

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Refreshing the A Healthier Mid and West Wales Strategy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Lee Davies, Executive Director of Strategy and Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report sets out the progress made on processes being undertaken to refresh Hywel Dda University Health Board's (HDdUHB's) A Healthier Mid and West Wales (AHMWW) strategy, as well as some of the initial high level strategic thinking which could shape long-term planning and early priorities. This is done in order that the Board might discuss and endorse the approach and thereby allow HDdUHB to be clear with staff, the public and partners on the approach being taken.

The report also summarises the latest discussions with Welsh Government (WG) colleagues on a possible way forward in relation to HDdUHB's strategic infrastructure challenges in support of the clinical strategy.

Cefndir / Background

The previous report presented to Board in [May 2025](#) set out a methodology for undertaking the refresh of the strategy, alongside the supporting engagement that would be required to test areas of change as and when identified.

To support this work, it was also noted that having a set of design principles to guide and shape this work would support a collective vision and help ensure that all areas of the Health Board were able to contribute to the same strategic direction.

In order to support this work, continuous engagement will be needed to test areas of change or deviation as and when they are identified. Currently we are testing people's views on 'what is important to live a healthy life', which will be used to test and challenge services in their planning, but later we will want to test specific areas of our strategy.

Rather than undertaking this in large events, we plan to test parts of the strategy in smaller pieces to allow people to focus on the individual parts which are most important to them. We

are also seeking other ways to engage with our public, particularly those who may be outside our traditional reach to gain a richer insight into what our wider population may need. The Board has been kept abreast of a series of discussions with WG colleagues led by the Deputy Chief Executive, NHS Wales, which have focussed on how the Health Board might make progress with the strategic infrastructure investment challenges which were set out in the AHMWW Programme Business Case submitted to WG in February 2022. These discussions have highlighted the capital affordability challenge experienced by WG and alternative scenarios and approaches that might be considered. A further meeting was held on the 3 July 2025 and the position reached is summarised in this report.

Asesiad / Assessment

1. STRATEGIC REFRESH PROCESS

Design principles update

In the last report presented to Board, an update was provided that work to develop a series of design principles would be undertaken to both shape the Strategic Refresh and support the design of future planning and service provision.

A series of draft principles were presented to Board Seminar which looked to bring together the principles of the existing strategy, along with previous recommendations made by the Community Health Council, now Llais, to create a series of eight principles which aligned with the development of services which are safe, sustainable, accessible and kind.

These have also been shared with the Clinical Reference Group (CRG) for feedback and below are the draft principles:

- The strategy aims to deliver safe, sustainable, accessible and kind services. In realising and delivering the Strategic Refresh the Health Board, through a clinically led and co-designed approach, will:

Safe

- Bring together services where necessary to enhance resilience and improve standards for the longer term, ensuring that no service change takes place which would lead to care that was less safe or of a lesser quality than existing services, while striving for excellence
- Identify where capital investment could be used effectively to support the shift to community provision and address the ageing estate

Sustainable

- Prioritise the long term and sustainable development of primary care, community services and integration with social care, the third sector and carers
- Further the development of wellness services rather than an illness service through the development of a Social Model for Health and Wellbeing, responding to population health needs

Accessible

- Find accessible ways of supporting citizens through technology and other means to stay healthy, independent and in their own homes
- Consider transport within strategic plans with a willingness to innovate, a clear understanding of need, and involve transport providers including third sector

Kind

- Be a learning organisation, listening to patient and staff experiences and sharing feedback gathered when delivering services to provide kinder care
- Work in partnership to optimise opportunities for improved population health and wellbeing and provide seamless care across boundaries, including being mindful of cross border issues, for our own residents and those living in other Health Board areas who could be affected

As part of our continuous engagement, we will seek to test these further to ensure that they are supportive of our strategic planning processes and the role the Health Board plays within the community.

Engagement update

Since the endorsement of the engagement approach at May 2025's Public Board, the Strategic Refresh page on 'Have your say' was launched, outlining the key question we are asking our communities to respond to:

'What is important for you to live a healthy life?'

Due to the breadth of engagement activity currently underway across the Health Board, with two public consultations; Clinical Services Plan (CSP) and the Minor Injury Unit (MIU) at Prince Philip Hospital (PPH), we have focussed our activity to date on utilising engagement events already in schedule, to encourage members of the public to 'Join the conversation.' To date this has included consultation public drop-in events and other on-going engagement events, across our three counties and bordering communities.

To enable members of the public to more easily share their views during face-to-face events, we have produced and printed postcards. Two formats have been designed which can either be handed in during events or taken away and posted back to us, using the pre-filled freepost address.

Over the coming months, leading to the end of August 2025, we are also exploring further opportunities to increase engagement. We are committed to broadening the networks we are receiving responses from and ensuring we hear from as diverse a representation of our population as possible. This includes targeting social media activity and running a YouGov survey. We will also be reaching out to groups and networks, third sector organisations, attending public events and ensuring our staff also join the conversation.

Progress made to date

Work has continued to progress on the Strategic Refresh, both internally and with Swansea Bay University Health Board (SBUHB), to ensure that where there is opportunity to align thinking, there is a clear and tangible link between both organisations' strategies.

Internally the work is focussing on identifying which areas of the strategy require revisions, such as updates to numbers such as population and workforce etc. but which fundamentally do not change the Strategy, and which areas need refreshing because our thinking or ways of working have advanced since 2018.

To support this, we have linked with the Executive Improving Together sessions (EITs) to explore whether Clinical Care Groups (CCGs) and corporate functions identify areas that remain unchanged, areas which require refreshing, and new areas for development which were not previously considered in the existing strategy.

Where areas are identified that require refreshing, work will be undertaken to determine which parts are open to influence and where we might seek wider public and stakeholder views through continuous engagement, and which elements may need a wider engagement as part of later strategic delivery plans as a result of the emergent refreshed strategy.

To further support this, discussions will take place at Board Seminar in August 2025 to formalise the scope of the refresh required to deliver the strategic vision to 2040 in order to support the engagement required for elements needing to be tested.

Externally we have had initial meetings with SBUHB to develop a shared understanding of where both organisations are in the refresh of strategies as well as CSP developments. This sharing of information has allowed for some initial mapping of Board Assurance Framework (BAF) metrics in use by both organisations and gain an understanding of how we are both taking forward our work on CSPs both locally and regionally.

The results of this work will be used to help shape and inform the refresh of the BAF as part of the 2026 planning cycle and longer-term strategic planning.

Initial findings

Further to the work undertaken as part of the EITs, key leads from areas which play a significant part in our strategic direction were asked to provide a high-level summary of the strategic thinking in relation to partnership working, population health and digital covering the current position and key challenges, the thinking on the long term plan and early priorities.

In particular, they were asked to consider any key assumption changes from the original AHMWW strategy that we may need to communicate as part of the strategic refresh engagement or ask a question about to inform the strategy. These may not be a complete change (in assumptions), rather it may be that we feel we could now go further in certain aspects.

We plan to use these early emerging priorities, alongside the feedback from the EITs to inform next year's priorities within the 3-year planning cycle.

2. POPULATION HEALTH AND PARTNERSHIP WORKING

Population Health

The updated 2025/26 A Regional Collaboration for Health (ARCH) Health Needs Assessment (HNA) for HDdUHB will highlight key trends and issues in population health to inform refreshed strategic priorities. Several important themes are emerging.

The population in the region continues to age, a trend linked to lower fertility rates and youth migration. By 2039, it is estimated that 31.1% of HDdUHB's population, and 33.5% of Pembrokeshire's population, are projected to be over 65 years old. This will be associated with further increase in chronic and age-related diseases, as well as a recent stagnation in life expectancy.

Ongoing social and economic disparities are associated with variations in the prevalence of diseases such as cancer, heart disease, and respiratory disease. While risk factors including diet, physical inactivity, and alcohol consumption continue to be of central relevance, declining smoking rates have shifted the predominant preventable disease burden in the region toward obesity and overweight. Data indicate increased participation in preventive measures like cancer screening and immunisation programmes following disruptions caused by the COVID-19 pandemic. The findings also point to the relevance of strategies that address environmental

and systemic influences, in addition to individual health behaviours, to address health equity as a factor influencing health outcomes. In line with the national picture, these trends have continued to contribute to widening social inequalities in life expectancy. In HDdUHB, the gap between the most and least deprived groups has increased: for males, from 3.8 years (2011–2013) to 4.7 years (2020–2021); for females, from 3.3 to 4.5 years over the same period. This persistent widening highlights the growing impact of socioeconomic factors on health outcomes within the region.

Caring for older people and those with long-term conditions is identified as a key need. The data supports ongoing development of preventative strategies to improve early years health, promote healthy ageing, and encourage self-management among individuals with long-term needs.

Overall, major disease burdens are expected to rise in the next decade, including a 22% increase in diabetes (29,264 to 35,702), a 46% rise in heart failure (5,792 to 8,456), and a 12% increase in chronic obstructive pulmonary disease (9,544 to 10,689).

Partnership Working

HDdUHB serves as a statutory member of the Public Services Boards (PSBs) in Carmarthenshire, Ceredigion, and Pembrokeshire, as well as the West Wales Regional Partnership Board (WWRPB).

Delivery and sub-groups help the RPB and PSBs focus on specific areas highlighted in population health assessments and included in Well-Being Plans that match the Health Board's vision. Each PSB Well-Being Plan addresses four key priorities, with an emphasis on reducing inequality and poverty. Supported through County Prevention Partnership Funds, key areas of prevention are prioritised on an annual basis for short term funding aligned to the well-being objectives for each PSB Well-Being Plan.

The RPB Preventions Board, co-chaired by the Executive Director of Public Health, oversees a work programme dedicated to strengthening resilience and implementing early intervention strategies in four priority areas:

- Community-based care: Supporting local care and prevention, including services outside of hospital settings.
- Emotional health and wellbeing: Promoting emotional support in the community.
- Innovations forum: Fostering new ideas that add social value to the region.
- Regional engagement: Ensuring ongoing public involvement in shaping services.

A SMfHW, supported by public and third sector partners, provides a regional framework focused on prevention and addressing health inequalities. The model acknowledges that health is influenced by social, economic, and environmental factors, and seeks to support individuals in managing their own health. This approach forms the basis of long-term strategies for early intervention and prevention that will underpin long-term health service sustainability.

The Dyfed Area Planning Board (APB) provides regional leadership and coordination for tackling substance misuse by bringing together representatives from health, police, local authorities, and other statutory agencies. Working in line with WG strategies, the APB pools resources to improve planning, service delivery, and performance management, ensuring statutory responsibilities are met through strong partnership. Chaired by Dr Ardiana Gjini, Executive Director of Public Health, with Vice Chair Clark John Jones (Dyfed Powys Police),

the APB sets the strategic direction and develops local plans to address alcohol and drug misuse across the region.

3. DIGITAL

Following the development of the A Healthier Mid and West Wales strategy, the Health Board produced 'Our Digital Response 2020 – 2025' to set out how digital and technology would support the delivery of the strategic aspirations; how we bring the Digital Response phase to a close; and we reflect on a period marked by rapid innovation, resilience, and adaptation. This phase was critical in enabling the Health Board to respond swiftly to unprecedented challenges, particularly during the COVID-19 pandemic. It accelerated the adoption of digital tools, virtual care models, and remote working practices, laying a strong foundation for future transformation.

However, the context in which we operate has evolved. The demands on our health and care system are growing in complexity, and the expectations of patients, staff, and partners continue to rise. In response, we are now entering a new chapter: a refresh that builds on the momentum of the Digital Response, but shifts focus toward long-term, sustainable, and system-wide digital transformation.

This refresh is not a reset - it is a refinement and elevation of our digital ambitions. It will align with national priorities, reflect lessons learned, and incorporate emerging technologies such as Artificial Intelligence (AI), digital therapeutics, and precision health. Our approach will be inclusive, evidence-led, and co-designed with patients, clinicians, and partners to ensure it meets real-world needs.

The refreshed response will be structured around clear priorities, measurable outcomes, and a robust delivery framework. It will also embed digital inclusion, ethical innovation, and workforce development as core enablers of success. This is not just about technology - it's about transforming how we deliver care, how we work, and how we improve lives.

The revised Digital Response will set out a bold and future-focused vision for transforming healthcare delivery across HDdUHB. It moves beyond digitising existing services to fundamentally reimagining how care is delivered, accessed, and experienced. The Response is built around key pillars such as patient safety, digital inclusion, virtual care, and innovation, all underpinned by a commitment to equity, sustainability, and person-centred design. It recognises that digital transformation is not just about technology, it's about reshaping culture, leadership, and systems to meet the evolving needs of patients and staff.

A standout feature of the response will be its ambitious approach to AI. The Health Board aims to become a leader in safe, effective, and person-centred AI adoption within NHS Wales. AI is positioned as a transformative enabler across diagnostics, clinical decision support, predictive analytics, and operational efficiency. Recent cases include early detection of diseases through imaging, real-time monitoring of patient deterioration, and AI-driven care planning. The response will also outline plans for digital twinning, conversational AI, and automation of clinical documentation, each designed to enhance care quality and free up clinical time.

To support this, the Health Board will establish a structured AI programme with robust governance, ethical oversight, and a focus on high-quality, interoperable data. Recognising the risks of bias and poor data quality, the response commits to rigorous validation, transparency, and explainability in all AI applications. It also highlights the importance of aligning with national frameworks and building internal capability to safely scale AI across clinical and operational

domains. This forward-thinking stance ensures that AI is not just adopted but embedded responsibly and effectively.

The response will also envision a digitally empowered population, where individuals can access and contribute to their health records, manage care through interactive plans, and use digital therapeutics for long-term conditions. By integrating wearable data and patient-reported outcomes into clinical systems, the Health Board aims to shift toward precision health, tailoring interventions based on individual risk factors and behaviours. This approach supports earlier intervention, better outcomes, and more efficient use of resources.

Equity is a central theme throughout the plan. The Response will look to address digital exclusion by providing devices, connectivity, and training to underserved communities. The response also commits to co-designing inclusive services and building trust in digital tools. This ensures that the benefits of transformation are shared across all demographics, reducing health inequalities and improving access to care in rural and disadvantaged areas.

Finally, the response lays the foundation for a sustainable innovation ecosystem, supported by strategic partnerships with academia, industry, and the third sector. A dedicated innovation framework will guide the identification, evaluation, and scaling of new technologies, ensuring alignment with clinical needs and system priorities. With strong leadership, increased investment, and a culture of continuous learning, the Health Board is positioning itself at the forefront of digital health transformation, ready to adapt, adopt, and lead in a rapidly evolving landscape.

4. STRATEGIC INFRASTRUCTURE INVESTMENT

Discussions with Welsh Government on the 3 July 2025 focussed on the status of the AHMWW Programme Business Case (PBC), the strategic options for the Health Board and the national funding models for major infrastructure. As previously reported to Board, the scale of the investment sought by the Board for a new Urgent and Planned Care Hospital and associated investment at other Hospital sites to help deliver the AHMWW Strategy is at present unaffordable. Nonetheless it is accepted that substantial investment is required to address the estate and clinical fragilities across West Wales.

Whilst the formal feedback from the discussion is awaited, the summary position reached is understood to be as follows:

- No formal response has been forthcoming from WG in relation to the AHMWW PBC submitted in February 2022. WG confirmed that this document is no longer fit for purpose and a new approach will be required
- WG had agreed to explore the possible funding framework for the scale of investment set out by HDdUHB and others across Wales. There is unlikely to be any quick solution to this issue
- There was agreement that there are a number of fixed points within the strategic options for HDdUHB. These include Prince Philip (PPH) and Bronglais (BGH) hospitals remaining as key sites, the importance of developing community hubs such as Cross Hands and North Pembrokeshire and the position that, in any service scenario, there will be a need to redevelop Wityhush Hospital (WGH), recognising the scale of redevelopment is still to be determined. This is based on the significant structural estate deterioration for which the risks are being managed and mitigated but for which there is no realistic long-term solution other than replacement

- WG therefore set out a scenario whereby HDdUHB might consider proposing the phased redevelopment of the WGH site with an initial strategic proposal being prepared for WG consideration at an Infrastructure Investment Board (IIB) in Autumn 2025
- To take advantage of this route, HDdUHB will need a clear CSP, to set out the clinical priorities for the site for the first stage of development; and be able to agree a hospital site development control plan. The capital and revenue costs implications will need to be broadly understood and supportable and the benefits clearly articulated
- WG indicated they may be willing to support the cost implications associated with the estate planning requirements for this stage. HDdUHB will approach WG for capital support to update the 2018 Major Infrastructure PBC. This update will enhance HDdUHB's understanding of the technical and condition-related risks across the hospital site and inform the development of Hospital Site Development Control Plans to support further phased investment discussions

WG indicated the route map could involve prioritised, phased developments, particularly relating to WGH and Glangwili Hospital (GGH), to be set out and delivered sequentially over time, supported by the appropriate business cases. HDdUHB would need to work collaboratively with WG teams to develop the detailed approach and practical implementation of this proposal. The Committee should note that whilst a phased approach may be more affordable for WG, it could result in higher overall capital requirements and increased revenue costs, particularly as existing buildings cannot be fully decommissioned until all replacement facilities are operational.

Argymhelliad / Recommendation

The Board is asked to:

- **DISCUSS** the approach being adopted to refresh the AHMWW Strategy including the associated work with Swansea Bay UHB
- **DISCUSS** the challenges and opportunities relating to population health, partnership working and digital
- **DISCUSS** the outcome of discussions of the 3rd July 2025 with WG colleagues relating to capital investment in support of the AHMWW Strategy

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>2.1.1 Provide evidence based (where possible) and timely advice to the Board on the development of the following matters consistent with the Health Board's overall strategic direction:</p> <p>2.1.1.1 Strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the Board's overall strategic direction;</p> <p>2.1.1.2 Business cases and service planning proposals;</p> <p>2.1.1.3 The alignment of supporting and enabling strategies, including workforce, capital, estates and digital;</p> <p>2.1.1.4 The implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board;</p>
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Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 1196 - Insufficient investment in facilities/ equipment/digital infrastructure (risk score 16)
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)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team Board Seminar Clinical Reference Group

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Contained within key elements of the work programmes – overarching the Programme Business Case (PBC) and Strategic Outline Case (SOC) sets out both the revenue and capital funding assumptions for the programme including a detailed Financial Case section in the PBC.
Ansawdd / Gofal Claf: Quality / Patient Care:	Implicit within the PBC and SOC. This is an integral part of the PBC and SOC case for change.
Gweithlu: Workforce:	Implicit within the PBC and SOC. This is an integral part of the PBC and SOC case for change.

Risg: Risk:	Risk 1196 Insufficient investment in facilities/ equipment/ digital infrastructure.
Cyfreithiol: Legal:	Implicit within the PBC.
Enw Da: Reputational:	Implicit within the PBC.
Gyfrinachedd: Privacy:	Implicit within the PBC.
Cydraddoldeb: Equality:	There is an Equality and Health Impact Assessment which will remain 'live' through the duration of the programme.