

Cluster Plan 2026-2027

Amman Gwendraeth Cluster

Healthier Carmarthenshire Pan Cluster Planning Group

Cluster Executive Summary:

The modern NHS in Wales represents a dynamic and evolving environment, with Primary Care Clusters at the forefront of transformative change. These clusters are proactively responding to the shifting health and wellbeing needs of the population, while navigating the challenges of modernising a historically secondary care-oriented system within the constraints of a publicly funded model.

Guided by evidence-informed policy, there is a clear and urgent imperative to strengthen Primary Care infrastructure across Wales. This includes enhancing multidisciplinary team working, diversifying skill sets, and improving service coordination to deliver the kind of care that patients value - accessible, integrated, and close to home.

The Amman Gwendraeth Cluster has identified several strategic priorities that align closely with the broader objectives set out by the Regional Partnership Board (RPB) and Public Health Wales (PHW). A key focus is addressing unhealthy lifestyle behaviours such as smoking, poor nutrition, and physical inactivity, which contribute significantly to rising obesity rates, particularly among children. These behaviours have far-reaching and long-term implications for individual and population health. Mental health is also a central priority, with a strong emphasis on early intervention and the delivery of accessible, community-based support services. In addition, the Cluster is committed to improving diabetes care through proactive management and enhanced patient education. Digital innovation will continue to underpin these efforts, enabling improved communication, seamless data sharing, and stronger collaboration across the health and care system.

Looking ahead, we are committed to further developing our partnerships with community pharmacy, optometry and third sector organisations. Inclusivity remains central to our mission. We are actively working to design and deliver services that meet the needs of underrepresented groups, including individuals living with dementia and neurodiverse populations. Our ambition is to scale successful initiatives and share best practice across clusters, fostering system-wide

Key Cluster Actions 2026/27:

The Amman-Gwendraeth Cluster has identified a series of priorities for 2026/27 that are grounded in the latest population health data and aligned with regional and national objectives. In addition, the Cluster Self-Reflection Survey provided a valuable insight into the current state of development across the Amman-Gwendraeth Cluster in relation to the Primary Care Model for Wales (PCMW) and Accelerated Cluster Development (ACD) outcomes and was also considered when setting the priorities.

The findings highlight both areas of progress and those requiring targeted improvement to support the cluster's continued evolution. Overall, the majority of responses across the 19 PCMW and ACD outcomes fall within the "Foundation" and "Developing" stages. Very few areas have reached "Mature" status, and several remain at the "Pre-Foundation" level. This suggests that while the cluster is making progress, there is still significant work to be done to fully embed the principles of the Primary Care Model for Wales, which the Cluster will endeavour to improve, whilst committing to address health inequalities, supporting vulnerable populations, and promoting preventative, person-centred care.

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improvement. Through prevention, collaboration, and innovation, we aim to deliver a more effective, equitable, and sustainable health and social care system for all.



Amman Gwendraeth Cluster: KEY CONCERNS

-  **High Levels of Deprivation**
Several communities fall within the most deprived 20% in Wales
-  **Ageing Population**
Growing numbers of frail older adults and people living with dementia
-  **Childhood Health Issues**
High rates of childhood obesity, low birth weight, and suboptimal breastfeeding
-  **Mental Health and Neurodiversity**
Heightened risk of poor outcomes for individuals with mental ill health, learning disabilities, and autism
-  **Clinical Risk Factors**
Increasing prevalence of hypertension, obesity, raised glucose & cholesterol
-  **Low Uptake of Screening and Vaccination**
Inequalities in cancer screening and vaccine coverage
-  **Behavioural Risk Factors**
Widespread smoking, alcohol use, poor diet, and physical inactivity
-  **Digital and Estates Challenges**
Limited digital infrastructure and physical space

- 1) Reduction of health inequalities, particularly in communities identified within the most deprived 20% of the Welsh Index of Multiple Deprivation. These areas experience disproportionately poor health outcomes, lower educational attainment, and reduced access to services. Targeted interventions will focus on improving access to care, enhancing health literacy, and addressing the broader social determinants of health.
- 2) The cluster also recognises the growing demands of an ageing population. With an increasing number of older adults, particularly those who are frail, at risk of falls, or living with dementia, there is a pressing need to develop integrated care models that support ageing in place. This includes strengthening community-based services and ensuring timely access to appropriate support.
- 3) Mental health remains central to the cluster's priorities. Individuals with mental ill health, learning disabilities, and autism are at heightened risk of poor health outcomes. The cluster will continue to expand access to community-based mental health services, promote early intervention, and ensure that services are inclusive and responsive to the needs of neurodiverse individuals.
- 4) Improving outcomes for children and families is another critical focus. High rates of childhood obesity, low birth weight, and suboptimal breastfeeding

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	<p>rates highlight the need for early years interventions. The cluster will prioritise initiatives that promote healthy eating, physical activity, and maternal health, recognising the long-term benefits of investing in early childhood development.</p> <ol style="list-style-type: none"> 5) Behavioural risk factors such as smoking and physical inactivity will be addressed through referral to lifestyle services, and community-based education will be key components of this approach. 6) Amman Gwendraeth area has a high prevalence of obesity and related chronic conditions, placing its population at greater risk of developing Type 2 diabetes, a condition that has grown by 40% in Wales. Prediabetes is largely preventable through early identification and lifestyle changes, which reduces future demand on primary care and prevents serious complications. Addressing this issue also tackles health inequalities, aligns with national prevention priorities, and supports digital innovation through tools like the proposed app, making care more accessible and proactive 7) Finally, the cluster will continue to promote digital innovation and integrated care. Estates and physical space remain a significant issue across the cluster. The self-reflection highlighted that digital infrastructure within the cluster is at the "Pre-Foundation" stage which highlights a lack of adequate IT systems and physical environments to support multi-professional working and effective communication. The Cluster will lean on the use of AI, telehealth, and mobile applications which we plan to expand to enhance access and self-management. Prioritising digital solutions will be essential to overcome these constraints. <p>Together, these priorities reflect a comprehensive and forward-looking approach to improving population health in the Amman-Gwendraeth area, ensuring that services are equitable, effective, and responsive to the needs of the community.</p>		
<p>Health Needs Assessment Summary:</p> <p>The Amman-Gwendraeth Cluster Profile for 2026–27 from PHW outlines a range of health and wellbeing priorities that closely mirror the strategic direction set by the West Wales RPB. One of the most prominent shared concerns is the ageing population. The Cluster recognises the growing number of older adults, particularly</p>	<p>Finance and Workforce Profiles 2026/27:</p> <table border="1" data-bbox="1126 1281 2022 1353"> <tr> <td>Amman Gwendraeth Cluster total Budget April 26/27</td> <td>£456,000</td> </tr> </table> <ul style="list-style-type: none"> • Committed spend from April 2026 – April 2027 = £ 214,000 	Amman Gwendraeth Cluster total Budget April 26/27	£456,000
Amman Gwendraeth Cluster total Budget April 26/27	£456,000		

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those who are frail, at risk of falls, or living with dementia. This aligns directly with the RPB's commitment to supporting people to stay closer to home, including through the implementation of the 'Homefirst' model and the development of dementia wellbeing pathways.

Another area of alignment is the focus on health inequalities and deprivation. The cluster profile from PHW highlights the presence of communities within the most deprived 20% of the Welsh Index of Multiple Deprivation (WIMD), and the associated challenges these communities face. This reflects the RPB's cross-cutting themes of access and equity, which emphasise the need to address social determinants of health and ensure services are inclusive and accessible.

Mental health and neurodiversity are also key priorities for both PHW and the RPB. The Cluster profile identifies people with mental ill health, learning disabilities, and autism as particularly vulnerable groups. This is echoed in the RPB's strategic priorities, which include promoting emotional wellbeing, early intervention, and the delivery of integrated autism services.

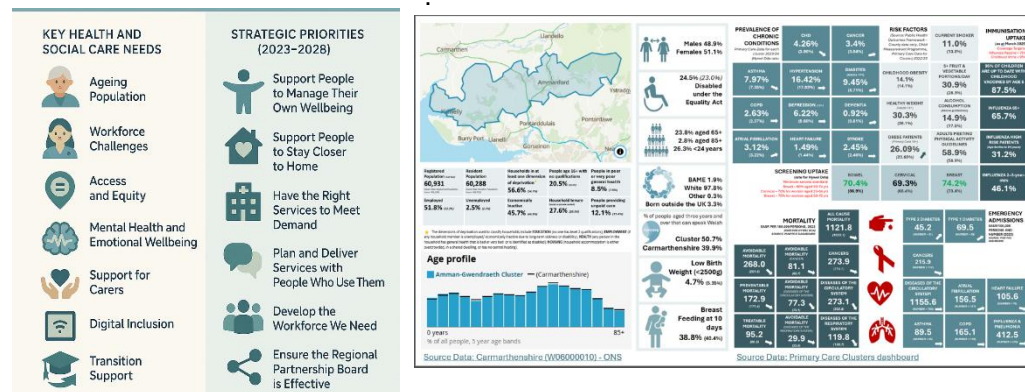
PHW's emphasis on childhood obesity, low birth weight, and breastfeeding also aligns with the RPB's preventative agenda. Both recognise the importance of early years interventions in shaping long-term health outcomes, and the need to support families and children through coordinated, community-based services.

Behavioural risk factors such as smoking, alcohol use, and physical inactivity are another shared concern. The Cluster promotes regular screening and behavioural interventions, which complements the RPB's focus on prevention and wellbeing. Both advocate for early identification and support to reduce the burden of lifestyle-related conditions.

- Current **available** spend from April 2026 – April 2027 = **£242,000**

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Finally, the Cluster's support for digital innovation and integrated care models such as the use of telehealth, mobile apps, and care coordination through social prescribers mirrors the RPB's strategic priority to embrace digital transformation and deliver more seamless, person-centred care.



Key achievements/successes related to the 2025/26 Cluster Plan:

The Cluster has achieved significant progress throughout 2025. It began by delivering an inclusive cluster workshop that brought together practices, partners, and community representatives, creating space for more people to contribute and ensuring decisions reflect local needs and priorities. The cluster also strengthened its approach to data-driven decision making, improving understanding and use of population health data to identify key priorities. These priorities were carefully aligned with the objectives of the Regional Partnership Board (RPB) and Public Health Wales (PHW),

Key reflections / challenges related to the 2025/26 Cluster Plan:

- The Cluster has experienced several challenges this financial year. One of the most significant setbacks was the departure of the Cluster and GP Collaborative Lead. This created a gap in the GP leadership role, which in turn led to a more fragmented working environment and a noticeable decline in stakeholder engagement. Although leadership changes can bring uncertainty, the cluster has recently welcomed a new cluster lead, who is a pharmacist, and a new GP collaborative lead. This transition period has required

Emerging alignment with PCPG Plan 2023/26 / PRB Area Plan 2023/2028

The strategic priorities identified by the cluster are well-aligned with both the Pan Cluster Planning Group (PCPG) objectives in Carmarthenshire and the West Wales Regional Partnership Board (RPB) Area Plan. This alignment reinforces the cluster's contribution to regional transformation, integrated care delivery, and population health improvement.

The cluster's commitment to reducing health inequalities, particularly in communities within the most deprived 20% of the Welsh Index of Multiple Deprivation, is strongly aligned with both PCPG and RPB priorities. The PCPG promotes a social model for health, recognising the importance of community assets and the role of social prescribing in addressing wider determinants of health. Similarly, the RPB Area Plan prioritises equitable access to services and supports community-led initiatives aimed at tackling health disparities and improving outcomes for vulnerable populations.

The cluster's focus on developing integrated care models for older adults, including those who are frail, at risk of falls, or living with dementia, aligns closely with regional priorities. The PCPG supports ageing in place through Integrated

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<p>supporting integrated care and prevention.</p> <ol style="list-style-type: none"> 1) Innovation has been a major focus, with the initiation of two new digital projects. The first is a pre-diabetes prevention app, which includes a risk calculator, lifestyle advice, and referral pathways. The second is a pain service digital pathway designed to support self-management and streamline referrals. Both projects aim to improve access, empower patients, and reduce future demand on services. 2) In addition, the cluster has made notable strides in improving care for frail populations. Cluster pharmacists have worked closely with frailty teams and secondary care to deliver joined-up polypharmacy reviews. This collaborative approach will reduce medication-related risks and improved safety for vulnerable patients, ensuring better outcomes through integrated working. While these achievements are clear, the full impact of this work is still to be realised as data continues to emerge and outcomes are measured over time 	<p>adjustment, but the two leads have established a strong working relationship. Their collaborative approach is already fostering optimism for more joined-up and coordinated working across the cluster in the year ahead.</p> <ol style="list-style-type: none"> 2) Despite efforts to give more people a voice, engagement across all practices and partners has been inconsistent, making it difficult to maintain momentum and shared ownership of priorities. This is largely due to demand, capacity constraints, and significant work pressures, which limit the time and resources available for active participation in cluster activities. 3) The procurement process and associated bureaucracy can be a significant barrier to commissioning projects because it often involves multiple layers of approval, strict compliance requirements, and lengthy timelines. 4) System-level integration (e.g., IT interoperability, shared care records) continues to be a barrier to seamless care, which we hope to address in part with the Cluster landing page. 	<p>Community Networks and locality-based planning, ensuring timely access to appropriate support. The RPB Area Plan also identifies older people’s services as a strategic priority, with an emphasis on integrated pathways, carer support, and community-based interventions that promote independence and wellbeing.</p> <p>Mental health and neurodiversity are central to the cluster’s priorities, with a focus on expanding access to inclusive, community-based services and promoting early intervention. This is consistent with the PCPG’s emphasis on responsive and inclusive service design, and the RPB’s strategic commitment to improving outcomes for individuals with mental ill health, learning disabilities, and autism. The RPB Area Plan highlights co-production, person-centred care, and the development of neurodiverse-friendly services as key objectives.</p> <p>The cluster’s prioritisation of early years interventions to address childhood obesity, low birth weight, and suboptimal breastfeeding rates is well-aligned with regional strategies. The PCPG supports preventative approaches and community resilience initiatives that promote maternal and child health. The RPB Area Plan identifies children and young people as a core population group, with a strong focus on early intervention, family support, and healthy development across the life course.</p> <p>Efforts to proactively manage clinical risk factors such as hypertension, obesity, raised glucose and cholesterol levels, and medication reviews for older adults are embedded within the cluster’s approach. These activities align with the PCPG’s proactive care models and chronic condition management strategies. While not a standalone priority within the RPB Area Plan, these efforts support broader goals related to preventative health and population health management.</p> <p>The cluster’s emphasis on increasing uptake of cancer screening and vaccinations, and addressing inequalities in coverage, is directly aligned with both PCPG and RPB priorities. The PCPG includes screening and immunisation within its community health improvement efforts, while the RPB Area Plan identifies prevention as a cross-cutting theme, promoting early detection, health promotion, and equitable access to preventative services.</p> <p>The cluster’s approach to tackling behavioural risk factors such as smoking and physical inactivity through lifestyle referrals and community education is fully aligned with regional strategies. The PCPG supports social prescribing and lifestyle</p>
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	<p>5) Commissioning projects that closely align with core contractual work can be challenging because it creates ambiguity around funding responsibilities and scope. When a cluster proposes an initiative that overlaps with these areas, questions arise about whether it should be funded through cluster budgets or delivered as part of existing contractual obligations. This often leads to delays in approval, additional scrutiny, and the need for complex justification to avoid duplication or breaching contractual terms. As a result, even well-intentioned projects can stall due to governance concerns.</p>	<p>interventions as key components of its model, and the RPB Area Plan promotes healthy behaviours and community empowerment to reduce risk factors and improve long-term health outcomes.</p> <p>Finally, the cluster’s commitment to digital innovation and integrated care reflects a shared regional ambition. Despite current limitations in digital infrastructure and estates, the cluster plans to expand the use of AI, telehealth, and mobile applications to enhance access and self-management. This aligns with the PCPG’s recognition of digital transformation as a key enabler of multi-professional working and effective communication. The RPB Area Plan similarly identifies digital innovation as a strategic priority, supporting integrated care delivery, data sharing, and remote access to services.</p>
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List activities or projects planned to commence during 2026-27, as well as those planned/ initiated in 2025-26 (or earlier, if ongoing)

Activity/ project title	New or existing activity	Brief activity/ project description	Results/ benefits expected by end March 2026	Strategic alignment: Ministerial priorities	Strategic alignment: SPPC key programme priorities	Activity/ project budget	Funding source(s)	Current status	Comments
Provide a consist activity or project title, one per unique activity	Is this a new activity for 26/27 or part of a previous cluster plan?	Simple and to the point - no need to go into specific objectives	Brief list of main results or benefits anticipated from this activity or project before end of March 2027	Does this fit any of the ministerial priorities?	Does this fit any of the SPPC key priorities?	What money has been allocated to this project or activity? Insert total – to include staff,	What is the source of this funding? I.e. transformation funding, cluster funding etc.	What is the current status – short description only	Comments you feel may be relevant here – for example barriers to success, workforce issues etc.

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						equipment etc. costs			
Cluster Pharmacy Team	Existing (ongoing from 2024-25 plan)	Expand provision of the Cluster Pharmacy Team	<ul style="list-style-type: none"> Enables GP to focus on GP time to spend on patients with complex medical needs. Polypharmacy reviews for the frail population identified by the practices in line with their new contractual requirement. 	None	None	£59,880	Cluster	In progress	Space in practice, managing practice & patient expectations .
Jac Lewis Foundation	Existing (ongoing from 2024-25 plan)	Support patients with low-mid level mental health issues who would otherwise not meet the criteria within the HB.	<ul style="list-style-type: none"> To provide mental health support to children and adults within the Amman Gwendraeth Cluster footprint. Provide quick and easy access to therapy, decreasing the need for prescribed medication, further treatment, and long-term support. 	Yes- Mental health & wellbeing Strategy 2025-35, targeting early intervention, prevention and person-centred care.	Yes	£75,000	Cluster	In progress – ends January 2028	Locum reliance in Managed Practices = low referrals DNA rates in MH patients

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			<ul style="list-style-type: none"> integrate with other services and signpost as necessary 						
Healthy Habits	New project planned for the early 2026	Community-based programme for primary school-aged children and their families. It focuses on reducing childhood obesity by teaching families how to grow, prepare, and cook healthy, affordable meals, while promoting physical activity and social wellbeing.				Circa 50k	Joint funded via Carms clusters	Tenders being evaluated	
Cluster landing page	New project planned for early 2026	Centralised, real-time digital platform that acts as a "digital front door" for health services in the cluster.				Circa 50K	Cluster	Procurement spec drafted	
Diabetic App proposal	New Project planned for early 2026.	Digital tool designed for people in the Amman Gwendraeth cluster	<ul style="list-style-type: none"> Streamlined referral pathways Early identification of pre-diabetic 	Prevention and Early Intervention:	Person-Centred Care	Circa 50K	Cluster	Procurement spec drafted	

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		<p>who are at risk of developing Type 2 diabetes.</p>	<p>patients leading to timely interventions and reduced progression to Type 2 diabetes</p> <ul style="list-style-type: none"> • Significant uptake and engagement measured through downloads, active usage, and completion of risk assessments. 	<p>Digital Transformation:</p> <p>Health Inequalities:</p>	<p>Prevention and Early Intervention:</p> <p>Digital Transformation:</p> <p>Health Inequalities:</p> <p>Integrated Working</p>				
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