

# Cluster Plan 2025-2026

## 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, neurodiverse populations, and those with physical and learning disabilities.

### Key Cluster Actions 2025/26:

The Amman-Gwendraeth Cluster has identified a series of strategic priorities for 2025/26 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.

- 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.

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Our ambition is to scale successful initiatives and share best practice across clusters, fostering system-wide improvement. Through prevention, collaboration, and innovation, we aim to deliver a more effective, equitable, and sustainable health and social care system for all.



- 3) Mental health and neurodiversity remain 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 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.
- 5) The proactive management of clinical risk factors is also essential. The cluster will enhance efforts to identify and manage conditions such as hypertension, obesity, raised glucose and cholesterol levels, and ensure regular medication reviews, particularly for older adults at risk of falls and complications.
- 6) Preventative health measures, including increasing the uptake of cancer screening and vaccinations, are a further priority. The cluster will work to improve participation in screening programmes and address inequalities in vaccine coverage, particularly for influenza, MMR, and HPV.
- 7) 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.
- 8) Finally, the cluster will continue to promote digital innovation and integrated care. Digital infrastructure and estates 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. Care coordination through social prescribers and health coaches will support patients in navigating services and adhering to recommended interventions.

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.

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## Health Needs Assessment Summary:

The Amman-Gwendraeth Cluster Profile for 2025–26 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 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.

## Finance and Workforce Profiles 2025/26:

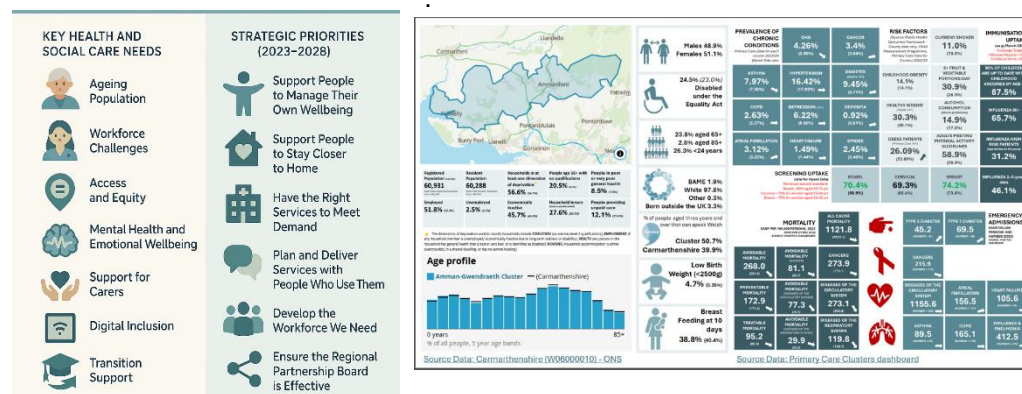
Amman Gwendraeth Cluster total Budget April 26/27	£456,196
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Spend Type	Service
<b>Pay</b>	
2E481-Pharmacist Band 8A	Cluster Pharmacist
2E481-Pharmacist Band 8A	Cluster Pharmacist
2C571-Physiotherapist Band 7	Persistent Pain Service
2E481-Pharmacist Band 8A	Persistent Pain Service
2C541-Physiotherapy Support Band 4	Generic Community Occupational
<b>Total Pay</b>	
<b>Non-Pay</b>	
55650 - Primary Care Projects	Jac Lewis Foundation
55650 - Primary Care Projects	Dermatology Non-pigmented Les

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Vaccination and screening uptake are also highlighted in the Cluster profile, with a call to improve coverage for influenza, MMR, HPV, and cancer screening. This aligns with the RPB’s emphasis on preventative health and early detection, which are essential for reducing avoidable mortality and improving population health outcomes.

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 2024/25 Cluster Plan:

The Cluster successfully achieved its three main objectives during the last financial year. One of the key accomplishments was the continued improvement in access to mental health services. This was achieved by commissioning the Jac Lewis Foundation for an additional three years. The foundation provides vital support to individuals experiencing low to moderate mental health issues—

## Key reflections / challenges related to the 2024/25 Cluster Plan:

The Cluster experienced several challenges over the past 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.

## 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

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<p>those who might not otherwise meet the threshold for traditional services. Another significant achievement was the continuation of the Chronic Pain Service, which operates through a multidisciplinary team (MDT) approach. This service empowers patients to make informed lifestyle choices by addressing the root causes of their pain. The Health Board is currently considering integrating this service into its core offerings starting from April 2026. The Cluster also made progress in integrating the optometry and pharmacy collaboratives, ensuring they receive appropriate support at the cluster level. Notably, the Cluster supported the Optometry Collaborative by funding new equipment, including mobile slit lamps. These devices are designed to improve access for patients with mobility issues, particularly within community settings. This initiative is expected to reduce the number of referrals to secondary care ophthalmology services. The slit lamps have recently been delivered, and the Cluster is now focusing on capturing data to assess their impact.</p>	<p>Additionally, there was a lack of clarity surrounding the role of the Cluster Pharmacist. This ambiguity contributed to dissatisfaction within the team and created uncertainty around job responsibilities and future roles. Navigating this situation proved difficult, particularly in terms of managing expectations. However, efforts to evaluate the role and provide clearer guidance have helped to alleviate some of the concerns and improve team morale.</p>	<p>community-led initiatives aimed at tackling health disparities and improving outcomes for vulnerable populations.</p> <p>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 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</p>
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		<p>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 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 2025-26, as well as those planned/ initiated in 2024-25 (or earlier, if ongoing)*

Activity/ project title	New or existing activity	Brief activity/ project description	Results/ benefits expected by end March 2024	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 25/26 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 2026	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, equipment etc. costs	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.
Cluster Pharmacy Team	Existing (ongoing from 2024-25 plan)	Expand provision of the Cluster Pharmacy Team	<ul style="list-style-type: none"> <li>Enables GP to focus on GP time to spend on patients with complex medical needs.</li> </ul>	None	None	£112,068	Cluster	In progress	Space in practice, managing practice & patient

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			<ul style="list-style-type: none"> <li>• Polypharmacy reviews for the frail population identified by the practices in line with their new contractual requirement.</li> </ul>						expectations .
Generic OT / physio technician	Existing (ongoing from 2024-25 plan)	Provide timely care for patients experiencing a functional decline who would benefit from support from a physio/ OT perspective.	<ul style="list-style-type: none"> <li>• Timely access to therapy assessment and intervention, which will be able to be of greater duration and intensity, therefore more effective.</li> <li>• Closer relationships and working with GP practices to improve flow, sharing of information, identify patients quickly and regularly input to prevent deterioration.</li> <li>• Increased numbers assessed and treated.</li> <li>• Decrease waiting time for multifactorial assessment and</li> </ul>	Yes – The IQS focuses on older people and those living with frailty, which have been supported with “further faster” monies.	Yes – frailty management is central to SPPC’s priorities.	£36,623	Cluster	In progress – ends March 2026	Lack of MDT’s within practice Travel time Admin time

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			intervention. Currently waiting 6 weeks, expected to improve to 3 weeks.						
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"> <li>To provide mental health support to children and adults within the Amman Gwendraeth Cluster footprint.</li> <li>Provide quick and easy access to therapy, decreasing the need for prescribed medication, further treatment, and long-term support.</li> <li>integrate with other services and signpost as necessary</li> </ul>	Yes- Mental health & wellbeing Strategy 2025-35, targeting early interventio n, prevention and person- centred care.	Yes	£75,000	Cluster	In progress – ends January 2028	Inadequate data Low uptake & failure to engage.
Persistent Pain Service	Existing (ongoing from 2024-25 plan)	Holistic approach to managing persistent pain within the community	<ul style="list-style-type: none"> <li>Reduction in referral rates to Secondary Care Pain Services.</li> <li>Reduction in medication use</li> </ul>	Yes	No	£130,548	Cluster	Ends March 2026. Due to be adopted by HB.	

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		when all other medical avenues have been explored.	<p>and prescribing rates.</p> <ul style="list-style-type: none"> <li>• Improved patient experience</li> <li>• Improved patient pain management and quality of life (physical and mental health)</li> </ul>						
School Nicotine project	New project planned for November 2025						PHW / Prevention (17k) and all three Carms clusters (1k each)		
Healthy Habits	New project planned for the end of 2025						50k		
Cluster landing / booking page	New project planned for 2025						Circa 50K		
Diabetic App proposal	New Project planned for early 2026.						Circa 50K		