



Llywodraeth Cymru  
Welsh Government



## Community by Design Transformation Programme: DRAFT DELIVERY PLAN

This delivery plan has been developed through consolidation and alignment of existing documentation, as well as a range of engagement sessions with stakeholders across the system, notably a Ministerial Summit held on 14 October 2025 with 130 attendees. The delivery plan is intended to be a dynamic document that represents current agreed system priorities and activities and should not be seen as an exhaustive list of actions to be taken.

**Aim:** *A Healthier Wales* achieved through an integrated, sustainable, population-focused system delivering care closer to home, with prevention and wellbeing at its core where:

- Access and availability of services in the community is improved, and people and staff can navigate care pathways easily.
- Appointments are timely and appropriate to need, in the right setting (the right care at the right time and place).
- Staff well-being is enhanced through better flow, role clarity, and multidisciplinary support.
- Population health approach and prevention are business-as-usual, systematically embedded into every contact.

Design principles:

- Prevention as Core Business
- Equity and Welsh Language
- Embedding continuity of care between community providers
- Multidisciplinary community teams anchored in community care settings, integrating diagnostics, rehabilitation, and social care
- Digital-First (But Not Digital-Only)
- Reducing health inequalities and improving outcomes for communities.
- Clarity of Functions Before Structures
- Phased, Systematic Change
- Clinical Leadership and Co-Production

A phased approach will be adopted to first establish a strong and consistent foundation within the NHS. This initial phase focuses on ensuring there is a unified vision, clearly defined outcomes, deliverables and robust mechanisms for delivery and agreement across the Welsh Government and NHS Wales. By prioritising internal alignment and consistency, the NHS can strengthen its internal structures and processes, creating the necessary conditions for successful integration. Once this foundation is in place, wider partners can be engaged more effectively, ensuring that integrated services are delivered in a coordinated and sustainable manner.

In Phase I of the Community by Design programme the focus will be:

- build confidence through delivery of immediate enabling actions and quick wins e.g., community diabetes model, 0.5% population, Information Governance conclave, programme arrangements (please see included tables below).

Phase II will move to a delivery plan that reflects the transformational ambition of delivering integrated services in Wales.

## LEADERSHIP & GOVERNANCE

<b>AIM</b>	To improve health outcomes through an integrated, sustainable, population-focused system delivering care closer to home, with prevention and wellbeing at its core ensuring sustainable, high quality and innovative primary and community care services for the population.		
<b>OUTCOME</b>	A Programme of Transformation wholly aligned to <i>A Healthier Wales</i> delivery. Progress towards an agreed set of national health outcomes and provision of community services in line with national expectations.		
<b>DELIVERABLE A</b>	Ensuring clear local and national leadership and accountability for the delivery of integrated services in the community working closely with key stakeholders		
<b>ACTIONS</b>	<b>DESCRIPTOR</b>	<b>LEAD</b>	<b>WHEN</b>
<b>0-3 months</b>	Each Health Board and NHS delivery organisation to identify an Executive Director as the Responsible Officer for ensuring delivery of this agenda who will be a member of the National Programme Board	HBs	Dec 25
	Establish the Community by Design Programme and convene the Programme Board	WG/P&I	Dec 25
	Develop and agree the delivery plan	PB	Jan 26
	Health Boards to establish their own Transformation Programme arrangements that mirror that of the National Programme to ensure effective delivery	HBs	Feb 26
	Set objectives for Chairs and Chief Executives of HBs and other NHS organisations on advancing the delivery of integrated services in the community with clear accountability for delivery of the integrated care model in their area	WG	Apr 26
<b>3-6 months</b>	Implement local networks bringing together primary care clinicians with hospital clinicians to agree standardised pathways in line with national expectations and best practice	HBs	Mar 26
	Define national and local operational delivery mechanisms, specifically Cluster footprints and the governance arrangements for clusters	WG/HBs	Mar 26
	Clarify local 'commissioning' approach for Community by Design priorities	HBs	Apr 26
	Agree and publish Community by Design priority areas for 2026 / 2027	WG	Apr 26
<b>DELIVERABLE B</b>	<b>NHS Planning and Financial Framework that enables and supports the delivery of integrated services in the community</b>		
<b>3-6 months</b>	Ensure the planning and performance frameworks and remit letters include the expectation that Health Boards will develop integrated primary and community care services supported with a clear plan for the shift and workforce redesign.	HBs	Dec 25
<b>&gt;6 months</b>	Implementation of Breathlessness, Diabetes and Mental Health CbD pathways to be included in Planning Framework	WG	Apr 26
<b>&gt;6 months</b>	Develop a financial framework to support appropriate resourcing of integrated pathways	WG	Apr 26

<b>DELIVERABLE C</b>	<b>An agreed Shared Vision for how the ambition to deliver integrated services in the community will be realised and agreed Health Outcomes to be delivered by the system, described in a common language that is recognised by our society, public sector partners and the third sector</b>		
<b>0-3 months</b>	Develop and implement a communications and engagement plan for the CbD programme that covers the public, partners and NHS organisations	WG/P&I	Dec 25
	Communication events (six monthly) to share progress and good practice	PB	Mar 26
<b>&gt;6 months</b>	Communications for wider public notably with a focus on 'what matters to them' e.g., access.	<i>TBC</i>	<i>TBC</i>
<b>DELIVERABLE D</b>	<b>A National Quality, Improvement and Performance Monitoring framework for the Community by Design Programme to monitor progress and provide assurance that the aims of the programme are being met.</b>		
<b>0-3 months</b>	Develop a set of supporting indicators and metrics aligned to the National Health Outcomes Framework	PB	<i>TBC</i>
<b>0-3 months</b>	Develop arrangements for monitoring performance in relation to implementation of the delivery plan and agreed health outcomes.	PB	Feb 26

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## SERVICE TRANSFORMATION: PREVENTION, CHRONIC CONDITIONS & URGENT SAME DAY CARE

<b>AIM</b>	<b>To deliver care closer to home when it is evidenced that is more effective and efficient to do so.</b>		
<b>DELIVERABLE A</b>	<b>Develop and implement model for the management of long-term conditions in the community in line with the aims of the Cbd programme, rooted in population need and value-based care</b>		
<b>ACTIONS</b>	<b>DESCRIPTOR</b>	<b>LEAD</b>	<b>WHEN</b>
<b>0-3 months</b>	Define a standard model (functions, outcomes, pathways) for high-burden chronic conditions (e.g. CVD, diabetes, COPD, MSK, mental health), using a community by design approach	PB	Mar 26
	Work up plans to implement the model in a phased manner as required	HBs	Mar 26
<b>3-6 months</b>	Commence plans to implement the immediate, quick win areas identified in the Planning Framework: respiratory, breathlessness pathway, diabetes, mental health	HBs	Apr 26
<b>3-6 months</b>	Consider how community diagnostic hubs can best be developed to meet both the needs of urgent care and chronic condition management ensuring with rapid access, integrated booking/results, and co-location with urgent/community services where feasible.	TBC	TBC
<b>3-6 months</b>	Health Boards to consider appropriate models for multiprofessional working and to develop a plan to map existing resources into these models.	HBs	Mar 26
<b>3-6 months</b>	Agree and publish priority Community by Design areas for 2026 / 2027	PB	Mar 26
<b>DELIVERABLE B</b>	<b>Urgent and Same Day Care: Timely access to appropriate services, reducing complexity, supporting effective navigation to the right services and making effective and efficient use of existing capacity</b>		
<b>0-3mths</b>	Develop the Community by Design model for urgent and same day care that defines the national ambition, expectations and roadmap for the transformation to increase access and availability of integrated, sustainable urgent and same day services in the community which people and staff can navigate easily.	PB	Mar 26
	Conclude QS&I audit re urgent care demand in cohort of managed practices and latest data for 111, OOHs, Clinical Support Hubs and SDEC.	NHS P&I	Feb 26
	Define & develop minimum viable specification (product) for Minor Injury Units / Minor Illness Units / Community Pharmacy Minor Ailment Schemes / Role of pharmacist within urgent care.	NHS P&I	Mar 26
	Clarify national vs local responsibilities – define which elements of the programme are nationally specified and which are for local adaptation especially regarding MIU and UPCC.	WG/ NHS P&I	Mar 26
<b>3-6 months</b>	Monitor implementation of and assess impact from 0.5% high risk cohort Ministerial Priority	WG/ P&I	Apr 26
	Explore national opportunities for digital consultation that meet urgent primary care demand on GP practices and OOHs to ensure greater consistency 24/7 (to be informed by outcome of QS&I audit), noting the contract renewal for OOHs before Dec 2026.	NHS P&I	Mar 26
	Pilot and audit demand data – conduct rapid audits in selected practices to quantify the volume and type of urgent demand, understand how it is being dealt with an whether there are alternative options for	NHS P&I	Apr 26

	delivery either in practice or other services, informing future planning and prioritisation (shaping strategy for the next 5 years)		
	Develop primary and community care KPIs and dashboard development	NHS P&I	Apr 26
	Map and consolidate community services – Each Health Board to map existing urgent and community care services to support integration with SPOA, 111, and winter planning and ensure information is fully updated on the Directory of Services.	HBs	Mar 26
	Review and define 7/7 requirements for effective urgent care/same day response to escalating needs to mitigate avoidable demand at national, regional and local level NB particularly in relation to adults with complex needs (acute frailty and falls, end of life)	WG/NHS P&I	Mar 26
	Benchmark current 7/7 provision against agreed definition and ensure awareness across 111 / WAST / Directory of Service	WG/NHS P&I	TBC
<b>&gt;6 months</b>	Consolidate Directories of Service (across NHS, Local Authorities and Third Sector) into 'Once for Wales' approach that effectively provides 111/SPOA with information to signpost patients to right service/right time/right place	NHS P&I/WG	TBC
	Undertake piece of discovery that explores opportunities and interventions that increase uptake of pharmacy enhanced services	WG	Apr 26
<b>DELIVERABLE C</b>	<b>Implement a preventive approach to support people to remain well in the community and apply population health management approaches, adopting Proactive Care Management of 'Rising Risk' and 'High Risk' Population Groups</b>		
<b>0-3 months</b>	Develop the Community by Design model for primary and secondary prevention that enables people remain well in the community.	PB	Mar 26
	Identification and management (0.5%) this winter outlined in Winter Toolkit and evaluate its effectiveness	HBs	Mar 26
	Design a Population Health Management approach for Wales. A commitment to develop a 'roadmap to delivery' by April 2026 is part of the workplan of the existing Population Health Management Task and Finish Group.	PB	Apr 26
	Identify priority preventative interventions (e.g. vaccination, blood pressure/AF detection, smoking cessation, weight management) and embed them in the models for chronic conditions (deliverable A) and urgent care contacts (deliverable B) and commission these at a cluster/locality level.	PB / HBs	TBC
<b>3-6 months</b>	Implement population health management to identify and proactively support vulnerable cohorts, integrating self-management and personalised care planning. This will include the need for consensus about a national approach to a population health management for proactive management of the most vulnerable populations and actions to reduce inequalities such as outreach to underserved groups.	TBC	TBC
	As part of the model for primary and secondary prevention, incorporate prevention approaches as an integral part to the development of patient-centred, equitable, and effective holistic care. Develop and deliver training and resources to support preventive approaches including "Making Every Contact Count".	TBC	TBC

## DATA & DIGITAL

<b>AIM</b>	<b>System-wide intelligence capability: data &amp; digital architecture, information governance &amp; legislative framework Digital System enablers that support integrated data driven approaches to delivering integrated care</b>		
<b>OUTCOME &amp; MEASURES</b>	<b>Information Governance that supports integrated working Inter-operability of systems that connect services to deliver integrated care</b>		
<b>DELIVERABLE - A</b>	<b>Information Governance that supports integrated working</b>		
<b>ACTIONS</b>	<b>DESCRIPTOR</b>	<b>LEAD</b>	<b>WHEN</b>
<b>0-3mths</b>	IG conclave - collective agreement on the 'art of the possible' with regards information governance	DHCW	Feb 26
	Clear road map to address information governance / data controller issues	WG	TBC
<b>DELIVERABLE - B</b>	<b>Inter-operability of systems that connect services to deliver integrated care</b>		
<b>0-3mths</b>	Identify a rapid solution for cluster working whilst the roadmap for a digital record across primary care and community services is developed. Agree test areas– by February 2026 e.g. <ul style="list-style-type: none"> <li>• Pathways e.g. Breathlessness, Diabetes</li> <li>• Cluster pilots</li> <li>• Women's Health Hub</li> <li>• Unscheduled care navigation hub /SPOAs</li> </ul>	DHCW	Feb 26
	<b>3-6 months</b>	Develop a roadmap including: <ul style="list-style-type: none"> <li>• an integrated digital patient record in primary &amp; community care</li> <li>• a digital solution to facilitate community working at scale 24 /7</li> <li>• consensus and a national digital infrastructure to support local implementation of Population Health Management approaches.</li> </ul>	DHCW
<b>&gt;6 months</b>	<ul style="list-style-type: none"> <li>• Create working groups focused on care navigation/digital triage and AVT/AI Scribes, with the aim to develop a plan - by Q2 2026</li> </ul>	WG	Apr 26
<b>DELIVERABLE - C</b>	<b>Develop enhanced functionality of the NHS App</b>		
<b>3-6 months</b>	Develop a design or prototype for the potential future NHS Wales App experience for an improved 24/7 experience	DHCW	Jun 26
	Scope an approach for bringing self-care apps into the NHS Wales App experience (24/7)	DHCW	Jun 26

## WORKFORCE & ESTATE

<b>AIM</b>	<b>Build the organisational and system foundations for integrated working; <i>includes our Commissioning Approach, Workforce Development &amp; Preparedness</i></b>		
<b>OUTCOME</b>	<b>Workforce readiness for integrated working</b>		
<b>DELIVERABLE A</b>	<b>Workforce readiness for integrated working</b>		
<b>ACTIONS</b>	<b>DESCRIPTOR</b>	<b>LEAD</b>	<b>WHEN</b>
<b>0-3 months</b>	Consider how to support clinical and care coordination skills for current workforce to provide the enhanced frailty service using Primary Care academy and HEIW multi professional unit	HEIW	Feb 26
	General Practitioners <ul style="list-style-type: none"> <li>- Consideration of the immediate actions on training numbers</li> <li>- Position (policy/funding) on employment of General Practitioners</li> </ul>	WG	Mar 26
<b>3-6 months</b>	Develop workforce planning scenarios for the future General Practice workforce as part of the future multi professional workforce model to inform future training numbers	HEIW	Sept 26
	Local OD work to bring primary and community care services, understand roles and agree priorities, together with support nationally where required.	HBs / HEIW	May 26
<b>&gt;6 months</b>	Developing a longer-term workforce model to support integrated health services in the community. This would include: <ul style="list-style-type: none"> <li>- mapping current developments</li> <li>- inform a national set of design principles or model to be developed locally</li> <li>- establish clear baseline – what roles and skills have we got now so that these can be mapped against the future model to inform workforce planning and supply.</li> </ul>	HEIW	TBC
<b>DELIVERABLE B</b>	<b>Placed based planning, commissioning and associated governance and resourcing arrangements</b>		
<b>0-3mths</b>	Review estate utilisation (hub-and-spoke model) across HB agreed geographical delivery mechanism (e.g., 'Cluster')	Shared Services	Mar 26
<b>3-6 months</b>	Explore the potential of a Collaborative Directed Supplementary Service particularly with reference to the identified priorities for Community by Design	WG	Feb 26
<b>DELIVERABLE C</b>	<b>Data-informed decision making is enabled (based on segmentation and stratification)</b>		
<b>0-3 months</b>	Map existing population health management approaches, monitor, evaluate	NHS P&I	Feb 26
	Establish Community of Practice to support national spread and scale while national data / digital architecture is developed	NHS P&I	Feb 26
<b>3-6 months</b>	Assess and develop plan to enhance workforce skills and competencies in PHM, planning and commissioning at national and local level to enable Intelligence to Innovation (Clusters, Planners / Commissioners)	HBs	Apr 26
<b>&gt;6 months</b>	Implement population health management across all health boards supported by a single health tool for Wales if needed.	Directors of PH	TBC

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