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A Healthier Mid and West Wales

A refresh of the strategy of Hywel Dda University Health Board strategy

January 2026

Executive Summary

Our 'A Healthier Mid and West Wales' strategy, first set out in 2018, described a future where we would provide care closer to home, supporting people to develop, live and age well in their communities.

To do this, we would move from an organisation that treats illness to supporting people to stay well and health through prevention in the community. We recognised that people would still need to use hospitals for those rare life events, but we wanted to create a service which could provide as much care as possible from community hospitals and integrated care centres.

Since the strategy has been published there have been many changes, such as the Covid-19 pandemic which impacted our services, our buildings have become older and in greater need of repair, and the issues we predicted could take place without change have started to appear, with services becoming more fragile as staff age and retire. There have also been more encouraging developments, with the progression of Pentre Awel, moving services into the community and an accelerated digital transformation which has gained more momentum as a result of the need to create digital ways of working.

The strategy refresh has been a process of looking at what we said we wanted to achieve, what we have managed to accomplish and what we still set out to do. We have also engaged with our public to understand what is important to help them live a healthy life, as well as understand what some of those changes could mean to our wider communities. The engagement, as well as the review of the strategy, has helped identify new areas that we want to explore between now and 2040.

Throughout our strategy, we have used what staff, patients and partner organisations have told us during the engagement to help shape our goals, whether that is the development of care closer to home, improvement in our buildings, or considering how people access and get to their care.

While we may need to be more radical in our delivery, we will need to ensure that we are retaining quality within our decision making and our refreshed strategy considers our duty of quality in each of our strategic objectives.

As our strategy will set out the direction of how we provide services in the future, our strategy has looked at goals which support our staff to work in services which are Safe, Timely, Efficient, Equitable and Person Centred Care. We have also considered what we can do to support them ensuring that the enablers of quality are in place.

In summary many of the things that we said in our original strategy still remain, but we may need to do things differently to achieve our goals and recognise that it is the public and our partners who need to play a greater role in our transformation.

01 Healthier lives, well lived

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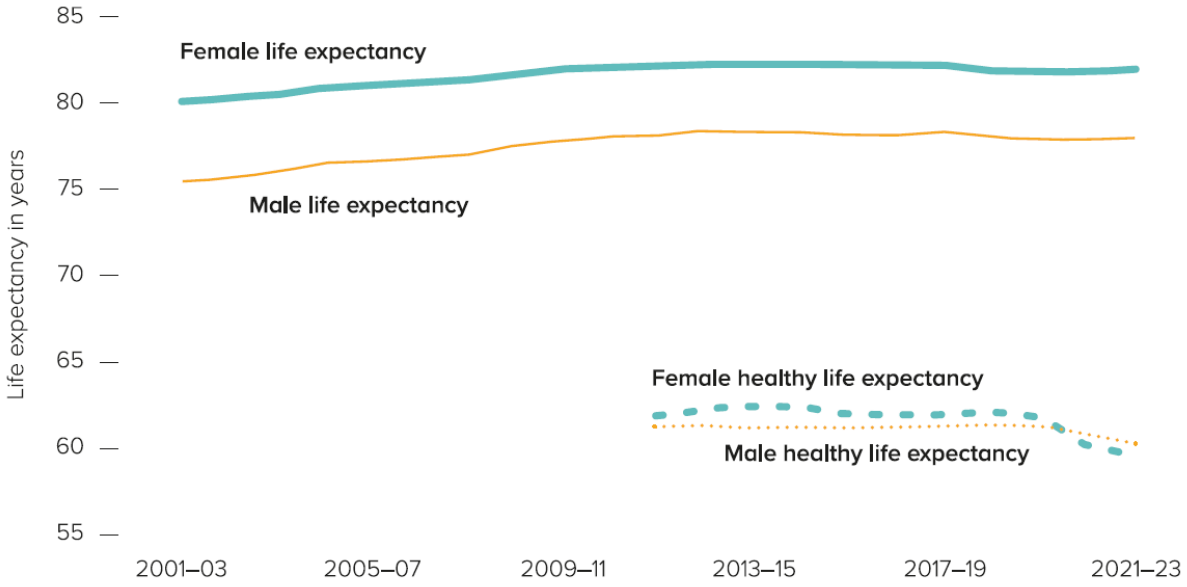
The NHS today

In 2018 we launched our A Healthier Mid and West Wales strategy which looked to fundamentally change the health of our population and the way health care was delivered. The aim of the strategy was to address future challenges, which we predicted would occur if nothing was done, and deliver healthcare in a system which promoted prevention and more care in communities.

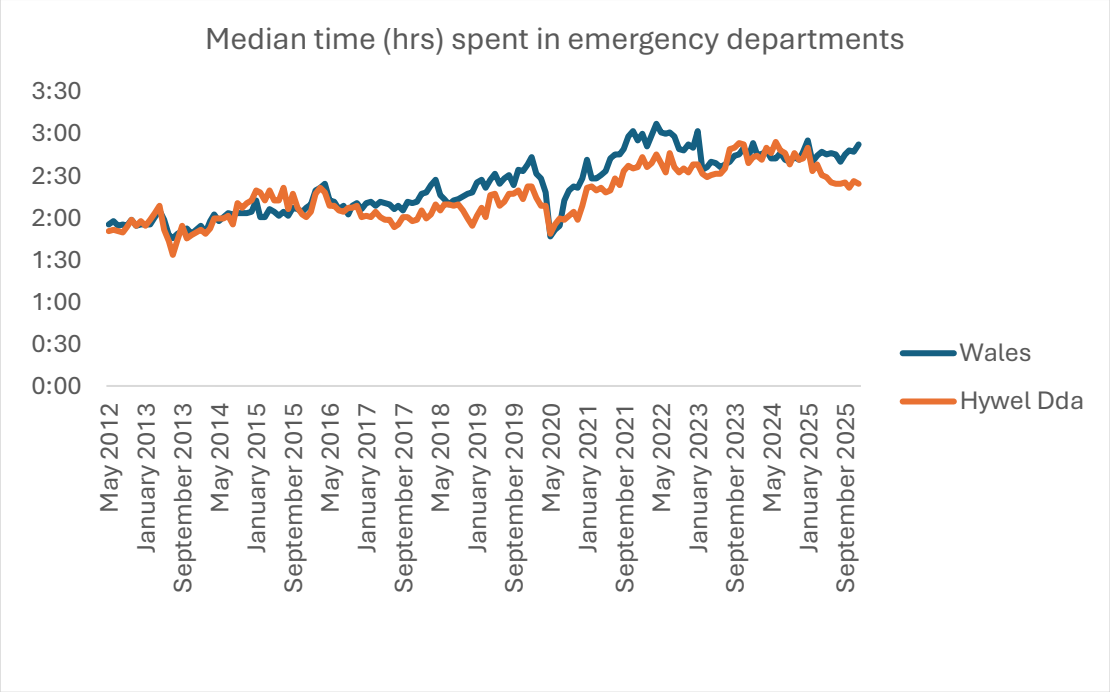
Moving forward to 2025 and the health and care system is under considerable strain. It is no exaggeration to say that, like other parts of the UK (*reference: 10 year plan*), the NHS in Wales is currently facing an existential threat. The factors behind this are numerous and complex.

The long-term trend, since the second world war, of improvements in life expectancy, healthy life expectancy and mortality have all stalled (CMOs Annual Report, 2025) and many indicators are pointing to a less healthy population.



Inflation and economic pressures, including the effects of Brexit, have meant that, despite the NHS consuming a growing proportion of the overall Welsh Government budget (in 2026/27 it will be 55%), Health Boards in Wales are facing substantial financial pressures.

Ambulances do not get to patients as quickly as they previously did and patients spend nearly 50% longer in Emergency Departments than they did a decade ago.



Hospital waiting lists, whilst gradually improving are, post-Covid, at their longest for a generation, with over 1 in 6 of us waiting on a referral to treatment pathway (StatsWales). At current trends it would take NHS Wales 50 years to return to pre-pandemic waiting list sizes. Despite the challenges in hospital care, access to primary care is actually the UK public's top priority for the NHS (The Health Foundation, 2025).

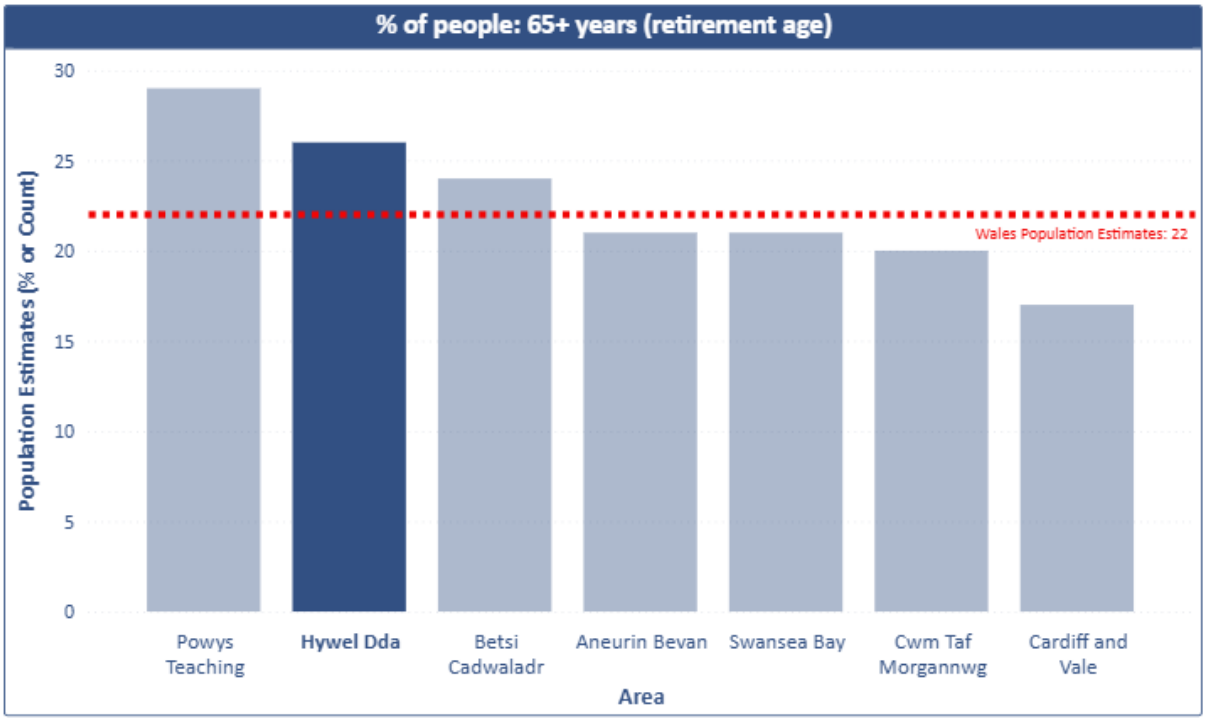
Faced with these challenges it is clear the NHS will need to be bold and deliver significant change yet, at the same time, trust in public institutions is declining and often people do not believe their voices are being heard in decision-making (Future Generations Report, 2025).

The NHS in 2040

Looking forward to 2040, the overall population of Wales is expected to grow, but only by 3.0% (StatsWales), and the population of Hywel Dda by 1.6%. The number of residents in Carmarthenshire is projected to increase by 2.7% by 2040 and 2.0% for Pembrokeshire. However, the population in Ceredigion is falling and is projected to decrease by 2.4%.

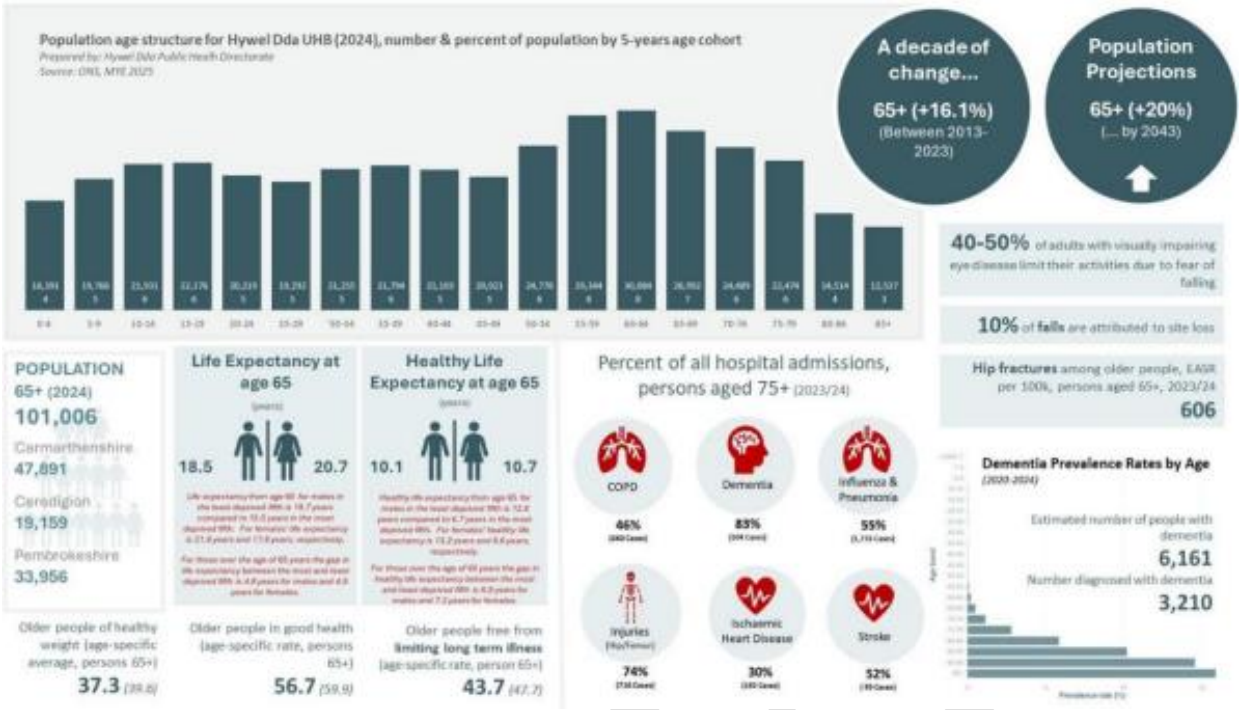
The more significant change is the make-up of our population. We can expect a significant increase in older age groups as the 'baby boomer' generation will all be 65 and above from 2029. Simultaneously, parts of Wales, will see a fall in the working age population, shrinking the potential workforce for health and care services and restricting the country's tax base. The recruitment of internationally trained staff has been vital for the NHS over many years, tighter controls on immigration may further compound these challenges.

It is well documented that the population of Wales is ageing and this is anticipated to add significant demand to the NHS. The proportion of Wales aged over 65 is expected to increase from 22% today to around 26% in 2040. However, the ageing of the population has already happened in Hywel Dda, currently 27% of our residents are over the age 65 and this is expected to increase further to nearly 32% in 2040, with Pembrokeshire reaching 34%. Proportionally, this trend accelerates for older age groups. For example, between 2018 and 2040 the number of people aged over 90 is predicted to increase by 85%, equivalent to over 3800 additional nonagenarians.



Meanwhile the working age population is shrinking across all three counties. By 2040 it is projected that the population aged 16-64 will have reduced by 15,300 with the most significant fall in Ceredigion (15.1%). This combination of more older people and fewer of working age is a trend seen for Wales as a whole, but is particularly pronounced in rural areas – West Wales, Powys and North Wales. The working age population is actually expected to continue to grow for the rest of South Wales, driven by proximity to the three cities of Cardiff, Swansea and Newport. This 'hollowing out' of the rural population presents a significant risk to our communities and the delivery of public services.

The prevalence of conditions such as diabetes and dementia are expected to grow significantly. It is estimated that 79,700 people will be living with dementia in 2040, a 70% increase from 2019, and 260,000 with diabetes if current trends continue.



It is also *highly likely* that there will be an increase in multimorbidity (patients with 2 or more LTCs) bringing added complexity and pressure on health services, with the majority (two-thirds) including a mental health condition (SEA, 2023). The number of people diagnosed with cancer each year is expected to rise from 19,800 in 2017-19 to 24,800 in 2040.

Compared to Wales

Wales
Significantly better
Similar
Significantly worse

	Wales	Hywel Dda UHB	Ceredigion	Pembrokeshire	Carmarthenshire
Healthy life expectancy at birth (females), 2015 to 2017 (Years)	62.0	62.0	65.8	62.7	59.7
Healthy life expectancy at birth (males), 2015 to 2017 (Years)	61.4	62.5	67.4	62.5	60.4
Life expectancy at birth (females), 2015 to 2017 (Years)	82.3	82.9	84.2	83.3	82.2
Life expectancy at birth (males), 2015 to 2017 (Years)	78.3	78.6	79.5	78.9	78.0

If we continue without change, the 2040 predictions for our population are stark:

- The life expectancy gap between the most and least deprived communities will continue to grow, people will die younger
- People will age with more chronic conditions, requiring more support from health and social care services
- There will be shortages of workers, more people will become economically inactive due to poor health

- Services will no longer be able to meet demand, the competition nationally for staff and local workforce will not be here

Put simply deaths will occur which could be prevented, and they can.

The Financial Outlook

Of course, this is not the first time that NHS Wales has faced such stark warnings.

In 2000, the Chancellor announced that a long-term assessment of the trends affecting expenditure on health services would be commissioned. This resulted in the publication of *Securing our Future Health: Taking a Long-Term View*, known as the "Wanless Report" on 17th April 2002. The report, produced by Derek Wanless, set out projections of how much it would cost to deliver high quality services throughout the NHS over the next 20 years. It used scenarios of public engagement with their own health – *fully engaged*, *steady progress* and *slow uptake* – to model demand for health care services and project a range of spend. The Wanless Report concluded that, "*Over the next 20 years, the UK will need to devote a substantially larger share of national income to health care*." The Wanless Report recommended that the percentage of total health spending would need to rise over time from 7.7% of GDP in 2002-03 to between 9.4% and 9.5% in 2007-08, between 10.3% and 11% in 2012-13, between 10.6% and 11.9% in 2017-18 and between 10.6% and 12.5% in 2022-23.

The recent Darzi review of the NHS in England concluded that we are much closer to the 'slow uptake' scenario than the 'fully engaged' scenario. As health expenditure in the UK was 10.9% in 2023 (ONS, 2024), and therefore towards the lower end of Wanless' projections, it perhaps is not such a surprise that the NHS in the UK is struggling today to the extent that it is, particularly given that a pandemic would not have been within the Wanless projections.

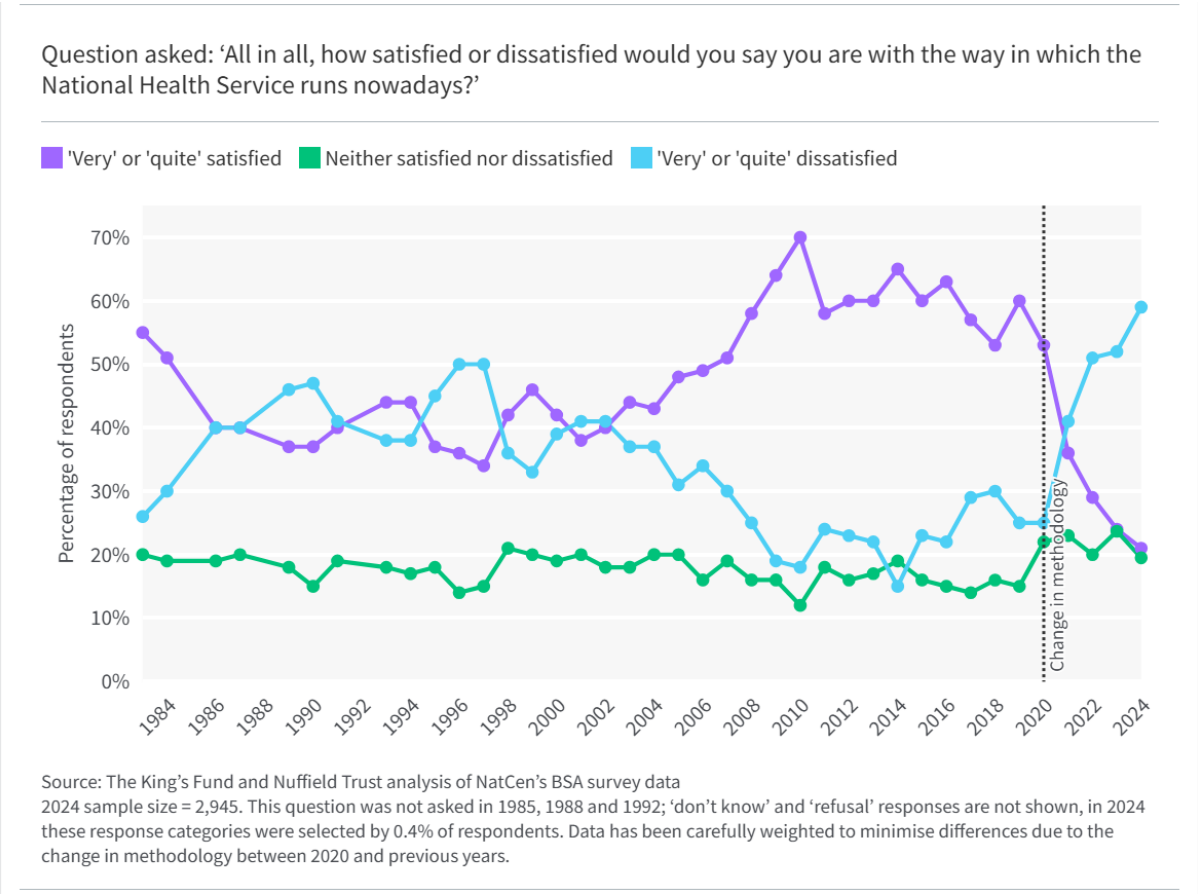
The 2002 Wanless report focused on the NHS across the UK. However Derek Wanless was invited to advise the project team which had been set up specifically to review health and social care in Wales: The Review of Health and Social Care in Wales - The Report of the Project Team advised by Derek Wanless (June 2003).

The foreword of the review about health and social care in Wales stated that:

Generally, the current position in Wales is worse than in the UK as a whole, reflecting trends evident over decades. Wales does not get as much out of its spending as it should; in health, for example, it now places unsustainable pressure on its acute sector.

In the aftermath of the Wanless Report the NHS received an unprecedented 5-year funding settlement, with real terms increases of 7.4% (Health Foundation, 2021).

The funding increases led to substantial staffing increases and improvements in waiting times and outcomes. The proportion of the British public satisfied with the NHS rose to a high of over 70% in 2010.



That seems a long time ago now. In the 15 years since, the UK has gone through a period of significant political, social and economic disruption, with austerity following the 2008 financial crisis and economic recession, the vote to leave the European Union, six Prime Ministers in 8 years, the cost of living crisis and the fifth deadliest pandemic in human history.

Unsurprisingly these factors have combined, along with the anticipated ageing of the population and insufficient progress with prevention and improved health, to place considerable strain on the NHS. Correspondingly, public satisfaction with the NHS has plummeted with the highest proportion of people now stating they are 'very' or 'quite' dissatisfied with the NHS since the survey began over 40 years ago.

The experience of the early 2000s does demonstrate that a combination of sustained investment and reform can result in substantial improvements to the NHS, enabling it to match up with the best health systems in the World (King's Fund 2010).

However that formula looks like it is unlikely to be repeated. Earlier this year the work done on financial recovery was presented to our Public Board and it is clear from that analysis that public finances within the UK are likely to be significantly constrained for many years to come. Key points include: UK Government has not delivered a surplus

since 2001; Government debt is now over 100% of GDP; the higher debt combined with increased interest rates has meant the costs of borrowing have exceeded £100b a year; Public sector investment has been below peer groups since the financial crash of 2008; private sector investment has been below peer groups since Brexit; growth in GDP has been low and there is a risk of no growth. In other words, the sustained investment that was seen on previous occasions when the NHS has faced significant pressures is unlikely to be a route available over the next 15 years.

The position the NHS finds itself in 2025, combined with the anticipated health, workforce and economic pressures over the next 15 years, and the development of new treatments and technologies, means there is a real question about the feasibility of maintaining a *national* health service in Wales, or at least one which is universal, comprehensive and free at the point of delivery. As loved as the NHS is by the Welsh population, it cannot be assumed (and nor should it) that citizens will indefinitely tolerate a health service that the majority are dissatisfied with and does not match up to the best in the World.

The task therefore is a formidable one. Whilst this may appear daunting, it equally offers the opportunity for positive change. Often, when services are 'just good enough', it can limit ambition for truly great care. It is clear that the current situation, combined with the projections for the next 15 years, means anything less than a transformation of our NHS will not be enough. Where our 2018 strategy was innovative, we must now embrace what may be seen as radical ways in delivering our services. This is a strong message in the recently published NHS England 10 year plan and is equally true for NHS Wales. For Hywel Dda we choose to grasp this opportunity and radically transform our health and care system, not just for the NHS to survive but to thrive.

Our mission: Healthier Lives, Well Lived

Health Boards in Wales were established with two purposes:

i) the planning and delivery of health services, and
ii) improving population health and reducing inequalities.

This is reflected in the Model Standing Orders - Reservation and Delegation of Powers for Local Health Boards, which are issued by Welsh Ministers to Local Health Boards. Local Health Boards (LHBs) in Wales must agree Standing Orders (SOs) for the regulation of their proceedings and business.

Standing Order 1.0.1 is:

> *The LHB's principal role is to ensure the effective planning and delivery of the local NHS system, within a robust governance framework, to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for its citizens, and in a manner that promotes human rights.*

Of course, there is a relationship between these two functions, and both are ultimately a means of improving the nation's health and wellbeing, which is the fundamental purpose of the NHS. Whilst within the statute these two aspects are of equal importance, it is fair to say the former (provision of health care services) has tended to dominate the latter (improving population health and reducing inequalities), both in terms of perception and the allocation of resources.

The scale of the challenge facing the NHS means the balance needs to shift significantly. It is not credible that the NHS can simply treat the anticipated growth in demand resulting from the demographic and disease prevalence projections.

It is generally accepted that the social determinants of health and wellbeing (or building blocks of health and wellbeing) outweigh the influence of healthcare services on the health of citizens. Estimates vary but one study reports that approximately 20% of health outcomes are attributable to clinical care (Carlyn et al, 2016).

The same study reports that about 40% of health outcomes are due to social and economic factors, 30% due to health behaviours and 10% due to physical environmental factors.

Similarly, the Australian Institute of Health and Welfare report that:

"According to the WHO, social determinants of health account for between 30–55% of health outcomes."

https://www.aihw.gov.au/reports/australias-health/social-determinants-of-health

(Accessed 30th September 2025)

In other words if our mission is to improve the health of our population then we should be equally concerned about other factors such as education, housing, social care and income; and the more resource that is directed to the NHS the less is available for other important public services.

We therefore have to find another way. The good news is there is significant opportunity to improve the health of our population, which in turn can reduce the demand for health care services. Shifting our emphasis towards promoting good health and wellbeing offers a win-win opportunity, moderating demand for health care services whilst enabling our population to enjoy better health and wellbeing.

Furthermore, in Hywel Dda we aspire to more than treating patients when they are ill. We are passionate about the communities we serve and we want to contribute to making Mid and West Wales a great place to live, characterised by healthier citizens and strong communities. It is for this reason we describe our mission as ***Healthier Lives, Well Lived***. It underlines the wider role we play in society and that we are a *health* service, not just a 'health care' service.

This is a bold ambition and it is clear that we cannot fulfil this mission in isolation. It will require us to work in partnership with individuals, carers, volunteers, families, community groups, the third sector, the rest of the public sector and the private sector to realise our shared goals. In other words, we need your help.

Much of Mid and West Wales is made up of small towns and villages, sparsely populated over a large geographical area, often with poor transport networks and limited access to services and facilities. Our approach cannot be a 'one size fits all' and will require us to work with communities to develop bespoke solutions, capitalising on the assets available.

Through our public engagement we consistently hear a key concern about accessing services and travelling for care. Anyone who has spent time in West Wales would understand this. It is not simply an inconvenience, the time and costs associated with travel presents genuine issues for patients and their families and can even impact on treatment choices. This presents a stark dilemma - we in West Wales accept lower quality, fragile services or we consolidate and add to our travel burden, potentially worsening inequalities. Unfortunately we cannot avoid this reality or solve the transport deficiencies. However what we can do is relentlessly pursue a strategy that aims to reduce the frequency that this travel is necessary.

The vision set out in A Healthier Mid and West Wales, continued in this refresh, was for a health service which promoted good health and wellbeing, maximised prevention, optimised primary care and community services and developed digital solutions to maintain independence and treat people in their own homes. It is through delivering this vision that we will best be able to support our citizens with these transport and travel challenges, whilst at the same time delivering great hospital care when that is required.

This approach is of course not unique to Hywel Dda - they are the basis of most health policies and strategies - but they do carry more significance for us in West Wales given the distances involved and poor transport infrastructure.

Our values and behaviours

To deliver on our mission we need to create the right environment for our staff, public and partners. This includes developing safe working cultures, supporting open and honest leadership, developing trust within the organisation and with others outside. Our values is where this begins.

We all value different things in life: family, health, freedom, personal fulfilment. Our values are ideas that guide our thinking and actions.

While different backgrounds, experiences, knowledge and skills are needed to create a successful organisation, having shared values creates unity and lets people know what is important to each of us.

As an organisation, it is important that we have our own values which help our staff, partners and our patients to understand what is important to us, what makes us stand out from other organisations and underpins everything that we do. These are:

- Belonging – Putting people at the heart of everything we do
- Growth – Striving to deliver and develop excellent services
- Together – Working together to be the best we can be

Our values are more than words, and when we bring them to life through the things we say and do, we create a positive and vibrant organisation for our staff, patients and partner organisations. Our daily actions and behaviours shape the culture that we work in and will support future generations of staff and patients, as well as our long term vision for health and wellbeing in West Wales.

Within Hywel Dda, the behaviours which underpin these values were developed by our staff for our staff and form the nine things which are most important to us, these are:

- Dignity, Respect and Fairness
- Integrity, Honesty and Openness
- Caring, Kindness, Compassion

Our strategic objectives: *thriving teams, healthier communities*, *great care* and *positive futures*

In order to deliver our mission we have identified four key areas where we will need to make progress if we are to move towards our aspiration of ***Healthier Lives, Well Lived***. We have termed these our strategic objectives and are the foundation of our strategy.

We believe that any strategy begins with *thriving teams*, particularly in a people-centred business like health care. These teams should be orientated towards supporting *healthier communities* emphasising a social model for health and wellbeing and enhancing primary and community provision. When required patients deserve to receive *great care*, with timely access, improved health outcomes and high quality services. Finally we should be building *positive futures* where people are born healthy, live and age well, and die with dignity; and the NHS maximises its contribution to building a strong and sustainable society.

Hywel Dda has established Well-being Objectives that reflect the seven well-being goals and five ways of working outlined in the Well-being of Future Generations (Wales) Act 2015.

These objectives not only support the Health Board's implementation of the Act but also foster integrated and collaborative approaches that improve population health and sustainability, aligning with the long-term priorities set out in the revised strategy.

We recognise that we are a part of a wider NHS in Wales, and that our strategy cannot be in isolation. While we have a duty to care for our population, we do this by working with our partners in neighbouring health boards to either seek specialist care for our patients, or provide care for their patients on their behalf. Our aspirations for ***Healthier Lives, Well Lived***, will mean that our strategy will need to consider how services are also planned and delivered regionally and nationally, so that we meet the NHS Wales vision of '*A Healthier Wales'*.

The following chapters set out in more detail what we seek to achieve in each of our strategic objectives and are summarised here:

Thriving teams

Health and health care is fundamentally a people business. The majority of NHS expenditure is on its workforce, professionals are motivated to enter the service to care for others and of course there is nothing more important to people than their own health and that of their friends and family.

West Wales, even more so than other parts of Wales, has traditionally struggled to recruit sufficient staff, particularly in medical and nursing disciplines. This has undermined the development of high performing, resilient teams and contributed to higher costs and greater service fragility. These challenges have often been

compounded by unsustainable service models which have made it harder to recruit and retain key posts.

Substantial progress has been made in recent years in stabilising the nursing workforce, this has allowed us to virtually eradicate the use of nurse agency, improving the quality of care, stabilising teams and reducing costs. Medical staffing is a more complex area to resolve but some progress has been using the learning from the nurse stabilisation programme.

Beyond the workforce numbers it will be important that teams are supported to grow, become more empowered and there is greater equality and diversity across the workforce. The NHS has a tendency to be overly hierarchical, bureaucratic and risk-averse potentially stifling teams in the pursuit of control.

There are good reasons for this, not least the potential consequences for patients and the need for appropriate stewardship of public funds. Nonetheless, the delivery of our vision will require more devolved decision-making and, in particular, an increase in clinical leadership. The recent establishment of Clinical Care Groups is the first step in enabling this change.

The final component of 'thriving teams' is an enhanced focus on customer service. Having well-staffed and well-functioning teams is of limited benefit if those teams are not driven to improve the patient experience, constantly seeking feedback and improving systems in order to simplify and streamline.

Time and again the feedback we receive from patients and families is they struggle to navigate an overly complex system, are frequently redirected from one department to another and are unable to get basic information or easily make appointments. In our view a significant weakness of the NHS, across the UK, has been the inadequate attention given to serving the 'customer'.

In delivering this strategy we will aim to substantially overhaul the interface with patients, making it simpler, more accessible and designed around what works for the service user rather than what is easiest for the service.

Healthier Communities

In West Wales, we believe health starts with ourselves and in our homes, schools, workplaces, and communities — not just in clinics or hospitals. A strong social model means working together with local councils, charities, sports clubs, private sector partners and community groups to support wellbeing. Health is a part of everyday life, shaped by the people who live it.

People like community connectors, volunteers, and carers are already making a difference, with great examples of initiatives which have been generated in individual communities. We want to build on that by listening to what matters most to you —

whether it's help with transport, access to green spaces, or support with food and heating.

By bringing together learning from these communities, we can help others develop the skills and experience, with support from partner organisations, to develop local responses which meet their needs across a patchwork of connected communities.

Great care

We also want to move healthcare directly to people's homes. Whether that is through telemedicine and virtual wards with patients interacting in their own homes virtually with clinicians or enabling people to manage their own healthcare with digital support through apps which they can use any time of the day or equipment to monitor health remotely. Digital healthcare can make things easier — from booking appointments to checking results or getting advice. But we know not everyone has the same access or confidence and we will need to work with individuals, communities and other agencies to help all have the same opportunities.

For some, it's about having the right device or internet connection; for others, it's about trust and knowing your information is safe. We want digital services to feel simple, secure, and supportive — not a barrier. That means offering training, making services bilingual, and always keeping face-to-face options for those who need them. Everyone should feel included.

To support this, we're working to shift more care into communities — so people can get help earlier, closer to home. That might mean more nurses, therapists, or wellbeing hubs in your town or village. If we get that right, hospitals can focus on the most serious cases. We believe that in the future there will be fewer working age people so we cannot rely on just building up our primary care and community teams, we will need to bring those services that are currently provided in hospitals out into local neighbourhoods and shift their focus from treatment to prevention. We've already seen positive examples where fracture and heart failure services have developed preventative services which not only keep people well in their community, but when they do need hospital care, their stays are shorter and they return home faster.

We also know travel matters — especially in rural areas. If you do need to go further, we want to make it easier: more transport options, clearer communication, and making sure the care you get is truly worth the journey. It's about balancing what's safe, sustainable and fair.

Positive futures

As a public body, we are reliant on funding from Welsh Government to deliver our services. With health funding devolved to Wales from the UK Government, any

adjustment in UK health spend does not automatically equate to additional spend for NHS Wales. We recognise that every £1 of additional NHS spend is at the expense of other day to day public spending such as social care, education, leisure services, refuse collection, as well as funding in support of business or for broader services such as Natural Resources Wales.

As an organisation we have grappled with operating within our allocated funding since the formation of Health Boards. There are a range of factors that have contributed to this but the most significant have been our reliance on agency or locum workforce to maintain services where we have been unable to recruit or retain staff, escalating continuing health care costs, unavoidable cost increases associated with providing medications to a population with increasing needs and expanding treatment options and the duplication of services across our acute sites.

We are determined not to hand this on to the next generation and are in a position where we are seeing that overspend reduce. We know we will need to continue to make changes to how we deliver services, to ensure that services are sustainable and affordable for the long-term.

We also want to ensure that changes that we put in place now are suitable for the next generation, which is why we want to develop a Children and Young People's Board to further strengthen how we listen and incorporate the voice of future generations. We already have a Voice of the Child group which has started to inform decision making, but we want to support young people, with development support, to help us shape our planning processes going forward.

Alongside being more efficient, we need to ensure that we are providing the most value to our patients. The principles of Values Based Health Care help us to deliver the best outcomes for patients at the greatest value. Using clinically developed tools to measure the health and wellbeing of patients, as well as conversations with the patients on what their needs are, results in reaching care plans which best meet the patient needs while reducing waste in the system. This support will help us to ensure that going forward we are able to make balanced financial decisions where we are able to invest in our longer-term service provision.

In 2018 our strategy set out an ambitious case for capital investment in west Wales for improvements in our existing estate and development of new infrastructure. The development of our estates would enable more care to be delivered closer to home, as well as address our ageing hospital network. Developing our estates would allow us to consider biophilic design (bringing nature into our environment), as well as ensure that our buildings would be resilient to climate change as well as enabling them to function in an emerging digital landscape.

We believe that the majority of the areas highlighted within the Programme Business Case remain unchanged. Bronglais and Prince Philip hospitals will require ongoing maintenance to support the lifespan of the estates, with adaptations for climate and

future requirements. We also believe that the future role of Withybush Hospital will remain as described in the strategy, with a range of day case, outpatients and diagnostics services with urgent care on site to meet local needs.

As a consequence, we foresee that we will need to broaden our Clinical Services Plan to consider a greater range of services to understand what this would mean across our sites and ensure that we are able to provide safe and sustainable care in the interim. Given the extent of capital investment required, it would be likely that the complete delivery of this investment would occur around 2040, which means we cannot wait for the estates to make changes to our services.

Alongside the strategy delivery we will also need to consider what a revised Programme Business Case would look like, including the location of an urgent and planned care hospital, whether it is a new site or repurposed site, and how our hospital network supports and operates within a wider regional network across mid Wales and south west Wales.

Beyond this is a need to develop resilient communities which are able to adapt and overcome climate change. The impact of climate change has already been recognised and is expected to intensify over the coming years. By developing resilience communities will be protected and able to thrive in their local environment.

02 Thriving Teams

Thriving Teams is about developing a strong and sustainable workforce, where our staff are happy and healthy, and able to provide customer focused person centred care.

Goal 1 – Healthy, thriving teams

Current position

We are dedicated to putting people at the heart of everything we do. This means treating our staff fairly and with respect, regardless of their background or beliefs, and creating an inclusive environment for all.

We achieved a response rate of 20% for the 2024 NHS Wales staff survey, and a 21.9% response rate in 2025, a 9.9% increase on the first survey which took place in 2023, and shows that we are moving in the right direction and that more of us are choosing to share our experiences. We are improving our Speak Up culture to ensure staff feel safe to voice their concerns by improving accessibility, visibility, and trust in the process. We have also incorporated psychological safety into leadership development programmes, to ensure leaders are equipped to create environments where staff feel able to speak up.

We have developed our approach to workforce planning, working closely with Health Education Improvement Wales (HEIW). We have over 70 operational people plans to support services with their workforce challenges.

We continue to showcase and celebrate our outstanding staff through various awards. This includes the Chair's Commendation Awards, which has received 238 nominations since it began and our Hywel's Applause Staff Awards which have been well-received, with many staff feeling appreciated.

We support research and innovation to improve patient care and services. 2024/25 was the final year of our current Research and Innovation Strategic Plan (2021– 2024) and following significant engagement, we have developed a new Strategic Plan (2025-2030) to continue its success.

What we have achieved (since 2018)

We have focused on strengthening our staff retention. For example, we have significantly reduced nurse agency use (down from 324 full-time equivalents in June 2023 to 93 in February 2025) and participated in international recruitment programmes. We have recruited 296 Internationally Educated Nurses and 10 Doctors since 2022.

We have continued to work with young people and engaged with 8,567 pupils, including 2,855 through the medium of Welsh, covering all secondary schools in Hywel Dda. Our programmes supported 1,527 students with health masterclasses, 337 work experience opportunities and 36 virtual taster sessions. 67 students also started the 'Becoming a doctor' programme. Simulation activities have increased interest in Health Board careers from 35% to 63%.

Alongside internal awards recognising the achievements of individuals and teams, we continue to win regional and national awards, recognising the organisations commitment to deliver the best services possible. Examples include:

- Nuclear Medicine Team's 'Walter the Penguin' video to reassure children in their care.
- The PROSTAD joint initiative to tackle the delay in prostate cancer.
- Becoming the first health board in Wales to achieve 'Autism Understanding' status.
- Our Health Visiting Service maintained its UNICEF 'Baby Friendly' accreditation.
- For the fourth year running, our Nutrition and Dietetics Service has retained its top nutritional screeners award
- Our programme to recycle absorbent hygiene products, to lower carbon emissions and improve recycling rate, won a Medi Wales award and was highlighted in Climate Action Wales and Life Stories magazine as an example of good practice in health and life sciences.

We have seen several research and innovation achievements during the past year including:

- Opening a new research office at Withybush Hospital, meaning each of our acute sites have a dedicated and visible research presence.
- Furthering plans to locate research and innovation functions at the new Pentre Awel scheme.
- Consistent improvement in Health and Care Research Wales indicators around women's health, respiratory, metabolic disorders, orthopaedics and primary care.
- Conclusion of one of the first orthopaedic robot research studies and opening one of our first commercial studies at Bronglais Hospital.
- Working in partnership to deliver prostate cancer diagnosis services, harm reduction services, and prevention service initiatives to support elderly and families with young children when facing fuel poverty to stay healthy during colder weather.

What we want to achieve

- *Sustainable workforce in hospitals and communities*
- *Shape organisational culture*
- *To celebrate success and promote innovation*

How we expect to deliver this

- *Creating a positive workforce culture*
- *Delivery of workforce stabilisation programme*
- Implementing the Research and Innovation Strategic Plan (2025 – 2030)

What this might mean for you

We heard during the engagement that people want to see a sustainable workforce that can provide care for future generations, and one that supports innovation while reducing barriers to accessing future care.

People want to see our staff working more closely together both within our hospitals and wider community. People expect to see our workforce coming together to provide a service for everyone, by working with others who are involved in that persons care such as family, carers or volunteer agencies, to provide a single person-centred response.

People also want to see more joined up care taking place, with the ability for their care and information to follow them as they receive their care, from the community to the hospital and home. People don't want to fall between the gaps of pathways and want to know that someone is with them throughout the entirety of their care who they can talk to and understand what is happening to them.

People are keen to see innovation take place, especially in the community, but do not want others to be left behind who may have barriers to accessing that care. They want to see a workforce that can embrace and promote innovation, but bring patients along with them, either by supporting them to learn and use new skills or providing alternatives.

We believe that we will need to provide more care from the home and support future care, while ensuring that we can still provide safe, quality care for those who need it from our hospitals.

What support we will need

We have agreements in place already to work with our local universities to support and promote research and innovation, and our workforce development plans look at the skill mixes within our services to create a balance to support patient needs and make the best use of everyone's skills.

We will need to explore further how we integrate our partners as part of our workforce reviews to create an integrated person-centred approach, as well as support leaders within our organisation to develop workforce cultures that support future care delivery in our hospitals and in patients' homes and communities.

We already work with Health Education and Improvement Wales to plan our training requirements for current and future staff. We will continue to do this, but will need to explore what future training may be needed to support our staff to work differently to provide a preventative and social model of health and wellbeing.

Goal 2 – Customer Service Excellence

Current position

Modern healthcare has changed over time, with new innovations and treatments for conditions, and new ways of how we can deliver those closer to home. We also know that the right treatment may not always be the best treatment, while we may be the experts in healthcare, we need to learn from the experts in experience to find the right solution for everyone.

When we talk about customer service excellence, we are describing how we can empower people to find out about their healthcare, get the right information for them to make decisions, and most importantly hear from them when things don't go right so we can learn and improve.

What we have achieved (since 2018)

As part of the 2018 strategy, we have been looking at how people can gain access to information from one place, a single point of contact, which has a team of staff who are able to answer a wide range of questions and follow up further where needed.

The Communication Hub was in place during the Covid-19 pandemic to help people manage vaccination and testing appointments and has since evolved to support a wider range of services such as dental services and the Waiting List Support Service.

We have also reduced barriers to access to support patients to manage their own care, either through allowing patients to make their own referrals into services to reduce the need for initial appointments and delays for referral, to allowing patients to book test or even access care at a time that suits them through open access radiology.

What we want to achieve

- *To promote a culture of speaking up safely*
- *Promote equality, diversity and inclusion*
- *Provide excellent bilingual services*

How we expect to deliver this

- *Compassionate experiences*
- *Customer service excellence*
- *Community connectedness*

What this might mean for you

We heard during the engagement that people want to see an improvement in how customer service is provided at their first point of contact so that it is consistent no matter how or where they access healthcare services.

People want our staff to feel confident in having compassionate conversations, not just for when things go well, but also for when they don't. Our staff are often present at some of the most significant moments in people's lives, and our public want to be able to have an informed but compassionate conversation about what happens next, and to know where they can get support if needed and not left behind for the next patient.

It is important for people to feel that they have been listened too and understood so that they can trust the information they receive and feel empowered to act on it. Staff should be supported with training and scripts to enable them to provide information that not only meets their needs but is also developed by feedback and experience of previous users, meeting the same quality standard across the organisation.

People told us that materials need to be more than plain language and bilingual, but that the same active offer should be broadened out to support British Sign Language (BSL), audio and easy read formats to support everyone to access information about healthcare fairly.

People have also shared that this needs to go beyond our hospitals and community centres, but into community health services as well so that people can receive the same experience and information wherever they go, ensuring that they are able to access information to make local choices with confidence.

We believe that the feedback around how we communicate and the formats we use will be crucial as we move forward with the increasing use of digital technology in healthcare. We want to constantly improve our customer services, which will require partnership working and support for commissioned services, as well as improving the skills that our staff have to support sensitive conversations and reflect learning when they need revising based on what is shared with us.

What support we will need

Alongside ongoing support to access Welsh Language training for our staff to provide a bilingual active offer across our services, we will need to support our staff to access broader training to support customer service skills.

We will also need to work in partnership with commissioned health services to create a consistent experience across all of our communities so that people can receive the same trusted information from anywhere within the Hywel Dda and nearby area when accessing our services.

03 Healthier Communities

Healthier Communities focuses on addressing and tackling the barriers to health inequalities, strengthening and embedding the principles of the Social Model for Health and Wellbeing with primary and community services by design, and developing resilient communities which are connected.

Goal 3 - ‘20-4-7’ population health

Current position

Our future generations will be both our workforce and our patients, as well as supporting previous generations. While there are steps that people can take to improve their health, it is important that we start to make changes so that future generations live healthier lives.

In order to support a preventative and social model for health and wellbeing, we will need to ensure that we have a consistent approach to support population health, this is our ’20-4-7’ approach.

By focusing support for those in the lowest 20% of the Welsh Index of Multiple Deprivation to tackle 4 key risk factors (Smoking, Nutrition, Alcohol, Physical Activity), we can have the greatest impact on preventing the top 7 disease areas (Cardiovascular, Cancer, Diabetes, Respiratory, Mental Health, Child and Maternity, Frailty).

What we have achieved (since 2018)

The social model for health principles were a key component of the 2018 strategy, and in March 2025 a summit was held which launched the charter and principles which have been adopted by key partners to move the model forward.

What we want to achieve

- *To reflect population health priorities that build in equality of opportunity and human rights, together with plans to reduce health inequalities*

How we expect to deliver this

- *Strengthen prevention services*
- *Advance population health programmes*
- *Monitor performance*

What this might mean for you

We heard during the engagement that there was support for improving prevention and wellbeing services to reduce demand on acute services.

People told us that they are willing to do more to remain fit and healthy but asked that universal services such as leisure facilities were more accessible both physically and financially.

People felt that work should be done to understand what is already working well and not try and build services where they are not needed. Local communities can respond to local needs, however what is needed is support for those existing community groups rather than a new service brought in.

People were worried that services were also not always inclusive, particularly for carers and parents who may have dependents with them, as they are not able to make the most of prevention services.

There was also concern that this would increase the divide for those who experience poverty who may be less able to access the same services that more affluent people can afford.

We believe that while it is positive to hear that there is a willingness to embrace prevention and wellbeing, we will need to work in partnership and rebalance resources to ensure that there are no gaps in provision. While we do not need to provide the same service for every community, we will need to ensure that we are providing equitable support for each community to help them develop the resources they need, while not undermining what already exists and works.

What support we will need

Within Hywel Dda we will need to move our resource from hospitals to communities to create the support closer to home, while maintaining a balance that still allows us to treat people when unwell in hospitals. This will take time and will be supported through our planning processes.

We will also need to work with partner organisations, recognising that a lot of the factors that contribute to health and wellbeing are supported by a wide range of organisations. Whether this is access to education, leisure, transport, or healthy eating.

Lastly, we will need the support of communities to shape what is needed to help them live healthy lives. This will require co-production to ensure that it is locally relevant and meets the needs of the community.

Goal 4 - Primary and community by design

Current position

Hywel Dda has begun work on developing its Primary Care and Community Services Strategic Plan, this will look to incorporate changes such as the Primary Care Model for Wales, which introduces a place-based care model, seeking to increase resources and resilience in local communities.

To support the implementation, a shift in how we plan and deliver services will need to take place where we start with primary and community care, determining how much we can provide as close as home as possible, before we start to consider which parts of healthcare need to be delivered in a hospital. This is what we mean by primary and community by design.

What we have achieved (since 2018)

In 2023, work began on developing an Issues Paper which was presented to Board in March 2024. The Issues Paper also covered services in the Clinical Services Plan, as the same methodology was applied, but had dedicated chapters to explore the issues around primary care services, including workforce, finance, activity as well as what works well.

Following the publication of the Issues Paper, work was done to expand the content to include wider community services, and focused engagement took place with public and key stakeholders around primary care and community services to help shape and develop a strategic plan.

A Mid Point review took place in the autumn of 2025 to reflect on the work to date, what has been shared and carried out, and focus on the next steps to deliver a strategic plan to shape forward service design and implementation.

What we want to achieve

- *To ensure that HDdUHB has a clear vision and strategic direction that secures the long-term sustainability of the organisation, both at local community and wider system levels*

How we expect to deliver this

- *Develop and deliver a primary and community strategic plan*

What this might mean for you

We heard during the engagement that primary care and community services are valued and relied upon by our communities, but that access to them isn't always equitable and that people are concerned about their sustainability.

People told us that they rely on their local services and see them as important for helping them to stay healthy. When they can't access their local services, they are more likely to use hospital services instead. While they know this may not be the best service, it is the only one that can be available to them at times and believe that better community services would reduce pressure on hospitals.

People also said that the greatest barrier to accessing GP services was the "8am queue", where people ring in the morning for appointments and if they are not successful may not get an appointment that day. They would like better arrangements put in place to help them manage booking appointments that are more accessible as phone services do not support everyone, particularly those who are deaf or have hearing loss.

People were worried about the sustainability of primary care and community services, in particular GP and dental services. Changes to the number of providers and their location has meant that people have less access to services without travel or transport or need to fund care privately which can be unaffordable.

We believe that the primary care and community services strategic plan will seek to address these issues, alongside the development of digital services, to make services more accessible and sustainable to keep people healthier in their communities.

What support we will need

While Hywel Dda runs some GP practices (these are called managed practices) and provides some community services, a lot of what happens in the community is done by private providers who we ask to provide on our behalf.

While there are some changes that we can make, we will need to work in partnership with all of our providers to develop primary care and community services, and the work of the strategic delivery plan will help us to do this.

04 Great Care

Great care focuses on improving the timeliness and safety of care that we are able to provide, by providing evidence based, standard led care. We will support this by improving the visibility of our performance and removing variation in how we provide care, and place more control and information in the patients hands through the use of an emerging and growing digital and AI landscape.

As part of a wider NHS Wales, we work with other health boards and trusts to deliver the 'A Healthier Wales' strategy, which means that we will need to work with our partners to deliver the services which our public expect. Our Goals, while setting out what we expect to deliver locally, are part of a wider regional and national planning and delivery process.

Goal 5 – Digital first

Current position

The technological environment is rapidly changing, it is becoming more available, and people are finding innovative ways to support them in their daily lives which may not have been thought possible almost a decade ago.

Health technology is no different, with people using wearable technology to monitor health and fitness and even maintain personal safety with location sharing and fall alerts.

Healthcare has an opportunity to use digital advances too, automating processes, bringing information together and making information more accessible in a timely way for staff and patients.

What we have achieved (since 2018)

Within our 2018 strategy we identified that Digital would be a key enabler in delivering timely, high quality and safe care, recognising that we would need to make considerable changes in how we use Digital to provide a seamless service irrespective of where someone accesses their care.

While COVID-19 had a considerable impact on many of our services, it also provided a catalyst for our Digital transformation, bringing forward many of the elements that we recognised would be needed to deliver more care from the home, such as virtual wards and virtual consultations.

Our original Digital strategy focused on the first 10 years following the launch of the strategy, exploring and testing elements that we would need to deliver our strategy. This has been recently accelerated with a refresh of the Digital strategy, noting the achievements that have been made in many key areas, and the appointment of a strategic partner to provide advice and support to help us make these changes.

What we want to achieve

- *To bring the benefits of digitisation and technological advances into healthcare*
- *Create digital pathways between hospital, community and home*
- *Support our staff with digital tools to deliver safe, effective, quality care*

How we expect to deliver this

- *Delivery of Digital Strategic Plan*
- *Progress digital, tech and AI adoption*

What this might mean for you

We heard during the engagement that while people recognised the value that digital could bring to healthcare, people were concerned about how it would be introduced to avoid people becoming excluded.

People told us that they believe that digital and AI developments could support them to live healthier lives, sharing information faster and easier through trusted apps to manage their information in a single place, regardless of where they access care.

People also felt that if more services were digitally integrated, being able to book appointments or tests online, or receive notifications for upcoming events would support not only them to be able to access care more easily but could also reduce missed appointments or needing to repeat information every time they access a different part of the healthcare system due to different records.

People raised concerns about what a digital healthcare system may look like, especially if it was a digital first approach. People were concerned that older people may not be able to currently access digital services in the same way or become less confident as they age and miss important information.

People were also worried about those who have physical barriers to accessing digital services, such as blind or partially sighted people or those with a language barrier if the systems did not support their language needs. As security of health information is important, people want to feel assured that they will be able to access information if something physically changes, i.e. if someone has a stroke and it alters their facial appearance.

We recognise the concerns that people have raised and we will need to ensure that not only are digital systems accessible to reduce barriers to care, but that we maintain a person centred approach and ensure that there are alternatives where they are needed.

What support we will need

We will need the ongoing support of our strategic partner to support in our digital transformation as well as support from clinical leads, to make sure that systems we introduce are clinically safe, and our public to ensure that the systems we introduce are able to meet their needs also.

To support the changes, investment will also be needed to support the development and introduction of systems. This will be managed through the Digital Strategic Plan as part of Hywel Dda's annual planning process.

We will also need to ensure that there is a digital culture both within Hywel Dda and with our public and partners. We need to provide more than support to use a piece of software or technology, but create a culture where people are happy and feel safe using digital services.

Goal 6a – Timely, high quality care

Current position

In our 2018 strategy we identified fragilities that existed within our Urgent Emergency Care services and adult Mental Health services. In that time the impact of the Covid-19 pandemic meant there were changes in how people accessed Primary Care and people waiting for elective surgery were asked to wait longer.

2025 saw a review take place into our Emergency Departments, which called out a number of areas that will need to be addressed if we wish to ensure we are providing timely, high quality care. These have been considered as part of an Urgent and Emergency Care redesign programme, incorporating the national 6 Goals programme, as well as responding to emerging priorities, such as reducing ambulance handover delays.

Since 2018, we have made efforts to reduce the length of time people wait, and the numbers of people waiting for planned care. We have also explored through our Clinical Services Plan how we can meet demand going forward in a sustainable way. For both adult Mental Health and Primary Care, national strategies have been developed which are being brought forward so that we can implement and deliver those in Hywel Dda.

For Primary Care we will seek to deliver the Primary Care model for Wales through the Primary Care and Community Services Strategic Plan, while adopting the national Mental Health strategy to deliver a Flexible, Open Access Mental Health Model alongside changes to learning disabilities provision.

What we have achieved (since 2018)

In March 2025, the Health Board was de-escalated for Child and Adolescent Mental Health Services, Planned Care, Governance and Leadership, with these all moved from targeted intervention to enhanced monitoring status (level 4 to level 3). This highlights the impact of our collective efforts, though we remain focused on addressing the areas still requiring improvement and further building on our successes to date.

In 2025 we also explored what could be done to support our Urgent and Emergency Care services across Hywel Dda. Taking into account learning from Cardigan Integrated Care Centre and the wider 6 Goals programme, a blueprint was put together which explored how we could treat people with urgent care needs, but not needing Emergency Care, closer to home. This would mean moving services closer to home where the majority of patients could be safely treated, while supporting our Emergency Care services to help the sickest patients.

What we want to achieve

- Safe and sustainable planned care and community services
- Improved experiences and outcomes for those using our urgent and emergency care services
- Implementation of national Mental Health and Women's Health strategies in Hywel Dda that meet local needs

How we expect to deliver this

- Deliver the programme commitments made as part of the Clinical Services Plan and Primary and Community Services strategic delivery plan
- Develop and deliver an Urgent and Emergency Care strategic delivery plan which may include consideration of reconfiguration
- Develop and deliver a Flexible, Open Access Mental Health Model in Hywel Dda
- Develop and deliver the Women's Health Plan for Wales in Hywel Dda
- Implement Hywel Dda's Learning Disability Transformation Programme

What this might mean for you

We heard during the engagement that people are not happy with their current experience of services. While the actions of staff providing care were praised, people felt that the service that they were offered, the time to wait for the service and the environments in which they received care in were of poor quality.

People find the way to access services confusing, with not enough clear language about what each service can offer or signposting to community alternatives that can support them. This often leads people to access the services which they know are open, or advised by other health professionals, which may not be the best place for them to go.

People also told us that the environments that they attend are not always suitable, either physically due to the age and condition of our estates, or due to their emotional distress at the time. In particular people with mental health shared their experiences of waiting in busy, crowded environments such as A&E departments while in crises because other community support wasn't available.

We recognise that this isn't the healthcare that we would want to provide or people to expect. While we have made changes to services such as 111 press 2 for mental health to support people at home and away from A&E departments, it is clear that there is more that needs to be done to support messaging about alternatives and the best place to go when unwell both with staff and partner organisations and the public.

We believe that by making these changes we can improve the timeliness and quality of care, as well as find ways to deliver it closer to home to avoid the need to travel where it may not be required.

What support we will need

To make the changes that would make a difference we would need to explore across the whole health system, as looking at things by individual services may move problems from one place to another. To do this we are going to need to support our services through larger programmes of work similar to the Clinical Services Plan to explore the issues and solutions, as well as engaging with the public on what those changes could mean.

We have already received support from national teams to support us with the local implementation of strategies, but we are likely to also need to use expertise to help us with other areas of work, either directly to help support emerging ideas, or indirectly by helping us find examples where other organisations have faced similar challenges and overcome them.

Our public will also be key in helping us to deliver the changes we make. By using continuing to use services responsibly and accessing care at the right time from the right place, it will mean that changes we make to services will be more effective and will improve patient experience. We will also listen to people who tell us when things haven't gone right so that we can make changes that can improve services for the next person.

Goal 6b – Safe, high quality care

Current position

Our safety dashboard has continued to develop over 2024/25 to help identify potential patient safety issues. Operational leaders and managers continue to use it to identify safety hotspots needing further investigation/action, triangulate data at an operational level, facilitate further discussion or escalation, support deep dives, benchmark against our services to help identify outliers and inform report and papers. The dashboard has been used to inform discussions at our QSEC meetings, executive team meetings and the Improving Together sessions.

During 2024/25, we introduced a new process to ensure we can demonstrate consideration of quality when making strategic decisions. A quality impact assessment was developed and a wrap-around governance process. The quality impact assessment uses the healthcare quality standards, and each domain is considered through a risk and mitigation lens. The quality impact assessment panel, which is comprised of the Executive Director of Nursing, Quality and Patient Experience, the Executive Director of Allied Health Professions and Health Science, the Executive Medical Director, with other clinicians and experts, receive each quality impact assessment before the proposed strategic change is considered by the Board for approval.

What we have achieved (since 2018)

During 2025, more than 40 quality impact assessments were presented to the panel for consideration. The assessments ranged from recruitment decisions to decisions relating to the Clinical Service Plan and changes to service delivery. This new process ensures that we consider each strategic decision and change through a quality lens.

In 2025, we are produced our Annual Quality Report, our Duty of Candour Annual Report and our Putting Things Right Annual Report, all of which can be found on our website: https://hduhb.nhs.wales/quality-and-engagement-act/. These reports detail the improvements we have made to ensure our services are safe, timely, effective, efficient, evidence-based and person-centred, in line with the Duty of Quality: https://hduhb.nhs.wales/duty-of-quality/

What we want to achieve

- *Ensure patient safety is a priority*
- *Promote high ethical standards*
- *To act as a catalyst for change, providing independent and objective perspectives. This includes having the courage to speak up about any concerns*

How we expect to deliver this

- *Improve patient pathways, embed safety dashboard & remove clinical variation*
- *To promote a way of working that is open, transparent and accountable*

What this might mean for you

We heard during the engagement that people are concerned that people may receive different care based on where they live and access care, and that information about them recorded on different systems isn't always considered when making decisions about their care due to access barriers.

People told us that they were concerned that the care they receive from their local hospital could be different to the care provided from other sites. While they thought that they might be able to access better care at another site, travel and transport barriers prevent them from doing so.

People also said that they believe that the information that might be recorded about them by different parts of the healthcare system may not always be seen or read by the person treating them. They felt this could mean that important information is missed which could affect them and believe that the information should be accessible by all those involved in their care.

We recognise that while patient needs and treatments may vary when delivered in a person centred way, there shouldn't be differences between how that care is delivered and the outcomes received based on where people live. As we look towards regional working in the future, we want patients to have confidence that the standard, timeliness and quality of care is consistent no matter where it is provided.

What support we will need

Alongside the work of the Digital strategic delivery plan to bring together patient information, we will need support from our Value Based Health Care and Quality Improvement teams to support services recognise variation and support changes in pathways to remove these.

We will also need to work with partner organisations and using national benchmarking to identify where there are variations that occur between Hywel Dda and other NHS organisations which could be reduced or avoided to further improve the quality of our care.

05 Positive Futures

Our strategy needs to consider the future needs of our population as well as our current demands. The children in our communities today will form our workforce in the future as well as potentially being future users of our services. To realise positive futures we need to bring in those voices, to help us shape our future clinical services plans and ensure that we are providing services that provide the best outcomes for our patients, allowing Hywel Dda to provide services sustainably in the future.

Goal 7 - Future Orientated

Current position

Health inequalities continue to exist, alongside climate and nature emergencies. To improve public health and well-being, we need to work together to tackle issues like poverty, environmental problems, poor housing, and social isolation.

As an organisation we are committed to environmental sustainability and reducing carbon emissions, complying with the Environment (Wales) Act 2016 and The Climate Change (Wales) Regulations 2021. We continue to make positive progress towards net zero targets and climate adaptation planning, aligning to the NHS Wales Decarbonisation Strategic Plan and the Climate Adaptation Strategy for Wales.

To support this our Decarbonisation Delivery Plan includes 46 initiatives to meet Welsh Government's net zero targets.

We also want to establish a Children and Young Persons Board that will provide meaningful advice on how to engage with younger generations and address the health and well-being challenges they face. This will be supported by a bespoke leadership programme, supporting their development, influence and leadership capability to address the future public health challenges and climate crises.

What we have achieved (since 2018)

We are driving a shift towards a Social Model for Health and Well-being focusing on actions to reduce health inequalities and enable people and communities to achieve and maintain the best possible health.

We have agreed on six principles to reinforce our commitment and help partners and organisations adopt this model. These principles are outlined in a charter that connects to our well-being objectives.

In 2024/2025, Public Service Boards (PSBs) achieved several key milestones:

- Carmarthenshire implemented the ‘Making Every Contact Count’ approach, focusing on improving practices, training, and exploring joint web presence and data sharing.
- Ceredigion formed a ‘Fair Work’ group to create a charter and developed a toolkit to address poverty stigma.
- Pembrokeshire held a Poverty Summit with contributions from various organisations, including The Bevan Foundation and National Energy Action, to discuss the lived experiences of poverty.

Within Hywel Dda we have developed a Voices of Children and Young People group. The purpose of the group is to bring forward working professionals, including HB apprentices to move forward the Children’s Charter and ensure that the rights and priorities of children are considered when planning and delivering services.

What we want to achieve

- *Connected and resilient communities*
- *Establish a children & young persons' Board*

How we expect to deliver this

- *Embed the Principles of Social Model for Health & Wellbeing*
- *Delivering our Decarbonisation Delivery Plan*
- *Encourage collaboration with others*

What this might mean for you

We heard during the engagement that there was strong support for a Social Model of Health and Wellbeing, support for developing services which support the needs of children beyond paediatrics, and the advocacy role that they can play in moving forward the social model for health.

While decarbonisation and climate change were not specifically mentioned during the engagement, people asked us to make more use of the environment and green spaces in how we deliver care.

The Social Model for Health and Wellbeing was not something that people recognised as a term, but throughout the engagement feedback showed recognition of what it sets out to achieve and the component parts, suggesting more work may be needed if it is expected that people recognise this.

Some people shared concern that the Social Model for Health and Wellbeing may be introduced too soon, with hospital services needing to be stabilised first before making changes in community services. Some people felt that moving staff into delivering care this way will reduce the staff available in hospitals and could cause harm.

People told us their concerns about accessibility for children to access services, but also the need to ensure that children are involved in decisions about service change and redesign so that children, either in need of health care or visiting with others, can be in a safe environment that is suitable for children.

We recognise that green spaces are important not just for our patients but also our staff in providing care and supporting their own wellbeing. While it is positive that recognition is growing around what Social Model for Health and Wellbeing means in its parts, we will be taking care to ensure that this is introduced in a way that does not impact how we provide our care.

We believe that the Children and Young Persons Board will support us not only in delivering the Social Model for Health and Wellbeing but will also support the wider organisation make changes to services for current and future generations.

What support we will need

Much of the support needed for the Social Model for Health and Wellbeing has already been covered within Goal 3 – 20-4-7 for population health. We will need to work with partners and the public to shape a new model for prevention and wellbeing.

As we already have a Voices of Children and Young People group, we are starting with good foundations to build a Children and Young People's Board, with the ability to bring in support from out wider organisation to help with leadership and development.

For decarbonization, we are likely to need resources to support, both deliver against the many areas which contribute to our carbon footprint, as well as working with other organisations to look at reducing carbon in transport footprints for patients and staff and improve public transport, as well as capital support to ensure that our buildings do not waste energy. These will be managed through the decarbonization plan and support our annual planning processes.

Goal 8 - Fit for purpose, modern facilities and services

Current position

In 2018 we recognised that we have some of the oldest hospital infrastructure in Wales, and while we would need to make changes to our services to improve our workforce and quality of services, we also recognised that we would need to invest in our community and acute hospitals to ensure that they were fit for purpose and able to meet the needs of future service delivery.

Our Clinical Services Plan set out what this could mean for our hospitals in the medium term as well as go some way to informing what the short term investment may be needed to maintain our services.

Our Programme Business Case for wider estates development will continue to set out our ambitions to deliver our longer term vision of a network of fit for purpose community facilities supported by our hospitals. In late 2025 we were asked to consider additional options alongside those already submitted, called an addendum, to explore additional ways in which this could be delivered.

What we have achieved (since 2018)

In early 2022 we submitted our Programme Business Case to Welsh Government to develop our community and acute hospital estates. This was guided by our clinical strategy to inform the estates we would need to support a Social Model for Health and Wellbeing and care closer to home.

In 2024 a review of our clinical strategy by Nuffield Trust was commissioned by Welsh Government to appraise the assumptions on which the Programme Business Case is based. While it recognised that some of the assumptions may need revision since the Programme Business Case was developed, the strategy was correct and should be implemented.

In 2023 we looked at some of the most fragile services in the organisation which we recognised as part of our initial strategy would likely be unsustainable in the future. Due to the delay in the endorsement of the Programme Business Case, a programme of work called the Clinical Services Plan, was put together.

The Clinical Services Plan explored the issues that these services face and were reported on in 2024, we then put together options for how we could deliver these differently until we could deliver the Programme Business Case and then consulted on these with the public in 2025, asking for alternative ideas that could help us address these challenges.

What we want to achieve

- Develop & engage on a supportable Clinical Services Plan
- Deliver our Programme Business Case to have fit for purpose, modern facilities

How we expect to deliver this

- Provide an addendum to our Programme Business Case to allow us to proceed with the development of community and hospital schemes
- Develop the Clinical Services Plan to make changes to services, and consider other services which may need support, to allow us to provide safe and sustainable services for the future.

What this might mean for you

We heard during the engagement that there are mixed views on a new hospital being developed, but the development of services in the community was supported, along with the types of services that they can provide. There were also recommendations on things that can be done now that can immediately provide better experiences for those using our services.

While people want to see improvement in our estates and services, people are concerned about the need to bring services together further away from where they currently access services and the travel impacts as a result. This is similar to feedback that was received during the Clinical Services Plan consultation where people shared their concerns about how they will access timely care.

People believe the development of community sites would be positive, this would mitigate some of the concerns that people had around digital exclusion, while allowing them to access care locally. People also felt that these community schemes should consider a step up/ step down care model so that people could receive rehabilitation care in the community closer to home, which they believe would help relieve pressure on the hospitals.

During the engagement we asked people where we should focus any investment into our buildings should funding become available. Recommendations ranged from improving and supporting the cleaning and maintenance around hospital sites to make them feel more comfortable and support patient experience, improving toilet and changing facilities at our hospitals, creating dedicated spaces for children and young people to make safer environments for them in mixed waiting areas, and improving signage through our buildings to help people navigate them more easily.

We recognise that travel and transport is extremely important to patients and their visitors, as well as our staff, and we will need to ensure that changes to where we provide services does not prevent people from accessing them. We acknowledge that there are changes that we can make to improve our buildings which will improve people's experience and look to build these into our estate plans.

What support we will need

To deliver the long term changes to our community and hospital sites, we will need the support and investment of Welsh Government to allow us to gain the external support and capital funding to develop our estates.

We will also need to seek additional support in the short term to help us maintain our buildings until then, either with essential maintenance or to support changes identified as part of the Clinical Services Plan.

We will need to work with our clinical leaders to deliver as much of our services as possible outside of hospitals as possible, either directly into people's homes using digital or community services, or through community hospitals and centres.

We will need to work with our partners to ensure that public transport works to allow people to attend or visit those in hospital or community centres. While we can explore ways to support people to attend hospital through appointment booking and open access, we will need to work with transport providers and local authorities to ensure that staff and patients can access public transport when it is needed.

06 Delivering the change

Radical Change

Lastly, we will need radical change to deliver what we set out. Despite the impacts of the COVID-19 pandemic in 2020, as well as other factors which led to us revising our Strategy, there were many areas of our Strategy where we could have gone further. Simply refreshing the strategy will not be enough - we must fundamentally change how we approach change and transformation to deliver what we set out to do.

We will need to consider ways of working which may not have been explored before in Hywel Dda, looking at new ideas, and learning from other places in Wales, the UK and worldwide which provide services to rural populations, but maintaining service quality. We will need to be prepared to work differently if we want to bring our strategy to life.

Interestingly, there are differing views on the degree of change seen in Hywel Dda over the last decade. Some argue that the Board has been reluctant to confront its most fundamental configuration challenges, opting instead to keep services going until they reach the point of collapse, whereas others perceive significant loss in local service provision. In truth there are elements of both. It is correct that, outside of the Grange development, in no other part of Wales, despite the South Wales Plan, there has been a change in the number of Emergency Departments or Obstetric units or Inpatient Paediatric services over the past 10 years – Hywel Dda has had all three. Nonetheless the degree of duplication that remains is greater than other health boards in Wales where we provide the same services across multiple sites, with smaller and fragile rotas.

Moving from strategy to action

Throughout the goals we mention things such as strategic delivery plans and annual planning cycles. These are ways that we can move forward from out strategy, which sets out our long term vision and ambitions, to steps we will take and tangible actions.

To help understand how all these fit together, as well as how people can monitor our progress against these goals, we have produced a diagram to show how our strategy, strategic delivery plans and our 3 year planning process works together.

We have a duty as an organisation to plan for how we will provide services over the next 3 years through an Integrated Medium Term Plan (IMTP). This is refreshed every year to allow us to focus on where we need to provide support across the organisation to help us make manageable changes.

A strategic delivery plan is a specific plan for a programme or piece of work which will take time, resource and support to deliver and is likely to last over 3 years. Examples could include the Digital strategy or Primary Care and Community services work.

This sets out what we will seek to do across a number of years and provides that constant steer throughout multiple versions of the 3 year planning process documents.

Our plans will need to dovetail with regional and national planning to ensure that we are working in partnership to provide the best services for our residents and the wider population of Wales. This could mean regional and national working to develop and deliver services for the benefit of a wider group of people with the same specialist resources. Examples of this include the national trauma pathways and cardiology, but in the future is likely to include more planned care such as orthopaedics and ophthalmology and acute services such as stroke services.

We couldn't have known the things that would take place when the strategy was originally published, and there may be other challenges that arise between now and 2040, so this strategy will need to be a living document that retains the principles at it's heart, while being able to respond to new goals as our organisation, staff and population needs change so we can best respond to the challenges of the future.

Engaging with our communities

To make any changes happen we are going to need to continue to engage with our public, staff and partners. This is so all our communities are not only informed of what we are doing but can help shape and support, in the design and delivery of our services.

Since 2018 we have run several formal consultations on changes we have had to make to services, and we know it can be difficult for some of our communities to engage, particularly when the consultations are talking about complex services, or a large number of changes.

As part of the strategy refresh we prioritised a continuous engagement approach. We sought to break down the questions and headed to where people wanted to talk to us about them. This approach to engagement has allowed people to share their views in spaces that are more comfortable for them and talk to us about the things that matter most. This has given us rich and detailed feedback which has informed this refreshed strategy.

Alongside the continued use of the Teulu Jones family, a fictitious family which reflects the population and community of Hywel Dda, we plan to take a continuous engagement approach as we move forward, whenever possible. We hope this will lead to more

people being involved in our planning and service design and ensure that we develop high quality services, that also meet the needs of the communities we are here to support.

Resourcing the strategy

The Health Boad has, since its inception in 2009, failed to deliver a balanced financial position and at the time of writing the Health Board remains at level 4, targeted intervention, for finance and planning within the Welsh Government escalation framework.

The anticipated growth in demand for health services, associated with the ageing of the population, will additionally challenge the affordability of the NHS in west Wales. In addition, the recent planning round has further surfaced the broader deficits. The Health Board has over 600 risks, the majority of which are categorised as extreme or high, and most are attributed in some to way to workforce, funding or infrastructure. In reality this means the 'hidden' financial deficit far exceeds that of the visible deficit and manifests as risks to quality and safety, service fragility or access and delays.

It is easy to miss or underplay the significance of these issues but these are the areas that impact on the experience of patients and staff on a daily basis. The gap between what is available in west Wales versus other parts of Wales and the UK is often stark and will not easily be resolved – costs associated with mitigating the 600+ risks are estimated to run to the hundreds of millions of pounds. As an example, Emergency Departments in larger centres such as University Hospital Wales, Morriston Hospital and the Grange Hospital typically have over 20 consultants working within them. Hywel Dda, with a similar population to Swansea Bay, has 9.8 wte, spread across three units. This underlines that there are configuration challenges compounding these issues but, even if the configuration was fully addressed, the gap between what Hywel Dda is able to provide and best practice standards, including what exists in other parts of Wales, would still be very significant for some services.

The strategy is written in the context of three realities which will influence how and if the aspirations within this vision can be realised.

Firstly, the strategy is written with the assumption that NHS Wales remains funded through general taxation. Hywel Dda receives the vast majority of funding directly from Welsh Government and has minimal opportunities to generate other sources of income.

This means that decisions about the overall resourcing of the health service are predominantly political, weighing up the societal benefits of the NHS versus other highly important public services such as education, housing and social care. As noted earlier, it is well documented that the NHS itself actually contributes only a proportion (estimated as 15-20%) to the overall health of the population.

Other factors such as the economy, employment rates and other public services, alongside genetics and wider environmental factors, contribute the remainder.

Therefore, even if health is the number one priority, it is not necessarily the case that NHS funding should take precedence over all other Government priorities. We are very aware that NHS Wales now consumes over 50% of the overall Welsh Government budget and, with the economic outlook remaining challenging, it is inevitable that the funding of the NHS will continue to be constrained.

On this basis we can assume the Health Board will need to deliver substantial savings annually alongside the resourcing of this strategy. Whilst the Health Board typically has little influence over the overall funding it receives it does largely have discretion over how that resource is allocated and utilised. The extent to which the Health Board can deliver the strategy will be determined by how effective we are in delivering efficiency and productivity gains, whilst re-directing resources to the highest impact, highest value activities.

Whilst this may appear an uncontroversial statement – everyone supports the principle of not wasting public money – the pursuit of ever increasing efficiency and value will lead us to difficult questions about the role of the NHS and the way services are delivered.

It may be necessary to have discussions with government and our population about how core NHS funding could be supplemented through other sources of funding in order to enhance the offering.

Secondly, international evidence shows that ultimately it is the overall resourcing of a health system that determines the outcomes at a population level rather than the way in which it is organised - with the US being the most significant exception. Debates about whether the NHS should move to an insurance or other model are important, and may well be necessary over the duration of this strategy, but are unlikely to alter the fundamental point that, in health care, you largely get what you pay for. Over time health inflation typically exceeds general inflation and as a result countries are allocating ever-increasing proportions of their overall wealth (their Gross Domestic Product, GDP) on health care.

Consequently, a drive for greater productivity and efficiency will likely only take us so far. The position of the NHS today (as exemplified by the Health Board's risks, see above), the anticipated growth in demand and the expected constraints to growing the resource of the NHS, will likely require us to confront some uncomfortable choices about what the NHS can and cannot provide. Within this there will be difficult decisions for the Health Board about the scope of service provision. To date the Health Board, alongside the rest of NHS Wales, has attempted to maintain a near comprehensive health service. As technology and treatment options expand and the population ages, if funding cannot keep pace, there will increasingly be the need to have an open debate about what the NHS is able to provide and the point at which it becomes preferable to deliver a reduced range of services at a higher quality.

When we undertake public engagement events a very common perception is that, as people have contributed to the funding of the NHS over their lifetime, the NHS should now be in a position to resource all of their health requirements as they age. This is a perfectly reasonable and understandable challenge and points to the implicit social compact – i.e. the population will give its support for the NHS through general taxation and in return the NHS will support the population "from cradle to grave". Unfortunately, the reality is the contributions made by the public have not been retained as a fund for future use. The funding of today's services comes from today's tax returns. It may therefore become necessary to have an open discussion about what can be afforded in West Wales through the NHS model and what aspects may not, and what other arrangements members of the public may need to consider.

Thirdly, how the NHS allocates resources and delivers services will be fundamental to the delivery of this strategy. It is well recognised that, despite the aspirations of our strategy and national policy, there has been insufficient progress with re-balancing the system to a health and wellness service, with greater emphasis on prevention, early intervention and community provision. The reasons behind this are multi-faceted but a significant factor is the challenge of moving resources from expensive but necessary treatment services, typically in hospital settings, towards services that will benefit population health and wellbeing for the longer-term.

Most people agree that it will be necessary for us to deliver this shift if the NHS is to be sustainable and realise the aspirations within this strategy. Nonetheless the practical implications of this, present more of a challenge. In the absence of additional resources to grow primary, community and preventative services this shift can only be achieved through moving resources from one part of the system to another. In the long term the evidence suggests this should provide a better, more effective health service alongside a healthier population. However in the short-term there will likely be trade-offs, meaning an acceptance that hospital services may be impacted as resources are re-directed to out of hospital, upstream activities. This will require a degree of long-term thinking and belief in preventative services that has not been evident to date. Consequently, delivery of the strategy will require recognition that this trade-off exists and the NHS will need to give greater priority to prevention and primary care.

Value based health care and sustainable shift of resources

Current position

To make a shift from a treatment to a prevention service, we will need to move our staff from our acute sites, into our communities and remotely into homes, while also maintaining a balance to provide care for people in hospital when it is needed. It will not be possible to develop preventative services without reducing work we do elsewhere.

To enable this we will need to review the value of the care we provide to ensure that we are providing care only where it is providing value to patients lives. This will help us ensure that we are not doing things which are not needed or wanted, allowing us to support people with what matters most to stay healthy.

We will also need to look at our pathways of care so that we can support people at the earliest opportunity so that they can prevent becoming unwell and remain in their communities for longer. This will be supported through our planning processes and a gradual move of staff and procedures from inpatients, to outpatients, to community and home.

What we have achieved (since 2018)

Our Value Based Health Care team was established in 2019 to support delivering value and reducing variation across our services.

The team has supported work around moving Heart Failure services from an acute service into a community prevention service, as well as supporting other services with the use of grant funding to test alternative ways of working.

Working alongside Enabling Quality Improvement in Practice (EQuIP) and the Organisational Development Team, the team acts as a critical and trusted friend to services to make improvements to services.

What we want to achieve

- *Develop a Financial Strategy for Sustainability*
- *To ensure the integrity, timeliness and relevance of financial, clinical and other information systems*

How we expect to deliver this

- *Improve resource allocation*
- *Ensure robust oversight and accountability mechanisms are in place*
- *Deliver within cost and programme, the primary and community facilities being funded through IRCF*

What this might mean for you

We heard during the engagement that people are concerned about how we use our limited resources and how we can do things more efficiently, as well as differences in the care that they may receive based on where they live, both of which can have impact on patient experience if improved.

People told us that they believe that waiting times could be improved if changes were made to our booking systems. By improving how appointments are booked, or even letting patients have involvement in booking, they believe that the number of cancellations that take place could be reduced making services more efficient and reducing waiting times.

Patients were also concerned about how medicines are prescribed, sharing how they are often prescribed more medicines than they believe are needed, without reviews taking place to check what they are given when they speak to different parts of the health system. Again they felt by reviewing the amount of medicine prescribed, there could be money saved which could be invested into staff and services.

We also heard that people felt that their care and aftercare could vary based on which hospital service that they accessed, and where they lived could affect the aftercare they received when they go home following treatment. People want to feel confident that no matter where they live or access care, they are receiving the same quality service as everyone else.

During the Clinical Services Plan consultation, we also heard that people were concerned about the number of administrative and clerical staff, particularly those in management roles, in the organisation and whether this was diverting resources away from clinical roles.

We recognise that many of the issues raised during the engagement are problems that we need to address now, and we are actively working on those issues now. While digital may help reduce the need for additional administrative and clerical staff, as well as support patients to make and edit their bookings, we will need to support our services to make changes either through quality improvement, or larger transformation such as our Clinical Services Plan.

What support we will need

Much of the support that we will need is already in place, we have ways to capture patient outcomes and experience to gather data, and we have a digital strategy to enable us to gather and share data insights with services to make meaningful changes to reduce waste and variation.

Hywel Dda in 2040

Even with all of the challenges highlighted throughout this Strategy Refresh we believe firmly that, by taking a long-term view, the NHS in west Wales cannot only survive but thrive.

By 2040 we will have seen a significant improvement in the health of our population in west Wales, with a sharp reduction in obesity rates, reduced alcohol intake, healthier eating and a continuation in the decline of smoking. People will be more active in monitoring their own health, using wearables, smart devices and AI to track trends and identify where to make lifestyle changes. Health inequalities will have narrowed as a result of community action, supported by the Health Board and partner organisations, particularly in our most deprived areas. An expanded primary and community care will proactively work with families and community groups to promote good health and wellbeing and provide early intervention.

Clusters will be highly influential in the design of services and the allocation of our resources, facilitating a shift from hospital based care to care in communities. We will have a stable, right-sized workforce and teams will be well connected with their communities, radically improving the customer service and building trust across the public, staff and partners. Primary and secondary care leaders will work closely together, developing seamless and high value pathways, moving services into communities as clinically appropriate. Teams and services will be trusted to work more autonomously, empowered to make decisions on the design of services and resource allocation, underpinned by better measurement and benchmarking.

Whilst primary and community care has expanded, hospital services have shrunk, as a result of the reduced reliance on acute care and the shift to community. Patients will only access specialist care when it is required and for the shortest possible period of time. The number of patients accessing Emergency Departments, for example, will have fallen by 75% as more appropriate alternatives are developed and whilst the number of hospital beds are approximately the same (reflecting the additional demand from an ageing population), the number of patients with very long hospital stays has reduced significantly due to the increased community and social care provision. The quality of hospital care will be considered the priority and as such services will be consolidated to raise standards and improve outcomes.

The Health Board's estate will be modernised with a network of community hubs supporting the shift to a community model, improvements to Bronglais and Prince Philip sites, a repurposing of Withybush and a new central hospital for the south of Hywel Dda. The adoption of digital technologies will transform the way citizens access their own health information and interact with health services, and AI will be commonly used to support patients and professionals. Patient records will be integrated across all functions and sectors of the health service, with advanced analytics widely utilised to forecast demand and understand service utilisation and efficiency.

Concluding remarks

Our existing strategy remains the solid foundation on which we can provide the best services possible. Since 2018 we have made improvements in how we support our staff and develop the culture we need to make these changes, as well as create the support networks to deliver this through our digital transformation and value based health care teams.

Our strategy has been a living document, and while the principles of the 2018 strategy have remained the same, our goals have been refreshed to show how we will deliver our strategy in light of what has changed around us. We will maintain this approach so that we are able to plan and deliver services that meet our communities needs as things change, with further refreshes likely needed between now and 2040.

We do need to go further, we will need to be more radical in our approach to ensure that we can overcome the barriers we are expected to face in the future, but we are already seeing those changes through partnership working and the social model for health and wellbeing, as well as through our staff culture and responses to staff surveys.

Significant opportunities exist for improvement in the way we work which can support the radical transformation required. We believe the path to realising our vision of a Healthier Mid and West Wales will require us to become world leading in the following areas:

1. Connection to communities – partnering with our communities to facilitate improved health and wellbeing, and listening to what is important to live healthier lives through continuous engagement
2. Integration across primary and secondary care – maximising the opportunities offered by an integrated model to bring primary and secondary care together to improve patient pathways and support the shift to a community model
3. Customer service – transform the way in which the public and patients access information and our services
4. Adoption of digital – acceleration in the utilisation of digital tools and new technologies including Artificial Intelligence, as well as fostering a culture which embraces and thrives in a digital environment
5. Radical leadership and connection - working together to be the best we can be.

By becoming leaders in these areas we can support both our patients and staff, through working locally and in partnership with others on a regional and national basis, to live healthier lives for longer with an NHS service there for those who need it.