with Flora Cultura at Bronllys Hospital, has supported improved wellbeing and accessibility for individuals with mental health conditions, learning disabilities and neurological conditions.



PTHB and Flora Cultura – working together to benefit those with mental health and neurological conditions outdoors



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Objective 4 - ensure that Powys Teaching Healthboard is an employer of choice for individuals with diverse needs.

This year has seen continued progress in strengthening the Health Board’s position as an inclusive employer, with a focus on supporting a diverse workforce and improving staff experience. Collectively, these actions have contributed to a more inclusive and supportive workplace environment, with positive progress in supporting staff wellbeing and inclusion. We will ensure continued focus to support consistent engagement across all staff groups and to evidence measurable improvements in workforce experience over time. Key developments this year include:

- Achieving Level 2 Disability Confident Employer status, recognising the organisation’s commitment to removing barriers for disabled people across recruitment, retention and career development. This reflects the introduction of practical measures to support workplace adjustments, increase disability awareness and promote inclusive employment practices.
- The Health Board has also continued to support and promote a range of staff networks, providing safe and supportive spaces for colleagues to connect, share experiences and contribute to an inclusive workplace culture. These networks play an important role in ensuring that diverse voices are heard and represented.
- In addition, the promotion of wellbeing initiatives such as the Mindfulness, ACT and Compassion (MAC) approach has supported staff wellbeing through a combination of group sessions, individual support and community-based activities.



	Avinash, Wellbeing Mindfulness Development Practitioner shared: "We see PTHB MAC not as a single intervention – but as a living, adaptive wellbeing culture rooted in kindness, evidence, and prevention. Our next phase builds on these strong foundations."
	Nikki, Wellbeing Compassion Development Practitioner shared: "In creating a non-judgmental space, we walked beside staff. And that made all the difference."
	Tom, Wellbeing ACT Development Practitioner shared: "ACT helped staff reconnect with values, rebuild self efficacy, and reshape internal narratives."

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Objective 5 – Improving the Health Board’s Ability to Accommodate the Religious Needs of Staff and Patients

This year has seen continued progress in strengthening the Health Board’s approach to supporting the spiritual, religious and cultural needs of staff and patients, with a focus on improving access to guidance and inclusive spaces. Key developments include:

- The creation of a dedicated SharePoint resource, providing staff with practical information to support culturally sensitive care. This includes guidance on spiritual care planning and culturally significant practices, helping to improve staff understanding and confidence in meeting diverse needs.



- In addition, progress has been made in enhancing physical spaces for reflection and prayer, including the introduction of a multi-faith/reflection room on Claerwen Ward at Llandrindod War Memorial Hospital. Further planning is underway to refurbish facilities at Bronllys Hospital to provide similar inclusive spaces.

Objective 6 – Developing an Inclusive and Supportive Workforce Culture (Zero Tolerance to Harassment)

This year has seen continued progress in strengthening an inclusive and supportive workforce culture, underpinned by a clear commitment to a zero-tolerance approach to harassment and discrimination. While there is increasing visibility of these priorities across the organisation, continued focus is required to embed consistent behaviours and demonstrate sustained improvements in staff experience over time. Key developments include:

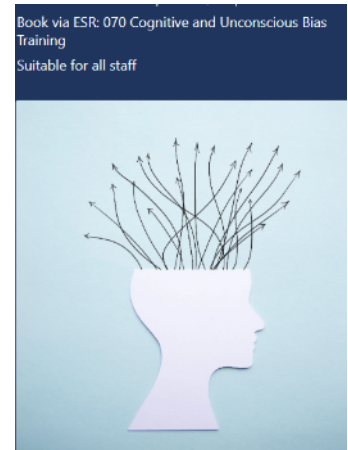
- The adoption of the Hate Crime Charter and partnership working with the Wales Hate Support Centre to increase staff awareness and confidence in recognising and addressing hate incidents. The implementation of the NHS Wales Anti Sexual Harassment Policy has further strengthened expectations and standards, reinforcing a safe and respectful working environment for all staff.

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- The Health Board has also continued to promote inclusive culture and awareness through engagement and learning initiatives, including participation in Pride 2025, Black History Month, and a range of awareness activities designed to increase understanding of diversity and lived experience across the workforce.



- A range of training and development opportunities have been delivered to support inclusive practice, including:
 - Equality training embedded within the managers training programme
 - Continued delivery of Cognitive and Unconscious Bias training
 - Ongoing work as an Age Friendly Employer to support an age-diverse workforce



Objective 7 - Ensure that our feedback mechanisms collect the views of staff and patients of all groups.

This year has seen continued progress in strengthening how the Health Board captures and uses feedback from staff and patients, with a focus on ensuring a more inclusive and representative approach. Key developments include:

- The introduction of an enhanced leavers questionnaire, enabling the organisation to gather more meaningful insight into staff experience, including the ability to analyse feedback by protected characteristics. This is supporting a more informed understanding of workforce trends and potential areas of inequality.
- The Health Board has aligned with the refreshed NHS Wales People Experience Framework, supporting a more structured approach to assessing and improving how feedback is captured and used to inform improvement activity.

These approaches are beginning to improve understanding of staff experience, although further work is required to demonstrate how feedback is translated into measurable change.

Objective 8 - Carrying Out the Actions Identified in the PTHB Anti-Racism Action Plan

This year has seen continued progress in delivering the Health Board's Anti-Racism Action Plan, with activity focused on strengthening governance, improving workforce experience, and enhancing the use of data to inform targeted action. Key developments include:

- Progress has been made in strengthening anti-racist workforce practices, including:
 - Ongoing delivery of mandatory anti-racism training, alongside additional unconscious bias training sessions delivered to staff.
 - Completion of reviews of recruitment and progression processes to ensure they are inclusive and aligned to WRES priorities.
- The Health Board has strengthened its use of data and evidence, including:
 - Further improvements in workforce demographic data, with ethnicity recording increasing to over 93%.
 - Enhanced monitoring of workforce experience through employee relations processes and reporting mechanisms.
- In addition, work has progressed to improve inclusive culture and lived experience, including:
 - Continuing our reverse mentoring scheme to support shared learning between leaders and minoritised staff.
 - Delivery of engagement and awareness activity.
 - Ongoing promotion and development of staff networks and use of staff stories to inform organisational learning.
 - Introduction of Hate Crime Charter activity, including training sessions and awareness campaigns.

More detail on Powys Teaching Health Board's approach to the Anti-Racism action plan is included in Appendix 1.

Objective 9 - Implement our Welsh in Healthcare Strategy

This year has seen continued progress in implementing the Welsh in Healthcare Strategy, with a focus on strengthening staff capability and improving the visibility and use of Welsh language services. For full details on our activity in this area during 2025-26, see the Welsh Language Annual Report via the [Welsh Language pages](#) of our website. Key developments include:

- The rollout of Welsh in Healthcare training for all staff, alongside the continued promotion of Welsh for Managers training to support leaders in embedding Welsh language considerations within service delivery. The Health Board has also worked in partnership with Dysgu Cymraeg to provide Welsh language learning opportunities at all levels, with strong uptake from staff.
- A range of engagement and awareness activities have also been delivered, including the promotion of Welsh language events and national celebrations such as Dydd Gŵyl Dewi and Wythnos Defnyddia dy Gymraeg.
- The use of the Welsh Language Requirements Assessment Tool has supported a more consistent approach to identifying Welsh language skills requirements within recruitment and utilisation has started to see an increase.

4. Gender Pay Gap Reporting

In line with UK legislation, organisations employing over 250 staff are required to report on their **Gender Pay Gap**, including differences in average and median hourly pay between men and women. The Gender Pay Gap measures the difference in earnings **across the workforce**, not differences in pay for the same role. It is therefore distinct from **equal pay**, which relates to men and women being paid equally for the same or equivalent work.

As at 31 March 2026, the Gender Pay Gap in Powys Teaching Health Board is as follows:

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	£25.68	£21.19
Female	£20.37	£18.43
Difference	£5.30	£2.76
Pay Gap %	20.7 %	13 %

Powys Teaching Health Board employs:

- **2,230 women (84%)**
- **440 men (16%)**

This distribution is broadly consistent with other NHS Wales organisations, where the workforce is predominantly female. The gender pay gap measures the difference in average earnings between men and women across the organisation. Within a workforce where women represent the majority, even small differences in how men and women are distributed across pay bands can have a disproportionate impact on the overall pay gap. This year the health board has seen a 1% increase in the proportion of men employed when compared to last year.

The [overall UK Gender Pay gap](#) has shown a long term decline since the 1980s. The gender pay gap in Powys is **20.7%**, which is above the UK average (12.8% in 2025) but compares favourably to other NHS Wales Health Boards.

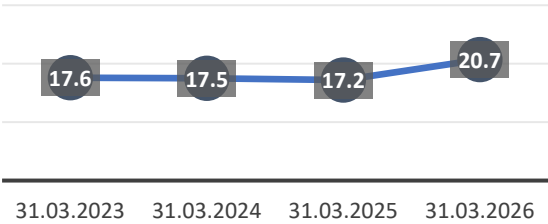
In prior years, the health board’s pay gap has remained generally stable. However, this year’s figure of 20.7% shows a marked increase compared to prior years.

This variation is primarily attributable to changes in workforce composition, rather than differences in pay for equivalent roles.

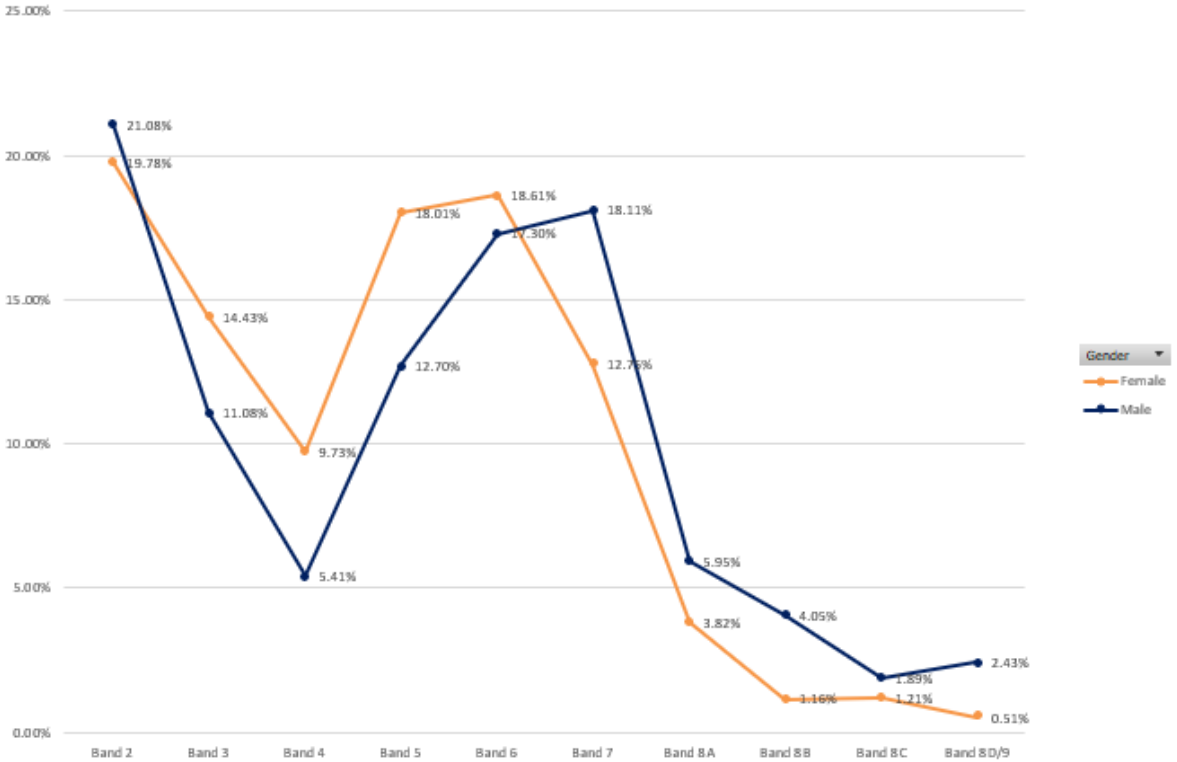
In particular:

- The implementation of the NHS Wales job description for Healthcare Support Workers saw a reduction in the number of staff employed in Band 2 roles and an increase to Band 3 (March 2026) which has resulted in a shift in workforce distribution. This change affected a greater proportion of male Healthcare Support Workers (with no male staff remaining on Band 2) than female staff, contributing to the overall movement in the pay gap.
- There has been an increase in Band 5 Nursing staff, likely reflecting international recruitment and efforts to reduce reliance on agency staffing.

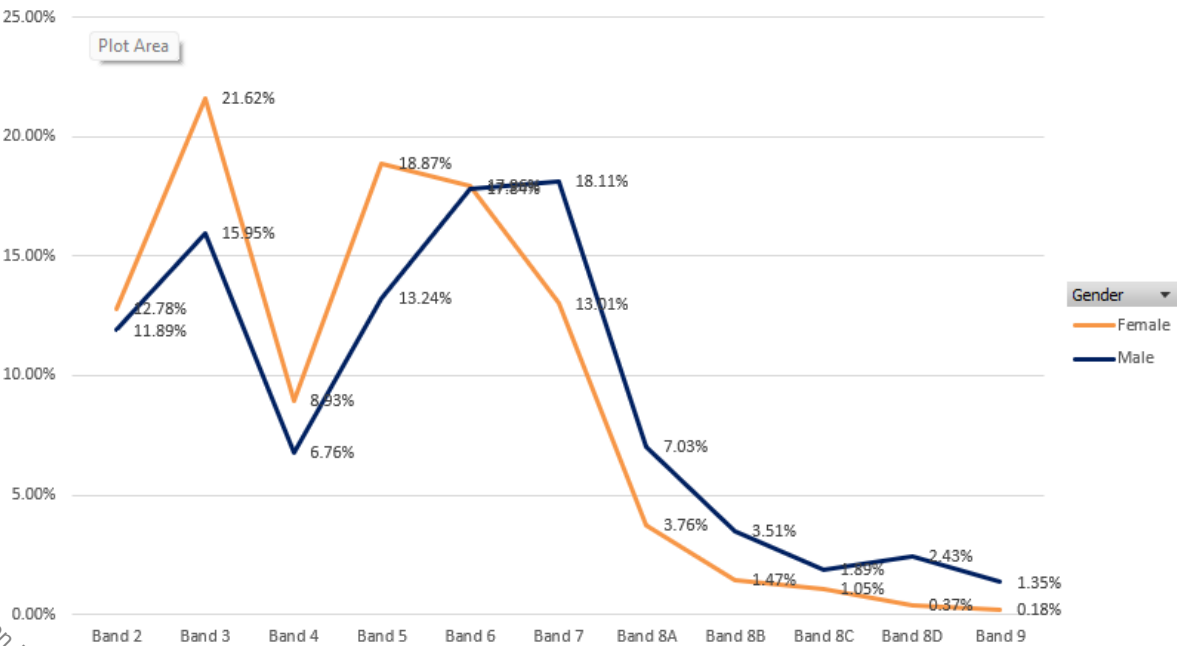
Average Hourly Rate
Gender Pay Gap %



- There has also been an increase in Band 5 administrative roles, which are predominantly held by female staff. The graphs below the significant shift in workforce composition when comparing this year to last year:



Above: AfC Pay distribution by gender (March 2025)



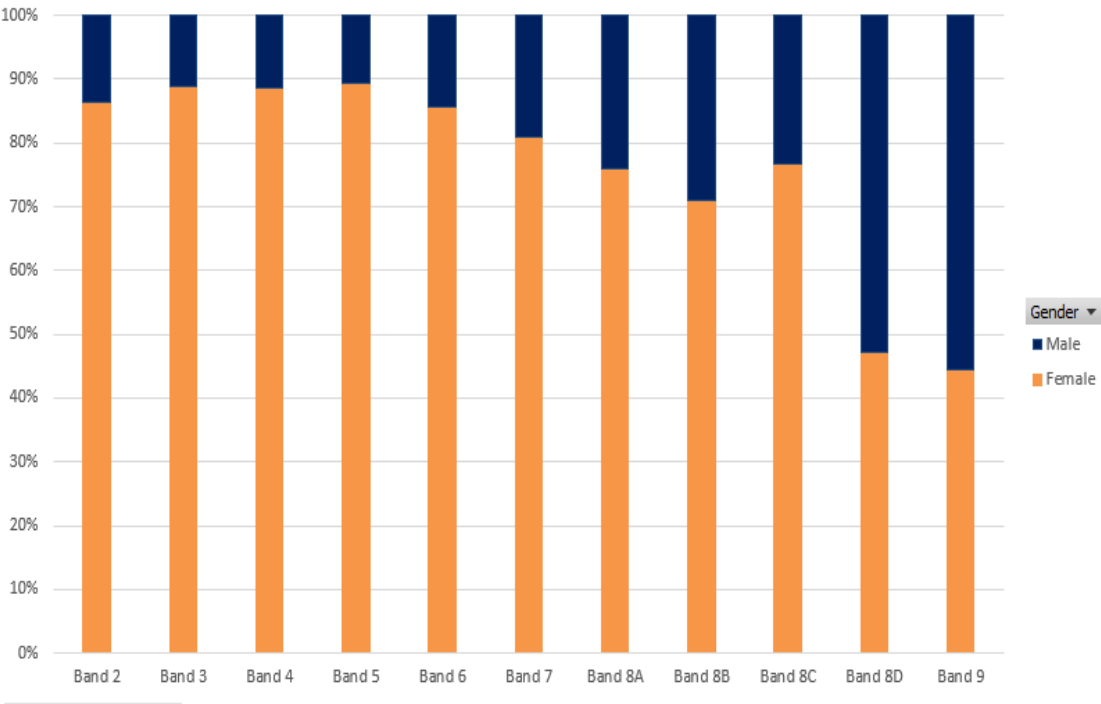
Above: AfC Pay distribution by gender (March 2026). Note the significant changes at Bands 2 and 3.

The vast majority of staff within the health board (96.56%) are employed under Agenda for Change, which provides:

- nationally agreed pay bands
- standardised role evaluation
- transparent pay progression

The remaining workforce is largely made up of medical staff, who are employed under separate national terms and conditions. The proportion of staff employed under Agenda for Change in Powys Teaching Health Board is higher than in other Welsh Health Boards due to the comparatively smaller medical workforce.

The below chart shows the proportionate distribution of men and women in different levels of the organisation on the Agenda for Change payscales:



Analysis of pay band distribution indicates that women are well represented across all levels of the organisation. This supports the position that the Gender Pay Gap is driven by workforce distribution rather than inequalities in pay for equal work. In addition, the Health Board's Executive Team and Board membership demonstrate strong female representation, with women comprising a significant proportion of senior leadership and decision-making roles. This reflects a broader

organisational commitment to gender balance and inclusive leadership at all levels.

A range of established policies and practices are in place to support fairness and inclusion, including flexible working arrangements, family leave provisions and nationally agreed NHS Wales policy frameworks, which underpin a consistent and equitable approach to employment across the organisation. The Health Board will continue to monitor the Gender Pay Gap and its underlying drivers and impact over time.

5. Ethnicity Pay Reporting

There is currently no statutory requirement to report on ethnicity and pay. However, Powys Teaching Health Board has committed to voluntary reporting as part of its Anti-Racist Action Plan, to improve transparency and support action to address inequality.

The ethnicity pay position based on the average hourly rate identifies that staff from ethnic minorities are more highly paid on average than their white counterparts. This reflects the comparative concentration of these staff in the (Graduate) nursing and medical staff groups.

Ethnicity	Avg. Rate	Hourly
White - UK	£21.16	
White - Other	£21.42	
Non-White	£23.21	

In relation to the workforce profile within Powys, out of 2,644 staff:

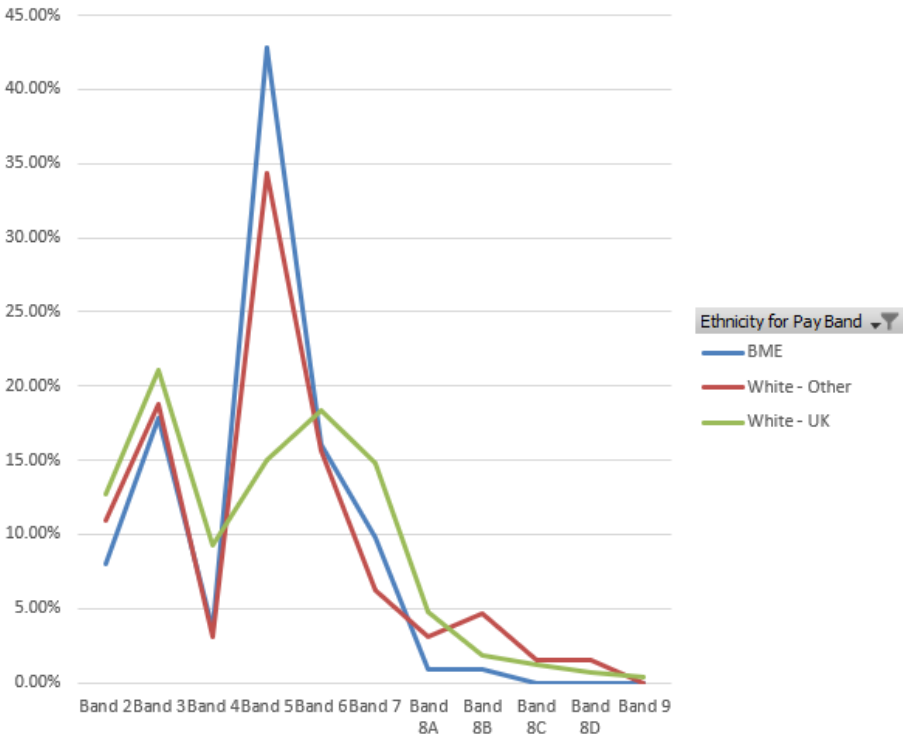
- 2,225 identified as White UK
- 81 as other White groups
- 126 as non-White
- 212 have unknown or undeclared ethnicity (either because they have not filled in the form, or because they chose not to provide this information)

The proportion of staff with unknown or undeclared ethnicity has reduced over the last three years, reflecting efforts to improve data quality through the Anti-Racist Action Plan. Over the same period, there has been an increase in the number of minority ethnic staff, primarily as a result of overseas recruitment activity. Excluding unknowns, **5.18%** of staff identify as minority ethnic. This has increased from **4.04%** in the previous year.

The relatively small number of minority ethnic staff (126) means that even small changes in staff distribution can have a significant influence on relative pay. This is further complicated by the concentration of minority ethnic staff within particular professional areas, such as nursing, which limits the ability to assess equitable distribution across all roles and pay bands.

As demonstrated in the charts below, the composition of the workforce also indicates that:

- Minority ethnic staff are **disproportionately concentrated at Band 5**. This concentration has increased over the past year with the proportion of minority ethnic staff at Band 5 rising from **39% to 43%**; this is likely to be primarily due to the recent recruitment of overseas nurses. The organisation employed 13 additional Minority Ethnic Band 5 Nurses compared to last year.
- The distribution of staff from White non-UK backgrounds more closely aligns with that of minority ethnic staff than White UK staff, in terms of both pay band and area of work, suggesting that workforce distribution is a key influencing factor.
- There is lower representation across other pay bands, particularly at more senior grades.



While average earnings for minority ethnic staff appear higher than for White staff, this reflects patterns of workforce distribution, rather than equitable representation across the organisation.

Building on the analysis undertaken this year as part of the anti-racism action plan, the Health Board will continue to:

- improve the quality and completeness of ethnicity data
- monitor workforce distribution across pay bands
- explore possible factors influencing recruitment, progression and employment experience for minority ethnic staff

6. Moving Forward: Priorities for 2026-27

We intend to work on all of the Strategic Priorities in our Strategic Equality Plan during 2026-27. However, specific work planned for next year includes:

- Develop and implement a structured plan to achieve Disability Confident Level 3.
- Continue to review religious provision, strengthen guidance for managers and services, and proactively identify opportunities to extend multi faith spaces when estates developments arise.
- Carry out qualitative research with BME staff to understand lived experience, barriers to progression, and workplace culture within PTHB.
- Review the BME Staff Network model to improve participation if possible.
- Undertake a sample review of patient facing documentation to assess compliance with accessibility and information standards.

7. Further information

More information on Equality, Diversity and Inclusion at Powys Teaching health board can be obtained by contacting the team (powys.equalityandwelsh@wales.nhs.uk). Please also contact the team if you have any queries about individual activities touched on in this report.

Further information on the health board's broader initiatives and achievements throughout 2025-2026 can be found in the [Annual Reports](#) section on the health board's website.

Appendix 1: SEP Activity during 2025-26

The following table outlines the Equality-related activity which has taken place during 2025-26, cross-referenced to the Long Term Aims/Equality Objectives outlined in our 2024-2028 [Strategic Equality Plan](#).

Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
1. As part of <i>Better Together</i> (formerly the Accelerated Sustainable Model), we will design and develop our services according to the principle of providing services as close as possible to people's	Primary Age Disability Pregnancy & Maternity Supplementary Socio-Economic Status	Key areas of progress - Strengthening of the frailty pathway through the agreed Level 2 community-based falls response model, delivered via community teams and aligned to the planned Single Point of Access (SPOA) for urgent and emergency care. This integrated approach supports earlier intervention closer to home, reduces unnecessary ambulance conveyances, and helps ease demand on out-of-county emergency departments. - Commissioning of external GIRFT expertise to undertake a proactive review of diagnostics and planned	Focus on Wellbeing: Concentration on preventative healthcare Digital First: Utilising digital technologies and opportunities to improve access. Innovative Environments: Improving the environment of our sites with new	- Staying Healthy - Dignified Care - Timely Care - Individual Care - More than Just Words - Disabled People's Rights Plan

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
homes, decentralising services, using online technologies and other approaches to avoid needing to send patients out of county where possible.		care service models. This work is helping us ensure teams have the right mix of skills and capacity to meet the needs of Powys' rural population, with continued emphasis on prevention and early intervention. • Improved clinical resilience in community-facing services, supported by the introduction of orthopaedic triage (September 2025), expanded consultant leadership in ophthalmology and anaesthetics, and recruitment to key specialist roles. • Strengthened diagnostics and planned care capability, including improved RTT performance, enhanced endoscopy leadership, and the introduction of improved theatre processes, contributing to a more resilient system surrounding primary and community care.	technologies and approaches. Fully Joined Up Care: Ensuring a standard approach to accessibility across our services so that patients experience the same kinds of service from different areas of the health board.	

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		Attend Anywhere Attend Anywhere virtual consultations for 2025/2026 have performed exceptionally well, supported by the introduction of new services and increased uptake across those already established. The service is now reaching and supporting a wider range of patients across: • Mental Health • Powys Living Well • Therapies • Secondary Care • Women's Health • Women's & Children's Services • Planned Care SilverCloud		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		A targeted advert designed for students who are nearing University was shared widely. The advert encourages students to use SilverCloud's services to get a 'head start' on their mental health if they have any worries or to build resilience. Encouraging students to use this online service helps to provide consistent mental health support during periods of transition. Community mobile dental unit at Bronllys Hospital The mobile unit (previously based in Hay on Wye) has been moved to Bronllys Hospital and brings dental services closer to local communities, particularly benefiting people who may face barriers such as rural location, mobility issues or difficulty travelling long distances.		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		This initiative helps reduce inequalities in access to oral health services and supports our commitment to delivering care in more accessible and inclusive ways. BadgerNet Maternity Notes We made the move over to the BadgerNet digital maternity system to improve safety and streamline care. Digital records give clinicians real-time access to accurate information, helping them make faster, safer decisions during pregnancy and birth. Better Together Powys Teaching Health Board's Engagement Team delivered ongoing engagement to support the Better Together programme, capturing feedback from residents across a		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		range of protected characteristics. Engagement with community groups, attendance at Healthy Living events and Dementia Awareness information sessions have all been fed back into the programme.		
2. Work to address known health inequalities within our population and take steps to identify and address others.	Primary Age Sex Disability Gender Reassignment Religion or belief Pregnancy & Maternity	Women's Online Health Hub In March 2026, we launched a new online Women's Health Hub to help women of all ages easily access trusted information on key topics such as period and pelvic health, sexual health and contraception, breast and cervical screening, pregnancy, termination, endometriosis, menopause, pain management, bladder and continence services, and mental health and wellbeing. The hub was developed using insights from over 300 women in Powys, ensuring the	Focus on Wellbeing: Work to address the underlying causes that lead to people needing to access healthcare services will reduce demand on those services at all levels.	• Staying Healthy • Individual Care • LGBTQ+ Action Plan • Disabled Peoples' Rights plan

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
	Supplementary Socio-Economic Status	content reflects the real needs and priorities of local people. Promotion of Key Awareness Events and Opportunities This year, we continued to promote key national and international awareness events across the organisation, helping to highlight a wide range of health conditions and lived experiences. This included recognising Endometriosis Awareness Month, Pulmonary Fibrosis Awareness Month, Rare Chromosome Awareness Day the International Day of Disabled People and Sign Language week. By sharing information, resources and events we supported greater understanding, visibility and inclusion.		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		We also promoted incredible opportunities such as a funded PHD at Cardiff University titled 'Reducing Health Inequity for Women Living in Rural Communities Through Social and Community Activation'. Health & Wellbeing Promoting Schools Programme and Healthy and Sustainable Preschools Scheme - Schools in deprived areas received targeted support around health and wellbeing, including workshops on cooking and on the harms of vaping. - Targeted work with Flying Start early years settings include: support to implement the NYTH/NEST framework for children and young people's mental health and wellbeing; facilitating food and nutrition training;		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		rollout of the Gold Standard Healthy Snack Award. Whole System Approach to Healthy Weight - Breastfeeding rates tends to be lower in more deprived populations. The Powys Breastfeeding Welcome scheme was introduced to support mothers to feel confident when breastfeeding out and about. Starting in the more deprived areas of Ystradgynlais and Newtown, over 340 setting have signed up to date. Information about the scheme is included in PTHB staff induction, manager training and in equality training. PTHB achieved Stage 1 UNICEF Baby Friendly Initiative in July 2025. - Building on earlier stakeholder engagement, insight has been undertaken		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		with families to understand the local barriers and challenges to accessing affordable and healthy food to inform priorities for action. Health Protection – reducing the risk and impact of communicable disease - Proactive prevention work undertaken with vulnerable/underserved individuals, groups and settings. For our elderly, vulnerable population this includes the development of the Powys Care Homes Health Protection Champions programme. - Responding to outbreaks, limiting onward transmission and supporting recovery, providing a timely outbreak response and targeted advice in high-risk or closed settings.		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		- Preventative health promotion work has a focus on vulnerable/ underserved individuals, groups, and settings to ensure equitable prevention measures through the Farming Fit programme. - Blood Borne Virus (BBV) outreach work across Powys, but targeting areas of higher deprivation, probation, substance users and housing association, using intelligence and data to inform action. Annual Report of the Director of Public Health 2025 - Preventing the Preventable The Director of Public Health Annual Report was published. It presents the "Preventing the Preventable: Population Health Strategic Framework for Powys 2025-2035", which		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		focuses on reducing health inequalities and improving wellbeing across the population through a prevention-led approach. Vaccinations - The Powys Vaccination Equity Strategic Plan is being implemented. Equity and access is regularly reviewed and monitored as part of the planning and delivery of vaccinations. Data is used to identify where there is low uptake in the eligible population. Plans are adapted to respond as necessary, for example, providing late evening and weekend clinics to increase access, offering mop-up clinics for flu and school-age flu for those that missed appointments. - A Powys Teenage Immunisation Improvement Plan has been		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		developed and includes actions on reducing inequalities in vaccination. Catch-up programmes for teenage immunisations and MMR vaccination were offered during summer 2025. - Head of Service is part of the GP Unified Contract Assurance Framework Group – Vaccination uptake data is reviewed and actions agreed with the GP practice on improving uptake in their locality. Stop Smoking support - Targeted work is being undertaken by the Powys Stop Smoking Team in areas of deprivation (where smoking prevalence is generally higher), providing group support and community clinics, working with		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		pharmacies and other health services, and Smoking Cessation Champions Text message project with GP Practices, sending personal invites to smokers to make a quit attempt and offering support from the Powys Stop Smoking Team.		
3. Improve access to our services and sites for individuals whose needs are different from others.	Primary Disability Age Race	Convo We expanded access to British Sign Language interpretation across Powys through the free Convo app (formerly Sign Live), enabling BSL users to contact GPs, dentists, opticians, pharmacies and hospitals via a live Video Relay interpreter. The service now covers more than 80 providers across the county, helping remove communication barriers and	Focus on Wellbeing: Widening access to wellbeing services e.g. living well, Silvercloud Digital First: Utilising digital technologies and opportunities to improve access; improving the access	- Effective Care - Dignified Care - Individual Care - More than Just Words - Accessible Communication and Information

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		improving access to care while supporting updated NHS Wales guidance on accessible communication. Convo also provide a live service on-demand, which allows a BSL user to communicate with a hearing person via a live remote sign-language interpreter. Convo services were used on 7 occasions during 2025-2026, ensuring BSL users could access services when they needed them. Language Line We continued to use and promote Language Line across the health board in 2025-2026 to ensure clear and accessible communication for all.	of those with additional requirements to those digital services. Innovative Environments: Improving the environment of our sites with new technologies and approaches; this may enable patients to receive treatments within Powys that might otherwise have to travel outside the county. Fully Joined Up Care: Ensuring a standard approach to	Standards in Healthcare Disabled People's Rights Plan

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		Language Line provides on-demand telephone and video interpreting in more than 200 different languages, as well as face-to-face and BSL interpreting, offering 24/7 support. These services help us remove communication barriers and ensure service users receive safe, accurate and person-centred information whenever & wherever they need it. During 2025-2026 Language line was used 860 times for 30 different languages. The five most popular languages for interpretation were Polish (25.81%), Tamil (10.35%), Sorani (9.42%), Bulgarian (9.19%) and Arabic (7.56%).	accessibility across our services so that patients experience the same kinds of service from different areas of the health board.	

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		Digital Listener A Digital Listener is a portable hearing amplification device that helps improve one-to-one communication for people with hearing loss, including those who do not use hearing aids. Digital Listener devices have been distributed to all the main outpatient departments in Powys Teaching Health Board, and staff have been trained in their use to support effective and inclusive communication. 		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		Making our Environment Dementia Friendly - Day Hospital Bronllys Hospital We have continued to make improvements in line with the Dementia Friendly Hospital Charter, strengthening our commitment to creating safe, supportive and inclusive environments for people living with dementia. As part of this ongoing work, we have made enhancements to the Day Hospital corridor at Bronllys Hospital, improving the physical environment to help people see, hear and communicate better.		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		Outdoor Space at Bronllys Hospital Bronllys Hospital has partnered with local horticultural charity Flora Cultura to provide gardening, outdoor activities, and skills development opportunities that support people with mental health conditions, learning disabilities, and neurological conditions. These services are also available for use by our staff. The site has now been awarded a Green Flag award which is an internationally recognised quality standard for parks and green spaces.		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
4. In accordance with the <i>Better Together</i> Model / Workforce Futures, ensure that Powys Teaching Healthboard is an employer of choice for individuals with diverse needs.	Primary Disability Age Race Sexual Orientation	Disability Confident Employer Level 2 We were awarded Level 2 Disability Confident status, recognising us as a Disability Confident Employer committed to removing barriers for disabled people in recruitment, retention and career development. Achieving Level 2 required us to evidence practical actions across attracting, supporting and developing staff, including providing workplace adjustments, strengthening disability awareness and supporting an inclusive workplace.	Workforce Futures: Participation in workplace accreditation schemes may draw new applicants and improve retention of existing staff. Transforming in Partnership: Providing staff with the opportunity to contribute to workstreams which concern them increases investment and retention.	• Anti-Racist Action Plan • More than Just Words • LGBTQ+ Action Plan • Disabled People's Rights Plan • Accessible Communication and Information Standards in Healthcare

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		This achievement reflects our ongoing commitment to creating more opportunities for people with disabilities & those with long-term health conditions and to building a diverse, supportive workforce that enhances the quality of care we provide. Staff Networks We have continued to promote and support our staff networks, recognising the vital role they play in creating an inclusive, supportive and representative workplace. We encourage colleagues to join and participate in these networks as safe spaces for connection and support. Our current Staff Networks include:		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		LGBTQIA+ Black, Asian & Minority Ethnic Staff Group Neurodiversity Network Welsh & Learning Welsh Networks Menopause Safe Space Unpaid Working Carers Network All Wales BSL and Hard of Hearing Staff Network Mindfulness, ACT and Compassion (MAC) Approach The MAC Wellbeing service promoted to staff, offer group sessions, individual Time4Me appointments, and practical tools that build awareness, acceptance and		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		self-kindness. The service also provides weekly community events that strengthen connection and support. These approaches are shown to reduce stress and low mood while boosting resilience, wellbeing, creativity and performance across the workplace.		
5. Improve the health board's ability to accommodate the religious needs of its staff and patients.	Primary Religion & Belief Race & Ethnicity	Sharepoint page We have developed a dedicated staff page offering Spiritual, Religious and Cultural Support to ensure colleagues can access guidance that 	Workforce Futures: Providing staff with the opportunity to contribute to workstreams which concern them increases investment and retention. Focus on Wellbeing:	• Dignified Care • Individual Care • Staff & Resources • Anti-Racist Action Plan

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		reflects the diverse needs of the people we care for. The page brings together practical resources, including spiritual care plans and information on culturally significant practices like the safe and appropriate use of henna. This new space not only helps staff better understand and meet individual service users needs, but also supports inclusive and culturally sensitive care across the health board. Over the coming year, we plan to expand this resource further by adding additional guidance and tools. Multi Faith / Reflection Room	Respecting the spiritual needs of our staff and patients.	

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		Claerwen Ward at Llandrindod War Memorial Hospital now have dedicated Multi Faith facilities to support the spiritual, religious, and reflective needs of staff. The room is suitable for: • Silent reflection • Mindfulness or meditation • Private prayer • Emotional decompression during challenging shifts Planning and consultation work is continuing to refurbish the Chapel at Bronllys Hospital with a review to providing a similar space.		
6. We will develop an organisational culture that is inclusive and supportive of	Primary Race & Ethnicity	Hate Crime Charter We signed up to the Hate Crime Charter this year, helping to ensure that everyone	Workforce Futures: Ensuring PTHB is an employer of choice for staff locally and beyond.	• Staff & Resources • Disabled People's Rights Plan

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
all our staff, and has a zero-tolerance approach to the harassment of staff by patients or others, including sexual harassment.	Sexual Orientation Gender Reassignment Age Sex Disability	is treated with dignity, offered clear information and supported. Working with the Wales Hate Support Centre, which provides specialist support and training across Wales we began delivering hate crime awareness training to staff this year, with further sessions planned for the next financial year. We also plan to continue working with the Wales Hate Support Centre and organise visits to PTHB sites to share resources, meet staff and to build confidence and awareness across our workforce. Pride 2025 In July 2025, we invited staff, along with their friends and family to join us at the Brecon Pride Parade to visibly demonstrate our commitment to inclusion and support		Anti-Racist Action Plan

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		for our LGBTQIA+ colleagues, service users and communities. Being present at Pride strengthened our message that everyone is welcome and that creating an open, safe and supportive environment is central to who we are as a health board. Black History Month 2025 We supported Digital Health and Care Wales' Black History Month 2025 programme, <i>Standing Firm in Power and Pride</i>, which featured a series of powerful sessions throughout October. These included a discussion on the cultural significance of hair and appearance, a session on taking charge of your health, an exploration of inclusive leadership, reflections on career experiences and		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		resilience. Together, these events aimed to educate, empower and strengthen an inclusive culture across the whole workforce. Equality for Managers This Equality training is embedded in the PTHB Managers Training Programme. This means that all managers receive an advanced session focused on identifying workplace discrimination, providing Reasonable Adjustments for disabled staff and more. In 2025-2026, 20 new members of staff completed this training.		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		Cognitive and Unconscious Bias Training This session explores how our automatic thinking patterns can influence everyday decision making and gives staff practical tools and techniques to recognise and reduce bias in real workplace situations. After a successful launch in 2024–2025, this training session has continued to develop in 2025–2026 with a further 45 members of staff completing the training and giving very positive feedback. “Brilliant session. Very interactive, kept us all engaged throughout.” Age Friendly Employer During this financial year we continued to work on our pledge as an Age Friendly		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		Employer. We shared information and events on things like flexible working, age related grants and planning for retirement. We continue to improve our processes to better support an age diverse workforce. NHS Wales Anti Sexual Harassment Policy We implemented the NHS Wales Anti Sexual Harassment Policy in 2025, which applies to all employees, officers, consultants, self employed contractors, casual workers including bank staff and locums, agency workers, apprentices, volunteers and interns, ensuring a safe, respectful, and inclusive working environment for everyone		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
7. Ensure that our feedback mechanisms collect the views of staff and patients of all groups.	All PCs.	Leavers Questionnaire Staff departing PTHB are now asked a range of questions on their experience, allowing us to collect learning and feedback. These can be analysed by Protected Characteristic. Reverse Mentoring Programme 2025-2026 The PTHB Reverse Mentoring Programme continued this year offering staff the opportunity to mentor a more senior colleague, allowing for meaningful insight-sharing that helps senior leaders better understand staff experiences, workplace challenges and the impact of organisational change.	Transforming in Partnership: Providing our service users and staff with the opportunity to impact on the direction of the health board on a micro and macro-level. Digital First: Using digital technologies to capture feedback from a range of stakeholders.	• Individual Care & Staff Resources • Disabled People's Rights Plan • Anti-Racist Action Plan

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		People's Experience Framework The refreshed NHS Wales People Experience Framework (April 2025) includes a self-assessment maturity matrix to help organisations assess their current position and identify opportunities for ambitious improvement in people's experience.		
8. Carry out the actions identified in the local PTHB Anti-Racist Action Plan.		(See dedicated section below)	Workforce Futures: Ensuring PTHB is an employer of choice for staff locally and beyond. Focus on Wellbeing: Addresses health inequalities within these groups.	• Staff Resources & • Individual Care • Anti-Racist Action Plan
9. Implement our Welsh in	Welsh Language / All PCs.	Welsh in Healthcare Strategy	Digital First: Utilising digital technologies to	• Staff Resources &

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
Healthcare Strategy		Work to deliver the strategy this year has included the following key areas: • Rollout of a Welsh in Healthcare training aimed at all staff • Continued promotion of our Welsh for Managers training • Working closely with Dysgu Cymraeg to offer training at all levels to staff with a great uptake. • Promotion of events, opportunities and resources. • Focus on National celebrations like Dydd Miwsig Cymru, Dydd Gwyl Dewi, Wythnos Defnyddia dy Gymraeg and more. • Continued promotion of our Welsh Language Requirements Assessment tool for vacancies. For full details on our activity in this area during 2025-26, see the Welsh Language Annual Report 2025-26 on the Welsh	provide services bilingually. Workforce Futures Developing the bilingual skills of our current and future workforce.	• Individual Care • Dignified Care

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		Language pages of our website, which also hosts the Welsh in Healthcare Strategy.		
10. Gender Pay Gap Continue to monitor the relative pay gap in PTHB and identify any issues arising.	Primary Sex Pregnancy & Maternity	See report section 4	Workforce Futures: Ensuring PTHB is an employer of choice for staff locally and beyond.	Staff & Resources
11. Ethnicity Pay Identify and mitigate or address any underlying issues contributing to unequal pay outcomes for staff from	Primary Race & Ethnicity Supplementary Religion & Belief	See report section 5.	Workforce Futures: Ensuring PTHB is an employer of choice for staff locally and beyond.	Staff Resources &

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
different ethnic backgrounds.				

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Anti Racist Wales Action Plan

As part of the Anti-Racist Wales Action Plan, Powys Teaching Health Board maintains a local plan to capture and monitor how it will work locally towards the aim of an Anti-Racist Wales.

National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Directorate(s)	Date	BRAG
Leadership: The NHS in Wales will be anti-racist and will not accept any form of discrimination or inequality for employees or service users.				
Providing assurance that the appointed executive equality champions are working with Black, Asian and Minority Ethnic staff networks to co-develop the organisation’s annual anti-racism plans to correct inequities identified by workforce and patient data sources e.g. the Workforce Race Equality Standard	In social partnership, work to engage staff and staff side representatives in the development of the Health Board Anti-racism action plan - Minority ethnic staff networks on the development of the Health Board Anti-Racism action plan - Share through the Workforce Policy Review group (which includes staff side representatives in the development of the plan)	People & Culture Directorate: Equality Team	Q3 2024/25	Complete
	Ensure a review of the WRES recommendations is undertaken as part of the development of the actions within the Health Board anti-racism plan	People & Culture Directorate: Equality Team	Q2-Q3 2024/25	Complete

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Directorate(s)	Date	BRAG
	Promote awareness/membership of the PTHB Minoritised Ethnic staff network (and other staff networks) – Launch a promotional campaign with posters – Build into the induction programme	People & Culture Directorate: Equality Team	Q3-Q4 2024/25	Complete (ongoing)
	Explore opportunities to work with partner organizations to extend networks building on the work already undertaken in relation to the Neurodivergent Staff network	People & Culture Directorate: Equality Team	Q3-Q4 2024/25	Complete
Use existing legislative frameworks to require NHS organisations to develop anti-racism action plans, for both employment and service delivery as a specific part of their wider approach to equality, inclusion and diversity. Progress with plan implementation will be reported through the SEP and monitored through the IQPD and policy assurance mechanisms	In line with the Health Board strategic equality plan, a review of the local anti-racism action plan will be undertaken to ensure local progress and action is captured and monitored.	People & Culture Directorate: Equality Team	Q3-Q4 2024/25	Complete

National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Directorate(s)	Date	BRAG
	Plan will be monitored and reported on to both the board and Welsh government as part of the Equality Annual Reports, as per Welsh Government guidance.	People & Culture Directorate: Equality Team	Q4 2024/25	Complete
	Plan will also be integrated into the IMTP process. [Complete for 2023-2026 IMTP]	Planning & Performance: Performance People & Culture Directorate	Ongoing	Complete
	Ethnicity Pay Gap Reporting to be included in 2022-23 Annual Report and onwards.	People & Culture Directorate: Equality Team	Ongoing	Complete
All NHS Board members will demonstrate anti-racist leadership through their diversity and inclusion objective, to enable meaningful impact of their organisational anti-racism plan.	Support the delivery of the Board development programme during commissioned by Public Bodies Unit, Welsh Government.	Corporate	Awaiting commissioning by Welsh Government	On Track
	Board members to undertake Equality training session.	Corporate / People & Culture Directorate: Equality Team	Q4 2024/25 – Q1 2025/26	Off Track

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
	All board members will be sighted on the actions within the anti-racism action plan – Promote and share the plan across the organisation	Corporate Team / People & Culture Directorate: Equality Team	Q3 2024/25 – Q2 2025/26	On Track
	Sign up to the Hate Crime Charter to reinforce and publicise our organisational commitment to a zero tolerance approach.	People & Culture Directorate: Equality Team	Q4 2024/25	Complete
	New Action 2025: As part of the Hate Crime Charter, PTHB staff to undertake Hate Crime charter training and begin roll-out. <i>2026: We have held 2 sessions on Hate Crime and Online Hate; with 2 further sessions booked for Understanding Hate Crime and Antisocial Behaviour Hate Crime</i>	People & Culture Directorate: Equality Team	By Q4 2025-26	On Track
	New Action 2025: Promote awareness of the Hate Crime charter via posters & communications campaign.	People & Culture Directorate: Equality Team	By Q4 2025-26	On Track

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
	Establish Reverse Mentoring scheme and directly target this at staff networks including Black, Asian and Ethnic Minority Staff network.	People & Culture Directorate: Equality & OD Teams	Q3 2024/25	Complete
	We will build on opportunities to ensure that minority ethnic staff have direct access to our board that enables them to share their personal stories and supports organisational learning from their experiences – Invite Black, Asian & Minority Ethnic staff to produce staff stories and present at least one to Board during 2024-25.	Corporate Team/ People & Culture Directorate: Equality Team Minority Ethnic Network	Ongoing	Complete for 2024-25.

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
Local / WRES Actions:	Review internal governance framework through anti-racism, perspective to ensure integration with other decision-making forums.	Corporate Team/ People & Culture Directorate: Equality Team	2025/26	Off Track – delayed to 2026
	Review internal incident reporting policies to ensure that incidents of racism are effectively captured, monitored and easily reported (<i>with respect to staff and workforce</i>).	People & Culture Directorate: Equality Team / Nursing Directorate	2025/26	Complete
	New action 2026: Review internal incident reporting policies to ensure that incidents of racism are effectively captured, monitored and easily reported – with respect to Patient treatment.	People & Culture Directorate: Equality Team / Nursing Directorate	2026/27	Not commenced

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
Workforce: Staff will work in safe, inclusive environments, built on good anti-racist leadership and allyship, supported to reach their full potential, and ethnic minority staff and allies; both be empowered to identify and address racist practice.				
NHS Wales Boards, Trusts and Special Authorities and the Welsh Partnership Forum implement the recommendations from the independent NHS Wales Workforce Policy Audit (Diverse Cymru, 2023), working with Black, Asian and Minority Ethnic staff groups to support their effective application.	PTHB will incorporate the recommendations of the Diverse Cymru audit into local Workforce Policies, training programs (EIA Training) and elsewhere as required. This will include: – Establish a rolling programme of audit of existing policies against the diverse Cymru recommendations – Introduction of a policy checklist for newly developed and reviewed policies to ensure recommendations are actively considered as part of policy development and review	People & Culture Directorate: Equality and Business Partnering Teams Workforce Policy Review Group	Q2-3 2024/25	Complete

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
Higher Education Institutions (HEIs) and NHS Organisations will co-design anti-racist education programmes with Black, Asian and Minority Ethnic people. Set a requirement for all NHS Staff, NHS Volunteers and students to complete redesigned anti-racist education programmes	The health board will mandate the nationally developed training this will include: - Ensuring this is mandated and reflected in ESR and reporting mechanisms - Publication and communication of the requirement throughout the organisation - Ongoing monitoring of completion of the training	People & Culture Directorate	Q3-4 2024/25 Ongoing monitoring of compliance	Complete 86% as of October 2025.

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
Each NHS organisation will commit to their ongoing involvement in the Aspiring Board Members Programme, ensuring education, mentoring and support to participants who will be from a Black, Asian and Minority Ethnic background. Academi Wales, to work in partnership with NHS Wales and other appropriate organisations to develop and run an Aspiring Board Members Programme.	PTHB will commit to the Aspiring Board Members program, and provide any participants assigned to PTHB as part of the program with the full range of existing corporate development opportunities.	Corporate	Awaiting details of program from WG/HEIW.	Complete
Local / WRES Actions: – absence of ethnic minority board membership – progression of ethnic minority staff to senior grades – likelihood of ethnic minority staff being appointed after shortlisting	We will undertake a review of our progression and training policies to ensure they are anti-racist and inclusive. This will include: - Exploring in detail staff progression, including length of time in role.	People & Culture Directorate: Equality, OD & Business Partnering Teams	Q3 2024/25 - Q2 2025/26	Completed

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
	New Action 2025: PTHB should undertake a targeted study of its BME staff's views on their career using qualitative, in-depth interviews to best understand the experience and aspirations of our BME staff, and the challenges they face.	PTHB Equality Team	Begin planning Q4 2025-26 During 2026-27	On track
	New Action 2025: PTHB should take steps to record data in those areas where it currently has none (e.g. flexible working requests and their outcomes) and to improve existing data (e.g. reduce unknowns). Now being recorded.	PTHB Workforce Team	Q4 2025-26	Complete
	New Action 2025: Promote our internal training on cognitive and unconscious bias. <i>70 attendees on 7 sessions as of May 2026</i>	PTHB Equality Team	Q3-4 2025-26	On track
	Recruit to the international nurses' Pastoral Care Officer role, to ensure effective induction, support and onboarding of international nurses.	Community Services Directorate	Q2-3 2024/25	Complete

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
Leadership: The NHS in Wales will be anti-racist and will not accept any form of discrimination or inequality for employees or service users.				
Local / WRES Actions: - absence of ethnic minority board membership - progression of ethnic minority staff to senior grades - likelihood of ethnic minority staff being appointed after shortlisting	In light of the WRES recommendations relating to shortlisting data, the health board will undertake a review all aspects of recruitment policy and process to ensure they are anti-racist and inclusive. This will include; - Exploring in detail, shortlisting and recruitment data to develop an organisational understanding of the underlying causes - Based on the outcome of this review, we will explore opportunities to undertake positive action to support our recruitment approach - Explore how our outreach approach can be maximised to reach a diverse field of applicants, including for executive appointments to board.	People & Culture Directorate	Q3 2024/25 - Q2 2025/26	Complete

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
	Provide an ongoing program of events providing staff at all levels with opportunities to hear about the lived experience of individuals from Black, Asian and Minority Ethnic background to include for example, Equality Week, Refugee Week, Black History Month	People & Culture Directorate: Equality Team	Ongoing	On Track
Data & Evidence: Data in relation to race, ethnicity and intersectional disadvantage will be routinely collated, shared and used transparently, to level inequalities in health and access to health services, and provide assurance that the NHS Wales is an anti-racist and safe environment for staff and patients				
NHS Boards, Trusts, and Special Authorities will continue to: – improve workforce data quality; – facilitate and support data collection against the Workforce Race Equality Standard (WRES) indicators; – scrutinise WRES data to implement targeted anti-racist workforce actions captured within organisational anti-racist action plans, in	Request all staff to update their demographic information on ESR, aiming to achieve 90% completion (up from 86.6% in March 2023) by year end. – Achieved target with 90.2% by end of 2023-24 financial year. – Maintain completion above 90% in future. – 92.7% 2024-25 – 93.5% 2025-26	People & Culture Directorate: Equality Team Communications Team	Completed 2024 target. Maintain (ongoing)	On Track

National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
response to evidence base through targeted structural change				
Implement systemic monitoring of concerns of workforce discrimination and bullying raised by staff through the Joint Executive Team process	A quarterly review of employee relations activity will take place and any disproportionate effect relating to minority ethnic staff will be escalated to the Director of People & Culture and built into the Joint Executive Team process	People & Culture Directorate	2025/26	On Track
Local / WRES Actions: – poor levels of declaration of ethnicity, especially by senior staff	Directly contact senior managers (Bands 8C+) and board members who have not completed this data requesting that they do so.	Corporate / People & Culture Directorate: Equality Team	Q3 2024-25	Complete
	Explore opportunities to implement recording of requests for flexible working/retirement via ESR to enable analysis of ethnicity. Operational HR team to ensure data is being captured on ethnicity with regards to flexible working/retirement requests.	People & Culture Directorate: Business Partner Team / Workforce information	Q1-2 2025/26	On Track

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
Equitable Access: We will identify and break down barriers which prevent equitable access to healthcare services for Black, Asian and Minority Ethnic people.				
Support and oversee the implementation phase of the Maternity and Neonatal Safety Support Programme (2024-2027), with the aim of delivering local and national actions to support improvements in the experiences and outcomes of women, babies and their families from Black, Asian and Minority Ethnic communities	Ensure we improve our maternity ethnicity data to have an accurate picture of our maternity population.	Women & Childrens Directorate	Ongoing	On Track
	A review of our Powys general ONS data to have an increased understanding of ethnicity, language and religion within our community.	Women & Childrens Directorate	Ongoing	On Track
	Review of our social media, information and leaflets to ensure inclusivity.	Women & Childrens Directorate	Ongoing	On Track
	Language line app has been installed on staff's phones and laptops to ensure we provide visual interpretation services.	Women & Childrens Directorate	Ongoing	On Track
	Communication - Quarterly EDI Maternity Newsletter released with 'hot topic' areas to share good practice and EDI updates.	Women & Childrens Directorate	Ongoing	On Track

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	Education - Diverse Cymru are providing us with 2 face to face sessions on EDI this year to increase staff awareness.	Women & Childrens Directorate	Ongoing	On Track
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BRAG KEY	Complete	Delayed (Major Issues)	Delayed (Minor Issues)	On Track
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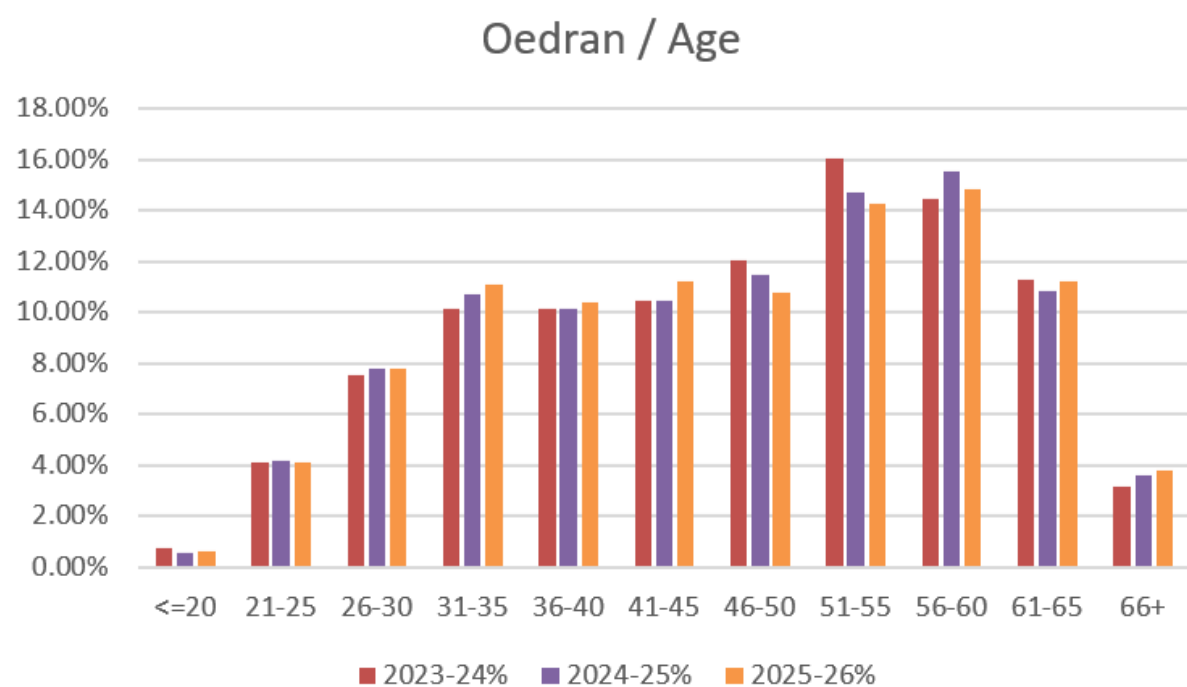
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Appendix 2: Summary of Workforce Demographics

Note: All the information in this section reflects the situation as of 31st March 2026.

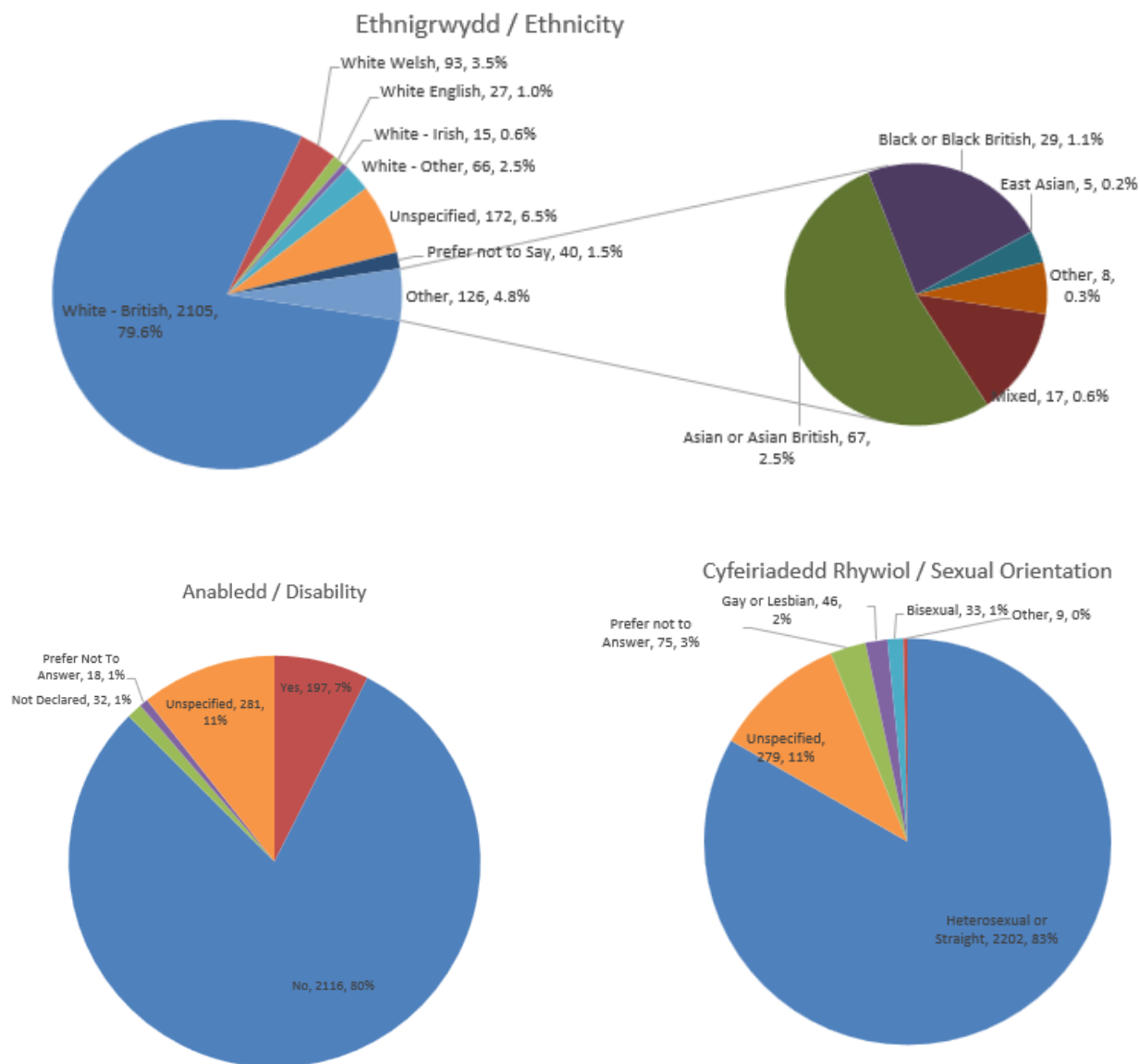
Powys Teaching Health Board employs 2,644 substantive individual members of staff, a slight increase from 2,605 in 2024, continuing a trend of gradual increase of over previous years. In this section, these staff are broken down by Relevant Protected Characteristics (see above for Sex/Gender).

Some small groups may be merged or hidden in the following graphs to preserve anonymity.

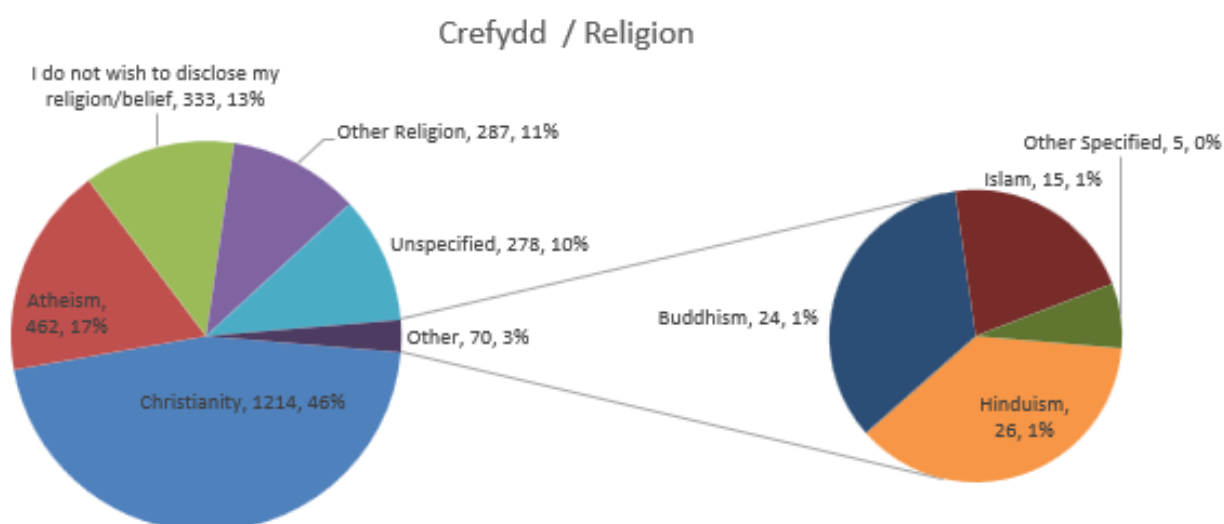


Whilst the proportion of staff in the very oldest categories has increased for the second year, the number of staff in some of the younger groups has increased, and the average age of a PTHB employee has fallen for the second year running.

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NB: In the above graphs, *Unspecified* means no information is held on that individual (they did not fill this element of the form); *Not declared* and *Prefer not to answer* are separate form options for disability.



In the above graph, *Unspecified* means that no information is held on that individual (they did not fill in that part of the form). *Other Religion* means that they chose to describe their religion as 'Other'. *Other (Specified)* means the individual chose a specific named religion from among the options, but too few individuals chose these religions, and to preserve anonymity these groups have been merged. The other specific options on the form are Jainism, Judaism and Sikhism.

Compared to last year, there has been a further decrease in the number and percentage of "unspecified" returns in all categories:

Category	2023-24		2024-25		2025-26	
Ethnic Origin	199	7.9%	185	7.1%	172	6.5%
Disability	413	16%	332	12.7%	281	10.6%
Sexual Orientation	362	14.5%	313	12.0%	279	10.6%
Religious Belief	366	14.5%	314	12.1%	278	10.5%

This is a continuing trend and likely due to continuing efforts to increase data completion rates undertaken as part of the Anti-Racist action plan. Although these efforts were targeted those whose ethnicity was unspecified, it is likely at least these individuals would have had other data missing also and would then have filled all missing data fields. The fact the rate is lowest for ethnicity may suggest some participants updated only this field, though may also suggest that people feel happier disclosing their ethnicity rather than the "hidden" attributes of disability, sexual orientation and religious belief.

There has been a noticeable increase in the number declaring their ethnicity to be other than white, from 96 in 2024-25 to 126 in 2025-26. This is likely to be partially a result of overseas recruitment but also an ongoing demographic trend.

Note on Data:

Powys Teaching Health Board uses the ESR system to collect and store this data, which does not hold data on Gender Reassignment or Pregnancy and Maternity. The data itself is also very likely influenced by the structure and limitations of the ESR system. For example, the ability to specify one's Ethnicity as 'White Welsh', "White English" and "White Scottish" is a comparatively recent addition; staff who have been in the organisation for a long time may not have been prompted with these options. This likely explains the significantly higher proportion identifying as 'White British' compared to the figures in other sources e.g., Census information. It is also possible that the order in which these options are presented may be a factor.



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Health Board

Agenda item: 3.11

BOARD		30 September 2026	
Subject:	Director of Corporate Governance Report		
Approved and presented by:	Helen Bushell, Director of Corporate Governance / Board Secretary		
Prepared by:	Director of Corporate Governance / Board Secretary Deputy Board Secretary		
Other Committees and meetings considered at:	N/A		
PURPOSE:			
The paper provides a series of updates to the Board linked to the governance of the Board and its Committees.			
RECOMMENDATION(S):			
The BOARD is asked to:			
• RECEIVE the Director of Corporate Governance report; • NOTE the update provided in relation to the Health Boards Petitions protocol.			
Approve/Take Assurance		Discuss	Note
Y		N	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	N	
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

Board Activity since the last routine meeting public meeting held on the 29 July 2026

In-Committee meetings of the Board

The Board aims to conduct as much of its business in public as possible. There are occasions where the Board will need to meet In-Committee (in private session) to discuss matters that are confidential at the time of meeting. The Board has approved an In-Committee meeting protocol to guide what type of business is considered In-Committee.

On the 29 July 2026, the Boards In-Committee agenda included:

- Primary Care procurement approvals
- Major incident and emergency response plans 2026/27
- Corporate business continuity plan 2026/27
- NHS Wales Emergency Planning, Resilience and Response Annual Report 2025/26
- Better Together Step Report
- Chief Executives briefing.

Additional Board meetings

One additional In-Public Board meeting has been held since the last meeting on the 29 July 2026. The Board met on the 16 September to consider the Better Together Pre Consultation Business Case. The minutes of the meeting are included within the Board papers for the 30 September 2026 Board meeting.

No additional In-Committee Board meetings have been held since the Board last met on the 29 July 2026.

Board Development Sessions

The Board holds informal Board Development sessions on a monthly basis. The focus of Board Development sessions centre around four key themes:

1. Developing the (Board) team
2. Developing the Organisation
3. Engaging with the Organisation
4. Engaging with Strategic Partners

The Board held Board Development sessions on the 13 August and 3 September 2026.

Petitions Protocol Update: Save Our Hospitals Petition

Representatives of the Welsh Liberal Democrats delivered a petition to the Health Board late morning on the 16 September 2026. We were advised that 7,930 signatures are reflected within the papers.

The Health Board welcomes the submission of the Save Our Hospital Beds petition as part of the ongoing conversation about the future of health and care services in Powys.

Two petitions directly relating to NHS services in Powys are currently open on the Senedd Petitions website:

- [A General Hospital for Powys - Petitions](#) (collecting signatures until 7 March 2027)
- [Halt any loss of beds, facilities and Community Hospital closures in Powys review of rural healthcare - Petitions](#) (collecting signatures until 22 March 2027)

We will keep the Board updated with any further information.

NEXT STEPS:

The Director of Corporate Governance will continue to provide a relevant report to the Board at each meeting.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT



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BOARD

UNCONFIRMED MINUTES OF THE MEETING HELD ON 29 JULY 2026 AT 09:30 HELD VIA MICROSOFT TEAMS

MEMBERS		
Carl Cooper	CC	Chair
Pete Hopgood	PH	Acting Chief Executive Officer
Ronnie Alexander	RA	Independent Member (General)
Rhiannon Beaumont-Wood	RBW	Vice Chair
Steve Elliot	SE	Independent Member (Finance)
Mick Giannasi	MG	Independent Member (General)
Paul Hooton	PHo	Executive Director of Nursing, Quality, Women and Family Health
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Rhobert Lewis	RL	Independent Member (General)
Elaine Lorton	EL	Executive Director of Primary Care, Community and Mental Health
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Cathie Poynton	CP	Independent Member (Trade Union)
Hywel Pullen	HP	Acting Executive Director of Finance
Ian Thomas	IT	Independent Member (General) - until 10:25
Chris Walsh	CW	Independent Member (Local Authority)
Debra Wood-Lawson	DWL	Executive Director People, Culture and Transformation
Simon Wright	SW	Independent Member (University)
IN ATTENDANCE		
Katie Blackburn	KB	Regional Director, Llais
Stuart Bourne	SB	Consultant in Public Health
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Lucie Cornish	LC	Director of Improvement and Transformation
Hayley Hughes	HH	Corporate Business Manager (Meeting Support)
Adrian Osborne	AO	Deputy Director Communication, Engagement and Corporate Governance
Liz Patterson	LP	Corporate Governance Manager (Meeting Support)
Tom Morris	TM	CAD and Property Systems Manager
Adam Pearce	AP	Service Improvement Manager Welsh Language and Equalities
APOLOGIES FOR ABSENCE:		
Mererid Bowley	MB	Executive Director of Public Health

Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
Hayley Thomas	HT	Chief Executive Officer
Kate Wright	KW	Acting Deputy Chief Executive / Executive Medical Director

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/26/032)

The Chair (CC) welcomed everyone to the meeting. Apologies for absence were received as recorded above.

CC informed members that the Chief Executive, Hayley Thomas, is currently on a period of sickness absence following a recent breast cancer diagnosis. Members extended their best wishes to Hayley for her treatment and recovery and looked forward to welcoming her back when she is able to return to work. The Chair recorded thanks to PH, who is undertaking the role of Acting Chief Executive Officer, KW as Acting Deputy Chief Executive Officer and HP as Acting Executive Director of Finance.

CC provided an overview of the role of the Board, the meeting agenda and explained that this was a meeting held in public rather than a public meeting and as such, Board Members, Health Board officers and those playing a formal role in the meeting would be participating.

1.2 DECLARATIONS OF INTEREST (PTHB/26/033)

No interests were declared in addition to those already declared within the published register.

1.3 BOARD ACTION LOG (PTHB/26/034)

HB presented the action log and advised that three actions remain open and are on track for completion, with updates provided in relation to the Board Work Programme, the Power of Discharge Committee and the People Experience Framework. HB noted that the Patient Experience Framework would be considered by the Patient Experience, Quality and Safety (PEQS) Committee prior to returning to Board in September. HB noted the recommended closure of the action relating to the Air Ambulance and EMRTS review (Recommendation Four).

Independent Members asked the following questions for assurance:

Can assurance be provided that the interim arrangements for reviewing Power of Discharge Committee decisions are sufficiently robust and appropriately sampled, given the vulnerabilities of the individuals affected? Is progress on the Patient Experience Framework being advanced at an acceptable pace given the number of updates reported to the Board?

EL provided assurance that governance arrangements for the Power of Discharge Committee had been resolved, interim support from hospital managers in other health boards was in place and further work on recruitment and decision sampling was progressing. RBW also confirmed that additional action was being taken to address outstanding challenges and provide support and reassurance to hospital managers.

PHo acknowledged that development and implementation of the People Experience Framework had taken longer than anticipated due to the need to establish the framework, governance arrangements and feedback mechanisms. PHo confirmed that the completed framework and associated policies would be presented to the PEQS Committee, with a recommendation to submit them to Board in September and close the associated action.

Members expressed reservations about closing the EMRTS action and it was suggested that consideration of its closure on the action log be deferred until after the Board had received and reviewed the Chief Executive's report.

The Board **REVIEWED** and **ACCEPTED** the action log.

1.4 PATIENT AND STAFF EXPERIENCE STORIES (PTHB/26/035)

STAFF EXPERIENCE STORY

DWL introduced the staff experience story, welcoming TM from the Estates team to share insights into his role, the contribution of the Estates service and his involvement in a staff wellbeing initiative developed through the Chat to Change staff voice group.

PATIENT EXPERIENCE STORY

The Board received a patient story highlighting the exceptional care provided at Newtown Hospital and the compassionate response to a family's wider needs during a challenging situation, as illustrated through the story of "Billy the Cat."

Independent Members asked the following questions for assurance:

How does the Health Board ensure that residents, visitors, and those with second homes in Powys are aware of available healthcare services and know where to seek help when they become unwell?

PH explained that information on accessing services is communicated through the Health Board's website, social media channels and wider public communications. PHo also noted that, regardless of communications, people will often seek help at the nearest hospital in an emergency and reassurance was provided that staff remain committed to supporting individuals and directing them to the most appropriate care.

CC thanked both TM and the patient for sharing their stories, noting its powerful impact and confirming that the experiences and lessons highlighted would help inform the Board's discussions and decision-making, both during the meeting and in the discharge of its wider responsibilities.

1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/26/036)

CC advised that no questions from the public had been received.

1.6 UPDATES FROM: (PTHB/26/037)

REPORT FROM THE CHAIR

CC presented the report and invited questions.

REPORT FROM THE VICE CHAIR

RBW presented the report and invited questions.

Independent Members asked the following questions for assurance:

Can assurance be given on the management of uncertainty surrounding Regional Integration Fund (RIF) funding and how partners are working together to safeguard services?

RBW advised that the Health Board, Powys County Council (PCC), third sector partners and service user representatives are working collaboratively through robust Regional Partnership Board arrangements to manage the planned end of current RIF funding. While future Welsh Government (WG) funding arrangements remain unclear, ongoing evaluation of funded initiatives and joint planning processes are in place to support continuity of services and mitigate risk.

REPORT FROM THE ACTING CHIEF EXECUTIVE

PH presented the report and drew attention to the following areas:

- Recorded appreciation and recognition of staff for their response to the recent period of extreme heat, noting the commitment and resilience and highlighted the importance of strengthening climate resilience and preparedness.
- Noted the introduction of a new staff recognition framework aimed at improving staff wellbeing, recognising contributions and supporting a positive organisational culture.
- Provided an update on the Rural Response Model, including plans for an eight-week engagement programme during summer/autumn 2026, led by the Joint Commissioning Committee (JCC) and supported through existing Health Board and Welsh Ambulance Services engagement mechanisms. It was noted that engagement activity will include bilingual briefing materials and an online questionnaire, with feedback used to inform the development of a Rural Ambulance Improvement Proposal.

10:25 IT left

Independent Members asked the following questions for assurance:

Given that the JCC has agreed that work on the Rural Response Model should continue at pace, what assurance can be provided that meaningful progress is being made and that the proposal will not face further unnecessary delays?

NJ noted the ongoing development of the Rural Response Model and agreed that the matter should remain under close Board scrutiny. Assurance was provided that Powys continues to play an active and influential role within the JCC, consistently representing the views of its population and advocating for improvements to ambulance response times, which remain the poorest in Wales. It was noted that the emerging process is considered more likely to deliver a solution better suited to the needs of Powys communities than the original proposal.

Is the proposed engagement approach, particularly the use of an online questionnaire, sufficient to reach all relevant stakeholders and capture a comprehensive range of views to inform the development of the Rural Ambulance Improvement Proposal?

NJ advised that further discussions were planned on the engagement methodology and that Powys would have an opportunity to shape the process. While an online questionnaire formed part of the initial proposal, additional engagement activity was expected to be considered.

If the associated Board action is closed, what monitoring and reporting arrangements will remain in place to ensure continued oversight of progress and assurance that the interests of Powys communities are being actively represented?
CC and HB recognised the need to maintain oversight of the issue but questioned whether the action log remained the most appropriate mechanism for doing so. Members noted that regular updates are already provided through the Chief Executive's report and JCC highlight reports, with a further opportunity for discussion planned at the Board Development Session with JCC representatives.

It was agreed that CC and HB would consider the most appropriate governance route for maintaining Board oversight, including whether the matter should be managed as an escalated issue rather than through the action log and would report back the agreed approach.

ACTION: Chair; Director of Corporate Governance.

What were the outcomes of the seasonal respiratory vaccination programme for RSV, COVID-19 and influenza and what assurance can be provided regarding the effectiveness of the HPV vaccination catch-up programme in improving uptake and reducing the risk of cervical cancer?

SB reported strong performance across vaccination programmes, with Powys achieving the highest COVID-19 spring booster uptake in Wales (54%) and above-average RSV vaccination rates (55%), although both remained below target levels. Encouraging early progress was also noted in the meningitis B catch-up campaign, where Powys currently has the highest uptake in Wales. Assurance was provided that school nursing teams continue targeted HPV vaccination catch-up activity to improve coverage and support cervical cancer prevention.

What is the rationale for using a single key question as part of the engagement process for the Rural Response Model, and how will the Health Board be assured that this approach is sufficient to capture the views of communities and stakeholders?

PH explained that the engagement approach is being led by the JCC, with involvement from affected health boards, including Powys, in shaping the methodology. While the current proposal includes a single-question questionnaire, further discussions on the engagement process are planned and additional information will be provided as the approach develops.

What assurance can be provided that individuals receiving the first dose of the meningitis B vaccine will be supported to complete their second dose, and is the current uptake level in line with expectations for this stage of the programme?

SB confirmed that second meningitis B vaccination appointments are arranged automatically by the Health Board. While the programme is still in its early stages, uptake to date is encouraging and will continue to be monitored closely across both eligible cohorts throughout the summer.

The Board **RECEIVED** and **NOTED** the Reports of the Chair and Chief Executive.

1.7 ASSURANCE REPORTS OF THE BOARD'S COMMITTEES (PTHB/26/038)

The following Chair's Assurance Reports were received:

Audit Risk and Assurance Committee (ARAC)

SE presented the item which provided an overview of matters considered by the Committee on the 12 May and 23 June 2026.

Charitable Funds Committee (CFC)

HB introduced the item which provided an overview of matters considered by the Committee on the 08 June 2026.

Finance and Performance Committee (F&P)

RA presented the item which provided an overview of matters considered by the Committee on the 14 May and 25 June 2026 and noted one escalated matter arising from its meeting relating to the Health Board's escalation status, which remains under active consideration by the Committee.

People and Culture Committee (P&C)

JOA presented the item which provided an overview of matters considered by the Committee on the 11 June 2026 and advised that the Committee received an overview of the NHS Wales Financial Grip and Control Assessment Tool and was assured that robust governance and targeted controls are in place across key financial and workforce risk areas. Performance against the tool will continue to be monitored through regular reporting.

Planning, Partnerships and Population Health Committee (PPPH)

RL presented the item which provided an overview of matters considered by the Committee on the 18 May 2026 and recognised the value of preventative healthcare, highlighting the Healthy Child Wales Programme as a positive example of how targeted early intervention can improve outcomes and support wider investment in prevention-focused approaches.

Executive Committee (EC)

PH presented the item which provided an overview of matters considered by the Committee between 06 May to 08 July 2026.

Independent Members asked the following questions for assurance:

Could the reporting on the Financial Recovery Board be enhanced to provide greater visibility of progress against savings plans, including changes in forecast delivery, confidence levels and mitigating actions and would more detailed scrutiny of this information be appropriate through the F&P Committee?

PH acknowledged that the Financial Recovery Board reports provide important oversight of recovery activity. Members were advised that the request for additional detail would be considered alongside the finance reporting arrangements to ensure the information meets the needs of both the Board and the F&P Committee, with further consideration to be given under the relevant finance agenda item.

HB provided an update on the three matters currently escalated to Board:

- Neurodiversity Services remain subject to Level 3 local escalation and continue to be monitored through the PEQS Committee, with a further update to be presented to Board in September.
- The Health Board's NHS Wales escalation status remains a standing item for F&P Committee and other committees and will continue to be reported routinely.

- Work is ongoing with WG and Digital Health and Care Wales colleagues to address cross-border functionality issues within the NHS Wales App, although no substantive update was available at this time.

CC highlighted the risk that the cross-border functionality issue within the NHS Wales App could remain on the Board's escalation report for an extended period despite being largely outside the Health Board's direct control. It was agreed that consideration should be given to the most appropriate way of maintaining oversight of the matter and that arrangements for reporting escalated issues would be reviewed further through the Chairs' Forum in September.

Action: Director of Corporate Governance

The Board **RECEIVED** the summary assurance reports taking **ASSURANCE** that Board Committees are fulfilling their roles and reporting accordingly to the Board.

1.8 REPORT OF THE REGIONAL DIRECTOR OF LLAIS (PTHB/26/039)

KB presented the Llais report to the Board and drew attention to:

- Concern regarding the proposed Rural Response Model engagement process, highlighting that a single-question approach may not provide a sufficiently meaningful understanding of the needs and views of rural communities.
- There are currently no outstanding Community Health Council representations, with appreciation expressed for the collaborative work undertaken to improve the quality and timeliness of responses.
- Recent and planned engagement activity, including community engagement events in Ystradgynlais, forthcoming public engagement opportunities and participation in Better Together and Joint Commissioning Committee engagement events.
- There are ongoing updates to the CHC website and engagement programme, with Board members invited to attend future engagement events where appropriate.

The Board **RECEIVED** the report from Llais.

KB highlighted a number of areas of focus on Board items from a Llais perspective:

- In relation to the Better Together programme, KB emphasised the importance of ensuring that the consultation process is transparent, accessible and inclusive, with clear explanations of how the proposed options have been developed and how public feedback will influence final decisions. Assurance was also sought that seldom-heard groups and those facing barriers to participation would be fully involved throughout the consultation process.
- Noted Llais' continued emphasis on the importance of travel, rurality and cross-border care considerations in service planning. Concerns were also reiterated regarding delays in neurodevelopmental services, with a request that improving access to services and reducing waiting times remain a priority.

Acknowledged the Health Board's financial challenges and sought assurance that patient experience, quality of care and equitable access to services would remain central to transformation and financial recovery plans.

Patterson, J
29/09/2026 08:51:05

NJ thanked Llais for its ongoing engagement and contribution to the Health Board’s planning and transformation work, noting that patient and community feedback has directly informed the Annual Plan and Better Together programme. Travel, rurality and access to services remain key concerns consistently raised by Powys residents and are routinely considered in service planning and redesign. Initiatives such as the development of a standardised referral optimisation process are helping to improve patient access to care while reducing unnecessary travel. Early evidence, particularly within musculoskeletal services, demonstrates positive patient feedback and supports the Health Board’s wider ambition to deliver care closer to home wherever possible.

2. CONSENT AGENDA BUSINESS

There were no requests to consider any items from the Consent Agenda.

3. ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE

3.1 BETTER TOGETHER: ASSURANCE REPORT AND CONSULTATION PLAN (PTHB/26/040)

DWL, together with EL, CM and AO introduced both of the reports to the Board, and the following key items were brought to the Board’s attention:

- Better Together Phase One continues to focus on adult physical health, mental health and community services, with no decisions yet made regarding the future configuration of services.
- The programme is driven by the need to deliver safe, sustainable, high-quality services, with greater emphasis on prevention, care closer to home, community support and integration across health, social care and the third sector.
- Extensive engagement, evidence gathering, clinical advice, pathway testing and option appraisal have informed the emerging models of care and development of the pre-consultation business case.
- Key drivers for change include an ageing population, increasing levels of frailty and long-term conditions, workforce challenges, rurality and the need to ensure long-term service sustainability.
- Engagement feedback demonstrated support for stronger primary and community care, greater integration, prevention and early intervention, while highlighting the importance of equitable access, transport considerations and digital inclusion.
- Evidence presented highlighted the impact of prolonged hospital stays on patient outcomes and identified opportunities to strengthen community-based alternatives, rehabilitation, discharge support and care at home.
- Existing developments were noted, including the Single Point of Access, NHS 111 Press 2, virtual wards, crisis response services, reablement services and increasing integration between health, social care and third sector partners.
- The emerging model of care proposes a more integrated physical and mental health system, focused on prevention, rapid community response, rehabilitation, recovery, urgent care and multidisciplinary support.
- The proposed approach aims to improve patient experience through more coordinated care, reducing fragmentation and supporting independence through a ‘one person, one plan, one pathway’ model.

A Pre-Consultation Business Case will be presented in September 2026. Subject to approval, formal consultation is proposed to run from 21 September to 13 December 2026, with a post-consultation business case scheduled for consideration in Spring 2027.

Patterson
29/09/2026 11:05

Independent Members asked the following questions for assurance:

How will the Better Together proposals ensure clarity around service changes and address dependencies such as Primary Care capacity?

LC emphasised that clear and unambiguous information will be required on the scope, impact and deliverability of any proposed service changes, particularly in relation to urgent care provision, and that this detail will be set out within the Pre-Consultation Business Case and consultation materials. EL provided assurance that the programme is being aligned with national community care developments and that strengthening Primary Care and General Medical Services (GMS) remains a critical component of the emerging model. It was noted that, while some aspects of Primary Care development are influenced nationally, Better Together aims to build a stronger community-based model that supports GP practices and helps meet the needs of an ageing population.

How will the consultation ensure that proposed changes are clearly understood by the public, reflect the impact on local communities and manage requests for additional engagement activity in a fair and consistent way?

AO provided assurance that consultation materials will include a range of patient personas and case studies, alongside locality-level impact assessments across Powys' 13 localities, to help communities understand the potential implications of proposed changes. Engagement activity will be guided by principles of fairness and inclusivity, with a midpoint review used to identify under-represented groups and target any additional engagement where it is most needed.

How will the consultation demonstrate that communities can genuinely influence future decisions and how will the proposed changes be brought to life in a meaningful and accessible way for the public?

DWL highlighted the importance of engaging directly with communities and staff throughout the process, tackling misinformation and ensuring consultation materials are presented in clear, accessible language supported by visual examples and patient personas to bring proposals to life. AO emphasised that the consultation represents a genuine opportunity to test and challenge emerging options, while recognising that significant evidence, engagement and technical work has already informed the proposals. It was noted that a range of accessible materials and detailed supporting information will be available to enable public scrutiny and build confidence in the process and eventual decision-making.

How will Primary Care, particularly GMS, be engaged in the Better Together programme and consultation process?

LC advised that Primary Care and GMS colleagues have been engaged throughout the programme through workshops, deliberative events, collaborative meetings and practice-level discussions. It was noted that further engagement sessions are planned to ensure Primary Care continues to shape the emerging models and consultation process.

How are cumulative impacts with local authority transformation programmes being considered, and how is prevention being reflected within the programme?

LC confirmed that ongoing engagement with PCC and wider partners is helping to align planning and identify shared priorities, with no significant conflicts currently identified. LC acknowledged the importance of distinguishing between primary and secondary prevention and advised that the Board-approved Population Health

Framework will provide the broader context for the prevention approach within Better Together.

How will the consultation ensure that all relevant voices are heard, avoid confusion where other consultations are taking place and provide sufficient opportunity to consider and respond to new ideas or proposals that emerge during the consultation process?

AO advised that the consultation will proactively target groups whose voices are often less heard, including carers, young carers, children and young people, while clearly explaining the potential impacts of proposals across all affected services. The consultation process is designed to rigorously test existing proposals, identify any new options or considerations and ensure all feedback is independently analysed and conscientiously considered before recommendations are brought back to the Board. It is important to managing any overlap with other consultations to minimise confusion and maintain focus on the significant challenges facing health services in Powys.

CP highlighted strong staff support for Better Together, noting that staff have actively shaped the programme through extensive engagement and generally view change as necessary to improve patient care and working practices. DWL reinforced the importance of ongoing engagement with staff and staff-side representatives, recognising their continued support for change and the value of their input as the programme progresses.

The Board:

- **NOTED** the updated position.
- Took **ASSURANCE** of the progress towards presenting the options for Phase 1 of Better Together.
- **NOTED** the timeline for presentation of the Pre-Consultation Business Case to Board in September 2026.

The Board:

- **APPROVED** the Consultation Plan (recognising the pre-consultation business case will be considered by the Board in September).
- **NOTED** that review and assurance of the Consultation Plan continues to be undertaken by HICO.

3.2 FINANCIAL PERFORMANCE REPORT 2026/27 - MONTH 03 (PTHB/26/041)

HP presented the report to the Board, and the following key items were brought to the Board's attention:

- The Month 03 Finance Report highlighted a year-to-date revenue overspend of £1.8m against plan (£13.0m actual deficit compared to a planned deficit of £12.2m). The position remained unchanged from Month 02, with a breakeven position achieved during June.
- A capital allocation of £9.5m has been received from WG for 2026/27, with plans in place to fully utilise the allocation by year-end.

Public sector prompt payment performance remains below the 95% target for non-NHS suppliers. Improvement work is underway, particularly in relation to continuing healthcare and agency supplier payments.

- Savings schemes valued at £21.3m are now assessed as amber or green, representing a £5.0m improvement since Month 2 and increased confidence in delivery.
- Recurrent savings identified to date total £12.1m against a target of £23.0m, highlighting a significant challenge in achieving long-term financial sustainability.
- The Financial Recovery Board (FRB) will continue to focus on increasing the delivery of recurrent savings and developing plans to support Years 2 and 3 of the Route Map to Sustainability.

Independent Members asked the following questions for assurance:

What actions are being taken to address the £1.8m operational deficit, increase the recurrent value of savings and manage external risks that could impact delivery of the financial plan?

HP advised that recovery actions will focus on strengthened performance management, with budget holders held accountable for overspends and required to deliver remedial actions. While progress has been made in identifying savings, achieving the £23m recurrent target remains challenging. The FRB continues to focus on key cost pressures, including commissioning, provider services, agency spend and Continuing Healthcare, while recognising ongoing external risks such as delayed discharges and wider economic pressures.

How have the recommendations from the Grant Thornton review been incorporated into the Health Board's savings plans, when will this work be fully realised and what is the current financial position in relation to the JCC?

NJ advised that the 2026/27 savings plan reflects learning from the Better Together programme and Grant Thornton review, with workstreams aligned to avoid double-counting and opportunities incorporated across key operational areas. While further development of commissioning and operating models will continue beyond 2026/27, current plans maximise the recommendations identified. HP and NJ confirmed that the JCC is forecasting delivery within its financial plan, with potential savings opportunities under review and a clearer position expected in September.

Does the Finance Directorate have sufficient capacity to support delivery of the financial plan and are there any risks to utilising the full capital allocation this year?

HP advised that delivery of the financial plan is a collective executive responsibility and that recruitment is underway to provide additional senior capacity within the Finance Directorate while the Director of Finance post is being covered on an acting basis. It was noted that the FRB remains the key mechanism for maintaining organisational focus on savings delivery. In relation to capital, HP reported confidence that the full £9.5m allocation will be spent, with some major schemes progressing earlier in the year than anticipated and no significant risks to delivery currently identified.

What assurance can be given that the Health Board can deliver its financial plan this year, and what indicators will demonstrate whether additional action is required?

HP highlighted the Health Board's strong track record of delivering its financial plans, noting that last year's position was significantly affected by unexpected cost

increases within the English healthcare system. It was advised that confidence is supported by strengthened financial oversight arrangements, including the establishment of the FRB, which provides enhanced executive focus on delivering savings and controlling expenditure. Key indicators being monitored include CHC activity, vacancy levels and medical locum expenditure, alongside delivery of the savings programme. While the Health Board is currently £1.8m behind profile, this variance arose early in the year and is expected to reduce over the coming months, with a detailed assessment of progress planned during the autumn.

The Board:

- **RECEIVED** the financial report and took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.
- **CONSIDERED** and **DISCUSSED** the financial forecast and the underlying deficit for 2026/27 of £44.652m.

3.3 INTEGRATED QUALITY AND PERFORMANCE REPORT 2026/27 MONTH 02 (PTHB/26/042)

NJ presented the report to the Board, and the following key items were brought to the Board's attention:

- Infection Prevention and Control: Continued good progress, with improvement priorities remaining unchanged from previous reports.
- Access and Outcomes: Positive progress against mental health measures, Minor Injury Unit standards and 104-week provider waiting time targets. Concerns remain regarding deteriorating diagnostic performance against the eight-week standard and long waits at Robert Jones and Agnes Hunt Hospital (RJAH)
- Waiting Times: Cases have been submitted to WG seeking support for diagnostics pressures and long waits, with a further emerging concern identified regarding waiting times at Wye Valley NHS Trust (WVT).
- Cancer and Urgent Care: Cancer performance remains variable across providers. Rurality continues to impact ambulance response times and urgent and emergency care performance for the Powys population.
- Neurodevelopmental Services: The Health Board continues to maintain its ambition that no child should wait more than 104 weeks, supported by ongoing investment and service transformation work, with new national standards expected later in the year.
- Population Health and Prevention: Performance remains positive across many indicators, although diabetes targets and dental access continue to be challenging areas.
- People and Culture: Compliance with agency spend targets was noted. However, staff sickness levels and PADR compliance remain areas requiring improvement.
- Productivity and Efficiency: Productivity and efficiency remain key priorities for both the Health Board and WG, with further development work ongoing to support delivery of the sustainable plan.

Independent Members asked the following questions for assurance:

What action is the Health Board taking to address poor ambulance response times in Powys and what assurance can be provided that concerns are being acted upon?

NJ advised that concerns regarding ambulance response times continue to be raised through all relevant JCC forums, including the JCC itself, the F&P Committee, the Commissioning Collaborative Leadership Group and the

Ambulance Commissioning Assurance Group. The issue is also being considered through development of the Rural Response Model and wider reviews of ambulance performance measures. While the concerns are recognised and understood by partner organisations, Members sought greater assurance that tangible improvements would result. NJ acknowledged this concern and confirmed that further discussions would take place with executive and clinical colleagues ahead of a planned discussion at the F&P Committee in September to consider whether the Health Board should formalise its concerns further. It was also noted that the JCC will attend a Board Development Session in October, providing a direct opportunity for the Board to raise these concerns and seek further assurance.

When can improvement be expected in complaints, patient experience and incident reporting performance?

PHo acknowledged that further improvement is still required, particularly in relation to complaints performance and the closure of historic cases, although the backlog has been significantly reduced. PHo noted that performance against the Listening to People standards has been positive since April, while a new People Experience Framework and supporting governance arrangements are due to be fully embedded by 01 September. Improvements have also been seen in response rates through the CIVICA system and patient experience measures are showing month-on-month progress. While performance remains below the Welsh average in some areas, the overall trajectory is positive, and further assurance will be provided through the PEQS Committee.

What assurance can be provided regarding improvements in patient experience, bowel screening performance, PADR compliance and paediatric audiology waiting times?

PHo acknowledged that patient experience remains an area of concern, with Powys currently ranked ninth in Wales, although improvement work is ongoing and performance is expected to improve as more recent data becomes available. EL advised that bowel screening colonoscopy performance continues to be constrained by clinical capacity, but actions are underway, including mutual aid arrangements, participation in the All-Wales review and work with Aneurin Bevan UHB on a potential joint consultant appointment to increase capacity. DWL reported that PADR compliance has fallen to 79%, below the expected standard, but this is not considered a long-term trend, and targeted work is underway to restore previous performance levels. CM provided assurance that paediatric audiology delays relate only to routine assessments within a small and fragile service, with plans in place to recover the backlog and no complex patients waiting on the list. Members emphasised the importance of continued focus on these areas, particularly given the potential impact on patient outcomes and organisational assurance.

The Board:

- **DISCUSSED** the content of this report; and
- Took **ASSURANCE** that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

3.4 EQUALITY, DIVERSITY AND INCLUSION ANNUAL REPORT 2025/26 (PTHB/26/043)

CC advised that this item was **DEFERRED** from today's Board meeting.

3.5 WELSH LANGUAGE ANNUAL REPORT 2025/26 (PTHB/26/044)

DWL presented the report to the Board, and the following key items were brought to the Board's attention:

- The progress made during the year to comply with statutory Welsh language requirements and improve Welsh language services was outlined.
- Telephony infrastructure upgrades have enabled callers to be routed to Welsh-speaking call handlers during working hours, improving access to services in Welsh.
- The introduction of AI-enhanced translation software has increased the capacity and efficiency of the Health Board's in-house translation service.
- Record attendance was achieved at non-mandatory Welsh language training and development sessions for the third consecutive year.
- Subject to approval, the report will be translated and published on the Health Board website in line with Welsh Language Standards requirements.

JOA welcomed the progress made, noting improving compliance with Welsh language standards. It was emphasised that the next phase is to move beyond compliance and embed Welsh language provision and use within the organisation's culture, recognising this as a longer-term objective that will inform future planning

Independent Members asked the following questions for assurance:

What progress has been made towards supporting Welsh language clinical consultations and what can be expected over the life of the strategy?

AP noted that the Welsh Language Strategy is a long-term, five-year programme and remains at an early stage in its development. Current efforts are focused on establishing strong foundations, particularly through recruitment initiatives that prioritise Welsh language skills. PTHB had taken a pioneering approach by advertising aspiring nursing opportunities specifically for Welsh speakers, recognising that increasing the number of Welsh-speaking staff is a key step towards enabling more services and clinical consultations to be delivered through the medium of Welsh in future.

How is the Health Board progressing in relation to Welsh language provision within commissioned, contracted and primary care services?

AP noted that measuring Welsh language provision within commissioned services, particularly those delivered in England, remains challenging as these providers are not subject to Welsh language standards and are not required to report on provision. While there are some positive anecdotal examples of Welsh-speaking support being available, this is not captured systematically. In primary care, Welsh language provision is generally stronger due to the local workforce, and although the Health Board has limited direct control, it continues to support providers through training and initiatives that encourage the use of Welsh.

KB noted that concerns continue to be raised, particularly by older Welsh-speaking residents in rural North Powys, regarding the availability of services in their preferred language, and emphasised the importance of maintaining focus on this issue despite the recognised challenges.

The Board:

- **APPROVED** the Annual Welsh Language Standards Monitoring Report 2025/26.

• Took ASSURANCE from the progress made against the Plan.
3.6 DIRECTOR OF CORPORATE GOVERNANCE REPORT (PTHB/26/045)
HB presented the report to the Board and the following key items were brought to the Board's attention: - One Chair's Action had been taken since the previous meeting, relating to JCC governance documentation. - There is ongoing work regarding the Health Board's Petitions Protocol, including engagement with the Health and Social Care Scrutiny Committee and PCC. - Correspondence had now been received from the Chair of PCC following the urgent motion considered on 09 July 2026 and that a response would be issued accordingly.
The Board: • RECEIVED the Director of Corporate Governance report • RATFIED the single Chair's Action taken since the last meeting of the Board held on the 20 May 2026 • NOTED the update provided in relation to the Health Boards Petitions Protocol.
3.7 MINUTES OF PREVIOUS MEETINGS HELD ON 20 MAY AND 24 JUNE 2026 (PTHB/26/046)
The minutes of the meetings held on the 20 May and 24 June 2026 were CONFIRMED as an accurate record subject to removal of time notes in attendance records for RA and ND who had sent apologies for this meeting.
4. CONSENT AGENDA (PTHB/26/047)
The below reports were taken under the Consent Agenda and recommendations supported: • FOR ASSURANCE: 4.1 Assurance Report of the Board's Joint Committees. • FOR ASSURANCE: 4.2 Assurance Report of the Board's Partnership Arrangements. • FOR ASSURANCE: 4.3 Assurance Report of the Board's Forums • FOR APPROVAL: 4.4 Powys Health Charity Strategy 2026-2030. • FOR ASSURANCE: 4.5 PTHB Committee Annual Reports: People and Culture Committee. • FOR APPROVAL: 4.6 Strategic Risk Register • FOR ASSURANCE: 4.7 Board Work Programme. • FOR INFORMATION: 4.8 Glossary.
5. OTHER MATTERS
5.1 ANY OTHER URGENT BUSINESS (PTHB/26/048)
No other business was raised.
5.2 DATE OF NEXT MEETING (PTHB/26/049)
16 September 2026.

Meeting closed at 14:21

Patterson, Liz
29/09/2026 08:51:05



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Addysgu Powys
Powys Teaching
Health Board

BOARD

UNCONFIRMED MINUTES OF THE MEETING HELD ON 16 SEPTEMBER 2026 AT 13:00 HELD VIA MICROSOFT TEAMS

MEMBERS

Carl Cooper	CC	Chair
Pete Hopgood	PH	Acting Chief Executive Officer
Rhiannon Beaumont-Wood	RBW	Vice Chair
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance)
Mick Giannasi	MG	Independent Member (General)
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Rhobert Lewis	RL	Independent Member (General)
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Cathie Poynton	CP	Independent Member (Trade Union)
Hywel Pullen	HP	Acting Executive Director of Finance
Ian Thomas	IT	Independent Member (General) - until 10:25
Chris Walsh	CW	Independent Member (Local Authority)
Debra Wood-Lawson	DWL	Executive Director People, Culture and Transformation
Kate Wright	KW	Acting Deputy Chief Executive / Executive Medical Director
Simon Wright	SW	Independent Member (University)

IN ATTENDANCE

Katie Blackburn	KB	Regional Director, Llais
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Lucie Cornish	LC	Director of Improvement and Transformation
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
Adrian Osborne	AO	Deputy Director Communication, Engagement and Corporate Governance
Liz Patterson	LP	Head of Corporate Governance (Meeting Support)

APOLOGIES FOR ABSENCE:

Ronnie Alexander	RA	Independent Member (General)
Paul Hooton	PHo	Executive Director of Nursing, Quality, Women and Family Health
Elaine Lorton	EL	Executive Director of Primary Care, Community and Mental Health

Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Hayley Thomas	HT	Chief Executive Officer

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/26/062)

The Chair (CC) welcomed everyone to the meeting. Apologies for absence were received as recorded above.

1.2 DECLARATIONS OF INTEREST (PTHB/26/063)

No interests were declared in addition to those already declared within the published register.

1.3 CORRESPONDENCE FROM THE PUBLIC (PTHB/26/064)

CC advised that there had been no specific correspondence received under the arrangements for questions to the Board. However, Board Members had received a number of letters and emails, and CC had personally received 14 items of correspondence, seven of which related to specifically to the future of services in Llanidloes. All correspondence has been responded to.

This morning a petition had been received organised by Liberal Democrat representatives.

CC noted that feedback and comment is welcomed, and the Board will seek to ensure that the areas of interest, enquiry and concern within the feedback are explored as the Business Case is scrutinised regarding its readiness for public consultation.

2. ITEMS FOR APPROVAL/DECISION

3.1 BETTER TOGETHER: PHASE ONE – COMMUNITY AND MENTAL HEALTH SERVICES (PTHB/26/065)

PH introduced the item, and together with KW, DWL and LC gave a presentation on the Pre-Consultation Business Case which set out the rationale for change and the evidence supporting progression to public consultation. The primary driver for change is the need to improve quality, safety and outcomes for the population of Powys. Whilst recognising the commitment of staff and the quality of care currently delivered, the evidence demonstrated increasing pressures associated with an ageing population, rising levels of frailty and complexity, workforce fragility, delayed discharge, prolonged hospital stays, fragmented care pathways and estate limitations that do not consistently support modern standards of care. Maintaining the current model was not considered a risk-free option and could result in increasing challenges to service sustainability, quality and patient experience.

The case for change was centred on delivering better outcomes for patients rather than reducing services, beds or buildings. Evidence showed that avoidable hospital admissions and unnecessarily prolonged hospital stays can contribute to loss of independence, reduced mobility, deconditioning, poorer mental wellbeing and delayed recovery, particularly amongst older people and those living with frailty. The possible future model seeks to ensure people receive the right care, in the

right place and at the right time, with greater emphasis on prevention, early intervention, rehabilitation, Hospital at Home, urgent community response services and improved support. This will enable people to remain independent in their own homes wherever clinically appropriate.

The Better Together programme is the mechanism through which existing strategic ambitions would be delivered, including those set out within the Powys Health and Care Strategy, Population Health Strategic Framework and Strategic Commissioning Framework. The proposed direction supports a shift towards prevention, integrated care, improved community-based services, enhanced mental health support and care closer to home, whilst recognising Powys' rural geography and ongoing reliance on neighbouring district general hospitals for specialist services.

The options have been developed through a robust, transparent and evidence-based process in accordance with NHS Wales Service Change guidance and Enhanced Consultation Framework requirements. Extensive engagement has been undertaken with patients, the public, staff, clinicians, partners and stakeholders, supported by clinical review, demand and capacity modelling, workforce and financial analysis, travel assessments, integrated impact assessments and independent challenge and assurance. A long list of 81 potential options has been systematically assessed against agreed criteria, resulting in five credible consultation options comprising of two physical health options, two urgent care and diagnostics options and one mental health option.

All options share a common commitment to strengthening community services and integrated pathways across physical health, mental health and urgent care. The proposed future model seeks to provide earlier intervention, improve continuity of care, reduce avoidable harm, strengthen community and crisis response services, support timely discharge and create more resilient inpatient services where admission is required. If the programme progressed to implementation, this would be phased and dependent upon demonstrable readiness, including sufficient workforce capacity, community services, clinical governance, digital capability, estate development and partnership arrangements.

PH concluded the presentation noting that no final decisions had been made. Approval was being sought to proceed to formal public consultation rather than to implement any preferred option. The purpose of consultation would be to test the evidence, assumptions, benefits, risks, equality impacts, travel implications and alternative proposals before any future decision is taken. The Board was therefore asked to take assurance from the evidence presented, the options development process and the supporting business case, and to consider whether the proposals were sufficiently developed and evidenced to proceed to public consultation.

KB (Regional Director of Llais, the Citizens Voice Body) offered the following reflections:

- Llais has an independent statutory role and, whilst Llais had engaged throughout the programme, it had not participated in the selection of options

or decision-making and would remain an independent voice for patients, service users and communities during any formal consultation.

- Transparency and clarity are important during the consultation process, ensuring that people understand how the proposed options were developed, the evidence informing them, alternative approaches considered and how previous engagement has influenced the proposals.
- Better Together represents a whole-system model of care encompassing urgent care, diagnostics, mental health, community and primary care services, rather than being solely focused on hospital provision.
- Accessibility is a key concern for Powys residents. There are concerns around travel times, transport availability, repeated journeys for families and carers and the practical implications of service changes for people living in rural communities.
- Feedback received from residents included concerns regarding access to local services, minor injury units, diagnostics, visiting arrangements, family support, and the importance of Welsh language provision, dignity and maintaining links with local communities.
- Partnership working across organisational boundaries is important and the success of any future model will depend upon effective collaboration between health, social care, transport, community services and wider partners.
- Supporting infrastructure will need to be in place before any service changes are implemented, including appropriate community services, care packages, equipment, adaptations and workforce capacity.
- It is important to engage with seldom-heard groups, including individuals facing barriers related to disability, language, caring responsibilities, transport or digital access, to ensure all communities can participate.
- People will expect clear evidence of how consultation responses are considered including how feedback, themes and alternative suggestions contribute to subsequent decision making.
- Llais commits to listen independently throughout the consultation period and will represent the views and concerns of communities, identify gaps in engagement, and raise emerging themes with the Health Board.
- Llais welcomes the inclusion of a midpoint review during the consultation period to assess levels of engagement, identify groups requiring further involvement, and highlight areas where additional information or clarification may be required.
- The ultimate test of any preferred model should be whether it delivers improved health and wellbeing outcomes for the people of Powys, and Llais encourages residents to engage actively in the consultation process to ensure their views inform future decisions.

Independent Members asked the following questions for assurance:

What are the implications of the proposed Minor Injury Unit (MIU) changes for residents in areas at the extreme end of the county (e.g. Ystradgynlais) in terms of access to minor injury and enhanced care services?

KW advised the proposed model seeks to enhance the current urgent care offer available across Powys. While existing Minor Injury Units provide an important service, their scope is limited to treating relatively minor conditions and, in some

cases, they do not benefit from onsite diagnostic facilities such as X-ray services. The proposed model would enable a broader range of conditions to be treated within the county, reducing the need for patients to travel outside Powys for care. A key feature of the proposals is the expansion of community-based and home-based urgent care services, ensuring that more care can be delivered closer to where people live and, where appropriate, in their own homes.

However, the proposed future model may not replicate the current service configuration at every existing site. Therefore, there would need to be careful engagement with local communities to understand the potential impact of any changes and to consider any mitigating measures required to maintain appropriate access to local services.

How confident are we that increasing demand, GP pressures, delayed transfers of care and other system bottlenecks will not compromise delivery of the strengthened community care model? How sensitive are the proposals to these pressures?

KW and LC recognised that system pressures and bottlenecks already exist, but extensive modelling work has improved understanding of where improvements can be made. The proposals are based on greater integration and partnership working, with the aim of reducing delays, handovers and duplication. Successful delivery depends on continued collaboration with health and care partners. The proposed direction is evidence-based, aligned with wider system developments, and supported by partners who are committed to addressing system constraints to improve patient experience and service effectiveness.

Will there be a detailed workforce plan to support the preferred models, including the skills, competencies and workforce transition required to deliver the proposed changes?

DWL confirmed that an extensive workforce plan will be developed. This will include understanding both the skills currently available within the workforce and any additional skills required to support future models of care. The plan will consider staff development needs, the time required to build new competencies, support arrangements for staff, recruitment pipelines, and any gaps between current and future workforce requirements. This detailed work has not yet been undertaken because the programme remains at the staff engagement stage, but a comprehensive workforce plan and readiness assessment would be developed to inform implementation and phasing.

KW added that the Health Board is already investing in a clinical oversight model to strengthen senior clinical support, training and workforce development. Encouraging signs had been seen in recruitment to key posts, which provides optimism that the workforce can be supported to develop the skills needed should the proposals proceed.

If the Board agrees to proceed to consultation, what guardrails or mechanisms will be put in place to ensure that any future changes are tested safely and do not place patients at risk of avoidable harm?

KW explained that during the consultation period there will be no changes to service provision. The focus will be on gathering, monitoring and evaluating

feedback and evidence. Any important information emerging through the consultation process will be acted upon promptly, and the planned midway review point will provide an opportunity to pause and evaluate progress.

NJ emphasised that the Board's decision at this stage is only whether to proceed to consultation and not whether to implement any service changes. Should implementation be considered in the future, clear readiness assessments and ongoing quality and patient safety assessments would form part of implementation planning. Quality and safety considerations have been integral to the programme to date, with the STEEP quality domains from the Welsh Government Quality and Safety Framework being used throughout the options appraisal process. Patient safety, quality and stakeholder feedback would continue to be central to any future decision-making.

Given the two-site physical health model was initially not considered to have met the hurdle criteria, can assurance be provided that the two-site physical health option received further clinical assessment and sign-off following the development of the enhanced community model?

LC advised that the two-site option was assessed alongside the strengthened community model, as the two-site configuration would not be feasible without the enhanced community offer. Further modelling and information relating to the community-based provision were considered through the options development process. All options were reviewed through the Options Development Group, which included senior clinical and operational leaders, and were subsequently considered through the programme board, portfolio board and Better Together governance arrangements. These governance processes provided senior clinical and operational oversight and support for the recommendation to take the option forward.

Why was Option 002B (retaining beds on six sites with medical and mental health integration) not shortlisted for public consultation?

LC explained that Option 002B did not sufficiently address the Case for Change because it would not deliver the level of service transformation required to shift care into community settings. While the option was recognised as representing movement in the right direction and could potentially act as a transitional or bridging arrangement, it was not considered to go far enough to achieve the sustainable model of care required for the future. Consequently, it was not recommended as a consultation option.

How would the Health Board secure the capital funding required to implement any preferred option, given the significant investment likely to be required?

HP advised that an assessment of the capital implications for each option had been undertaken and was reflected within the Pre-Consultation Business Case. Following consultation and any subsequent decision-making, the Health Board would use the outcomes to inform discussions with Welsh Government regarding future capital requirements. Any agreed service model would therefore form part of ongoing engagement with Welsh Government concerning investment in the Health Board's estate and infrastructure.

How would the Health Board manage the significant transitional revenue costs associated with implementation, particularly in the context of the current financial position?

HP acknowledged that implementation of the proposed options would require upfront investment in community services and would result in a period of double-running costs while services transitioned to any new model. These costs would need to be reflected in future financial plans and would be subject to approval processes with Welsh Government. The Health Board would seek Welsh Government support to meet transitional implementation costs should a decision be taken to proceed with service change.

What assurances can be given to the people of Powys that, if the Board decides to proceed to consultation, there will be comprehensive opportunities for their views to be heard?

AO advised that a detailed consultation plan had been included within the Board papers. A previous version of the consultation plan had been approved, without prejudice, by Board in July 2026. Subject to any Board decision to proceed, the proposed approach would include a major public drop-in event in each of Powys' 13 localities, targeted engagement with a broad range of community groups, and proactive efforts to reach people with protected characteristics and those experiencing socio-economic disadvantage.

The plan would also include a county-wide leaflet drop to households across Powys, providing information on consultation events, online engagement opportunities, and how to access consultation materials. Information would be made available in a variety of formats, including Easy Read, Welsh and English versions, and British Sign Language (BSL). The Health Board's website would support accessibility needs through screen readers and other assistive technologies.

In addition, an online survey would be available, and the intention would be to exceed the minimum statutory consultation period by running the consultation from 05 October 2026 to 10 January 2027 acknowledging the Christmas period fell within this timescale. The aim would be to maximise opportunities for people to hear about the proposals, access information, attend events where possible, and provide feedback to inform future Board decisions.

What does the 'conscientious consideration period' mean? How will the process take place, who will be involved, and how will it be reported back to the Board?

AO explained that a key part of the conscientious consideration process is the independent analysis of all consultation feedback by ORS, an external organisation appointed to undertake this work. Feedback will be collected from a range of sources, including online and paper questionnaires, easy-read questionnaires, and comments gathered through public engagement events.

Once the consultation period closes, all feedback will be brought together and independently analysed by ORS, which will produce a report setting out what has been heard. The subsequent process will be informed by the issues raised during

consultation and will be designed to respond to the themes emerging from that feedback.

As part of conscientious consideration, the Health Board will consider whether:

- The issues identified in the case for change have been fully explored.
- The appropriate factors have been considered when assessing and verifying options.
- The right range of options has been examined.
- Any additional options raised through consultation require further assessment.

The findings will then inform the development of a Post-Consultation Decision Case, enabling the Board to see how consultation feedback has been considered and reflected in future decision-making. Where consultation identifies new or revised options requiring further exploration, additional engagement or consultation may be undertaken. For example, in Hywel Dda's clinical services consultation, feedback had led to a second phase of consultation on revised options.

The ORS reports will be published and available in the public domain. As part of the conscientious consideration process, stakeholders will also be asked to test whether the reports accurately reflect the range and strength of views expressed during consultation. Consultation is not a referendum, but rather an opportunity to robustly test options, scrutinise evidence, identify gaps and opportunities, and inform future Board decisions.

Section 6.8 of the PCBC, which explains how community pathways and modelling assumptions lead to future bed projections, was difficult to follow and should a decision be made to go out to consultation, could this be made more accessible for the public during consultation?

PH confirmed that, if the programme moved into public consultation, the team would review how best to explain this section in a simpler and more accessible way, potentially through improved narrative and supporting materials.

Can further assurance be provided that the Better Together proposals are realistically deliverable, even though detailed implementation plans are not yet required?

PH confirmed that the key dependencies and complexities around workforce, infrastructure, partnerships, estates, digital services, transport and community capacity are recognised and that preparatory work is underway. More detailed implementation plans would be required before any future implementation decisions.

How will the Board ensure that community services are fully established before any reduction in hospital beds takes place, and what assurances will be required before progressing through future phases of the programme?

PH confirmed that, subject to consultation outcomes and any subsequent decisions, implementation would need to be carefully staged and phased to ensure that services are maintained appropriately throughout the process.

The Independent Member (Trade Union) advised that staff members have been central to shaping and driving the ongoing organisational change programme. Through extensive engagement and involvement throughout the process, staff have recognised the need for change and have contributed their views and experiences to its development. Whilst not all staff will agree with every aspect of the programme, the majority understand the reasons for change and remain committed to supporting its delivery. Staff recognise change as a long-term process and are, in the main, looking forward to continuing to work with services, directorates and departments to help shape the future direction of the Health Board.

The Associate Member made a statement and asked the following questions for assurance.

ND confirmed this was not a formal Local Authority response to the consultation, but she was acting as a critical friend and recognised the strength of the case for change and ambition to transform services through stronger, community-based care and had the following questions regarding assumptions and risk underpinning the options proposed for consultation.

Is it appropriate to consult on only a single mental health option, and should a more centrally located single-site option have been considered?

KW and LC explained that independent advice had been obtained and the Health Board had been assured that consulting on a single preferred option was appropriate, provided the rationale was clearly set out within the pre-consultation business case. An extensive options appraisal process had been undertaken, including consideration of alternative single-site models such as Llandrindod Wells. However, those alternatives had been discounted because of significant estate and workforce feasibility challenges. Should consultation proceed, stakeholders would have the opportunity to comment on the preferred option and propose alternatives for consideration.

How will travel and transport concerns be mitigated, particularly if mental health inpatient services are concentrated at Bronllys?

LC advised that travel and transport impacts had been examined through the Integrated Impact Assessment process and through detailed travel-time analysis using both private and public transport data. Travel remained a key concern and one that would continue to be tested during consultation. However, access to services was not solely about access to a hospital site, as the proposed model included significant strengthening of community mental health provision and sanctuary services. In addition, the current model already results in many Powys residents travelling considerable distances out of county for care. Whilst some residents may experience increased travel to Bronllys, the proposed model could reduce the need for out-of-county placements and improve access to services within Powys overall.

What assurance can be provided that the workforce and resources required for the future community model can be funded, recruited and retained?

DWL explained that all proposed options had undergone both workforce and financial challenge and review processes before reaching the consultation stage. Workforce requirements had been modelled alongside proposed service configurations, enabling the organisation to understand the numbers, skill mix and service developments that would be required. Implementation would not depend solely on recruiting new staff, but on retaining and developing the existing workforce, expanding advanced and enhanced clinical roles, and continuing to invest in training opportunities. The Health Board's clinical oversight model is a key enabler of future workforce transformation and the Executive team had sufficient assurance that credible workforce solutions existed to support progression to consultation.

What assumptions have been used to model future demand for Urgent Care Centres and Minor Injury Units?

KW and LC explained that extensive modelling work had been undertaken to understand future patient demand, activity flows and service capacity. The modelling considered not only activity volumes but also workforce capacity, specialist skills and the ability of services to provide a wider range of care closer to home. The proposed model would not be implemented as a sudden or immediate change but would be phased over time as workforce capability and service capacity developed. The intention would be to increase the amount of care delivered within Powys and reduce the need for residents to travel elsewhere for treatment.

How has the potential for residents to continue accessing services outside Powys been reflected in the modelling, and would the proposed centres remain viable if expected demand is not achieved?

LC advised that the modelling had assumed people would generally attend the nearest appropriate service. However, it also reflected the expectation that improving the capability of services within Powys would enable significant quantities of activity that currently take place outside the county to be repatriated. This increased activity would support both the viability of the proposed facilities and the maintenance of specialist clinical skills. Modelling assumptions would need to be tested through consultation and implementation, but the work undertaken indicated the proposed centres would be sustainable if the anticipated activity returns to Powys were achieved.

Have the cumulative impacts on vulnerable groups, people living in poverty, people with disabilities and Welsh-speaking communities been adequately identified and assessed?

LC explained that the Integrated Impact Assessment process had evolved from Level 1 assessments during the development of long-list options into more detailed Level 2 assessments supporting the current proposals. These assessments had been clinically and operationally led, supported by external scrutiny and overseen by dedicated quality and equality panels. The assessments considered both quality and equality impacts, including Welsh language considerations, and that the organisation's Welsh language lead had participated in the equality assessment process. The assessments would remain live documents throughout the consultation period, allowing feedback received during

consultation to be incorporated into future decision-making and mitigation planning.

CC noted that an important and comprehensive discussion had taken place and read out the recommendation. CC invited Board Members to indicate if they wished to comment on the recommendations or any part of it, or if they wished to indicate their dissent from supporting the recommendations.

There being no comments, the Board unanimously:

1. **ACCEPTED** the Case for Change.
2. Took **ASSURANCE** that the proposed options for future service models align with national policy and priorities, the Health and Care Strategy for Powys, the Population Health Strategic Framework and the Strategic Commissioning Framework.
3. Took **ASSURANCE** that the proposed options for consultation have been developed through a structured, clinically led and evidence-based process, informed by engagement with patients, the public, staff, clinicians, partners and wider stakeholders.
4. **NOTED** that, subject to the outcome of consultation, further work will be required to develop a Post Consultation Business Case and Implementation Plan.
5. **CONFIRMED** that no decision on a preferred option will be made until the period of public consultation is concluded, and that the Board will give full and conscientious consideration to the consultation feedback, updated impact assessments, further technical analysis and any revised options before determining the way forward.
6. **APPROVED** the Pre-Consultation Business Case and the five recommended options for consultation as the basis for progressing to formal public consultation. Those five options being:

For physical health:

1. PH005b - Fewer Community Inpatient Beds reduced to 3 sites, with enhanced community model and better join up with mental health
2. PH008 - Even fewer Community Inpatient beds reduced to 2 sites, with enhanced community model and better join up with mental health

For urgent care and diagnostics:

3. UC013 - Local Urgent Care Centres at 2 sites and Minor Illness and Injury Unit at 1 site
4. UC013ii - Local Urgent Care Centres at 2 sites

For mental health:

5. MH006a - All functional and organic inpatient beds at 1 site with enhanced care and strengthened community model

7. **APPROVED** the updated consultation plan (Appendix Z4) **NOTING** that consultation will begin week commencing 05 October 2026.

CC thanked staff, partners and stakeholders for their continued hard work and dedication in progressing the Better Together transformation programme,

recognising the significant effort involved. He emphasised that the Board’s decision was not to approve a preferred option for implementation, but to approve a range of potential options for further public consultation. He encouraged widespread participation in the consultation process, inviting people to challenge assumptions, scrutinise the evidence, and contribute alternative ideas. CC reiterated the Board’s commitment to working in partnership with communities and assured attendees that the Board would remain focused on securing safe, sustainable healthcare services for the people of Powys.

3. OTHER MATTERS

3.1 ANY OTHER URGENT BUSINESS (PTHB/26/066)

No other business was raised.

3.2 DATE OF NEXT MEETING (PTHB/26/067)

30 September 2026.

Meeting closed at 16:14

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GIG
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WALES

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Addysgu Powys
Powys Teaching
Health Board

Agenda item: 4.1

BOARD		30 SEPTEMBER 2026	
Subject:	SUMMARY OF JOINT COMMITTEE ACTIVITY		
Approved and presented by:	Pete Hopgood, Acting Chief Executive		
Prepared by:	Head of Corporate Governance		
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.		
PURPOSE:			
The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Commissioning Committee (JCC).			
It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).			
RECOMMENDATION(S):			
It is recommended that the Board:			
• RECEIVE and NOTE the updates contained in this report in respect of the matters discussed and agreed at recent joint committee meetings. • Take ASSURANCE mechanisms are in place to report appropriately to the Board.			
Approve/Take Assurance		Discuss	Note
Y		Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	N	
2. Provide Early Help and Support	N	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	N	
8. Transforming in Partnership	N	

EXECUTIVE SUMMARY:

This report provides an update of the recent activities of the Joint Commissioning Committee of the PTHB Board. The report also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC) and the Regional Committees in both South East and South West Wales.

DETAILED BACKGROUND AND ASSESSMENT

Joint Commissioning Committee (JCC)

The Joint Commissioning Committee held a virtual meeting on 21 July and 22 September 2026. The papers for these meetings are available at [Meeting Dates and Papers - NHS Wales Joint Commissioning Committee](#).

The highlight report from the meeting held on 21 July 2026 is attached at **Appendix A**. The highlight report from the meeting held on 22 September 2026 will be shared at the November Board meeting.

Mid Wales Joint Committee for Health and Social Care (MWJC)

The Mid Wales Joint Committee for Health and Social Care met on 01 September 2026. The papers MWJC are available at: [Joint Committee Meetings - Mid Wales Joint Committee](#). The highlight report from the meeting held on 01 September is attached at **Appendix B**.

South East Wales Regional Joint Commissioning Committee (SEWRJC)

The Health Board is an Associate Member of the South East Wales Regional Joint Commissioning Committee. The Executive Director of Planning, Performance and Commissioning is the identified PTHB representative for the Committee.

The SEWRJC have not met since the last meeting of Board. Papers for meetings of the SEWRJC are available at: [South-East Wales Regional Joint Committee - Aneurin Bevan University Health Board](#).

South West Regional Joint Committee (SWRJC)

The South West Regional Committee has been established for some time. PTHB has joined this Committee as an Associate Member, the Chair of the Board is the identified PTHB representative for the Committee.

The Committee last met in April 2026, papers will be available here once published - [Regional Joint Committee \(RJC\) - Swansea Bay University Health Board](#)

The next meeting is scheduled for October 2026.

NEXT STEPS:

Updates will continue to be brought to each scheduled meeting the Board.

IMPACT ASSESSMENT – NOT REQUIRED

This section must be completed for all strategic organisational decisions including approval of health board policies.

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	21/07/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Gareth Mitchell, Corporate Governance Manager, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Juliet Brown, Chief Commissioner, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Juliet Brown, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
		Choose an item.

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer Members of the Joint Commissioning Committee (JC) with a summary of the key issues considered at its public meeting on 21 July 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

(Links to reports highlighted [July 2026 - NHS Wales Joint Commissioning Committee](#)).

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Status	Update
Alert / Escalate	The Committee Secretary highlighted the need for adequate executive attendance at Sub-Committee meetings, this was noted as a particular issue for the Quality, Safety and Outcomes (QSO) Sub-Committee, it was agreed that the use of deputies would be further discussed.
Advise	The Chief Commissioner's Report incorporated Director of Commissioning Reports to highlight performance and quality issues that had arisen since updates shared at Sub-Committee meetings in June 2026. These updates included: • JACIE Certification A response is expected imminently in relation to the certification. The Chief Commissioner has received a request to support the required capital investment. • Rural Response Options Members noted that a formal update on rural response options would be received at November's JC Meeting. In the meantime, it was agreed that there is a need to develop an information pack and an engagement plan for external stakeholders and the public. This would be a collaborative effort between the HBs, the Welsh Ambulance Services University NHS Trust and the NWJCC with consideration given by Llais. • St Andrew's Healthcare There are currently 5 remaining patients remaining within St Andrew's Healthcare. Plans have been put in place for admissions to alternative providers for 2 patients with arrangements continuing for the remaining 3. • Gender Service Review Confirmation of the initiation of an independent gender service review to be conducted by the end of December 2026 and recommendations to be produced by March 2027, with providers fully engaged in the process. A Manchester Arena Inquiry Update Report was received. Members noted the ongoing risks in relation to some recommendations due to funding constraints, the need for continued monitoring and for communication with Welsh Government. Members approved the following recommendations: • Correspondence to WG outlining the due diligence that has been undertaken in response to the WAST report, and recommendations on appropriate roles and responsibilities to respond to this, including the role of WG. • Correspondence to WAST on formal response to reports received, along with actions that will be required from the organisation following commissioner consideration, specifically including details of mutual aid explored and contributed to across the UK. A new Risk Management and Assurance Framework including a Risk Management Procedure, Joint Committee Assurance Framework (JAF), Template Report and Proposed Strategic Risks, Risk Appetite

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Status	Update
	Statement and Matrix, were presented and approved by the JC. The documentation aims to support the management and review of the NWJCC's risks. All supporting appendices (documents 4.3.2.1-4.3.2.6) can be accessed here .
Assure	The Committee received the following Sub-Committee assurance reports: - Quality, Safety and Outcomes Sub-Committee - Planning, Performance and Finance Sub-Committee The NWJCC Organisational Risk Register as of 31 May 2026 was received and approved. There were 13 risks with a score of 15 or above as of 31st May 2026. The NWJCC Annual Plan 2026-27 – Progress Against Delivery at Quarter 1 Report was received. All strategic priority areas had made progress in Quarter 1 with the core foundations for delivery now in place and all Quarter 1 deliverables either on track or completed. The main risk for delivery pertains to the access to data/data analysis and the capability within the NWJCC to deliver the data analytics required for larger projects, emphasising the need to consider additional resources or expert support.
Inform	The Chair's Report summarised the cancellation of the JC Strategy Session scheduled on 16 June 2026, and the subsequent Risk Management Workshop that took place in its stead between Lay Members and the Corporate Governance Team; Lay Member Appraisals having taken place; and the scheduling of NWJCC Updates at HB Development Sessions. The Committee received the Month 03 Finance Report 26/27 and the Operational Performance Report including: • Conversation around the need for a review of the escalation process and clarification of pathways out of escalation. • Detailed conversation around modernisation and transformation with further conversation to take place at the next Collaborative Commissioning Leadership Group (CCLG) meeting. The Corporate Governance Report included updates on Welsh Health Circulars, the NWJCC Internal Audit Programme and the ongoing review of hosting arrangements between the NWJCC and CTMUHB. Further updates were provided on the sign off of the NWJCC Accountability Report, Annual NWJCC Update to HBs and the NWJCC Governance Framework. The Annual Committee Effectiveness Self-Assessment Results Report 25/26 update was received which detailed key themes across the JC and Sub-Committee meetings. Concurrent themes include, but are not limited to:

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Status	Update
	- Reporting improvements (focussed on size, relevancy of content and strategic focus). - Lack of HB participation in relation to QSOC. - Focus from a commissioning perspective.
Appendices	None.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:

<i>Have you undertaken a Quality Impact Assessment Screening?</i>		This is a summary of the latest meeting of the JCC
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i>	Yes: ☒	No: ☒
Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i>	Yes (Include further detail below)	
Resource Impact <i>(People / Financial)</i>	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

4. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 2 of this report.

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<i>Cyd-bwyllgor Iechyd a Gofal y Canolbarth ar gyfer Iechyd a Gofal / Mid Wales Joint Committee for Health and Care</i>	
<i>Cadeirydd Arweiniol / Lead Chair</i>	Dyfed Edwards, Chair, Betsi Cadwaladr University Health Board In the absence of Dyfed Edwards, Dr Neil Wooding, Chair of Hywel Dda University Health Board, chaired the Mid Wales Joint Committee meeting on 1 September 2026
<i>Prif Weithredwr Arweiniol / Lead Chief Executive</i>	Prof. Phil Kloer, Chief Executive, Hywel Dda University Health Board
<i>Cyfarwyddwr y Rhaglen / Programme Director</i>	Keith Jones, Director of Operational Planning and Performance, Hywel Dda University Health Board
<i>Dyddiad y Cyfarfod Diwethaf / Date of Last Meeting</i>	1 September 2026
<i>Cyfnod Adrodd / Reporting Period</i>	May to September 2026
<i>Penderfyniadau allweddol a Materion a ystyriwyd gan y Cyd-bwyllgor / Key Decisions and Matters considered by the Joint Committee</i>	
Strategic Review of the Mid Wales Joint Committee (MWJC) A strategic review of the Mid Wales Joint Committee (MWJC) has been undertaken to assess its continuing role, purpose and contribution more than a decade after publication of the Mid Wales Healthcare Study and subsequent establishment of the Joint Committee. The review recognised that the MWJC has played a significant role in strengthening collaboration between partner organisations, supporting the sustainability of key services and maintaining a collective focus on the needs of rural communities across Mid Wales. However, the health and care landscape has evolved considerably during this period, with the emergence of Regional Partnership Boards and other regional partnership arrangements, increasing workforce and financial pressures, and the growth of digital models of care. The review concluded that, whilst many of the original ambitions of the Mid Wales Healthcare Study have been achieved, there remains a strong case for continued collaboration across Mid Wales. Key challenges identified include workforce sustainability, rural health inequalities, access to services, digital exclusion, service resilience and increasing complexity within the partnership landscape. Stakeholders also highlighted the need for greater clarity regarding the distinct role, purpose and added value of the MWJC, as well as its relationship with existing regional partnership structures. Six potential future options were considered as part of the review. Overall, the strongest support emerged for a hybrid model that brings together the key features of the Refocused Strategic Partnership and Rural Health and Wellbeing Partnership options. The associated SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis also identified this as the strongest option overall, balancing strategic ambition with deliverability and continuity. This approach would build on the strengths and relationships developed through the MWJC whilst repositioning the Committee as a more strategic, outcome-focused partnership with an enhanced role in addressing rural health and wellbeing challenges.	

The emerging preferred direction would see the MWJC transition from its current operational planning focus towards a strategic leadership, influencing and partnership role. This would provide a stronger focus on areas where collective action can deliver measurable benefits for rural communities, including workforce sustainability, reducing health inequalities, digital innovation and inclusion, research and evidence, strategic advocacy, policy influence and cross-border service planning. The proposed approach would also strengthen the Joint Committee's role in championing the needs of rural communities and promoting innovation and best practice across Mid Wales.

Members of the MWJC support this direction of travel and recognise the opportunity to build on the Joint Committee's established strengths while responding to the changing health and care environment. Members have also emphasised the importance of maintaining a strong focus on the specific challenges faced by Mid Wales communities whilst contributing to wider national discussions on rural health and wellbeing. Subject to further engagement with Welsh Government, the next phase of work will focus on developing detailed proposals for future governance arrangements, operating principles and revised implementation timescales, which will inform the future role of the MWJC and its contribution to improving outcomes and reducing inequalities for rural populations.

Mid Wales Priorities and Delivery Plan 2026/27 – Up until July 2026 (Appendix A)

The Mid Wales Planning and Delivery Executive Group (MWPDEG) oversees the delivery of the Mid Wales Priorities and Delivery Plan. The plan for 2026/27 comprises 7 priorities supported by 15 workstreams. Overall progress remains positive, with the majority of workstreams progressing in line with agreed timescales. Of the 15 workstreams, 12 are rated Green (on track), two are rated Amber (mainly on track) and one is rated Blue (completed).

- The Endodontics workstream has been completed, with the new service pathway operational as from 20 July 2026. This enables Hywel Dda University Health Board (HDdUHB) patients from the 'SY' postcode area to access endodontic treatment at Llandrindod Wells Hospital, provided by Powys Teaching Health Board (PTHB).
- Two interdependent Ophthalmology workstreams are currently rated Amber (mainly on track): the PTHB Nurse-Led Wet Age-Related Macular Degeneration (AMD) Service and Networking Opportunities and Joint Pathway Development. The original target completion date of 30 June 2026 has not been achieved due to delays in PTHB staff visits to the HDdUHB North Road Clinic, Aberystwyth. These delays have resulted from a combination of factors, including honorary contract approval processes, sickness absence affecting key personnel, and a review of Intravitreal Therapy (IVT) treatment protocols. Mitigating actions have been implemented, including a meeting between PTHB and HDdUHB in August 2026, and a visit to the North Road Clinic is now scheduled for October 2026. A revised completion date of 30 November 2026 will be considered by the Mid Wales Planning and Delivery Executive Group (MWPDEG) at its meeting on 21 September 2026.

The MWPDEG has agreed to formally close the Ophthalmology Clinical Lead workstream. This is in response to advice from the Mid Wales Ophthalmology Group that the workstream is no longer required in its current form as its objectives have been overtaken by national, regional and local developments. However, to strengthen strategic leadership and accountability, MWPDEG has recommended the identification of a designated Senior Responsible Officer (SRO) for the Ophthalmology priority. A further report will be presented to MWPDEG on 21 September 2026 seeking agreement in principle to assign a named SRO to each Mid Wales priority and their associated workstream(s). This approach will strengthen organisational ownership, accountability and oversight of delivery across the programme.

Mid Wales Clinical Advisory Group (MWCAG)

The Mid Wales Clinical Advisory Group (MWCAG) has continued to refine its approach, with an increased focus on targeted, task-and-finish activities commissioned by the Mid Wales Planning and Delivery Executive Group. This approach has enabled clinical expertise to be directed towards areas of greatest need and has improved the Group's ability to deliver meaningful outcomes and recommendations that support the Mid Wales priorities.

During 2025/26, the Group established a multidisciplinary Mid Wales Stroke Service Change Group to assess the impact of actual and proposed changes to stroke services across the region. The group's work has informed partner organisations' engagement and consultation activities and reinforced the importance of regional planning arrangements, while also highlighting the value of a coherent national approach to stroke care in ensuring equitable access to services for rural communities. In June 2026, a request was received from the HDdUHB Transformation Team to engage with the Mid Wales Planning and Delivery Executive Group (MWPDEG) and the Mid Wales Clinical Advisory Group (MWCAG) on the HDdUHB Phase 2 Consultation on Stroke Services.

- On behalf of MWCAG, the Mid Wales Stroke Service Change Group was identified as the appropriate forum for engagement with the HDdUHB Transformation Team. The Mid Wales Stroke Service Change Group met on 10 July 2026 to receive a presentation on the HDdUHB Phase 2 Consultation on Stroke Services. This was followed by discussion and feedback, the outcomes of which were collated into a collective response. The response was approved by the Chair of MWCAG on behalf of the Group and subsequently submitted to HDdUHB.
- Also at its meeting on 20 July 2026, MWPDEG received a presentation on the proposed consultation options, followed by discussion and feedback. The outcomes were collated into a collective response and subsequently submitted to HDdUHB.

MWCAG has also maintained oversight of other major strategic service change programmes across the region, including PTHB's Better Together Programme and BCUHB's Tywyn Hospital Review. The Group has also received updates on the North Powys Wellbeing Programme and the Rural Health and Care Wales Virtual Rural Healthcare Project, recognising their potential contribution to workforce sustainability, service transformation and improved access to care. These discussions have supported a broader understanding of service developments and provided opportunities to consider their collective impact on the Mid Wales population.

A key theme arising from the Group's work is the importance of clearly understanding the respective roles of local organisations, regional partnerships and national programmes in service planning and delivery. This learning is helping to inform future work programmes and support more effective use of clinical time and expertise. Whilst attendance continues to be challenging given competing clinical priorities, the targeted approach to programme delivery has proved effective in securing engagement from the most relevant clinical stakeholders and supporting focused, outcome-driven discussions.

The Group also recognised the importance of ensuring that the needs of rural communities continue to be reflected in emerging national clinical planning arrangements. Members emphasised that consideration should extend beyond urgent and emergency care pathways to include rehabilitation and community-based services, which are particularly important in supporting equitable outcomes for people living in rural areas.

Rural Health and Care Wales (RHCW)

The MWPDEG and RHCW Stakeholder Group have continued to oversee delivery of the RHCW Work Programme for 2026/27. Significant achievements include:

- Completion and dissemination of the Macmillan Rural Cancer Patient Experience Research programme, which identified a range of inequalities experienced by rural cancer patients and generated recommendations to improve access, experiences and outcomes. The findings have been presented at national conferences and formally launched through a Mid Wales symposium. The research is informing ongoing discussions with partner organisations and potential funding bodies regarding actions to improve the experience of rural cancer patients and to inform the development of NHS Wales' future cancer strategy.
- Completion of the review of the community pharmacy provision across Mid Wales, alongside the production of bilingual resources to improve public awareness of available pharmacy services.
- The programme has also advanced work relating to dementia, community resilience and workforce development. The Mid Wales Dementia Friendly Communities report has been completed, supported by engagement events across Powys, Ceredigion and Gwynedd, with further case study work underway. A community resilience toolkit, based on the LiCoSS (Listen, Connect, Support and Sustain), has been developed to help communities support vulnerable residents to remain independent within their own homes and is now being piloted within Mid Wales communities.
- Successful completion of the Sustainable Communities Project in Lampeter, with additional funding secured to support the replication of this community resilience model in other rural communities across Ceredigion.
- Completion of research and engagement work examining primary care provision and transport accessibility across Mid Wales, providing valuable intelligence to inform future service planning and improvements in access to care.
- Continued support for workforce development through initiatives promoting careers in medicine and rural healthcare, alongside support for new research focused on addressing health inequalities experienced by rural populations.
- Ongoing exploration of opportunities for the Virtual Rural Healthcare model. While there continues to be strong support for the underlying principles and potential benefits of a collaborative digital approach across Mid Wales, the complexity of the programme, rapidly evolving technological landscape and differing organisational priorities have affected progress. Further work is being undertaken to refine the scope and ensure that any future model is deliverable, sustainable and aligned with emerging local, regional and national developments.
- A recurring theme across several projects has been the impact of transport and accessibility on health and wellbeing outcomes in rural areas. Research undertaken during the year has highlighted the importance of addressing transport barriers to improve access to health and care services, and further regional work is planned with partner organisations during 2027.
- Workforce and research initiatives have continued to support the sustainability of rural services. Engagement with 27 GP practices across Mid Wales has informed research into the challenges facing primary care, while collaboration with Swansea University has promoted opportunities through the Graduate Entry Medicine (GEM) programme and a new route into medicine for school leavers. In addition, Rural Health and Care Wales has supported new research programmes, including work focusing on women's health in rural communities.

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Materion sydd angen eu cytuno new trafod ymhellach gan y Bwrdd /**Items to be referred to the Board for agreement or discussion**

The Board is asked to **NOTE** the update on the work of the MWJC including the:

- Strategic Review of the MWJC.
- Mid Wales Priorities and Delivery Plan.
- RHCW Work Programme.

**Dyddiad y Cyfarfod Nesaf /
Date of Next Meeting**

Time and date of the next meeting of the MWJC to be confirmed.

Agenda, papers and minutes of the Mid Wales Joint Committee meeting are available on its website: English - <https://mwjc.nhs.wales>, Welsh - <https://cbbc.gig.cymru>

Acronyms / Glossary of Terms

AMD	Age-Related Macular Degeneration
BCUHB	Betsi Cadwaladr University Health Board
GA	General Anaesthesia
GEM	Graduate Entry Medicine
HB	Health Board
HEIW	Health Education and Improvement Wales
HDdUHB	Hywel Dda University Health Board
IVT	Intravitreal Therapy
LICoSS	Listen, Connect, Support and Sustain
MDT	Multidisciplinary Team
MWCAG	Mid Wales Clinical Advisory Group
MWJC	Mid Wales Joint Committee
MWPDEG	Mid Wales Planning and Delivery Executive Group
PSA	Prostate-Specific Antigen
PTHB	Powys Teaching Health Board
RHCW	Rural Health and Care Wales
SRO	Senior Responsible Officer
SWDP	Support Worker Development Programme
SWOT	Strengths, Weaknesses, Opportunities, Threats
WAST	Welsh Ambulance Services University NHS Trust

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APPENDIX A

Mid Wales Priorities 2026/27			
Priority	Workstream	Aim	Status (as at 31/07/26)
Ophthalmology	Powys Teaching Health Board (PTHB) nurse led wet age-related macular degeneration (AMD) service.	Progress the proposal for a PTHB nurse led wet AMD service in North Powys (Newtown) with Hywel Dda University Health Board (HDdUHB) medical oversight / District General Hospital pathway.	Mainly on track with some minor issues
	Networking opportunities and joint pathway development	Develop opportunities for PTHB staff to work at the North Road clinic in order to inform PTHB pathway development and repatriation opportunities with eyecare Multidisciplinary Team (MDT) in Powys.	Mainly on track with some minor issues
	Mid Wales Clinical Leadership	Develop a proposal for clinical leadership for Mid Wales ophthalmology services.	On track
	Primary care eye care services for the South Gwynedd area	Explore options to strengthen primary care eye care provision in the South Gwynedd area.	On track
Cancer	Radiotherapy pathway	Identify opportunities to improve access to radiotherapy across Mid Wales by minimising unnecessary travel for patients and ensuring that suitable transport and accommodation options are available when treatment closer to home is not possible.	On track
	Chemotherapy pathway	Identify opportunities to improve access to, and increase provision of, chemotherapy services across Mid Wales.	On track
Dental	Endodontic services	Develop a pathway enabling HDdUHB Ceredigion patients residing in the Mid Wales catchment area to access endodontic treatment delivered by PTHB at Llandrindod Wells Hospital.	Complete
	Paediatric General Anaesthesia (GA) service	Explore the feasibility of establishing an integrated Paediatric GA service for Mid Wales.	On track
Strategic Service Change programmes	Strategic Service Change programmes	Review pathways affected by organisational Strategic Service Change programmes and support the development of regional and cross-border solutions.	On track
Colorectal	Colorectal service development and expansion	Explore the opportunities for expanding the HDdUHB colorectal service to include patients from other areas of PTHB and Betsi Cadwaladr University Health Board (BCUHB).	On track
Dermatology	Dermatology	Review the current Dermatology service provision across Mid Wales and identify opportunities to increase capacity and improve access.	On track

Mid Wales Priorities 2026/27			
Priority	Workstream	Aim	Status (as at 31/07/26)
Rural Health and Care workforce	Support Worker Development Programme (SWDP)	Expand the Mid Wales SWDP beyond the initial Health Board (HB) partnership, enabling full regional integration and cross-sector participation.	On track
	Cross-Sector Population Health, Wellbeing and Prevention Capability Development	Establish a baseline position across Mid Wales of workforce capabilities in prevention, population health and community-based wellbeing support, to identify opportunities for collaboration.	On track
	Workforce Health, Wellbeing and Psychological Support	Establish a regional baseline position of workforce health, wellbeing and psychological support needs across Mid Wales Health Boards (HB), enabling improved access, reduced duplication and strengthened resilience for staff.	On track
	National Management & Leadership Competency Framework	Support early development activity related to the national Management & Leadership Competency Framework in partnership with Health Education and Improvement Wales (HEIW), ensuring that emerging proposals are aligned across Mid Wales and duplication is avoided between the three Mid Wales HBs.	On track

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Agenda item: 4.2

BOARD		30 SEPTEMBER 2026	
Subject:	SUMMARY OF PARTNERSHIP BOARD ACTIVITY		
Approved and presented by:	Pete Hopgood, Acting Chief Executive		
Prepared by:	Head of Corporate Governance		
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant partnership board.		
PURPOSE:			
The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following: - NHS Wales Shared Services Partnership Committee (NWSSPC). - Powys Public Services Board (PSB). - Regional Partnership Board (RPB).			
RECOMMENDATION(S):			
It is recommended that the Board: - RECEIVE and NOTE the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings. - Take ASSURANCE mechanisms are in place to report appropriately to the Board.			
Approve/Take Assurance		Discuss	Note
Y		Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	

8. Transforming in Partnership	Y	
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EXECUTIVE SUMMARY:

Powys Teaching Health Board is a member of the following partnership boards. This report provides an update in relation to the work of these Partnership Boards.

NHS Wales Shared Services Partnership Committee (NWSSPC): established under Velindre NHS Trust which is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

The Shared Services Partnership Committee met on 16 July and 15 September 2026. The papers for these meetings are available at: [Shared Services Partnership Committee \(SSPC\) - NHS Wales Shared Services Partnership](#). The assurance report from the meeting held on 16 July 2026 are attached at **Appendix 1**. The report from the meeting on 15 September 2026 will be presented to the November Board meeting.

The next meeting is scheduled for 19 November 2026.

The Powys Public Services Board (PSB): established by the Well-being of Future Generations (Wales) Act 2015. Its role is to improve the economic, social, environmental and cultural well-being of Powys through better joint working across all public services. This includes a yearly review of the Powys Wellbeing Plan to show progress. Papers for Public Service Board meetings are available at: [Browse meetings - Public Service Board Cyngor Sir Powys County Council \(moderngov.co.uk\)](#)

- The PSB met on 24 September 2026 where the following items were discussed:
- Town and Community Council Wellbeing Reports
 - Climate Change Risk Assessment (for approval)
 - Community Conservations
 - Update on the Wellbeing Assessment
 - Resilience planning in response to recent wildfires
 - Workstream updates:
 - Undertaking a Whole System Approach to Healthy Weight
 - Evidence and Insight

The next meeting of the PSB is scheduled for 15 December 2026.

The Powys Regional Partnership Board (RPB): established under the Social Services and Well-being (Wales) Act 2014, which came into force in April 2016. Its key role is to identify key areas of improvement for care and support services in Powys and to identify opportunity for integration between Social Care and Health.

The RPB last met on the 23 September 2026 where the following matters were considered:

- RPB Leadership arrangements
- National updates and horizon scanning
- Regional Integration Fund
- RPB Development including Citizen Carers Charter
- System wide Winter Planning

The next meeting of the RPB is scheduled for 17 December 2026.

NEXT STEPS:

Updates will continue to be brought to the Board and where necessary, specific decision-making matters will be scheduled.

IMPACT ASSESSMENT – NOT REQUIRED

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Services Partnership Committee (SSPC)
Chaired by	Dr Susan Barnes, Chair
Lead Executive	Neil Frow OBE, Managing Director, NWSSP
Author and Contact Details	Roxann Davies, Corporate Services Manager
Date of Meeting	16 July 2026
Summary of key matters including achievements and progress considered by the Committee and any related decisions made	
Managing Director's Update Report – The Managing Director presented an update on key NWSSP developments since the previous meeting to complement the overarching report, with particular focus on two strategic programmes: Transforming Access to Medicines Service (TrAMS) and the Future Workforce Solution (FWS). The TrAMS South East Hub Full Business Case has been completed and was progressing through the formal approval routes within individual organisations. Construction of the South East Radiopharmacy facility had been completed, with commissioning, validation and operational readiness activities continuing. Programme momentum remained positive across all hub developments, with continued oversight required in relation to commissioning timelines, workforce capacity, funding dependencies and service continuity during transition. In relation to FWS, the Committee noted that the Managing Director had written to the NHS Business Services Authority (NHSBSA) in June raising concerns regarding programme clarity, scope, timelines and implementation expectations. Members were advised that the go-live date remained under review by NHSBSA and Infosys through the contract review process, with further formal communication anticipated and assurances received on improved communication and benefits realisation. Members discussed the implications of a revised timeline for early adopters, later implementation waves and funding arrangements, noting that year zero and year one funding had been approved under the previous administration, with further remapping required once the revised plan was agreed. Given the scale, complexity and multi-organisational impact of FWS, Members emphasised the need for appropriate programme assurance, including Internal Audit involvement at key staging and readiness points, subject to receipt of the revised plan. A further update would be brought to the September 2026 meeting. The Committee NOTED and DISCUSSED the Managing Director's Update Report.	
Deep Dive Presentation	
Foundational Economy - The Committee received a detailed presentation on the Foundational Economy programme and its contribution to wider procurement priorities, including decarbonisation, value for money, supply chain resilience, waiting list support and compliance with an increasingly complex legislative framework. Procurement activity	

continued to be underpinned by a focus on patient outcomes and value.

Enhanced analytical capabilities, including new Power BI and contract pipeline reporting tools, were highlighted, providing improved visibility of supplier spend, location and future procurement opportunities. Welsh-headquartered suppliers continued to account for 42.93% of NHS Wales expenditure, with spend increasing from just over £1bn in 2019/20 to more than £2.3bn in the latest year. Members noted that around £1.1bn of contracts were due for renewal during the year, presenting opportunities to further support foundational economy objectives where market conditions allowed.

Members welcomed the improved intelligence and discussed NWSSP's role in supporting delivery of the Social Partnership and Public Procurement (Wales) Act 2023 through a collaborative all-Wales approach. Discussion focused on the need to refine measures of economic impact beyond supplier headquarters location, alongside continued supplier engagement, support for SMEs and micro-businesses, and consideration of wider economic and employment benefits. The Committee recognised NWSSP's strategic procurement role and potential to further contribute to economic growth through innovative commercial approaches and partnership models.

The Committee **NOTED** the update provided in relation to Foundational Economy.

Items for Approval

Scan for Safety Wales Programme – The Committee considered the three-year extension of the Scan for Safety Programme, noting forthcoming regulatory requirements for enhanced traceability of implantable medical devices and Wales' comparatively advanced position. The programme will support compliance requirements and further development of inventory management capabilities, including exploration of artificial intelligence to optimise stock management across NHS Wales. The Committee **APPROVED** the extension of the Scan for Safety Programme and its supporting Inventory Management Contract with Omnicell by utilising the 36 months available as per the original Full Business Case and current contract terms.

Student Awards Bursary System – The Committee considered the proposed three-year contract extension for the Student Awards Bursary System, recognising the need to maintain continuity of support for students whilst Welsh Government continues to review bursary arrangements. The Committee **APPROVED** the Student Bursary Award System contract extension for three (3) years with effect from 1 April 2027 to 31 March 2030 with a total cost of £382,515.

Material Handling Equipment Lease, Hire and Maintenance – The Committee considered proposals to award a five-year contract for material handling equipment and received assurance regarding procurement, supplier due diligence and risk mitigations, including consideration of the single tender response received. The Committee **APPROVED** the award of the contract to Toyota Material Handling UK Limited, up to a maximum estimated value of £1.04m excluding VAT over the full five-year term, and **NOTED** the demand-led nature of the agreement, the associated risks and mitigations, and that progression remained subject to all required approvals and procurement requirements being completed.

NWSSP Annual Review 2025-26 – The Committee received the Annual Review 2025-26, which reflected NWSSP's 15-year anniversary on 1 April 2026 and provided an overview of organisational achievements, governance arrangements, performance and future priorities. The Committee **APPROVED** the Annual Review.

Digital Strategy – The Committee considered the refreshed Digital Strategy, designed to support organisational priorities through strengthened digital foundations, workforce capability, data maturity, cyber resilience and innovation. Discussion highlighted alignment with national digital priorities, workforce readiness and future investment requirements. The Committee **APPROVED** the refreshed Digital Strategy.

Opportunities Pipeline – The Committee received an update on the Opportunities Pipeline, setting out existing, emerging and longer-term opportunities through which NWSSP could further support NHS Wales in response to financial and service challenges. Members endorsed the strategic direction, emphasising the importance of partnership working, governance and stakeholder sponsorship. Some members of the Committee were keen to explore NWSSP's ability to take forward initiatives on a local and regional basis and not be constrained by consensus on all-Wales approaches every time. The Committee **NOTED** the update on the NWSSP Opportunities Pipeline, including initiatives already in hand for 2026/27, and **APPROVED** the proposed approach to undertaking discovery work on medium to longer-term opportunities before any final decision on development and implementation.

NHS Wales Preparedness, Resilience and Response Annual Report 2025-26 – The Committee received assurance regarding the maturity of NWSSP's emergency preparedness, resilience and response arrangements and the organisation's contribution to wider NHS Wales planning and collaboration. AR commented that NWSSP would be working with the Welsh Government in response to the recently published COVID Inquiry Module 5 report on PPE Procurement. The Committee **APPROVED** the Annual Report for submission to NHS Performance and Improvement.

Items for Noting

Welsh Risk Pool Assurance Programme – The Committee received an update on the Welsh Risk Pool Assurance Programme, including work to strengthen forecasting, financial mitigation and learning from clinical negligence claims. Members noted ongoing engagement with NHS Wales organisations and external partners to support continuous improvement and future risk reduction. The Committee **NOTED** the update.

Finance, Performance, People, Programme and Governance Updates

Finance Report – The Committee received the Finance Report as at 31 May 2026, noting a year-to-date surplus of £813k, delivery of Cost Improvement Programme savings, continued vacancy controls and no agency expenditure reported in the year to date. Key risks related to digital programme funding, Future Workforce Solution implementation, Radiopharmacy transition costs and energy price volatility. The Committee also noted capital programme progress, Welsh Risk Pool expenditure monitoring and the ongoing grip and control improvement programme.

People and Organisational Development Report – The Committee received an update on workforce performance, noting improved staff turnover, stable sickness absence and continued targeted interventions in areas of higher absence. Strong mandatory training compliance, ongoing workforce planning activity and a positive Internal Audit review of attraction and retention were highlighted. Members also noted NWSSP's achievement of silver status under the Armed Forces Employer Recognition Scheme.

Performance Information Report – The Committee received the latest performance report, noting continued delivery of professional influence benefits of £57m and generally

positive organisational performance. A small number of targets remained below target relating to procurement savings delivery and timely responses to audit recommendations, with corrective actions underway. Improvements in recruitment performance were also noted.

Outcome Measures Report – The Committee received an update on performance against NWSSP’s strategic outcomes, noting positive performance across key measures including employee satisfaction, customer satisfaction, professional influence benefits, decarbonisation and foundational economy objectives.

Transformation Management Office (TMO) Update Report – The Committee received an update on the transformation portfolio, comprising 21 programmes, projects and initiatives across NHS Wales and NWSSP. Progress was reported across a number of schemes, including projects reaching completion and continued strengthening of reporting, assurance and benefits realisation arrangements.

Integrated Medium-Term Plan (IMTP) Quarter 4 Report 2025-26 – The Committee received the year-end IMTP performance report, prior to its submission to Welsh Government, noting that the majority of objectives had either been completed or remained on track. Areas of slippage and external dependency were being managed through the 2026-27 planning cycle.

NWSSP Annual Governance Statement (AGS) 2025-26 – The Committee received the final Annual Governance Statement, noting its prior consideration and approval through the Audit Committee and inclusion within the annual accounts process.

NWSSP Corporate Risk Register – The Committee received the Corporate Risk Register, noting the current risk profile, of which there were eight red and ten amber risks for action. No new risks had been escalated, although key programme risks had been refined to improve oversight. Ongoing review of risk targets and organisational risk appetite was also noted.

The Committee **DISCUSSED** and **NOTED** the above Reports.

Items for Information

The Committee received several items for information, covering items 7.1 to 7.4 of Part A and items 1.1 to 1.9 of Part A2. These comprised the Finance Monitoring Returns for Months 1 and 2 of 2026-27, the Personal Protective Equipment (PPE) Report, the NWSSP Audit Committee Assurance Report from 28 April 2026, and the SSPC Forward Plan 2026-27, together with a suite of annual reports covering Audit Committee, Local Counter Fraud Services, Concerns and Complaints, Declarations of Interest and Gifts, Hospitality and Sponsorship, Health and Safety, Welsh Language, Duty of Quality, Medical Examiners Service and Surgical Materials Testing Laboratory.

Part B – Private

Transforming Access to Medicines Service (TrAMS) South East Hub Full Business Case – The Committee considered the Full Business Case for the South East TrAMS Hub, which forms part of the national programme to modernise aseptic medicines manufacturing services across Wales. Members noted the case for change, including infrastructure, regulatory and workforce challenges, and that the proposal sought £21.7m capital investment to develop a regional hub at Imperial Park (IP5). The Committee acknowledged extensive stakeholder engagement and the strategic importance of the

programme in delivering a sustainable all-Wales service model. The Committee **APPROVED** the Full Business Case, subject to remaining organisational approvals and submission to Welsh Government.

Transforming Access to Medicines Service (TrAMS) Clean Room Design and Build Contract Change Approval – The Committee considered proposed contract changes associated with the South East TrAMS Hub development, noting that progression remained contingent upon approval of the Full Business Case, Welsh Government approval and confirmation of capital funding. Assurance was provided regarding cost validation, governance oversight, risk management and lessons learned arrangements. The Committee **APPROVED** the clean room design and build contract changes. Trust Board approval consideration to follow on 30 July 2026.

Aseptic Isolators for the South East Transforming Access to Medicines Service (TrAMS) Project – The Committee considered the procurement of 15 aseptic isolators required to support operations within the proposed South East Hub. Members noted that the purchase formed an essential component of the overall TrAMS infrastructure programme and remained subject to Full Business Case approval, Welsh Government approval and confirmation of capital funding. The Committee **APPROVED** the purchase of the isolators. Trust Board approval consideration to follow on 30 July 2026.

Matters requiring Board/Committee level consideration and/or approval

The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

Date of Next Meeting	Tuesday 15 September 2026, 10.00am to 12.00pm
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Agenda item: 4.3

BOARD		30 SEPTEMBER 2026
Subject:	Summary of Activity of the Board’s Advisory Groups	
Approved and presented by:	Helen Bushell, Director of Corporate Governance / Board Secretary	
Prepared by:	Head of Corporate Governance	
Other Committees and meetings considered at:	N/A	
PURPOSE:		
The purpose of this report is to provide the Board with an update on the work of the Board’s Advisory Groups.		
RECOMMENDATION(S):		
The Board is asked to:		
RECEIVE the summary assurance reports appended to this covering paper taking ASSURANCE that Board Advisory Groups are fulfilling their roles and reporting accordingly to the Board.		
Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	N	The LHB Local Partnership Forum (LPF) is the formal partnership mechanism where the Health Board's Managers and Trade Unions work together to improve health services for the citizens of Powys. It is the forum where key stakeholders will engage with each other to inform thinking around national and local priorities on health issues.
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

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Board Advisory Groups Assurance
Report

EXECUTIVE SUMMARY:

Powys Teaching Health Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, a Board may be supported by Advisory Groups to provide advice to the Board in the exercise of its functions.

PTHB's Advisory Groups include:

The **Local Partnership Forum (LPF)** whose role is to provide a formal mechanism where PTHB, as employer, and trade unions/professional bodies representing PTHB employees work together to improve health services for the citizens served by PTHB - achieved through a regular and timely process of consultation, negotiation and communication.

The Local Partnership Forum last met on the 13 July 2026. A full Chair's Report from this meeting is attached at **Appendix A**.

The **Healthcare Professionals Forum (HPF)** provides a formal mechanism for registered healthcare professionals to offer independent, multidisciplinary clinical advice and assurance to the Board and its committees on workforce, quality, safety and service planning.

The HPF is scheduled to next meet on the 03 November 2026.

IMPACT ASSESSMENT – NOT REQUIRED

This section must be completed for all strategic organisational decisions including approval of health board policies.

Reporting Committee:	Local Partnership Forum
Committee Chair	Cathie Poynton
Date of last meetings:	13 July 2026
Paper prepared by:	Corporate Governance Officer
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
1. SITUATION/BACKGROUND	
This report had been prepared to provide Board Members with a summary of the key issues considered by the Local Partnership Forum meeting on 13 July 2026. Key highlights from the meeting are reported in Section 3.	
2. PURPOSE	
The Purpose and Role of the Local Partnership Forum is set out the Terms of Reference pages 9-19.	
3. HIGHLIGHT REPORT	
Local Partnership Forum agendas and papers are available to Board Members on request to the Corporate Governance Team.	
Escalate/Alert	
Advise	There are no matters to advise.
Assure	BETTER TOGETHER UPDATE INCLUDING TEMPORARY SERVICE CHANGES

	The Local Partnership Forum RECEIVED the update on the Better Together programme including Temporary Service Changes FINANCE REPORT MONTH 02 2026/27 The Local Partnership Forum RECEIVED the Finance Report for month 02 of 2026/27 and DISCUSSED as appropriate. EXECUTIVE DIRECTOR OF PEOPLE, CULTURE AND TRANSFORMATION SUMMARY REPORT The Local Partnership Forum took ASSURANCE on the Executive Director of People, Culture and Transformation Summary Report. WORKFORCE PERFORMANCE REPORT The Local Partnership Forum took ASSURANCE on the Workforce Performance Report.
Inform	The Local Partnership Forum received and discussed the following items: • Chief Executive Report from May Board 2026 • Work Programme 2026/27
NEXT MEETING: 12 October 2026	

Key:

Alert / Escalate	Alert to matters that the Board need to be aware of, such as an area of non-compliance, or a major threat to safety/ to the delivery of strategy
Advise	Advise the Board of areas subject to on-going monitoring or development or where there is negative assurance
Assure	Assure the Board where positive assurance has been received
Inform	Inform the Board of any other relevant information



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Addysgu Powys
Powys Teaching
Health Board

Agenda item: 4.4

BOARD		30 SEPTEMBER 2026	
Subject:	Regional Partnership Board (RPB) Annual Report 2025-2026		
Approved and presented by:	Mererid Bowley, Executive Director of Public Health, Powys Teaching Health Board		
Prepared by:	Joe Wellard, Powys RPB Coordinator Clare Lines, Assistant Director Partnership Development, Powys Teaching Health Board		
Other Committees and meetings considered at:	Regional Partnership Board, 24 June 2026 (Scheduled for Powys County Council Senior Management / Cabinet in August 2026) Executive Committee, 22 July 2026 Planning, Partnerships and Population Health Committee, 15 Sept 2026 – who supported the report to the Board.		
PURPOSE:			
To present the Regional Partnership Board Annual Report for April 2025 to March 2026 to the PTHB Board Committee. The report provides assurance on the progress made in delivering the five-year Joint Area Plan and broader outcomes set within the Health and Care Strategy “A Healthy Caring Powys”, through collaborative partnership working of the Powys Regional Partnership Board across health, social care, housing, the third sector and communities.			
RECOMMENDATION(S):			
The Board is asked to:			
• RECEIVE the Regional Partnership Board (RPB) Annual Report and • Take ASSURANCE that the RPB is fulfilling its role and providing an effective mechanism for delivery of the Joint Area Plan as part of the ten-year Health and Care Strategy “A Healthy, Caring Powys”.			
Approve/Take Assurance		Discuss	Note
Y		Y	Y

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ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	The Regional Partnership Board Annual Report demonstrates strong alignment with the Powys Teaching Health Board's wellbeing objectives through its continued focus on prevention, early intervention, integrated care, workforce development, innovation and partnership working.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

Strategic Context

The Powys Regional Partnership Board (RPB) brings together partners from health, social care, housing, the third sector, independent providers and local communities to improve wellbeing and deliver more joined-up services for the people of Powys. Established under the Social Services and Well-being (Wales) Act 2014, the RPB provides strategic leadership for integrated planning, prevention, co-production and service transformation. Through its Health and Care Strategy, *A Healthy Caring Powys*, and Joint Area Plan the Board works to improve outcomes, reduce inequalities and ensure people can access the right support, at the right time, in the right place.

In July 2026, Welsh Government commissioned the Institute of Public Care (IPC) to undertake an independent review of Regional Partnership Boards across Wales. The review will examine how RPBs are established in law, compare arrangements across other UK nations and internationally, and consider opportunities to strengthen the partnership arrangements further to maximise their impact – the initial findings from the review were due at the end of August 2026.

Alongside this, Powys RPB will continue to maintain a focus on delivering its priorities as set out in the agreed RPB Delivery and Resource Plan 2026-27 and maximising the impact of its work. This includes maintaining a strong focus on managing the exit from the Regional Integration Funding Programme (RIF), which is one of Welsh Government's time-limited funding streams allocated to the partnership. The Powys RPB continues to recognise both the benefits delivered through the RIF funded programme and the need to minimise risks to staff, communities and partner organisations as funding arrangements change. Through a structured approach to exit planning, impact assessment, risk management and lessons learned, partners have sought to identify system critical priorities, capture innovation and learning, and use the experience to inform future models of integrated working and investment. This work will continue at pace into Q3 / Q4 of this year. Information from Welsh Government about what may follow RIF is not expected until the Autumn.

The Partnership Governance and Assurance Report, also considered by PPPH Committee provided further information in relation the approach to RIF.

RPBs Annual Report 2025-26

The RPB's most recent Annual Report provides a look back and reflection opportunity on the achievements and impact of its work over the last year and helps to provide assurance on the delivery of the Health and Care Strategy "A Healthy Caring Powys", and the progress made in improving outcomes through integrated partnership working in Powys. The report demonstrates how partners have continued to strengthen prevention, community-based support, innovation and integration, with a shared focus on delivering accessible, person-centred care across Powys.

The RPB has continued to strengthen collaborative working across partners, with a sustained focus on improving outcomes through Prevention, early intervention, and person-centred approaches to care and support. Delivery has been progressed through the life-course partnerships of Start Well, Live Well and Age Well, alongside key cross-cutting priorities including workforce development, unpaid carers, Welsh language (Active Offer), social value, and the North Powys Wellbeing Programme.

Whilst there is a shared commitment to prevention it was recognised in year that the partnership's work has predominantly focused on secondary and tertiary prevention – with a need to develop a shared understanding of primary prevention. With this in mind the RPB has endorsed the "Preventing the Preventable Framework" and developing that understanding is a priority within the current year's delivery plan.

In-year work continued following the Evaluation, Prioritisation and Assurance process including bringing together more closely separate projects such as Community Connectors, Befriending and Social Prescribing. A self-assessment was also undertaken across the RPB to inform partnership development.

Annual Report development, engagement and governance

The report has been developed by collating a wide range of information across the RPB, including quarterly RIF reporting and RPB Partnership / Programme six-monthly Reporting Dashboards. Information from these sources include detailed quantitative and qualitative information at the project level – including project case studies and the views of people using services, which have helped create an information bank to develop the Annual Report. RPB Partnerships have then been engaged to develop a strong narrative from this to highlight key achievements and progress.

The draft report, in line with RPB Governance, was received and approved by the RPB Board on 24 June, which includes citizen and unpaid carer representatives. The report was submitted to Welsh Government on 30 June as per the statutory requirement to do so. The Annual Report has since been translated into Welsh, the graphics applied and an Easy Read version developed. Final publication on-line is expected in September, supported by a series of communications to highlight the impact of the work.

Key highlights

Start Well

- Continued development of integrated services for children, young people, and families, with a focus on early intervention, prevention, and emotional wellbeing.
- Strengthened partnership approaches to improve access to timely, coordinated support, including supporting children and families at the edge of care.

Live Well

- Ongoing delivery of community-based, integrated models of care, supporting individuals with complex needs to maintain independence in their community.
- Increased emphasis on co-production and lived experience, ensuring services are responsive to local needs – especially through the Live Well Forum.

Age Well

- Progress in supporting older people to live independently within their communities, including enhancements to home-based and care services.

Cross-Cutting Priorities

- Unpaid Carers: Strengthened support, recognition, and engagement to improve carer wellbeing and resilience.
- Workforce Development: Investment in workforce capacity, skills, and leadership to support sustainable service delivery.
- Welsh Language (Active Offer): Embedding accessible, bilingual services across the partnership.
- The Powys Social Value Forum: Bringing together partners, communities, and the third sector to support co-production, strengthen community-led approaches, and maximise the wider social, economic, and wellbeing benefits of health and care delivery.
- North Powys Wellbeing Programme: Supporting community-based approaches that enhance wellbeing and strengthen local resilience; securing funding to further develop the integrated health and wellbeing hub in Newtown.

The report concludes by outlining the focus of work for the year ahead, as follows:

- Prevention First: work to strengthen prevention and also supporting people earlier and closer to home
- Co-Production and Engagement: Putting people at the centre
- Deeper Integration and Joint Working
- Innovation and Learning: Building a more resilient system from learning what works
- Strategic Planning and a focus on sustainability (including exit planning).

Together, these priorities provide a clear framework for delivering the Regional Partnership Board's Joint Area Plan and Health and Care Strategy, ensuring that partnership efforts remain focused on improving and demonstrating outcomes, reducing inequalities, and supporting healthier, more resilient communities across Powys.

NEXT STEPS:

Final publication on-line is expected in September, supported by a series of communications to highlight the impact of the work.

Powys Teaching Health Board remains committed to working with Regional Partnership Board partners to build on successful collaborative approaches, maximise opportunities for improvement and innovation, and to collectively respond to the challenges and opportunities facing health and social care services across Powys.

The RPB's work will continue to be guided by the Joint Area Plan (2023–2027) and Delivery and Resource Plan (2026–2027), with a continued focus to strengthen prevention and early intervention, citizen voice and co-production, integrated community-based care, innovation and learning, and the long-term sustainability of services, (including exit planning).

IMPACT ASSESSMENT				
This section must be completed for all strategic organisational decisions including approval of health board policies.				
QUALITY:				
	No	Negative	Positive	Both
Safe			x	
Timely			x	
Effective			x	
Efficient			x	
Equitable			x	
Person Centred			x	
Workforce			x	
Leadership			x	
Culture			x	
Information			x	
Learn, Improve, Research			x	
Whole Systems Approach			x	
EQUALITY:				
	No impact	Negative	Positive	Both
Age			x	
Disability			x	
Gender reassignment	x			
Marriage / civil partnership	x			
Pregnancy / maternity	x			
Race	x			
Religion or Belief	x			
Gender	x			
Sexual Orientation	x			
Welsh Language			x	
Socio-economic status	x			
Social exclusion			x	
Carers			x	
RISK ASSESSMENT:				
	Level of risk identified		The risk in approving the report is very low. It has already been considered at the multiagency RPB Board meeting in June 2026; the PTHB Executive	

	Very Low (0-3)	Low (4-8)	Moderate (9-14)	High (15-25)	Committee and Planning Partnerships and Population Health Committee
Clinical	x				
Financial	x				
Corporate	x				
Operational	x				
Reputational	x				



Powys Regional Partnership Board

Annual Report
April 2025 to March 2026



Bwrdd Partneriaeth
Ranbarthol Powys
Iechyd a Gofal
Cymdeithasol



Powys Regional
Partnership Board
Health and
Social Care



Llywodraeth Cymru
Welsh Government

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EXECUTIVE SUMMARY

Over the past year, the Powys Regional Partnership Board (RPB) has continued to bring together health, social care, and wider partners to improve outcomes for people across Powys. This annual report reflects a year of collaboration, innovation, and shared commitment to making health and care services more integrated, accessible, and person-centred.

At the heart of the RPB's work is the shared Health and Care Strategy, 'A Healthy Caring Powys', which sets out a long-term vision for integrated, person-centred care. The Board's work is delivered through its life-course partnerships - **Start Well, Live Well, and Age Well** - each of which has continued to strengthen early help, prevention, and community-based support across Powys.

- **Start Well** expanded early help and emotional wellbeing provision, supporting over **8,000 children, young people and families**, including more than **2,200 accessing support for the first time**, helping to identify need earlier and reduce escalation.
- **Live Well** strengthened community-based support and system coordination, including progress on neurodevelopmental pathways, development of a co-produced respite model for carers, and delivery of preventative services such as the **Prevention Assessment Service, supporting 80 individuals** in its initial pilot phase.
- **Age Well** enhanced preventative support and care closer to home, with services such as Home Support and Community Connectors supporting over **2,800 individuals combined**, alongside improved hospital flow, community capacity, and continued investment in extra care housing.

Beyond age-specific services, the RPB has continued to deliver a wide range of cross-cutting programmes that support people throughout their lives:

- **Carers:** Over **2,500 unpaid carers** were supported, alongside targeted initiatives and digital engagement reaching over **176,000 views**, helping carers feel more connected, supported, and able to sustain their caring roles.
- **Welsh Language:** The **Gofal Welsh Language** Steering Group was re-established. This multi-agency steering group brought together partners from across the RPB to provide collective oversight, coordination, and leadership in promoting the use of Welsh within services.
- **Cancer Support:** The **Improving Cancer Journey** programme strengthened its single point of access, increasing referrals and enabling more people to receive holistic, person-centred support.
- **Workforce Futures:** Over **22,000 individuals** were reached through workforce development activity, supporting skills, leadership, and resilience across the health and social care system.

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Prevention at the Core

A key theme throughout the year has been the continued shift toward **prevention and early intervention**. Across all partnerships, services have focused on identifying need earlier, reducing escalation, and supporting people to remain independent within their communities. This included the expansion of community-based support, the use of Technology Enabled Care to support over 900 individuals, and integrated approaches that enabled over 2,400 people to remain safely at home.

Integration and Partnership in Action

The RPB's strength lies in its collaborative approach, bringing together partners across health, social care, housing, and the third sector. During the year, this has supported more coordinated pathways, improved patient flow, and strengthened delivery of integrated models such as virtual wards and community care coordination.

Alignment with Wider Partnership Reporting

The Powys RPB Annual Report complements the work of partner organisations' individual annual reports and the Powys Public Service Board (PSB) Annual Report ([Powys Public Service Board - Our Annual Progress Report - Powys County Council](#)) which reports progress against the Well-being Plan under the Well-being of Future Generations (Wales) Act 2015. While the PSB report provides a strategic overview of multi-agency progress across broader well-being objectives, the RPB Annual Report focuses specifically on the integration of health and social care services and delivery against statutory duties under the Social Services and Well-being (Wales) Act 2014. Together, these reports provide a complementary and coherent picture of partnership working in Powys, avoiding duplication while strengthening transparency and shared accountability across the system.

Engagement and Co-Production: Listening, Learning, Acting

The voices of citizens and carers have remained central to shaping services. Through forums, networks, and representative roles, people with lived experience have actively influenced service design and improvement.

The work of the **Powys Engagement and Insight Network, Partnership Engagement Forums, and co-production initiatives** has strengthened participation, supported more inclusive engagement, and helped ensure that services reflect what matters most to people across Powys.

Innovation and New Ways of Working

Innovation continued to play a key role in driving improvement. The RPB adopted new approaches, including digital tools, workforce innovation, and new models of care aligned to prevention and integration.

The **Regional Innovation Coordination Hub** supported the development and scaling of innovative practice, while programmes such as digital consent systems and Technology Enabled Care demonstrated practical, system-wide benefits in improving access, efficiency, and outcomes.

Looking Ahead

As the RPB moves forward, the focus will be on embedding and scaling the progress made during 2025–26. This includes strengthening prevention, continuing to integrate services, and ensuring co-production remains central to delivery.

With strong partnerships, a clear strategic direction, and continued investment in community-based support, the RPB is well positioned to deliver sustainable, person-centred improvements in health and wellbeing for the people of Powys.

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THE BOARD'S ROLE AND PURPOSE

Powys Regional Partnership Board (RPB) brings together a range of public service representatives and other key people, including citizens, to ensure that organisations work better together to improve the health and wellbeing of the people of Powys. The RPB Terms of Reference contains a statement of intent which sets out what it is trying to accomplish:

- Create a momentum for critical improvements, by identifying key priorities for Powys citizens and concentrate efforts to ensure those are being addressed
- Increase the focus on early intervention and prevention by encouraging citizen control and ownership in health and wellbeing matters, to minimise the escalation of need
- Ensure the voice of the citizen is not only heard but acted upon to improve services
- Utilise intelligence on existing and future needs of citizens in the planning of services throughout the spectrum of need and ensure resources are maximised through judicious engagement with other bodies undertaking similar activity
- Ensure quality services are delivered efficiently and effectively through a skilled and motivated workforce and volunteers
- Promote the integration of care and support between Social Services and Health
- Ensure co-production and the commissioning of services with the public, private and voluntary sectors that promotes connected and seamless services working effectively together
- Foster innovative new practices and promote a learning culture ensuring effective mechanisms are in place to bridge the gap between organisational and public communication on the planning and achievements of services.

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HEALTH AND CARE STRATEGY

The Powys Regional Partnership Board's (RPB) work is driven by Powys' Health and Care Strategy, 'A Healthy Caring Powys' which sets out the priorities for transforming health and care in Powys up to 2028. All partners came together to review and refresh these priorities and to produce our second RPB Joint Area Plan.

The Joint Area Plan builds on the progress and learning of the previous five years and responds to what people of Powys have said about their health and care, and what matters to them.

We've drawn extensively on our refreshed understanding of life in the county with the updated views and evidence gathered as part of the [Powys Population Needs Assessment](#) (refreshed 2025), [Wellbeing Assessment \(2022\)](#), [Powys Market Stability Report \(2022\)](#) as well as other new research, feedback and policy.

The new Area Plan sets out how we can improve the health and wellbeing of people in Powys and will deliver the final stages of our 10-year ambition. To see the updated Area Plan, along with reviewed priorities, visit www.powysrpb.org

HOW THE WORK OF THE BOARD GETS DONE

The Regional Partnership Board (RPB) sets the strategic direction for health and social care in Powys and the joint priorities for working together. Key to delivering on the ambition and priority areas, are the four subsidiary partnerships: **Start Well, Live Well, Live Well (Mental Health) and Age Well**. They each involve a much wider group of people and have their own sub-groups that carry out more detailed work.

Each has a particular focus on a specific population group – children, young people and families (Start Well), Adults (Live Well), and Older People (Age Well). Some areas of focus are relevant to all these age groups and therefore are cross-cutting. These include unpaid carers for example, as well as the requirement to provide relevant information, advice and assistance.

Wider engagement with people is crucial and the partnerships and subgroups have various ways in which they can involve people to help shape decisions. Start Well for example has a Junior Start Well Board made up of young people who can discuss key issues and feed these in.

The RPB Executive Group helps drive the work of the RPB forward across partners and offers support and challenge for key decisions. The Boards' work is co-ordinated through the RPB Team which provides high level support and co-ordination across all areas.

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SELF-ASSESSMENT AND PARTNERSHIP DEVELOPMENT

During 2025–2026, the Regional Partnership Board (RPB) undertook a series of structured self-assessment and development sessions across its partnership arrangements. These were designed to support reflection, strengthen partnership effectiveness, and inform future development.

The assessment highlighted a strong foundation across the Powys partnership landscape, with **positive and collaborative relationships**, a clear **commitment to co-production**, and a shared **focus on prevention and improving outcomes** for citizens.

Alongside these strengths, the process identified opportunities to further enhance the way partners work together. These include improving **alignment across partnerships**, strengthening **governance connectivity and communication**, and developing more consistent approaches to **demonstrating impact and learning**.

In response, a focused set of recommendations has been agreed to support the continued development of the RPB. These are designed to:

- Improve **clarity of roles, responsibilities, and accountability** across partnership arrangements
- Strengthen **alignment and reduce duplication**, enabling resources to be used more effectively
- Enhance **citizen voice and co-production**, ensuring lived experience continues to inform decision-making
- Develop **simpler and more consistent approaches to measuring impact and outcomes**
- Support more effective use of **partnership time and capacity**, recognising wider system pressures

These actions reflect a commitment to **continuous learning and improvement**, building on existing strengths to ensure the partnership remains effective, responsive, and focused on delivering positive outcomes for the people of Powys.

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THE BOARD'S MEMBERSHIP

The Powys Regional Partnership Board (RPB) brings together senior representatives from Powys County Council, Powys Teaching Health Board, the third sector, independent sector, housing partners, citizen and unpaid carer representatives to support the planning and delivery of integrated health and social care services.

In line with Part 9 of the Social Services and Well-being (Wales) Act 2014, the Board is supported by designated responsible named partners from both the local authority and health board. During 2025-2026, these roles were undertaken by **Nina Davies, Director of Social Services and Wellbeing, Powys County Council**, and **Elaine Lorton, Executive Director of Primary Care, Community and Mental Health, Powys Teaching Health Board**. Together, Board members provide strategic leadership, oversight and accountability for partnership arrangements across Powys, ensuring a continued focus on integration, collaboration and improved outcomes for people and communities.

Regional Partnership Board Membership and Representation	
Individual Agency Governance Representatives	One elected member (councillor) of Powys County Council representing adults
	One elected member (councillor) of Powys County Council representing children
	One person to represent Powys Teaching Health Board (non-executive)
	One person to represent county voluntary council PAVO (non-executive)
Strategic – Health	One Powys Teaching Health Board Strategic representative
	One Powys Teaching Health Board strategic representative and nominated responsible person for RPB partnership
Strategic - Social Services	The person appointed as director of social services under section 144 of the 2014 Act in respect of Powys County Council
	One senior Powys County Council officer to represent social services
Strategic Links	One person to represent the interests of Public Health
	One senior Powys County Council officer responsible for housing, including the responsibility for links to capital investment in housing
	One senior Powys County Council officer who has responsibility for education
	A representative of the Welsh Ambulance Service University NHS Trust.
Third Sector	One person to represent county voluntary council PAVO
	Two people who represent the interests of third sector organisations
Care provider	One person who represents the interests of care providers
	One person who represents the interests of primary care providers
	One person who represents the interests of registered social landlords

Citizen voice	Two people to represent the interests of carers ('RPB carer rep')
	Two people who represents the interests of people with needs for care and support ('RPB citizen rep')
	One person to promote the involvement of people who need care and support and carers in the work of the RPB as an observer

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START WELL

The Start Well Partnership plays a central role in improving outcomes for children, young people and families across Powys through a coordinated, preventative and multi-agency approach. Working across partners, the Start Well Board is developing Early Help hubs across the county to strengthen access to support at the earliest opportunity, reduce escalation of need and ensure services are shaped around children and families. These hubs are designed to provide safe, nurturing and empowering environments, bringing together a range of support, including health and social care, closer to home and within communities.

During 2025–26, the Start Well Partnership projects demonstrated a strongly preventative, systemwide response to supporting children, young people and families in Powys. Across the year, **8,098 individuals accessed support**, with **2,233 people engaging with services for the first time**. This indicates that the Start Well projects are not only sustaining ongoing support for known families but also successfully identifying and engaging new families earlier, helping to address emerging needs before they escalate.

Keeping Children Safely at home is a key priority for the Start Well Board and the provision of an Edge of Care Service. Where children do need to come into care the Board works to ensure that specialist support can be provided closer to home.

Emotional Health and Wellbeing

Powys has developed an Emotional Health and Wellbeing Model, which brings together all elements of children, young people and families' emotional health and wellbeing. The project primarily works with children, young people, families, and staff to provide support across a range of needs by addressing the gaps in emotional health and wellbeing services.

The services delivered range from specialist one-to-one sessions to group work and activities where a whole class can be involved. Partnership working has allowed for delivery partners to work collectively to establish and fill gaps and share and develop ideas. This has included the development of ideas suggested by young people, in particular a Youth Café in Newtown, which was initially funded through the project but has now attracted Lottery Funding and goes from strength to strength.

Across the year, **1,836 individuals were supported**, with a **high proportion (1,471) accessing support for the first time**. Activity increased notably in the second half of the year, reflecting school-based delivery, Sport Powys' involvement and wider partner activity.

Satisfaction levels were also very high, reinforcing the effectiveness of relationship-based, preventative interventions, particularly for children and young people experiencing anxiety, emotionally-based school avoidance or emerging mental health needs. The data supports the conclusion that this project is preventing escalation to more specialist services.

Overall, 90% have reported reduced isolation, maintained or improved emotional wellbeing and increased confidence since accessing services.

This year the partnership also worked to further develop the **NYTH/NEST model**, which ensures a comprehensive approach to mental health, well-being, and support services. The partnership has achieved positive outcomes, such as increased access to emotional health support, appropriate referrals to services, and the development of therapeutic provision to support young people and practitioners.

NYTH/NEST Framework

During 2025–2026, progress was made in implementing the NYTH/NEST framework across Powys, strengthening a **more consistent, relationship-based approach to supporting emotional wellbeing among children and young people**.

Engagement activities were undertaken with children, young people and families across the county to better understand their experiences and perspectives. This work identified the key values and behaviours associated with a ‘trusted adult’, **highlighting the importance of trust, consistency and feeling understood**. These insights informed the development of a co-produced **Trusted Adult video**, which reached its final stages during the year, alongside the creation of Powys-specific online training resources.

The training incorporated real, local examples to support staff in understanding how the approach can be applied in practice. It also emphasised the importance of services working more effectively together around the needs of children and families. This work was complemented by a **strong focus on workforce development**, including the introduction of a recruitment factsheet to support the **consistent application of NYTH/NEST values and behaviours in recruitment and supervision**, as well as the delivery of trauma-informed training across schools and services.

Together, this activity represented clear progress towards a more joined-up, whole-system approach. Foundations were established to support the continued rollout of the framework, with a focus on strengthening consistency so that children, young people and families experience support that is connected, relational and responsive across Powys.

Early Help and Play

The partnership continued to support early help and play through several key initiatives and projects. One of these is **Powys Together, which offers a variety of free activities, events and opportunities for children, young people, and families in north Powys**. This initiative is crucial in enabling the most disadvantaged families to participate in enriching experiences, aiming to reduce disadvantage whilst building community resilience and connections.

The four Powys Together co-ordinators are based in Welshpool, Newtown, Llanidloes and Machynlleth and are actively engaging with their local communities to understand their strengths and needs.

Highlights

- The project **engaged over 6,000 children**, young people and families.
- Delivery included **227 sessions and activities** shaped directly by local consultation, alongside extensive engagement with community and stakeholder groups.
- **81% of attendees returning to activities**. This indicates strong trust, relevance and community ownership, rather than one-off participation.

Powys Together helps to reduce isolation, strengthen protective factors and build community resilience. Activities and sessions were prioritised and focused on health and wellbeing.

This year the co-ordinators have worked with over 6,037 children, young people and families. A total of 227 activities and sessions have been delivered, with 81% returning to meet their outcomes.

Neurodevelopmental (ND) Pathway Remodel

During 2025–2026, the ND Pathway Remodel supported improved flow across the neurodevelopmental pathway, with over **600 diagnostic assessments completed**. Improvements were made to triage processes, referral quality and workforce capacity, helping to strengthen the overall efficiency and responsiveness of the system.

Data indicated greater clarity and effectiveness through redesigned pathways, the introduction of Patient Choice appointments, and the embedding of Assistant Practitioner roles. This approach enabled clinicians to focus on more complex assessments and interventions, working at the top of their professional scope. The **establishment of a multi-agency ND Professional Forum further strengthened consistency** across the system and built confidence among practitioners.

The ND Remodel contributed to reducing waiting list pressures, improving the experience of children and families, and helping to prevent escalation associated with delays and uncertainty. This work supported longer-term sustainability across children's services.

Powys County Council has developed a multiagency task and finish group that is redrafting Powys' 'Parenting Roadmap'. This will eventually include more specific ND-related support and a graduated response, with resources such as an ADHD-workshop for parents and ND-specialist support programmes. This work has been informed by the Powys Coproduction Group which includes over 1,500 Powys parents from the group 'Parent Voice'.

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Specialist Services Closer to Home

The partnership continues to provide intensive support to improve the current living arrangements for children and young people so that they can remain living with their families rather than entering care, where it is safe to.

The **Edge of Care Project** works with children, young people and their families to support children on the 'Edge of Care'.

Through evidence-based interventions and an early intervention approach, the project supports families to stay together and keep children at home safely. The project collaborates with families using trauma-informed approaches including building resilience, establishing routines, and promoting self-care. For the young people and children supported by the project, there is a focus on helping them manage anger, build resilience, regulate emotions, and develop healthy relationships, among other skills.

During the year, the Edge of Care service supported a consistent number of children and families, with referral levels broadly in line with previous years. This reflected stable and anticipated demand, which was well managed within existing staffing capacity.

Activity levels varied across the year, with higher demand observed during the third quarter (winter) and a reduction in the final quarter (spring), likely influenced by seasonal factors such as school holidays and festive periods.

On average, **66% of children accessed the service for the first time**, demonstrating continued reach to new families at risk of escalation.

Re-referrals were also observed and reflected the changing and often complex nature of family circumstances, rather than unsuccessful intervention. The service achieved a **high referral acceptance rate of 99%**, indicating strong alignment between referral pathways and the service's remit, as well as effective triage processes. Progress was measured at the point of case closure, providing a consistent assessment of outcomes.

In a small number of cases where progress was more limited and risk remained or increased; safeguarding action was taken. These decisions reflected timely and appropriate responses to ensure the safety and wellbeing of children, in line with best practice and statutory responsibilities.

The project supported 563 children.

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LIVE WELL

The Live Well Partnership works to create a supportive, empowering environment in Powys that will enable people to live well and achieve good health outcomes, through being active and by being able to access the right help and support, at the right time.

The Partnership addresses the wider determinants of health and wellbeing of the working age population in Powys, through a public health and community development approach, including strengthening and transforming services for people with disabilities.

Live Well links with other strategic partnerships in Powys, including the Area Planning Board and the Live Well Mental Health Partnership, where there is an overlap with complex care and mental health. They also partner with the Housing Support Grant Board where support for homelessness prevention intersects with supported living.

There are several subsidiary partnership groups, particularly to engage with and hear the voice of service users and their carers and to engage with Third Sector providers of mental health services.

Early Intervention and Prevention

Autism and Neurodiversity

An 'everybody's business' approach continues to underpin neurodiversity work in Powys, ensuring strong alignment across partnerships, including Start Well and Live Well, and close links with the Carers Steering Group and wider community engagement.

During the year, progress was made in strengthening support for autistic people and those with wider neurodevelopmental conditions, in line with the Autism Code of Practice and the All-Age Neurodevelopmental Support approach, including the development of ADHD support.

Governance and coordination were enhanced through the strengthened Strategic Neurodiversity Board, the appointment of a new Autism Lead, and improved collaboration arrangements across partners. Early evaluation and engagement activity has provided valuable insight, highlighting the importance of accessible, peer-based support – particularly for individuals awaiting diagnosis.

This learning will inform ongoing service development, with a continued focus on improving access, strengthening support pathways, and evidencing impact for individuals and communities.

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Planned and Emergency Respite for Unpaid Carers in Powys

During the year, significant progress was made in developing a co-produced model of planned and emergency respite for unpaid carers. A **clear service framework was established**, designed to provide short-term replacement care and support carers to maintain their health, wellbeing, and ability to continue in their roles.

A **detailed grant specification**, including eligibility, referral pathways, and delivery expectations, was developed in partnership with stakeholders. Key performance indicators and monitoring arrangements were also introduced, strengthening accountability and readiness for delivery.

A **comprehensive needs analysis**, combining data, partner insight, and lived experience, identified clear gaps in provision. As a result, the service was targeted at unpaid carers supporting people with dementia, with an initial pilot in Welshpool and Montgomery, where demand is highest and dedicated provision is limited.

Strong governance arrangements, including a multi-agency Programme Board and Working Group, ensured effective oversight and embedded co-production throughout. Engagement with carers in the pilot area directly informed the design, improving accessibility and responsiveness to real needs.

Highlights

- A co-produced, **evidence-based respite model aligned to local need was developed**
- **Clear delivery, governance, and performance frameworks** established
- **Improved understanding of barriers faced** by unpaid carers
- Stronger partnership working and shared ownership demonstrated
- Increased readiness to implement and evaluate the service

The next phase will focus on implementing the pilot, monitoring uptake and carer wellbeing, and using learning to inform future development. This work represents an important step towards more responsive and sustainable support for unpaid carers across Powys.

Technology Enabled Care

During 2025–2026, Technology Enabled Care (TEC) continued to support people in Powys to live safely and independently within their communities, while enabling earlier intervention and more responsive support.

TEC was provided to 916 individuals, exceeding the planned level of delivery. In addition to this, the overall number of people supported in the community with monitored solutions increased throughout the year, rising from 803 at the start of the year to 956 by year-end, demonstrating sustained growth and ongoing demand for this form of support. These TEC

solutions are monitored either through a 24/7 monitoring centre or by family and informal carers, helping people to remain safe at home and maintain independence.

TEC also played an important role in supporting early intervention and system flow, with 119 targeted prescriptions issued through frontline services, including ASSIST (Social Care Front Door) and PAVO Community Connectors. These interventions provided timely, low-level support to address emerging needs, helping to prevent escalation and reduce the need for more intensive services.

Overall, TEC continues to contribute to improved outcomes by enabling people to remain independent for longer, enhancing safety and reassurance, and supporting a more proactive and preventative approach across health and social care services in Powys.

Prevention Assessment Service

During the year, the Prevention Assessment Service was delivered through a multi-agency steering group, including partnering directly with the Third Sector organisation Care & Repair in Powys. The service provided a proactive, early intervention approach, supporting people to remain safe, independent, and well in their own homes while helping to reduce demand on statutory services.

“The initial survey and the work undertaken was very professional. Thank you,” Citizen feedback.

The service delivered a range of timely, preventative interventions focused on identifying risks within the home and promoting wellbeing and continues to do so. **It is available free of charge to all adults aged 18 and over in Powys**, regardless of income or housing tenure.

“The rails that were put up worked really well especially the handrail by the toilet,” Citizen feedback

“Now I have a key safe I can relax knowing my loved ones can enter my home, when necessary,” Citizen feedback.

During 2025-2026, support included home safety checks, testing of assistive technology systems, advice on digital switchover, and the prescription of Technology Enabled Care. The service also promoted self-assessment and provided access to digital tools, alongside onward referrals where additional support was required. This approach enabled early identification of need and supported individuals to take proactive steps to maintain independence.

The pilot launched on 1 January 2026 and demonstrated strong early progress. In its first three months, **the service supported 80 individuals**, all new to the service. Demand increased steadily, with a high number of referrals received towards the end of the reporting period.

The service **consistently met its target timeframe of 15 working days from referral to visit**, with some visits scheduled into the following three months due to increased demand. Early feedback indicated positive experiences from both service users and partners, alongside strong uptake of the offer.

Highlights

- **Increased identification and mitigation of risks** within home environments
- **Improved access to technology enabled care** and preventative support
- Greater awareness and **use of self-assessment tools**
- **Timely onward referrals**, reducing the likelihood of escalating need
- Contribution to **reducing pressure on statutory health and social care services**

Referrals were made via the ASSIST front-door service, ensuring a clear and consistent access pathway.

The pilot remained in progress, with a full evaluation scheduled for July 2026 to assess outcomes, effectiveness, and future scalability. Findings will inform the potential development and wider rollout of the service across Powys.

Complex Care and Support

Supporting people with the most **complex, multiple and profound disabilities to live fulfilling lives** within Powys remains a key priority. The Complex Care and Support project is focused on strengthening both the support offer and the infrastructure required to ensure people can remain closer to home, with the right care in place.

During the year, significant progress has been made in developing a more coordinated, system-wide approach to complex care as well as strengthening the understanding of the support and infrastructure needed to meet the current demand for services. This has included the **establishment of a committed multi-disciplinary team to develop the project scope**, bringing together expertise from health and social care. This collaborative approach is helping to ensure that individuals receive the right support, at the right time, in a way that is tailored to their needs.

Alongside this considerable research has been done to learn from similar projects and needs across the UK, as well as on our own data to inform how services can be designed and developed to prevent individuals from leaving the communities they consider home.

A key milestone this year has been the development of a **Complex Care Blueprint for Powys**, beginning with the first stakeholder workshop. This session brought together partners from across the system to shape the early direction of the programme, combining learning from UK-wide research with local insight and experience.

The first session for the Complex Care Blueprint for Powys enabled emerging findings from research to be included from examples of complex care models from across the UK. The

session also gathered key stakeholder feedback to inform the initial scope and priorities for the programme.

Through structured and collaborative discussion, partners explored what complex care should look like in Powys, what success should achieve in the coming years, and which approaches could be adapted locally.

The workshop has established a strong, shared ambition to develop a **whole-system, person-centred model of care**, with a clear focus on:

- **Strengthening integration** between Powys County Council and Powys Teaching Health Board
- **Expanding community-based provision** and reducing reliance on out-of-area placements
- **Promoting prevention** and least restrictive approaches to care
- **Developing flexible supported living models** and improving pathways, including step-down support

Alongside this, partners were open about the challenges that remain. These include limited-service capacity, gaps in provision for people with autism and complex needs, housing pressures, and the need for stronger system coordination and market development.

Looking forward, the programme will move into a more detailed and delivery-focused phase. The next stage of work will include mapping current provision, understand demand and workforce capacity, and identify priority cohorts to test new approaches.

Overall, this year has **laid strong foundations for redesigning complex care in Powys**—bringing partners together around a shared vision and creating a clear pathway towards more integrated, sustainable and person-centred support.

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Live Well Mental Health Partnership

The Live Well Mental Health Partnership continues to play a vital role in **strengthening and transforming mental health services** across Powys. Working collaboratively across sectors, it supports the ongoing development of services to meet the evolving requirements of mental health legislation, while ensuring the voices of people with lived experience and their carers remain central to service design and delivery. This is achieved through a range of forums, including dedicated engagement with Third Sector providers and service users.

Perinatal Mental Health Service

The Perinatal Mental Health Project continued to provide timely, trauma-informed interventions that improved emotional wellbeing during pregnancy and post-birth.

A key achievement during the year has been the continued development of the Perinatal Mental Health Service. The **introduction of Eye Movement Desensitisation and Reprocessing (EMDR) therapy** has delivered significant benefits, enabling timely and targeted psychological support for individuals during pregnancy and the postnatal period. By reducing reliance on traditional waiting lists, the service has ensured people receive support when they need it most, leading to highly positive feedback from both those accessing the service and professionals across the wider system.

Demand for the service has continued to grow, with **404 individuals supported during the year, including 114 people accessing the service for the first time in Powys**. This growth reflects both increasing awareness of the service and confidence in the support it provides.

“If I could shout from the rooftops how amazing this service is I would... It is invaluable,”
Citizen feedback.

The Partnership has also taken a proactive role in responding to Welsh Government’s new 10-year Mental Health and Wellbeing Strategy. Throughout the year, the Live Well Mental Health Planning and Development Partnership Board has worked collaboratively to review the Strategy and its delivery plan, undertaking workshops to **identify and agree local priorities for Powys**. This has been a significant and comprehensive piece of work, reflecting the scale and ambition of the Strategy.

As the Partnership moves forward, plans are in place to strengthen its structure and strategic oversight. A planned restructure in 2026/27 will support more effective delivery of the national Strategy at a local level, ensuring that the Partnership remains well-positioned to drive continued improvement in mental health outcomes for people in Powys.

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AGE WELL

The Age Well Partnership works to support older people, including those with frailty and frailty of memory, to live a thriving and independent life, maximising opportunities in the community, reducing isolation and loneliness, and providing care closer to home through an early intervention and prevention approach.

Where individuals' care and support needs cannot be met within a community setting or within the home, emphasis is on increasing capacity and capabilities to ensure people are supported in the most appropriate setting for their needs with an emphasis on a 'home first' ethos, ensuring seamless patient flow across the health and social care system whilst maximising opportunities for care closer to home. The partnership also recognises the importance of addressing wider issues too, such as food poverty and homelessness.

Early Intervention and Prevention

Work is underway to develop and implement a **Community Model for Health and Wellbeing**. The vision and purpose of this model of care is to support Powys citizens to live at home with confidence, in good health, independently and safely, and can access the right support and care in the right place, and at the right time.

Home Support

The partnership's Home Support Service provides practical assistance to individuals in their day-to-day life, to live at home with confidence and in good health. The service is free and not means tested. Support offered includes community care line responders 24/7/365, proactive wellbeing checks, and practical support and assistance.

During the year, the Home Support Service continued to grow, with increasing numbers of people supported across both delivery areas (Knighton and Presteigne, and Builth and Llanwrtyd Wells). In total, **657 individuals accessed the service, reflecting sustained demand and its established role within local communities.**

The service predominantly delivered early help and preventative support. Most activity focused on supporting individuals at an early stage, enabling needs to be managed proactively and reducing the likelihood of escalation to more intensive services. This preventative approach supported people to maintain independence and wellbeing within their own homes.

A smaller group of individuals required more intensive support, particularly in response to urgent situations such as falls or care alarm activations. The service played a key role in responding quickly to these situations, supporting people to remain safely at home and helping to avoid or delay the need for statutory health and social care interventions.

The service maintained a high level of contact with individuals, delivering regular, responsive support tailored to need. This approach enabled ongoing monitoring, early identification of risks, and sustained engagement, contributing to positive outcomes for those supported.

“I can't thank Home Support enough. You have been invaluable throughout my unfortunate accident. You are my Guardian Angels,” Citizen feedback.

Although formal survey data was not collected during the year, due to a review of tools to improve accessibility and usability, other feedback indicated consistently high levels of satisfaction. This was evidenced by a high number of compliments received and very low levels of complaints, despite increased demand.

“Thank you, you were marvellous, your service was exceptional,” Citizen feedback.

Highlights

- Supported 657 individuals to remain independent within their communities
- Delivered predominantly **preventative, early help support, reducing escalation of need**
- **135 individuals required intensive support**, receiving **571 intensive interventions**
- Provided timely responses to higher-risk situations, including **falls and emergency alerts**
- Maintained high levels of engagement through **regular, personalised contact**
- **Sustained high satisfaction levels**, with minimal complaints despite increased demand

Overall, the Home Support Service demonstrated strong and sustained demand, delivering effective, preventative support. The service remained accessible, responsive, and valued by those who use it, even during periods of increased pressure, and continued to play an important role in supporting independence and reducing demand on statutory services.

“Thank you for arranging the visit and being with me. I get very nervous and worried when people visit my home, but knowing you were going to be here to support me with the visit took some of that worry away,” Citizen feedback.

Community Connector Service

At the core of the Community Connector Service is the provision of information, advice, and assistance. This activity directly addresses the needs of individuals presenting with various needs, connecting them with relevant community and voluntary sector resources or with statutory services.

During the year, the Community Connectors service provided **support to 2,228 individuals across Powys, delivering over 6,700 contacts**. Demand remained strong, with more than

half of those supported accessing the service for the first time, demonstrating continued reach into local communities. The service received **2,386 referrals, with over 98% accepted**, indicating effective referral pathways and strong alignment with identified need.

The service worked proactively to connect individuals with local support, community and voluntary sector resources, and statutory services, helping to address a wide range of social, emotional, and practical needs. This included targeted support for people living with dementia and unpaid carers, alongside extensive partnership working across health and social care.

Feedback from individuals accessing the service demonstrated strong preventative and wellbeing outcomes:

- **Reducing escalation of need:** Most respondents reported that support helped prevent issues from worsening, reducing the need for more intensive interventions
- **Maintaining independence:** Almost all respondents reported that the service helped them to maintain or improve their ability to live independently
- **Improving wellbeing:** High levels of reported improvement in emotional wellbeing highlighted the value of early, community-based support
- **Reducing isolation and increasing confidence:** Many individuals reported feeling less isolated and more confident in accessing services and support
- **Supporting community-based care:** The service strengthened connections to local networks and services, promoting support closer to home

The service also contributed to system-wide outcomes through strong partnership working, including attendance at health and social care multi-disciplinary meetings, where it plays a key role in highlighting and coordinating support across agencies. The service supports the development and integration of locally based services through the facilitation of 11 Locality Networks.

“I had no idea what I needed but CC had said she was at the end of the phone and that was what I needed to hear more than anything. Very supportive,” Community Connector Service feedback.

In addition, the service delivered significant estimated cost avoidance, demonstrating its value in reducing demand on statutory services, while recognising the assumptions underpinning this modelling.

Highlights

- **2,228 individuals accessing** the project
- **1,289 new individuals** accessing the project for the first time
- **2,386 referrals** received
- **6,700 contacts**

Overall, Community Connectors continued to play a key role in delivering preventative, person-centred support, helping people remain independent, connected, and well within their communities.

“I didn't want to bother neighbours, really pleased to have all of this information in front of me and the options for different transport,” Community Connector Service feedback.

Powys Befriending Service

The Powys Befriending Service delivered a county-wide, quality **befriending offer aimed at improving the independence and confidence of people aged 50 and over**. The service supported individuals to maintain social networks and remain in their own homes for as long as possible, helping to reduce or delay the need for higher levels of health and social care support.

This was achieved by **reducing loneliness and social isolation** through facilitated befriending and social activities, supported by a network of volunteers. Through this approach, individuals were supported to improve their emotional wellbeing, feel part of their local community, develop new skills, and enable unpaid carers to take a break from their caring responsibilities. The service offered a flexible range of support options to meet individual needs, including both face-to-face and remote contact such as telephone, email and virtual engagement.

“Thank you so much for matching me with MVD (volunteer), she's made such a difference to my life,” Citizen feedback.

Feedback from individuals receiving support demonstrated a strongly positive emotional and social impact. The service was particularly effective in reducing loneliness and improving day-to-day wellbeing, with individuals highlighting the value of regular contact in providing companionship, emotional uplift, and a meaningful break from isolation. This support was often described as personally significant, with clear improvements in mood and overall quality of life.

“It helps me a lot, otherwise I'd be on my own all day, it really picks me up. It's a great help,” Citizen feedback.

Volunteers benefitted from strengthened procedures, alongside improved support and supervision, and reported positive experiences. They highlighted the importance of patience, mutual respect and shared enjoyment in developing meaningful relationships. Overall, the service demonstrated clear mutual benefit, with both individuals and volunteers experiencing improved wellbeing through reciprocal engagement.

Highlights

- 236 individuals accessed the project
- 97 Social Isolation Loneliness Score reviews conducted

- **52 Baseline Assessments** carried out
- **283 'Keeping In Touch' calls** made

Integrated Community Care Approach

During the year, partners worked collaboratively to strengthen an integrated community care approach, supporting seamless, person-centred care and improving outcomes for older people. This work focused on enhancing independence, improving patient flow, and ensuring individuals received the right support at the right time across health and social care.

Progress was demonstrated through reduced delays in care pathways, increased community capacity, and improved hospital avoidance. Key programmes contributing to these outcomes included Technology Enabled Care, Unscheduled Care Improvement, and Integrated Health and Social Care Brokerage. Collectively, these services supported early intervention, more efficient use of resources, and improved coordination across the system.

Technology Enabled Care

During 2025–26, Technology Enabled Care (TEC) **supported 916 individuals**, exceeding the target of 900. A total of **1,186 referrals were received**, demonstrating strong demand for preventative, technology-based support.

TEC enabled earlier intervention and supported people to remain safely independent at home. Based on an estimated annual saving of £1,744 per person, the service **delivered approximately £795,000 in cost avoidance to social care**, exceeding the target of £780,000.

Unscheduled Care Improvement

The Unscheduled Care programme supported **1,522 individuals across community hospitals and virtual ward models**, contributing to improved patient flow, admission avoidance, and timely discharge.

Powys community hospitals recorded **1,180 admissions** across the year, with consistent access to beds supported through coordinated patient flow arrangements. The Patient Flow Team played a key role in facilitating appropriate admissions and supporting safe and timely discharge, including linking people to community and third sector services.

Virtual wards **supported 342 individuals**, with a significant increase in activity in the final three months, when 264 individuals were supported. This reflected strengthened delivery

and increased capacity to support people at home with enhanced care, reducing the need for hospital admission.

Integrated Health and Social Care Brokerage

The Integrated Brokerage function became operational in Quarter 4 (spring) and **supported 18 individuals** during this period. All individuals had their needs advertised to approved providers, with **10 securing home care packages, six awaiting offers, and two no longer requiring support.**

For those supported, outcomes were positive. Individuals who received care reported satisfaction with the service, alongside benefits including reduced isolation, maintained or improved independence, and prevention of escalation of need. **Packages were secured within one to 30 days**, demonstrating the ability to respond quickly where capacity was available, while also highlighting ongoing market pressures.

Across the programme, the integrated approach contributed to key early help and prevention outcomes:

- **Maintaining independence:** Over 2,400 individuals were supported across community-based services to remain safely at home
- **Preventing hospital admission and supporting discharge:** Expanded use of virtual wards and coordinated patient flow supported admission avoidance and timely discharge
- **Reducing escalation of need:** Early intervention through Technology Enabled Care (TEC) and community services reduced reliance on more intensive care
- **Improving system flow:** Coordinated pathways and brokerage improved access to care and reduced delays
- **Delivering value for money:** TEC alone delivered significant cost avoidance to social care

Overall, the Integrated Community Care Approach strengthened the delivery of preventative, community-based care across Powys. The work improved system coordination, supported independence, and reduced pressure on hospital and statutory services, providing a strong foundation for continued development.

Accommodation Developments

During 2025–2026, progress continued on **several extra care developments** to improve housing options for older people across Powys.

- At **Neuadd Maldwyn in Welshpool**, a major refurbishment of former council offices has been undertaken to create 66 one- and two-bedroom extra care apartments for people aged over 60. The scheme opened in April 2025 and has been designed to support independent living, while providing access to care and support when needed, helping to address a gap in suitable older persons' housing within the area.
- At **Pont Aur in Ystradgynlais**, a previous sheltered housing scheme has been extended, modernised and transformed into an extra care light development for people aged 55+. The scheme provides 41 independent living units (12 new purpose-built extra care apartments, 29 refurbished apartments, with two attached bungalows) offering improved accommodation and support to enable residents to live more independently within their community. The scheme will officially open in January 2027.
- In **Brecon**, development has also progressed on a new extra care scheme, which will provide up to 68 units. This development will support older people to remain living within their community of choice, with access to appropriate housing, care and support as their needs change. This scheme is due to open in November 2028.

Together, these developments represent a significant investment in improving housing, wellbeing and independence for older people across the county.

The extra care developments support the Sustainable Powys goal of being financially, socially and environmentally sustainable, while keeping people at the heart of services and helping them live the best life possible with the right support at the right time.

The aim is to enable fair access to high quality services in the core localities keeping residents closer to their homes, families and communities.

Dementia

Dementia continued to present a significant and growing challenge across Powys, as one of the leading causes of death in the UK and the area's ageing population. Powys has a higher proportion of older residents than the national average, with projected increases in both the 65+ and 80+ population groups, further increasing demand for dementia support and services.

In response, partners including **Powys Teaching Health Board, Powys County Council, and third sector organisations worked collaboratively to deliver care aligned to the All-Wales Dementia Care Pathway of Standards**. This approach supported a more consistent, person-centred model of care, focused on early identification, coordinated support, and enabling people to live well with dementia for as long as possible.

Progress during 2025–26 was delivered through four integrated workstreams, focusing on community engagement, memory services, hospital care, and workforce development. These workstreams supported improved awareness, strengthened care pathways, and

enhanced the ability of services to respond to the needs of individuals and their families at an earlier stage.

The objectives remain as:

- **Improving coordination** across health, social care, and third sector services through the workstreams.
- **Increasing awareness of brain health messages and understanding of dementia** within communities and the workforce.
- **Supporting earlier identification, improving diagnostic rates, reducing wait times and access to dementia support**, enabling people to remain at home.
- **Embedding the Dementia Friendly Hospital Charter pan Powys**, enhancing the experience of people with dementia who require a hospital admission.
- **Improving opportunities for staff to access dementia training.**

The workstream was involved in the recruitment of the Dementia Navigators and started phase one in April 2025. The focus of phase one is supporting newly diagnosed people.

During the year the focus has been on developing a plan to raise awareness of dementia with a specific focus on embedding the brain health messaging and modifiable risk factors. Raising awareness is a key message delivered during Dementia Action Week collaboratively with partners across Powys.

Memory Assessment Service

The Memory Assessment Service (MAS) have continued to strengthen early intervention and focus on improving dementia diagnostic rates. Data demonstrates an improvement to 49.7%, despite recruitment and sickness issues.

The MAS teams and Dementia Navigators continue to offer home-based, multidisciplinary assessments, which have enabled earlier identification of need and reduced anxiety for people following diagnosis.

Dementia Navigators

The Dementia Navigator role has been particularly valuable in supporting people and carers to understand and access services, following diagnosis.

Case studies from the MAS and Navigator services demonstrate the preventative impact of home-based assessments and how ongoing navigation supports families to understand the diagnosis with help to access the support required in a timely way. Families report feeling more confident to manage at home. The support has reduced anxiety and, in some cases,

prevented situations escalating to crisis, reinforcing the importance of community-based, specialist input early in the pathway.

Dementia Home Treatment Team

The Dementia Home Treatment Team has been **highly effective in providing rapid, face-to-face interventions within 24–48 hours**, helping to stabilise individuals at home and maintain low hospital admission rates in line with least restrictive care principles.

The team has developed specialist knowledge, accessing Teepa Snow and Positive Approach to Care training with a plan to embed this approach across services, including care homes, improving person-centred practice and reducing reliance on medication or restrictive interventions.

Close collaboration with care homes has improved understanding of dementia-related behaviours, leading to more compassionate care and fewer placement breakdowns.

Dementia Friendly Hospital Charter

Dementia-friendly environmental improvements are ongoing as part of a planned schedule of works for wards, and outpatient areas. Dementia training compliance has improved and reached 86% on wards, compared to 55% organisationally.

Dementia Link Nurses and RITA Champions have been identified across wards to support including more meaningful activities to reduce the risk of de-conditioning and enhance the patient experience.

Dementia training opportunities

Dementia training opportunities are available for staff to access with the Good Works Informed level being included in the mandatory matrix. This has seen a 12% **increase to 55% in staff completing dementia training**. The Good Works Skilled level dementia e-book has been developed with local authority partners with positive feedback received and national level interest in adopting the resource.

Over the past year, partners have continued to strengthen community-based dementia support, with a clear focus on early intervention, person-centred care and supporting people to remain in their own homes for as long as possible, with improved training opportunities available for staff.

CROSS-CUTTING WORK

Carers

During the year, the partnership's carers service was delivered by CREDU, a registered carers charity in Powys. The service provided high-quality, person-centred support, enabling unpaid carers to feel listened to, valued, and better able to identify what supports their own wellbeing and personal outcomes. Carers reported feeling more connected to others and better supported to sustain their caring roles.

The Carers Steering Group was re-established, alongside the reset of the Engage to Change (E2C) forum. This created a **collective platform for carers and partners to share experiences**, identify challenges, and highlight opportunities for improvement. Key themes were fed into the Carers Steering Group, strengthening the voice of carers in shaping services.

This work supported collaborative problem-solving, including the development of task and finish groups focused on improving access to information, guidance, and support, particularly in relation to Direct Payments. This strengthened partnership working and contributed to more responsive, carer-informed service development.

The service demonstrated significant reach through both direct support and digital engagement.

Identifying and Valuing Unpaid Carers

During the year, the **Identifying and Valuing Unpaid Carers project strengthened awareness, engagement, and support for carers across Powys**, delivered in partnership with CREDU.

Co-produced initiatives and targeted engagement improved inclusion, particularly among under-represented groups, and strengthened opportunities for carers to share their experiences. This included supporting young carers to engage at a national level.

- Increasing identification and awareness of unpaid carers
- Improving access to information and support
- Strengthening the voice of carers in shaping services
- Reducing isolation and supporting wellbeing through community engagement

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Highlights

- Over **176,000 views** were recorded across **Credu's social media platforms**, including 70,622 Facebook views in last quarter of the year.
- The **Credu Powys website** had **2,244 unique visitors**, with **312 returning users**, indicating sustained engagement.
- 386 link clicks were recorded across Facebook and Instagram.

Awareness activity was further strengthened through events and campaigns, including **Carers Week, Young Carers Action Day, and Carers Rights Day**. This included engagement with schools across Powys, community events, and national platforms such as the Royal Welsh Show.

These figures highlight the growing visibility of unpaid carers and the accessibility of information and support for both carers and professionals. Overall, the project demonstrated the value of early, partnership-led approaches in identifying carers sooner, improving access to support, and enabling carers to sustain their caring roles.

Supporting Life Alongside Caring

The service provided **direct support to over 130 unpaid carers**, with additional carers reached through group-based activities and wellbeing support. A flexible, early help approach ensured support was tailored to individual circumstances and delivered at the right time.

Evidence from case studies demonstrated that outcomes were often achieved through timely, personalised support rather than formal interventions. Carers reported reduced stress, improved emotional wellbeing, and increased confidence to continue in their caring role.

Short breaks and wellbeing support were particularly impactful. Carers consistently reported that having choice and control over how support was provided was critical. Even small-scale interventions, such as a short break, counselling, or creative activity, delivered significant emotional benefit when shaped around individual needs. In some cases, this supported longer-term outcomes, including increased confidence, resilience, and personal development.

Group-based activities, including wellbeing events and targeted sessions, reduced isolation and strengthened peer networks. Engagement with under-represented groups, including male carers, improved where activities were flexible and tailored. Feedback indicated that relationships developed through these sessions were sustained beyond the activity, providing ongoing social and emotional support.

You can find stories on the [Credu Carers You Tube channel](#).

Planned and Emergency Respite for Carers

During the year, significant progress was made in developing a planned and emergency respite service for unpaid carers. While the service had not yet commenced delivery, strong foundations were established to support implementation.

A co-produced service model was developed, including a detailed service specification covering eligibility, referral pathways, and delivery expectations. Key performance indicators and monitoring arrangements were also put in place, strengthening accountability and readiness for delivery.

A comprehensive needs analysis, informed by data, partner insight, and lived experience, identified clear gaps in provision. As a result, the service was targeted at unpaid carers supporting people with dementia, with an initial pilot planned for the Welshpool and Montgomery area.

Governance arrangements, including a multi-agency Programme Board and Working Group, ensured effective oversight and embedded co-production throughout. Engagement with carers in the pilot area directly informed the model, highlighting the importance of flexibility, clarity, and responsiveness, particularly in crisis situations.

Overall, the programme demonstrated the value of early help and prevention in supporting unpaid carers. By providing flexible, person-centred support and strengthening system-wide coordination, the work helped carers remain connected, resilient, and able to sustain their caring roles.

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Welsh Language

During 2025–26, progress was made in strengthening the strategic approach to the Welsh language across health and social care in Powys through the **establishment of the GOFAL: Welsh Language in Care Promotion Group**. This multi-agency steering group brought together partners from across the Regional Partnership Board (RPB) to provide collective oversight, coordination, and leadership in promoting the use of Welsh within services.

The Group was established to support **compliance with the Social Services and Wellbeing (Wales) Act**, the **Welsh Language Standards**, and the **More than Just Words** strategic framework. Its formation marked an important step in embedding a more consistent and system-wide approach to delivering services that meet the needs of Welsh-speaking individuals, families, and communities.

The Group developed a clear programme of work, focused on monitoring progress against the More than Just Words plan, strengthening accountability, and identifying areas for improvement. This included gathering and analysing data on Welsh language need and service access, mapping gaps in workforce skills and service provision, and promoting practical solutions to improve delivery.

A key objective of the Group was to strengthen partnership working and ensure alignment across organisations, linking with wider Welsh language forums and initiatives. Through this coordinated approach, the Group supported the sharing of good practice, celebrated progress, and promoted a culture where the Welsh language is actively valued and used in service delivery.

The Group also played a role in shaping workforce development, supporting access to Welsh language training and contributing to the **development of a Welsh language workforce plan** aligned with the Health, Care and Social Care Academy. This helped to improve confidence and capability among staff and volunteers to deliver services bilingually.

Governance arrangements were established to support effective oversight, with the Group meeting regularly and reporting into partnership structures. This ensured that progress, risks, and areas for improvement were clearly identified and escalated as required.

The establishment of the GOFAL Group strengthens the system's ability to:

- **Improve compliance** with national Welsh language policy and legislative requirements
- **Increase visibility and uptake of Welsh language services**
- **Identify gaps in workforce skills and service provision**
- **Promote consistent, high-quality bilingual service delivery**
- Strengthen partnership working and shared accountability

Overall, the creation of the Group provided a strong foundation for ongoing improvement, supporting a more coordinated, proactive, and person-centred approach to delivering Welsh language services across health and social care in Powys.

Improving the Cancer Journey

The Improving the Cancer Journey programme in Powys (ICJ) continues to strengthen personalised support for people living with and affected by cancer across Powys.

In a rural county where many people travel outside Powys for their cancer treatment, **ICJ helps ensure individuals can access emotional, practical and physical support locally.** Through person-centred 'what matters to me' conversations, people are connected to the right support at the right time.

During 2025/26, the programme saw a 25% increase in referrals through the Single Point of Access, delivered via the PAVO Cancer Community Connector. These supportive conversations enable people to connect with the services that best meet their needs. An online e-referral system has also been introduced to improve access, alongside a text-based version of the Macmillan Holistic Needs Assessment. This allows individuals to review a concerns checklist and share their needs at a time that suits them.

ICJ continues to play a central coordination role across Powys. Over the past year, the programme made more than **140 onward referrals to 24 services and signposted individuals to over 100 community and third sector organisations**, helping people access a wide range of local support.

Work is underway to develop information and resources that support people to prepare for and recover from their cancer treatment.

Engagement activity has expanded, including community events, healthcare partnerships and the **distribution of over 7,500 promotional materials to raise awareness of available support.** New web pages were also launched, making it easier for people to access information and get involved.

Macmillan Lead Nurse for Cancer and Palliative Care in Powys, Louise Hymers explains: "ICJ in Powys is about listening to what matters most to people affected by cancer and making sure they are connected to the right support at the right time.

"This new webpage makes it easier for people and their families to find help locally and to know they don't have to navigate their cancer journey alone."

The team continues to raise awareness of the programme, contributing to conferences and events and working closely with health, social care and the third sector. The programme has also supported initiatives such as 5k Your Way, promoting wellbeing and community connection.

The voice of people with lived experience continues to shape the programme, supported by the re-established Journeying Together group and ongoing community engagement.

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Overall, ICJ is building a more connected, community-based approach across Powys - improving access, strengthening partnerships, and helping people live well with and beyond cancer.

Find out more at: www.haveyoursaypowys.wales/icj

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Regional Innovation Coordination (RIC) Hub

The Powys RIC Hub operates as a coordinating and **enabling function, bringing together innovation, research and improvement activity** that would otherwise be fragmented. Its role is to ensure activity is aligned to local priorities and national direction, support the identification of innovation that delivers value, enable testing and scaling of what works, and promote shared learning across organisations and sectors. The Hub's work is aligned with national innovation policy in Wales, while remaining responsive to local challenges such as rurality, demographic change and system capacity pressures.

Panel Y Ddraig is the RIC Hub's **dedicated innovation grant scheme, designed to encourage and support research, innovation, and quality improvement** across the partnership. The scheme invites staff and partners to propose project ideas, providing access to targeted funding and specialist support to test and implement their proposals. Its aim is to nurture a culture that is both research-active and improvement-focused, ultimately enhancing patient care, service user experience, and service delivery through locally led innovation.

During 2025/26, three Panel Y Ddraig projects received support through grant funding and access to expertise in research, innovation, and improvement. A key requirement for recipients is to evaluate the impact of their work and report findings to the RIC Hub, ensuring a cycle of continual learning and improvement.

The Welsh Government has mandated increased collaboration across RIC Hubs, forming part of a nationally coordinated innovation network. This strategy prioritises the sharing of good practice, the transfer of learning, and the accelerated adoption of proven innovations at scale.

The Minister for Mental Health and Wellbeing wrote to Regional Partnership Board (RPB) Leads, RIC Hub Executive Leads, and Directors of Public Health, requesting the formation of **a national project implementation team to scale up innovative approaches for linking data to inform service delivery decisions**. A Working Group has been established to oversee delivery, with representation from across the RPB.

The RIC Hub **led the introduction of a robust and secure electronic consent platform for school-based vaccination programmes**. The system allows parents and carers to conveniently provide their consent online, eliminating the need for traditional paper forms. By digitising the consent process, the scheme has **significantly improved accessibility, making it easier for families to respond promptly**. Furthermore, the electronic approach enhances operational efficiency for staff, reduces administrative burdens, and ensures greater protection of sensitive data through advanced security measures. The result is a more streamlined, reliable, and inclusive process for managing consent in child health interventions within schools.

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North Powys Wellbeing Programme

The North Powys Wellbeing Programme was established as a key priority to deliver the county's joint Health and Care Strategy with a vision to **"assess and deliver a new integrated model in North Powys, and to support effective learning and transfer across Powys."**

This programme is a once in a generation opportunity to bring together partner organisations to enhance and transform the way services are delivered to the local community. The overall Programme Business Case was approved in 2021.

The first phase and a key strand of this programme is the **proposed multi-agency health and wellbeing hub in the centre of Newtown.**

To ensure a deliverable and affordable programme in the context of the wider national capital budget for Wales, the programme has developed a phased approach as summarised below:

- **Phase 1: The Hub**, a new multi-agency Health & Wellbeing hub incorporating the library in the centre of Newtown replacing the existing Y Parc offices.
- **Phase 2: Provision of a new building** where the existing library is in the centre of Newtown to replace the existing Montgomery Infirmary and provide additional diagnostic capability.

During 2025–2026 the team **produced a Strategic Outline Case/Outline Business Case (SOC/OBC) for the proposed Integrated Wellbeing Hub**, setting out a clear case for change and the strategic direction for the programme.

The SOC/OBC set out the Strategic case for change, the key performance indicators, the options and the option shortlisting process. The options were appraised at a workshop in September 2025 attended by key representatives from across the Regional Partnership Board (RPB). The agreed preferred option of an Integrated Health & Care Hub, as a new build with phased delivery was incorporated into the SOC/OBC document.

The SOC/OBC demonstrates why the development of a multi-agency Health, Care and Wellbeing Hub for north Powys, in Newton, is a key cross cutting priority in the RPB's Strategic Capital Plan which acts as the overarching Programme Business Case for all Integration and Rebalancing Capital Fund (IRCF) bids.

Welsh Government approval of the SOC/OBC unlocked funding to enable the team to develop a Full Business Case (FBC) for the Hub. A robust partnership governance structure was also established, strengthening joint decision-making and oversight.

Extensive engagement and communication activities are underway with communities, stakeholders and partners, helping to ensure that the design is informed by local needs and priorities. In parallel, service redesign work progressed across the services that will be moving into the new hub.

Services moving into the new hub have been agreed to be:

- **Dental care**
- **Extended community healthcare**
- **Library**
- **Adult community care**
- **Adult mental health**
- **Children and Family services**
- **Education & training**

A benefits framework was established within the SOC/OBC, providing an initial structure for assessing programme impact. This focusses on key outcomes including integrated local services, prevention and wellbeing, a shift from primary to community care, the development of a flexible and sustainable workforce, decarbonisation, revitalisation of the local economy and the delivery of a fit-for-purpose estate.

Highlights

- The **Strategic Outline Case/Outline Business Case** was submitted to the IRCF) Panel on 11 February 2026 and was subsequently **approved by Welsh Government** in March 2026. This approval provided a key milestone for the programme, **enabling progression to the Full Business Case**.
- **Partnership working matured** significantly, with stronger relationships established across health, local authority and wider stakeholder groups. This enabled more open, collaborative and constructive dialogue, supporting better alignment of priorities and approaches.
- Early engagement with stakeholders and service leads played a key role in shaping the proposals, ensuring that they were **closely aligned with population need and strategic objectives**.
- Positive feedback from Welsh Government confirmed a **strong strategic fit with both national and regional priorities**. The feedback also highlighted confidence in the robustness of the business case development to date, recognising the strength of the programme narrative, the clear alignment to population needs, and the defined outcomes.

The team are focussing on delivery of the Full Business case for the Hub which is due for submission to Welsh Government in 2027. Work ongoing to achieve this is broadly in two categories:

Design: We are in the process of procuring a design and build contractor to progress detailed design and the planning application for the building.

Service Redesign: We are working with each service to start the transformation process as services decide how they will develop when they move into the new building. We will then develop specifications incorporating measurable benefits.

Work on the Strategic Case for Phase 2 will also commence this autumn.

More information about the Programme can be found at www.haveyoursaypowys.wales/hub-page/north-powys-wellbeing

Workforce Futures

The Workforce Futures Programme continues to **support a resilient, skilled and compassionate workforce across health and social care in Powys**, combining career pathways, leadership development, and workforce wellbeing to support long-term system sustainability.

A key component, the **Academy Careers Education Enterprise Scheme (ACEES)**, maintained strong delivery during 2025–2026, **engaging 4,826 learners (including 1,152 Welsh-medium learners)** through a structured Whole School Approach across Powys and neighbouring areas. Learner feedback remained positive, with **91% gaining the information they needed** and **78% rating sessions at the highest level**.

The programme offers a clear progression pathway from early awareness through to volunteering and career intent. Targeted delivery included **78 post-16 learners, 67 careers festival participants, and 95 learners in additional learning needs settings**, with strong engagement (87% enjoyment). Volunteering pathways were strengthened, with 24 enquiries, nine placements secured, and a further 18 expressions of interest.

A Primary School Pilot expanded from three to 10 schools, reaching 168 learners, with 94% reporting enjoyment and all schools requesting continuation, demonstrating the value of earlier intervention in strengthening the future workforce pipeline.

The wider Powys Health, Care and Social Care Academy offer continued to develop through complementary programmes:

- The Engagement HQ platform provides **accessible careers information, showcasing over 350 roles**, alongside staff stories, pathways into work experience, apprenticeships and volunteering, supporting informed career choices.
- A **redesigned Joint Induction programme introduced** a streamlined six-day blended learning approach aligned to national standards, improving consistency and learner experience.
- The **Exploring Caring programme** increased awareness and self-identification of unpaid carers, supporting access to appropriate support and strengthening resilience.
- **Working Carers Networks** strengthened peer support across organisations, improving wellbeing, inclusion, and early access to support.
- Continued **development of volunteering pathways**, including new befriending roles and specialist training, supporting improved experiences for people accessing services.

The **Transformation Skills and Development** offer further strengthened system capability, providing targeted organisational development, leadership support, and facilitation to support service transformation. This included delivery of collaborative workshops, leadership programmes such as the Compassionate Leadership Immersive Programme (CLIP), and wellbeing initiatives, contributing to improved confidence, resilience, and culture across teams.

Overall, Workforce Futures delivery demonstrates **growing reach, strong partnership working, and a maturing end-to-end workforce pathway**, supporting both immediate workforce challenges and long-term sustainability across the health and social care system in Powys.

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Participation

Much of the work relating to participation has been woven into the report but it is worth highlighting here some key pieces of work and our approach. We recognise the importance of involving Powys citizens across Regional Partnership Board (RPB) partners, making best use of resource, and maximising voice and impact for people.

The RPB remains deeply proud of its work in supporting citizens and carers to actively lead and shape the partnership's agenda. With two citizen representatives and two carer representatives sitting as full, equal members of the RPB, their **lived experiences continue to provide the vital compass for identifying and tackling 'what matters to the people of Powys'**. Supported closely by the Powys Association for Voluntary Action (PAVO), these individuals ensure that grassroots perspectives directly influence our strategic health and social care decisions. Over the past year, representatives consistently brought their expertise to five RPB Board meetings, four pre-board sessions, a dedicated development day, and various regional forums.

A huge thank you is extended to our Carer and Citizen members for their immense dedication on the board and beyond. This year, we saw important transitions in our membership; with Hayley Pugh's tenure coming to an end, thanking her warmly for her valued service, and successfully running a full recruitment campaign to welcome our newest carers' representative, Amanda Elkes-Clark. The Board also agreed to offering sitting citizen and carer members a 12-month term extension, ensuring vital continuity for their work.

Through ongoing mentoring, accessibility adjustments, and briefing support from PAVO, **our representatives have confidently broken-down complex policies to act as equal decision-making partners.** They have also been active ambassadors for Powys on the wider stage. This year, four representatives participated in the Powys Teaching Health Board Better Together workshop at the Royal Welsh Showground to shape adult community health services, while representatives also attended the National Co-production Conference in Pontypridd to bring cutting-edge Welsh public service insights back to our region.

Engagement and Insight Network

The Powys Engagement and Insight Network (PEIN) was established to ensure that how we engage with Powys citizens across the partnership is joined up and to **enable citizens to be more meaningfully involved in shaping policy, service design and delivery.** The group meets monthly to share information on engagement activities, good practice and training.

The network has started to strengthen co-production across the county by developing and driving a set of actions to improve participation practices. This work has been carried out collaboratively with the Powys Public Service Board.

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Co-production

Developing a shared definition of what we mean in Powys by co-production has been the first step, along with the guiding principles that will support groups, services and organisations to improve their co-production journeys.

There are examples of great co-production working across the partnership – doing 'with' local communities and not doing 'to' which have been highlighted in this report. Looking forward, we will learn from these good examples and support a more consistent approach to citizen involvement. Building more equal relationships of shared power and shared responsibility with our communities, based on understanding and respect.

Workshops to develop the Co-production Journey Tracker in Powys brought together a group of people with different lived-experiences and professionals from across the health board, council services and third sector representatives.

These sessions and wider feedback from a range of fora and networks have enabled us to **develop, test and refine the Powys Co-production Journey tracker.** The next step is to make this available across the county.

Wider engagement with people is hugely important and the partnerships and subgroups have various ways in which they can hear the voice of people to help shape decisions. Live Well for example has a Live Well Forum made up of people, with lived experience of learning and physical disabilities, who can discuss key issues and feed these into the partnership work.

This year Powys Engagement and insight Network (PEIN) produced its first Powys People and Communities Insight Report, a six-monthly report to gather insight on continuous engagement between citizens and communities with public, third and independent sector organisations. **The report collates the intelligence received and highlights emerging key themes, for the purpose of consideration by decision makers.**

This year the PEIN took up organisational membership of the [Coproduction Network for Wales](#), with 15 Co-production Champions already identified and taking up additional training and support to embed best practice methods in their work.

Llais

Llais, the statutory Citizen Voice Body for Health and Social Care in Wales, **plays a key role in ensuring that the views and experiences of people in Powys inform the planning, delivery and improvement of services.** The Powys team works across local communities to gather feedback from people using health and social care services through visits, engagement events, community groups, surveys and digital channels.

During the year, the **Regional Partnership Board and its partners continued to work closely with Llais through the Powys Engagement and Insight Network** and wider partnership arrangements. This has supported shared ambitions to strengthen citizen voice and embed

co-production, ensuring that lived experience informs both strategic planning and service improvement.

Throughout 2025–26, **Llais Powys heard from almost 1,300 people** through community events, Llais Local sessions, public fora, advocacy and wider engagement activities. While every community has its own unique circumstances, the messages we heard were remarkably consistent. **People told us they continue to face difficulties accessing GP, dental and hospital services, experience long waits for care and treatment and often struggle to navigate a system that can feel fragmented and difficult to understand. Rurality and transport remain significant barriers**, affecting almost every aspect of accessing health and social care. **In social care, people also spoke about delays in accessing support, pressures on carers, and the need for services that are better connected, easier to access and more person-centred.**

Listening is only valuable if it leads to action. During the year, **Llais Powys made 112 formal representations on behalf of people across the county**, ensuring that their experiences influenced decisions at local, regional and national levels. This work contributed to practical improvements including better access to repeat prescriptions, increased NHS dental provision, improved support for people experiencing mental health challenges, clearer discharge planning, improved accessibility for deaf people, and greater recognition of the challenges faced by people accessing cross-border healthcare. **The evidence gathered throughout the year has also helped shape strategic priorities for 2026–27**, ensuring that the voices and experiences of people in Powys continue to drive improvements in health and social care services.

In addition to its engagement activity, Llais provides a free, independent complaints advocacy service, supporting individuals to raise concerns in an accessible and constructive way and helping organisations learn from feedback to improve services. Overall, Llais continues to play an important role in amplifying the voice of citizens across Powys and helping partners ensure that services are shaped around what matters most to local people.

Junior Start Well

The **Powys Junior Start Well Board (JSWB)** is a group of young people aged 11–17 who meet regularly to discuss the issues that matter most to children and young people across Powys. They gather views from their peers and work together to influence services, shape projects, and help ensure all young people can be healthy, happy, and supported. JSWB also works in partnership with the Start Well Board to inform planning and decision-making.

“By talking to our friends and peers, we find out what issues are important to them and work on solutions to ensure everyone can be healthy and happy. We also collaborate with the Start Well Partnership Board to help plan services and projects that meet the needs of young people. We also take on our own projects to make changes in our community,”

JSWB.

Key projects this year:

- The JSWB **prioritised emotional safety, exploring what a ‘trusted adult’ means to young people across Powys**. Engagement with children, young people and professionals has informed a shared understanding of trust, with a multi-agency workgroup now embedding these values into workforce practice and shaping a county-wide awareness campaign.
- JSWB also led a **Powys-wide Odd Socks Day campaign in response to concerns about bullying**. Schools used a shared presentation to promote kindness, inclusion and speaking out, supported by Powys senior leaders who wore odd socks to visibly champion the campaign and reinforce a strong commitment to safe, supportive environments.

JSWB is now **focusing on widening its reach**, working in partnership with a range of groups across Powys to ensure more young people can influence early help and wellbeing priorities.

A key example is the newly renovated **Youth Café in Newtown**, developed as a JSWB initiative and opening next month. It will provide a safe, welcoming space for young people to connect, access support and build trusted relationships locally.

Live Well Forum

Over the past year, the Live Well Forum made **strong progress in improving outcomes and strengthening engagement** with its members. Activity focused on key priority themes, enhancing co-production, and increasing participation across Powys. This work has helped ensure that the voices of people with lived experience continue to shape service development and strategic planning.

The Forum explored several **priority topics, including transport, housing, and community resources**. These themes were discussed collaboratively, enabling a better understanding of the barriers individuals face, as well as the opportunities to improve access and outcomes across communities in Powys.

Co-production remained central to the Forum’s work. Members worked together to develop a new engagement leaflet to support the recruitment and involvement of new participants. In addition, a survey was co-designed to inform the Live Well Strategy and Market Position Statement, identifying key priorities, challenges, and barriers experienced by individuals. This approach strengthened the integration of lived experience within strategic decision-making.

A range of guest speakers contributed to Forum sessions throughout the year, providing insight on topics identified by members. These sessions increased awareness of key issues, improved access to relevant information and resources, and supported shared learning. All materials and resources were consistently circulated to members to encourage ongoing engagement.

Targeted engagement activity was undertaken to expand and diversify membership, ensuring broader representation from across Powys. This has supported a more inclusive and representative Forum.

The Forum worked in **partnership with the Communities for Work Plus team** to develop process maps and support individuals to better understand and navigate their personal journeys. This collaborative approach contributed to clearer pathways and improved access to support.

Overall, the Live Well Forum demonstrated positive progress, with strengthened co-production, improved engagement, and a clear focus on priority areas. This work provided a strong foundation for future development. Members identified priority topics for the coming year, including engagement and co-production, and planned and emergency respite for carers.

Focus has been given to looking at ways in which membership of those with lived experience can be further increased. We have co-produced a webpage dedicated to the Live Well forum, sharing what the forum does and how to get involved. You can view the webpage on the [Have Your Say Powys site](#).

Older People's Forum

The 2025–26 period marked a significant year for the Powys Older People's Forum and the Powys Association of Voluntary Organisations (PAVO). Tasked by Powys County Council to carry out engagement activities and support citizen representatives, the initiatives **successfully reached 470 older residents at 21 community engagement events**. Despite a temporary pause in activities to implement a forum 'reset' and clarify the terms of reference, the engagement successfully amplified the voices of older residents across 13 localities, feeding directly into strategic decision-making bodies such as the Powys Regional Partnership Board Age Well Partnership.

Through **diverse community channels** – ranging from lunch clubs to agricultural events – residents consistently raised **five core themes and concerns**. **Transport and infrastructure emerged as the most critical issues, with unreliable public transport and the closure of public toilets severely limiting mobility**. Residents also faced **severe digital exclusion**, describing online-only appointments as a "minefield", **alongside mounting cost-of-living pressures regarding heating and travel expenses**. Finally, participants expressed **confusion about carers' support and noted declining health and medical access**, with GP shortages and local pharmacy closures particularly evident.

A highlight of the year was a high-profile collaborative **engagement event at the Royal Welsh Show on July 21, 2025, alongside the Older People's Commissioner for Wales**, Rhian Bowen-Davies. This platform allowed Powys residents to discuss the specific challenges of ageing in rural Wales directly with national policymakers. To further boost strategic impact, PAVO integrated resident feedback into Powys County Council's application to the WHO Network of Age-Friendly Cities and Communities and consistently routed health-specific findings to the Powys Teaching Health Board (PTHB) Patient Experience Steering Group.

A major case study during Quarter 3 (autumn) exemplified the practical impact of this engagement following the **sudden closure of the Llanfyllin Pharmacy**. Initial lack of communication from the health board left vulnerable residents anxious over medication continuity. In response, the forum **escalated these concerns, driving rapid local intervention that led to improved public communication, targeted guidance, and the successful deployment of an interim prescription drop-box system at the local surgery**. This agile response successfully preserved safe, reliable access to medication for older people with limited mobility, highlighting the immense value of early community engagement and rural contingency planning.

Digital Tools

We have continued to build on digital opportunities around engagement.

There have been **62,162 visits to the 'Have Your Say' Powys Engagement HQ site with 10,119 visitors taking part in engagement activities**.

Through the Engagement HQ platform, the partnership can access the latest engagement tools such as quick polls, social subscribing, and online focus groups, to help capture and report on people's views in a timely and ongoing way.

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Social Value Forum

Social Value continues to remain a key pillar of supporting people in Powys to improve health and wellbeing outcomes, through a focus on prevention and community-based support.

This year much progress has been made by and via Powys' Social Value Forum. Some highlighted impact includes:

- The Social Value Forum Co-ordination Group met twice during the year, 17 out of the 38 member organisations attended, with others voting online
- **16 activities related to Social Value initiatives were developed**

The 2025–2027 funding round opened on 24 March 2025 and closed on 28 April 2025. The opportunity was widely promoted through the programme website, social media channels, and the Social Value Forum network, generating strong interest from across the sector.

A total of **44 applications were received, with requests amounting to approximately £1.8 million against an available funding pot of £290,000**. Throughout the application process, all applicants were offered tailored support from the Fund Officer. This included early discussions, feedback on draft applications, and guidance on governance requirements, helping to build capacity and strengthen submissions.

The 2026-27 round of funding opened in October 2025. A total of 27 applications were received and the panel met in January 2026 to review them in detail and **awarded funding to seven projects across Powys, allocating the full £130,000 available**. Project delivery commenced on 1 March 2026 and will run until 31 March 2027, providing 13 months of delivery.

A diverse range of community projects were started for the period 2025-2027 and made a meaningful impact across Powys, fostering creativity, connection, and wellbeing among participants of all ages. These included:

- **Erwood Singers** meet on alternate Tuesdays, welcoming everyone to their inclusive singing sessions featuring traditional folk songs, rounds, and harmonies from around the world. Participants report significant benefits to their wellbeing – one attendee described the sessions as “a life-saver,” offering respite while her husband undergoes cancer treatment. Another, aged 88, shared, “It keeps me happy and up to date. I feel exhilarated after a singing session.”
- **Sploj** continues to provide young people with a strong sense of community and belonging. One under-18 participant reflected: “I feel connected to my community. It’s definitely helped me meet new people — it really feels like a community that welcomes everyone.”
- **Aberhafesp Community Association - Use it or lose it** - delivers a safe and welcoming local exercise class that participants greatly value as time to focus on their own wellbeing. Many have expressed appreciation, with one participant commenting: “Could we have the class each week?” A request being actively considered for the future.

- **Arts Connection** reported strong collaboration between facilitators, which enhanced the planning and delivery of creative activities. Sessions combining painting, drawing, and textile-based crafts proved highly engaging, with the seaside theme encouraging imagination and tactile exploration. While one session experienced lower attendance due to its remote location, this has highlighted the importance of venue accessibility for future planning. Activities were successfully adapted to suit all abilities, ensuring inclusivity and participation.
- **Cultivate – Green Shorts Children’s Groups** have had a positive impact on both facilitators and participants. Staff report increased motivation, physical activity, and inspiration from leading nature-based crafts. Children expressed enthusiasm for a wide range of activities including cooking, planting, and building bug hotels, with comments such as: “I loved planting and talking about different plants.” And: “Finding worms and playing in the mud kitchen.” Early challenges included limited equipment and kitchen facilities, which affected activity flow, but creative solutions encouraged teamwork and peer support. The sessions have helped children build confidence, learn new skills, and develop social connections. An unexpected benefit has been the emergence of peer support networks among families, who now connect beyond the formal sessions.
- **Rekindle** has extended accessible mental health support for young people in Welshpool and surrounding areas, removing barriers faced by those who previously needed to travel to Newtown. The inclusion of outdoor sports and games such as pickleball, football, and table tennis has been especially beneficial, helping young people engage more easily and reduce social anxiety.
- **Sidney Nolan Trust** reported that shared food experiences significantly enhanced the sense of warmth and connection within sessions. Expanding from simple refreshments to shared meals, such as homemade leek and potato soup, fostered companionship and strengthened community bonds.

The further seven projects commenced in 2026:

- **Dementia Matters in Powys (DMiP)** – piloting DMiP Respite+, providing trained personal assistants to deliver personal care for people living with dementia in Brecon, allowing unpaid carers to attend essential health and wellbeing appointments.
- **Hay & District Dial-a-Ride** – introducing a Shopping Buddy Scheme, pairing trained volunteers with members to provide practical help while shopping alongside social interaction.
- **Hwb Cymunedol Taj Mahal Community Hub CIC** – delivering the Dyfi Hwb Community Bus, a volunteer-led initiative providing accessible and affordable transport for residents in Machynlleth and the Bro Ddyfi area.
- **Montgomeryshire Wildlife Trust** – delivering Wild Guardians, enabling 84 children and young adults in north Powys to access wildlife experiences through free, supported transport.
- **The Walsh Connection** – running Men’s Hub Llanddewi, a weekly face-to-face men’s group with participant-led activities that reduce isolation and improve wellbeing.

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- **The Ystradgynlais Miners Welfare and Community Hall Trust Limited** – delivering YOUR Welfare / EICH Les, an arts programme supporting the mental health, wellbeing and social inclusion of young people aged 11–18.
- **Welshpool Community Haven** – introducing a Carer & Diagnosis Navigation Pathway, a new GP and hospital-supported referral service offering early practical support to people who become carers or receive a new diagnosis.

Across all projects, 145 volunteers contributed 2,273 hours of their time, equating to a **value of £30,003** (based on the Welsh Government’s average volunteering value of £13.20 per hour).

Highlights

- **81% report feeling less isolated**
- **94% are maintaining or improving their emotional health and wellbeing**
- 78% feel they are influencing decisions that affect them
- 98.5% are maintaining or improving their independence
- 73% feel more confident accessing additional services following project support
- **46.5% reported that they did not need to escalate their level of support**

These projects collectively demonstrate how creative, social, and wellbeing activities can reduce isolation, improve mental health, and strengthen communities across Powys

As part of ongoing monitoring and support, the Fund Officer undertook visits to eight of the nine Social Value Forum-funded projects during the year, with the remaining visit scheduled. The newly established projects will receive a visit later in the year once the projects are underway. These visits provided valuable insight into both the breadth and impact of activity taking place across Powys. Engagement with citizens, volunteers and staff highlighted the positive difference these projects were already making within their communities.

A wide range of activities were observed, including chair-based exercise sessions, creative workshops, cooking activities and social groups. Together, these projects contributed to a diverse and inclusive programme of support, helping to improve wellbeing, reduce isolation, and strengthen community connections across the county.

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HOW THIS WORK WAS RESOURCED

The Board uses its allocations from Welsh Government revenue and capital funds as a key resource. The largest proportion of revenue funding comes from the Regional Integration Fund (RIF). The Housing with Care Fund (HCF) is also accessed to resource the Board's capital work.

Decisions around the use of funding are made collectively by the Board's members. Proposals for how it is used are put forward by the Board's partnerships (Start Well, Live Well, Age Well) which involves the input of other stakeholders and citizen/carer representatives.

Spend is closely monitored to ensure good financial management of the funding and to maximise the benefits from it. Additional funds are also committed for some projects and there continues to be significant contributions of time and staff resource.

Powys Regional Partnership Board was allocated approximately £7.6 million in revenue funding and £2.5 million in capital funding in 2025-26. The RPB also secured additional capital investment in year to support the development of integrated health and care hubs in Powys. As the RPB continues to develop it will continue to seek opportunities to access other funding to maximise the reach and impact of its work.

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FORWARD LOOK and ANNUAL DELIVERY PLAN

The Powys Regional Partnership Board (RPB) remains firmly committed to working to improve health and wellbeing outcomes for people across Powys. The past year has demonstrated the value of collaboration, and **our focus remains to strengthen and deepen our partnerships, embedding innovation, and ensuring that people remain at the heart of everything we do.**

Our Strategic Focus for the Year Ahead

The RPB's work will continue to be guided by our **Joint Area Plan (2023–2027)**, with a clear and targeted **Annual Delivery Plan for 2026–27**. This plan sets out the specific actions we'll take to deliver real change, with a strong emphasis on prevention, citizen voice; partnership working and integration; innovation and learning; and sustainability of good practice.

Delivery Plan

Building on the progress achieved during 2025–2026, the RPB has developed a Delivery and Resource Plan for 2026–2027 which sets out a clear and focused approach to delivering improved outcomes for the people of Powys.

The plan reflects a refined set of strategic priorities, designed to focus collective effort on the areas of greatest need and system pressure. These include supporting children and young people, strengthening the shift towards prevention and early intervention, enabling people to remain independent and closer to home, and continuing to develop more integrated, whole-system ways of working.

A key focus for the year ahead is the continued development of community-based models of health and social care, with partners working collaboratively to provide support closer to home and reduce reliance on more intensive services. This includes strengthening early help for families, expanding preventative services for adults and older people, and developing more coordinated pathways of care across health, social care, housing, and the third sector.

Across the coming year, delivery will be supported through several key areas of focus:

- **Prevention and early intervention**
A continued shift towards prevention, early help, and community-based support, enabling individuals and families to maintain wellbeing and independence for longer.
- **Integrated, place-based models of care**
Strengthening collaboration across health, social care, housing, and the third sector, with a focus on joined-up services, improved pathways, and support delivered closer to home.

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- **Children, families and transitions**
Ongoing development of integrated early help, emotional health, and support for children and young people, including those with complex needs, alongside improved transition pathways into adulthood.
- **Community wellbeing and independence**
Expanding support for older people and adults with complex needs to live independently, including home-based care, accommodation solutions, and technology-enabled care.
- **Co-production and citizen voice**
Continued embedding of co-production across all partnerships, ensuring that lived experience informs planning, delivery, and decision-making, supported by established engagement fora and development tools.
- **Workforce and system enablers**
Investment in workforce development, digital approaches, and partnership effectiveness to support sustainable delivery and the embedding of new ways of working.
- **Learning, evaluation and improvement**
Strengthening the use of data, evaluation, and feedback to demonstrate impact, support learning, and inform future service development and resource allocation.

The Delivery and Resource Plan also reflect the importance of flexibility and continuous improvement, ensuring that delivery evolves in response to learning, emerging needs, and opportunities at both a local and national level.

In the context of a changing financial and policy environment, there is a **continued focus on sustainability and long-term impact**, with partners working collaboratively to:

- maximise the value of available resources,
- embed and mainstream successful approaches, and
- support effective transition from time-limited funding where appropriate.

Overall, the plan demonstrates a strong collective commitment to **delivering ambitious but realistic system change**, underpinned by partnership working, co-production, and a shared focus on improving outcomes for the population of Powys.



For more Information contact the Powys Regional Partnership Team
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Bwrdd Partneriaeth Rhanbarthol Powys

Adroddiad Blynyddol
Ebrill 2025 i Fawrth 2026



Bwrdd Partneriaeth
Ranbarthol Powys
Iechyd a Gofal
Cymdeithasol



Powys Regional
Partnership Board
Health and
Social Care



Llywodraeth Cymru
Welsh Government

910/1016



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CRYNODEB GWEITHREDOL

Dros y flwyddyn ddiwethaf, mae Bwrdd Partneriaeth Rhanbarthol Powys (RPB) wedi parhau i ddod ag iechyd, gofal cymdeithasol a phartneriaid ehangach at ei gilydd i wella canlyniadau i bobl ledled Powys. Mae'r adroddiad blynyddol hwn yn adlewyrchu blwyddyn o gydweithio, arloesi ac ymrwymiad a rennir i wneud gwasanaethau iechyd a gofal yn fwy integredig, hygyrch ac yn canolbwyntio ar yr unigolyn.

Wrth wraidd gwaith y Bwrdd Partneriaeth Rhanbarthol mae'r Strategaeth Iechyd a Gofal a rennir, 'Powys Iach a Gofalgar', sy'n nodi gweledigaeth hirdymor ar gyfer gofal integredig, sy'n canolbwyntio ar yr unigolyn. Mae gwaith y Bwrdd yn cael ei gyflawni drwy ei bartneriaethau gydol oes - **Dechrau'n Dda, Byw'n Dda, a Heneiddio'n Dda** - ac mae pob un ohonynt wedi parhau i gryfhau cymorth cynnar, atal a chymorth cymunedol ledled Powys.

- Ehangodd **Dechrau'n Dda** ddarpariaeth cymorth cynnar a lles emosiynol, gan gefnogi dros **8,000 o blant, pobl ifanc a theuluoedd**, gan gynnwys mwy na **2,200 yn cyrchu cymorth am y tro cyntaf**, gan helpu i nodi'r angen yn gynt a lleihau'r uwchgyfeirio.
- Cryfhodd **Byw'n Dda** gymorth cymunedol a chydlynu systemau, gan gynnwys cynnydd ar lwybrau niwroddatblygiadol, datblygu model seibiant a gyd-gynhyrchwyd ar gyfer gofalwyr, a darparu gwasanaethau ataliol megis y **Gwasanaeth Asesu Atal, gan gefnogi 80 o unigolion** yn ei gam peilot cychwynnol.
- Gwellodd **Heneiddio'n Dda** gymorth ataliol a gofal yn agosach at gartref, gyda gwasanaethau megis Cymorth Cartref a Chysylltwyr Cymunedol yn cefnogi **dros 2,800 o unigolion gyda'i gilydd**, ochr yn ochr â gwell llif ysbytai, capasiti cymunedol, a buddsoddiad parhaus mewn tai gofal ychwanegol.

Y tu hwnt i wasanaethau oedran-benodol, mae'r Bwrdd Partneriaeth Rhanbarthol (RPB) wedi parhau i ddarparu ystod eang o raglenni trawsbynciol sy'n cefnogi pobl trwy gydol eu hoes:

- **Gofalwyr:** Cefnogwyd dros **2,500 o ofalwyr di-dâl**, ochr yn ochr â mentrau wedi'u targedu ac ymgysylltu digidol a welwyd dros **176,000 o weithiau**, gan helpu gofalwyr i deimlo'n fwy cysylltiedig, wedi'u cefnogi ac yn gallu cynnal eu rolau gofalu.
- **Y Gymraeg:** Ailsefydlwyd y Grŵp Llywio'r **Iaith Gymraeg Gofal**. Daeth y grŵp llywio amlasiantaeth hwn â phartneriaid o bob rhan o'r Bwrdd Partneriaeth Rhanbarthol at ei gilydd i ddarparu goruchwyliaeth, cydlynu ac arweinyddiaeth ar y cyd wrth hyrwyddo'r defnydd o'r Gymraeg o fewn gwasanaethau.
- **Cymorth Canser:** Cryfhodd y rhaglen **Gwella'r Daith Canser** ei phwynt mynediad sengl, gan gynyddu atgyfeiriadau a galluogi mwy o bobl i dderbyn cymorth holistaidd, sy'n canolbwyntio ar yr unigolyn.
- **Dyfodol y Gweithlu:** Cyrhaeddwyd dros **22,000 o unigolion** trwy weithgarwch datblygu'r gweithlu, gan gefnogi sgiliau, arweinyddiaeth a gwytnwch ar draws y system iechyd a gofal cymdeithasol.

Atal yn y Craidd

Thema allweddol trwy gydol y flwyddyn oedd y newid parhaus tuag at **atal ac ymyrraeth gynnar**. Ar draws pob partneriaeth, mae gwasanaethau wedi canolbwyntio ar nodi angen yn gynharach, lleihau uwchgyfeirio a chefnogi pobl i aros yn annibynnol yn eu cymunedau. Roedd hyn yn cynnwys ehangu cymorth cymunedol, defnyddio Gofal a Alluogir Gan Dechnoleg i gefnogi dros 900 o unigolion, a dulliau integredig a alluogodd dros 2,400 o bobl i aros yn ddiogel gartref.

Integreiddio a Phartneriaeth ar Waith

Mae cryfder y Bwrdd Partneriaeth Rhanbarthol yn ei ddull cydweithredol, gan ddod â phartneriaid ynghyd ar draws ieched, gofal cymdeithasol, tai, a'r trydydd sector. Yn ystod y flwyddyn, mae hyn wedi cefnogi llwybrau mwy cydgysylltiedig, gwella llif cleifion, a chryfhau cyflwyno modelau integredig megis wardiau rhithwir a chydlynu gofal cymunedol.

Aliniad ag Adrodd Partneriaeth Ehangach

Mae Adroddiad Blynyddol Bwrdd Partneriaeth Rhanbarthol Powys yn ategu gwaith adroddiadau blynyddol unigol mudiadau partner ac Adroddiad Blynyddol Bwrdd Gwasanaethau Cyhoeddus Powys (PSB) ([Bwrdd Gwasanaethau Cyhoeddus Powys - Ein Hadroddiad Cynnydd Blynyddol - Cyngor Sir Powys](#)) sy'n adrodd ar gynnydd yn erbyn y Cynllun Lles-o dan Ddeddf Llesiant-Cenedlaethau'r Dyfodol (Cymru) 2015. Er bod adroddiad Bwrdd Gwasanaethau Cyhoeddus Powys yn darparu trosolwg strategol o gynnydd amlasiantaeth ar draws amcanion lles ehangach, mae Adroddiad Blynyddol y Bwrdd Partneriaeth Rhanbarthol yn canolbwyntio'n benodol ar integreiddio gwasanaethau ieched a gofal cymdeithasol a chyflawni yn erbyn dyletswyddau statudol o dan Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014. Gyda'i gilydd, mae'r adroddiadau hyn yn darparu darlun cyflenwol a chydlynol o weithio mewn partneriaeth ym Mhowys, gan osgoi dyblygu tra'n cryfhau tryloywder ac atebolrwydd a rennir ar draws y system.

Ymgysylltu a Chyd-gynhyrchu: Gwrandd, Dysgu, Gweithredu

Mae lleisiau dinasyddion a gofalmwr wedi parhau i fod yn ganolog i lunio gwasanaethau. Trwy fforymau, rhwydweithiau a rolau cynrychioladol, mae pobl â phrofiad byw wedi dylanwadu'n weithredol ar ddylunio a gwella gwasanaethau.

Mae gwaith **Rhwydwaith Ymgysylltu a Mewnwelediad Powys, Fforymau Ymgysylltu â Phartneriaethau, a mentrau cyd-gynhyrchu** wedi cryfhau cyfranogiad, cefnogi ymgysylltu mwy cynhwysol, ac wedi helpu i sicrhau bod gwasanaethau'n adlewyrchu'r hyn sy bwysicaf i bobl ledled Powys.

Arloesi a Ffyrdd Newydd o Weithio

Parhaodd arloesi i chwarae rôl allweddol wrth sbarduno gwelliant. Mabwysiadodd y Bwrdd Partneriaeth Rhanbarthol ddulliau newydd, gan gynnwys offer digidol, arloesi'r gweithlu, a modelau gofal newydd wedi'u halinio ag atal ac integreiddio.

Mae'r **Hwb Cydlynw Arloesi Rhanbarthol** yn cefnogi datblygu a graddio ymarfer arloesol, tra bod rhaglenni megis systemau cydsynio digidol a Gofal a Alluogir Gan Dechnoleg yn dangos manteision ymarferol, system gyfan wrth wella mynediad, effeithlonrwydd a chanlyniadau.

Edrych i'r Dyfodol

Wrth i'r Bwrdd Partneriaeth Rhanbarthol symud ymlaen, bydd y ffocws ar ymgorffori a graddio'r cynnydd a wnaed yn ystod 2025–26. Mae hyn yn cynnwys cryfhau atal, parhau i integreiddio gwasanaethau, a sicrhau bod cyd-gynhyrchu yn parhau i fod yn ganolog i gyflenwi.

Gyda phartneriaethau cryf, cyfeiriad strategol clir, a buddsoddiad parhaus mewn cymorth cymunedol, mae'r Bwrdd Partneriaeth Rhanbarthol mewn sefyllfa dda i gyflawni gwelliannau cynaliadwy, sy'n canolbwyntio ar yr unigolyn mewn iechyd a lles i bobl Powys.

RÔL A PHWRPAS Y BWRDD

Mae Bwrdd Partneriaeth Rhanbarthol Powys (RPB) yn dod ag ystod o gynrychiolwyr gwasanaethau cyhoeddus a phobl allweddol eraill at ei gilydd, gan gynnwys dinasyddion, i sicrhau bod mudiadau'n gweithio'n well gyda'i gilydd i wella iechyd a lles pobl Powys. Mae Cylch Gorchwyl y Bwrdd Partneriaeth Rhanbarthol (RPB) yn cynnwys datganiad o fwriad sy'n nodi'r hyn y mae'n ceisio ei gyflawni:

- Creu momentwm ar gyfer gwelliannau hanfodol, drwy nodi blaenoriaethau allweddol ar gyfer dinasyddion Powys a chanolbwyntio ymdrechion i sicrhau yr eir i'r afael â'r rhain
- Cynyddu'r ffocws ar ymyrraeth gynnar ac atal trwy annog rheolaeth a pherchnogaeth dinasyddion mewn materion iechyd a lles, er mwyn lleihau'r cynnydd mewn angen
- Sicrhau bod llais y dinesydd nid yn unig yn cael ei glywed ond y gweithredir arno i wella gwasanaethau
- Defnyddio gwybodaeth ynghylch anghenion presennol a dyfodol dinasyddion wrth gynllunio gwasanaethau ar draws y sbectrwm angen a sicrhau y gwneir y mwyaf o adnoddau trwy ymgysylltu doeth â chyrff eraill sy'n ymgymryd â gweithgarwch tebyg
- Sicrhau bod gwasanaethau o safon yn cael eu darparu'n effeithlon ac yn effeithiol trwy weithlu a gwirfoddolwyr medrus a chymhellol
- Hyrwyddo integreiddio gofal a chymorth rhwng Gwasanaethau Cymdeithasol ac Iechyd
- Sicrhau cyd-gynhyrchu a chomisiynu gwasanaethau gyda'r sectorau cyhoeddus, preifat a gwirfoddol sy'n hyrwyddo gwasanaethau cysylltiedig a di-dor sy'n gweithio'n effeithiol gyda'i gilydd
- Meithrin arferion newydd arloesol a hyrwyddo diwylliant dysgu gan sicrhau bod mecanweithiau effeithiol ar waith i bontio'r bwlch rhwng cyfathrebu sefydliadol a chyhoeddus ynghylch cynllunio a chyflawniadau gwasanaethau.

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STRATEGAETH IECHYD A GOFAL

Mae gwaith Bwrdd Partneriaeth Rhanbarthol Powys (RPB) yn cael ei sbarduno gan Strategaeth Iechyd a Gofal Powys, 'Powys Iach a Gofalgar' sy'n nodi'r blaenoriaethau ar gyfer trawsnewid iechyd a gofal ym Mhowys hyd at 2028. Daeth yr holl bartneriaid at ei gilydd i adolygu ac adnewyddu'r blaenoriaethau hyn ac i gynhyrchu ein hail Gynllun Ardal ar y Cyd y Bwrdd Partneriaeth Rhanbarthol (RPB).

Mae'r Cynllun Ardal ar y Cyd yn adeiladu ar gynnydd a dysgu'r pum mlynedd blaenorol ac yn ymateb i'r hyn y mae pobl Powys wedi'i ddweud am eu hiechyd a'u gofal, a'r hyn sy'n bwysig iddynt.

Rydym wedi tynnu'n helaeth ar ein dealltwriaeth newydd o fywyd yn y sir gyda'r safbwyntiau a'r dystiolaeth wedi'u diweddarau a gasglwyd fel rhan o [Asesiad Anghenion Poblogaeth Powys](#) (adnewyddwyd yn 2025), [Asesiad Llesiant \(2022\)](#), [Adroddiad Sefydlogrwydd y Farchnad Powys \(2022\)](#) yn ogystal ag ymchwil, adborth a pholisïau newydd arall.

Mae'r Cynllun Ardal newydd yn nodi sut y gallwn wella iechyd a lles pobl ym Mhowys a bydd yn cyflawni camau olaf ein huchelgais 10 mlynedd. I weld y Cynllun Ardal a ddiweddarwyd, ynghyd â blaenoriaethau a adolygwyd, ewch i www.powysrpb.org

SUT MAE GWAITH Y BWRDD YN CAEL EI WNEUD

Mae'r Bwrdd Partneriaeth Rhanbarthol (RPB) yn pennu'r cyfeiriad strategol ar gyfer iechyd a gofal cymdeithasol ym Mhowys a'r blaenoriaethau ar y cyd ar gyfer gweithio gyda'n gilydd. Yn allweddol i gyflawni'r uchelgais a'r meysydd blaenoriaeth, mae pedair is-bartneriaeth: **Dechrau'n Dda, Byw'n Dda, Byw'n Dda (Iechyd Meddwl) a Heneiddio'n Dda**. Mae pob un ohonynt yn cynnwys grŵp llawer ehangach o bobl ac mae ganddynt eu his-grwpiau eu hunain sy'n gwneud gwaith mwy manwl.

Mae gan bob un ffocws penodol ar grŵp poblogaeth penodol – plant, pobl ifanc a theuluoedd (Dechrau'n Dda), Oedolion (Byw'n Dda), a Phobl Hŷn (Heneiddio'n Dda). Mae rhai meysydd ffocws yn berthnasol i'r holl grwpiau oedran hyn ac felly maent yn drawsbynciol. Mae'r rhain yn cynnwys gofalmwyr di-dâl er enghraifft, yn ogystal â'r gofyniad i ddarparu gwybodaeth, cyngor a chymorth perthnasol.

Mae ymgysylltu ehangach â phobl yn hanfodol ac mae gan y partneriaethau a'r is-grwpiau wahanol ffyrdd y gallant gynnwys pobl i helpu i lunio penderfyniadau. Er enghraifft, mae gan Dechrau'n Dda Fwrdd Dechrau'n Dda lau sy'n cynnwys pobl ifanc sy'n gallu trafod materion allweddol a bwydo'r rhain i mewn.

Mae Grŵp Gweithredol y Bwrdd Partneriaeth Rhanbarthol (RPB) yn helpu i sbarduno gwaith y Bwrdd Partneriaeth Rhanbarthol yn ei flaen ar draws partneriaid ac yn cynnig cefnogaeth a her ar gyfer penderfyniadau allweddol. Mae gwaith y Byrddau'n cael ei gydlynw drwy Dîm y Bwrdd Partneriaeth Rhanbarthol sy'n darparu cefnogaeth a chydlyniant lefel uchel ar draws pob maes.

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HUNANASESU A DATBLYGU PARTNERIAETH

Yn ystod 2025–2026, cynhaliodd y Bwrdd Partneriaeth Rhanbarthol (RPB) gyfres o sesiynau hunanasesu a datblygu strwythuredig ar draws ei drefniadau partneriaeth. Cynlluniwyd y rhain i gefnogi myfyrio, cryfhau effeithiolrwydd partneriaeth, a llywio datblygiad yn y dyfodol.

Amlygodd yr asesiad sylfaen gadarn ar draws tirwedd partneriaeth Powys, gyda **pherthnasoedd cadarnhaol a chydweithredol, ymrwymiad** clir i **gyd-gynhyrchu**, a **ffocws** a rennir ar **atal a gwella canlyniadau** i ddinasyddion.

Ochr yn ochr â'r cryfderau hyn, nododd y broses gyfleoedd i wella'r ffordd y mae partneriaid yn gweithio gyda'i gilydd ymhellach. Mae'r rhain yn cynnwys gwella **aliniad ar draws partneriaethau**, cryfhau **cysylltedd llywodraethu a chyfathrebu**, a datblygu dulliau mwy cyson o **ddangos effaith a dysgu**.

Mewn ymateb, cytunwyd ar set o argymhellion â ffocws i gefnogi datblygiad parhaus y Bwrdd Partneriaeth Rhanbarthol (RPB). Mae'r rhain wedi'u cynllunio i:

- Wella **eglwurder rolau, cyfrifoldebau ac atebolrwydd** ar draws trefniadau partneriaeth
- Cryfhau **aliniad a lleihau dyblygu**, gan alluogi adnoddau i gael eu defnyddio'n fwy effeithiol
- Gwella **llais a chyd-gynhyrchu dinasyddion**, gan sicrhau bod profiad byw yn parhau i lywio gwneud penderfyniadau
- Datblygu **dulliau symlach a mwy cyson o fesur effaith a chanlyniadau**
- Cefnogi defnydd mwy effeithiol o **amser a chapasiti partneriaeth**, gan gydnabod pwysau ehangach y system

Mae'r camau hyn yn adlewyrchu ymrwymiad i **ddysgu a gwella parhaus**, gan adeiladu ar gryfderau presennol i sicrhau bod y bartneriaeth yn parhau i fod yn effeithiol, yn ymatebol, ac yn canolbwyntio ar gyflawni canlyniadau cadarnhaol i bobl Powys.

AELODAETH Y BWRDD

Mae Bwrdd Partneriaeth Rhanbarthol Powys (RPB) yn dod ag uwch gynrychiolwyr o Gyngor Sir Powys, Bwrdd Iechyd Addysgu Powys, y trydydd sector, y sector annibynnol, partneriaid tai, cynrychiolwyr sy'n ddinasyddion a gofalmwyr di-dâl at ei gilydd i gefnogi'r gwaith o gynllunio a darparu gwasanaethau iechyd a gofal cymdeithasol integredig.

Yn unol â Rhan 9 o Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014, mae'r Bwrdd yn cael ei gefnogi gan bartneriaid cyfrifol dynodedig o'r awdurdod lleol a'r bwrdd iechyd. Yn ystod 2025-2026, ymgwymerwyd â'r rolau hyn gan **Nina Davies, Cyfarwyddwr Gwasanaethau Cymdeithasol a Lles, Cyngor Sir Powys**, ac **Elaine Lorton, Cyfarwyddwr Gweithredol Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl, Bwrdd Iechyd Addysgu Powys**. Gyda'i gilydd, mae aelodau'r Bwrdd yn darparu arweinyddiaeth strategol, goruchwyliaeth ac atebolrwydd ar gyfer trefniadau partneriaeth ledled Powys, gan sicrhau ffocws parhaus ar integreiddio, cydweithredu a chanlyniadau gwell i bobl a chymunedau.

Aelodaeth a Chynrychiolaeth y Bwrdd Partneriaeth Rhanbarthol	
Cynrychiolwyr Llywodraethu Asiantaethau Unigol	Un aelod etholedig (cynghorydd) o Gyngor Sir Powys yn cynrychioli oedolion
	Un aelod etholedig (cynghorydd) o Gyngor Sir Powys yn cynrychioli plant
	Un unigolyn i gynrychioli Bwrdd Iechyd Addysgu Powys (anweithredol)
	Un unigolyn i gynrychioli cyngor gwirfoddol sirol Cymdeithas Mudiadau Gwirfoddol Powys (PAVO) (anweithredol)
Strategol – Iechyd	Un Cynrychiolydd strategol Bwrdd Iechyd Addysgu Powys
	Un cynrychiolydd strategol Bwrdd Iechyd Addysgu Powys ac unigolyn cyfrifol enwebedig ar gyfer partneriaeth y Bwrdd Partneriaeth Rhanbarthol (RPB)
Strategol - Gwasanaethau Cymdeithasol	Yr unigolyn a benodwyd yn gyfarwyddwr gwasanaethau cymdeithasol o dan adran 144 o Ddeddf 2014 mewn perthynas â Chyngor Sir Powys
	Un uwch swyddog Cyngor Sir Powys i gynrychioli gwasanaethau cymdeithasol
Cysylltiadau Strategol	Un unigolyn i gynrychioli buddiannau Iechyd y Cyhoedd
	Un uwch swyddog Cyngor Sir Powys sy'n gyfrifol am dai, gan gynnwys y cyfrifoldeb am gysylltiadau â buddsoddiad cyfalaf mewn tai
	Un uwch swyddog Cyngor Sir Powys sydd â chyfrifoldeb am addysg
	Cynrychiolydd o Ymddiriedolaeth GIG Prifysgol Gwasanaeth Ambiwlans Cymru.
Y Trydydd Sector	Un unigolyn i gynrychioli cyngor gwirfoddol sirol Cymdeithas Mudiadau Gwirfoddol Powys
	Dau unigolyn sy'n cynrychioli buddiannau sefydliadau'r trydydd sector
Darparwr gofal	Un unigolyn sy'n cynrychioli buddiannau darparwyr gofal
	Un unigolyn sy'n cynrychioli buddiannau darparwyr gofal sylfaenol

	Un unigolyn sy'n cynrychioli buddiannau landlordiaid cymdeithasol cofrestredig
Llais dinasyddion	Dau unigolyn i gynrychioli buddiannau gofalwyr ('cynrychiolydd sy'n ofalwr y Bwrdd Partneriaeth Rhanbarthol' (RPB))
	Dau unigolyn sy'n cynrychioli buddiannau pobl ag anghenion am ofal a chymorth ('cynrychiolydd sy'n ddinesydd y Bwrdd Partneriaeth Rhanbarthol (RPB)')
	Un unigolyn i hyrwyddo cyfranogiad pobl sydd angen gofal a chefnogaeth a gofalwyr yng ngwaith y Bwrdd Partneriaeth Rhanbarthol (RPB) fel arsylwr

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DECHRAU'N DDA

Mae gan y Bartneriaeth Dechrau'n Dda ran ganolog wrth wella canlyniadau i blant, pobl ifanc a theuluoedd ledled Powys drwy ddull cydgysylltiedig, ataliol ac amlasiantaethol. Gan weithio ar draws partneriaid, mae Bwrdd Dechrau'n Dda yn datblygu hybiau Cymorth Cynnar ledled y sir i gryfhau mynediad at gymorth ar y cyfle cynharaf, lleihau uwchgyfeirio angen a sicrhau bod gwasanaethau yn cael eu llunio o amgylch plant a theuluoedd. Mae'r hybiau hyn wedi'u cynllunio i ddarparu amgylcheddau diogel, sy'n meithrin ac yn grymuso, gan ddod ag ystod o gefnogaeth, gan gynnwys iechyd a gofal cymdeithasol, at ei gilydd yn agosach at y cartref ac o fewn cymunedau.

Yn ystod 2025–26, dangosodd prosiectau Partneriaeth Dechrau'n Dda ymateb ataliol cryf, ledled y system i gefnogi plant, pobl ifanc a theuluoedd ym Mhowys. Trwy gydol y flwyddyn, **cafodd 8,098 o unigolion fynediad at gymorth, gyda 2,233 o bobl yn ymgysylltu â gwasanaethau am y tro cyntaf.** Mae hyn yn dangos bod prosiectau Dechrau'n Dda nid yn unig yn cynnal cefnogaeth barhaus i deuluoedd y gwyddys amdanynt ond hefyd yn adnabod ac yn ymgysylltu'n llwyddiannus â theuluoedd newydd yn gynharach, gan helpu i fynd i'r afael ag anghenion sy'n dod i'r amlwg cyn iddynt gynyddu.

Mae **Cadw Plant yn Ddiogel gartref** yn flaenoriaeth allweddol i Fwrdd Dechrau'n Dda a ddarparu Gwasanaeth Trothwy Gofal. Pan fydd angen i blant ddod i ofal, mae'r Bwrdd yn gweithio i sicrhau bod cymorth arbenigol yn cael ei ddarparu yn agosach at y cartref.

Iechyd a Lles Emosiynol

Mae Powys wedi datblygu Model Iechyd a Lles Emosiynol, sy'n dod â phob elfen o iechyd a lles emosiynol plant, pobl ifanc a theuluoedd at ei gilydd. Mae'r prosiect yn gweithio'n bennaf gyda phlant, pobl ifanc, teuluoedd a staff i ddarparu cymorth ar draws ystod o anghenion trwy fynd i'r afael â'r bylchau mewn gwasanaethau iechyd a lles emosiynol.

Mae'r gwasanaethau a ddarperir yn amrywio o sesiynau un-i-un arbenigol i waith grŵp a gweithgareddau lle gall dosbarth cyfan fod yn rhan ohono. Mae gweithio mewn partneriaeth wedi caniatáu i bartneriaid cyflenwi weithio gyda'i gilydd i sefydlu a llenwi bylchau a rhannu a datblygu syniadau. Mae hyn wedi cynnwys datblygu syniadau a awgrymwyd gan bobl ifanc, yn enwedig Caffi i leuenctid yn y Drenewydd, a ariannwyd i ddechrau drwy'r prosiect ond sydd bellach wedi denu Arian y Loteri ac yn mynd o nerth i nerth.

Trwy gydol y flwyddyn, **cefnogwyd 1,836 o unigolion, gyda chyfran uchel (1,471) yn cyrchu cymorth am y tro cyntaf.** Cynyddodd gweithgarwch yn sylweddol yn ail hanner y flwyddyn, gan adlewyrchu darpariaeth mewn ysgolion, cyfranogiad Chwaraeon Powys a gweithgarwch partneriaid ehangach.

Roedd lefelau boddhad hefyd yn uchel iawn, gan atgyfnerthu effeithiolrwydd ymyriadau ataliol sy'n seiliedig ar berthynas, yn enwedig i blant a phobl ifanc sy'n profi gorbryder, osgoi

ysgol ar sail emosiynol neu anghenion iechyd meddwl sy'n dod i'r amlwg. Mae'r data yn cefnogi'r casgliad bod y prosiect hwn yn atal uwchgyfeirio i wasanaethau mwy arbenigol.

Yn gyffredinol, mae 90% wedi adrodd llai o ynysu, lles emosiynol sy'n cael ei gynnal neu ei wella a mwy o hyder ers cyrchu gwasanaethau.

Eleni gweithiodd y bartneriaeth hefyd i ddatblygu **model NYTH/NEST** ymhellach, sy'n sicrhau ymagwedd gynhwysfawr at iechyd meddwl, lles a gwasanaethau cymorth. Mae'r bartneriaeth wedi cyflawni canlyniadau cadarnhaol, megis mwy o fynediad at gymorth iechyd emosiynol, atgyfeiriadau priodol at wasanaethau, a datblygu darpariaeth therapiwtig i gefnogi pobl ifanc ac ymarferwyr.

Fframwaith NYTH/NEST

Yn ystod 2025–2026, gwnaed cynnydd o ran gweithredu fframwaith NYTH/NEST ledled Powys, gan gryfhau **dull mwy cyson, sy'n seiliedig ar berthynas i gefnogi lles emosiynol ymhlith plant a phobl ifanc.**

Cynhaliwyd gweithgareddau ymgysylltu gyda phlant, pobl ifanc a theuluoedd ledled y sir i ddeall eu profiadau a'u safbwyntiau yn well. Nododd y gwaith hwn y gwerthoedd a'r ymddygiadau allweddol sy'n gysylltiedig ag 'oedolyn dibynadwy', **gan amlygu pwysigrwydd ymddiriedaeth, cysondeb a theimlad eich bod yn cael eich deall.** Llywiodd y mewnwelediadau hyn ddatblygiad **fideo Oedolion Dibynadwy** a gynhyrchwyd ar y cyd ac a gyrhaeddodd ei gamau olaf yn ystod y flwyddyn, ochr yn ochr â chreu adnoddau hyfforddi ar-lein penodol i Bowys.

Roedd yr hyfforddiant yn cynnwys enghreifftiau go iawn, lleol i gefnogi staff i ddeall sut y gellir cymhwyso'r dull yn ymarferol. Pwysleisiodd hefyd bwysigrwydd gwasanaethau sy'n gweithio'n fwy effeithiol gyda'i gilydd o amgylch anghenion plant a theuluoedd. Ategwyd y gwaith hwn gan **ffocws cryf ar ddatblygu'r gweithlu**, gan gynnwys cyflwyno taflen ffeithiau recriwtio i gefnogi **cymhwyso gwerthoedd ac ymddygiadau NYTH/NEST yn gyson wrth recriwtio a goruchwyllo**, yn ogystal â darparu hyfforddiant sy'n seiliedig ar drawma ar draws ysgolion a gwasanaethau.

Gyda'i gilydd, roedd y gweithgaredd hwn yn cynrychioli cynnydd clir tuag at ddull mwy cydgysylltiedig, system gyfan. Sefydlwyd sylfeini i gefnogi'r gwaith o gyflwyno'r fframwaith yn barhaus, gyda ffocws ar gryfhau cysondeb fel bod plant, pobl ifanc a theuluoedd yn profi cefnogaeth sy'n gysylltiedig, yn berthnasol ac yn ymatebol ledled Powys.

Cymorth Cynnar a Chwarae

Parhaodd y bartneriaeth i gefnogi cymorth cynnar a chwarae trwy nifer o fentrau a phrosiectau allweddol. Un o'r rhain yw **Powys Ynghyd, sy'n cynnig amrywiaeth o weithgareddau, digwyddiadau a chyfleoedd am ddim i blant, pobl ifanc a theuluoedd yng**

ngogledd Powys. Mae'r fenter hon yn hanfodol wrth alluogi'r teuluoedd mwyaf difreintiedig i gymryd rhan mewn profiadau cyfoethogi, gyda'r nod o leihau anfantais wrth adeiladu gwytnwch a chysylltiadau cymunedol.

Mae pedwar cydlynnydd Powys Ynghyd wedi'u lleoli yn y Trallwng, y Drenwydd, Llanidloes a Machynlleth ac maent yn ymgysylltu'n weithredol â'u cymunedau lleol i ddeall eu cryfderau a'u hanghenion.

Uchafbwyntiau

- **Ymgysylltodd** y prosiect â **dros 6,000 o blant**, pobl ifanc a theuluoedd.
- Roedd y ddarpariaeth yn cynnwys **227 o sesiynau a gweithgareddau** wedi'u llunio'n uniongyrchol gan ymgynghoriad lleol, ochr yn ochr ag ymgysylltu helaeth â grwpiau cymunedol a rhanddeiliaid.
- **81% o'r mynychwyr yn dychwelyd i weithgareddau.** Mae hyn yn dangos ymddiriedaeth gref, perthnasedd a pherchnogaeth gymunedol, yn hytrach na chyfranogiad untro.

Mae Powys Ynghyd yn helpu i leihau ynysu, cryfhau ffactorau amddiffynnol ac adeiladu gwytnwch cymunedol. Blaenoriaethwyd gweithgareddau a sesiynau ac roeddent yn canolbwyntio ar iechyd a lles.

Eleni mae'r cydlynwyr wedi gweithio gyda dros 6,037 o blant, pobl ifanc a theuluoedd. Mae cyfanswm o 227 o weithgareddau a sesiynau wedi'u cyflwyno, gydag 81% yn dychwelyd i gyflawni eu canlyniadau.

Ailfodelu'r Llwybr Niwroddatblygiadol (ND)

Yn ystod 2025–2026, cefnogodd Ailfodelu'r Llwybr Niwroddatblygiadol lif gwell ar draws y llwybr niwroddatblygiadol, gyda dros **600 o asesiadau diagnostig wedi'u cwblhau**. Gwnaed gwelliannau i brosesau brysennu, ansawdd atgyfeirio a chapasiti'r gweithlu, gan helpu i gryfhau effeithlonrwydd ac ymatebolrwydd cyffredinol y system.

Roedd data yn dangos mwy o eglurder ac effeithiolrwydd trwy lwybrau wedi'u hailgynllunio, cyflwyno apwyntiadau Dewis y Claf, ac ymgorffori rolau Ymarferydd Cynorthwyol. Roedd y dull hwn yn galluogi clinigwyr i ganolbwyntio ar asesiadau ac ymyriadau mwy cymhleth, gan weithio ar frig eu cwmipas proffesiynol. Cryfhaodd **sefydlu Fforwm Proffesiynol Niwroddatblygiadol amlasiantaeth gysondeb ymhellach** ar draws y system a meithrin hyder ymhlith ymarferwyr.

Cyfrannodd Ailfodelu Niwroamrywaieth at leihau pwysau rhestr aros, gwella profiad plant a theuluoedd, a helpu i atal uwchgyfeirio sy'n gysylltiedig ag oedi ac ansicrwydd. Roedd y gwaith hwn yn cefnogi cynaliadwyedd tymor hwy ar draws gwasanaethau plant.

Mae Cyngor Sir Powys wedi datblygu grŵp gorchwyl a gorffen amlasiantaeth sy'n ailddrafftio 'Map Ffordd Rhianta' Powys. Bydd hyn yn y pen draw yn cynnwys cymorth mwy penodol sy'n gysylltiedig â Niwroddatblygiad (ND) ac ymateb graddedig, gydag adnoddau megis gweithdy ADHD i rieni a rhaglenni cymorth arbenigol Niwroddatblygiad (ND). Mae'r gwaith hwn wedi'i lywio gan Grŵp Cydgynhyrchu Powys sy'n cynnwys dros 1,500 o rieni Powys o'r grŵp 'Llais Rhieni'.

Gwasanaethau Arbenigol yn Agosach at y Cartref

Mae'r bartneriaeth yn parhau i ddarparu cymorth dwys i wella'r trefniadau byw presennol i blant a phobl ifanc fel y gallant barhau i fyw gyda'u teuluoedd yn hytrach na mynd i ofal, lle mae'n ddiogel gwneud hynny.

Mae'r **Prosiect Trothwy Gofal** yn gweithio gyda phlant, pobl ifanc a'u teuluoedd i gefnogi plant ar 'Drothwy Gofal'.

Trwy ymyriadau sy'n seiliedig ar dystiolaeth a dull ymyrraeth gynnar, mae'r prosiect yn cefnogi teuluoedd i aros gyda'i gilydd a chadw plant gartref yn ddiogel. Mae'r prosiect yn cydweithio â theuluoedd gan ddefnyddio dulliau sy'n seiliedig ar drawma, gan gynnwys adeiladu gwytnwch, sefydlu arferion, a hyrwyddo hunan-ofal. I'r bobl ifanc a'r plant a gefnogir gan y prosiect, mae ffocws ar eu helpu i reoli dicter, adeiladu gwytnwch, rheoleiddio emosiynau, a datblygu perthnasoedd iach, ymhlith sgiliau eraill.

Yn ystod y flwyddyn, cefnogodd gwasanaeth Trothwy Gofal nifer gyson o blant a theuluoedd, gyda lefelau atgyfeirio yn unol yn fras â blynyddoedd blaenorol. Roedd hyn yn adlewyrchu galw sefydlog a disgwyliedig, a oedd wedi'i reoli'n dda o fewn capasiti staffio presennol.

Roedd lefelau gweithgarwch yn amrywio ar draws y flwyddyn, gyda galw uwch yn ystod y trydydd chwarter (y gaeaf) a gostyngiad yn y chwarter olaf (y gwanwyn), yn ôl pob tebyg wedi'i ddylanwadu gan ffactorau tymhorol megis gwyliau ysgol a chyfnodau gwyliau.

Ar gyfartaledd, **cyrchodd 66% o blant y gwasanaeth am y tro cyntaf**, gan ddangos y cyrhaeddir teuluoedd newydd yn barhaus sydd mewn perygl o uwchgyfeirio.

Arsylwyd ail-atgyfeiriadau hefyd ac roeddent yn adlewyrchu natur newidiol a chymhleth amgylchiadau teuluol yn aml, yn hytrach nag ymyrraeth aflwyddiannus. Cyflawnodd y gwasanaeth **gyfradd derbyn atgyfeiriadau uchel o 99%**, sy'n nodi aliniad cryf rhwng llwybrau atgyfeirio a chylch gwaith y gwasanaeth, yn ogystal â phrosesau brysbennu effeithiol. Mesurwyd cynnydd ar adeg cau'r achos, gan ddarparu asesiad cyson o ganlyniadau.

Mewn nifer fach o achosion lle roedd cynnydd yn fwy cyfyngedig a risg yn parhau neu'n cynyddu, cymerwyd camau diogelu. Roedd y penderfyniadau hyn yn adlewyrchu ymatebion

amserol a phriodol i sicrhau diogelwch a lles plant, yn unol ag arfer gorau a chyfrifoldebau statudol.

Cefnogodd y prosiect 563 o blant.

Patterson Liz
29/09/2026 08:51:05

BYW'N DDA

Mae Partneriaeth Byw'n Dda yn gweithio i greu amgylchedd cefnogol, sy'n grymuso ym Mhowys a fydd yn galluogi pobl i fyw'n dda a chyflawni canlyniadau iechyd da, trwy fod yn actif a thrwy allu cyrchu yr help a'r gefnogaeth gywir, ar yr adeg iawn.

Mae'r Bartneriaeth yn mynd i'r afael â phenderfynyddion ehangach iechyd a lles y boblogaeth oedran gweithio ym Mhowys, drwy ddull iechyd y cyhoedd a datblygu cymunedol, gan gynnwys cryfhau a thrawsnewid gwasanaethau i bobl ag anableddau.

Mae Byw'n Dda yn cysylltu â phartneriaethau strategol eraill ym Mhowys, gan gynnwys y Bwrdd Cynllunio Ardal a Phartneriaeth Iechyd Meddwl Byw'n Dda, lle mae gorgyffwrdd â gofal cymhleth ac iechyd meddwl. Maent hefyd yn partneru â'r Bwrdd Grant Cymorth Tai lle mae cymorth ar gyfer atal digartrefedd yn croestorri â byw â chymorth.

Mae sawl grŵp partneriaeth cynorthwyol, yn enwedig i ymgysylltu ag a chlywed llais defnyddwyr gwasanaeth a'u gofawyr ac i ymgysylltu â darparwyr gwasanaethau iechyd meddwl y Trydydd Sector.

Ymyrraeth Gynnar ac Atal

Awtistiaeth a Niwroamrywiaeth

Mae dull 'busnes pawb' yn parhau i fod yn sail i waith niwroamrywiaeth ym Mhowys, gan sicrhau aliniad cryf ar draws partneriaethau, gan gynnwys Dechrau'n Dda a Byw'n Dda, a chysylltiadau agos â'r Grŵp Llywio i Ofalwyr ac ymgysylltu â'r gymuned ehangach.

Yn ystod y flwyddyn, gwnaed cynnydd o ran cryfhau cefnogaeth i bobl awtistig a'r rhai â chyflyrau niwroddatblygiadol ehangach, yn unol â'r Cod Ymarfer Awstistiaeth a'r dull Cymorth Niwroddatblygiadol Pob Oedran, gan gynnwys datblygu cymorth ADHD.

Gwellwyd llywodraethu a chydlynu trwy'r Bwrdd Niwroamrywiaeth Strategol cryfach, penodi Arweinydd Awstistiaeth newydd, a threfniadau cydweithredu gwell ar draws partneriaid. Mae gweithgarwch gwerthuso ac ymgysylltu cynnar wedi darparu mewnwelediad gwerthfawr, gan amlygu pwysigrwydd cymorth hygyrch, sy'n seiliedig ar gymheiriaid – yn enwedig i unigolion sy'n aros am ddiagnosis.

Bydd y dysgu hwn yn llywio datblygiad gwasanaethau parhaus, gyda ffocws parhaus ar wella mynediad, cryfhau llwybrau cymorth, a chyflwyno tystiolaeth ynghylch effaith ar unigolion a chymunedau.

Patterson, Liz
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Seibiant Byr Wedi'i Gynllunio a Seibiant Brys i Ofalwyr Di-dâl ym Mhowys

Yn ystod y flwyddyn, gwnaed cynnydd sylweddol wrth ddatblygu model a gyd-gynhyrchwyd o seibiant byr wedi'i gynllunio a seibiant brys ar gyfer gofalwyr di-dâl. **Sefydlwyd fframwaith gwasanaeth clir**, a gynlluniwyd i ddarparu gofal amnewid tymor byr a chefnogi gofalwyr i gynnal eu hiechyd, eu lles, a'u gallu i barhau yn eu rolau.

Datblygwyd **manyleb grant fanwl**, gan gynnwys cymhwysedd, llwybrau atgyfeirio, a disgwyliadau darpariaeth, mewn partneriaeth â rhanddeiliaid. Cyflwynwyd dangosyddion perfformiad allweddol a threfniadau monitro hefyd, gan gryfhau atebolrwydd a pharodrwydd i'w cyflawni.

Nododd **dadansoddiad anghenion cynhwysfawr**, sy'n cyfuno data, mewnwelediad partneriaid, a phrofiad byw, fylchau clir yn y ddarpariaeth. O ganlyniad, roedd y gwasanaeth wedi'i dargedu at ofalwyr di-dâl sy'n cefnogi pobl â dementia, gyda chynllun peilot cychwynnol yn y Trallwng a Threfaldwyn, lle mae'r galw uchaf a darpariaeth ymroddedig yn gyfyngedig.

Roedd **trefniadau llywodraethu cryf**, gan gynnwys Bwrdd Rhaglen a Gweithgor amlasiantaeth, yn sicrhau goruchwyllo effeithiol a chyd-gynhyrchu wedi'i ymgorffori drwy gydol yr amser. Roedd ymgysylltu â gofalwyr yn yr ardal beilot yn llywio'r dyluniad yn uniongyrchol, gan wella hygyrchedd ac ymateb i anghenion gwirioneddol.

Uchafbwyntiau

- Datblygwyd **model seibiant a gyd-gynhyrchwyd, yn seiliedig ar dystiolaeth oedd wedi'i alinio ag anghenion lleol**
- Sefydlwyd **fframweithiau darpariaeth, llywodraethu a pherfformio clir**
- **Gwell dealltwriaeth o'r rhwystrau sy'n wynebu gofalwyr di-dâl**
- Dangoswyd gwaith partneriaeth a pherchnogaeth a rennir cryfach
- Mwy o barodrwydd i weithredu a gwerthuso'r gwasanaeth

Bydd y cam nesaf yn canolbwyntio ar weithredu'r peilot, monitro defnydd a lles gofalwyr, a defnyddio dysgu i lywio datblygiad yn y dyfodol. Mae'r gwaith hwn yn gam pwysig tuag at gymorth mwy ymatebol a chynaliadwy i ofalwyr di-dâl ledled Powys.

Gofal a Alluogir Gan Dechnoleg

Yn ystod 2025–2026, parhaodd Gofal a Alluogir Gan Dechnoleg (TEC) i gefnogi pobl ym Mhowys i fyw'n ddiogel ac yn annibynnol yn eu cymunedau, tra'n galluogi ymyrraeth gynharach a chefnogaeth fwy ymatebol.

Darparwyd Gofal a Alluogir Gan Dechnoleg (TEC) i 916 o unigolion, gan ragori ar y lefel gyflenwi arfaethedig. Yn ogystal, cynyddodd nifer cyffredinol y bobl sy'n cael eu cefnogi yn y

gymuned gydag atebion wedi'u monitro yn cynyddu trwy gydol y flwyddyn, gan godi o 803 ar ddechrau'r flwyddyn i 956 erbyn diwedd y flwyddyn, gan ddangos twf a galw parhaus am y math hwn o gymorth. Mae'r atebion Gofal a Alluogir Gan Dechnoleg (TEC) hyn yn cael eu monitro naill ai trwy ganolfan fonitro 24/7 neu gan ofalwyr teulu ac anffurfiol, gan helpu pobl i gadw'n ddiogel gartref a chadw annibyniaeth.

Roedd gan Ofal a Alluogir Gan Dechnoleg (TEC) rôl bwysig hefyd wrth gefnogi ymyrraeth gynnar a llif system, gydag 119 o bresgripsiynau wedi'u targedu wedi'u cyhoeddi trwy wasanaethau rheng flaen, gan gynnwys ASSIST (Drws Ffrynt Gofal Cymdeithasol) a Chysylltwyr Cymunedol Cymdeithas Mudiadau Gwirfoddol Powys (PAVO). Roedd yr ymyriadau hyn yn darparu cymorth amserol, lefel isel i fynd i'r afael ag anghenion sy'n dod i'r amlwg, gan helpu i atal uwchgyfeirio a lleihau'r angen am wasanaethau mwy dwys.

Yn gyffredinol, mae Gofal a Alluogir Gan Dechnoleg (TEC) yn parhau i gyfrannu at ganlyniadau gwell drwy alluogi pobl i aros yn annibynnol am gyfnod hirach, gwella diogelwch a sicrwydd, a chefnogi dull mwy rhagweithiol ac ataliol ar draws gwasanaethau iechyd a gofal cymdeithasol ym Mhowys.

Gwasanaeth Asesu Atal

Yn ystod y flwyddyn, darparwyd y Gwasanaeth Asesu Atal drwy grŵp llywio amlasiantaeth, gan gynnwys paru'n uniongyrchol â'r sefydliad Trydydd Sector Gofal a Thrwsio ym Mhowys. Roedd y gwasanaeth yn darparu dull rhagweithiol, ymyrraeth gynnar, gan gefnogi pobl i aros yn ddiogel, yn annibynnol, ac yn iach yn eu cartrefi eu hunain tra'n helpu i leihau'r galw am wasanaethau statudol.

"Roedd yr arolwg cychwynnol a'r gwaith a wnaed yn broffesiynol iawn. Diolch," adborth gan Ddinesydd.

Darparodd y gwasanaeth ystod o ymyriadau amserol, ataliol oedd yn canolbwyntio ar nodi risgiau yn y cartref a hyrwyddo lles ac mae'n parhau i wneud hynny. **Mae ar gael yn rhad ac am ddim i bob oedolyn 18 oed a throsodd ym Mhowys**, waeth beth fo'u hincwm neu eu deiliadaeth tai.

"Mae'r canllawiau a osodwyd yn gweithio'n dda iawn yn enwedig y canllaw wrth y toiled," adborth gan Ddinesydd

"Nawr bod gen i flwch allweddi gallaf ymlacio gan wybod y gall fy anwyliaid fynd i mewn i'm cartref, pan fo angen," adborth gan Ddinesydd.

Yn ystod 2025-2026, roedd y cymorth yn cynnwys gwiriadau diogelwch yn y cartref, profi systemau technoleg gynorthwyol, cyngor ar newid digidol, a phresgripsiwn Gofal a Alluogir Gan Dechnoleg. Roedd y gwasanaeth hefyd yn hyrwyddo hunanasesu ac yn darparu mynediad at offer digidol, ochr yn ochr ag atgyfeiriadau ymlaen lle roedd angen cymorth ychwanegol. Roedd y dull hwn yn galluogi nodi angen yn gynnar a chefnogodd unigolion i gymryd camau rhagweithiol i gynnal annibyniaeth.

Lansiwyd y peilot ar 1 Ionawr 2026 a dangosodd gynnydd cynnar cryf. Yn ei dri mis cyntaf, **cefnogodd y gwasanaeth 80 o unigolion**, pob un yn newydd i'r gwasanaeth. Cynyddodd y galw yn gyson, gyda nifer uchel o atgyfeiriadau wedi'u derbyn tua diwedd y cyfnod adrodd.

Cyrhaeddodd y gwasanaeth ei amserlen darged o 15 niwrnod gwaith o atgyfeirio i ymweliad yn gyson, gyda rhai ymweliadau wedi'u trefnu i'r tri mis canlynol oherwydd galw cynyddol. Dangosodd adborth cynnar brofiadau cadarnhaol gan ddefnyddwyr gwasanaeth a phartneriaid, ochr yn ochr â defnydd cryf o'r cynnig.

Uchafbwyntiau

- **Mwy o nodi a lliniaru risgiau** mewn amgylcheddau cartref
- **Gwell mynediad at ofal a alluogir gan dechnoleg a chymorth ataliol**
- Mwy o ymwybyddiaeth a **defnyddio offer hunanasesu**
- **Atgyfeiriadau amserol ymlaen**, gan leihau'r tebygolrwydd o uwchgyfeirio angen
- Cyfrannu at **leihau'r pwysau ar wasanaethau iechyd a gofal cymdeithasol statudol**

Gwnaed atgyfeiriadau trwy wasanaeth drws ffrynt ASSIST, gan sicrhau llwybr mynediad clir a chyson.

Parhaodd y peilot ar y gweill, gyda gwerthusiad llawn wedi'i drefnu ar gyfer Gorffennaf 2026 i asesu canlyniadau, effeithiolrwydd a photensial i ehangu yn y dyfodol. Bydd y canfyddiadau yn llywio'r datblygiad posibl a chyflwyno'r gwasanaeth yn ehangach ledled Powys.

Gofal a Chymorth Cymhleth

Mae cefnogi pobl â'r **anableddau mwyaf cymhleth, lluosog a dwys i fyw bywydau cyflawn** ym Mhowys yn parhau i fod yn flaenoriaeth allweddol. Mae'r prosiect Gofal a Chymorth Cymhleth yn canolbwyntio ar gryfhau'r cynnig cymorth a'r seilwaith sydd ei angen i sicrhau bod pobl yn gallu aros yn agosach at eu cartref, gyda'r gofal cywir ar waith.

Yn ystod y flwyddyn, gwnaed cynnydd sylweddol wrth ddatblygu dull mwy cydgyssylltiedig, system gyfan o ofal cymhleth yn ogystal â chryfhau'r ddealltwriaeth o'r gefnogaeth a'r seilwaith sydd eu hangen i ateb y galw presennol am wasanaethau. Mae hyn wedi cynnwys **sefydlu tîm amlddisgyblaethol ymroddedig i ddatblygu cwrmpas y prosiect**, gan ddod ag arbenigedd gan iechyd a gofal cymdeithasol at ei gilydd. Mae'r dull cydweithredol hwn yn helpu i sicrhau bod unigolion yn derbyn y gefnogaeth gywir, ar yr adeg iawn, mewn ffordd sydd wedi'i theilwra i'w hanghenion.

Ochr yn ochr â hyn, mae ymchwil sylweddol wedi'i wneud i ddysgu o brosiectau ac anghenion tebyg ledled y DU, yn ogystal ag o'n data ein hunain i lywio sut y gellir dylunio a datblygu gwasanaethau i atal unigolion rhag gadael y cymunedau maent yn eu hystyried yn gartref.

Un o gerrig milltir allweddol eleni oedd datblygu **Glasbrint Gofal Cymhleth ar gyfer Powys**, gan ddechrau gyda'r gweithdy rhanddeiliaid cyntaf. Daeth y sesiwn hon â phartneriaid o bob

rhan o'r system ynghyd i lunio cyfeiriad cynnar y rhaglen, gan gyfuno dysgu o ymchwil ledled y DU gyda mewnwleidiad a phrofiad lleol.

Galluogodd y sesiwn gyntaf ar gyfer y Glasbriant Gofal Cymhleth ar gyfer Powys gynnwys canfyddiadau ymchwil sy'n dod i'r amlwg o enghreifftiau o fodelau gofal cymhleth o bob rhan o'r DU. Casglodd y sesiwn hefyd adborth rhanddeiliaid allweddol i lywio cwrpas a blaenoriaethau cychwynnol y rhaglen.

Trwy drafodaeth strwythuredig a chydweithredol, archwiliodd partneriaid sut beth dylai gofal cymhleth ym Mhowys fod, beth ddylai llwyddiant ei gyflawni yn y blynyddoedd i ddod, a pha dulliau y gellid eu haddasu'n lleol.

Mae'r gweithdy wedi sefydlu uchelgais cryf, a rennir i ddatblygu **model gofal system gyfan, sy'n canolbwyntio ar yr unigolyn**, gyda ffocws clir ar:

- **Gryfhau integreiddio** rhwng Cyngor Sir Powys a Bwrdd Iechyd Addysgu Powys
- **Ehangu darpariaeth gymunedol** a lleihau dibyniaeth ar leoliadau y tu allan i'r ardal
- **Hyrwyddo atal** a dulliau sy'n lleiaf cyfyngol i ofal
- **Datblygu modelau byw â chymorth hyblyg** a gwella llwybrau, gan gynnwys cymorth camu i lawr

Ochr yn ochr â hyn, roedd partneriaid yn agored am yr heriau sy'n parhau. Mae'r rhain yn cynnwys capasiti gwasanaeth cyfyngedig, bylchau yn y ddarpariaeth ar gyfer pobl ag awtistiaeth ac anghenion cymhleth, pwysau tai, a'r angen am gydlyn system gryfach a datblygu'r farchnad.

Wrth edrych ymlaen, bydd y rhaglen yn symud i gam mwy manwl ac a fydd yn canolbwyntio ar ddarpariaeth. Bydd cam nesaf y gwaith yn cynnwys mapio darpariaeth bresennol, deall y galw a chapasiti'r gweithlu, a nodi carfannau blaenoriaeth i brofi dulliau newydd.

Ar y cyfan, mae eleni wedi **gosod sylfeini cadarn ar gyfer ailgynllunio gofal cymhleth ym Mhowys** - gan ddod â phartneriaid at ei gilydd o amgylch gweledigaeth a rennir a chreu llwybr clir tuag at gymorth mwy integredig, cynaliadwy ac yn canolbwyntio ar yr unigolyn.

Partneriaeth Iechyd Meddwl Byw'n Dda

Mae Partneriaeth Iechyd Meddwl Byw'n Dda yn parhau i chwarae rhan hanfodol wrth **gryfhau a thrawsnewid gwasanaethau iechyd meddwl** ledled Powys. Gan weithio ar y cyd ar draws sectorau, mae'n cefnogi datblygiad parhaus gwasanaethau i fodloni gofynion esblygol deddfwriaeth iechyd meddwl, tra'n sicrhau bod lleisiau pobl sydd â phrofiad byw a'u gofalwyr yn parhau i fod yn ganolog i lunio a darparu gwasanaethau. Cyflawnir hyn trwy ystod o fforymau, gan gynnwys ymgysylltu ymroddedig â darparwyr y Trydydd Sector a defnyddwyr gwasanaethau.

Gwasanaeth Iechyd Meddwl Amenedigol

Parhaodd y Prosiect Iechyd Meddwl Amenedigol i ddarparu ymyriadau amserol, sy'n seiliedig ar drawma-a oedd yn gwella lles emosiynol yn ystod beichiogrwydd ac ar ôl-genedigaeth.

Cyflawniad allweddol yn ystod y flwyddyn oedd datblygiad parhaus y Gwasanaeth Iechyd Meddwl Amenedigol. Mae **cyflwyno therapi Dadsensiteiddio ac Ailbroesu Symudiad Llygaid (EMDR)** wedi darparu manteision sylweddol, gan alluogi cymorth seicolegol amserol wedi'i dargedu i unigolion yn ystod beichiogrwydd a'r cyfnod ôl-enedigol. Trwy leihau dibyniaeth ar restrau aros traddodiadol, mae'r gwasanaeth wedi sicrhau bod pobl yn derbyn cymorth pan fydd ei angen arnynt fwyaf, gan arwain at adborth cadarnhaol iawn gan y rhai sy'n cyrchu'r gwasanaeth a gweithwyr proffesiynol ar draws y system ehangach.

Mae'r galw am y gwasanaeth wedi parhau i dyfu, gyda **404 o unigolion yn cael eu cefnogi yn ystod y flwyddyn, gan gynnwys 114 o bobl yn cyrchu'r gwasanaeth am y tro cyntaf ym Mhowys**. Mae'r twf hwn yn adlewyrchu ymwybyddiaeth gynyddol o'r gwasanaeth a'r hyder yn y gefnogaeth y mae'n ei ddarparu.

"Pe bawn i'n gallu gweiddi nerth fy mhen pa mor anhygoel yw'r gwasanaeth hwn, byddwn yn... Mae'n amhrisiadwy," adborth gan Ddinesydd.

Mae'r Bartneriaeth hefyd wedi cymryd rôl ragweithiol wrth ymateb i Strategaeth Iechyd Meddwl a Lles 10 mlynedd newydd Llywodraeth Cymru. Trwy gydol y flwyddyn, mae Bwrdd Partneriaeth Cynllunio a Datblygu Iechyd Meddwl Byw'n Dda wedi gweithio ar y cyd i adolygu'r Strategaeth a'i chynllun cyflawni, gan gynnal gweithdai i **nodi a chytuno ar flaenoriaethau lleol ar gyfer Powys**. Mae hwn wedi bod yn ddarn sylweddol a chynhwysfawr o waith, sy'n adlewyrchu graddfa ac uchelgais y Strategaeth.

Wrth i'r Bartneriaeth symud yn ei blaen, mae cynlluniau ar waith i gryfhau ei strwythur a'i goruchwyliaeth strategol. Bydd ailstrwythuro arfaethedig yn 2026/27 yn cefnogi darparu'r Strategaeth genedlaethol yn fwy effeithiol ar lefel leol, gan sicrhau bod y Bartneriaeth yn parhau i fod mewn sefyllfa dda i ysgogi gwelliant parhaus mewn canlyniadau iechyd meddwl i bobl ym Mhowys.

HENEIDDIO'N DDA

Mae Partneriaeth Heneiddio'n Dda yn gweithio i gefnogi pobl hŷn, gan gynnwys y rhai sy'n wan ac ag eiddilwch cof, i fyw bywyd ffyniannus ac annibynnol, gan wneud y mwyaf o gyfleoedd yn y gymuned, lleihau ynysu ac unigrwydd, a darparu gofal yn agosach at y cartref trwy ddull ymyrraeth ac atal cynnar.

Lle na ellir diwallu anghenion gofal a chymorth unigolion o fewn lleoliad cymunedol neu o fewn y cartref, mae pwyslais ar gynyddu capasiti a galluoedd i sicrhau bod pobl yn cael eu cefnogi yn y lleoliad mwyaf priodol ar gyfer eu hanghenion gyda phwyslais ar ethos 'cartref yn gyntaf', gan sicrhau llif cleifion di-dor ar draws y system iechyd a gofal cymdeithasol tra'n gwneud y mwyaf o gyfleoedd gofal yn agosach at y cartref. Mae'r bartneriaeth hefyd yn cydnabod pwysigrwydd mynd i'r afael â materion ehangach hefyd, megis tlodi bwyd a digartrefedd.

Atal ac Ymyrraeth Gynnar

Mae gwaith ar y gweill i ddatblygu a gweithredu **Model Cymunedol ar gyfer Iechyd a Lles**. Gweledigaeth a phwrpas y model gofal hwn yw cefnogi dinasyddion Powys i fyw gartref yn hyderus, mewn iechyd da, yn annibynnol ac yn ddiogel, ac yn gallu cyrchu'r cymorth a'r gofal cywir yn y lle iawn, ac ar yr adeg iawn.

Cymorth yn y Cartref

Mae Gwasanaeth Cymorth yn y Cartref y bartneriaeth yn darparu cymorth ymarferol i unigolion yn eu bywyd bob dydd, i fyw gartref gyda hyder ac mewn iechyd da. Mae'r gwasanaeth yn rhad ac am ddim ac ni cheir prawf modd. Mae'r cymorth a gynigir yn cynnwys ymatebwyr llinell gofal cymunedol 24/7/365, gwiriadau lles rhagweithiol, a chefnogaeth a chymorth ymarferol.

Yn ystod y flwyddyn, parhaodd y Gwasanaeth Cymorth Cartref i dyfu, gyda nifer cynyddol o bobl yn cael eu cefnogi ar draws y ddwy ardal lle ceir darpariaeth (Tref-y-clawdd a Llanandras, a Llanfair-ym-Muallt a Llanwrtyd). Roedd cyfanswm o **657 o unigolion wedi cyrchu'r gwasanaeth, gan adlewyrchu'r galw parhaus a'i rôl sefydledig o fewn cymunedau lleol.**

Roedd y gwasanaeth yn darparu cymorth a chefnogaeth ataliol yn bennaf. Roedd y rhan fwyaf o weithgareddau yn canolbwyntio ar gefnogi unigolion yn gynnar, gan alluogi anghenion i gael eu rheoli yn rhagweithiol a lleihau'r tebygolrwydd y byddai cynnydd i wasanaethau mwy dwys. Roedd y dull ataliol hwn yn cefnogi pobl i gynnal annibyniaeth a lles yn eu cartrefi eu hunain.

Roedd angen cefnogaeth fwy dwys ar grŵp llai o unigolion, yn enwedig mewn ymateb i sefyllfaoedd brys megis cwmpo neu actifadu larwm gofal. Roedd gan y gwasanaeth rôl allweddol wrth ymateb yn gyflym i'r sefyllfaoedd hyn, gan gefnogi pobl i aros yn ddiogel gartref a helpu i osgoi neu oedi'r angen am ymyriadau iechyd a gofal cymdeithasol statudol.

Cynhaliodd y gwasanaeth lefel uchel o gyswllt ag unigolion, gan ddarparu cymorth rheolaidd, ymatebol wedi'i deilwra i'r angen. Roedd y dull hwn yn galluogi monitro parhaus, adnabod risgiau yn gynnar, ac ymgysylltu parhaus, gan gyfrannu at ganlyniadau cadarnhaol i'r rhai a gefnogwyd.

"Ni allaf ddiolch digon i Gymorth yn y Cartref. Rydych chi wedi bod yn amhrisiadwy trwy gydol fy namwain anffodus. Chi yw fy Angylion Gwarcheidwol," adborth gan Ddinesydd.

Er na chasglwyd data arolwg ffurfiol yn ystod y flwyddyn, oherwydd adolygiad o offer i wella hygrychedd a defnyddioldeb, roedd adborth arall yn dangos lefelau boddhad cyson uchel. Cafwyd tystiolaeth am hyn gan nifer uchel o ganmoliaethau a dderbyniwyd a lefelau isel iawn o gwynion, er gwaethaf y galw cynyddol.

"Diolch, roeddech chi'n wych, roedd eich gwasanaeth yn eithriadol," adborth gan Ddinesydd.

Uchafbwyntiau

- Cefnogwyd 657 o unigolion i aros yn annibynnol yn eu cymunedau
- Darparwyd **cymorth ataliol, cynnar yn bennaf, gan leihau uwchgyfeirio angen**
- Roedd **angen cymorth dwys ar 135 o unigolion**, gan dderbyn **571 o ymyriadau dwys**
- Darparwyd ymatebion amserol i sefyllfaoedd risg uwch, gan gynnwys **cwmpadau a rhybuddion brys**
- Cynhaliwyd lefelau uchel o ymgysylltu trwy **gyswllt rheolaidd, wedi'i bersonoli**
- **Lefelau boddhad uchel parhaus**, gydag ychydig iawn o gwynion er gwaethaf y galw cynyddol

Ar y cyfan, dangosodd y Gwasanaeth Cymorth yn y Cartref alw cryf a pharhaus, gan ddarparu cymorth ataliol effeithiol. Parhaodd y gwasanaeth i fod yn hygrych, yn ymatebol, ac yn cael ei werthfawrogi gan y rhai sy'n ei ddefnyddio, hyd yn oed yn ystod cyfnodau o bwysau cynyddol, a pharhaodd i chwarae rôl bwysig wrth gefnogi annibyniaeth a lleihau'r galw am wasanaethau statudol.

"Diolch am drefnu'r ymweliad a bod gyda mi. Rwy'n mynd yn nerfus iawn ac yn poeni pan fydd pobl yn ymweld â'm cartref, ond roedd gwybod eich bod chi'n mynd i fod yma i'm cefnogi gyda'r ymweliad yn mynd â rhywfaint o'r pryder hwnnw i ffwrdd," adborth gan Ddinesydd.

Patterson, Liz
29/09/2026 08:51:05

Gwasanaeth Cysylltwyr Cymunedol

Wrth wraidd y Gwasanaeth Cysylltwyr Cymunedol mae darparu gwybodaeth, cyngor a chymorth. Mae'r gweithgaredd hwn yn mynd i'r afael yn uniongyrchol ag anghenion unigolion sy'n cyflwyno anghenion amrywiol, gan eu cysylltu ag adnoddau perthnasol y sector cymunedol a gwirfoddol neu â gwasanaethau statudol.

Yn ystod y flwyddyn, darparodd y gwasanaeth Cysylltwyr Cymunedol **gymorth i 2,228 o unigolion ledled Powys, gan ddarparu dros 6,700 o gysylltiadau**. Roedd y galw yn parhau i fod yn gryf, gyda mwy na hanner y rhai a gefnogwyd yn cyrchu'r gwasanaeth am y tro cyntaf, gan ddangos cyrhaeddiad parhaus i gymunedau lleol. Derbyniodd y gwasanaeth **2,386 o atgyfeiriadau, gyda dros 98% wedi'u derbyn**, gan nodi llwybrau atgyfeirio effeithiol ac aliniad cryf â'r angen a nodwyd.

Gweithiodd y gwasanaeth yn rhagweithiol i gysylltu unigolion â chymorth lleol, adnoddau'r sector cymunedol a gwirfoddol, a gwasanaethau statudol, gan helpu i fynd i'r afael ag ystod eang o anghenion cymdeithasol, emosiynol ac ymarferol. Roedd hyn yn cynnwys cymorth wedi'i dargedu i bobl sy'n byw gyda dementia a gofalwyr di-dâl, ochr yn ochr â gwaith partneriaeth helaeth ar draws iechyd a gofal cymdeithasol.

Dangosodd adborth gan unigolion sy'n cael mynediad i'r gwasanaeth ganlyniadau ataliol a lles cryf:

- **Lleihau uwchgyfeirio angen:** Dywedodd y rhan fwyaf o'r ymatebwyr fod cefnogaeth wedi helpu i atal problemau rhag gwaethygu, gan leihau'r angen am ymyriadau mwy dwys
- **Cynnal annibyniaeth:** Dywedodd bron pob ymatebydd fod y gwasanaeth wedi eu helpu i gynnal neu wella eu gallu i fyw'n annibynnol
- **Gwella lles:** Amlygodd lefelau uchel o welliant mewn lles emosiynol werth cymorth cynnar, cymunedol
- **Lleihau ynysu a chynyddu hyder:** Dywedodd llawer o unigolion eu bod yn teimlo'n llai ynysig ac yn fwy hyderus wrth gael mynediad at wasanaethau a chymorth
- **Cefnogi gofal yn y gymuned:** Cryfhodd y gwasanaeth gysylltiadau â rhwydweithiau a gwasanaethau lleol, gan hyrwyddo cefnogaeth yn agosach at y cartref

Mae'r gwasanaeth hefyd wedi cyfrannu at ganlyniadau system gyfan trwy waith partneriaeth gref, gan gynnwys presenoldeb mewn cyfarfodydd amlddisgyblaethol iechyd a gofal cymdeithasol, lle mae ganddo ran allweddol wrth amlygu a chydlynu cymorth ar draws asiantaethau. Mae'r gwasanaeth yn cefnogi datblygu ac integreiddio gwasanaethau lleol trwy hwyluso 11 o Rwydweithiau Lleol.

"Doedd gen i ddim syniad beth oedd ei angen arnaf ond roedd y Cysylltydd Cymunedol wedi dweud ei bod hi ar gael ar y ffôn a dyna oedd angen i mi ei glywed yn fwy na dim. Cefnogol iawn," adborth am Wasanaeth Cysylltwyr Cymunedol.

Yn ogystal, darparodd y gwasanaeth broses osgoi costau amcangyfrifedig sylweddol, gan ddangos ei werth wrth leihau'r galw am wasanaethau statudol, tra'n cydnabod y rhagdybiaethau sy'n sail i'r modelu hwn.

Uchafbwyntiau

- **2,228 o unigolion yn cyrchu'r prosiect**
- **1,289 o unigolion newydd** yn cyrchu'r prosiect am y tro cyntaf
- **Derbyniwyd 2,386 o atgyfeiriadau**
- **6700 o gysylltiadau**

Yn gyffredinol, parhaodd Cysylltwyr Cymunedol i chwarae rôl allweddol wrth ddarparu cymorth ataliol, sy'n canolbwyntio ar yr unigolyn, gan helpu pobl i aros yn annibynnol, yn gysylltiedig ac yn iach yn eu cymunedau.

"Doeddwn i ddim eisiau trafferthu cymdogion, yn falch iawn o gael yr holl wybodaeth hon o'm blaen a'r opsiynau ar gyfer gwahanol gludiant," adborth am Wasanaeth Cysylltwyr Cymunedol.

Gwasanaeth Cyfeillio Powys

Cyflwynodd Gwasanaeth Cyfeillio Powys **gynnig cyfeillio** o safon ledled y sir **gyda'r nod o wella annibyniaeth a hyder pobl 50 oed a hŷn**. Cefnogodd y gwasanaeth unigolion i gynnal rhwydweithiau cymdeithasol ac aros yn eu cartrefi eu hunain cyhyd â phosibl, gan helpu i leihau neu oedi'r angen am lefelau uwch o gymorth iechyd a gofal cymdeithasol.

Cyflawnwyd hyn trwy **leihau unigrwydd ac ynysu cymdeithasol** trwy weithgareddau cymdeithasol a chyfeillio wedi'u hwyluso, gyda chefnogaeth rhwydwaith o wirfoddolwyr. Trwy'r dull hwn, cefnogwyd unigolion i wella eu lles emosiynol, teimlo'n rhan o'u cymuned leol, datblygu sgiliau newydd, a galluogi gofalwyr di-dâl i gymryd seibiant o'u cyfrifoldebau gofalu. Roedd y gwasanaeth yn cynnig ystod hyblyg o opsiynau cymorth i ddiwallu anghenion unigol, gan gynnwys cyswllt wyneb yn wyneb ac o bell megis ymgysylltu drwy'r ffôn, e-bost a rhithwir.

"Diolch yn fawr am fy mharu ag MVD (gwirfoddolwr), mae hi wedi gwneud y fath wahaniaeth i'm bywyd," adborth gan Ddinesydd.

Dangosodd adborth gan unigolion sy'n derbyn cymorth effaith emosiynol a chymdeithasol gadarnhaol iawn. Roedd y gwasanaeth yn arbennig o effeithiol wrth leihau unigrwydd a gwella lles o ddydd i ddydd, gydag unigolion yn amlygu gwerth cyswllt rheolaidd wrth ddarparu cwmnïaeth, codi calon, a seibiant ystyrlon o ynysu. Disgrifiwyd y gefnogaeth hon yn aml fel arwyddocaol yn bersonol, gyda gwelliannau clir mewn hwyliau ac ansawdd bywyd cyffredinol.

"Mae'n fy helpu i gryn dipyn, fel arall byddwn ar fy mhen fy hun drwy'r dydd, mae'n gwella fy hwyliau yn wirioneddol. Mae'n help mawr," adborth gan Ddinesydd.

Roedd gwirfoddolwyr yn elwa o weithdrefnau cryfach, ochr yn ochr â gwell cymorth a goruchwyliaeth, ac adroddasant am brofiadau cadarnhaol. Amlygwyd ganddynt bwysigrwydd amynedd, parch i'r ddwy ochr a mwynhad a rennir wrth ddatblygu perthnasoedd ystyrion. Ar y cyfan, dangosodd y gwasanaeth fudd cydfuddiannol clir, gydag unigolion a gwirfoddolwyr yn profi gwell lles trwy ymgysylltu cilyddol.

Uchafbwyntiau

- Cyrchodd **236 o unigolion** y prosiect
- **Cynhaliwyd 97 o adolygiadau Sgôr Unigrwydd Ynysu Cymdeithasol**
- Cynhaliwyd **52 o Asesiadau Sylfaenol**
- Gwnaed **283 o Alwadau 'Cadw mewn Cyswllt'**

Dull Gofal Cymunedol Integredig

Yn ystod y flwyddyn, gweithiodd partneriaid ar y cyd i gryfhau dull gofal cymunedol integredig, gan gefnogi gofal di-dor, sy'n canolbwyntio ar yr unigolyn a gwella canlyniadau i bobl hŷn. Roedd y gwaith hwn yn canolbwyntio ar wella annibyniaeth, gwella llif cleifion, a sicrhau bod unigolion yn derbyn y gefnogaeth gywir ar yr adeg iawn ar draws iechyd a gofal cymdeithasol.

Dangoswyd cynnydd trwy lai o oedi mewn llwybrau gofal, mwy o gapasiti cymunedol, a gwell osgoi ysbytai. Ymhlith y rhaglenni allweddol a gyfrannodd at y canlyniadau hyn oedd Gofal a Alluogi r Gan Dechnoleg, Gwella Gofal Na Chafodd ei Gynllunio, a Broceriaeth Iechyd a Gofal Cymdeithasol Integredig. Gyda'i gilydd, roedd y gwasanaethau hyn yn cefnogi ymyrraeth gynnar, defnydd mwy effeithlon o adnoddau, a gwell cydlynw ar draws y system.

Gofal a Alluogir Gan Dechnoleg

Yn ystod 2025–26, **cefnogodd** Gofal a Alluogir Gan Dechnoleg (TEC) **916 o unigolion**, gan ragori ar y targed o 900. **Derbyniwyd** cyfanswm o **1,186 o atgyfeiriadau**, gan ddangos galw cryf am gymorth ataliol sy'n seiliedig ar dechnoleg.

Galluogodd Gofal a Alluogir Gan Dechnoleg (TEC) ymyrraeth gynharach a chefnogodd bobl i aros yn ddiogel yn annibynnol gartref. Yn seiliedig ar arbediad blynyddol amcangyfrifedig o £1,744 y pen, **darparodd y gwasanaeth oddeutu £795,000 mewn osgoi costau i ofal cymdeithasol**, gan ragori ar y targed o £780,000.

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Gwella Gofal Na Chafodd ei Gynllunio

Cefnogodd y rhaglen Gofal Na Chafodd ei Gynllunio **1,522 o unigolion ar draws ysbytai cymunedol a modelau ward rhithwir**, gan gyfrannu at well llif cleifion, osgoi derbyn i'r ysbyty, a rhyddhau amserol.

Cofnododd ysbytai cymunedol Powys **1,180 o dderbyniadau** drwy gydol y flwyddyn, gyda mynediad cyson i welyau wedi'u cefnogi drwy drefniadau llif cleifion cydgysylltiedig. Roedd gan y Tîm Llif Cleifion rôl allweddol wrth hwyluso derbyniadau priodol a chefnogi rhyddhau diogel ac amserol, gan gynnwys cysylltu pobl â gwasanaethau cymunedol a'r trydydd sector.

Cefnogodd wardiau rhithwir **342 o unigolion**, gyda chynnydd sylweddol mewn gweithgarwch yn y tri mis olaf, pan gefnogwyd 264 o unigolion. Roedd hyn yn adlewyrchu darpariaeth gryfach a chapasiti mwy i gefnogi pobl gartref gyda gofal gwell, gan leihau'r angen am dderbyn i'r ysbyty.

Broceriaeth Iechyd a Gofal Cymdeithasol Integredig

Daeth y swyddogaeth Broceriaeth Integredig yn weithredol yn Chwarter 4 (y gwanwyn) a **chefnogodd 18 unigolyn** yn ystod y cyfnod hwn. Hysbysebwyd anghenion pob unigolyn i ddarparwyr cymeradwy, gyda **10 yn sicrhau pecynnau gofal cartref, chwech yn aros am gynigion, a dau nad oes angen cymorth arnynt mwyach.**

I'r rhai a gefnogwyd, roedd canlyniadau'n gadarnhaol. Adroddodd unigolion a dderbyniodd ofal foddhad â'r gwasanaeth, ochr yn ochr â buddion gan gynnwys llai o ynysu, annibyniaeth a gynhaliwyd neu a oedd wedi gwella ac atal cynnydd mewn angen. **Cafodd pecynnau eu sicrhau o fewn un i 30 niwrnod**, gan ddangos y gallu i ymateb yn gyflym lle roedd capasiti ar gael, tra hefyd yn amlygu pwysau parhaus y farchnad.

Ar draws y rhaglen, cyfrannodd y dull integredig at ganlyniadau cymorth ac atal cynnar allweddol:

- **Cynnal annibyniaeth:** Cefnogwyd dros 2,400 o unigolion ar draws gwasanaethau cymunedol i aros yn ddiogel gartref
- **Atal derbyn i'r ysbyty a chefnogi rhyddhau:** Cefnogodd defnydd ehangach o wardiau rhithwir a llif cleifion cydgysylltiedig osgoi derbyn a rhyddhau amserol
- **Lleihau uwchgyfeirio angen:** Lleihaodd ymyrraeth gynnar trwy Ofal a Alluogir Gan Dechnoleg (TEC) a gwasanaethau cymunedol ddibyniaeth ar ofal mwy dwys
- **Gwella llif y system:** Gwellodd llwybrau cydgysylltiedig a broceriaeth fynediad at ofal a llai o oedi
- **Darparu gwerth am arian:** Cyflawnodd Gofal a Alluogir Gan Dechnoleg (TEC) yn unig osgoi costau sylweddol i ofal cymdeithasol

Yn gyffredinol, cryfhodd y Dull Gofal Cymunedol Integredig y broses o ddarparu gofal ataliol yn y gymuned ledled Powys. Mae'r gwaith wedi gwella cydlynu systemau, cefnogi

annibyniaeth, a lleihau'r pwysau ar wasanaethau ysbytai a statudol, gan ddarparu sylfaen gadarn ar gyfer datblygiad parhaus.

Datblygiadau Llety

Yn ystod 2025–2026, parhaodd cynnydd ar **sawl datblygiad gofal ychwanegol** i wella opsiynau tai i bobl hŷn ledled Powys.

- Yn **Neuadd Maldwyn yn y Trallwng**, mae gwaith mawr o adnewyddu hen swyddfeydd y cyngor wedi'i wneud i greu 66 o fflatiau gofal ychwanegol un a dwy ystafell wely i bobl dros 60 oed. Agorodd y cynllun ym mis Ebrill 2025 ac mae wedi'i gynllunio i gefnogi byw'n annibynnol, tra'n darparu mynediad at ofal a chymorth pan fo angen, gan helpu i fynd i'r afael â bwlch mewn tai addas i bobl hŷn yn yr ardal.
- Ym **Mhont Aur yn Ystradgynlais**, mae cynllun tai gwarchod blaenorol wedi'i ymestyn, ei foderneiddio a'i drawsnewid yn ddatblygiad gofal ychwanegol i bobl 55+ oed. Mae'r cynllun yn darparu 41 o unedau byw'n annibynnol (12 o fflatiau gofal ychwanegol pwrpasol newydd, 29 o fflatiau wedi'u hadnewyddu, gyda dau fyngalo ynghlwm) sy'n cynnig gwell llety a chefnogaeth i alluogi preswylwyr i fyw'n fwy annibynnol yn eu cymuned. Bydd y cynllun yn agor yn swyddogol yn Ionawr 2027.
- Yn **Aberhonddu**, mae **datblygiad hefyd wedi symud ymlaen ar gynllun gofal ychwanegol newydd**, a fydd yn darparu hyd at 68 o unedau. Bydd y datblygiad hwn yn cefnogi pobl hŷn i barhau i fyw yn eu cymuned o ddewis, gyda mynediad at dai, gofal a chymorth priodol wrth i'w hanghenion newid. Disgwylir i'r cynllun hwn agor ym mis Tachwedd 2028.

Gyda'i gilydd, mae'r datblygiadau hyn yn cynrychioli buddsoddiad sylweddol mewn gwella tai, lles ac annibyniaeth i bobl hŷn ledled y sir.

Mae'r datblygiadau gofal ychwanegol yn cefnogi nod Powys Cynaliadwy o fod yn gynaliadwy yn ariannol, yn gymdeithasol ac yn amgylcheddol, tra'n cadw pobl wrth wraidd gwasanaethau a'u helpu i fyw'r bywyd gorau posibl gyda'r gefnogaeth gywir ar yr adeg iawn.

Y nod yw galluogi mynediad teg at wasanaethau o ansawdd uchel yn yr ardaloedd craidd gan gadw preswylwyr yn agosach at eu cartrefi, eu teuluoedd a'u cymunedau.

Dementia

Roedd dementia yn parhau i fod yn her sylweddol a chynyddol ledled Powys, fel un o brif achosion marwolaeth y DU a phoblogaeth sy'n heneiddio'r ardal. Mae gan Bowys gyfran uwch o drigolion hŷn na'r cyfartaledd cenedlaethol, gyda chynnydd rhagamcanedig yn y

grwpiau poblogaeth 65+ ac 80+, gan gynyddu'r galw am gymorth a gwasanaethau dementia ymhellach.

Mewn ymateb, gweithiodd partneriaid gan gynnwys **Bwrdd Iechyd Addysgu Powys, Cyngor Sir Powys, a mudiadau'r trydydd sector ar y cyd i ddarparu gofal sy'n cyd-fynd â Llwybr Safonau Gofal Dementia Cymru Gyfan**. Roedd y dull hwn yn cefnogi model gofal mwy cyson, sy'n canolbwyntio ar yr unigolyn, nodi'n gynnar, cymorth cydgysylltiedig, a galluogi pobl i fyw'n iach gyda dementia cyn hired â phosibl.

Cyflawnwyd cynnydd yn ystod 2025–26 trwy bedair ffrwd waith integredig, gan ganolbwyntio ar ymgysylltu â'r gymuned, gwasanaethau cof, gofal ysbyty, a datblygu'r gweithlu. Roedd y ffrydiau gwaith hyn yn cefnogi gwell ymwybyddiaeth, yn cryfhau llwybrau gofal, ac yn gwella gallu gwasanaethau i ymateb i anghenion unigolion a'u teuluoedd yn gynharach.

Mae'r amcanion yn parhau fel a ganlyn:

- **Gwella cydlyn** ar draws gwasanaethau iechyd, gofal cymdeithasol, a thrydydd sector trwy'r ffrydiau gwaith.
- **Cynyddu ymwybyddiaeth o negeseuon iechyd yr ymennydd a dealltwriaeth o ddementia** o fewn cymunedau a'r gweithlu.
- **Cefnogi nodi'n gynharach, gwella cyfraddau diagnostig, lleihau amseroedd aros a mynediad at gymorth dementia**, gan alluogi pobl i aros gartref.
- **Ymgorffori'r Siarter Ysbyty Cyfeillgar i Ddementia ym Mhowys**, gan wella profiad pobl â dementia sydd angen eu derbyn i'r ysbyty.
- **Gwella cyfleoedd i staff gyrchu hyfforddiant dementia**.

Roedd y ffrwd waith yn ymwneud â recriwtio'r Llyw-wyr Dementia a dechreuwyd cam un ym mis Ebrill 2025. Ffocws cam un yw cefnogi pobl sydd newydd gael diagnosis.

Yn ystod y flwyddyn, mae'r ffocws wedi bod ar ddatblygu cynllun i godi ymwybyddiaeth o ddementia gyda ffocws penodol ar ymgorffori negeseuon iechyd yr ymennydd a ffactorau risg y gellir eu haddasu. Mae codi ymwybyddiaeth yn neges allweddol a gyflwynir yn ystod Wythnos Gweithredu Dementia ar y cyd â phartneriaid ledled Powys.

Gwasanaeth Asesu Cof

Mae'r Gwasanaeth Asesu Cof (MAS) wedi parhau i gryfhau ymyrraeth gynnar a ffocws ar wella cyfraddau diagnostig dementia. Mae data yn dangos gwelliant i 49.7%, er gwaethaf problemau recriwtio a salwch.

Mae'r timau Gwasanaeth Asesu Cof (MAS) a Llyw-wyr Dementia yn parhau i gynnig asesiadau amlddisgyblaethol gartref, sydd wedi galluogi nodi angen yn gynharach a lleihau pryder i bobl ar ôl diagnosis.

Llyw-wyr Dementia

Mae rôl y Llywiwr Dementia wedi bod yn arbennig o werthfawr wrth gefnogi pobl a gofalwyr i ddeall a chyrchu gwasanaethau, ar ôl diagnosis.

Mae astudiaethau achos gan y gwasanaethau Gwasanaeth Asesu Cof (MAS) a Llyw-wyr yn dangos effaith ataliol asesiadau yn y cartref a sut mae llywio parhaus yn cefnogi teuluoedd i ddeall y diagnosis gyda help i gyrchu'r cymorth sydd ei angen mewn modd amserol. Mae teuluoedd yn adrodd eu bod yn teimlo'n fwy hyderus i ymdopi gartref. Mae'r gefnogaeth wedi lleihau pryder ac, mewn rhai achosion, wedi atal sefyllfaoedd rhag cynyddu i argyfwng, gan atgyfnerthu pwysigrwydd mewnbyn cymunedol, arbenigol yn gynnar yn y llwybr.

Tîm Trin Dementia yn y Cartref

Mae'r Tîm Trin Dementia yn y Cartref wedi bod yn **effeithiol iawn wrth ddarparu ymyriadau cyflym, wyneb yn wyneb o fewn 24–48 awr**, gan helpu i sefydlogi unigolion gartref a chynnal cyfraddau derbyn i'r ysbyty isel yn unol ag egwyddorion gofal y lleiaf cyfyngol.

Mae'r tîm wedi datblygu gwybodaeth arbenigol, gan gyrchu hyfforddiant Teepa Snow a Positive Approach to Care gyda chynllun i ymgorffori'r dull hwn ar draws gwasanaethau, gan gynnwys cartrefi gofal, gwella ymarfer sy'n canolbwyntio ar yr unigolyn a lleihau dibyniaeth ar feddyginiaeth neu ymyriadau cyfyngol.

Mae cydweithredu agos â chartrefi gofal wedi gwella dealltwriaeth o ymddygiadau sy'n gysylltiedig â dementia, gan arwain at ofal mwy tosturiol a llai o fethiannau mewn lleoliadau.

Siarter Ysbyty Cyfeillgar i Dementia

Mae gwelliannau amgylcheddol sy'n gyfeillgar i ddementia yn mynd rhagddynt fel rhan o amserlen gynlluniedig o waith ar gyfer wardiau, ac ardaloedd cleifion allanol. Mae cydymffurfio â hyfforddiant dementia wedi gwella ac wedi cyrraedd 86% ar wardiau, o'i gymharu â 55% yn sefydliadol.

Mae Nyrsys Cyswllt Dementia a Hyrwyddwyr RITA wedi'u nodi ar draws wardiau i gefnogi gan gynnwys gweithgareddau mwy ystyrlon i leihau'r risg o ddadgyflyru a gwella profiad y claf.

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Cyfleoedd hyfforddiant ynghylch dementia

Mae cyfleoedd hyfforddiant ynghylch dementia ar gael i staff eu cyrchu gyda'r Gwaith Da lefel Gwybodus yn cael ei gynnwys yn y matrices gorfodol. Mae hyn wedi gweld **cynnydd o 12% i 55% yn nifer y staff sy'n cwblhau hyfforddiant ynghylch dementia**. Mae'r e-lyfr dementia Gwaith Da lefel Medrus wedi'i ddatblygu gyda phartneriaid awdurdodau lleol gydag adborth cadarnhaol wedi'i dderbyn a diddordeb ar lefel genedlaethol mewn mabwysiadu'r adnodd.

Dros y flwyddyn ddiwethaf, mae partneriaid wedi parhau i gryfhau cymorth dementia yn y gymuned, gyda ffocws clir ar ymyrraeth gynnar, gofal sy'n canolbwyntio ar yr unigolyn a chefnogi pobl i aros yn eu cartrefi eu hunain cyn hired â phosibl, gyda gwell cyfleoedd hyfforddiant ar gael i staff.

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GWAITH TRAWSBYNCIOL

Gofalwyr

Yn ystod y flwyddyn, darparwyd gwasanaeth gofalwyr y bartneriaeth gan Credu, elusen gofalwyr cofrestredig ym Mhowys. Roedd y gwasanaeth yn darparu cymorth o ansawdd uchel, sy'n canolbwyntio ar yr unigolyn, gan alluogi gofalwyr di-dâl i deimlo y gwrandewir arnynt, eu gwerthfawrogi, ac yn gallu nodi'n well beth sy'n cefnogi eu lles a'u canlyniadau personol eu hunain. Dywedodd gofalwyr eu bod yn teimlo'n fwy cysylltiedig ag eraill ac yn cael eu cefnogi'n well i gynnal eu rolau gofalu.

Ailsefydlwyd y Grŵp Llywio i Ofalwyr, ochr yn ochr ag ailosod y fforwm Engage to Change (E2C). Creodd hyn **blatfform ar y cyd i ofalwyr a phartneriaid rannu profiadau**, nodi heriau, ac amlygu cyfleoedd ar gyfer gwella. Cafodd themâu allweddol eu bwydo i'r Grŵp Llywio i Ofalwyr, gan gryfhau llais gofalwyr wrth lunio gwasanaethau.

Roedd y gwaith hwn yn cefnogi datrys problemau cydweithredol, gan gynnwys datblygu grwpiau gorchwyl a gorffen oedd yn canolbwyntio ar wella mynediad at wybodaeth, arweiniad a chymorth, yn enwedig mewn perthynas â Thaliadau Uniongyrchol. Cryfhaodd hyn weithio mewn partneriaeth a chyfrannodd at ddatblygu gwasanaethau mwy ymatebol, a arweinir gan ofalwyr.

Dangosodd y gwasanaeth gyrhaeddiad sylweddol trwy gefnogaeth uniongyrchol ac ymgysylltu digidol.

Adnabod a Gwerthfawrogi Gofalwyr Di-dâl

Yn ystod y flwyddyn, **cryfhaodd y prosiect Adnabod a Gwerthfawrogi Gofalwyr Di-dâl ymwybyddiaeth, ymgysylltiad a chefnogaeth i ofalwyr ledled Powys**, a gyflwynwyd mewn partneriaeth â Chredu.

Gwellodd mentrau a gyd-gynhyrchwyd ac ymgysylltu targededig gynhwysiant, yn enwedig ymhlith grwpiau sydd wedi'u tangynrychioli, a chryfhawyd cyfleoedd i ofalwyr rannu eu profiadau. Roedd hyn yn cynnwys cefnogi gofalwyr ifanc i ymgysylltu ar lefel genedlaethol.

- Cynyddu adnabod ac ymwybyddiaeth o ofalwyr di-dâl
- Gwella mynediad at wybodaeth a chymorth
- Cryfhau llais gofalwyr wrth lunio gwasanaethau
- Lleihau ynysu a chefnogi lles trwy ymgysylltu â'r gymuned

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Uchafbwyntiau

- Cofnodwyd dros **176,000 o ymweliadau ar draws llwyfannau cyfryngau cymdeithasol Credu**, gan gynnwys 70,622 o ymweliadau Facebook yn chwarter olaf y flwyddyn.
- Roedd **gan wefan Credu Powys 2,244 o ymwelwyr unigryw, gyda 312 o ddefnyddwyr yn dychwelyd**, sy'n dangos ymgysylltiad parhaus.
- Cofnodwyd 386 o gliciau dolen ar draws Facebook ac Instagram.

Cryfhawyd gweithgarwch ymwybyddiaeth ymhellach trwy ddigwyddiadau ac ymgyrchoedd, gan gynnwys **Wythnos Gofalwyr, Diwrnod Gweithredu ar gyfer Gofalwyr Ifanc, a Diwrnod Hawliau Gofalwyr**. Roedd hyn yn cynnwys ymgysylltu ag ysgolion ledled Powys, digwyddiadau cymunedol, a llwyfannau cenedlaethol megis y Sioe Frenhinol.

Mae'r ffigurau hyn yn amlygu gwelededd cynyddol gofalwyr di-dâl a hygyrchedd gwybodaeth a chymorth i ofalwyr a gweithwyr proffesiynol. Yn gyffredinol, dangosodd y prosiect werth dulliau cynnar, a arweinir gan bartneriaeth wrth adnabod gofalwyr yn gynt, gwella mynediad at gymorth, a galluogi gofalwyr i gynnal eu rolau gofalu.

Cefnogi Bywyd Ochr yn Ochr â Gofalu

Darparodd y gwasanaeth gymorth uniongyrchol i dros **130 o ofalwyr di-dâl**, gyda gofalwyr ychwanegol wedi'u cyrraedd trwy weithgareddau grŵp a chymorth lles. Roedd dull cymorth hyblyg, cynnar yn sicrhau bod cymorth yn cael ei deilwra i amgylchiadau unigol a'i gyflwyno ar yr adeg iawn.

Dangosodd tystiolaeth o astudiaethau achos fod canlyniadau yn aml yn cael eu cyflawni trwy gymorth amserol, wedi'i bersonoli yn hytrach nag ymyriadau ffurfiol. Adroddodd gofalwyr am lai o straen, gwell lles emosiynol, a mwy o hyder i barhau yn eu rôl gofalu.

Roedd seibiannau byr a chefnogaeth lles yn arbennig o effeithiol. Adroddodd gofalwyr yn gyson fod cael dewis a rheolaeth dros sut roedd cymorth yn cael ei ddarparu yn hanfodol. Roedd hyd yn oed ymyriadau ar raddfa fach, megis seibiant byr, cwnsela, neu weithgaredd creadigol, yn darparu budd emosiynol sylweddol wrth eu llunio o amgylch anghenion unigol. Mewn rhai achosion, roedd hyn yn cefnogi canlyniadau tymor hwy, gan gynnwys mwy o hyder, gwytnwch, a datblygiad personol.

Roedd gweithgareddau grŵp, gan gynnwys digwyddiadau lles a sesiynau wedi'u targedu, wedi lleihau ynysu a chryfhau rhwydweithiau cymheiriaid. Gwellodd ymgysylltu â grwpiau sydd wedi'u tangynrychioli, gan gynnwys gofalwyr gwrywaidd, lle roedd gweithgareddau'n hyblyg ac wedi'u teilwra. Dangosodd adborth fod perthnasoedd a ddatblygwyd trwy'r sesiynau hyn yn cael eu cynnal y tu hwnt i'r gweithgaredd, gan ddarparu cefnogaeth gymdeithasol ac emosiynol barhaus.

Gallwch ddod o hyd i straeon ar [sianel You Tube Gofalwyr Credu](#).

Seibiant byr Wedi'i Gynllunio a Seibiant Brys i Ofalwyr

Yn ystod y flwyddyn, gwnaed cynnydd sylweddol wrth ddatblygu gwasanaeth seibiant wedi'i gynllunio a seibiant brys ar gyfer gofalwyr di-dâl. Er nad oedd y gwasanaeth wedi dechrau cyflawni eto, sefydlwyd sylfeini cryf i gefnogi gweithredu.

Datblygwyd model gwasanaeth a gyd-gynhyrchwyd, gan gynnwys manyleb gwasanaeth fanwl sy'n cwmpasu cymhwysedd, llwybrau atgyfeirio, a disgwyliadau darpariaeth. Rhoddwyd dangosyddion perfformiad allweddol a threfniadau monitro ar waith hefyd, gan gryfhau atebolrwydd a pharodrwydd i'w cyflawni.

Mae **dadansoddiad anghenion cynhwysfawr, wedi'i lywio gan ddata, mewnwelediad partner, a phrofiad byw, wedi nodi bylchau clir yn y ddarpariaeth**. O ganlyniad, roedd y gwasanaeth wedi'i dargedu at ofalwyr di-dâl sy'n cefnogi pobl â dementia, gyda chynllun peilot cychwynnol ar gyfer ardal y Trallwng a Threfaldwyn.

Roedd **trefniadau llywodraethu**, gan gynnwys Bwrdd Rhaglen a Gweithgor amlasiantaeth, yn sicrhau goruchwyliaeth effeithiol a chyd-gynhyrchu wedi'i ymgorffori trwy gydol yr amser. Roedd ymgysylltu â gofalwyr yn yr ardal beilot yn llywio'r model yn uniongyrchol, gan amlygu pwysigrwydd hyblygrwydd, eglurder ac ymatebolrwydd, yn enwedig mewn sefyllfaoedd argyfwng.

Ar y cyfan, dangosodd y rhaglen werth cymorth ac atal cynnar wrth gefnogi gofalwyr di-dâl. Trwy ddarparu cymorth hyblyg, sy'n canolbwyntio ar yr unigolyn a chryfhau cydlyn system gyfan, helpodd y gwaith ofalwyr i barhau i fod yn gysylltiedig, yn wydn ac yn gallu cynnal eu rolau gofalu.

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Yr Iaith Gymraeg

Yn ystod 2025–26, gwnaed cynnydd o ran cryfhau'r ymagwedd strategol at y Gymraeg ar draws iechedd a gofal cymdeithasol ym Mhowys drwy **sefydlu GOFAL: Grŵp Hyrwyddo'r Gymraeg mewn Gofal**. Daeth y grŵp llywio amlasiantaeth hwn â phartneriaid o bob rhan o'r Bwrdd Partneriaeth Rhanbarthol (RPB) ynghyd i ddarparu goruchwyliaeth, cydlyniant ac arweinyddiaeth ar y cyd wrth hyrwyddo'r defnydd o'r Gymraeg o fewn gwasanaethau.

Sefydlwyd y Grŵp i gefnogi **cydymffurfio â Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru), Safonau'r Gymraeg**, a'r fframwaith strategol **Mwy na Geiriau**. Roedd ei ffurfio'n gam pwysig wrth ymgorffori dull mwy cyson a system gyfan o ddarparu gwasanaethau sy'n diwallu anghenion unigolion, teuluoedd a chymunedau Cymraeg.

Datblygodd y Grŵp raglen waith glir, sy'n canolbwyntio ar fonitro cynnydd yn erbyn y cynllun Mwy na Geiriau, gan gryfhau atebolrwydd, a nodi meysydd i'w gwella. Roedd hyn yn cynnwys casglu a dadansoddi data ar anghenion am y Gymraeg a mynediad i wasanaethau, mapio bylchau yn sgiliau'r gweithlu a darpariaeth gwasanaethau, a hyrwyddo atebion ymarferol i wella darpariaeth.

Un o brif amcanion y Grŵp oedd cryfhau gweithio mewn partneriaeth a sicrhau aliniad ar draws sefydliadau, gan gysylltu â fforymau a mentrau Cymraeg ehangach. Trwy'r dull cydgysylltiedig hwn, cefnogodd y Grŵp rannu arfer da, dathlu cynnydd, a hyrwyddo diwylliant lle mae'r Gymraeg yn cael ei gwerthfawrogi'n weithredol a'i defnyddio wrth ddarparu gwasanaethau.

Roedd gan y Grŵp rôl hefyd wrth lunio datblygiad y gweithlu, gan gefnogi mynediad at hyfforddiant Cymraeg a chyfrannu at **ddatblygu cynllun y gweithlu Cymraeg** wedi'i alinio â'r Academi Iechyd, Gofal a Gofal Cymdeithasol. Roedd hyn yn helpu i wella hyder a gallu ymhlith staff a gwirfoddolwyr i ddarparu gwasanaethau'n ddwyieithog.

Sefydlwyd trefniadau llywodraethu i gefnogi goruchwyliaeth effeithiol, gyda'r Grŵp yn cyfarfod yn rheolaidd ac yn adrodd i mewn i strwythurau partneriaeth. Sicrhodd hyn fod cynnydd, risgiau a meysydd i'w gwella yn cael eu nodi'n glir a'u cynyddu yn ôl yr angen.

Mae sefydlu'r Grŵp GOFAL yn cryfhau gallu'r system i:

- **Wella cydymffurfio** â pholisi a gofynion deddfwriaethol cenedlaethol y Gymraeg
- **Cynyddu gwelededd a defnydd o wasanaethau'r Gymraeg**
- **Nodi bylchau yn sgiliau'r gweithlu a darpariaeth gwasanaethau**
- **Hyrwyddo darparu gwasanaeth dwyieithog cyson, o ansawdd uchel**
- Cryfhau gweithio mewn partneriaeth ac atebolrwydd a rennir

Ar y cyfan, roedd creu'r Grŵp yn darparu sylfaen gadarn ar gyfer gwelliant parhaus, gan gefnogi dull mwy cydgysylltiedig, rhagweithiol a chanolbwyntio ar yr unigolyn o ddarparu gwasanaethau Cymraeg ar draws iechedd a gofal cymdeithasol ym Mhowys.

Gwella'r Daith Cancer

Mae rhaglen Gwella'r Daith Cancer ym Mhowys (ICJ) yn parhau i gryfhau cymorth wedi'i bersonoli i bobl sy'n byw gyda chanser ac yn cael eu heffeithio ganddo ledled Powys.

Mewn sir wledig lle mae llawer o bobl yn teithio y tu allan i Bowys ar gyfer eu triniaeth cancer, **mae Gwella'r Daith Cancer ym Mhowys (ICJ) yn helpu i sicrhau bod unigolion yn gallu cyrchu cymorth emosiynol, ymarferol a chorfforol yn lleol.** Trwy sgysiau 'beth sy'n bwysig i mi' sy'n canolbwyntio ar yr unigolyn, mae pobl yn cysylltu â'r gefnogaeth gywir ar yr adeg iawn.

Yn ystod 2025/26, gwelodd y rhaglen gynnydd o 25% mewn atgyfeiriadau trwy'r Pwynt Mynediad Sengl, a gyflwynwyd trwy Gysylltydd Cymunedol Cancer Cymdeithas Mudiadau Gwirfoddol Powys (PAVO). Mae'r sgysiau cefnogol hyn yn galluogi pobl i gysylltu â'r gwasanaethau sy'n diwallu eu hanghenion orau. Mae system e-atgyfeirio ar-lein hefyd wedi'i chyflwyno i wella mynediad, ochr yn ochr â fersiwn testun o Asesiad Anghenion Holistaidd Macmillan. Mae hyn yn caniatáu i unigolion adolygu rhestr wirio ynghylch pryderon a rhannu eu hanghenion ar adeg sy'n addas iddynt.

Mae Gwella'r Daith Cancer ym Mhowys (ICJ) yn parhau i chwarae rôl gydlyn ganolog ledled Powys. Dros y flwyddyn ddiwethaf, gwnaeth y rhaglen fwy na **140 o atgyfeiriadau ymlaen i 24 o wasanaethau a chyfeirio unigolion at dros 100 o sefydliadau cymunedol a'r trydydd sector**, gan helpu pobl i gyrchu ystod eang o gymorth lleol.

Mae gwaith ar y gweill i ddatblygu gwybodaeth ac adnoddau sy'n cefnogi pobl i baratoi ar gyfer eu triniaeth cancer a'r broses adfer.

Mae gweithgarwch ymgysylltu wedi ehangu, gan gynnwys digwyddiadau cymunedol, partneriaethau gofal iechyd a **dosbarthu dros 7,500 o ddeunyddiau hyrwyddo i godi ymwybyddiaeth o'r cymorth sydd ar gael.** Lanswyd tudalennau gwe newydd hefyd, gan ei gwneud hi'n haws i bobl gyrchu gwybodaeth a chymryd rhan.

Mae Louise Hymers, Nyrs Arweiniol Macmillan ar gyfer Cancer a Gofal Lliniarol ym Mhowys yn esbonio: "Mae Gwella'r Daith Cancer (ICJ) ym Mhowys yn ymwneud â gwrandao ar yr hyn sy'n fwyaf pwysig i bobl yr effeithir arnynt gan ganser a sicrhau eu bod yn cysylltu â'r cymorth cywir ar yr adeg iawn.

"Mae'r dudalen gwe newydd hon yn ei gwneud hi'n haws i bobl a'u teuluoedd ddod o hyd i gymorth yn lleol ac i wybod nad oes rhaid iddynt lywio eu taith cancer ar eu pen eu hunain."

Mae'r tîm yn parhau i godi ymwybyddiaeth o'r rhaglen, gan gyfrannu at gynadleddau a digwyddiadau a gweithio'n agos gydag iechyd, gofal cymdeithasol a'r trydydd sector. Mae'r rhaglen hefyd wedi cefnogi mentrau megis Rhed y Parc 5k Eich ffordd, gan hyrwyddo lles a chysylltiad cymunedol.

Mae llais pobl sydd â phrofiad byw yn parhau i lunio'r rhaglen, gyda chefnogaeth y grŵp Teithio Gyda'n Gilydd a ailsefydlwyd ac ymgysylltu cymunedol parhaus.

Ar y cyfan, mae Gwella'r Daith Canser ym Mhowys (ICJ) yn adeiladu dull mwy cysylltiedig, cymunedol ledled Powys - yn gwella mynediad, cryfhau partneriaethau a helpu pobl i fyw'n dda gyda chanser a thu hwnt.

Dysgwch fwy yn: www.haveyoursaypowys.wales/ici

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Hwb Arloesedd a Chyfathrebu Rhanbarthol (RIC)

Mae Hwb Arloesedd a Chyfathrebu Rhanbarthol (RIC) Powys yn gweithredu fel swyddogaeth gydlynw a **galluogi, gan ddod â gweithgarwch arloesi, ymchwil a gwella ynghyd** a fyddai fel arall yn dameidiog. Ei rôl yw sicrhau bod gweithgarwch yn cyd-fynd â blaenoriaethau lleol a chyfeiriad cenedlaethol, cefnogi nodi arloesi sy'n darparu gwerth, galluogi profi a graddio'r hyn sy'n gweithio, a hyrwyddo dysgu a rennir ar draws sefydliadau a sectorau. Mae gwaith yr Hwb yn cyd-fynd â pholisi arloesi cenedlaethol yng Nghymru, tra'n parhau i ymateb i heriau lleol megis ardal wledig, newid demograffig a phwysau capasiti system.

Panel Y Ddraig yw **cynllun grant arloesedd pwrpasol yr Hwb Arloesedd a Chyfathrebu Rhanbarthol (RIC), sydd wedi'i gynllunio i annog a chefnogi ymchwil, arloesedd a gwella ansawdd** ar draws y bartneriaeth. Mae'r cynllun yn gwahodd staff a phartneriaid i gynnig syniadau am brosiectau, gan ddarparu mynediad at gyllid wedi'i dargedu a chymorth arbenigol i brofi a gweithredu eu cynigion. Ei nod yw meithrin diwylliant sy'n weithredol o ran ymchwil ac yn canolbwyntio ar welliant, gan wella gofal cleifion, profiad defnyddwyr gwasanaeth, a darparu gwasanaethau trwy arloesi a arweinir yn lleol yn y pen draw

Yn ystod 2025/26, derbyniodd tri phrosiect Panel Y Ddraig gefnogaeth drwy gyllid grant a mynediad at arbenigedd mewn ymchwil, arloesedd a gwella. Gofyniad allweddol i dderbynwyr yw gwerthuso effaith eu gwaith ac adrodd canfyddiadau i'r Hwb Arloesedd a Chyfathrebu Rhanbarthol (RIC), gan sicrhau cylch o ddysgu a gwella parhaus.

Mae Llywodraeth Cymru wedi gorchymyn mwy o gydweithio ar draws Hybiau Arloesedd a Chyfathrebu Rhanbarthol (RIC), gan ffurfio rhan o rwydwaith arloesedd wedi'i gydlynw yn genedlaethol. Mae'r strategaeth hon yn blaenoriaethu rhannu arfer da, trosglwyddo dysgu, a mabwysiadu arloesedd profedig ar raddfa.

Ysgrifennodd y Gweinidog Iechyd Meddwl a Lles at Arweinwyr y Bwrdd Partneriaeth Rhanbarthol (RPB), Arweinwyr Gweithredol Hwb Arloesedd a Chyfathrebu Rhanbarthol (RIC,) a Chyfarwyddwyr Iechyd y Cyhoedd, yn gofyn am ffurfio **tîm gweithredu prosiect cenedlaethol i gynyddu dulliau arloesol ar gyfer cysylltu data i lywio penderfyniadau darparu gwasanaethau**. Mae Gweithgor wedi'i sefydlu i oruchwylio'r ddarpariaeth, gyda chynrychiolaeth o bob rhan o'r Bwrdd Partneriaeth Rhanbarthol (RPB).

Arweiniodd yr Hwb Arloesedd a Chyfathrebu Rhanbarthol (RIC) **gyflwyno llwyfan cydsyniad electronig cadarn a diogel ar gyfer rhaglenni brechu mewn ysgolion**. Mae'r system yn caniatáu i rieni a gofalwyr roi eu caniatâd ar-lein yn gyfleus, gan ddileu'r angen am ffurflenni papur traddodiadol. Trwy ddigideiddio'r broses caniatâd, mae'r cynllun wedi **gwella hygyrchedd yn sylweddol, gan ei gwneud hi'n haws i deuluoedd ymateb yn brydlon**. Ar ben hynny, mae'r dull electronig yn gwella effeithlonrwydd gweithredol i staff, yn lleihau beichiau gweinyddol, ac yn sicrhau amddiffyn data sensitif yn fwy trwy fesurau diogelwch uwch. Y canlyniad yw proses symlach, mwy dibynadwy a chynhwysol ar gyfer rheoli cydsyniad mewn ymyriadau iechyd plant mewn ysgolion.

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Rhaglen Lles Gogledd Powys

Sefydlwyd Rhaglen Lles Gogledd Powys fel blaenoriaeth allweddol i gyflawni Strategaeth Iechyd a Gofal ar y cyd y sir gyda gweledigaeth i "**asesu a chyflwyno model integredig newydd yng Ngogledd Powys, ac i gefnogi dysgu a throsoglwyddo effeithiol ar draws Powys.**"

Mae'r rhaglen hon yn gyfle unwaith mewn cenhedlaeth i ddod â sefydliadau partner at ei gilydd i wella a thrawsnewid y ffordd y mae gwasanaethau yn cael eu darparu i'r gymuned leol. Cymeradwywyd Achos Busnes cyffredinol y Rhaglen yn 2021.

Y cam cyntaf ac un o elfennau allweddol y rhaglen hon yw'r **hwb iechyd a lles amlasiantaeth arfaethedig yng nghanol y Drenewydd.**

Er mwyn sicrhau rhaglen gyflawnadwy a fforddiadwy yng nghyd-destun cyllideb gyfalaf genedlaethol ehangach Cymru, mae'r rhaglen wedi datblygu dull gweithredu fesul cam fel y crynhoir isod:

- **Cam 1: Yr Hwb**, hwb iechyd a Lles amlasiantaeth newydd sy'n ymgorffori'r llyfrgell yng nghanol y Drenewydd yn lle swyddfeydd presennol y Parc.
- **Cam 2: Darparu adeilad newydd** lle mae'r llyfrgell bresennol yng nghanol y Drenewydd i gymryd lle adeilad presennol Ysbyty Trefaldwyn a darparu gallu diagnostig ychwanegol.

Yn ystod 2025–2026 cynhyrchodd y tîm **Achos Amlinellol Strategol/Achos Busnes Amlinellol (SOC/OBC) ar gyfer yr Hwb Lles Integredig arfaethedig**, gan nodi achos clir dros newid a'r cyfeiriad strategol ar gyfer y rhaglen.

Nododd yr Achos Amlinellol Strategol/Achos Busnes Amlinellol (SOC/OBC) yr achos Strategol dros newid, y dangosyddion perfformiad allweddol, yr opsiynau a'r opsiwn o broses rhestr fer. Gwerthuswyd yr opsiynau mewn gweithdy ym mis Medi 2025 a fynychwyd gan gynrychiolwyr allweddol o bob rhan o'r Bwrdd Partneriaeth Rhanbarthol (RPB). Ymgorfforwyd yr opsiwn a ffafriwyd ac y cytunwyd arno sef Hwb Iechyd a Gofal Integredig, fel adeilad newydd gyda chyflwyno fesul cam wedi'i ymgorffori yn y ddogfen Achos Amlinellol Strategol/Achos Busnes Amlinellol (SOC/OBC).

Mae'r Achos Amlinellol Strategol/Achos Busnes Amlinellol (SOC/OBC) yn dangos pam mae datblygu Hwb Iechyd, Gofal a Lles amlasiantaeth ar gyfer gogledd Powys, yn y Drenewydd, yn flaenoriaeth drawsbynciol allweddol yng Nghynllun Cyfalaf Strategol y Bwrdd Partneriaeth Rhanbarthol (RPB) sy'n gweithredu fel Achos Busnes y Rhaglen drosfwaol ar gyfer holl geisiadau'r Gronfa Cyfalaf Integreiddio ac Ailgydbwysu (IRCF).

Trwy gymeradwyaeth Llywodraeth Cymru o'r Achos Amlinellol Strategol/Achos Busnes Amlinellol (SOC/OBC) rhyddhawyd cyllid i alluogi'r tîm i ddatblygu Achos Busnes Llawn (FBC) ar gyfer yr Hwb. Sefydlwyd strwythur llywodraethu partneriaeth cadarn hefyd, gan gryfhau penderfyniadau a goruchwyliaeth ar y cyd.

Mae gweithgareddau ymgysylltu a chyfathrebu helaeth ar y gweill gyda chymunedau, rhanddeiliaid a phartneriaid, gan helpu i sicrhau bod y dyluniad yn cael ei lywio gan

anghenion a blaenoriaethau lleol. Ar yr un pryd, aeth gwaith ailgynllunio gwasanaethau rhagddo ar draws y gwasanaethau a fydd yn symud i'r hwb newydd.

Cytunwyd ar y gwasanaethau sy'n symud i'r hwb newydd sef:

- Gofal deintyddol
- Gofal iechyd cymunedol estynedig
- Llyfrgell
- Gofal cymunedol i oedolion
- Iechyd meddwl oedolion
- Gwasanaethau Plant a Theuluoedd
- Addysg a hyfforddiant

Sefydlwyd fframwaith buddion o fewn y Cytunwyd ar y gwasanaethau sy'n symud i'r hwb newydd sef:

- Gofal deintyddol
- Gofal iechyd cymunedol estynedig
- Llyfrgell
- Gofal cymunedol i oedolion
- Iechyd meddwl oedolion
- Gwasanaethau Plant a Theuluoedd
- Addysg a hyfforddiant

Sefydlwyd fframwaith buddion o fewn yr Achos Amlinellol Strategol/Achos Busnes Amlinellol (SOC/OBC), sy'n darparu strwythur cychwynnol ar gyfer asesu effaith y rhaglen. Mae hyn yn canolbwyntio ar ganlyniadau allweddol gan gynnwys gwasanaethau lleol integredig, atal a lles, newid o ofal sylfaenol i ofal cymunedol, datblygu gweithlu hyblyg a chynaliadwy, datgarboneiddio, adfywio'r economi leol a darparu ystâd addas i'r diben.

Uchafbwyntiau

- Cyflwynwyd yr **Achos Amlinellol Strategol/Achos Busnes Amlinellol** i'r Panel Cronfa Gyfalaf Integreiddio ac Ailgydbwysu (IRCF) ar 11 Chwefror 2026 ac **fe'i cymeradwywyd** wedyn **gan Lywodraeth Cymru** ym mis Mawrth 2026. Roedd y gymeradwyaeth hon yn garreg filltir allweddol i'r rhaglen, **gan alluogi symud ymlaen i'r Achos Busnes Llawn.**
- **Aeddfedodd gwaith partneriaeth** yn sylweddol, gyda pherthynas gryfach wedi'i sefydlu ar draws iechyd, awdurdodau lleol a grwpiau rhanddeiliaid ehangach. Roedd hyn yn galluogi deialog fwy agored, gydweithredol ac adeiladol, gan gefnogi gwell aliniad ynghylch blaenoriaethau a dulliau.
- Roedd ymgysylltu cynnar â rhanddeiliaid ac arweinwyr gwasanaeth yn chwarae rhan allweddol wrth lunio'r cynigion, gan sicrhau eu bod yn **cyd-fynd yn agos ag anghenion y boblogaeth ac amcanion strategol.**
- Cadarnhaodd **adborth cadarnhaol gan Lywodraeth Cymru addasrwydd strategol cryf â blaenoriaethau cenedlaethol a rhanbarthol.** Amlygodd yr adborth hefyd hyder yng nghadernid datblygiad yr achos busnes hyd yma, gan gydnabod cryfder naratif y rhaglen, yr aliniad clir ag anghenion y boblogaeth, a'r canlyniadau diffiniedig.

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Mae'r tîm yn canolbwyntio ar ddarparu'r achos busnes llawn ar gyfer yr Hwb sydd i'w gyflwyno i Lywodraeth Cymru yn 2027. Mae'r gwaith sy'n mynd rhagddo i gyflawni hyn yn fras mewn dau gategori:

Dylunio: Rydym yn y broses o gaffael contractwr dylunio ac adeiladu i symud ymlaen â dyluniad manwl a'r cais cynllunio ar gyfer yr adeilad.

Ailgynllunio'r Gwasanaeth: Rydym yn gweithio gyda phob gwasanaeth i ddechrau'r broses drawsnewid wrth i wasanaethau benderfynu sut y byddant yn datblygu pan fyddant yn symud i'r adeilad newydd. Yna byddwn yn datblygu manylebau sy'n ymgorffori buddion mesuradwy.

Bydd gwaith ar yr Achos Strategol ar gyfer Cam 2 hefyd yn dechrau yr hydref hwn.

Mae rhagor o wybodaeth am y Rhaglen ar gael yn www.haveyoursaypowys.wales/hub-page/north-powys-wellbeing

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Dyfodol y Gweithlu

Mae Rhaglen Dyfodol y Gweithlu yn parhau i **gefnogi gweithlu gwydn, medrus a thosturiol ar draws iechyd a gofal cymdeithasol ym Mhowys**, gan gyfuno llwybrau gyrfa, datblygu arweinyddiaeth, a lles y gweithlu i gefnogi cynaliadwyedd system hirdymor.

Cynhaliodd elfen allweddol, **Cynllun Menter Addysg Gyrfaoedd yr Academi (ACEES)**, gyflawniad cryf yn ystod 2025–2026, gan **ymgysylltu â 4,826 o ddysgwyr (gan gynnwys 1,152 o ddysgwyr cyfrwng Cymraeg)** drwy Ddull Ysgol Gyfan strwythuredig ar draws Powys ac ardaloedd cyfagos. Roedd adborth dysgwyr yn parhau i fod yn gadarnhaol, gyda **91% yn derbyn y wybodaeth yr oedd ei hangen arnynt a 78% yn graddio sesiynau ar y lefel uchaf**.

Mae'r rhaglen yn cynnig llwybr dilyniant clir o ymwybyddiaeth gynnar i wirfoddoli a bwriad gyrfa. Roedd y ddarpariaeth a dargedwyd yn cynnwys **78 o ddysgwyr ôl-16, 67 o gyfranogwyr gŵyl gyrfaoedd, a 95 o ddysgwyr mewn lleoliadau anghenion dysgu ychwanegol**, gydag ymgysylltiad cryf (87% o fwyhad). Cryfhawyd llwybrau gwirfoddoli, gyda 24 o ymholiadau, naw lleoliad wedi'u sicrhau, a 18 o fynegi diddordeb pellach.

Ehangodd Peilot Ysgol Gynradd o dair i 10 ysgol, gan gyrraedd 168 o ddysgwyr, gyda 94% yn nodi eu bod yn mwynhau a phob ysgol yn gofyn am barhad, gan ddangos gwerth ymyrraeth gynharach i gryfhau llif y gweithlu yn y dyfodol.

Parhaodd cynnig ehangach Academi Iechyd, Gofal a Gofal Cymdeithasol Powys i ddatblygu drwy raglenni cyflenwol:

- Mae'r platfform Pencadlys Ymgysylltu yn darparu **gwybodaeth gyrfaoedd hygyrch, gan arddangos dros 350 o rolau**, ochr yn ochr â straeon staff, llwybrau i brofiad gwaith, prentisiaethau a gwirfoddoli, gan gefnogi dewisiadau gyrfa gwybodus.
- **Cyflwynodd rhaglen Sefydlu ar y Cyd wedi'i hailgynllunio** ddull dysgu cyfunol chwe diwrnod syml wedi'i halinio â safonau cenedlaethol, gan wella cysondeb a phrofiad dysgwyr.
- **Mae'r rhaglen Archwilio Gofalu** wedi cynyddu ymwybyddiaeth a hunan-adnabod gofalcwyr di-dâl, gan gefnogi mynediad at gymorth priodol a chryfhau gwytnwch.
- Cryfhodd **Rhwydweithiau Gofalcwyr sy'n Gweithio** gefnogaeth cymheiriaid ar draws mudiadau, gan wella lles, cynhwysiant a mynediad cynnar at gymorth.
- **Datblygu llwybrau gwirfoddoli** parhaus, gan gynnwys rolau cyfeillio newydd a hyfforddiant arbenigol, gan gefnogi profiadau gwell i bobl sy'n cyrchu gwasanaethau.

Cryfhodd y cynnig Sgiliau Trawsnewid a Datblygiad allu'r system ymhellach, gan ddarparu datblygiad sefydliadol wedi'i dargedu, cymorth i arweinyddiaeth, a hwyluso i gefnogi trawsnewid gwasanaethau. Roedd hyn yn cynnwys cyflwyno gweithdai cydweithredol, rhaglenni arweinyddiaeth megis y Rhaglen Drochi Arweinyddiaeth Dosturiol (CLIP), a mentrau lles, gan gyfrannu at well hyder, gwytnwch a diwylliant ar draws timau.

Yn gyffredinol, mae darpariaeth Dyfodol y Gweithlu yn dangos **cyrhaeddiad cynyddol, gweithio mewn partneriaeth gref, a llwybr sy'n cwmpasu popeth sy'n aeddfedu i'r**

gweithlu, gan gefnogi heriau uniongyrchol y gweithlu a chynaliadwyedd hirdymor ar draws y system iechyd a gofal cymdeithasol ym Mhowys.

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Cyfranogiad

Mae llawer o'r gwaith sy'n ymwneud â chyfranogi wedi'i blethu yn yr adroddiad ond mae'n werth amlygu rhai darnau allweddol o waith a'n dull gweithredu yma. Rydym yn cydnabod pwysigrwydd cynnwys dinasyddion Powys ar drawsartneriaid y Bwrdd Partneriaeth Rhanbarthol (RPB), gan wneud y defnydd gorau o adnoddau, ac amlhau llais ac effaith i'r eithaf i bobl.

Mae'r Bwrdd Partneriaeth Rhanbarthol (RPB) yn parhau i fod yn falch iawn o'i waith wrth gefnogi dinasyddion a gofawyr i arwain a llunio agenda'r bartneriaeth. Gyda dau'n cynrychioli dinasyddion a dau'n cynrychioli gofawyr yn aelodau llawn, cyfartal o'r Bwrdd Partneriaeth Rhanbarthol (RPB), mae eu **profiadau byw yn parhau i ddarparu'r cwrpas hanfodol ar gyfer nodi a mynd i'r afael â'r hyn sy'n bwysig i bobl Powys**. Gyda chefnogaeth agos gan Gymdeithas Mudiadau Gwirfoddol Powys (PAVO), mae'r unigolion hyn yn sicrhau bod safbwyntiau ar lawr gwlad yn dylanwadu'n uniongyrchol ar ein penderfyniadau iechyd a gofal cymdeithasol strategol. Dros y flwyddyn ddiwethaf, daeth cynrychiolwyr â'u harbenigedd yn gyson i bum cyfarfod y Bwrdd Partneriaeth Rhanbarthol (RPB), pedair sesiwn cyn y bwrdd, diwrnod datblygu pwrpasol, a fforymau rhanbarthol amrywiol.

Estynnir diolch enfawr i'n haelodau sy'n Ofalwyr a Dinasyddion am eu hymroddiad aruthrol ar y bwrdd a thu hwnt. Eleni, gwelsom drawsnewidiadau pwysig yn ein haelodaeth; gyda deiliadaeth Hayley Pugh yn dod i ben, gan ddiolch yn gynnes iddi am ei gwasanaeth gwerthfawr, a rhedeg ymgyrch recriwtio lawn yn llwyddiannus i groesawu ein cynrychiolydd newydd i ofalwyr, Amanda Elkes-Clark. Cytunodd y Bwrdd hefyd i gynnig estyniad tymor o 12 mis i aelodau sy'n ddinasyddion a gofawyr, gan sicrhau parhad hanfodol ar gyfer eu gwaith.

Trwy fentora parhaus, addasiadau hygyrchedd, a chefnogaeth briffio gan Gymdeithas Mudiadau Gwirfoddol Powys (PAVO), **mae ein cynrychiolwyr wedi dadansoddi polisïau cymhleth yn hyderus i weithredu felartneriaid gwneud penderfyniadau cyfartal**. Maent hefyd wedi bod yn llysgenhadon gweithgar dros Bowys ar y llwyfan ehangach. Eleni, cymerodd pedwar cynrychiolydd ran yng ngweithdy Gwella Gyda'n Gilydd Bwrdd Iechyd Addysgu Powys ar Faes y Sioe Frenhinol i lunio gwasanaethau iechyd cymunedol i oedolion, tra mynychodd cynrychiolwyr hefyd y Gynhadledd Gyd-gynhyrchu Genedlaethol ym Mhontypridd i ddod â mewnwleidiadau arloesol o wasanaethau cyhoeddus Cymru yn ôl i'n rhanbarth.

Rhwydwaith Ymgysylltu a Mewnwelediad

Sefydlwyd Rhwydwaith Ymgysylltu a Mewnwelediad Powys (PEIN) i sicrhau bod y ffordd rydym yn ymgysylltu â dinasyddion Powys ar draws y bartneriaeth yn cael ei chysylltu ac i **alluogi dinasyddion i fod â rhan fwy ystyrlon wrth lunio polisi, dylunio a darparu gwasanaethau**. Mae'r grŵp yn cyfarfod yn fisol i rannu gwybodaeth am weithgareddau ymgysylltu, arfer da a hyfforddiant.

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Mae'r rhwydwaith wedi dechrau cryfhau cyd-gynhyrchu ledled y sir trwy ddatblygu a sbarduno set o gamau gweithredu i wella arferion cyfranogiad. Mae'r gwaith hwn wedi'i wneud ar y cyd â Bwrdd Gwasanaethau Cyhoeddus Powys.

Cyd-gynhyrchu

Datblygu diffiniad a rennir o'r hyn rydym yn ei olygu ym Mhowys wrth gyd-gynhyrchu fu'r cam cyntaf, ynghyd â'r egwyddorion arweiniol a fydd yn cefnogi grwpiau, gwasanaethau a sefydliadau i wella eu teithiau cyd-gynhyrchu.

Mae enghreifftiau o waith cyd-gynhyrchu gwych ar draws y bartneriaeth – yn ymwneud 'â' chymunedau lleol a pheidio ag ymwneud 'ag' sydd wedi'i amlygu yn yr adroddiad hwn. Wrth edrych i'r dyfodol, byddwn yn dysgu o'r enghreifftiau da hyn ac yn cefnogi ymagwedd fwy cyson at gynnwys dinasyddion. Adeiladu perthynas fwy cyfartal o bŵer a rennir a chyfrifoldeb a rennir gyda'n cymunedau, yn seiliedig ar ddealltwriaeth a pharch.

Daeth gweithdai i ddatblygu'r Traciwr Taith Cyd-gynhyrchu ym Mhowys â grŵp o bobl â phrofiadau byw gwahanol at ei gilydd ynghyd â gweithwyr proffesiynol o bob rhan o'r bwrdd iechyd, gwasanaethau'r cyngor a chynrychiolwyr y trydydd sector.

Mae'r sesiynau hyn ac adborth ehangach gan ystod o fforymau a rhwydweithiau wedi ein galluogi i **ddatblygu, profi a mireinio traciwr Taith Cyd-gynhyrchu Powys**. Y cam nesaf yw sicrhau bod hyn ar gael ledled y sir.

Mae ymgysylltu ehangach â phobl yn bwysig dros ben ac mae gan y partneriaethau a'r is-grwpiau wahanol ffyrdd lle gallant glywed llais pobl i helpu i lunio penderfyniadau. Mae gan Byw'n Dda, er enghraifft, Fforwm Byw'n Dda sy'n cynnwys pobl â phrofiad byw o anabledau dysgu a chorfforol, sy'n gallu trafod materion allweddol a bwydo'r rhain i mwn i'r gwaith partneriaeth.

Eleni cynhyrchodd Rhwydwaith Ymgysylltu a Mewnwelediad Powys (PEIN) ei Adroddiad Mewnwelediad Pobl a Chymunedau Powys cyntaf, adroddiad bob chwe mis i gasglu mewnwelediad ar ymgysylltiad parhaus rhwng dinasyddion a chymunedau â mudiadau cyhoeddus, y trydydd sector a'r sector annibynnol. **Mae'r adroddiad yn coladu'r wybodaeth a dderbyniwyd ac yn amlygu themâu allweddol sy'n dod i'r amlwg, at ddibenion eu hystyried gan y rhai sy'n gwneud penderfyniadau.**

Eleni manteisiodd y Rhwydwaith Ymgysylltu a Mewnwelediad Powys (PEIN) ar aelodaeth sefydliadol o [Rhwydwaith Cyd-gynhyrchu Cymru](#), gyda 15 o Hyrwyddwyr Cyd-gynhyrchu eisoes wedi'u nodi ac yn derbyn hyfforddiant a chymorth ychwanegol i ymgorffori dulliau arfer gorau yn eu gwaith.

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Llais

Mae gan Llais, Corff Llais Dinasyddion statudol ar gyfer Iechyd a Gofal Cymdeithasol yng Nghymru, **rôl allweddol wrth sicrhau bod barn a phrofiadau pobl ym Mhowys yn llywio cynllunio, darparu a gwella gwasanaethau.** Mae tîm Powys yn gweithio ar draws cymunedau lleol i gasglu adborth gan bobl sy'n defnyddio gwasanaethau iechyd a gofal cymdeithasol drwy ymweliadau, digwyddiadau ymgysylltu, grwpiau cymunedol, arolygon a sianeli digidol.

Yn ystod y flwyddyn, **parhaodd y Bwrdd Partneriaeth Rhanbarthol a'i bartneriaid i weithio'n agos gyda Llais drwy Rwydwaith Ymgysylltu a Mewnwelediad Powys** a threfniadau partneriaeth ehangach. Mae hyn wedi cefnogi uchelgeisiau a rennir i gryfhau llais dinasyddion ac ymgorffori cyd-gynhyrchu, gan sicrhau bod profiad byw yn llywio cynllunio strategol a gwella gwasanaethau.

Drwy gydol 2025–26, **clywodd Llais Powys gan bron i 1,300 o bobl** drwy ddigwyddiadau cymunedol, sesiynau lleol Llais, fforymau cyhoeddus, eiriolaeth a gweithgareddau ymgysylltu ehangach. Er bod gan bob cymuned ei hamgylchiadau unigryw ei hun, roedd y negeseuon a glywsom yn rhyfeddol o gyson. **Dywedodd pobl wrthym eu bod yn parhau i wynebu anawsterau wrth gyrchu gwasanaethau meddygon teulu, deintyddol ac ysbyty, yn profi aros hir am ofal a thriniaeth ac yn aml yn cael trafferth llywio system sy'n gallu teimlo'n dameidiog ac yn anodd ei deall. Mae ardaloedd gwledig a chlodiant yn parhau i fod yn rhwystrau sylweddol, gan effeithio ar bron pob agwedd ar gyrchu iechyd a gofal cymdeithasol. Yn achos gofal cymdeithasol, siaradodd pobl hefyd am oedi wrth gyrchu cymorth, pwysau ar ofalwyr, a'r angen am wasanaethau sydd wedi'u cysylltu'n well, yn haws i'w cyrchu ac sy'n canolbwyntio'n fwy ar yr unigolyn.**

Mae gwrando yn werthfawr yn unig os yw'n arwain at weithredu. Yn ystod y flwyddyn, **gwnaeth Llais Powys 112 o gynrychiolaethau ffurfiol ar ran pobl ar draws y sir**, gan sicrhau bod eu profiadau yn dylanwadu ar benderfyniadau ar lefelau lleol, rhanbarthol a chenedlaethol. Cyfrannodd y gwaith hwn at welliannau ymarferol gan gynnwys gwell mynediad at bresgripsiynau amlroddadwy, mwy o ddarpariaeth ddeintyddol y GIG, gwell cymorth i bobl sy'n profi heriau iechyd meddwl, cynllunio rhyddhau cliriach, gwell hygyrchedd i bobl fyddar, a mwy o gydnabyddiaeth o'r heriau sy'n wynebu pobl sy'n cyrchu gofal iechyd trawsffiniol. Mae'r **dystiolaeth a gasglwyd drwy gydol y flwyddyn hefyd wedi helpu i lunio blaenoriaethau strategol ar gyfer 2026–27**, gan sicrhau bod lleisiau a phrofiadau pobl ym Mhowys yn parhau i ysgogi gwelliannau mewn gwasanaethau iechyd a gofal cymdeithasol.

Yn ogystal â'i weithgaredd ymgysylltu, mae Llais yn darparu gwasanaeth eiriolaeth cwynion annibynnol am ddim, gan gefnogi unigolion i godi pryderon mewn ffordd hygyrch ac adeiladol a helpu mudiadau i ddysgu o adborth i wella gwasanaethau. Ar y cyfan, mae Llais yn parhau i chwarae rôl bwysig wrth ymhelaethu ar lais dinasyddion ledled Powys a helpu partneriaid i sicrhau bod gwasanaethau'n cael eu llunio o amgylch yr hyn sy bwysicaf i bobl lleol.

Dechrau'n Dda Iau

Mae Bwrdd Dechrau'n Dda Iau Powys (JSWB) yn grŵp o bobl ifanc rhwng 11 a 17 oed sy'n cwrdd yn rheolaidd i drafod y materion sy bwysicaf i blant a phobl ifanc ledled Powys. Maent yn casglu barn gan eu cyfoedion ac yn gweithio gyda'i gilydd i ddylanwadu ar wasanaethau, llunio prosiectau, a helpu i sicrhau bod pob unigolyn ifanc yn gallu bod yn iach, yn hapus ac yn cael ei gefnogi. Mae'r Bwrdd Dechrau'n Dda Iau (JSWB) hefyd yn gweithio mewn partneriaeth â'r Bwrdd Dechrau'n Dda i lywio cynllunio a gwneud penderfyniadau.

"Trwy siarad â'n ffrindiau a'n cyfoedion, rydym yn dysgu pa faterion sy'n bwysig iddynt ac yn gweithio ar atebion i sicrhau bod pawb yn gallu bod yn iach ac yn hapus. Rydym hefyd yn cydweithio â Bwrdd Partneriaeth Dechrau'n Dda i helpu i gynllunio gwasanaethau a phrosiectau sy'n diwallu anghenion pobl ifanc. Rydym hefyd yn ymgymryd â'n prosiectau ein hunain i wneud newidiadau yn ein cymuned," Bwrdd Dechrau'n Dda Iau (JSWB).

Prosiectau allweddol eleni:

- Rhoddodd y Bwrdd Dechrau'n Dda Iau (JSWB) **flaenoriaeth i ddiogelwch emosiynol, gan archwilio'r hyn y mae 'oedolyn dibynadwy' yn ei olygu i bobl ifanc ledled Powys.** Mae ymgysylltu â phlant, pobl ifanc a gweithwyr proffesiynol wedi llywio dealltwriaeth a rennir o ymddiriedaeth, gyda gweithgor amlasiantaeth bellach yn ymgorffori'r gwerthoedd hyn yn ymarfer y gweithlu ac yn llunio ymgyrch ymwybyddiaeth ledled y sir.
- Arweiniodd y Bwrdd Dechrau'n Dda Iau (JSWB) ymgyrch **Diwrnod Sanau Od ledled Powys mewn ymateb i bryderon am fwlio.** Defnyddiodd ysgolion gyflwyniad a rannwyd i hyrwyddo caredigrwydd, cynhwysiant a siarad allan, gyda chefnogaeth uwch arweinwyr Powys a wisgodd sanau od i hyrwyddo'r ymgyrch yn weledig ac atgyfnerthu ymrwymiad cryf i amgylcheddau diogel a chefnogol.

Mae'r Bwrdd Dechrau'n Dda Iau (JSWB) bellach **yn canolbwyntio ar ehangu ei gyrhaeddiad,** gan weithio mewn partneriaeth ag ystod o grwpiau ledled Powys i sicrhau bod mwy o bobl ifanc yn gallu dylanwadu ar flaenoriaethau cymorth a lles cynnar.

Enghraifft allweddol yw'r **Caffi Ieuenctid yn y Drenewydd** sydd newydd ei adnewyddu, a ddatblygwyd fel menter y Bwrdd Dechrau'n Dda Iau (JSWB) ac a fydd yn agor fis nesaf. Bydd yn darparu lle diogel, croesawgar i bobl ifanc gysylltu, cyrchu cymorth ac adeiladu perthynas ddibynadwy yn lleol.

Fforwm Byw'n Dda

Dros y flwyddyn ddiwethaf, gwnaeth y Fforwm Byw'n Dda **gynnydd cryf wrth wella canlyniadau a chryfhau ymgysylltiad** â'i aelodau. Roedd gweithgareddau'n canolbwyntio ar themâu blaenoriaeth allweddol, gwella cyd-gynhyrchu, a chynyddu cyfranogiad ledled

Powys. Mae'r gwaith hwn wedi helpu i sicrhau bod lleisiau pobl sydd â phrofiad byw yn parhau i lunio datblygu gwasanaethau a chynllunio strategol.

Archwiliodd y Fforwm sawl **pwnc blaenoriaeth, gan gynnwys trafndiaeth, tai ac adnoddau cymunedol**. Trafodwyd y themâu hyn ar y cyd, gan alluogi gwell dealltwriaeth o'r rhwystrau y mae unigolion yn eu hwynebu, yn ogystal â'r cyfleoedd i wella mynediad a chanlyniadau ar draws cymunedau ym Mhowys.

Parhaodd **cyd-gynhyrchu yn ganolog i waith y Fforwm**. Gweithiodd yr aelodau gyda'i gilydd i ddatblygu taflen ymgysylltu newydd i gefnogi recriwtio a chynnwys cyfranogwyr newydd. Yn ogystal, cyd-gynlluniwyd arolwg i lywio'r Strategaeth Byw'n Dda a Datganiad Sefyllfa'r Farchnad, gan nodi blaenoriaethau, heriau a rhwystrau allweddol a brofir gan unigolion. Cryfhodd y dull hwn integreiddio profiad byw o fewn penderfyniadau strategol.

Cyfrannodd **amrywiaeth o siaradwyr gwadd at sesiynau'r Fforwm trwy gydol y flwyddyn, gan roi mewnwelediad i bynciau a nodwyd gan aelodau**. Roedd y sesiynau hyn yn cynyddu ymwybyddiaeth o faterion allweddol, gwella mynediad at wybodaeth ac adnoddau perthnasol, a chefnogi dysgu a rennir. Dosbarthwyd yr holl ddeunyddiau ac adnoddau yn gyson i'r aelodau i annog ymgysylltu parhaus.

Cynhaliwyd gweithgarwch ymgysylltu wedi'i dargedu i ehangu ac arallgyfeirio aelodaeth, gan sicrhau cynrychiolaeth ehangach o bob rhan o Bowys. Mae hyn wedi cefnogi Fforwm mwy cynhwysol a chynrychioladol.

Gweithiodd y Fforwm mewn **partneriaeth â thîm Cymunedau am Waith a Mwy** i ddatblygu mapiau prosesau a chefnogi unigolion i ddeall a llywio eu teithiau personol yn well. Cyfrannodd y dull cydweithredol hwn at lwybrau cliriach a gwell mynediad at gymorth.

Ar y cyfan, dangosodd y Fforwm Byw'n Dda gynnydd cadarnhaol, gyda chyd-gynhyrchu cryfach, gwell ymgysylltiad, a ffocws clir ar feysydd blaenoriaeth. Darparodd y gwaith hwn sylfaen gadarn ar gyfer datblygiad yn y dyfodol. Nododd yr aelodau bynciau blaenoriaeth ar gyfer y flwyddyn i ddod, gan gynnwys ymgysylltu a chyd-gynhyrchu, a seibiant cynlluniedig a brys i ofalwyr.

Rhodddwyd ffocws ar edrych ar ffyrdd y gellir cynyddu aelodaeth y rhai sydd â phrofiad byw ymhellach. Rydym wedi cyd-gynhyrchu tudalen gwe sy'n ymroddedig i'r fforwm Byw'n Dda, sy'n rhannu'r hyn mae'r fforwm yn ei wneud a sut i gymryd rhan. Gallwch weld y dudalen we ar [wefan Dweud eich dweud Powys](#).

Fforwm Pobl Hŷn

Roedd cyfnod 2025–26 yn flwyddyn arwyddocaol i Fforwm Pobl Hŷn Powys a Chymdeithas Mudiadau Gwirfoddol Powys (PAVO). Wedi derbyn tasg gan Gyngor Sir Powys i gynnal gweithgareddau ymgysylltu a chefnogi cynrychiolwyr sy'n ddinasyddion, **llwyddodd y mentrau i gyrraedd 470 o drigolion hŷn mewn 21 o ddigwyddiadau ymgysylltu â'r gymuned**. Er gwaethaf seibiant dros dro mewn gweithgareddau i weithredu 'ailosod' fforwm

ac egluro'r cylch gorchwyl, llwyddodd yr ymgysylltiad i ymhelaethu ar leisiau trigolion hŷn ar draws 13 o ardaloedd, gan fwydo'n uniongyrchol i gyrff gwneud penderfyniadau strategol megis Partneriaeth Heneiddio'n Dda Bwrdd Partneriaeth Rhanbarthol Powys.

Trwy **sianeli cymunedol amrywiol** – yn amrywio o glybiau cinio i ddigwyddiadau amaethyddol – cododd **trigolion bum thema a phryder craidd yn gyson**. **Trafnidiaeth a seilwaith oedd y materion mwyaf critigol, gyda thrafnidiaeth gyhoeddus annibynadwy a chau toiledau cyhoeddus yn cyfyngu'n ddifrifol ar symudedd. Roedd trigolion hefyd yn wynebu eithrio digidol difrifol**, gan ddisgrifio apwyntiadau ar-lein yn unig fel "maes cymhleth dros ben", **ochr yn ochr â phwysau costau byw cynyddol ynghylch costau gwresogi a theithio**. Yn olaf, mynegodd cyfranogwyr **ddryswch ynglŷn â chefnogaeth gofalwyr a nodwyd gostyngiad mewn mynediad iechyd a meddygol**, gyda phrinder meddygon teulu a chau fferyllfeydd lleol yn arbennig o amlwg.

Uchafbwynt y flwyddyn oedd **digwyddiad ymgysylltu** ar y cyd proffil uchel **yn Sioe Frenhinol Cymru ar Orffennaf 21, 2025, ochr yn ochr â Chomisiynydd Pobl Hŷn Cymru**, Rhian Bowen-Davies. Roedd y llwyfan hwn yn caniatáu i drigolion Powys drafod heriau penodol heneiddio yng nghefn gwlad Cymru yn uniongyrchol gyda llunwyr polisi cenedlaethol. Er mwyn rhoi hwb i'r effaith strategol ymhellach, cynhwysodd Cymdeithas Mudiadau Gwirfoddol Powys (PAVO) adborth preswylwyr yng nghais Cyngor Sir Powys i Rwydwaith Dinasoedd a Chymunedau sy'n Gyfeillgar i Oedran Sefydliad Iechyd y Byd a chyfeiriwyd canfyddiadau iechyd-benodol yn gyson at Grŵp Llywio Profiad Cleifion Bwrdd Iechyd Addysgu Powys (PTHB).

Roedd astudiaeth achos bwysig yn ystod Chwarter 3 (yr hydref) yn enghraifft o effaith ymarferol yr ymgysylltu hwn yn dilyn cau **Fferyllfa Llanfyllin yn sydyn**. Gadawodd diffyg cyfathrebu cychwynnol gan y bwrdd iechyd breswylwyr bregus yn bryderus ynghylch parhad meddyginiaethau. Mewn ymateb, uwchgyfeiriodd y fforwm **y pryderon hyn, gan sbarduno ymyrraeth leol gyflym a arweiniodd at well cyfathrebu cyhoeddus, canllawiau wedi'u targedu, a defnyddio system blwch gollwng presgripsiynau dros dro yn y feddygfa leol**. Roedd yr ymateb cyflym hwn wedi llwyddo i gadw mynediad diogel, dibynadwy at feddyginiaeth i bobl hŷn â symudedd cyfyngedig, gan amlygu gwerth aruthrol ymgysylltu cymunedol cynnar a chynllunio wrth gefn gwledig.

Offer Digidol

Rydym wedi parhau i adeiladu ar gyfleoedd digidol o amgylch ymgysylltu.

Bu 62,162 o ymweliadau â safle Pencadlys Ymgysylltu Powys 'Dweud eich Dweud' gyda 10,119 o ymwelwyr yn cymryd rhan mewn gweithgareddau ymgysylltu.

Trwy lwyfan y Pencadlys Ymgysylltu, gall y bartneriaeth gyrchu'r offer ymgysylltu diweddaraf megis pleidleisiau cyflym, tanysgrifio cymdeithasol, a grwpiau ffocws ar-lein, i helpu i gipio ac adrodd ar farn pobl mewn ffordd amserol a pharhaus.

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Fforwm Gwerth Cymdeithasol

Mae Gwerth Cymdeithasol yn parhau i fod yn biler allweddol cefnogi pobl ym Mhowys i wella canlyniadau iechyd a lles, drwy ganolbwyntio ar atal a chymorth yn y gymuned.

Eleni mae llawer o gynnydd wedi'i wneud gan a thrwy Fforwm Gwerth Cymdeithasol Powys. Mae rhai effeithiau a amlygwyd yn cynnwys:

- Cyfarfu Grŵp Cydlynu'r Fforwm Gwerth Cymdeithasol ddwywaith yn ystod y flwyddyn, mynychodd 17 o'r 38 o fudiadau sy'n aelodau, gydag eraill yn pleidleisio ar-lein
- **Datblygwyd 16 o weithgareddau sy'n gysylltiedig â mentrau Gwerth Cymdeithasol**

Agorodd rownd ariannu 2025–2027 ar 24 Mawrth 2025 a daeth i ben ar 28 Ebrill 2025. Hyrwyddwyd y cyfle yn eang trwy wefan y rhaglen, sianeli cyfryngau cymdeithasol, a rhwydwaith y Fforwm Gwerth Cymdeithasol, gan ennyn diddordeb cryf o bob rhan o'r sector.

Derbyniwyd cyfanswm o 44 o geisiadau, gyda cheisiadau yn dod i gyfanswm o oddeutu £1.8 miliwn yn erbyn cronfa ariannol o £290,000 sydd ar gael. Trwy gydol y broses gwneud cais, cynigiwyd cefnogaeth wedi'i theilwra gan y Swyddog Cyllido. Roedd hyn yn cynnwys trafodaethau cynnar, adborth ar geisiadau drafft, a chanllawiau ar ofynion llywodraethu, gan helpu i adeiladu capasiti a chryfhau cyflwyniadau.

Agorodd rownd ariannu 2026-27 ym mis Hydref 2025. Derbyniwyd cyfanswm o 27 o geisiadau a chyfarfu'r panel ym mis Ionawr 2026 i'w hadolygu'n fanwl a **dyfarnwyd cyllid i saith prosiect ledled Powys, gan ddyrannu'r £130,000 llawn oedd ar gael.** Dechreuwyd cyflwyno'r prosiect ar 1 Mawrth 2026 a bydd yn rhedeg tan 31 Mawrth 2027, gan roi 13 mis o gyflawni.

Dechreuwyd ystod amrywiol o brosiectau cymunedol ar gyfer y cyfnod 2025-2027 a chafwyd effaith ystyrlon ar draws Powys, gan feithrin creadigrwydd, cysylltiad a lles ymhlith cyfranogwyr o bob oedran. Roedd y rhain yn cynnwys y canlynol:

- **Mae Cantorion Erwyd yn** cwrdd bob yn ail ddydd Mawrth, gan groesawu pawb i'w sesiynau canu cynhwysol sy'n cynnwys caneuon gwerin traddodiadol, rowndiau a harmonïau o bob cwr o'r byd. Mae cyfranogwyr yn adrodd am fanteision sylweddol i'w lles - disgrifiodd un mynychwr y sesiynau fel "achubwr bywyd," gan gynnig seibiant tra bod ei gŵr yn cael triniaeth canser. Rhannodd un arall, 88 oed, "Mae'n fy nghadw i'n hapus ac yn gwybod y diweddaraf. Rwy'n teimlo' fy mod wedi fy mywiogi ar ôl sesiwn canu."
- **Mae Sploj** yn parhau i ddarparu ymdeimlad cryf o gymuned a pherthyn i bobl ifanc. Myfyriodd un cyfranogwr dan 18 oed: "Rwy'n teimlo'n gysylltiedig â'm cymuned. Mae'n bendant wedi fy helpu i gwrdd â phobl newydd - mae wir yn teimlo fel cymuned sy'n croesawu pawb."

- Mae **Cymdeithas Gymunedol Aberhafesp - Defnyddiwch nhw neu fe gollwch nhw**- yn cynnal dosbarth ymarfer corff lleol diogel a chroesawgar y mae cyfranogwyr yn ei

werthfawrogi'n fawr fel amser i ganolbwyntio ar eu lles eu hunain. Mae llawer wedi mynegi gwerthfawrogiad, gydag un chyfranogwr yn dweud: "A allwn ni gael y dosbarth bob wythnos?" Cais sy'n cael ei ystyried y ar gyfer y dyfodol.

- Adroddodd **Cyswllt Celf** am gydweithrediad cryf rhwng hwyluswyr, a wellodd gynllunio a chyflwyno gweithgareddau creadigol. Roedd sesiynau sy'n cyfuno paentio, tynnu llun a chrefftau tecstilau yn hynod ddeniadol i bobl, gyda thema y glan môr yn annog dychymyg ac archwilio cyffyrddol. Er bod un sesiwn wedi profi presenoldeb is oherwydd ei lleoliad anghysbell, mae hyn wedi tynnu sylw at bwysigrwydd hygrychedd lleoliad ar gyfer cynllunio yn y dyfodol. Addaswyd gweithgareddau yn llwyddiannus i weddu i bob gallu, gan sicrhau cynhwysiant a chyfranogiad.
- Mae **Cultivate - Grwpiau Plant Green Shorts** wedi cael effaith gadarnhaol ar hwyluswyr a chyfranogwyr. Adroddodd staff am fwy o gymhelliant, gweithgarwch corfforol, ac ysbrydoliaeth o grefftau blaenllaw sy'n seiliedig ar natur. Mynegodd plant frwdfrydedd am ystod eang o weithgareddau gan gynnwys coginio, plannu ac adeiladu gwestai chwilod, gyda sylwadau megis: "Roeddwn i wrth fy modd yn plannu a siarad am wahanol blanhigion." A: "Dod o hyd i lyngyr a chwarae yn y gegin fwd." Roedd heriau cynnar yn cynnwys offer a chyfleusterau cegin cyfyngedig, a oedd yn effeithio ar lif gweithgareddau, ond roedd atebion creadigol yn annog gwaith tîm a chymorth gan gyfoedion. Mae'r sesiynau wedi helpu plant i fagu hyder, dysgu sgiliau newydd, a datblygu cysylltiadau cymdeithasol. Budd annisgwyl yw rhwydweithiau cymorth cyfoedion yn codi ymhlith teuluoedd, sydd bellach yn cysylltu y tu hwnt i'r sesiynau ffurfiol.
- Mae **Rekindle** wedi ymestyn cymorth iechyd meddwl hygrych i bobl ifanc yn y Trallwng a'r ardaloedd cyfagos, gan ddileu'r rhwystrau sy'n wynebu'r rhai a oedd angen teithio i'r Drenewydd yn flaenorol. Mae cynnwys chwaraeon a gemau awyr agored megis pêl-bicl, pêl-droed a thenis bwrdd wedi bod yn arbennig o fuddiol, gan helpu pobl ifanc i ymgysylltu'n haws a lleihau pryder cymdeithasol.
- Adroddodd **Ymddiriedolaeth Sidney Nolan** fod profiadau bwyd a rennir wedi gwella'r ymdeimlad o gynhesrwydd a chysylltiad o fewn sesiynau yn sylweddol. Roedd ehangu o luniaeth syml i brydau bwyd a rennir, megis cawl cennin a thatws cartref, wedi meithrin cwmniâeth a chryfhau cysylltiadau cymunedol.

Dechreuodd y saith prosiect arall yn 2026:

- **Dementia Matters in Powys (DMiP)** – yn treialu Seibiant+ DMiP, gan ddarparu cynorthwywyr personol hyfforddedig i ddarparu gofal personol i bobl sy'n byw gyda dementia yn Aberhonddu, gan ganiatáu i ofalwyr di-dâl fynychu apwyntiadau iechyd a lles hanfodol.
- **Galw'r Gyrrwr y Gelli Gandryll a'r Cylch** – yn cyflwyno Cynllun Ffrindiau Siopa, gan baru gwirfoddolwyr hyfforddedig gydag aelodau i ddarparu cymorth ymarferol wrth siopa ochr yn ochr â rhyngweithio cymdeithasol.
- **Hwb Cymunedol Taj Mahal Community Hub CIC** – sydd â Bws Cymunedol Hwb Dyfi, menter dan arweiniad gwirfoddolwyr sy'n darparu cludiant hygrych a fforddiadwy i drigolion ym Machynlleth ac ardal Bro Ddyfi.

- **Ymddiriedolaeth Bywyd Gwyllt Sir Drefaldwyn** – yn darparu Gwarcheidwaid Gwyllt, sy'n galluogi 84 o blant ac oedolion ifanc yng ngogledd Powys i gyrchu profiadau bywyd gwyllt drwy gludiant â chymorth am ddim.
- **Y Walsh Connection** – Hwb rhedeg Dynion Llanddewi, grŵp wythnosol i ddynion wyneb yn wyneb gyda gweithgareddau dan arweiniad cyfranogwyr sy'n lleihau ynysu ac yn gwella lles.
- **Ymddiriedolaeth Neuadd Les a Chymuned y Glowyr Ystradgynlais Cyfyngedig** – yn cyflwyno EICH Lles / YOUR Welfare, rhaglen gelfyddydol sy'n cefnogi iechyd meddwl, lles a chynhwysiant cymdeithasol pobl ifanc 11–18 oed.
- **Hafan Gymunedol y Trallwng** – yn cyflwyno Llwybr Llywio i Ofalwyr a Diagnosis, gwasanaeth atgyfeirio newydd gan feddygon teulu a'r ysbyty sy'n cynnig cymorth ymarferol cynnar i bobl sy'n dod yn ofalwyr neu'n derbyn diagnosis newydd.

Ar draws yr holl brosiectau, cyfrannodd 145 o wirfoddolwyr 2,273 awr o'u hamser, sy'n cyfateb i **werth o £30,003** (yn seiliedig ar werth gwirfoddoli cyfartalog Llywodraeth Cymru o £13.20 yr awr).

Uchafbwyntiau

- **Adroddodd 81% eu bod yn teimlo'n llai ynysig**
- **Mae 94% yn cynnal neu'n gwella eu hiechyd a'u lles emosiynol**
- Mae 78% yn teimlo eu bod yn dylanwadu ar benderfyniadau sy'n effeithio arnynt
- Mae 98.5% yn cynnal neu'n gwella eu hannibyniaeth
- Mae 73% yn teimlo'n fwy hyderus wrth gyrchu gwasanaethau ychwanegol yn dilyn cymorth gan brosiect
- **Adroddodd 46.5% nad oedd angen iddynt gynyddu lefel eu cefnogaeth**

Mae'r prosiectau hyn gyda'i gilydd yn dangos sut y gall gweithgareddau creadigol, cymdeithasol a lles leihau ynysu, gwella iechyd meddwl, a chryfhau cymunedau ledled Powys

Fel rhan o fonitro a chefnogaeth barhaus, ymgwymerodd y Swyddog Cyllido ag ymweliadau ag wyth o'r naw prosiect a ariennir gan y Fforwm Gwerth Cymdeithasol yn ystod y flwyddyn, gyda'r ymweliad sy'n weddill wedi'i drefnu. Bydd y prosiectau sydd newydd eu sefydlu yn cael ymweliad yn ddiweddarach yn y flwyddyn unwaith y bydd y prosiectau ar y gweill. Rhoddodd yr ymweliadau hyn fewnwelediad gwerthfawr i ehangder ac effaith gweithgarwch sy'n digwydd ledled Powys. Roedd ymgysylltu â dinasgyddion, gwirfoddolwyr a staff yn tynnu sylw at y gwahaniaeth cadarnhaol yr oedd y prosiectau hyn eisoes yn ei wneud yn eu cymunedau.

Arsylwyd ystod eang o weithgareddau, gan gynnwys sesiynau ymarfer corff ar gadeiriau, gweithdai creadigol, gweithgareddau coginio a grwpiau cymdeithasol. Gyda'i gilydd, cyfrannodd y prosiectau hyn at raglen gymorth amrywiol a chynhwysol, gan helpu i wella lles, lleihau ynysu, a chryfhau cysylltiadau cymunedol ledled y sir.

SUT Y DARPARWYD ADNODDAU AR GYFER Y GWAITH HWN

Mae'r Bwrdd yn defnyddio ei ddyraniadau o gronfeydd refeniw a chyfalaf Llywodraeth Cymru fel adnodd allweddol. Daw'r gyfran fwyaf o'r cyllid refeniw o'r Gronfa Integreiddio Rhanbarthol (RIF). Cyrchir y Gronfa Tai gyda Gofal (HCF) hefyd i ddarparu adnoddau i waith cyfalaf y Bwrdd.

Mae penderfyniadau ynghylch y defnydd o gyllid yn cael eu gwneud ar y cyd gan aelodau'r Bwrdd. Mae cynigion ar gyfer sut mae'n cael ei ddefnyddio yn cael eu cyflwyno gan bartneriaethau'r Bwrdd (Dechrau'n Dda, Byw'n Dda, Heneiddio'n dda) sy'n cynnwys mewnbwn rhanddeiliaid eraill a chynrychiolwyr dinasyddion/gofalwyr.

Mae gwariant yn cael ei fonitro'n agos i sicrhau rheolaeth ariannol dda o'r cyllid ac i wneud y mwyaf o'r manteision ohono. Mae arian ychwanegol hefyd wedi'i ymrwymo ar gyfer rhai prosiectau ac mae cyfraniadau sylweddol o amser ac adnoddau staff yn parhau.

Dyrannwyd oddeutu £7.6 miliwn mewn cyllid refeniw a £2.5 miliwn mewn cyllid cyfalaf i Fwrdd Partneriaeth Rhanbarthol Powys yn 2025-26. Sicrhaodd y Bwrdd Partneriaeth Rhanbarthol (RPB) hefyd fuddsoddiad cyfalaf ychwanegol yn ystod y flwyddyn i gefnogi'r gwaith o ddatblygu hybiau iechyd a gofal integredig ym Mhowys. Wrth i'r Bwrdd Partneriaeth Rhanbarthol (RPB) barhau i ddatblygu, bydd yn parhau i chwilio am gyfleoedd i gyrchu cyllid arall i wneud y mwyaf o gyrhaeddiad ac effaith ei waith.

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EDRYCH I'R DYFODOL a CHYNLLUN CYFLAWNI BLYNYDDOL

Mae Bwrdd Partneriaeth Rhanbarthol Powys yn parhau i fod yn ymrwymedig i weithio i wella canlyniadau iechyd a lles i bobl ledled Powys. Mae'r flwyddyn ddiwethaf wedi dangos gwerth cydweithio, ac **mae ein ffocws yn parhau i fod ar gryfhau a dyfnhau ein partneriaethau, ymgorffori arloesi, a sicrhau bod pobl yn parhau i fod wrth wraidd popeth a wnawn.**

Ein Ffocws Strategol ar gyfer y Flwyddyn i Ddod

Bydd gwaith y Bwrdd Partneriaeth Rhanbarthol yn parhau i gael ei lywio gan ein **Cynllun Ardal ar y Cyd (2023–2027)**, gyda **Chynllun Cyflawni Blynnyddol** clir ac wedi'i dargedu **ar gyfer 2026–27**. Mae'r cynllun hwn yn nodi'r camau penodol y byddwn yn eu cymryd i gyflawni newid gwirioneddol, gyda phwyslais cryf ar atal, llais dinasyddion; gweithio mewn partneriaeth ac integreiddio; arloesi a dysgu; a chynaliadwyedd arfer da.

Cynllun Cyflawni

Gan adeiladu ar y cynnydd a gyflawnwyd yn ystod 2025–2026, mae'r Bwrdd Partneriaeth Rhanbarthol (RPB) wedi datblygu Cynllun Cyflawni ac Adnoddau ar gyfer 2026–2027 sy'n nodi dull clir â ffocws o gyflawni canlyniadau gwell i bobl Powys.

Mae'r cynllun yn adlewyrchu set wedi'i mireinio o flaenoriaethau strategol, wedi'u cynllunio i ganolbwyntio ymdrech ar y cyd ar y meysydd mwyaf eu hanghenion a phwysau system. Mae'r rhain yn cynnwys cefnogi plant a phobl ifanc, cryfhau'r newid tuag at atal ac ymyrraeth gynnar, galluogi pobl i aros yn annibynnol ac yn agosach at gartref, a pharhau i ddatblygu ffyrdd mwy integredig, system gyfan o weithio.

Ffocws allweddol ar gyfer y flwyddyn i ddod yw datblygu modelau cymunedol o iechyd a gofal cymdeithasol, gyda phartneriaid yn gweithio ar y cyd i ddarparu cymorth yn agosach at gartref a lleihau dibyniaeth ar wasanaethau mwy dwys. Mae hyn yn cynnwys cryfhau cymorth cynnar i deuluoedd, ehangu gwasanaethau ataliol i oedolion a phobl hŷn, a datblygu llwybrau gofal mwy cydgysylltiedig ar draws iechyd, gofal cymdeithasol, tai, a'r trydydd sector.

Trwy gydol y flwyddyn i ddod, bydd cyflawni yn cael ei gefnogi trwy sawl maes ffocws allweddol:

- **Atal ac ymyrraeth gynnar**
Newid parhaus tuag at atal, cymorth cynnar, a chymorth cymunedol, gan alluogi unigolion a theuluoedd i gynnal lles ac annibyniaeth am gyfnod hirach.

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- **Modelau gofal integredig, seiliedig ar le**
Cryfhau cydweithredu ar draws iechyd, gofal cymdeithasol, tai, a'r trydydd sector, gyda ffocws ar wasanaethau cyfunol, llwybrau gwell, a chymorth a ddarperir yn agosach at y cartref.
- **Plant, teuluoedd a thrawsnewidiadau**
Datblygiad parhaus o gymorth cynnar integredig, iechyd emosiynol, a chefnogaeth i blant a phobl ifanc, gan gynnwys y rhai ag anghenion cymhleth, ochr yn ochr â llwybrau pontio gwell i fod yn oedolion.
- **Lles ac annibyniaeth gymunedol**
Ehangu cefnogaeth i bobl hŷn ac oedolion ag anghenion cymhleth i fyw'n annibynnol, gan gynnwys gofal yn y cartref, datrysiadau llety, a gofal wedi'i alluogi gan dechnoleg.
- **Cyd-gynhyrchu a llais dinasyddion**
Ymgorffori cyd-gynhyrchu parhaus ar draws pob partneriaeth, gan sicrhau bod profiad byw yn llywio cynllunio, darpariaeth a gwneud penderfyniadau, gyda chefnogaeth fforymau ymgysylltu ac offer datblygu sefydledig.
- **Galluogwyr y gweithlu a systemau**
Buddsoddi mewn datblygu'r gweithlu, dulliau digidol, ac effeithiolrwydd partneriaeth i gefnogi darpariaeth gynaliadwy ac ymgorffori ffyrdd newydd o weithio.
- **Dysgu, gwerthuso a gwella**
Cryfhau'r defnydd o ddata, gwerthuso ac adborth i ddangos effaith, cefnogi dysgu, a llywio datblygiad gwasanaethau a dyrannu adnoddau yn y dyfodol.

Mae'r Cynllun Cyflawni ac Adnoddau hefyd yn adlewyrchu pwysigrwydd hyblygrwydd a gwelliant parhaus, gan sicrhau bod cyflawni yn esblygu mewn ymateb i ddysgu, anghenion sy'n dod i'r amlwg, a chyfleoedd ar lefel leol a chenedlaethol.

Yng nghyd-destun amgylchedd ariannol a pholisi sy'n newid, mae **ffocws parhaus ar gynaliadwyedd ac effaith hirdymor**, gyda phartneriaid yn gweithio ar y cyd i:

- wneud y mwyaf o werth yr adnoddau sydd ar gael,
- ymgorffori a dulliau llwyddiannus prif lif, a
- chefnogi pontio effeithiol o gyllid cyfyngedig mewn amser lle bo hynny'n briodol.

Ar y cyfan, mae'r cynllun yn dangos ymrwymiad cryf ar y cyd i **gyflawni newid system uchelgeisiol ond realistig**, wedi'i ategu gan weithio mewn partneriaeth, cyd-gynhyrchu, a ffocws a rennir ar wella canlyniadau i boblogaeth Powys.

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I gael gwybodaeth bellach, cysylltwch â Thîm Partneriaeth Rhanbarthol Powys

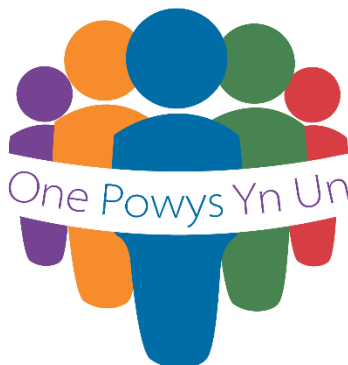
prpb@powys.gov.uk | www.powysrpb.org

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Powys Regional Partnership Board (RPB)

Bwrdd Partneriaeth
Ranbarthol Powys

Iechyd a Gofal
Cymdeithasol



Powys Regional
Partnership Board

Health and
Social Care

Easy Read Annual Report

2025–26

About this report

This report explains, in simple language, what the Powys Regional Partnership Board (RPB) did between April 2025 and March 2026.

The RPB **brings together**:

-  **Powys County Council**
-  **Powys Teaching Health Board**
-  Voluntary and community organisations
-  Care providers
-  Citizens and unpaid carers
-  Other key partners who support people's health and wellbeing

The RPB works to **improve health, care and wellbeing services across Powys**.

What is the RPB trying to achieve?

The RPB wants people in Powys to:

-  **Stay healthy** and independent for longer
-  **Get help early** before problems become bigger
-  Receive care **closer to home**
-  Have a **voice in decisions** that affect them
-  Access **joined-up services** that work together

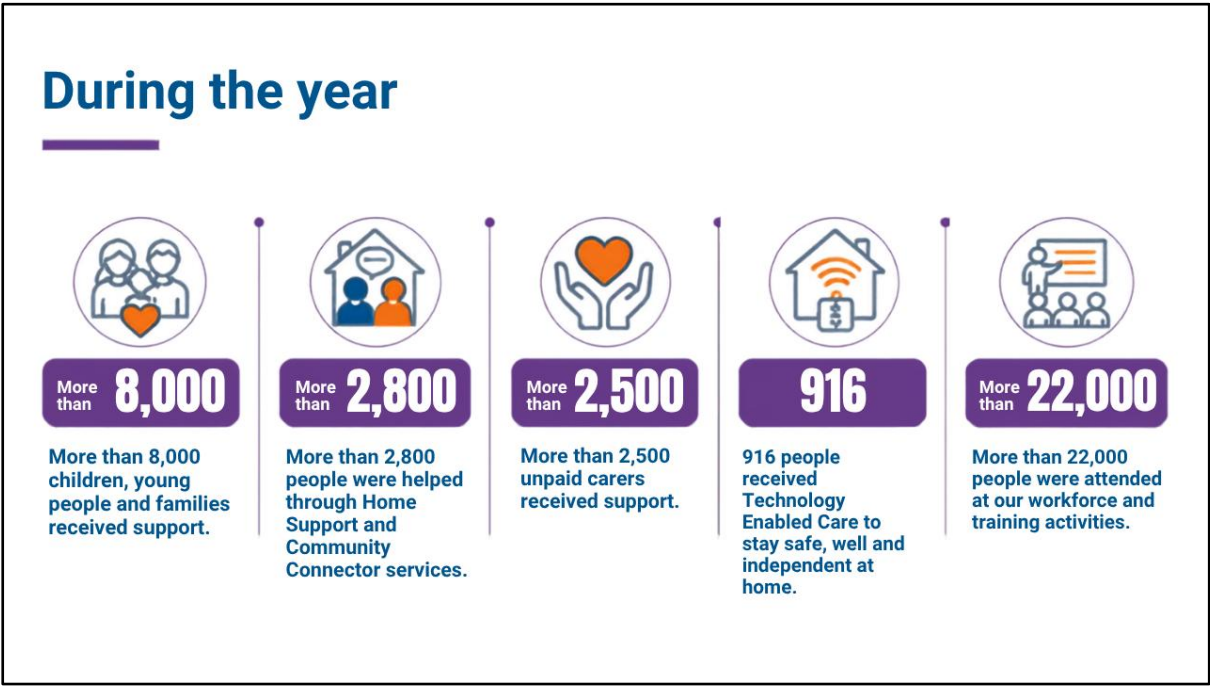
The RPB's work is guided by the Health and Care Strategy called '**A Healthy Caring Powys**'.

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Main achievements in 2025–26

During the year:

- More than **8,000 children, young people and families** received support.
- More than **2,800 people** were helped through Home Support and Community Connector services.
- More than **2,500 unpaid carers** received support.
- 916 people** received Technology Enabled Care to help them stay safe and independent at home.
- More than **22,000 people** were reached through workforce and training activities.



The RPB continued to **focus on**:

- Prevention**
- Early help**
- Community support**
- Partnership working**
- Listening to people**

Start Well (supporting children, young people and families)

The Start Well Partnership helps children, young people and families get support as early as possible.

What happened?

Early Help and Emotional Wellbeing

 **8,098 children, young people and family members** were supported.

 **2,233 people** used services for the first time.

 **1,836 people** received emotional wellbeing support.

 **90% said** they felt less isolated, more confident or had better wellbeing.

Powys Together

Powys Together provides free activities and events.

During the year:

 More than **6,000 children, young people and families** took part.

 **227 activities** were delivered.

 **81% of people** returned to activities.

Neurodevelopmental Support

This support helps children and families affected by conditions such as autism and ADHD.

Achievements included:

 More than **600 assessments** completed.

☒ Better referral systems.

☒ More support for parents.

☒ Improved waiting list management.

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Edge of Care Service

This service helps children remain safely with their families where possible.

During the year:

👤 **563 children** were supported.

☑ **99% of referrals** were accepted.

♥ Many families received intensive support to avoid children entering care.

Live Well (supporting adults to stay health and independent)

The Live Well Partnership focuses on adults and working-age people.

What happened?

Technology Enabled Care

Technology can help people stay safe at home.

Examples include:

📞 Personal alarms

📶 Sensors

📺 Monitoring systems

During the year:

👤 **916 people** received support.

👤 More than **950 people** were using monitored technology by year end.

Benefits included:

☑ Greater independence

☑ Earlier help

☑ Reduced need for more intensive services

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Prevention Assessment Service

This new service helps identify risks in people's homes.

Support included:

-  **Home safety** checks
-  Assistive **technology**
-  **Advice** and information

During the first three months:

-  **80 people** were supported.
-  All were new referrals.
-  Visits were completed within target times.

People said they valued the practical support they received.

Complex Care

Work began on a new plan to improve support for people with complex disabilities and health needs.

The aim is to:

-  Keep people **closer to home**
-  Improve **joined-up support**
-  Reduce the need for out-of-area placements
-  Develop **better supported living options**

Mental Health Support

Perinatal Mental Health Service

This service supports people during pregnancy and after having a baby.

During the year:

-  **404 people** received support.
-  **114 people** were new service users.

People gave very positive feedback and said the service made a big difference to their wellbeing.

Age Well (supporting older people)

The Age Well Partnership helps older people remain independent for as long as possible.

What happened?

Home Support Service

This service helps people stay safely at home.

Support includes:

- 🗨 Wellbeing checks
- 🚑 Emergency responses
- 🛠 Practical assistance

During the year:

- 👥 **657 people** were supported.
- 👥 **135 people** received intensive support.
- 🗨 **571 intensive interventions** were delivered.

Feedback was very positive.

Many people said the service helped them stay independent.



PICTURE: Roy and Pam from Norton with Senior Support Worker Sharon Owen of East Radnorshire Care.

Community Connector Service

Community Connectors help people find local support and services.

During the year:

 **2,228 people** were supported.

 **1,289 people** used the service for the first time.

 More than **6,700 contacts** were made.

The service helped:

- ☒ Reduce loneliness
- ☒ Improve wellbeing
- ☒ Increase independence
- ☒ Prevent problems from becoming worse

Befriending Service

The Befriending Service supports people aged 50 and over who may feel lonely or isolated.

During the year:

 **236 people** received support.

 **283 wellbeing calls** were made.

 Volunteers helped people feel more connected to their communities.

Hospital and Community Care

Partners worked together to improve care closer to home.

Results

 More than **2,400 people** were supported to remain at home.

 **1,522 people** received support through community hospitals and virtual wards.

 Virtual wards helped people receive hospital-level care at home.

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Extra Care Housing

Progress continued on new housing developments for older people.

Projects included:

- 📌 Neuadd Maldwyn, **Welshpool**
- 📌 Pont Aur, **Ystradgynlais**
- 📌 A new development in **Brecon**

These schemes help people remain independent while having access to care when needed.



PICTURE: Neuadd Maldwyn resident Jenny in her living room.

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Dementia Support

Partners continued to improve dementia services.

Key achievements included:

- ✓ Improved **diagnosis rates**.
- 🏠 Home-based **assessments**.
- 🗣️ Dementia Navigators **supporting people after diagnosis**.
- 📖 Better dementia **training** for staff.
- 🏥 More dementia-friendly **hospital environments**.

Supporting Unpaid Carers

Unpaid carers make an important contribution across Powys.

The carers service was delivered by CREDU.

What happened?

- 👥 More than **2,500 carers** received support.
- 🗣️ Carers were involved in helping shape services.
- 🗣️ New support groups and forums were developed.
- 🏠 Work continued on a new respite service.

Online Engagement

CREDU's:

- 📱 Social media reached over **176,000 views**.
- 📱 Website had more than **2,200 visitors**.

Carers reported:

- ✓ Less stress
- ✓ Better wellbeing
- ✓ Feeling more supported

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Welsh Language

The Welsh Language Group, **GOFAL** was re-established.

Its role is to:

 **Promote** Welsh language services.

 **Improve** access to care in Welsh.

 **Support** workforce development.

 **Share** good practice across organisations.

This work helps ensure Welsh speakers can receive services in their preferred language.

Improving the Cancer Journey

This programme supports people living with cancer.

During the year:

 Referrals **increased by 25%**.

 More than **140 referrals** were made to specialist services.

 People were signposted to over **100 community and voluntary organisations**.

 More than **7,500 information materials** were distributed.

The programme helps people access emotional, practical and wellbeing support.

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Innovation and Improvement

The Regional Innovation Coordination Hub supports new ideas and improvements.

Highlights included:

 **Funding** innovative projects.

 **Sharing** good practice.

 **Introducing** an electronic consent system for school vaccinations.

The new digital system:

- ☒ Makes it easier for parents and carers.
- ☒ Reduces paperwork.
- ☒ Improves efficiency.

North Powys Wellbeing Programme

Work continued on plans for a new Health and Wellbeing Hub in Newtown.

The hub will bring services together in one place.

Planned services include:

- ☒ **Dental** services
- ☒ **Community** healthcare
- ☒ **Adult** social care
- ☒ **Mental health** services
- ☒ **Children's** services
- ☒ **Library** services
- ☒ Education and **training**

During the year:

-  Welsh Government approved the **Outline Business Case**.
-  Work began on **plans for the next stage**.

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Workforce Futures

The Workforce Futures Programme supports health and care staff.

Achievements included:

-  **4,826 learners** took part in careers activities.
-  **1,152 Welsh-medium learners** participated.
-  New volunteering opportunities were created.
-  Leadership and workforce wellbeing programmes continued.

The aim is to develop a strong future workforce for Powys.

Listening to People

The RPB believes it is important to listen to local people.

Citizen and carer representatives sit on the Board and help make decisions.

Key achievements

Engagement and Insight Network

Partners worked together to improve public engagement and co-production.

Llais

Llais gathered views from nearly **1,300 people**.

People talked about:

-  Difficulty **accessing healthcare**
-  Long **waiting times**
-  **Rural transport** problems
-  Challenges for **unpaid carers**

Llais used this feedback to influence improvements and future planning.

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Junior Start Well Board

Young people helped:

- 👤 **Develop** work on trusted adults.
- 🔊 **Lead** anti-bullying campaigns.
- 💬 **Influence** services for children and young people.



PICTURE: Senior Powys leaders supporting the Junior Start Well Board's Odd Socks Day campaign to raise awareness of bullying, promote kindness and inclusion in schools, and encourage young people to speak out and get help.

Live Well Forum

Members helped to:

-  Talk about transport, housing and local support.
-  Share their experiences to help improve services.
-  Create a survey to help plan future services.
-  Welcome new members and encourage people to get involved.

Main priorities identified were:

-  Engagement and co-production.
-  Support for carers.
-  Planned and emergency respite for carers.

Older People's Forum

The forum engaged with:

 **470 older people**

 Across **21 events**

Main issues raised were:

-  Transport
-  Digital exclusion
-  Cost of living pressures
-  Access to health services
-  Support for carers

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Social Value Fund

The Social Value Fund supports community projects.

During the year:

 **44 applications** were received in one funding round.

 **Seven projects** received funding in the next round.

 **145 volunteers** contributed 2,273 hours.

People involved reported:

☒ **Less** isolation **(81%)**

☒ **Better** emotional wellbeing **(94%)**

☒ **Greater** independence **(98.5%)**

Projects included:

 Singing groups

 Youth activities

 Nature projects

 Arts programmes

 Mental health support

 Community transport schemes

Money and Resources

The RPB received:

 **£7.6 million revenue funding**

 **£2.5 million capital funding**

This funding helped support projects, staff, services and future developments across Powys.

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Looking Ahead to 2026–27

The RPB will continue to focus on:

-  **Prevention and early help**
(Helping people sooner to stop problems getting worse.)
-  **Care closer to home**
(Providing more support in communities.)
-  **Children and families**
(Improving emotional health, wellbeing and early help.)
-  **Independence**
(Helping adults and older people remain independent.)
-  **Co-production**
(Working with citizens and carers to shape services.)
-  **Workforce development**
(Supporting staff skills, wellbeing and leadership.)
-  **Learning and improvement**
(Using evidence and feedback to improve services.)

In Summary

The Powys Regional Partnership Board has continued to strengthen partnership working across Powys.

During 2025–26 the Board:

-  **Supported** thousands of people of all ages.
-  **Expanded** preventative services.
-  **Improved** support for carers, older people and families.
-  **Increased** community-based care.
-  **Invested** in innovation and future workforce development.
-  **Continued to listen** to citizens and involve them in decision-making.

The RPB remains committed to helping people in Powys live healthy, independent and fulfilling lives.

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Bwrdd Partneriaeth Rhanbarthol **Powys** (RPB)

Bwrdd Partneriaeth
Ranbarthol Powys

Iechyd a Gofal
Cymdeithasol



Powys Regional
Partnership Board

Health and
Social Care

Adroddiad Blynyddol Hawdd ei Ddarllen

2025–26

Ynglŷn â'r adroddiad hwn

Mae'r adroddiad hwn yn esbonio, mewn iaith syml, yr hyn a wnaeth Bwrdd Partneriaeth Rhanbarthol Powys (RPB) rhwng Ebrill 2025 a Mawrth 2026.

Mae'r Bwrdd Partneriaeth Rhanbarthol (RPB) **yn dod â'r canlynol at ei gilydd:**

👤 **Cyngor Sir Powys**

👤 **Bwrdd Iechyd Addysgu Powys**

👤 Mudiadau gwirfoddol a chymunedol

👤 Darparwyr gofal

👤 Dinasyddion a gofalwyr di-dâl

👤 Partneriaid allweddol eraill sy'n cefnogi iechyd a lles pobl

Mae'r Bwrdd Partneriaeth Rhanbarthol (RPB) yn gweithio i **wella gwasanaethau iechyd, gofal a lles ledled Powys.**

Beth mae'r Bwrdd Partneriaeth Rhanbarthol (RPB) yn ceisio ei gyflawni?

Mae'r Bwrdd Partneriaeth Rhanbarthol (RPB) eisiau i bobl ym Mhowys:

🌐 **Aros yn iach** ac yn annibynnol am gyfnod hirach

🕒 **Cael help yn gynnar** cyn i broblemau gynyddu

🏠 **Derbyn gofal yn agosach at gartref**

🗣️ **Cael llais mewn penderfyniadau** sy'n effeithio arnynt

🔗 **Cyrchu gwasanaethau cydgysylltiedig** sy'n gweithio gyda'i gilydd

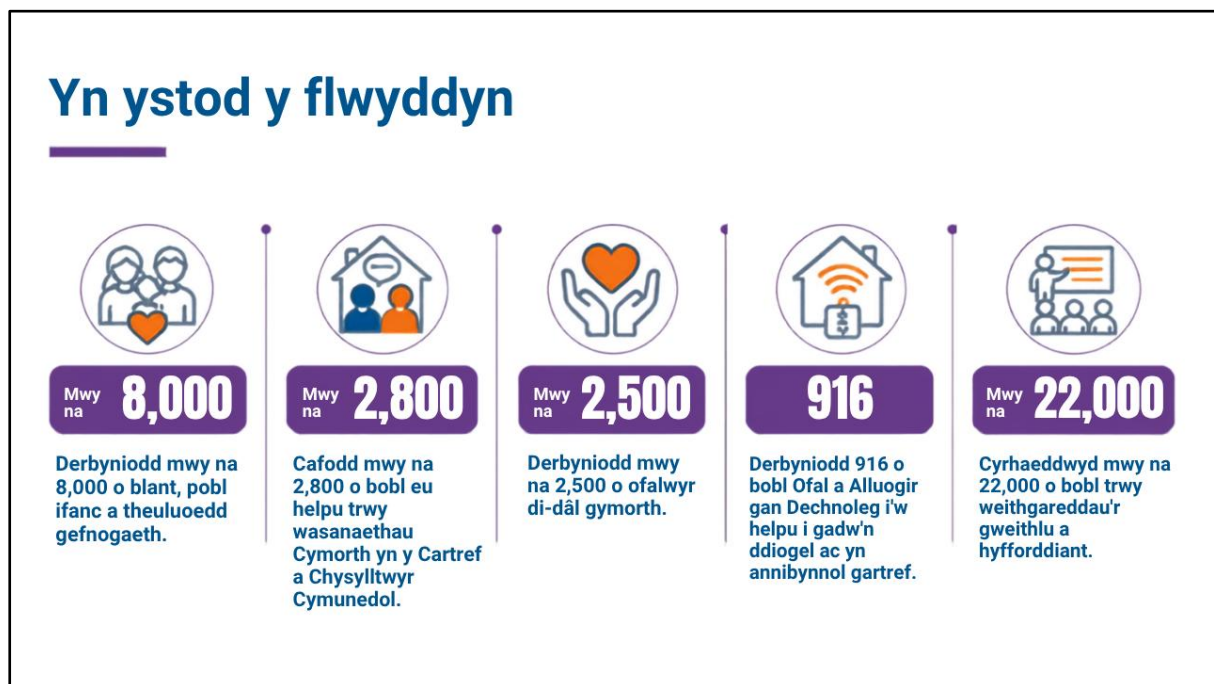
Mae gwaith y Bwrdd Partneriaeth Rhanbarthol (RPB) yn cael ei lywio gan y Strategaeth Iechyd a Gofal a elwir **'Powys Iach a Gofalgar'**.

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Prif gyflawniadau yn 2025–26

Yn ystod y flwyddyn:

- Derbyniodd mwy na **8,000 o blant, pobl ifanc a theuluoedd** gefnogaeth.
- Cafodd mwy na **2,800 o bobl** eu helpu trwy wasanaethau Cymorth yn y Cartref a Chysylltwyr Cymunedol.
- Derbyniodd mwy na **2,500 o ofalwyr di-dâl** gymorth.
- Derbyniodd **916 o bobl** Ofal a Alluogir gan Dechnoleg i'w helpu i gadw'n ddiogel ac yn annibynnol gartref.
- Cyrhaeddwyd mwy na **22,000 o bobl** trwy weithgareddau'r gweithlu a hyfforddiant.



Parhaodd y Bwrdd Partneriaeth Rhanbarthol (RPB) i **ganolbwyntio ar:**

- Atal**
- Cymorth** cynnar
- Cymorth **cymunedol**
- Gweithio mewn **partneriaeth**
- Gwrando** ar bobl

Dechrau'n Dda (yn cefnogi plant, pobl ifanc a theuluoedd)

Mae'r Bartneriaeth Dechrau'n Dda yn helpu plant, pobl ifanc a theuluoedd i gael cymorth cyn gynted â phosibl.

Beth ddigwyddodd?

Cymorth Cynnar a Lles Emosiynol

- 👤 Cefnogwyd **8,098 o blant, pobl ifanc ac aelodau o'r teulu.**
- 👤 Defnyddiodd **2,233 o bobl** wasanaethau am y tro cyntaf.
- 👤 Derbyniodd **1,836 o bobl** gymorth lles emosiynol.
- ❤️ **Dywedodd 90%** eu bod yn teimlo'n llai ynysig, yn fwy hyderus neu â gwell lles.

Powys Ynghyd

Mae Powys Ynghyd yn darparu gweithgareddau a digwyddiadau am ddim.

Yn ystod y flwyddyn:

- 👤 Cymerodd mwy na **6,000 o blant, pobl ifanc a theuluoedd** ran.
- 🚲 Cyflwynwyd **227 o weithgareddau.**
- ↔️ Dychwelodd **81% o bobl** i weithgareddau.

Cymorth Niwroddatblygiadol

Mae'r gefnogaeth hon yn helpu plant a theuluoedd yr effeithir arnynt gan gyflyrau megis awtistiaeth ac ADHD.

Roedd y cyflawniadau'n cynnwys:

- 📝 Mwy na **600 o asesiadau** wedi'u cwblhau.
- ☑️ Gwell systemau atgyfeirio.
- ☑️ Mwy o gefnogaeth i rieni.
- ☑️ Rheolaeth well ar restr aros.

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Gwasanaeth Trothwy Gofal

Mae'r gwasanaeth hwn yn helpu plant i aros yn ddiogel gyda'u teuluoedd lle bo'n bosibl.

Yn ystod y flwyddyn:

👤 Cefnogwyd **563 o blant**.

☑ Derbyniwyd **99% o atgyfeiriadau**.

♥ Derbyniodd llawer o deuluoedd gefnogaeth ddwys i osgoi plant yn mynd i ofal.

Byw'n Dda (yn cefnogi oedolion i aros yn iach ac yn annibynnol)

Mae'r Bartneriaeth Byw'n Dda yn canolbwyntio ar oedolion a phobl o oedran gweithio.

Beth ddigwyddodd?

Gofal a Alluogwyd gan Dechnoleg

Gall technoleg helpu pobl i gadw'n ddiogel gartref.

Mae enghreifftiau'n cynnwys:

☎ Larymau personol

🖱 Synwryddion

🖥 Systemau monitro

Yn ystod y flwyddyn:

👤 Derbyniodd **916 o bobl** gefnogaeth.

👤 Roedd mwy na **950 o bobl** yn defnyddio technoleg wedi'i fonitro erbyn diwedd y flwyddyn.

Roedd y buddion yn cynnwys:

☑ Mwy o annibyniaeth

☑ Cymorth cynharach

☑ Llai o angen am wasanaethau mwy dwys

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Gwasanaeth Asesu Atal

Mae'r gwasanaeth newydd hwn yn helpu i nodi risgiau yng nghartrefi pobl.

Roedd y gefnogaeth yn cynnwys:

 Gwiriadau **diogelwch yn y cartref**

 **Technoleg** gynorthwyol

 **Cyngor** a gwybodaeth

Yn ystod y tri mis cyntaf:

 Cefnogwyd **80 o bobl**.

 Roedd pob un yn atgyfeiriad newydd.

 Cwblhawyd ymweliadau o fewn amseroedd targed.

Dywedodd pobl eu bod yn gwerthfawrogi'r gefnogaeth ymarferol a gawsant.

Gofal Cymhleth

Dechreuodd gwaith ar gynllun newydd i wella cymorth i bobl ag anableddau cymhleth ac anghenion iechyd.

Y nod yw:

 Cadw pobl **yn agosach at gartref**

 Gwellu **cefnogaeth gydgysylltiedig**

 Lleihau'r angen am leoliadau y tu allan i'r ardal

 Datblygu **opsiynau byw â chymorth gwell**

Cymorth Iechyd Meddwl

Gwasanaeth Iechyd Meddwl Amenedigol

Mae'r gwasanaeth hwn yn cefnogi pobl yn ystod beichiogrwydd ac ar ôl cael babi.

Yn ystod y flwyddyn:

 Derbyniodd **404 o bobl** gefnogaeth.

 Roedd **114 o bobl** yn ddefnyddwyr gwasanaeth newydd.

Rhoddodd pobl adborth cadarnhaol iawn a dywedasant fod y gwasanaeth wedi gwneud gwahaniaeth mawr i'w lles.

Heneiddio'n Dda (yn cefnogi pobl hŷn)

Mae'r Bartneriaeth Heneiddio'n Dda yn helpu pobl hŷn i aros yn annibynnol cyn hired â phosibl.

Beth ddigwyddodd?

Gwasanaeth Cymorth yn y Cartref

Mae'r gwasanaeth hwn yn helpu pobl i aros yn ddiogel gartref.

Mae'r gefnogaeth yn cynnwys:

- 🗨️ Gwiriadau lles
- 🚗 Ymatebion brys
- 🚗 Cymorth ymarferol

Yn ystod y flwyddyn:

- 👥 Cefnogwyd **657 o bobl**.
- 👥 Derbyniodd **135 o bobl** gefnogaeth ddwys.
- 🗨️ Cyflwynwyd **571 o ymyriadau dwys**.

Roedd yr adborth yn gadarnhaol iawn.

Dywedodd llawer o bobl fod y gwasanaeth wedi eu helpu i aros yn annibynnol.



LLUN: Roy a Pam o Norton gyda'r Uwch Weithiwr Cymorth Sharon Owen o Ofan Dwyrain Sir Faesyfed.

Gwasanaeth Cysylltwyr Cymunedol

Mae Cysylltwyr Cymunedol yn helpu pobl i ddod o hyd i gymorth a gwasanaethau lleol.

Yn ystod y flwyddyn:

 Cefnogwyd **2,228 o bobl**.

 Defnyddiodd **1,289 o bobl** y gwasanaeth am y tro cyntaf.

 Gwnaed mwy na **6,700 o gysylltiadau**.

Helpodd y gwasanaeth i:

- ☒ Leihau unigrwydd
- ☒ Gwellu lles
- ☒ Cynyddu annibyniaeth
- ☒ Atal problemau rhag gwaethygu

Gwasanaeth Cyfeillio

Mae'r Gwasanaeth Cyfeillio yn cefnogi pobl 50 oed a hŷn a allai deimlo'n unig neu'n ynysig.

Yn ystod y flwyddyn:

 Derbyniodd **236 o bobl** gefnogaeth.

 Gwnaed **283 o alwadau lles**.

 Helpodd gwirfoddolwyr bobl i deimlo'n fwy cysylltiedig â'u cymunedau.

Gofal Ysbyty a Chymunedol

Gweithiodd partneriaid gyda'i gilydd i wella gofal yn agosach at gartref.

Canlyniadau

 Cefnogwyd mwy na **2,400 o bobl** i aros gartref.

 Derbyniodd **1,522 o bobl** gefnogaeth trwy ysbytai cymunedol a wardiau rhithwir.

 Roedd wardiau rhithwir yn helpu pobl i dderbyn gofal ar lefel ysbyty gartref.

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Tai Gofal Ychwanegol

Parhaodd cynnydd ar ddatblygiadau tai newydd i bobl hŷn.

Roedd prosiectau'n cynnwys:

- 📍 Neuadd Maldwyn, **y Trallwng**
- 📍 Pont Aur, **Ystradgynlais**
- 📍 Datblygiad newydd yn **Aberhonddu**

Mae'r cynlluniau hyn yn helpu pobl i aros yn annibynnol tra'n medru cyrchu gofal pan fo angen.



LLUN: Jenny, un o breswylwyr Neuadd Maldwyn, yn ei hystafell fyw.

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Cymorth Dementia

Parhaodd partneriaid i wella gwasanaethau dementia.

Roedd y cyflawniadau allweddol yn cynnwys:

☒ Gwell **cyfraddau diagnosis**.

 **Asesiadau** yn y cartref.

 Llyw-wyr Dementia **yn cefnogi pobl ar ôl diagnosis**.

 Gwell **hyfforddiant** dementia i staff.

 **Amgylcheddau ysbyty** mwy dementia-gyfeillgar.

Cefnogi Gofalwyr Di-dâl

Mae gofalwyr di-dâl yn gwneud cyfraniad pwysig ledled Powys.

Darparwyd y gwasanaeth gofalwyr gan Credu.

Beth ddigwyddodd?

 Derbyniodd mwy na **2,500 o ofalwyr** gefnogaeth.

 Roedd gofalwyr yn rhan o helpu i lunio gwasanaethau.

 Datblygwyd grwpiau cymorth a fforymau newydd.

 Parhaodd y gwaith ar wasanaeth seibiant newydd.

Ymgysylltu Ar-lein

Ymwelwyd â:

 Chyfyngau cymdeithasol Credu dros **176,000 o weithiau**.

 Gwefan Credu gan fwy na **2,200 o bobl**.

Adroddodd gofalwyr am:

☒ Lai o straen

☒ Gwell lles

☒ Teimlo eu bod yn cael eu cefnogi'n well

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Yr Iaith Gymraeg

Ailsefydlwyd Grŵp yr Iaith Gymraeg, **GOFAL**.

Ei rôl yw:

 **Hyrwyddo** gwasanaethau Cymraeg.

 **Gwella** mynediad at ofal yn Gymraeg.

 **Cefnogi** datblygiad y gweithlu.

 **Rhannu** arfer da ar draws sefydliadau.

Mae'r gwaith hwn yn helpu i sicrhau bod siaradwyr Cymraeg yn gallu derbyn gwasanaethau yn eu dewis iaith.

Gwella'r Daith Canser

Mae'r rhaglen hon yn cefnogi pobl sy'n byw gyda chanser.

Yn ystod y flwyddyn:

 Cynyddodd **atgyfeiriadau 25%**.

 Gwnaed mwy na **140 o atgyfeiriadau** at wasanaethau arbenigol.

 Cafodd pobl eu cyfeirio at dros **100 o fudiadau cymunedol a gwirfoddol**.

 Dosbarthwyd mwy na **7,500 o ddeunyddiau gwybodaeth**.

Mae'r rhaglen yn helpu pobl i gyrchu cymorth emosiynol, ymarferol a lles.

Arloesi a Gwella

Mae'r Hwb Cydlynw Arloesi Rhanbarthol yn cefnogi syniadau a gwelliannau newydd.

Roedd uchafbwyntiau'n cynnwys:

💰 **Ariannu** prosiectau arloesol.

🗣️ **Rhannu** arfer da.

🔧 **Cyflwyno** system cydsynio electronig ar gyfer brechiadau mewn ysgolion.

Mae'r system ddigidol newydd:

- ☒ Yn ei gwneud hi'n haws i rieni a gofalwyr.
- ☒ Yn lleihau gwaith papur.
- ☒ Yn gwella effeithlonrwydd.

Rhaglen Lles Gogledd Powys

Parhaodd y gwaith ar gynlluniau ar gyfer Hwb Iechyd a Lles newydd yn y Drenewydd.

Bydd yr hwb yn dod â gwasanaethau at ei gilydd mewn un lle.

Mae'r gwasanaethau arfaethedig yn cynnwys:

- ☒ Gwasanaethau **deintyddol**
- ☒ Gofal iechyd **cymunedol**
- ☒ Gofal cymdeithasol i **oedolion**
- ☒ Gwasanaethau **iechyd meddwl**
- ☒ Gwasanaethau i **blant**
- ☒ Gwasanaethau **llyfrgell**
- ☒ Addysg a **hyfforddiant**

Yn ystod y flwyddyn:

- 📄 Cymeradwyodd Llywodraeth Cymru yr **Achos Busnes Amlinellol**.
- 📅 Dechreuodd gwaith ar **gynlluniau ar gyfer y cam nesaf**.

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Dyfodol y Gweithlu

Mae'r Rhaglen Dyfodol y Gweithlu yn cefnogi staff iechyd a gofal.

Roedd y cyflawniadau'n cynnwys:

 Cymerodd **4,826 o ddysgwyr** ran mewn gweithgareddau gyrfaoedd.

 Cymerodd **1,152 o ddysgwyr cyfrwng Cymraeg** ran.

 Crëwyd cyfleoedd gwirfoddoli newydd.

 Parhaodd rhaglenni arweinyddiaeth a lles y gweithlu.

Y nod yw datblygu gweithlu cryf yn y dyfodol ar gyfer Powys.

Gwrando ar Bobl

Mae'r Bwrdd Partneriaeth Rhanbarthol (RPB) yn credu ei bod yn bwysig gwrando ar bobl leol.

Mae cynrychiolwyr sy'n ddinasyddion a gofalmwyr ar y Bwrdd ac yn helpu i wneud penderfyniadau.

Cyflawniadau allweddol

Rhwydwaith Ymgysylltu a Mewnwelediad

Gweithiodd partneriaid gyda'i gilydd i wella ymgysylltu â'r cyhoedd a chyd-gynhyrchu.

Llais

Casglodd Llais farn gan bron i **1,300 o bobl**.

Roedd pobl yn siarad am:

 Anhawster **cyrchu gofal iechyd**

 **Amseroedd aros** hir

 Problemau **trafnidiaeth wledig**

 Heriau i **ofalmwyr di-dâl**

Defnyddiodd Llais yr adborth hwn i ddylanwadu ar welliannau a chynllunio yn y dyfodol.

Bwrdd Dechrau'n Dda Iau

Helpodd pobl ifanc i:

👤 **Ddatblygu** gwaith ar oedolion dibynadwy.

🔊 **Arwain** ymgyrchoedd gwrth-fwlio.

💬 **Dylanwadu** ar wasanaethau i blant a phobl ifanc.



LLUN: Uwch arweinwyr Powys sy'n cefnogi ymgyrch Diwrnod Sanau Od Bwrdd Dechrau'n Dda Iau i godi ymwybyddiaeth o fwlio, hyrwyddo caredigrwydd a chynhwysiant mewn ysgolion, ac annog pobl ifanc i fynegi barn a chael help.

Fforwm Byw'n Dda

Helpodd yr aelodau i:

-  Siarad am drafnidiaeth, tai a chymorth lleol.
-  Rhannu eu profiadau i helpu i wella gwasanaethau.
-  Creu arolwg i helpu i gynllunio gwasanaethau yn y dyfodol.
-  Croesawu aelodau newydd ac annog pobl i gymryd rhan.

Y prif flaenoriaethau a nodwyd oedd:

-  Ymgysylltu a chyd-gynhyrchu.
-  Cefnogaeth i ofalwyr.
-  Seibiant cynlluniedig ac argyfwng i ofalwyr.

Fforwm Pobl Hŷn

Ymgysylltodd y fforwm â:

-  **470 o bobl** hŷn
-  Ar draws **21 o ddigwyddiadau**

Y prif faterion a godwyd oedd:

-  Trafnidiaeth
-  Allgáu digidol
-  Pwysau costau byw
-  Mynediad at wasanaethau iechyd
-  Cymorth i ofalwyr

Cronfa Gwerth Cymdeithasol

Mae'r Gronfa Gwerth Cymdeithasol yn cefnogi prosiectau cymunedol.

Yn ystod y flwyddyn:

 Derbyniwyd **44 o geisiadau** mewn un rownd ariannu.

 Derbyniodd **saith prosiect** gyllid yn y rownd nesaf.

 Cyfrannodd **145 o wirfoddolwyr** 2,273 awr.

Adroddodd y bobl a gymerodd ran am:

☒ **Lai** o ynysu (**81%**)

☒ **Gwell** lles emosiynol (**94%**)

☒ **Mwy** o annibyniaeth (**98.5%**)

Roedd y prosiectau'n cynnwys:

 Grwpiau canu

 Gweithgareddau ieuenctid

 Prosiectau natur

 Rhaglenni celfyddydol

 Cymorth iechyd meddwl

 Cynlluniau trafndiaeth gymunedol

Arian ac Adnoddau

Derbyniodd y Bwrdd Partneriaeth Rhanbarthorl (RPB):

 **£7.6 miliwn o gyllid refeniw**

 **£2.5 miliwn o gyllid cyfalaf**

Helpodd y cyllid hwn i gefnogi prosiectau, staff, gwasanaethau a datblygiadau yn y dyfodol ledled Powys.

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Edrych i'r Dyfodol i 2026–27

Bydd y Bwrdd Partneriaeth Rhanbarthol (RPB) yn parhau i ganolbwyntio ar:



Atal a chymorth cynnar

(Helpu pobl yn gynt i atal problemau rhag gwaethygu.)



Gofal yn agosach at gartref

(Darparu mwy o gefnogaeth mewn cymunedau.)



Plant a theuluoedd

(Gwellu iechyd emosiynol, lles a chymorth cynnar.)



Annibyniaeth

(Helpu oedolion a phobl hŷn i aros yn annibynnol.)



Cyd-gynhyrchu

(Gweithio gyda dinasyddion a gofalwyr i lunio gwasanaethau.)



Datblygu'r gweithlu

(Cefnogi sgiliau staff, lles ac arweinyddiaeth.)



Dysgu a gwella

(Defnyddio tystiolaeth ac adborth i wella gwasanaethau.)

Crynodeb

Mae Bwrdd Partneriaeth Rhanbarthol Powys wedi parhau i gryfhau gwaith partneriaeth ledled Powys.

Yn ystod 2025–26 mae'r Bwrdd:



Wedi cefnogi miloedd o bobl o bob oed.



Wedi ehangu gwasanaethau ataliol estynedig.



Wedi gwella cefnogaeth i ofalwyr, pobl hŷn a theuluoedd.



Wedi cynyddu gofal cymunedol.



Wedi buddsoddi mewn arloesi a datblygu'r gweithlu yn y dyfodol.



Wedi parhau i wrando ar ddinasyddion a'u cynnwys yn y broses o wneud penderfyniadau.

Mae'r Bwrdd Partneriaeth Rhanbarthol (RPB) yn parhau i fod yn ymrwymedig i helpu pobl ym Mhowys i fyw bywydau iach, annibynnol a llawn.



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Strategic Risk Register

This report is a summary report from data provided to the March 2026 Board, it is provided for Board information and ease of reference in relation to the Board agenda.

The next planned update to the Board is scheduled for November 2026.

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Strategic Risk Register

STRATEGIC RISK DASHBOARD

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PTHB Board
30 September 2026
Agenda Item: 4.5

Risk Lead	Risk ID	Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	At Target ✓/✗	Lead Board Committee	Link to Strategic Priorities:
EDoFC &E	SRR 001	Financial Sustainability	The Health Board is unable to achieve its duty to achieve financial breakeven (and therefore sustainability).	4 x 5 = 20	➔	Cautious	✗	Finance and Performance	Cross-cutting (All SPs and WBOs)
EDP&C	SRR 002	Innovation and Strategic Change	The Health Board is unable to successfully deliver and realise the benefits of transformation	4 x 4 = 16	➔	Eager	✗	Planning, Partnerships and Population Health Committee	Several SPs and WBOs 4 and 8
EDPP&C	SRR 003	Performance and Service Sustainability	The Health Board is unable to respond to the demand for commissioned services	5 x 4 = 20	➔	Open	✗	Patient Experience, Quality and Safety	SP 11 and WBO 8
EDPCC MH	SRR 004	Performance and Service Sustainability	The Health Board is unable to respond to the demand for provided services.	4 x 4 = 16	➔	Open	✗	Patient Experience, Quality and Safety	Several SPs and WBOs 4 and 8
EDPCC MH	SRR 005	Performance and Service Sustainability	Primary Care is unable to respond to demand.	4 x 4 = 16	➔	Open	✗	Planning, Partnerships and Population Health Committee	Several SPs and WBOs 4 and 8
EDP&C	SRR 006	Workforce	The Health Board is unable to recruit and retain an appropriate workforce.	4 x 4 = 16	➔	Cautious	✗	People and Culture	Cross-cutting (All SPs and WBOs)

Risk Lead	Risk ID	Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	At Target ✓/✗	Lead Board Committee	Link to Strategic Priorities:
EDoFC &E	SRR 007	Quality	The care provided in some areas is compromised due to the health board's estate being not fit for purpose.	4 x 4 = 16	➔	Minimal	✗	Finance and Performance	SP 09 and WBOs 1 and 4
EDPH	SRR 008	Innovation and Strategic Change	The Health Board is unable to shift to a primary prevention focused health care system	4 x 4 = 16	➔	Eager	✗	Planning, Partnerships and Population Health	SP 1 and WBO 1
EDPCC MH	SRR 009	Performance and Service Sustainability	The Health Board is unable to stabilise the growing implications of Continuing Health Care	4 x 4 = 16	➔	Open	✗	Finance and Performance	SP 6 and WBO 4
EDPH	SRR 010	Safety	The Health Board is unable to respond in a timely, efficient, and effective way to a major incident, or critical incident	3 x 4 = 12	➔	Averse	✗	Planning, Partnerships and Population Health	Cross-cutting (All SPs and WBOs)
EDAHP HS&D	SRR 011	Performance and Service Sustainability	Failure of Digital & Electrical Infrastructure in Powys (Internal & External) poses a risk to the delivery of care.	3 x 5 = 15	➔	Open	✗	Audit, Risk and Assurance	Cross-cutting (All SPs and WBOs)
DCG	SRR 012	Reputation and Public Confidence	The Health Board is unable to maintain and build public confidence in regard to service delivery and transformation in staff, patients, stakeholders and community.	3 x 5 = 15	➔	Open	✗	Finance and Performance	Cross-cutting (All SPs and WBOs)

KEY:

Executive Lead	
<i>EDoFC&E</i>	Executive Director of Finance, Capital and Estates
<i>EDP&C</i>	Executive Director of People, Culture and Transformation
<i>EDPP&C</i>	Executive Director of Planning, Performance and Commissioning
<i>EDPCCMH</i>	Executive Director of Primary Care, Community and Mental Health
<i>EDPH</i>	Executive Director of Public Health
<i>EDAHPHS&D</i>	Executive Director of Allied Health Professionals, Health Sciences and Digital
<i>DCG</i>	Director of Corporate Governance/Board Secretary
<i>CEO</i>	Chief Executive
Trend	
*	New risk
→	Risk score unchanged since last report
↓	Risk score decreased since last report
↑	Risk score increased since last report

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RISK HEAT MAP

Almost certain 5				SRR 003 – Commissioning	
Likely 4				SRR 002 – Transformation SRR 004 – Provider SRR 005 – Primary Care	SRR 001 – Financial Balance

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				SRR 006 – Workforce SRR 007 – Estate SRR 009 – CHC	
Possible 3				SRR 010 – Emergency Response	SRR 011 – Digital SRR 012 – Public Confidence
Unlikely 2					
Rare 1					
LIKELIHOOD X IMPACT	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5

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Board 2026-27										
Theme	Item Title	20/05/2026	24 June 2026 (Annual Accounts)	29/07/2026	16/09/2026 Extra Board (Better Together)	30/09/2026	25/11/2026	10/12/2026 (Llanfyllin Surgery)	27/01/2027	24/03/2027
Governance	Minutes of previous meeting	✓		✓		✓	✓		✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓	✓	✓		✓	✓
Governance	Board Action Log	✓		✓		✓	✓		✓	✓
Listening and Learning	Patient Experience Story	✓		✓		✓	✓		✓	✓
Listening and Learning	Staff Experience Story	✓		✓		✓	✓		✓	✓
Governance	Update from Chair (inclu PSOW in Nov update)	✓		✓		✓	✓		✓	✓
Governance	Update from Vice-Chair	✓		✓		✓	✓		✓	✓
Governance	Update from Chief Executive	✓		✓		✓	✓		✓	✓
Governance	Assurance Reports of Board Committees	✓		✓		✓	✓		✓	✓
Partnerships	Llais Regional Director Report	✓		✓		✓	✓		✓	✓
Governance	Assurance Reports of Board Partnership Arrangements	✓		✓		✓	✓		✓	✓
Governance	Assurance Reports of Joint Committees	✓		✓		✓	✓		✓	✓
Governance	Assurance Report of Boards Advisory Groups	✓		✓		✓	✓		✓	✓
Governance	Committee Terms of Reference	✓								
Governance	Committee Work Plans	✓								
Governance	Board Work Programme	✓		✓		✓	✓		✓	✓
Governance	Standing Orders (as needed)	✓		✓						
Governance	Scheme of Delegation (as needed)	✓		✓						
Governance	JCC Standing Orders									
Governance	Common Seal (as needed)									
Governance	Committee Membership Annual Review	✓								
Governance	Annual Assessment of Committee and Board Effectiveness (within DCG report)	✓								
Governance	Committee Annual Reports	✓		✓						
Governance	Speaking Up Safely and Raising Concerns Report									
Risk	Strategic Risk Summary	✓				✓			✓	
Risk	Organisational Risk Register	✓		✓			✓			✓
Risk	Organisational Risk Register summary					✓			✓	
Risk	Risk Appetite	✓								
Governance	Risk Management Framework and Board Assurance Framework Policy	✓								
Governance	Strategic Risk Register and BAF Dashboard			✓			✓			✓
Governance	Structured Assessment (when received)								✓	
Governance	Review of Consent Agenda Protocol (next due May 2027)									
Governance	Organisational Escalation - Finance and Performance Monitoring (Planning Maturity Matrix to Nov)			✓			✓			✓
Planning	Integrated Plan Approach to development						✓			
Planning	Draft Integrated Plan								✓	
Planning	Integrated Plan 2027-30									✓
Planning & Finance	Annual Delivery Plan 2027/28 including budget allocation and framework									✓
Performance	Annual Delivery plan - by quarter (In consent agenda)	✓				✓	✓			✓
Performance	Primary Care Summary Report									✓
Planning	Winter Planning/Resilience					✓				
	Winter vaccination programme/Winter Plan					✓				
	RPB Annual Report					✓				
Partnerships	PSB Wellbeing Plan (Future Generations Act). Next due 2027									

Population Health	Annual Report of Director of Public Health						✓			
Performance	Integrated Performance & Quality Report	✓		✓		✓	✓		✓	✓
Finance	Annual Report and Financial Statements		✓							
Finance	Financial Performance	✓		✓		✓	✓		✓	✓
Finance	Charitable Funds Annual Accounts and Report								✓	
Finance	Approve contracts and financial delegations above the CEOs limit (as needed)									
Finance	Financial Performance									
Charity	Powys Health Charity Strategy 2026-2030			✓						
Equality, Diversity & Inclusion	Equality, Diversity and Inclusion Annual Report 2025/26			✓		✓				
Equality, Diversity & Inclusion	Welsh Language Annual Report			✓						
Listening and Learning	People's Experience Framework					⚠	✓			
Listening and Learning	Listening and Learning Regulations	✓								
Civil Contingencies	Major Incident and Emergency Response Plan (Taken In-Committee)			✓						
Civil Contingencies	NHS WALES EMERGENCY PLANNING, RESILIENCE & RESPONSE ANNUAL REPORT 2025/26 (taken In-Committee)			✓						
Planning	Corporate Business Continuity Plan (taken In-Committee)			✓						
Capital and Estates	Health and Safety Annual Report					⚠	✓			
Digital	Digital First Annual Plan (date TBC)								✓	
Workforce	Nurse Staffing Levels					✓				
Transformation / Change	Better Together			✓	✓					
Governance	Annual summary of petitions received under Petitions Protocol					⚠	✓			
Governance	Standards of Behaviour Policy (Next due March 2027)									
	Duty of Quality Annual Report					✓				
	Safeguarding Annual Report					✓				
	Strategic Commissioning Framework Review (next due to Board Sept 2028)									
	North Powys Programme Full Business Case									✓
	Pharmaceutical Needs Assessment					✓				
	Population Needs Assessment / Wellbeing Assessment								✓	
	Mental Health National Programme						✓			
	Llanfyllin Surgery							✓		
	Commissioning NHSE to NHSW waiting times (date tbc)									
IN-COMMITTEE	SRR (IC risks)	✓		✓			✓		✓	✓
	Minutes of previous IC meeting	✓		✓		✓	✓		✓	✓
	RaTS Committee Annual Report			✓						
	Emergency Preparedness, Resilience and Response Annual Report			✓			✓			
Contracting and procurement approvals	Requested authorisations will be presented as needed									
Transformation / Change	Better Together			✓						✓
	GDS contract Knighton			✓						

	GMS proposed OOH procurement spec						✓			
	GDS contract Llandrindod					✓				
	GDS contract Newtown					✓				
	GDS contract Welshpool					✓				
	CEO update					✓			✓	✓
	Commissioning					✓				
Finance	Financial Routemap Years 2 and 3						✓			

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Powys Teaching Health Board Glossary (Last updated August 26)

Acronym	
AD ECP	Associate Director of Estates, Capital & Property
ACEO	Acting Chief Executive Officer
ADoF	Acting Director of Finance
ADCEO / EMD	Acting Deputy Chief Executive / Executive Medical Director
CEO	Chief Executive Officer
DCEO / ED FC&SS	Deputy Chief Executive Officer / Executive Director of Finance, Capital & Support Services
DCG	Director of Corporate Governance
D I&T	Director of Improvement & Transformation
E MD	Executive Medical Director
ED PH	Executive Director of Public Health
ED PC&T	Executive Director of People, Culture & Transformation
ED PP&C	Executive Director of Planning, Performance and Commissioning
ED AHPHS&D	Executive Director of Allied Health Professions, Health Sciences and Digital
ED NQW&FH	Executive Director of Nursing, Quality, Women and Family Health
ED PCCMH	Executive Director of Primary Care, Community & Mental Health
ABUHB	Aneurin Bevan University Health Board
AFC	Agenda for Change
A&E	Accident and Emergency
AGW	The Auditor General for Wales
AHPs	Allied Health Professionals
ALN	Additional Learning Needs
ANP	Advanced Nurse Practitioner
AO	Accountable Officer
AQS	Annual Quality Statement/Report
ARAC	Audit, Risk and Assurance Committee
ASM	Accelerated Sustainable Model
AR	Audit Recommendations
AF	Audit Findings
APB	Area Planning Board
AGS	Annual Governance Statement
BAF	Board Assurance Framework

BCUHB	Betsi Cadwaladr University Health Board
BMA	British Medical Association
CAHPO	Chief Allied Health Professionals Officer
CAAP	Clinical Associate in Applied Psychology
CAMHS	Child and Adolescent Mental Health Services
CCN	Childrens Community Nursing
COC	Continuity of Care
CDO	Chief Dental Officer
CEMT	Chief Executive Management Team
CHC	Continuing Health Care
CIW	Care Inspectorate for Wales
CLIP	Collaborative Learning in Practice
CNO	Chief Nursing Officer
CPCF	Community Pharmacy Contractual Framework
CPD	Continued Professional Development
CPR	Child Practice Review
CRR	Corporate Risk Register
CSP	Clinical Service Plan
CTMUHB	Cwm Taf Morgannwg University Health Board
CV	Curriculum Vitae
CVUHB	Cardiff and Vale University Health Board
CWMPAS	Mid and West Wales Regional Safeguarding Adults Board
CYSUR	Mid and West Wales Regional Safeguarding Children Board
CTC	Care Transfer Co-ordinator
CCOMG	Complex Care Operational Management Group
DATIX	Incident Management System
DAP	Dental Access Portal
D&P	Delivery and Performance Committee
DCG	Delivery Co-ordination Group
DGH	District General Hospital
DHCW	Digital Health and Care Wales
DNA	Did not Attend
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation
DPA	Data Protection Act
DToc	Delayed Transfer of Care/Pathway of Care Delays
D2RA	Discharge to Recover and Assess
DST	Decision Support Tool
DOI	Declaration of Interest
EASC	Emergency Ambulance Services Committee
EOG	Executive Oversight Group

EOY	End of Year
EMRTS	Emergency Medical Retrieval & Transfer Service
EPMA	Electronic Prescribing and Medicines Administration
ESR	Electronic Staff Record
EMI	Elderly Mentally Infirm
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FTE	Full Time Equivalent
F&P	Finance and Performance Committee
GDS	General Dental Services
GIRFT	Getting It Right First Time
GLP-1	Glucagon Like Peptide
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
GNCC	General Nursing Complex Care Team
G&H	Gifts and Hospitality
H&S	Health and Safety
HCA	Health Care Assistant
HCS	Health and Care Standards
HCSW	Health Care Support Worker
HDUHB	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
HIA	Health Impact Assessment
HIW	Healthcare Inspectorate Wales
HP	Health Protection
HPF	Healthcare Professionals Forum
IBG	Investment Benefit Group
ICB	Integrated Care Board
ICF	Integrated Care Funding
ICU	Intensive Care Unit
IEN	Internationally Educated Nurse
IG	Information Governance
IM	Independent Members
IMTP	Integrated Medium-Term Plan
IPFR	Individual Patient Funding Request
IP&C	Infection Prevention and Control
IOPF	Integrated Quality Performance Framework
IOPG	Integrated Quality & Performance Group
IQPR	Integrated Quality Performance Report

IT	Information Technology
JAG	Joint Advisory Group (on Gastrointestinal Endoscopy)
JCC	Joint Commissioning Committee
JD	Job Description
JET	Joint Executive Team
JIPCA	Joint Inspection of Child Protection Arrangements
JLT	Joint Leadership Team (PTHB and PCC)
JR	Judicial Review
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
LoF	League of Friends
LA	Local Authority
LHB	Learning Health Board
LMC	Local Medical Committee
LPF	Local Partnership Forum
LPMHSS	Local Primary Mental Health Support Services
LRF	Local Resilience Forum
LTA	Long Term Agreement
LTCs	Long-Term Conditions
NDR	National Data Resource Platform
NICE	National Institute for Health and Care Excellence
MAC	Mindfulness, Acceptance and Compassion Team
MD	Ministerial Direction
MD's	Minimum Data Set
MDTs	Multi-Disciplinary Teams
MAP	Medical Associate Practitioner
MEG	Medical E-Governance System
MEG	Main Expenditure Group
MH	Mental Health
MHD	Mental Health & Learning Disability
MIU	Minor Injury Unit
MOU	Memorandum of Understanding
MOA	Memorandum of Agreement
MSK	Musculoskeletal
MV	Mass Vaccination
NWSSP	NHS Wales Shared Services Partnership
JCC	NHS Wales Joint Commissioning Committee
NHSE	National Health Service England
NHS	National Health Service
NHSWE	NHS Wales Executive

NICE	National Institute of Health and Clinical Excellence
NRI	Nationally Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
NNA	Nursing Needs Assessment
OBC	Outline Business Case
OCP	Organisational Change Process
ODEC	Organisational Development, Engagement and Communications
OOC	Out of County
OOH	Out of Hours
ORS	Opinion Research Services
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
PA	Physician Associate
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
PET CT	Positron Emission Tomography Computed Tomography
PCC	Powys County Council
PALS	Patient Advice and Liaison Service
PEQS	Patient Experience, Quality and Safety Committee
PREM	Patient-Reported Experience Measure
PROM	Patient-Reported Outcome Measure
PCMW	Primary Care Model for Wales
PHE	Public Health England
PHW	Public Health Wales
PMVA	Prevention and Management of Violence and Aggression
PPPH	Planning, Partnerships and Population Health Committee
PSB	Public Service Board
PSOW	Public Services Ombudsman for Wales
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
P&C	People and Culture Committee
QA	Quality Assurance
QOF	Quality and Outcomes Framework
RaTS	Remuneration and Terms of Service Committee
DDRB	Review Body on Doctors' and Dentists' Remuneration
RCN	Royal College of Nursing
REES	Race Equality Employment Standard
RIIC	Research, Innovation & Improvement Coordination

RIF	Regional Investment Fund
RISP	Radiology Information System Procurement
RJAH	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
RN	Registered Nurse
RPB	Regional Partnership Board
RTT	Referral to Treatment
RTS	Routemap To Sustainability
RAMI	Risk Adjusted Mortality Index
RMF	Risk Management Framework
RHCW	Rural Health and Care Wales
Q1 Q2 Q3 Q4	Quarter 1 (April, May, June), Quarter 2 (July, August, September), Quarter 3 (October, November, December), Quarter 4 (January, February, March)
QSEG	Quality, Safety and Experience Group
SAR	Subject Access Request
SAS	Specialty and Specialist
SBAR	Situation, Background, Assessment, Recommendation
SBUHB	Swansea Bay University Health Board
SDEC	Same Day Emergency Care
SLA	Service Level Agreement
SOC	Strategy Outline Case
SOP	Standard Operating Procedure
SaTH	The Shrewsbury and Telford Hospital NHS Trust
SPB	Strategic Programme Board
SRO	Senior Responsible Owner
SPPP	Social Partnership and Public Procurement (Wales) Act 2023
RJC	South East Wales Regional Joint Committee
TaODEC	Tactical Organisation Development, Engagement and Communication
TI	Targeted Intervention
ToR	Terms of Reference
TRAC	Online Recruitment Management System
T&V	Transformation & Value
TUPE	Transfer of Undertakings Protection of Employment
VERS	Voluntary Early Release Scheme
WAST	Welsh Ambulance Services NHS Trust
W&C	Workforce and Culture Committee
WCCIS	Welsh Community Care Information System
WG	Welsh Government

WCVA	Wales Council for Voluntary Action
WESB	Wales Employment and Skills Board
WHC	Welsh Health Circular
WHSSC	Welsh Health Specialised Service Committee
WNB	Was Not Brought
WOD	Workforce and Organisational Development
WPAS	Welsh Patient Administration System
WPOCT	Welsh Point of Care Test System
WLGA	Welsh Local Government Association
WNCR	Welsh Nursing Care Record
WNHSC	Welsh NHS Confederation
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
WVT	Wye Valley NHS Trust
WCD	Written Controlled Document
YTD	Year to Date

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