

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 October 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategy Refresh
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning)
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Williams (Hywel Dda UHB - Assistant Director of Strategic Planning)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide information about the progress to date associated with the refresh of the A Healthier Mid and West Wales (AHMWW) strategy.

Information has been shared as part of regular Board updates as well as presentations at Board Seminar.

Cefndir / Background

In November 2024, work was initiated to refresh the existing AHMWW strategy. Since then, work has been carried out to understand which elements of the Strategy are still valid and can remain as they are, which elements are still valid but need revising to reflect, for example, demographic changes and which elements may need refreshing because they are fundamentally different to how they were envisioned when AHMWW was ratified in 2018.

Phase 1 engagement activity for the Strategy Refresh process started in July 2025. It took place alongside other consultation events and engagement activity by asking people the broad question, "What is important for you to live a healthy life?"

The question was administered in various ways, including via the Health Board's online engagement platform "Have your say" and via the organisation, YouGov.

There were 627 responses to the question on the "Have your say" platform. There were 125 responses to the question administered by YouGov by people with a Carmarthenshire, Ceredigion or Pembrokeshire postcode (excluding "Don't know" responses).

A six-step systematic thematic analysis* of the "Have your say" responses and YouGov responses was carried out with the support of Copilot. The themes identified in the two data sets were then synthesised. The five common themes in the two data sets were:

1. Equitable Access to Health and Support Services

Includes proximity, affordability, digital access, and joined-up care.

2. Holistic Prevention and Lifestyle Support

Encompasses diet, exercise, screening, and proactive health behaviours.

3. Mental and Emotional Wellbeing

Covers stress, sleep, purpose, and psychological resilience.

4. Social Connection and Community Belonging

Emphasises relationships, peer support, and community infrastructure.

5. Empowering Environments and Autonomy

Includes clean air, green spaces, mobility, independence, and self-care.

Phase 2 engagement activity for the Strategy Refresh process launched at the end of September 2025. It spans nine weeks and will close at the end of November 2025. A Communications and Engagement Plan for Phase 2 has been developed.

The purpose of Phase 2 engagement is to:

- Publicise the Strategy Refresh process and raise awareness across our communities.
- Provide opportunities for our communities to share their views and respond to the strategy questions and inform the strategic direction of the Health Board moving forward.
- Identify appropriate engagement and communication tools and methods, to reach more of our communities and engage them in the conversation.
- Seek to manage public expectations and provide reassurance about service provision
- Reactively address any widely spread misinformation.

Phase 2 engagement activity comprises 11 questions across the following four workstreams:

1. Social Model for Health and Wellbeing (SMfHW)

How our local area and support networks help us stay well.

2. Digital healthcare support

How we develop digital solutions to make care easier to access and use.

3. Balancing hospital care and community support

Staying well in our community.

4. Clinical services and hospital redevelopment

What matters most when improving healthcare buildings and spaces?

A range of engagement methods are being used, including but not limited to: targeted group sessions; hospital walkarounds including staff and outpatient engagement; attendance at local community events; digital engagement on “Have your say” and targeted social media activity. This face-to-face engagement is being supported by a range of communication methods. In addition to a summary published on the Health Board’s website, regular updates are proactively shared with the media and key stakeholders to ensure transparency and maximise awareness across our communities linked to the engagement activity. These

coordinated efforts are designed to broaden reach, foster understanding, and encourage meaningful participation in the strategy refresh process.

** The six-step systematic thematic analysis was based on the process reported in: Naeem, M., Smith, T., & Thomas, L. (2025). Thematic Analysis and Artificial Intelligence: A Step-by-Step Process for Using ChatGPT in Thematic Analysis. International Journal of Qualitative Methods, 24. <https://doi.org/10.1177/16094069251333886> (Original work published 2025)*

Asesiad / Assessment

Phase 1 engagement activity highlighted the diversity of the building blocks of health and wellbeing. Factors such as diet, community infrastructure, equitable access to healthcare services and access to green spaces, among others, were all reported to influence and impact people's health and wellbeing.

Phase 2 engagement activity seeks to gather feedback from our communities on the following 11 questions:

Social Model for Health and Well-being

1. What helps you stay healthy day-to-day, beyond seeing a doctor, nurse or healthcare professional?
2. Who outside the NHS do you think could be part of keeping people well?
3. Are there people or groups in your local area who could play a big role in helping others live healthier lives?
4. What kind of support would make it easier for you to live a healthier life?

Digital Healthcare Support

5. How do you feel about using the internet or apps to look after your health or share health information?
6. If digital healthcare worked well for you, what would it look like?
7. What would help you to feel confident using online tools or services to get healthcare?

Balancing Hospital Care and Community Support

8. If you could get help quickly to stay well in your community, how would that change how you feel about going to hospital?
9. What kind of care or support would you like to have nearby so you don't need to go to hospital?
10. If you had to travel further for specialist care, what could we do to make that journey worthwhile and less stressful?

Clinical Services and Hospital Redevelopment

11. If we secure funding to improve healthcare buildings and facilities, especially at sites most in need of repair – what would you like us to prioritise and what concerns should we work through together as those changes take place?

The engagement approach taken is positioned as an on-going conversation with our communities, rather than a formal public consultation framework. Our engagement focus is to go to communities where they meet and have a two-way dialogue to understand in more detail their views on these key questions. This approach takes into the account the Health Board having recently closed two back-to-back public consultations and wanting to avoid engagement fatigue from our communities. This engagement period is due to finish at the end of November 2025. The results of the engagement will then be analysed.

The intention is to present the results of Phase 2 engagement activity at the Public Board meeting in January 2026. It is expected that this will help to inform discussion and support the development of the refreshed strategy.

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the information regarding the process used for the Strategy Refresh.
- **NOTE** the information about the progress made on the Strategy Refresh process.
- **NOTE** the intention to present the results of Phase 2 engagement activity at the Public Board meeting in January 2026.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.14. Seek assurance on plans, systems and processes to deliver health improvement and increase health equity and seek assurance on the work of the Health Board to reduce avoidable health inequalities.
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 Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	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.