

**PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY AND PLANNING COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 January 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Community by Design Strategic Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Rhian Bond, Assistant Director of Primary Care

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of the report is to present to Board the progress with the Community by Design Strategic Plan (formerly known as the Primary Care and Community Services Strategic Plan), which aims to transform the future model of service delivery and support the delivery of A Healthier Mid and West Wales (AHMWW).

The attached document (Appendix 1) is the first draft for Board consideration, setting out the work undertaken to date, the emerging direction of travel and the framework for progressing the Strategic Plan. The Strategic Plan, as a key component of A Healthier Mid and West Wales, is designed to support the transformation of our health system to one that is orientated towards prevention, early intervention and care in communities. As such this needs to be at the heart of our activities and decision-making on a daily basis, rather than a one-off event. Consequently, the Strategic Plan is intended to be a living document and will be updated as the work progresses.

The next key date will be the finalisation of the Annual Plan for 2026/27 and this will include the key deliverables for next year and the three-year context.

Cefndir / Background

Primary Care and Community Services are the front door to the NHS, delivering the majority of patient contacts and shaping people's experience of care; and is the driver of the majority of patient outcomes.

Hywel Dda University Health Board (HDdUHB) serves an ageing and rural population with demand for services rising faster than workforce capacity. National policy, including Community by Design and the Primary Care Model for Wales reinforces the need to provide more care in communities and strengthen prevention, integration and early intervention.

The development of the draft Strategic Plan has been shaped by engagement with patients, staff and partners, aligns with national policy and is a key component of the 'A Healthier Mid and West Wales' strategy. It will require continued engagement in 2026 to build on these foundations.

When developing the plan feedback was gathered from GPs, practice managers, optometrists, community pharmacists, community dental services, allied health professionals, mental health, and health science teams. Key themes from engagement have included: sustainability, funding, digital innovation, joined up working and long-term support.

Insights from the 'Insights and Ideas' (Appendix 2) document highlight that stakeholders want fair, well-planned changes, improved access for rural patients, adequate and long-term funding, better training, improved buildings and easier information sharing. They also support technology use (including AI) and innovation to improve care and efficiency.

Asesiad / Assessment

The draft Plan articulates that services are at risk of becoming unsustainable without significant transformation whilst summarising the issues highlighted within the primary care issues paper¹, the community services issues paper² and engagement feedback.

The plan sets out a vision for integrated, place-based care, with a focus on prevention, partnership, digital innovation, and workforce development. It introduces a draft clinical model based on international and national evidence that shows that strong primary and community care systems improve population health, reduce inequalities, and deliver better value for money with a focus on the '4Cs' framework.

Detailed in the draft plan, includes the current configuration of Clusters and a proposal to review Cluster arrangements that will assist in the delivery of the Community by Design Programme.

In the summer 2025 the project team engaged with clinicians through the professional collaboratives for GP Practices, Community Pharmacies and Optometric Practices. The feedback and ideas (detailed in the Insights and Ideas appendix) helped us identify six priorities for the Strategic Plan. At this time the project team were unable to meet with the Nursing collaborative, however a date has been confirmed for January 2026 where the team will seek to hear their views and ideas.

Six Priorities

As a result of the engagement, six priorities have been identified:

- Priority 1: **Prevention** - build a culture that empowers both our patients and teams to lead on prevention and early intervention, promoting healthier lives and more sustainable services
- Priority 2: **Partnership Working** - fully commit to strategic and operational collaboration to deliver a comprehensive and holistic, integrated health and care system across the region

¹ [hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-march-2024/board-agenda-and-papers-28-march-2024/item-4-3-clinical-services-plan-issues-paper-pdf/](https://www.hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-march-2024/board-agenda-and-papers-28-march-2024/item-4-3-clinical-services-plan-issues-paper-pdf/)

² [hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/](https://www.hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/)

- Priority 3: **Access** - make health, care and wellbeing information and services as accessible as possible for our patients, our partners and our workforce
- Priority 4: **Digital** – make our Digital offer for our patients, our partners and our workforce seamless, holistic and accessible; to enable all teams to share information, trust information and deliver the best patient care
- Priority 5: **Estates and Infrastructure** - shape the region’s estate and infrastructure to maximise the delivery of sustainable, prevention-focussed holistic health and care in the community
- Priority 6: **Workforce and Sustainability** – develop our workforce to deliver a sustainable, multi-disciplinary service that will support the shift to a community-based model of care and maximise prevention focussed patient outcomes

Hurdle criteria

The next step to delivering a strategic plan that is fit for purpose now and for the future, relies on the emerging ideas and actions to be tested to see if they are deliverable from a statutory, strategic, perspective and that they are viable, sustainable and measurable. The four areas that are the focus of the hurdles are:

1. Improved quality (Safe, Timely, Effective, Equitable and Person-centred (STEEP))
2. Whole system
3. Strategic alignment
4. Deliverable and affordable

The following hurdle criteria provides the Health Board with a universal approach to assessing service change that can be applied across the organisation.

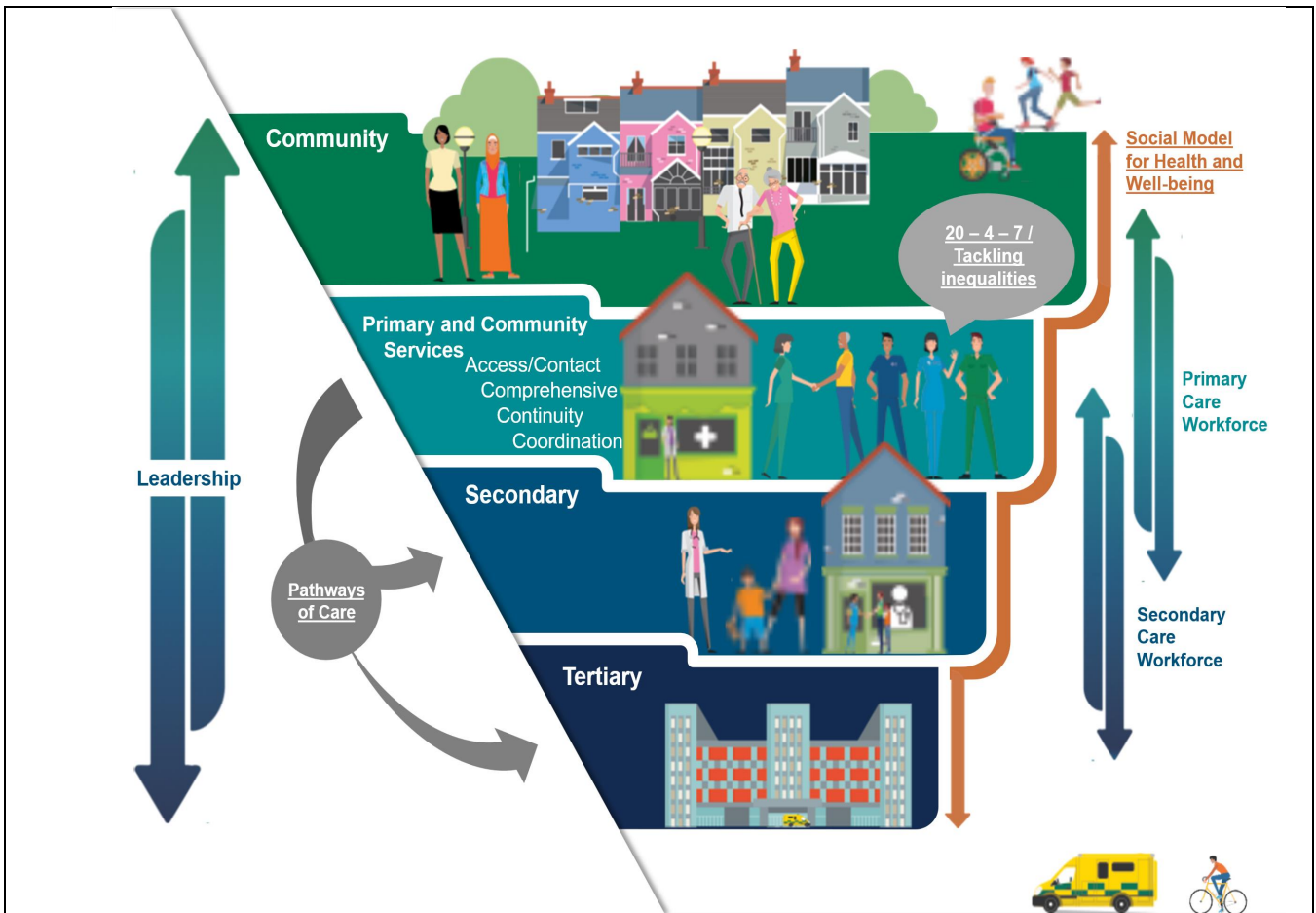
Hurdle Criteria	As an example (Community by Design) To achieve this, proposals should...
Improve quality (STEEP)	<ul style="list-style-type: none"> • Be assessed against the STEEP framework - safe, timely, effective, equitable and person-centred • Utilise the Health Board’s health equity checklist to impact on reducing health inequalities and improving outcomes for disadvantaged groups • Support continuous learning and quality improvement • Promote holistic person focused and preventative care • Enhance (or not disrupt) the 4Cs of primary care
Whole system	<ul style="list-style-type: none"> • Demonstrate integrated, whole system response that reflects the principles of our Social Model for Health and Wellbeing – addressing wider determinants of health such as housing, transport, education, employment or the environment • Reinforce the aim of local, place (cluster)-based planning • Consider all contractor professions and third sector partnerships along with directly employed staff

	<ul style="list-style-type: none"> • Interface with all other aspects of Health Board planning e.g. acute and planned care services • Have involved staff, trade unions and the public in the design at the earliest opportunity
Strategically aligned	<ul style="list-style-type: none"> • Progress the aspirations of A Healthier Mid and West Wales and the national programmes of Community by Design and Primary Care Model for Wales • Align with principles of primary and community clinical model • Reflect the 20four7 model, prioritising primary and secondary prevention/early intervention, and building capacity to care in disadvantaged communities • Be future-orientated, long-term and not setting any unhelpful precedents
Deliverable and affordable	<ul style="list-style-type: none"> • Be clinically and operationally deliverable within a medium-term (3-5 years) timeframe, to include workforce, estate and capital requirements • Have a realistic possibility, based on evidence, of being affordable over the medium term using existing resources, including the reallocation of current Health Board resources • Accommodate contractual changes including directed supplementary services • Reflected value-based healthcare principles, including wider system and societal benefits and costs for partners, the public, and the regional health economy • Consider process and outcome evaluation of any novel service

Clinical Model

Work has progressed to develop a draft clinical model, ensuring this complements and aligns with the Urgent and Emergency Care (UEC) system model, 20-four-7 Health Pathway Framework and planned care pathways. The clinical model is based on the 4Cs:

- Access/Contact
- Comprehensive
- Continuity
- Co-ordination



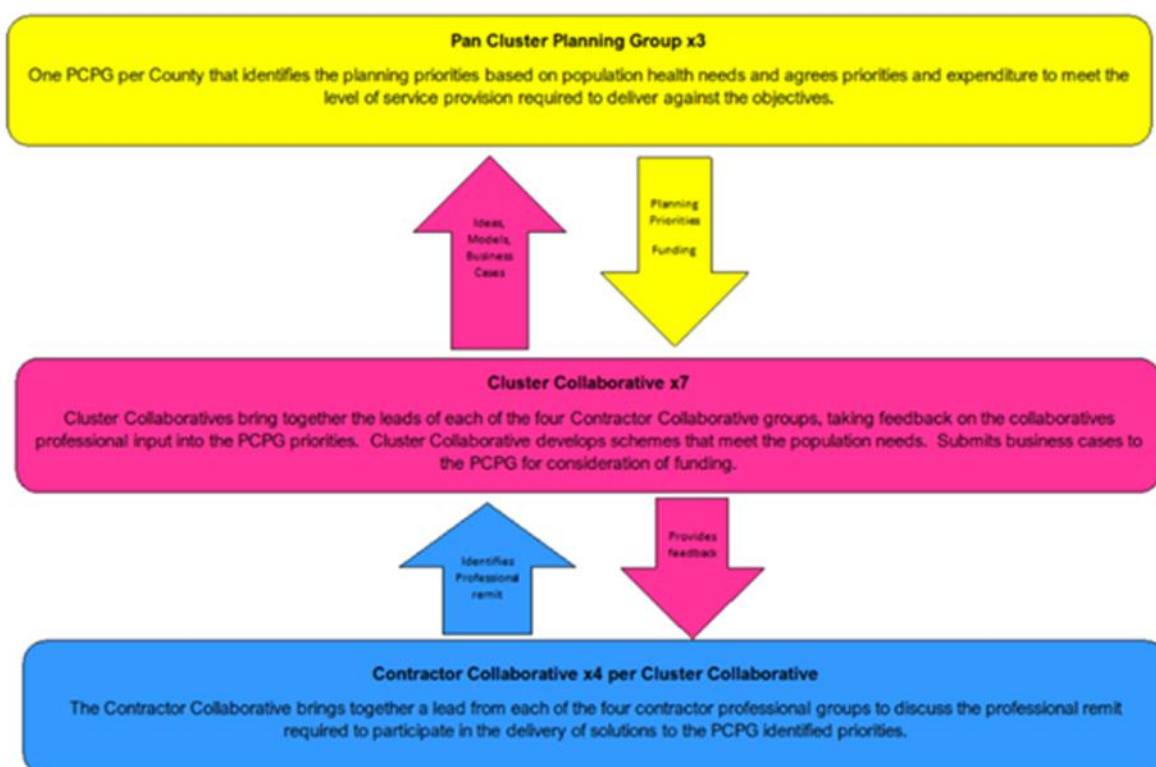
To test and gather feedback on the clinical model, engagement sessions have been scheduled throughout January 2026.

When	Who
Tuesday 13 January 19:00 - 20:00	Community Pharmacy (Ceredigion)
Wednesday 14 January 13:00 - 14:30	GP (Pembrokeshire)
Thursday 15 January 14:00 - 15:00	Nursing Collaborative
Thursday 15 January 19:00 - 20:00	Community Pharmacy (Carmarthenshire)
Tuesday 20 January 13:00 - 14:30	GP (Carmarthenshire)
Tuesday 20 January 19:00 - 20:00	Community Pharmacy (Pembrokeshire)
Thursday 22 January 13:00 - 14:30	GP (Ceredigion)
Tuesday 27 January 19:00 - 20:00	Optometry (all 3 Counties)
Wednesday 28 January 13:00 - 14:00	Allied Health Professionals (AHP) & Health Sciences
Thursday 29 January 13:00 - 14:00	Community Dental Services

Next Steps

1. **Establish Hywel Dda Transformation Programme arrangements** that mirror the governance, assurance, and delivery approach of the Community by Design (CbD) National Programme.
2. **Arrange and deliver workshops on a cluster footprint basis** to review current arrangements and explore the potential future design of Cluster Planning Groups (CPGs) and Clusters to ensure they are well placed to drive forward the CbD Strategic Plan and, beyond that, the vehicles for system change in the Health Board.

Current Configuration



3. **Meet with professional collaboratives and the Six Goals Programme and 20-four-7 Programme** to further engage clinicians and develop the Clinical Model, ensuring alignment with national clinical direction and Whole System approach (*January 2026*).
4. **Develop the 2026/27 Annual Plan** setting out the key deliverables for Community by Design through next year and the broader ambition for the next three years.
5. **Establish a structured engagement campaign** involving clinicians from Primary and Secondary Care and partners to explore current insights and challenges, generate ideas, and develop a range of options under priority headings.
6. **Create structured appraisal sessions** to take all ideas and emerging options through an agreed hurdle criteria process, enabling consistent assessment and identification transformational solutions that benefit patients and whole systems operations.
7. **Build on engagement with external partners across social care and the third sector** to communicate strategic priorities, update them on progress to date, and

actively seek their views on opportunities to strengthen integration, collaboration and joint service delivery.

Argymhelliad / Recommendation

The SPC Committee is asked to support this submission to Board to:

1. **AGREEMENT** that the Strategic Plan is further developed in line with the six priorities of:
 - Prevention
 - Partnership Working
 - Access
 - Digital
 - Estates and Infrastructure
 - Workforce and Sustainability
2. **APPROVE** the hurdle criteria as the tools for assessing the ideas and options and investments generated to date
3. **ENDORSE** the work to date on the draft Clinical Model for Primary and Community Care based on the 4Cs: Contact, Coordination, Comprehensive, Continuity
4. **CONSIDER** the ideas from 'Insights and Ideas', to be appraised through the hurdle criteria
5. **ENDORSE** the plan to review cluster arrangements and the establishment of a Transformation Group.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Primary Care and Community Strategic Plan Group
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	<p>1937 – Risk of Enforcement Notice being served by Mid and West Wales Fire and Rescue Authority due to non-compliance (8)</p> <ul style="list-style-type: none"> ➤ 1869 – Risk of NHS Dental Services not achieving Patient Charge. Revenue income targets due to lower activity/income at practices (6) ➤ 572 – Risks of patients deconditioning due to fragile domiciliary care provision (8) ➤ 576 – Fragile EMI and General Nursing Home availability due to degeneration of residential homes affecting Ceredigion County (6) ➤ 1171 – Risk of avoidable medication related patient harm due to no e-prescribing and electronic medication administration system (6) ➤ 1231 – Risk to patient flow due to demands and pressures on the community health and social care system (6) ➤ 1451 – Risk of increasing unsustainability of GMS Practices due to Independents Contractors service notice on their Contracts (6) ➤ 1708 – Risk of increasing fragility in primary care contractor services due to recruitment challenges (6) ➤ 1823 – Risk of sustainability of NHS Dental Services (6) ➤ 1951 – Risk of overspend against Specialist

Palliative Care budget due to potential withdrawal of funding of permanent posts (6)

➤ 695 – Risk to sustainability of Care Home Sector due to financial, operational and service-level issues (6)

➤ 1437 – Risk to patient safety due to insufficient administrative resource to cover Specialist Palliative Care service (6)

➤ 1570 – Risk to timely assessments/interventions due to Community Nursing Pressures (6)

➤ 1898 – Risk to management of patient information due to lack of single electronic patient file (6)

➤ 1900 – Risk of patient harm due to increased waiting times to access specialist care from Heart Failure CNS Team (6)

➤ Risk of not achieving savings targets due to continued expenditure without mitigating savings plans (6)

Page 7 of 8

➤ 1109 – Risk of no Doctor days in Managed Practices due to challenges in securing GP cover (6)

➤ 1427 – Risk of community patient – held records being mislaid due to a lack of appropriate electronic systems (8)

➤ 1852 - Partial compliance with national premises guidance in Managed Practiced (6)

➤ 1517 – Risk of poor patient and harm experience due to escalating routine Physiotherapy waiting times (8)

➤ 1820 – Risk of patient harm due to the withdrawal of funding for the Diabetes Remission Service (8)

➤ 1894 – Risk of stroke patients not receiving the therapy rehabilitation then need due to lack of staffing (6)

➤ 1877- Risk of financial impact on service deliver due to lack of reoccurring funding for Prevention and Early Years from Welsh Government (8)

➤ 1316- Risk to harm to patients who require rehabilitation due to inadequate therapy capacity (6)

➤ 1631 – Risk of failure to achieve financial management objectives due to staff shortages and fragility of agency provision (6)

➤ 1738 – Risk of a lack of accommodation for Smoking Cessation team at Bronglais Hospital due to local changes by management team (6)

➤ 1319 – Risk of patient harm due to inability to access and manage digital health documentation systems (8)

➤ 1513 – Risk of harm to patients and staff due to

	unsuitable environment and working conditions of current clinical accommodation (6)
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All strategic objectives are applicable
Amcanion Cynllunio Planning Objectives	7 Primary Care and Community Strategic Plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	All strategic objectives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Ideas and insights Primary Care issues Paper Community Services Issues Paper Primary Care and Community Clinical Model
Rhestr Termiau: Glossary of Terms:	Contained in report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Linked to Strategic Refresh
Ansawdd / Gofal Claf: Quality / Patient Care:	Improved quality of service and access

Gweithlu: Workforce:	Improved quality of workforce and sustainability
Risg: Risk:	Financial
Cyfreithiol: Legal:	Subject to contractual obligations
Enw Da: Reputational:	Links to the strategic refresh AHMWW
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Options generated will be subject to EQIAs