



Strategic Outline Case / Outline Business Case

North Powys Integrated Health, Care and Wellbeing Hub



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1 Executive Summary

1.1 Introduction

This business case seeks approval to continue to Full Business Case for the development of an integrated Health, Care and Wellbeing Hub (hereafter referred to as **'the Hub'**) in Newtown, a key cross cutting priority in the Regional Partnership Board's (RPB) Strategic Capital Plan which acts as the overarching Programme Business Case (PBC) for all IRCF bids. The Hub will accommodate a range of clinical and non-clinical services across health, care and third sector, integrating services and maximising synergies through multi-agency collaboration.

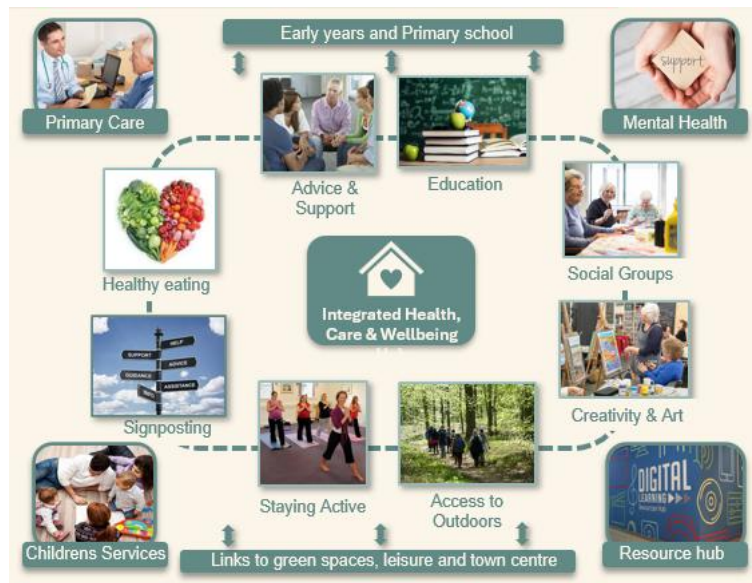


Figure 1: Key functions of 'the Hub'

It also forms part of a wider programme of work to create a Health and Care 'campus' in Newtown. As set out in the partnerships **Health and Care Strategy 'A Healthy Caring Powys'**, Brecon, Llandrindod and **Newtown** have been identified as key strategic locations to provide a central spine of Regional Rural Centres supported by integrated hubs offering a wider range of services.

Bringing teams together in new purpose-built facilities will create a single point of access where staff and services are co-located delivering more integrated pathways and seamless service delivery. Early help, support, advice and wellbeing activities will be offered to enhance outreach into communities and assist people with living independently in their own homes longer. It will also support estates rationalisation as partner organisations are able to relocate services from unsuitable and/or poor performing accommodation.

The project seeks to build upon the learning derived from other projects which bring together primary, community and wellbeing services such as those at Bro Ddyfi Community Hospital, Machynlleth.

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1.2 Background

The Programme Business Case (PBC) for the North Powys Health and Wellbeing Campus was endorsed by Welsh Government (WG) in 2022. The programme is a 'once in a generation' opportunity to bring together partner organisations to transform the way health, care, wellbeing and education services are delivered in north Powys. The campus will include a new 360 pupil primary school (progressing through a separate business case process), a Rural Regional Centre (RRC) and an Integrated Health, Care and Wellbeing Hub. Whilst the key elements of scope, drivers, objectives and benefits of the PBC remain unchanged, this business case focuses on phase 1 of the programme.

Despite being part of a wider long-term strategy for north Powys, the development of the Hub will be a 'stand-alone' project offering several immediate benefits providing a 'front door' to existing and future health, care and wellbeing services. By offering early help and support as well as a range of wellbeing services the integrated hub will ensure individuals receive the right information, care and support at the right time and ultimately reduce pressures on hospital and social care services.

1.3 Strategic Case

1.3.1 Strategic Context

The proposed Newtown Health, Care and Wellbeing Hub represents a significant step forward in delivering integrated, person-centred services in north Powys. It brings together health, social care, education, and third-sector partners in a single, modern and sustainable facility that addresses longstanding challenges across north Powys.

Powys faces unique pressures as the most rural and sparsely populated county in Wales. Communities experience higher levels of deprivation in parts of north Powys, barriers to access due to geography and transport, and increasing demand driven by an ageing population, post-pandemic recovery and workforce shortages. Some existing facilities are outdated, fragmented across multiple sites, and no longer fit for purpose.

The Hub directly responds to these challenges by integrating primary care, community health, mental health, children's services, and voluntary sector provision alongside a new primary school. It supports prevention, early intervention, and seamless pathways, ensuring that people can access the right help, in the right place, at the right time. The integration will also enhance collaboration between professionals, reduce duplication, and strengthen sustainability through shared infrastructure.

The scheme is strategically aligned with national and regional priorities, including the Well-being of Future Generations Act, A Healthier Wales, the Social Services and Well-being Act, and the Powys Health and Care Strategy. It directly supports the Regional Partnership Board's ambition to shift the balance from illness to wellness, tackling inequalities and improving outcomes across all age groups.

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Investment in the Hub also contributes to wider regeneration in Newtown, linking with local housing, education, and green infrastructure developments. Together, these create a vibrant town-centre destination that benefits local people, supports the workforce, and drives sustainability through low-carbon design and reduced travel.

In short, the Newtown Hub is a once-in-a-generation opportunity to transform how services are delivered in north Powys - building stronger communities, improving health and wellbeing, and ensuring long-term resilience.

1.3.2 Case for Change

Health, care and community services in Newtown are currently fragmented, with some being delivered from outdated and inefficient buildings that limit collaboration, integration, and prevention. Services remain largely reactive, with inconsistent use of preventative pathways, duplication across organisations, and barriers to data sharing and joint working. This results in poorer outcomes, unnecessary demand on statutory services, and challenges in meeting growing needs.

Community resources such as the third sector, the library, and the Integrated Family Centre provide vital support, but as with all public services, face financial pressures and increasing facility costs. Primary care, community dental, and children’s services are constrained by unsuitable, ageing estates that fail to meet modern accessibility or clinical standards, while mental health services remain dispersed and lack integration with wider community support.

The current built estate compounds these challenges: many health facilities predate 1948, carry significant backlog maintenance, and perform poorly on energy efficiency and decarbonisation. This limits both service quality and the ability to modernise delivery. The proposed hub re-provides services being delivered from six current premises which, taken together, have a maintenance backlog of circa £6.8M which can be mitigated.

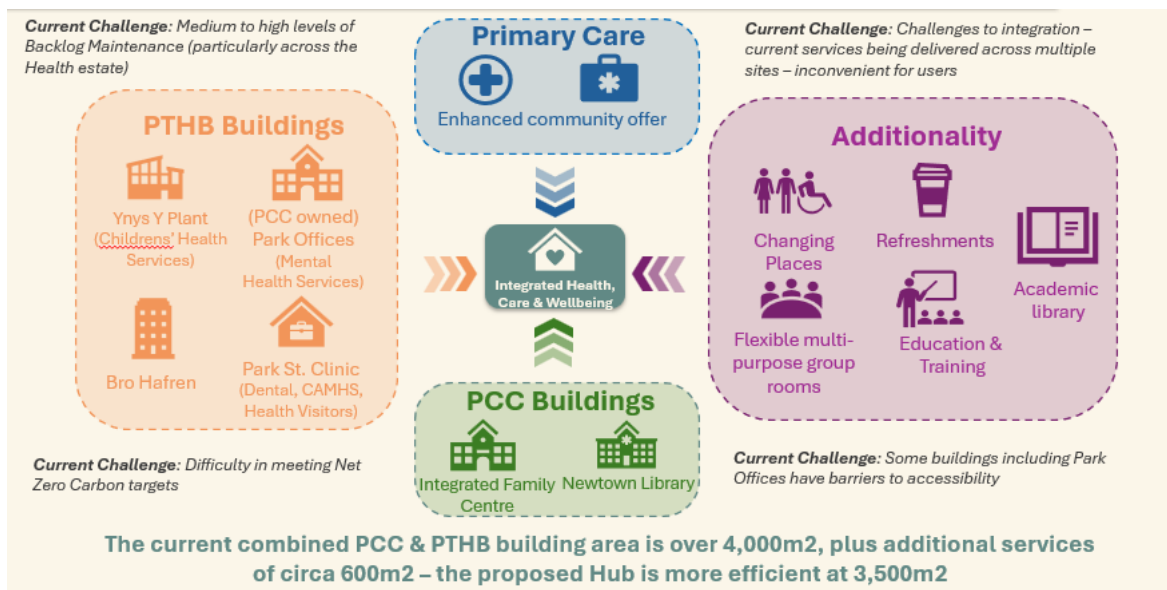


Figure 2: Key elements of 'the Hub'

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A new Integrated Health, Care and Wellbeing Hub in Newtown presents a unique opportunity to transform provision by bringing services together under one roof, ensuring access to all services within 150m of public transport from out of town without a change of service. It will improve access, reduce inequalities, support early help and prevention, and foster collaboration between health, social care, education, and the third sector. This will enhance workforce sustainability, enable digital and environmental innovation, and act as a catalyst for town-centre regeneration.

In summary, the Hub will deliver a modern, sustainable, and community-focused model of care - supporting wellbeing from early years through to end of life, reducing pressure on acute services, and creating a vibrant anchor for the people of Newtown and wider north Powys.

1.4 Economic Case

In line with HM Treasury's Green Book and the Capital Investment Manual, this section demonstrates that the proposed investment offers maximum social value and delivers the optimal balance of costs, risks, and benefits. A comprehensive options appraisal was undertaken with stakeholders across Powys Teaching Health Board (PTHB), Powys County Council (PCC), and Third Sector partners. Options were first evaluated against agreed Critical Success Factors (CSFs), the programme's investment objectives. Shortlisted options then underwent full economic, risk, and benefits assessments.

Assessment of the Long List

A wide range of options was generated across five dimensions – scope, service solution, service delivery model, implementation approach, and funding route. These were tested against the CSFs covering strategic fit, value for money, deliverability, affordability, and achievability.

From this process, three options progressed to detailed appraisal:

- **Option A** – Business as Usual (BAU): No change to buildings or services
- **Option C** – Core Scope (Integrated Health & Care Hub), New Build, Phased Delivery
- **Option E** – Expansive Scope (Wider Campus), New Build, Phased Delivery

All other long-listed options were discounted on grounds of impracticality, misalignment with strategic objectives, or failure to satisfy CSFs.

Economic Appraisal

A 60-year cost appraisal was undertaken for each shortlisted option, including capital costs, lifecycle, revenue impacts, and cash-releasing benefits. The Net Present Cost (NPC) and Equivalent Annual Cost (EAC) results (with and without optimism bias) demonstrate that:

- **Option A** has the lowest NPC due to minimal capital investment but fails to deliver on strategic priorities, service transformation, or long-term sustainability.
- **Option C** delivers significantly improved benefits and reduced long-term risk for a moderate increase in capital cost.

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- **Option E** is the highest-cost option, reflecting its wider campus ambitions and additional service reprovision requirements.

Risk Appraisal

A detailed risk assessment was completed across operational, design, planning, construction, strategic, and financial categories.

- **Option C** carries the lowest overall risk, due primarily to the controlled new-build environment and clear alignment with IRCF criteria.
- **Option A** ranks second but exposes partners to significant long-term strategic and compliance risks (e.g., inability to meet Net Zero Carbon requirements, continued backlog maintenance, and reputational risks).
- **Option E** has the highest risk due to its scale, complexity, and the need for further strategic development and planning.

Qualitative Benefits Appraisal

Benefits were scored and weighted according to five stakeholder-agreed benefit groups:

- Prevention and early help and support
- Integrated workforce and working
- Decarbonisation and environmental impact
- Regeneration
- Built environment

Option C ranks highest overall, reflecting its strong contribution to integrated service delivery, prevention, workforce development, improved estate efficiency, and Net Zero Carbon ambitions. Option E scores strongly in-built environment benefits but falls behind Option C in prevention-focused outcomes central to IRCF Priority 1.

Overall Conclusion and Preferred Option

When considering the combined outcomes of the economic, risk, and benefits appraisals, Option C – the Core Scope Integrated Health and Care Hub (New Build, Phased Delivery) emerges as the preferred option. It offers the strongest strategic alignment with IRCF Priority 1, the most balanced value for money, the lowest risk profile, and the greatest benefit realisation potential.

Option C therefore forms the basis of the Financial Case and the recommended way forward for the Outline Business Case (OBC).

1.5 Commercial Case

This section summarises the strategic procurement approach for the Hub, reflecting Powys Teaching Health Board's (PTHB) role as lead client for the construction contract. The approach aligns with the Procurement Act (Wales) 2023 and has been developed by Mott MacDonald on behalf of the partnership to ensure that procurement choices directly support the project's success criteria: programme certainty, cost control, integration, governance and value for money.

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Building Management and Operations

A draft Operating Model proposes PTHB as lead operator (50% occupancy). Leases, supplier arrangements, agile-working protocols, community booking processes and integrated building management will be further developed at FBC and overseen by a cross-partner Building Management Group.

Recommended Procurement Route

Two-Stage Design and Build is recommended, tendering at the end of RIBA Stage 3. Benefits include early contractor input, improved cost certainty, better risk allocation and alignment with the project's complexity.

Framework Options

While Welsh Government or NHS Shared Services Partnership (NWSSP) may request use of the **Building for Wales** (BfW) framework due to the significant health component, the project's bespoke, integrated and multi-agency nature warrants wider consideration.

If flexibility allows, **SEWSCAP4** is recommended because it:

- offers strong Tier 1 contractor competition (including contractors also on BfW),
- is recognised as providing value for money in terms of fees,
- is suitable for complex mixed-use education–health–community environments, and
- complements discussions around governance, architect retention, and potential joint procurement with the adjacent school.

Contract Form

Use of **NEC** is recommended.

- Stage 1: Professional Services Contract (PSC)
- Stage 2: Engineering and Construction Contract (ECC).

Further work at FBC will determine the most suitable NEC Main Option and relevant Secondary Options.

Service Requirements and Key Outputs

The proposed Hub will comprise of a 3,500m² building over two floors in a figure of 8 design arranged around two central courtyards. The proposed site is located within Newtown Park, close to the town centre, transport hubs and key community assets. It provides 13 priority car parking spaces directly adjacent to the building with further spaces available less than 2 minutes' walk away at Park St clinic and Back Lane carpark.

The site sits within a conservation area containing a Scheduled Ancient Monument and locally significant structures. While Park Offices offers limited refurbishment potential, design options that retain elements of its heritage value (e.g., portico, clock tower, key vistas) are being explored.

The development protects current community use of Plot B, including major events such as the Newtown Carnival, Food Festival and Outdoor Festival. There are further opportunities to improve services onto Plot B to increase safety and enhance the scope of events (this will be further explored at FBC). Open Newtown and other groups

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are fully engaged in shaping how the Hub and surrounding public realm can operate collaboratively and sensitively within this shared space.

The Hub is the central element of a future health, education and community campus - providing an accessible, integrated environment that promotes prevention, early intervention, wellbeing and multi-disciplinary working.



Figure 3: Site layout

Innovative Environments

The Innovative Environment Project Board will ensure that innovation is embedded throughout the programme both in relation to the 'synergies' that can be achieved, as well the main themes in relation to Design, Infrastructure, Digital and Decarbonisation.

1.6 Financial Case

The Financial Case details the capital funding requirements for the project. The total capital expenditure required for the preferred option remains within acceptable variance from the original cost estimate of £32M. In line with best practice, cost containment options to be tested through RIBA Stages 3 and 4 and the development of the Full Business Case (FBC). The project remains focused on achieving cost compliance within the indicative IRCF funding envelope, recognising its importance to Welsh Government and the national capital programme.

The investment would also eradicate current backlog maintenance (by £6.837M) on all current estate assets which this property will supersede. Furthermore, the project would deliver a number of additional social and economic benefits including job creation from both construction and general increased activity post build phase, increased

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footfall on the high street and retail activity. Some revenue generating opportunities have also been identified such as the rental opportunities of rooms for community and third sector use.

It is recognised that a Project Bank Account will be required for the project which will be detailed in Full Business Case when the Supply Chain Partner is selected.

1.7 Management Case

The implementation arrangements for the North Powys Wellbeing Programme (NPWP) have been established to ensure the effective and timely delivery of the North Powys Integrated Health, Care and Wellbeing Hub to the required standards of cost, quality, and performance. Governance is provided through the Regional Partnership Board (RPB), with project oversight managed by the Innovative Environment Project Board, incorporating representation from Powys Teaching Health Board (PTHB), Powys County Council (PCC), and the Third Sector. Senior Responsible Owners from both PTHB and PCC provide strategic accountability and ensure alignment with organisational priorities.

The programme will adhere to the Welsh Government Gateway Review Process and is subject to independent audit by NHS Wales Shared Services Partnership (NWSSP) to provide assurance on governance, project management, and delivery performance. Design quality and sustainability are being independently evaluated through a completed Design Commission for Wales (DCFW) Review and a forthcoming Achieving Excellence Design Evaluation Toolkit (AEDET) Review.

A detailed Project Programme outlines key milestones leading to completion in Q2 2028/29, supported by an experienced multidisciplinary team including Stride Treglown (Architects), Mott MacDonald (Project and Cost Management), and CPC Project Services (Business Case consultant). Robust change control and risk management processes are embedded within NEC4 PSC contractual arrangements, supported by a quantified Risk Register and a 12% contingency allowance.

A comprehensive Benefits Realisation Plan and post-completion Evaluation Review will ensure that the anticipated outcomes are achieved, lessons are captured, and continuous improvement is embedded. Collectively, these arrangements demonstrate a clear and accountable framework for the successful delivery of a sustainable, high-quality, and community-focused health and wellbeing facility for north Powys.

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2 Strategic Case

The Strategic Case demonstrates why the development of a multi-agency Health, Care and Wellbeing Hub (hereafter referred to as “**the Hub**”) for north Powys in Newtown is a key cross cutting priority in the Regional Partnership Board’s (RPB) Strategic Capital Plan which acts as the overarching Programme Business Case (PBC) for all IRCF bids.

2.1 Strategic Context

This section provides an overview of the partnership organisations and north Powys locality and confirms that there is a strategic fit between the proposal and national/local policy and objectives and that the scheme supports the proposed vision for care delivery and changes in activity. The strategic context will also demonstrate that this project aligns with the other programmes and projects within RPB’s strategic portfolio.

2.1.1 Organisational Overview

Powys County Council (PCC)

The Council operates as a unitary authority, delivering a wide range of statutory services including education, social care, transport, housing, and environmental services. Powys County Council’s Corporate and Strategic Equality Plan ‘**Stronger, Fairer, Greener**’ sets out the council’s vision for the future of Powys.

One of the key challenges for Powys County Council’s Social Services is managing increasing demand and complexity within available financial envelopes. Key to achieving this will be keeping people safe and independent at home through increased use of digitally enhanced services and more integrated ways of working, as well as increased wellbeing, early help and support services to reduce demands on statutory provision. Service delivery is further strained by post-pandemic demand and inflationary pressures, and the Council must also address housing, and infrastructure needs alongside ambitious climate and biodiversity targets. These challenges highlight the need for innovative solutions, strategic planning, and partnerships to maintain essential services for Powys residents. This project will support the integration of community wellbeing services, to improve health outcomes and reduce health inequalities for residents in deprived communities in north Powys, thus reducing the need for admission to hospital and care homes in the future.

Powys Teaching Health Board (PTHB)

PTHB is a primary and community care-led organisation committed to bringing care closer to home for people in Powys. It is responsible for planning and providing NHS services for people living in Powys and commissions services from other Welsh Health Boards and English NHS Trusts. The Health Board also provides a range of services directly, including community care services such as district nursing, child health, midwifery, and community hospital services.

PTHB faces similar challenges to PCC including financial pressures and maintaining a sustainable rural workforce. Service delivery is further constrained by post-pandemic waiting times and inflationary pressures.

The proposed hub directly addresses these pressures by co-locating primary care, specialist nursing, dental, mental health, and children's services, improving access, efficiency, and integration. The Hub supports workforce sustainability through shared facilities and training opportunities, enables early intervention and prevention, and reduces demand on acute services, strengthening PTHB's ability to deliver high-quality, sustainable, and person-centred care for the residents of Powys.

Powys Association of Voluntary Organisations (PAVO)

PAVO is the County Voluntary Council for Powys, dedicated to supporting and empowering the third sector across the county. Their mission is to help organisations and improve people's lives by acting as a catalyst for voluntary action, a legitimate voice for Powys' communities and third sector, and a hub of essential information.

The third sector in Powys faces significant challenges, including funding instability due to reduced public budgets and short-term contracts, difficulties recruiting and retaining staff and volunteers in a rural area, and capacity and skills gaps across organisations. Additional pressures arise from integration with statutory services, addressing rural poverty, and meeting rising demand for services. Tackling these challenges requires sustainable and long-term funding, workforce development, volunteer support, and strengthened partnerships, enabling the third sector to continue delivering vital, wellbeing, preventative and holistic services.

The proposed hub can help address these challenges by providing shared, flexible spaces for service delivery, meeting, and collaboration, reducing operational pressures. Integration with health, care, and community services facilitates partnership working, integrated pathways, and easier referrals, while also offering visibility and access to information about third sector services and volunteering opportunities. By acting as a central, community-focused anchor, the Hub strengthens capacity, encourages collaboration, and supports sustainable service delivery across Powys.

Powys Regional Partnership Board (RPB)

Regional Partnership Boards (RPBs) have been identified as critical vehicles to lead the development of a joined-up approach to planning health, social care and housing capital investment that can enable seamless service delivery closer to home. Specifically, they will have a key role in taking forward the development of integrated health and social care hubs as well as rebalancing the market.

Powys RPB brings together a range of public service representatives including the local council, health board, third sector and other key stakeholders, to ensure that people work together better to improve health and wellbeing in Powys. It's about putting people and what matters to them at the centre of health and care services. The RPB oversees the delivery of this in Powys, which is done through its programmes: **Start Well, Live Well, Age Well**.

The Board's priorities are set out in the Health and Care Strategy '**A Healthy Caring Powys**'. Some of the Board's responsibilities include making sure there is a joined-up approach across key partners in health, social care, early years, housing and education creating capacity to maximise resources, skills and opportunities.

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The Partnership serves the same population, largely experiencing the same challenges and opportunities of the sparsely populated, highly rural county. The Partnership have a track record of working together to develop services for the people of Powys and have a history of working with communities and other stakeholders and partners to deliver improvements.

The impact of this integration is to shift the balance of services towards an increased emphasis of wellbeing, early help and support and to provide more joined up care when people need to access services.

The development of the Hub will create a whole system change to a focus on wellness. This means embracing a social model of health, addressing every aspect of life that can impact on a person's health and wellbeing.

2.1.2 Powys: The Rural County

Powys currently has a population of 133,030 people. It is predominantly rural in character, covering 25% of the land mass of Wales with only 5% of the population making it the most sparsely populated county in Wales, with just 26 persons per square kilometre (Welsh average 153 per KM²). This leads to many particular challenges, including those of isolation, transport demands and lack of critical mass. It is widely recognised that some of the major determinants of health such as physical and social isolation, deprivation, access to transport services, poor housing and lower than average earnings, impact disproportionately on rural communities.

Powys has the only coterminous Health Board and Local Authority in Wales, meaning there is a unique opportunity to develop truly integrated Health & Care services. Working closely with third sector providers, Powys RPB is seeking to develop integrated hubs which focus on physical and mental wellness responding to the links between education, employment, housing, health and social care to deliver a more holistic service.

North Powys

The Powys Population Wellbeing Assessment identified that the health and social care need is greater in north Powys compared to mid and south Powys, making it a priority for investment and more innovative and effective health and care delivery, as well as being identified as requiring investment in education services.

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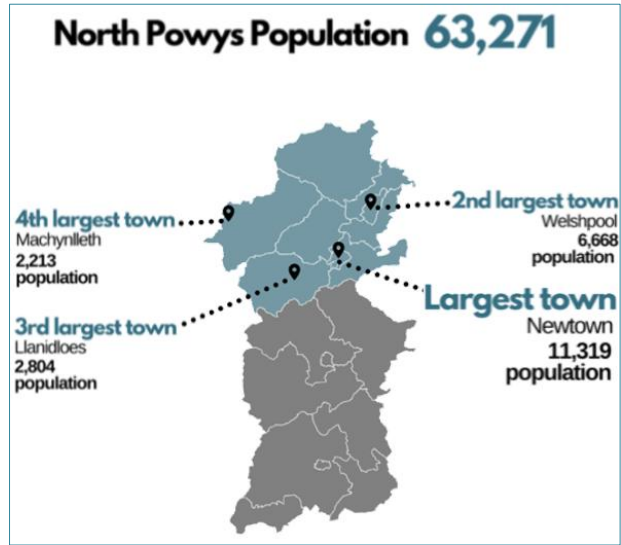


Figure 4: North Powys Population

The population of north Powys is 63,271 Newtown is the largest town and has the second highest population concentration within the county (13% of Powys residents live here). Welshpool and Montgomery have the highest number of residents aged 65 and over. Apart from the 4 largest towns, the rest of the population are widely dispersed in smaller centres, hamlets and across many rural properties.

Newtown

Newtown has been identified as a key location for investment because:

- The north area has high deprivation - Newtown East ranks 379 and Newtown South ranks 284 (out of 1,909 areas) most deprived areas in Wales (Welsh Gov, 2019)
- Newtown is the largest town in Powys
- All localities have a high proportion of aged 75+
- Central location serving north and northeast localities
- Town Centre location with good travel links
- Newtown has estate that is aged and not fit-for-the-future.
- Strong synergies with local education including the new school (Ysgol Calon y Dderwen) currently being developed alongside the 'Hub' offers opportunities to strengthen early years provision.

2.1.3 Demographic & Social Context — Newtown / North Powys

The key demographic and social factors which have influenced the plans for this business case are outlined below:

| Factor | What the data shows | Why it matters |
|--|--|---|
| Population size & structure | Newtown population ~ 11,319 whilst the Newtown locality area population is 17,281 2,424 aged 0-17 6,599 aged 18-64 | High proportion of older people implies greater demand for chronic disease management, social care, mobility/elderly services, dementia care. The 0-17 population means children's services are |

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| | | |
|---|--|---|
| | 2,322 aged 65+ In Powys as a whole, ~133,030 people, with 27-28% aged 65+. | also important. A hub can serve across the lifespan. |
| Ageing population / decline of working-age cohort | The number of people aged 65+ in Powys has increased by ~22.3% over last decade. Meanwhile, there are fewer children under 15, and the 15-64 age group has dropped. | Fewer working-age people → workforce shortages in care / support staff / health staff. Also, more pressure on services for older people, and greater dependency ratios. Planning hubs that integrate health, social care helps address this. |
| Deprivation / poverty | Some areas of Newtown (e.g. Newtown South) show high levels of deprivation: ~ 60.5% of households deprived in at least one dimension (housing, health, income, etc.). | Deprivation is strongly associated with worse health outcomes, higher burden of disease, mental health issues, barriers to accessing care. A hub that offers integrated services locally helps reduce travel, improve access, and better reach deprived/needy populations. |
| Geography / rurality & access | Powys is large, population dispersed, many outlying villages, long travel distances. Limited public transport / infrastructure in rural areas. Newtown is one of the larger market / service towns in north Powys and already acts as a hub. | Rurality increases travel time for many services; leads to isolation; more expensive to deliver services; potentially less access to specialist care. A physical hub in Newtown can improve access, reduce travel burden, serve as a focal point for outreach and coordination. |
| Demand for integrated services | At present, people may have to deal with multiple agencies (NHS, council social services, housing, third sector) separately. This leads to duplication, delays, and people falling through the cracks. | Reflects local recognition of gaps and unmet needs. Integrated care/hub model responds directly: meeting multiple needs in one place, early intervention, better coordination, reducing fragmentation. |
| Vulnerable populations & early help / prevention | Cost-of-living pressures, post-Covid pressures and rising demand noted in Powys for vulnerable people services. Deprivation (health, housing, etc.) tends to correlate with higher levels of chronic illness, mental health issues, substance misuse, etc. | A hub that integrates preventive, social, mental health and third sector services can intervene early; can help reduce downstream costs of poor outcomes, emergency admissions. Also important for equity. |

Note: Statistics to be updated in line with newly released Welsh Index of Multiple Deprivation at FBC stage

Table 1: Key demographic factors

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2.1.4 National Policy Drivers

The proposed Health, Care and Wellbeing Hub aligns with key Welsh legislation and policy by promoting integrated, person-centred, and preventative care that improves long-term health and wellbeing, consistent with the Well-being of Future Generations Act. It incorporates sustainable building design and green spaces to contribute to environmental goals, while co-locating health, social care, and third-sector services in line with the Social Services and Well-being Act. The Hub advances the vision of *A Healthier Wales* and the Programme for Government by enhancing access, reducing inequalities, and strengthening community support networks, while delivering bilingual services in accordance with the Welsh Language Act.

Key alignments with national policy are outlined below:

| Policy Driver | Alignment with Business Case |
|--|--|
| The Well-being of Future Generations (Wales) Act 2015 | Promotes long-term, sustainable health and wellbeing by integrating preventative services, reducing inequalities, and fostering collaboration between health, social care, and community organisations. It encourages involvement of local communities in planning and decision-making, supporting the Act's goals of a healthier, more resilient, and cohesive society. |
| The Environment (Wales) Act 2016 | The Hub can incorporate energy-efficient building design, sustainable transport access, and green outdoor spaces, contributing to the Act's objectives on biodiversity, climate resilience, and low-carbon development |
| Social Services and Well-being (Wales) Act 2014 | By co-locating health, social care, and third-sector services, the Hub enables integrated, person-centred care, early intervention, and support for children, families, older people, and vulnerable groups, consistent with statutory obligations to promote well-being and prevent escalation of care needs. |
| A Healthier Wales | Supports the shift toward community-based, preventative, and seamless care, embedding multidisciplinary working and enabling proactive management of physical and mental health, in line with the vision for a sustainable, citizen-focused health and care system. |
| Programme for Government 2021-2026 | Advances national priorities, including improved access to health and social care services, stronger community support networks, mental health provision, and tackling inequalities, contributing to overall economic, social, and environmental well-being |
| Welsh Language Act | The Hub will provide services bilingually wherever possible, ensuring Welsh speakers can access health, care, and wellbeing support in their language, reflecting statutory duties and promoting inclusivity. |
| Mental health and wellbeing strategy 2025 to 2035 | The Hub will treat people fairly and provide the support they need so they have the knowledge, opportunities, and confidence to care for their mental health and wellbeing. |
| Children and young people's plan: January 2024 | Support children to have the best start in life, including good early years services e.g. the Flying Start programme which will also support parents and carers. It will provide support for children's mental health and those with neurodevelopmental challenges. |

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|--|--|
| The Strategic programme for primary care in Wales | Support delivery of Primary and Community Care as a whole system approach to sustainable and accessible local health and wellbeing care, focusing on place-based care, care closer to home and multi-professional working. |
|--|--|

Table 2: BJC alignment with National Policy Drivers

2.1.5 Regional Policy Drivers

Regionally, the project is fully aligned with the objectives of the Health and Care Strategy: A Healthy Caring Powys.

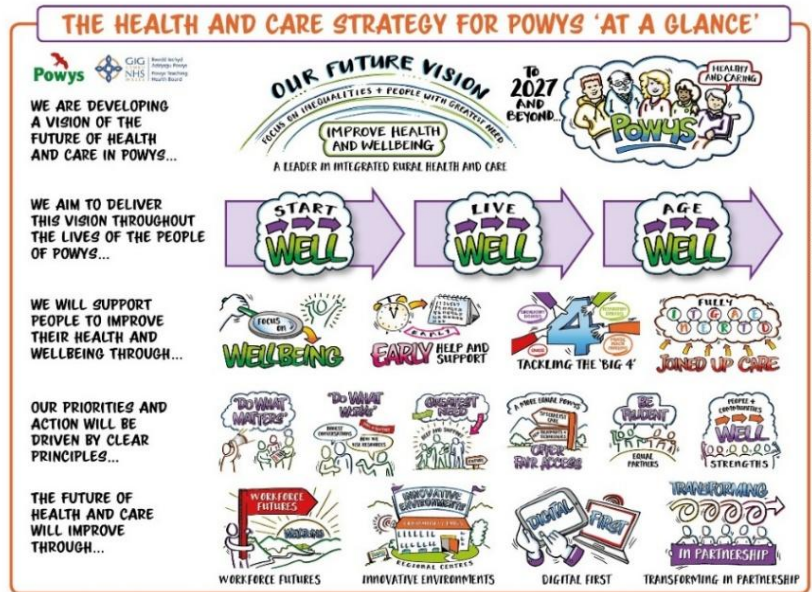


Figure 5: Powys Health and Care Strategy 'At A Glance'

It also aligns with regional strategies by delivering integrated, person-centred, and community-based care that supports the Powys Well-being Plan’s long-term vision for healthy, resilient communities. The Hub addresses priorities in Powys County Council’s *Stronger, Fairer, Greener and Sustainable Powys* plans by promoting equitable access, supporting vulnerable people, and incorporating sustainable, low-carbon design. The Hub also advances the RPB Strategic Outcomes Framework and Strategic Capital Plan by improving well-being, reducing inequalities, and providing flexible infrastructure for long-term service sustainability. Finally, it supports PTHB’s *Better Together* vision through enhanced collaboration, joined-up care pathways, and workforce development across health, care, and community services.

Key alignments with regional policy are outlined below:

| Local/Regional Driver | Alignment with Business Case |
|--|--|
| Towards 2040 the Powys Well-being Plan | Supports the long-term vision for Powys by promoting healthy, resilient, and connected communities. Integrated services, early intervention, and prevention initiatives contribute to improved well-being across all age groups. |

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|---|--|
| Powys Health and Care Strategy 'A Healthy Caring Powys' | By co-locating primary care, specialist nursing, mental health, children's services, and the third sector, the Hub directly delivers the strategy's goal of integrated, person-centred, and community-based care. |
| Stronger, Fairer, Greener – Our corporate plan (PCC) | Aligns with priorities to tackle inequalities, support vulnerable people, promote sustainable communities, and provide inclusive, accessible services, contributing to social, economic, and environmental well-being. |
| RPB Strategic Outcomes Framework | The Hub addresses the outcomes framework by improving health and well-being, reducing inequalities, and strengthening collaboration across health, care, and community services. |
| RPB Strategic Capital Plan | Represents a capital investment in integrated infrastructure, providing flexible spaces for health, care, and community use that support long-term regional service sustainability. |
| PCC 'Sustainable Powys' | The Hub supports working together to design a future that delivers stronger, fairer and greener services whilst remaining within the available budget. It will also contribute to building resilience so community-led solutions can help meet what is needed locally. |
| PTHB 'Better together' | The Hub enhances collaboration between health, social care, and the third sector, enabling joined-up pathways, shared workforce development, and improved service access, supporting PTHB's vision of integrated care. |

Table 3: BJC alignment with National Policy Drivers

2.1.6 Integration and Rebalancing Capital Fund (IRCF)

The Project fully aligns with the key objectives of the Health and Social Care IRCF priority 1: The development of integrated health and social care hubs:

| | Objectives | North Powys Integrated Hub |
|---|---|---|
| ✓ | Co-location of services to enable seamless delivery | Many existing services to be delivered from the 'Hub' are currently being delivered from at least 8 separate locations which is inefficient and prohibits integration. The Hub will create a local single point of access delivering more integrated pathways and support seamless delivery |
| ✓ | A hub and spoke network of integrated facilities | The developing blueprint for integrated hubs will ensure a 'network' of services with larger 'hubs' in more populated areas supporting Rural Regional centres and 'spokes' being developed to support 'care closer to home'. |
| ✓ | A 'no wrong door' principle | The Hub will improve access by providing a 'Front door' to services. It will provide a 'place and space' to support community led activities as well as help, support, advice and wellbeing services, with outreach to wider community and voluntary sector provision. |

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| ✓ | A graduated response | Planning future phases over a 10-year period ensures the areas of greatest need are addressed first allowing the RPB to develop future phases which best respond to population need. |
| ✓ | Town Centres first | Supporting local business by creating a community 'destination' close to the town centre. Quality services and environment as well as training and development opportunities will make Newtown a more attractive place to live and work. |
| ✓ | Proportionate and planned investment | Phase 1 focusses on preventative services to support communities to remain healthy and reduce the burden on hospital and social care services. |
| ✓ | Decarbonisation | The use of low carbon technologies, reducing energy consumption and supporting biodiversity. The Hub will also support 'green' and active travel and reducing travel times for staff and visitors. |

Table 4: Alignment with IRCF Objectives

2.1.7 Key Aims and Strategic Objectives

The Regional Partnership Boards Health and care strategy 'A Healthy, Caring Powys' focusses on the following key aims and strategic objectives:

Our Vision: A Healthy, Caring Powys



Figure 6: RPB Aims and Objectives

2.1.8 Response to Policy and Strategic Drivers

In response to the strategic drivers outlined above, the RPB is working towards a model which aims to:

Further develop the integrated delivery of community-based services

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- Reduce carbon emissions by addressing compliance and backlog maintenance issues and embracing less carbon intensive technologies
- Develop an estate that is fit-for-purpose and better meets service needs
- Maximise opportunities to deliver integrated services as close as possible to where people live
- Make best use of the resources available
- Reduce commissioning costs for out-of-county providers by striving to bring as many services back into Powys as possible
- Deliver services in county where it is both safe and appropriate to do so
- Extend the range and volume of services available
- Ensure children and young people get the best start in life to enable them to become personally fulfilled, economically productive, socially responsible and globally engaged citizens

2.1.9 Strategic portfolio

Working in partnership the RPB has developed a **10-year Strategic Capital Plan (SCP)** in order to support a more strategic and joined-up approach across partners when delivering a joint capital programme.

Completed Schemes

Funded through Welsh Governments Health and Care Fund (HCF), Neuadd Maldwyn is a new purpose-built Independent Living Scheme for older people, offering the unique combination of an independent lifestyle, backed up by 24-hour on-site flexible care and support as and when needed, providing peace of mind now and for the future. The conversion of this neo-Georgian Grade II listed building to apartments has been carried out in a sympathetic manner retaining a wealth of its original features.



Figure 7: Neuadd Maldwyn

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Integrated Hub ‘Blueprint’

In 2024/25 Powys RPB commissioned consultants to develop proposals for a ‘**blueprint**’ of integrated health and social care hubs in Powys to support its vision of developing more **holistic, integrated** services which focus on **prevention & wellbeing** helping communities to remain healthy and independent.

A detailed asset mapping exercise has been undertaken of the health, wellbeing and social care estate across Powys. This has been analysed within the 13 localities of Powys in addition to:

- Population [number/density]
- Population [age, with a focus on 0-14 and 75+]
- Deprivation

This work is being developed alongside transformation work including ‘**Sustainable Powys**’ and ‘**Better Together**’. This is work in progress with outcomes yet to be determined.



Figure 8: Potential Integrated Hub blueprint

Powys has no single large population centre. There is a mixture of large towns, small market towns, plus networks of smaller rural communities. The most populous towns in Powys create a ‘spine’ through the middle of the county, from Welshpool and Newtown in the north, through Llandrindod Wells in the centre, to Brecon and Ystradgynlais in the south, linked by main trunk roads.

PCC considers the above towns to be their core hub towns. PTHB’s main hospitals (known as Rural Regional Centres) are clustered in a shorter spine, Newtown, Llandrindod Wells and Brecon, and provide specialist services to a wider catchment population in north, mid and south Powys.

These five towns have the highest populations of all the towns in Powys, and the highest deprivation and most can be accessed within half an hour from surrounding areas (except for Machynlleth and Knighton/Presteigne). The

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emerging plan demonstrates how Integrated Health and Social Care hubs could be delivered in these key geographical towns supported by spoke hubs in more remote parts of Powys.

PTHB & PCC Capital developments

This business case is fundamentally aligned with PTHB’s **10-year capital investment** plan and aligns with the projects already completed/underway as well as with the other programmes and projects within PTHB’s strategic portfolio. Most notably PTHB recently completed a £15M refurbishment at Bro Ddyfi Community Hospital in Machynlleth which included the integration of General Medical Services (GMS), adult mental health, women and children’s services and district nursing. In addition, the scheme included a range of bookable spaces, for use by third sector and community groups, a sensory garden and refreshment area / canteen facility.

Key investments include:

- Llandrindod Wells Community Hospital Development (Phase 1 & Phase 2a) - Rural Regional Centre (Mid Powys) (£13M) – AWCF (Complete)
- Spa Road, Llandrindod, Integrated Health & Care Hub – Phase 1, Mental Health Hub - AWCF (Complete). Phase 2 IRCF (business case development underway)
- Bro Ddyfi Community Hospital Health and Wellbeing Project, Machynlleth – Integrated Health and Care Hub (£15M) - AWCF (Complete)
- Powys Health and Care Academy, Bronllys (£1M) - ICF (Complete)



Figure 9: PTHB Capital Investments

Powys County Council is currently progressing several major capital development projects, many of which interface with this business case. Closely related is the Education Capital Strategic Outline Programme (SOP), including plans for a new primary school building at the park site to co-locate with the Hub. In parallel, the ‘At Home in Powys’

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council housing plan and affordable housing developments such as Robert Owen House are underway, strengthening local housing supply that supports those who will use or staff the Hub. Infrastructure improvements in Newtown town centre, including the Growing Newtown green infrastructure projects (edible gardens, seating, flood-resilience, beautification), are also in progress, improving the local environment and community spaces. Furthermore, social care and wellbeing capital is being invested via new models such as the Day Opportunities reconfiguration (buildings and community assets), which aligns with the objective of integrating support for older adults and vulnerable groups in accessible local settings. Together, these overlapping investments help lay the groundwork for the Hub's success by addressing service consolidation, local infrastructure, community wellbeing, and housing – all critical to ensuring that the Hub is not just built, but well-embedded in the place and population it serves.

2.2 Case for Change

The Case for Change describes the current challenges faced by the Partnership and the need for increased focus on wellbeing, early help and support, new/improved services and facilities. This section highlights 'Business as Usual' (BAU), describing the problems with the existing service model and facilities in Newtown, as well as detailing the investment objectives, benefits and risks associated with the proposed programme.

2.2.1 Existing Service Arrangements

Current health and care services are delivered in a way that is not conducive to collaborative working across organisations and fails to achieve successful integration. Health and care services are disparate and predicated on a reactive model rather than one of wellness and prevention, which is outdated and unsustainable particularly in light of demand pressures currently being experienced across the system. This is leading to less favourable health and wellbeing outcomes for the population. There are a number of barriers that exist between organisations. Often health and social care services have to rely on referring to and drawing data from different systems when trying to determine the efficiency and effectiveness of interventions across the whole system, which in turns presents difficulties in planning effective future service provision. Additionally, there are barriers that exist between community teams across the partnership with variation of service provision, inhibiting a proactive approach to care delivery. The use of 'Discharge to Recover then Assess' (D2RA) pathways is inconsistent and often too many people are defaulting to pathway 3, meaning people are ending up in bedded facilities when they may not need to be there. The shift in focus to wellness and prevention needs to be supported by a robust social model of health and wellbeing, placing an emphasis on the importance of third sector service delivery to mitigate against demand for statutory intervention. Currently pathways are developed independently of the third sector and therefore unnecessary demand is traditionally placed upon statutory services.

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2.2.1.1 Community Resources

Third Sector

Newtown’s third-sector landscape features a rich variety of services: family and youth support, mental health advocacy, befriending programmes, repair and reuse initiatives, and more. These groups are delivering vital community support - but they are also under significant pressure. Financial fragility, limited capacity, rural logistics, and governance challenges are threatening their sustainability. Addressing these issues through better funding models, improved infrastructure, and strategic support would be essential for ensuring these services continue - and thrive.

The RPB recognises that the social determinants of health and wellbeing would be better addressed by a broad range of third sector organisations rather than statutory services. There is currently a broad range of third sector services in existence, but their delivery and sustainability varies. Addressing the social determinants of health requires a collaborative approach, bringing organisations together on one site to provide more holistic person-centred services.

Newtown Library

The library is much more than a place for books - it functions as a digital access point, council services hub, community event venue, financial inclusion partner, and local heritage resource. However, it faces pressures from funding constraints, dependence on volunteer staffing, limited hours, and the risk of future service reduction. Ensuring its sustainability is vital to maintain vital community support across Newtown.

Newtown Library is the county headquarters, and new books are delivered here for onward transmission to the other libraries in Powys. Based on data provided by the service, it is envisaged that the Library will see approximately 250 people per day when the Hub opens. As well as traditional library activity (reading on site, borrowing from the loan collection, and using computer workstations) it supports and delivers an assortment of activities for people of all ages, interests and abilities. These include:

| Education | Wellbeing | Health | Infrastructure |
|--|--|--|---|
| <ul style="list-style-type: none"> • Book loan • PCs • iPads (in child area plus access to online catalogue) • local studies • school visits to learn about books, local history, finding info • Lego Club | <ul style="list-style-type: none"> • Customer service for council (pay council tax, phone and online access to Council, blue badge application, bus pass and parking permits) • Document scan for housing benefits and Blue Badge • Knit and Natter | <ul style="list-style-type: none"> • Books on prescription • Dementia service: singing with Hafren school – intergenerational friendly music group • Loaning of blood pressure monitors • Drop in hearing aid clinic | <ul style="list-style-type: none"> • Support for people who don’t have their own computer (digital strategy) • Wi-Fi • Computer course • One to one digital drop-in sessions • Local job hunting |

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| | | | |
|---|---|--|--|
| <ul style="list-style-type: none"> • After School homework • Newspapers • Adult Learners Wales hire meeting room | <ul style="list-style-type: none"> • Poetry Group • Reading Group • Craft activities • Baby Yoga and rhyme-time • Bus timetables • Mental Health wellbeing coffee, cake and conversation • Prime Cymru group (those out of work who are aged 54+) • Tai Chi | <ul style="list-style-type: none"> • Counselling course • Sensory Garden • Victim support • Carer library cards • Large print and audio books for visually impaired | |
|---|---|--|--|

Table 5: Newtown Library Services

The library service is underpinned by a holistic community-centric philosophy and works closely with other public services to provide for the information and learning needs of the whole community. The service promotes wellbeing and aims to counter loneliness. Displays and exhibitions on topics of interest are frequently mounted, attracting local residents into the premises.

Libraries are regarded as trusted spaces that welcome everyone and offer safe environments. Consequently, libraries can reach many different audiences, particularly children, young people and their families, as well as older people. The service provides assisted on-line access to key health information sites, valuable information and signposting. Library staff have a high skill base and have the capability and capacity to assist users in the search for information; either traditional or on-line.

Libraries represent an underutilised community asset with the potential to support mental and physical health, promote wellbeing, and reduce loneliness. Increasing public awareness of their evolving role within a community hub setting is essential to harness their full value as inclusive, accessible spaces for preventative and holistic support.

2.2.1.2 Primary & Community Care

Community Dental

Primary Care Dental Services are currently delivered from three dental surgery rooms at Park Street Clinic. The services delivered from Park Street includes General Dental Services (GDS) and Community Dental Services (CDS), which provides treatment and care for a wide and very diverse group of patients, who are unable to obtain the more specialised and tailored care that they require within the primary care dental services.

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The dental rooms are small, particularly for those in a wheelchair, and do not meet the requirements of the Equality Act 2010. Capacity and condition are an issue and there are currently limited opportunities to expand services to meet the increasing demand.

There continues to be significant challenges in access to primary care dental services across the UK and these are also experienced in Powys. Although dental access can be difficult to fully map, we know that there are a large number of people in Powys not able to access routine dental care or timely orthodontic treatment. Currently, there are approximately 3,500 patients on the GDS waiting list with approximately 1400 patients having a north Powys address who are awaiting an offer to access general dental services. Some patients have been waiting in excess of three years for an appointment. This backlog has been described as a dental access crisis, particularly affecting rural areas like North Powys. CDS provides urgent dental access as well as courses of treatment for the Powys population. PTHB have been fortunate to grow this team who have been able to manage dental contracts which have had to end. There is further opportunity for growth and workforce development within the CDS, as well as identifying opportunities to grow dental access.

General Medical Services (GMS)

Primary care services are facing increasingly unsustainable pressures and, as such, need to transform the way services are provided to reflect these growing challenges. These include an ageing population, growing co-morbidities and increasing patient expectations, resulting in a large increase in consultations, and the need to address inequalities in access to primary care. Further integration and enhancement of primary and community care is required to alleviate pressures on GP's and Secondary Care, through alternative pathways (including planned care services) to reduce attendances in Secondary Care and enable people to be repatriated sooner.

In north Powys General Medical Services (GMS) are provided via 7 General Practices supporting a population of circa 65,000 residents. In Newtown two of these General Practices provide General Medical Services (GMS) to a population of circa 11,000 residents, one is the main practice, and the other is a branch practice.

Accelerated cluster development in north Powys is underway to manage gaps in the population needs and shift the focus from a medical model of care which focuses on physical and biological aspects of disease to a more social model for health to address the broader influences i.e. social, environmental and economic aspects affecting health. The current lack of co located services to maximise cross sector working, improve access / uptake of wellbeing services is not beneficial to support this shift to enable the population to live long, healthy and happy lives.

Pharmacy

The Health Board provides a wide range of services for safe, effective and prudent medicines use within Powys community hospitals and the wider community and primary care services, through working with doctors, nurses, GPs and community pharmacists as well as other health care professionals and carers. In the Newtown

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area there are three community pharmacies (Boots, Morrisons and Allied Pharmacy) which provide NHS pharmaceutical services to the local population as well as a small pharmacy team employed by PTHB.

The existing arrangements do not deliver the level of medicines optimisation, prescribing support and proactive clinical services required for an enhanced integrated primary and community services. Whilst the wider community pharmacy network will continue to provide pharmaceutical services (including dispensing) for Newtown and the north Powys region, this alone does not meet the identified need for enhanced pharmaceutical care within an integrated, preventative, multi-disciplinary environment.

There is an opportunity to provide an extended pharmacy-led service —such as structured long-term condition management, targeted reviews for high-risk patients, or population-level medicines optimisation clinics. Investment in an alternative hub-based pharmacy model could therefore fill this gap. It will strengthen prescribing safety and quality, support complex patients more proactively, and enable pharmacy professionals to work closely with the wider hub team. This model will complement services provided by existing pharmacies, integrate pharmacy with other services to provide a ‘one stop shop’ approach and support potential relocation of some services.

Community Care

Community Health Care staff including District Nurses, Specialist Nurses and Therapists are based in Newtown hospital which pre-dates 1940's, is in poor condition and poorly utilised. The facility is not conducive to collaborative working, leading to variable practice between services and poorly defined models for frailty and Long-Term Conditions (LTC).

Local Authority staff are based in a building adjacent to the proposed site, some of these teams include Older People Teams, Reablement, Bridging Teams and Occupational Therapies.

Though there are areas of good practice taking place to support delivery of community care such as Reablement, Rehabilitation – Home First services, Community Connectors and Befriending, current service provision is based at different sites with a lack of joined up care, sharing of information and currently has a culture of silo working e.g. dementia services are currently organised separately from Frailty services. These services need to address frailty of memory and physical frailty in a more joined up holistic way, anticipating the physical, mental and emotional needs of individuals with long term conditions. They also need to be further integrated with GP and Pharmacy services to enhance the existing offer with focus on prevention and early intervention.

Podiatry

The podiatry service is delivered from one room at Park Street Clinic. The podiatry room does not have any support facilities and does not meet the recommendations of either the Welsh Health Building Notes (WHBN) or Welsh Health Technical Memoranda (WHTM). Additionally, larger spaces would be required to improve wheelchair access and better meet the requirements of the Equality Act 2010.

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2.2.1.3 Children & Family Services

In north Powys families are supported by a range of teams including fostering, adoption, children’s locality teams (0– 18), care leavers teams, children with disabilities, youth justice service, integrated family service team, Powys children’s front door, safeguarding & quality assurance and children’s commissioning team. Children’s Social Care Services in Newtown are delivered from a range of buildings including; Ynys Y Plant, Park Street Clinic and the Integrated Family Centre.

| Ynys Y Plant | Park Street Clinic | Integrated Family Centre |
|---|--|--|
| <ul style="list-style-type: none"> • Action for Children • ALAS (wheelchair assessment, adjustment) • CAMHS • Speech & Language Therapy • Community Paediatric Nursing • Community Paediatrician • Health Visitors • Occupational Therapy • Orthotics • Physiotherapy • Safeguarding • School Nursing • Social Services (Children with Disabilities) | <ul style="list-style-type: none"> • Flying Start (Health Visitors) • Children's Speech & Language Therapy | <ul style="list-style-type: none"> • Flying Start (Health Visitors) • Early Help • Family Information Service • Parenting • Youth Activities • Action for Children • Health Visitors. • Home Start Cymru • Reflect Project • Powys County Council • Credu |

Table 6: Newtown Childrens Services

CAMHS services are no longer located with other services supporting children and young people who are rich in shared knowledge and experience to share in networks of care for children and young people. The children with disabilities social care team are based away from other health care professionals meaning a shared neighbourhood of support for children and young people in north Powys is difficult to achieve.

Newtown Integrated Family Centre

The Newtown Integrated Family Centre (IFC) was developed following a Welsh Government grant allowing for shared office, training, family and contact spaces for professionals, children, young people and families. The centre offers several examples of how increased integration can work in practice and the benefits this can bring; it has resulted in teams working together in one office space, allowing for sharing of information and a joined multiagency approach. Staff have also gained awareness of each other’s roles and all that can be offered from an amalgam of teams. These include joint art projects with third sector partners, aiding both artistic creativity and transition to high school for children, delivered in partnership; singing and rhythm to develop fluency and aid learning to read music; development of children’s park and BMX track through third sector provision, and healthy food initiatives for all ages. Youth activities are also delivered from the Integrated Family Centre, offering a wide range of support and activities to young people 11-25 years by a dedicated team of professionally qualified youth workers.

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However, due to the configuration of the buildings, staff are working in cramped conditions, and it is not possible to fully maximise opportunities for joint or multi professional working centred on the individual's needs. A lack of suitable outside space also presents a barrier for children who are well enough and their siblings who may wish to play outdoors whilst waiting for their health or social care appointment.

The aim is to deliver the vision and ensure children and young people have the best start in life; facilities need to support integrated children's services in one place in Newtown for our young people and those with complex needs in a child friendly environment.

Ynys Y Plant & Park Street Clinic

The current buildings accommodate multiple teams supporting babies, children, and young people, but the facilities are outdated and inefficient. They rely on multiple old boilers, have metal-framed windows, narrow corridors, and entrances that are difficult to navigate with wheelchairs, walking frames, or buggies. Parking is limited and lacks covered areas, making access challenging for families.

Child-focused services need spaces that encourage interaction, play, and exploration as part of learning and support. However, neither site provides safe or adequate indoor or outdoor play areas, restricting opportunities for children to run, explore, and thrive. The buildings also lack suitable breakout and collaborative spaces for staff, limiting wellbeing and innovation. While teams continue to deliver high-quality clinical care, the outdated infrastructure undermines the environment in which that care is experienced by children and families.

2.2.1.4 Mental Health

Adult Mental Health Services

The majority of Mental Health services are based in the Park Offices. The Crisis Home Treatment Teams, Dementia Home Treatment teams and Neurodevelopmental Teams are based in Fan Gorau Unit at Newtown hospital.

The recently established 'single point of access to mental health services in Powys, aligned to the national 'NHS 111 Press 2 for mental health service', has improved access to services and ensures a quicker response to patients. Further action is needed to improve wellbeing, with a focus on prevention, to prevent people's needs from becoming worse, and to manage the increasing complexity of mental health demand.

The current buildings where mental health services are delivered do not provide an appropriate therapeutic environment, with access to wellbeing and third sector services to support recovery, healing and promotion of self-management.

Children & Adolescent Mental Health Services (CAMHS)

Powys CAMHS offers assessment and treatment for children and young people who have or are thought to have mental health problems or emotional health difficulties. The team includes Clinical Psychologists, Consultant Child & Adolescent Psychiatrists, Specialist Nurses, Primary Mental Health Workers, Child Psychotherapists and Counsellors. An Integrated Autism service is also available.

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The teams work from Newtown hospital and Park Street Clinic. These buildings do not provide a welcoming space for children with access to outdoor spaces. The services are not well-integrated with the broader community to provide seamless care pathways to support a holistic approach to care.

2.2.2 The Built Estate

The geographical distribution of PTHB’s estate and its functionality has evolved around traditional patterns of care and much of the estate is now outdated. PTHB has the oldest built estate in NHS Wales, with 38% predating 1948 (compared to the Wales average of 12%) as well as the ‘least new’ estate with only 5% being built post 2005 (compared to the Wales average of 23%). This means that the Health Board has some unique challenges in terms of maintaining building stock.

Similarly, PCC has some challenges with the existing built estate existing estate, with the two existing schools being identified as condition categories C and D. As such, the Partnership (particularly health) is managing sites with high levels of backlog maintenance, which have significant or high risks of non-compliance or failure. In addition, ageing estates face significant challenges in meeting Net-Zero Carbon (NZC) targets due to outdated building fabric, inefficient heating and cooling systems, and limited space for modern energy-saving technologies. Older structures often lack proper insulation, rely on fossil-fuel-based infrastructure, and require substantial investment to retrofit without disrupting occupants.

By working collaboratively and combining services into a single building, the programme aims to significantly reduce the backlog maintenance across a number of sites whilst benefiting from more efficient space utilisation. This would also release surplus building stock, delivering either cash releasing benefits or potential development opportunities.

The table below demonstrates the maintenance and running costs for the buildings to be replaced by the Hub. This will also be used as the baseline for the economic estate appraisal.

| Building | Approximate Floor Area | Estimated Backlog Maintenance | Current Services |
|--------------------------|------------------------|-------------------------------|---|
| Park Street clinic | 531 | £799,000 | Community Dental, CAMHS, Flying Start (Health Visitors) Children's Speech & Language Therapy, Podiatry |
| Ynys Y Plant | 521 | £748,000 | Children's Services |
| Bro Hafren | 364 | £451,000 | Currently unoccupied due to the building condition/suitability |
| Park Offices | 971 | £1,816,500* | Adult Mental Health services |
| Integrated Family Centre | 503 | £882,000* | Children's Services, Early Help, Family Information Service, Parenting, Youth activities, Action for |

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| | | | |
|-----------------|-------------|-------------------|--|
| | | | Children, Health Visitors, Home Start Cymru, Reflect Project etc |
| Newtown Library | 1223 | £2,140,250* | A range of Education, Wellbeing, Health & support services |
| Total | 4113 | £6,836,750 | |

Table 7: Newtown Build Estate Baseline Data

*Includes calculation to achieve Net Zero Carbon (NZC) targets

The cumulative area of these buildings is currently over 4000m2, however, being delivered from separate services means that there is duplication, issues with poor utilisation and limited opportunities to share accommodation. By integrating services in the Hub, organisations will be able to offer additional services within a smaller footprint, maximising efficiency and utilisation.

Properties that are no longer suitable for service delivery will be addressed as part of the business case development, resulting in an estate of better performing buildings leading to a reduction in the running costs, and a more efficient and sustainable property portfolio, with a reduction in high or significant compliance risks across the partnership.

Developing an estate with innovative environments is a key enabler to the delivery of the eight objectives defined in 'A Healthy Caring Powys'.



Figure 10: 'A Health Caring Powys' Key Objectives

The current estate presents significant challenges when addressing decarbonisation. Existing buildings perform poorly in terms of energy efficiency (insulation/windows, etc.). Most buildings feature gas fired boilers and other carbon intensive technologies and present little opportunity to incorporate modern innovative low carbon technologies due to the cost prohibitive nature of retrofitting existing facilities. The layout of the physical environment also constrains opportunities for more integrated and collaborative services.

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2.2.3 Business Needs

Having explored the existing issues facing current service delivery including building condition and suitability, the need for more integrated joined up services and the current and future needs of the local community the following business needs have been identified:

- To transform health, care and wellbeing services through a new integrated model
- To create a Multi-agency Wellbeing Hub in the heart of Newtown
- To improve the condition, functionality, utilisation and efficiency of the Partnership estate in Newtown
- To make financial savings by operating services that deliver best value for money
- To improve access to services
- To provide service, estate and workforce integration
- To create a sustainable rural workforce
- To reduce backlog maintenance costs
- To maximise opportunities for repatriation and provide as many services as possible close to where people live.

2.2.4 Potential Scope

Newtown faces increasing demand for integrated, accessible, and preventative health and care services. Fragmented provision, rising health inequalities, and pressures on primary and community care are limiting outcomes for residents. Establishing a **Health, Care and Wellbeing Hub** provides an opportunity to bring together services under one roof, strengthen collaboration, and create a focal point for community wellbeing.

The Hub will be designed to:

- Improve access to holistic health and wellbeing support.
- Reduce inequalities by targeting vulnerable and underserved groups.
- Enhance sustainability of services through shared resources and integration.
- Empower local people to take an active role in their own health and wellbeing

The core elements of the proposed scope are shown in the diagram below:

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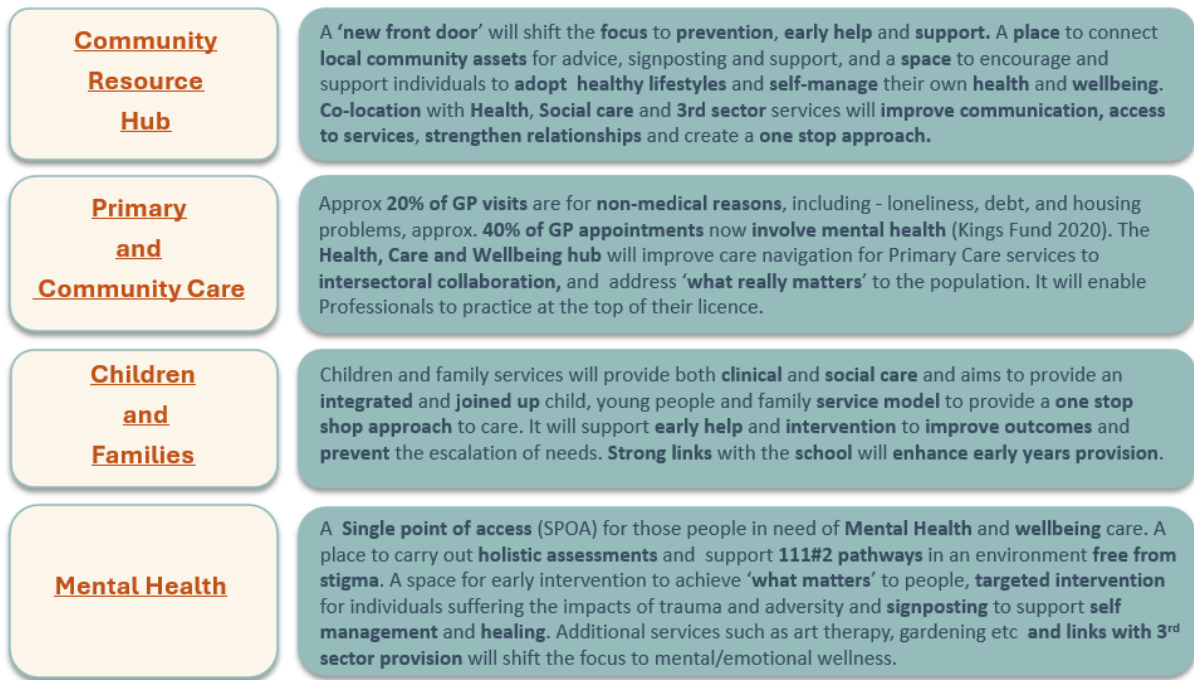


Figure 11: 4 Core elements of 'the Hub'

The scope for each element is summarised below, further information can be found in the Target Operating Model (Appendix A), Service Briefs (Appendix B) and Schedules of Accommodation (Appendix C).

2.2.4.1 Community Resource Hub

The purpose of the community resource hub is to support the shift to prevention, early help and support. A place to connect local community assets for advice, signposting and support, and a space to encourage and support individuals to adopt healthy lifestyles and self-manage their own health and wellbeing.

Co-location of the library with Health, Social Care and Third Sector services will improve communication, access to services, strengthen relationships and create a one stop approach.

A 'Front Door' to services

Front-door services in integrated health, care, and wellbeing hubs benefit users by providing a single, streamlined point of access to services, leading to quicker, more appropriate support and a better user experience. For services, they improve resource efficiency, enable data-driven service design through better information gathering, promote collaboration between professionals, and enhance system resilience. Ultimately, a strong front door helps to prevent needs escalating, making the Hub more effective at delivering personalised, community-focused care.

Embedding third-sector organisations at the Hub's front door will create a welcoming, accessible gateway to holistic support. Trusted community groups can provide signposting, social prescribing, early intervention, and peer support, addressing issues such as debt, housing, carers' needs, and mental wellbeing. Their presence reduces pressure on statutory services, ensures people are connected quickly to the right help, and strengthens the Hub's role as a true community anchor.

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In order to facilitate as many groups and activities as possible these services will be supported by a number of multi-functional bookable spaces.

| Functional Content | Quantity |
|----------------------------------|----------|
| Multipurpose group rooms: Small | 3 |
| Multipurpose group rooms: Medium | 2 |
| Multipurpose group rooms: Large | 1 |

Table 8: Core front door functional content

Library services

A library within the Hub offers a welcoming, stigma-free space that encourages community use and complements clinical services. It supports health literacy, digital inclusion, and lifelong learning, while also providing activities that reduce isolation and promote mental wellbeing. For children and families, it offers story sessions and learning opportunities that align with early years support. By attracting a wide cross-section of the community, the library strengthens prevention, engagement, and the Hub’s role as a true community anchor. By including this facility within the Hub, the library will be able to reach a wider cross section of the community.

Training and Education

Including training and education services into the Hub strengthens sustainability, service delivery, workforce planning, and community impact. It will serve as a centre of excellence for workforce development, offering space for continuous professional training, placements, and apprenticeships. This not only helps attract and retain skilled staff locally but also builds a pipeline of future talent in health and care.

Education will extend beyond professionals: patients, carers, volunteers and families will have access to workshops and learning programmes to support prevention, condition management, and improved health literacy. By positioning the Hub as a learning environment for staff and community alike, it creates a culture of innovation, collaboration, and empowerment. Training and education will ensure the Hub is not just a place of care and support but a driver of long-term resilience, opportunity, and wellbeing for Newtown.

Including a simulation suite will offer a unique opportunity not only to support medical students but also unpaid carers and volunteers, who provide an essential service in reducing the requirement on health and social care staff to provide ongoing care and keeping people out of hospital and/or care homes. The suite will provide individuals with the key skills required to care for people safely at home and complement the education and training facilities positioning them as strategic anchors for the sustainability of the rural health workforce.

In addition to the flexible spaces detailed above, specific education spaces are to be provided:

| Functional Content | Quantity |
|------------------------|----------|
| Academic library | 1 |
| Study booths | 3 |
| High/Low fidelity room | 1 |

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Table 9: Core education functional content

Wellbeing and lifestyle services

Flexible, bookable group rooms will allow health, care, and third-sector partners to deliver a wide range of wellbeing and lifestyle activities under one roof. These spaces will support prevention and community engagement through activities such as group consultations, condition-management workshops, parenting and youth programmes, peer support, exercise, nutrition, and digital skills. By creating adaptable rooms that serve both clinical and community purposes, the Hub will act as a vibrant anchor for Newtown, fostering collaboration, resilience, and healthier lifestyles.

Refreshment Area

The addition of a refreshment area / canteen facility will foster social connection, provide a comfortable space for work and relaxation, enhance community engagement, and serve as a central, convenient location for people to access services and interact. This facility will create a vibrant, multi-functional space that support modern working styles, provide essential amenities like Wi-Fi, and promote a positive culture by acting as a natural gathering point. The refreshment area / canteen facility within the Hub will fundamentally provide on-site refreshments for staff as well as visitors whilst waiting for appointments, family members or those waiting for pharmacy services and prescriptions. It is currently anticipated that this service will be run by PTHB staff at either revenue neutral or revenue positive. However, there are opportunities for Third Sector to run the facility and or to establish links with local colleges (NPTC students) and supporting vulnerable adults which will be further developed during the production of the Full Business Case (FBC).

Outdoor Spaces

Incorporating outdoor spaces into the Hub will promote physical activity, relaxation, and social connection, all of which support better physical and mental wellbeing. Green areas can be used for community gardening, walking groups, outdoor exercise, and family activities, while also providing calming therapeutic environments for patients, carers, and staff. By extending services beyond the building, outdoor spaces help the Hub foster healthier lifestyles and stronger community connections.

2.2.4.2 Primary & Community Care

Community Dental

Providing an additional two dental chairs alongside the three currently located at Park Street Clinic, will significantly improve access to oral health care in Newtown. Dental services are in high demand, with many residents facing long waits, limited availability, or the need to travel for treatment. Locating dentistry within the Hub ensures it is integrated with wider health and wellbeing services, supporting early intervention, prevention, and education around oral health.

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This benefits families, children, and vulnerable groups who often find it difficult to access regular dental care. It also provides opportunities for joint working with primary care, health visiting, and wellbeing programmes - for example linking oral health promotion to healthy eating, smoking cessation, and parenting support. By including dental services within the Hub, we not only expand local capacity but also strengthen the Hub’s role as a one-stop centre for holistic health and wellbeing.

| Functional Content | Quantity |
|-----------------------------|----------|
| Dental Treatment Room | 3 |
| Large Dental Treatment room | 2 |

Table 10: Core Dental functional content

Pharmacy (Enhanced GP and Pharmacy Community Model)

The pharmacy element of the Hub will support integration with primary and community services. It will focus on deploying pharmacy professionals to strengthen medicines optimisation, support long-term condition management, and improve safe prescribing across the local population. Pharmacy professionals working from the Hub could provide targeted Summary Medication Reviews, prioritising groups who gain the greatest benefit - such as people with polypharmacy, high anticholinergic burden, frailty, respiratory or cardiovascular disease, and those at risk of medicine-related harm. These reviews align with national prescribing priorities and support the Community by Design aim of delivering a more preventative, community-focused model of care.

The Hub could also support the relocation of a community pharmacy or host 24 hour collection lockers for medicines that have been dispensed by an external community pharmacy provider, replicating models successfully piloted in other parts of Wales. This improves convenience and access without a community pharmacy provider operating from the hub itself.

The proposed pharmacy team will work as part of the wider multi-disciplinary team within the hub. Their contribution will include:

- preventing avoidable medicines-related harm
- optimising treatment of long-term conditions
- supporting deprescribing and evidence-based prescribing
- providing education and training to the primary and community care workforce
- enabling independent prescribing roles
- contributing to early intervention and prevention strategies

These activities support the “one-stop-shop” ethos of the hub by integrating lifestyle, prevention, and medicines expertise. Any investment required will be justified through improved quality, reduced medicine-related risk, and efficiencies associated with better prescribing, reduced waste, and more appropriate use of medicines. We will be exploring digital opportunities to ensure an innovative offer.

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Dispensing of medicines, will continue to be provided via the existing Community Pharmacy services within Newtown. The hub intends to offer an enhanced service and a range of extended roles that would be able to prescribe and manage people’s medications. Active collaboration with the Community Pharmacies in the local area will ensure appropriate sign posting to maximise the uptake of the broader wellbeing offer within the hub and will explore opportunities for them to use the bookable multi-purpose rooms to maximise the use of clinical space. The transformation of pharmacy services will continue to promote the ‘Pharmacy First’ model acting as an accessible frontline provider of healthcare advice and checks and integration with primary and community services.

| Functional Content | Quantity |
|--------------------|----------|
| Dispensary | 1 |
| Retail | 1 |
| Consult rooms | 3 |

Table 11: Core Pharmacy functional content

GMS Services (Enhanced GP and Pharmacy Community Model)

The GP element of the hub will support integration with primary and community services. To enhance the existing offer, a new combined extended GP and Pharmacy Community service model is being explored with a focus on prevention, shifting planned care into the community, improving local access and sustainability of health services.

This emerging vision will support the national direction to deliver Community by Design which includes supporting a ‘shift left’ by improving access to preventative, enhancing primary and community care (including planned care services) in north Powys. It will also promote sustainability and resilience of primary and community services through a more joined-up offer and reduce unnecessary attendances in secondary care and benefits patients by reducing out of county travel for some pathways of care.

This innovative model has the potential to see multiple GP’s operating within the hub through integrated practice which support ‘one stop shop’ and alternative pathways to secondary care.

The benefits of this approach include:

- Supports the national and local strategic direction to ‘shift left’ and enhances primary and community care provision, reducing attendances in secondary care.
- Enables integrated working with community teams and enhanced services to proactively support chronic disease management.
- Enhanced continuity and sustainability of primary and community care services.
- Re-direct capacity to manage winter pressures and chronic conditions.
- Promotes sustainability and resilience of General Practice through collaborative service delivery.

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- Improved patient access and experience by offering extended hours and a wider range of services in one location.
- Optimised use of shared infrastructure, technology, and workforce.

| Functional Content | Quantity |
|--------------------|----------|
| Consult Exam Rooms | 3 |
| Treatment | 1 |
| Phlebotomy | 1 |

Table 12: Core GMS functional content

Community Care

The Hub will provide a clinical base for services such as District Nursing, Podiatry, and Specialist Nursing (including Diabetes, Lymphoedema, Tissue Viability, and Palliative Care). Bringing these services together will enable a seamless, preventative model of care that supports people throughout their life course—from maintaining health and managing long-term conditions to receiving compassionate end-of-life care. This will also strengthen links between specialist teams, primary care, and wellbeing services within the Hub and support development of alternative pathways to secondary care through integrated working with GP and Pharmacy services.

Co-locating adult Community Health and Social Care teams in an adjacent building using an agile approach will create a more integrated structure and a stronger community team. This will promote collaboration between professionals, help to reduce duplication, and deliver quicker, more coordinated support for patients. It will enable joint assessments and embed a recovery-focused approach that helps people stay well, avoid unnecessary hospital admissions, and ultimately achieve better outcomes.

In order to maximise utilisation these services will be delivered by a core number of spaces to be shared across a number of teams:

| Functional Content | Quantity |
|-----------------------|----------|
| Flexible clinic Rooms | 2 |
| Treatment | 1 |
| Podiatry | 1 |

Table 13: Core Community Care functional content

2.2.4.3 Children & Family Services

Integrated Family Centre

Re-providing the Newtown Integrated Family Centre within the Hub gives children, families, and staff access to enhanced facilities such as bookable group rooms, a children’s library, sensory and outdoor spaces and staff/visitor welfare areas. The environment will be carefully designed with children in mind, creating a welcoming and stimulating space. Co-location with health, mental health, dental, and community services supports early intervention, seamless referrals, and holistic care, while fostering community engagement and workforce

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collaboration. The provision of library and family centre strengthens the Hub as a central, trusted, child-friendly resource for families and the wider community.

| Functional Content | Quantity |
|-----------------------|----------|
| Large multi-use room | 1 |
| Medium multi-use room | 1 |

Table 14: Core Family Centre functional content

Children’s Health and Care services

Bringing children’s services currently delivered from Ynys y Plant and Park Street Clinic into the new Hub will create a modern, family-friendly environment where health, care, education, and community support are co-located. This will improve access for families, reduce duplication, and enable earlier intervention through closer working between professionals.

The move creates strong synergies with:

- Integrated Family Centre – aligning early years, parenting, and family support with clinical and therapeutic services.
- Library – linking children and families to reading, play, digital learning, and community activities in a safe, welcoming space designed with children in mind.
- CAMHS – supporting seamless pathways between universal, targeted, and specialist emotional wellbeing services.
- New Local School – providing health and wellbeing support alongside education, making services more accessible for pupils and their families.

Together, this creates a holistic, child-centred offer where families can access a wide range of support in one place, reinforcing prevention, early intervention, and community resilience.

| Functional Content | Quantity |
|-----------------------------------|----------|
| Assessment / measurement (shared) | 1 |
| Consult exam rooms | 4 |
| Large Clinic Rooms | 2 |

Table 15: Core Children’s services functional content

2.2.4.4 Mental Health

Adult Mental Health

Including adult mental health services within the Hub will make support more accessible, reduce stigma, and promote integration with primary care, social care, and third-sector services. Co-location allows for earlier intervention, smoother referral pathways, and more holistic, person-centred care. Being part of a wider community

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facility also helps normalise access to mental health support, breaking down barriers and encouraging people to seek help earlier.

| Functional Content | Quantity |
|------------------------|----------|
| Consult exam rooms | 6 |
| Therapy / Clinic Rooms | 2 |

Table 16: Core Mental Health services functional content

Children & Adolescent Mental Health Services (CAMHS)

Including CAMHS within the Hub will improve access for children and young people, bringing mental health support closer to other key services such as the Integrated Family Centre, primary care, schools, and community resources. Co-location strengthens early intervention pathways, reduces stigma and enables a more holistic approach by linking CAMHS with family, educational and wellbeing support. This creates a joined-up, child-centred environment where young people can get the right help at the right time.

| Functional Content | Quantity |
|-------------------------|----------|
| Consult Exam | 4 |
| Family Therapy (Shared) | 1 |
| Observation (Shared) | 1 |

Table 17: Core CAMHS functional content

2.2.5 Utilisation

The cumulative floor area of the services to be delivered from the Hub replaces over 4,100m² of existing space for the public sector services (saving circa 600m²). Additional services will also be incorporated, including training and education, community care, pharmacy and canteen, creating circa 600m² of space that doesn't currently exist in the public sector estate. The overall/gross proposed area of the new building is 3,500m² which demonstrates the approach to maximising room usage, reducing duplication and eliminating waste.

One of the key ways in which efficiency has been improved is by examining the current utilisation of spaces and moving lesser frequent requirements into shared, flexible spaces. For example, the family centre, currently has 2 large spaces (50m²) which are used for services such as baby bank (open monthly), breast feeding group (weekly), youth café (weekly) and other group sessions. In the new facility the family centre will have one dedicated large space and have priority booking over a second shared space, which is appropriately sized for these services.

To support the developed schedule of accommodation a utilisation study has been undertaken (**Appendix D**).

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2.2.6 Integration

Much is talked about across the health and care sector of integration and different people will have differing views and interpretation of what that means. Therefore, it is important that we define what integration means across the Multi Agency Hub. It means:



For service users: that they can receive person centred care which is tailored to their needs and preferences and prevents unnecessary repeat visits to access other additional services referred to or having to repeat their stories to new service staff



For staff: different staff groups working together in a coordinated way to provide seamless and joined-up service user centred care, thus improving service user experience and outcomes



For processes: advice and care offered by the Campus services is coordinated into a single or coherent process and operational flows and operating procedures are streamlined for the benefits of service users and staff



For the facility: providing bookable multi-use spaces which are flexible and adaptable to accommodate multi-disciplinary working and facilitating the access of new services on site to further enhance the future proofing of integrated working.

Figure 12: Integration

An integrated model of service delivery, therefore, affords the following key benefits:

- Co-location of community rehabilitation teams, district nurses, and older people's mental health services represents a significant and positive change from the current service model, where these teams operate from separate buildings.
- This transformation is key to fostering a more integrated, patient-centred approach to care. By coming together in a shared space, professionals can collaborate more effectively, offer informal advice and support in real time, and develop shared visions that focus on the whole person rather than isolated conditions or specialist service.
- Breaking down both physical walls and professional silos allows for smoother communication, faster decision-making, and a more unified approach to service delivery. This model not only enhances team cohesion but also ensures that care is more responsive, coordinated, and accessible for patients.
- The benefits of co-location include improved continuity of care, reduced duplication of work, and a more supportive working environment—delivering high-quality care that truly meets the needs of our community
- Supports a preventative model of working.
- Creates positive working relationships which can enhance a Multi-Disciplinary Team (MDT) approach to joint case working.
- Widens expertise around complex clients and those who can 'fall between' services.

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2.2.7 Investment Objectives



Figure 13: Investment Objectives

2.2.8 Main Benefits

A full benefits realisation plan has been developed and can be found in **Appendix E**. The main benefits associated with the development are summarised below:

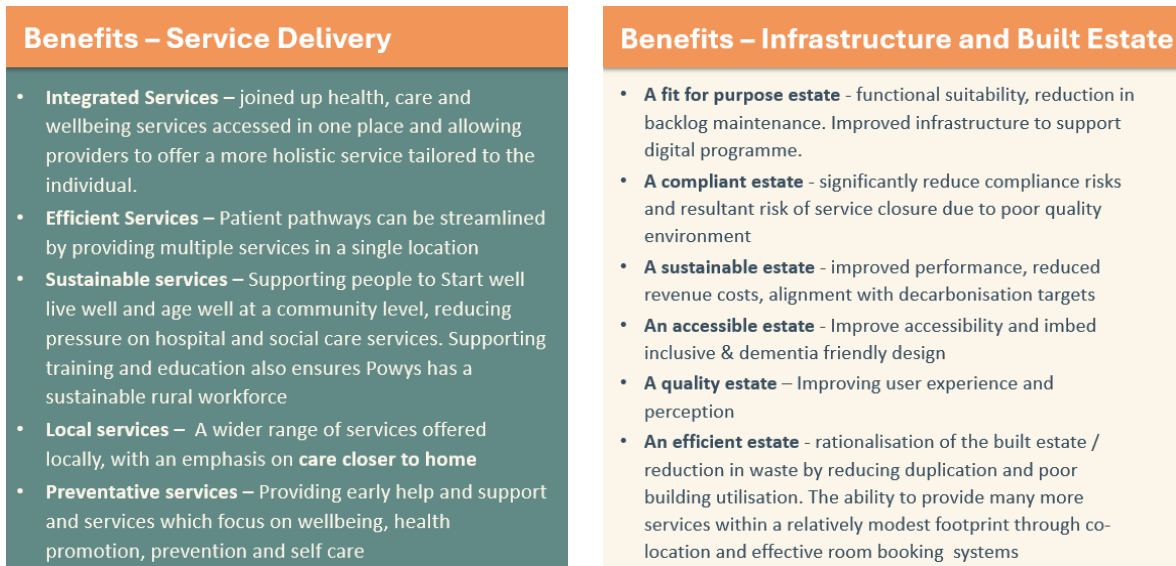


Figure 14: Key Benefits

2.2.9 Main Risks

A risk register has been developed for the scheme (**Appendix F**) however, the main risks associated with the development are summarised below:

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| Risk item | Mitigation Measures | Likelihood | Impact | Risk Score |
|---|---|------------|--------|------------|
| Affordability – Exceeding available IRCF capital funds | Further focus during FBC development to ensure adherence to cost envelope. (noting up to 10% variance allowance between business case stages) | 3 | 5 | 15 |
| NZC – Cost premium associated with achieving Net Zero Carbon targets (for example steel vs concrete frame £1M cost difference) | Alternative construction materials and methodology being considered | 5 | 3 | 15 |
| Heritage - Due to the site's proximity to the Scheduled Monument there is a likelihood of archaeological deposits being found which could lead to delays and or additional design works | Heritage desktop study has been undertaken during RIBA 1 & 2. Detailed heritage survey to be undertaken in RIBA 3. | 4 | 3 | 12 |
| Conservation – Planning conditions associated with conservation area | Early engagement with Powys Council and CADW. DCFW review undertaken. | 4 | 3 | 12 |
| Government election periods and pre-election period could elongate the approval period of SOC/OBC and FBC | Election periods to be considered within the programme. | 4 | 3 | 12 |

Table 18: Main Risks and Mitigations

2.2.10 Constraints & Dependencies

The key constraints and dependencies of the development are:

- The site is constrained, leading to limited onsite parking – alternative local parking has been considered in the plan. Local carparks less than 2-minutes' walk from the site.
- Current plan is based on the dependency of further land being purchased to enable widening of the road and provision of a footpath – negotiations are currently underway.

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3 Economic case

Due to the commercial nature of the information in the Economic Case including that publication of this information at this stage may prejudice the ability of the authorities to secure the best price and value for the scheme, this information is currently exempt from publication in accordance with Section 43 (2) of the Freedom of Information Act and is reserved for confidential session

4 Commercial case

Due to the commercial nature of the information in the Commercial Case including that publication of this information at this stage may prejudice the ability of the authorities to secure the best price and value for the scheme, this information is currently exempt from publication in accordance with Section 43 (2) of the Freedom of Information Act and is reserved for confidential session

5 Financial Case

Due to the commercial nature of the information in the Financial Case including that publication of this information at this stage may prejudice the ability of the authorities to secure the best price and value for the scheme, this information is currently exempt from publication in accordance with Section 43 (2) of the Freedom of Information Act and is reserved for confidential session

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6 The Management Case

This section focuses on the implementation arrangements demonstrating how the programme will be delivered successfully to **time**, **cost** and **quality** verifying that it will adopt a methodology that is based on standards of best practice and quality management principles. A project execution plan (PEP) has been developed for the project (**Appendix K**).

6.1 Project Structure

Under the sovereign body of the Partnership, the governance arrangements for the North Powys Wellbeing Programme (NPWP) are delivered under the Regional Partnership Board (RPB). The programme is supported by a number work-streams as set out in the figure below. There may also be a requirement to establish sub task and finish groups as the programme progresses:

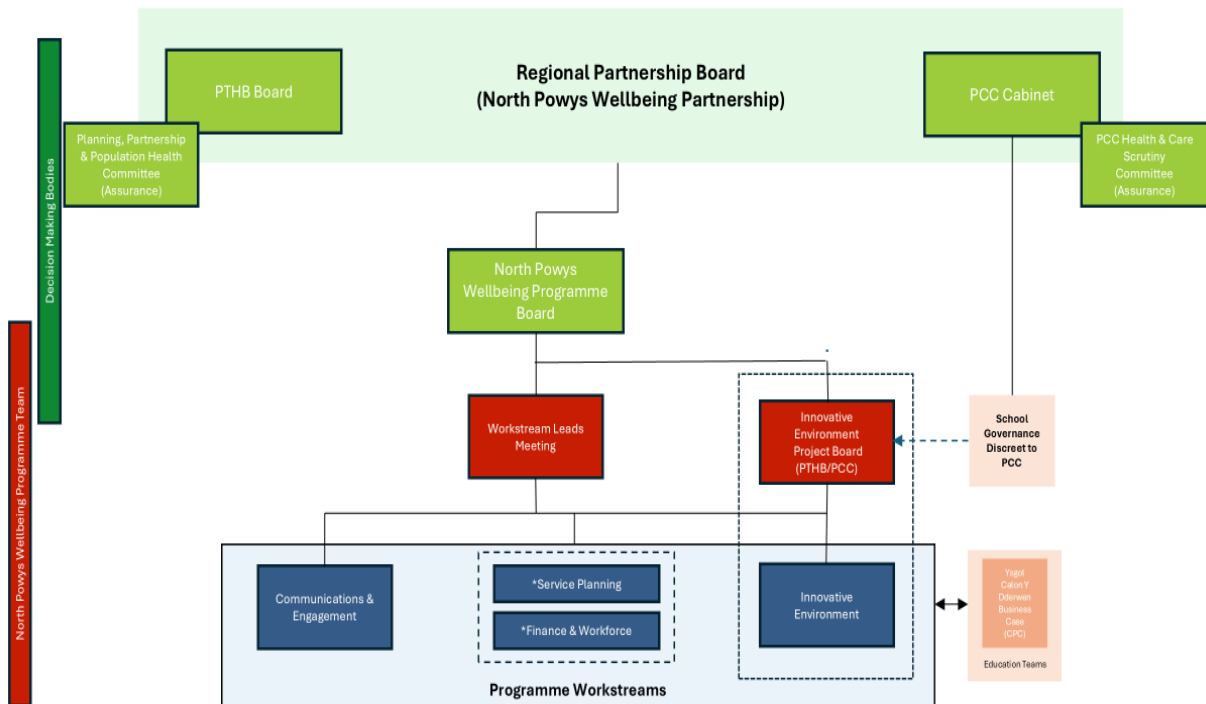


Figure 15: Project Delivery Organisation Structure

6.1.1 Roles and Responsibilities

The delivery of the construction phase of the project will be managed through the Innovative Environment workstream and Innovative Environment Project Board. The Project Board has been set up to oversee the development of North Powys Integrated Health, Care and Wellbeing Hub. This is a Regional Partnership Board development led by the Health Board, incorporating key partners from Powys County Council and Third Sector organisations.

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| Board Member | Position |
|-----------------------------|---|
| Chair | Project Director – Associate Director of Capital, Estates and Facilities (PTHB) |
| Deputy Chair | Project Manager / IE workstream lead – Head of Capital (PTHB) |
| Deputy Chair | IE Workstream lead - Principal Property Manager (PCC) |
| NPWP Rep | Programme Manager (RPB) |
| Capital Finance Leads | Capital Finance (PTHB & PCC) |
| Revenue Finance leads | Revenue Finance (PTHB & PCC) |
| Third Sector Representative | PAVO |
| Technical Services Leads | Environment and Property (PTHB & PCC) |
| Mott MacDonald | External Project Manager |
| Education Lead (PCC) | TBC |
| Shared Services | TBC |

Table 19: Project Board Members

The Project Board's key accountabilities are to:

- Provide strategic leadership and direction
- Provide support and facilitate change
- Facilitate training and development
- Review performance (KPI, financial, etc.) and relationships
- Help to avoid but, if necessary, resolve disputes
- Specify and implement Project Governance criteria
- Approve Project priorities and plans
- Ensure that the Project Budget is managed and controlled and remains within agreed delegated limits
- Monitor the Programme to ensure it remains on course to deliver expected benefits within agreed timescales
- Manage Strategic Risks and define criteria for reporting project status, escalation of risks and issues
- Approve and oversee the strategy for community consultation, communications, publicity and wider stakeholder relationships
- Approve all funding submissions and ensure that funding applications are prepared in accordance with recognised best practice.

A 1 Senior Responsible Owners

The Senior Responsible Owners (SRO's) are:

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Lucie Cornish - Director of Improvement & Transformation, Powys Teaching Health Board

Nina Davies - Director of Social Services and Wellbeing, Powys County Council

The SRO's will:

- agree the business case and budget for the project, ensuring it meets the business objectives, for approval by the Investment Decision Maker
- establish an appropriate project organisation structure and communication processes
- recruit a Project Director and agree Terms of Reference for the Project Board
- ensure that a brief is developed which clearly defines the product and is agreed by the users
- establish a progress and reporting procedure to determine the performance of the project
- approve major changes to the scope of the project and the approach to delivering the product, including the role of arbiter on any disputes which occur on the client side
- alert the Investment Decision Maker with a recommendation on action to take should there be a trend toward cost escalation or delay, or if the objectives of the project change radically
- ensure adequate resources are made available to the Project Director for the delivery of the project
- be seen to demonstrate commitment to the project, clearly promoting it and the benefits that it will bring.

6.2 Project Governance

6.2.1 Gateway Reviews

Generally, the programme will follow the Welsh Government Gateway Review Process. The Partnership Board has already completed a Programme Assurance Review (PAR), as part of an OGC Gateway 1 review. This provided an Amber rating – Demonstrating good leadership but recognised the need to re-engage since the pandemic, with funding and governance for the campus amongst the challenges raised. A number of the actions have been implemented, some are ongoing from Welsh Government feedback, and the Partnership Board confirms that it is prepared to complete the full suite of Gateway reviews as the business case moves from SOC/OBC, to FBC.

6.2.2 Audit

An NHS Wales Shared Services Partnership, Audit and Assurance, Specialist Services Unit (NWSSP-SSU) review is currently being undertaken on the project. The full audit report will be shared upon completion.

The overall objective of this audit is to evaluate the progression and delivery of the project and to assess the adequacy of the systems and controls in place to support the successful delivery of Phase 1 of the programme.

Accordingly, the scope and remit of the current audit will include:

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- Project Performance: Consideration of delivery performance against the key project objectives (e.g., time, cost, quality, etc.).
- Governance - assurance that adequate governance arrangements are defined and applied at the programme.
- Stakeholder engagement – assurance that appropriate stakeholder and user engagement is operated.
- Contractual arrangements – assurance that appropriate tender and appointment processes have been applied and that contractual arrangements have been formalised for the appointed advisors and contractors.
- Project management – assurance that the investment proposal and associated risk is being appropriately budgeted, planned, monitored and progressed within allocated funding and target time scales, etc.
- Design Development - assurance that a robust design has been developed e.g. based on appropriate surveys and user input.
- Other - consideration of any other issues arising from the review relevant to the objectives of the audit.

6.2.3 AEDET

An **AEDET review**, which stands for **Achieving Excellence Design Evaluation Toolkit**, is due to be undertaken on the project at the end of November 2025. The toolkit is used primarily in healthcare and public sector construction projects to **evaluate the design quality** of buildings.

An AEDET review is undertaken to:

- Evaluate and improve design quality
- Support informed decision-making
- Ensure compliance with standards
- Encourage collaboration and learning
- Deliver buildings that are functional, sustainable and positive for users.

6.2.4 Design Commission for Wales (DCFW)

A **Design Commission for Wales (DCFW) review** was undertaken on the project during the development of the RIBA 2 design (A full version of the report is attached at **Appendix L**). The review helps to ensure that proposed capital developments or projects in Wales achieve **high standards of design quality, sustainability, and placemaking**.

A DCFW review is undertaken to:

- Improve the quality of design

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- Provide independent, professional advice
- Support the planning and approval process
- Align with Welsh Government priorities
- Encourage learning and best practice

Report outcomes shared below and considered very positive - this picks up on the 'good location' and 'fantastic opportunity to enhance and create a focal point in the Newtown Park'.

Key Points

- The site is in a good location within Newtown Park and walking distance of the town centre, bus station and railway station.
- A wider masterplan is needed to inform the location, design and connections between the various proposals in the area and realise the fantastic opportunity to enhance and create a focal point within Newtown Park.
- The design of the building is not yet maximising the benefits of its park setting and responding sufficiently to its context in its form and expression.
- The development should prioritise walking, cycling and public transport both within the site and beyond.
- The building should have a flexible design to allow for adaption over time and changes to the variety of service providers that it accommodates.
- A clear and robust case for the demolition of Park House is needed.
- The procurement process must be robust and protect design quality.

Figure 16: DCFW Report Summary

6.2.5 Business Case Approvals Process

The Diagram below illustrates the governance and approval process for the business case submission:

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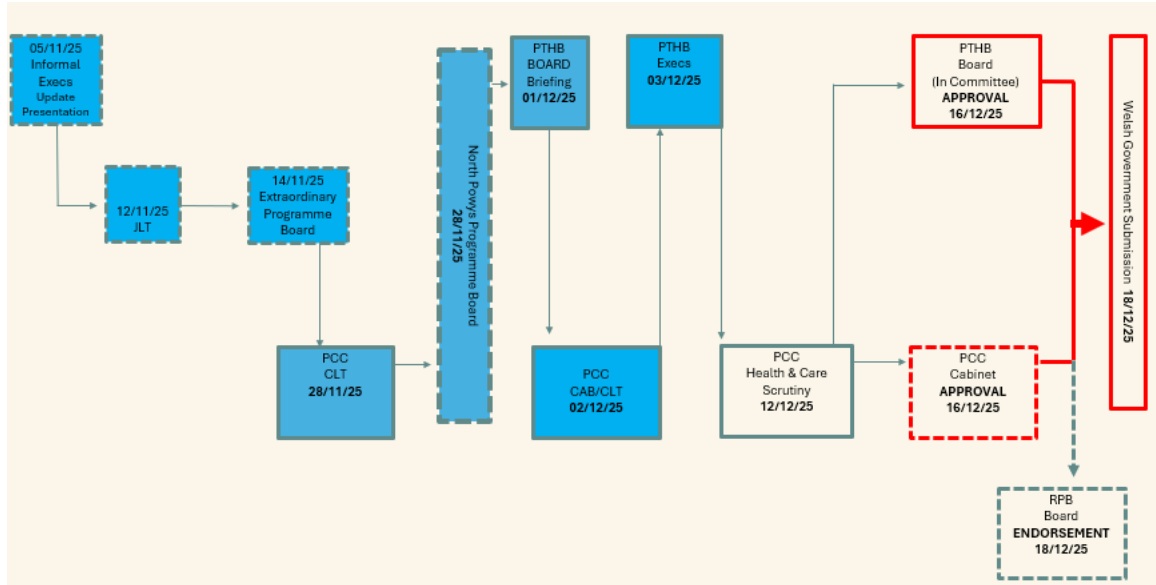


Figure 17: Governance / Approvals process

6.3 Project Plan

A full project programme is attached in **Appendix M**, the key milestones for the project are summarised below:

| Key Dates | Activity |
|-------------------|-------------------------------|
| Endorsed | Campus PBC |
| Approved | Powys Strategic Capital Plan |
| Dec 2024 | IRCF Submission |
| March 2025 | Approval |
| Q3 2025/6 | SOC/OBC Submission |
| Q3 2026/7 | FBC Submission |
| Q1 2027/28 | Construction Start |
| Q3 2028/9 | Anticipated completion |

Table 20: Table of key dates

6.4 Specialist Advisors

At this stage in the project, the following appointments have been agreed:

| Service | Appointment |
|----------------------------|-----------------|
| Architectural services | Stride Treglown |
| Project Manager (external) | Mott MacDonald |

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| | |
|-----------------------|----------------------|
| Cost Advisor | Mott MacDonald |
| Business Case Support | CPC Project Services |
| Health Care Planners | Mott MacDonald |

Table 21: Table of key Appointments

In addition, multiple specialist advisors have been appointed for land and building surveys, in order to form a clear understanding and appreciation of the current estate and de-risk the subsequent project development/activity, for example:

- Arboriculture Surveys – Wilson Tree surveys
- Ground Investigation surveys – Geotechnics
- Topographical & Utilities Survey – Geospatial

Where appropriate, NHS Wales Shared Services Partnership, Specialist Estates Services (NWSSP-SES) have been consulted in respect of Primary Care matters, Decarbonisation, etc.

6.5 Change and Contract Management Arrangements

It is anticipated that the Contractor will be appointed via an NEC Option A PSC Contract; Change Management will be managed strictly in accordance with the Contract.

The change process is followed using Early Warnings and Compensation Event notifications as per the NEC4 PSC contract. The Project Manager will continually liaise with the Project Director / Project Board (Client representatives) to review proposed changes. When the details of the change and the costs are established, the Project Manager will issue a change order request form which will record the approval or rejection of the change.

The change order request form captures detail of the change, the cost and the impact on programme and enables the Client to make an informed decision. The Project Manager shall not implement the change until formal sign off is confirmed by the Client. Where a delay to an instruction would affect the programme, but cost and programme impact are still being determined; the Project Manager will provide the Project Director / Project Board with budget costs and programme to enable an informed decision and reduce the impact on the programme.

6.6 Risk Management Arrangements

A Risk Register (**Appendix F**) forms a key component for the effective management of the project and is produced following a risk workshop at the early stage of the project. The register will be maintained as a live document throughout the pre-construction and construction stages and will be reviewed and updated regularly in a controlled manner.

The Risk Register enables the Project Team to assess the likelihood and impact of any identified risks, taking into account any interdependencies. Likelihood is the evaluated probability of a particular outcome; impact is the evaluated effect or result of a particular outcome. Impact should be considered with time, quality, benefit and cost

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in mind. The Risk Register evaluates the level of risk, by assigning a score to both likelihood and impact, which then translates into a perceived level of risk (green, amber, red). The review and register also captures mitigation required and assigns ownership for these actions.

The Risk Register has been Quantified to support the contingency/Risk Allowance proposed for the project, as the project continues the Risk Allowance remaining will be reconciled with Quantified Risk Register to establish the overall budget risk for the project.

6.7 Benefits Realisation Arrangements

A benefits realisation plan has been developed for the project (**Appendix E**) The plan anticipates the benefits of the project and how they support the broader benefits of the programme. The category of each benefit (in economic terms), how they will be measured and quantified, outlining who is responsible for their realisation. Further work will be undertaken during FBC to strengthen the level of detail in terms of metrics and available baseline data.

6.8 Post Implementation and Evaluation Arrangements

The outline arrangements for Post Implementation Review (PIR) and Project Evaluation Review (PER) have been established in accordance with best practice and are as follows.

Post Implementation Review (PIR) - These reviews ascertain whether the anticipated benefits have been delivered and are timed to take place one-year post construction, i.e. Quarter 3, 2029.

Project Evaluation Reviews (PERs) – These reviews appraise how well the project was managed and delivered compared with expectations and are timed to take place one-year post construction, i.e. Quarter 3, 2029.

6.9 Contingency Arrangements and Plans

The business case currently includes for a Risk Allowance (contingency) of circa 12% of the Project Costs, this has been derived through the quantification of the Project Risk Register.

The Risk Allowance will be used to safeguard project delivery against foreseen and unforeseen risks. The North Powys Integrated Health and Wellbeing Hub has an established decision-making process to ensure rapid response to emerging issues; these measures provide flexibility and resilience to support the project objectives.

7 Recommendation

Date:

Senior Responsible Owner:

Lucie Cornish / Nina Davies

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Director of Finance:

Pete Hopgood / Jane Thomas

Chief Executive:

Hayley Thomas / Emma Palmer

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8 Appendices

- 8.1 Appendix A: Target Operating Model**
- 8.2 Appendix B: Service Briefs**
- 8.3 Appendix C: Schedules of Accommodation**
- 8.4 Appendix D: Utilisation Study**
- 8.5 Appendix E: Benefits Realisation**
- 8.6 Appendix F: Risk Register**
- 8.7 Appendix G: Options Appraisal Workbook**
- 8.8 Appendix H: RIBA 2 Report**
- 8.9 Appendix I: Estates & Facilities Operating Model**
- 8.10 Appendix J: Cost Forms**
- 8.11 Appendix K: Project Execution Plan**
- 8.12 Appendix L: DCFW Report**
- 8.13 Appendix M: Programme**

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