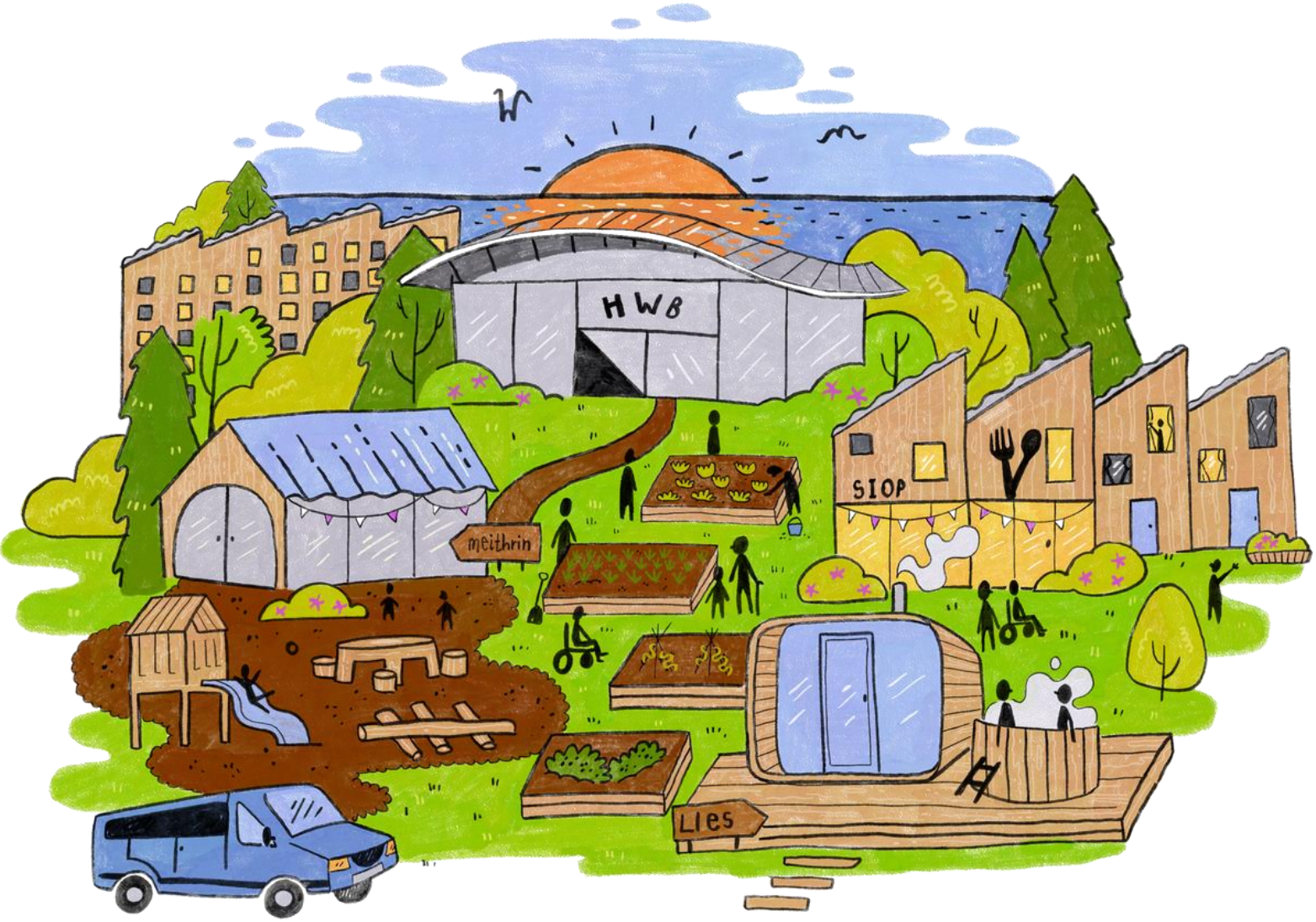
Byw'n Dda De-ddwyrain Sir Benfro
Living Well in South East Pembrokeshire

# Community Engagement and Co-production Report

## April 2026




community thinking CIC
CREATIVE - INNOVATIVE - COMMUNITY SHAPED CHANGE

pobl tir môr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# Contents



# Summary

The '***Living Well in South East Pembrokeshire'*** project was commissioned to support feasibility studies for developing Tenby Cottage Hospital into an Integrated Health and Wellbeing Hub and to establish a South East Pembrokeshire Care Campus. This work aims to ensure that future health and care services are responsive to local needs, grounded in community insight, and aligned with strategic priorities. South East Pembrokeshire, including Tenby, Saundersfoot, and Narberth, faces challenges such as an aging population, increasing demand for services, workforce pressures, and transport barriers common to rural and coastal areas.

The engagement process was inclusive and multi-phased, involving stakeholder interviews, community events, a stakeholder 'walk in', co-production meetings, and surveys, reaching over 150 participants across diverse demographic groups, including seldom-heard voices. The approach prioritised accessibility, bilingual materials, and multiple participation methods to gather a wide spectrum of views.

Key findings from the first and second phases of engagement highlighted the importance of maintaining independence, dignity, and social connection, with wellbeing supported by relationships, access to nature, and mental health. Experiences of services were mixed, with positive feedback on kindness and continuity, but concerns about delays, access difficulties, and fragmented systems. Participants strongly supported care closer to home, community-rooted services, joined-up and easy-to-navigate systems, and welcoming, non-clinical environments.

Co-production workshops built on these insights to develop ideas focused on strengthening community spaces, improving navigation and information, addressing transport as a system enabler, supporting community-led and peer-supported activities, and fostering joined-up, preventative, and sustainable approaches. Priorities emphasise simplicity, flexibility, trust, and long-term funding.

The report concludes that health creation starts in communities, not services. To meet local needs, Tenby Cottage Hospital should transform into a community platform with embedded navigation, and the Care Campus should integrate fully with community life. Navigation, transport, and community-led initiatives require coordinated, people-centred design and sustainable investment. Integration must be experienced by individuals, ensuring seamless, accessible support that reduces isolation and promotes wellbeing.

These findings provide robust, community-informed evidence to guide future planning, funding, and service development in South East Pembrokeshire, fostering a shift towards preventative, inclusive, and connected health and care systems.

# Background and Purpose

## Why This Work Was Undertaken

The Living Well in South East Pembrokeshire Project was commissioned by Pembrokeshire Association of Voluntary Services (PAVS), on behalf of Hywel Dda University Health Board and Pembrokeshire County Council, to support feasibility studies exploring the future development of **Tenby Cottage Hospital** as an Integrated Health and Wellbeing Hub, alongside work to establish a **South East Pembrokeshire Care Campus**.

This work forms part of a broader programme funded through the Health and Social Care Integration and Rebalancing Capital Fund (IRCF). The aim is to inform future investment decisions by ensuring that proposed developments are grounded in local need, aligned with strategic priorities, and shaped by those who use and deliver services. This work was undertaken to engage with communities and to co-produce robust, community-informed evidence to support planning, design, and funding applications.

**Local context**

South East Pembrokeshire includes the communities of Tenby, Saundersfoot and Narberth, with a population that includes a high proportion of older adults, including people aged 80+, as well as individuals with disabilities and those requiring ongoing support. The area faces a number of challenges common to rural and coastal communities, including:

- Increasing demand for health and social care services
- Workforce pressures across health and care systems
- The need for better integration between services
- Geographic access and transport considerations

At the same time, there is evidence of effective partnership work between the public and third sector. There are strong community assets and networks of local organisations which play a vital role in supporting health, wellbeing, accessibility and care.

**Engagement**

The aim of project was to gather meaningful insight from communities and stakeholders to inform the development of integrated health and care services in South East Pembrokeshire.

The engagement sought to:

- Support feasibility studies and funding work for a Health and Wellbeing Hub and Care Campus in South East Pembrokeshire

- Build a shared understanding of local needs and priorities
- Enable communities and stakeholders to contribute to early-stage design and thinking
- Establish relationships and momentum for ongoing co-production
- To hear from a wide range of voices, including seldom-heard groups, and ensuring opportunities to contribute were accessible, inclusive, and meaningful.

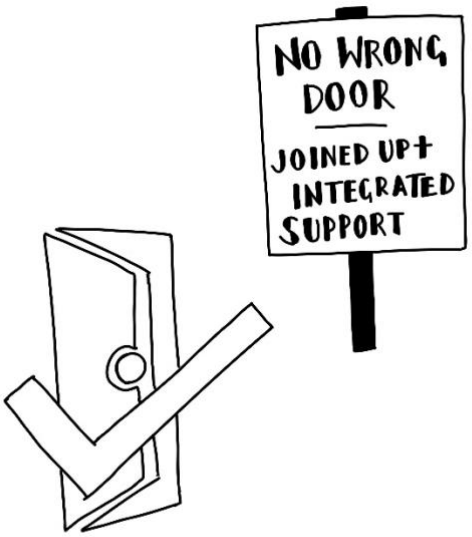
**What we wanted to understand**

The Living Well in South East Pembrokeshire project aimed to explore both experiences of current services and aspirations for the future. It encouraged people to share stories, ideas, and priorities in creative and flexible ways. Areas of focus included:

- People's experiences of health and social care (what works well and what does not)
- What matters most to people as they age or if they become unwell
- How services could better support individuals, families, and communities
- What people would like to see in a future Health and Wellbeing Hub or Care Campus
- How communities could support and develop work
- How services could be more joined-up, accessible, and community-focused.

**How the findings will be used**

- Provide evidence for funding applications and business cases
- Support strategic planning across health, social care, and third-sector partners
- Help ensure that future services are responsive to local needs and priorities
- Be shared back with communities to maintain transparency and ongoing involvement
- To build a foundation for continued co-production, ensuring that communities remain involved as plans develop and are implemented.



# Our Approach

## Working with people

The project was designed as a phased, inclusive and flexible process, combining multiple methods to ensure a wide range of voices could be heard. It used formal and informal approaches, allowing people to contribute in ways that suited them.

**Stakeholder meetings/Interviews**

Early in the project (September - October 2025), a programme of 1:1 meetings and stakeholder interviews was undertaken with key partners, including representatives from the Health Board, Local Authority, and third sector.


These discussions helped:

- Build a shared understanding of the project context
- Identify key system challenges and opportunities
- Shape engagement questions and materials
- Profile the work to ensure that it produced impact

**Community events and walk in**

A series of Phase 1 ‘exploring and listening’ events were delivered across:

- Tenby
- Narberth
- Saundersfoot

These were designed as informal events, enabling participation at different times and locations. The approach prioritised accessibility, open conversation, and creative engagement techniques.

A further walk-in stakeholder session at Tenby Cottage Hospital broadened participation among professionals and partners.

**Co-production workshops**

Phase 2 of the engagement included co-production workshops, focused on:

- Reflecting on early findings
- Exploring solutions collaboratively
- Developing ideas to inform feasibility studies

These sessions supported a shift from listening to shared design and problem-solving.

**Surveys (online and paper)**

An online and paper survey was widely distributed, allowing people to contribute flexibly.

- Surveys were completed both at events and independently
- Both qualitative and quantitative insights were gathered

**Analysis and review**

Data throughout the project was collected and uploaded onto a single dataset, clearly marking out specific phases of work. A thematic analysis of the data recorded was carried out. This was proportionate to the nature of the data, and importantly in line with the project co-production values - equal value was given to lived experience, professional insight, and community knowledge. Work included grouping data into specifics themes, patterns and trends and using *Ivory Mind AI* summarise.

This review fed into further stages of the project (co-production work), to provide key themes for workshops to review and develop.

Insights from early stakeholder interviews were used to provide context and sense-check emerging themes, ensuring that community feedback was understood alongside strategic priorities such as integration, workforce sustainability, policy requirements, and long-term population needs. This ensured that the analysis remained grounded in what people said, while also recognising the broader system in which services operate.

## Who took part

**Number of participants**

Engagement reached a broad and diverse group of participants:

- 150+ people reached
- Participants across three in-person community events
- Stakeholders engaged through interviews and meetings

- Additional qualitative contributions through workshops and activities (72 themed responses identified)

94 individual postcodes were collected from engagement participants, demonstrating participation across the South East Pembrokeshire area and beyond.

**Broad demographic overview**

Engagement work reflected the population across the Tenby, Saundersfoot and Narberth GP practice areas, including:

- Older adults, including people aged 80+
- Working-age adults
- People with disabilities or long-term conditions
- Unpaid carers and family members

Participants were asked to share demographic and service-use information, supporting a better understanding of reach and representation. Geographic data (postcode mapping) indicates a strong local concentration of responses from the SA67 and SA69 areas.

A detailed demographic overview of people reached is included in the resource and evidence pack that sits alongside this report.

**Groups specifically targeted**

Targeted engagement included:

- Seldom-heard and harder-to-reach groups

- Individuals with lived experience of health and care services
- Community organisations and voluntary groups
- Public sector and frontline staff

Community connections and local networks played a key role in extending reach and building trust.

**Inclusion and Accessibility**

A proactive approach was taken to maximise participation and ensure engagement reflected the diversity of the community. This included:

- Hosting events in multiple accessible locations
- Offering different times and formats (drop-in and structured)
- Linking engagement to existing community activities and networks
- Using place-based approaches to reflect local identity and needs

**Translation, accessibility support, outreach**

Events were designed to be welcoming and informal, supporting participation from a wide range of individuals, including those who may not typically engage in formal consultation processes.  Specific measures to reduce barriers included:

- Bilingual materials (Welsh and English)
- Access to Welsh-speaking staff and translation support
- Development of accessible formats
- Use of creative, visual and tactile engagement methods
- Multiple ways to participate (in-person, written, digital, creative)

# What we heard

## Key themes

Across all engagement activities, a consistent picture emerged of what matters most to people in South East Pembrokeshire. At its core was a strong desire to maintain independence, dignity and connection as people age, alongside concern about the realities of declining health, increasing reliance on services, and the risk of isolation - particularly in a rural context with transport challenges.

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| **People spoke clearly about what supports their wellbeing. This went beyond clinical care and included :** | • Strong relationships with family, friends and community<br>• Regular access to nature and outdoor environments<br>• Opportunities to stay active and involved<br>• Support for mental wellbeing, rest and balance |

These priorities reflect wider strategic local and national policy and services ambitions to delay or reduce the need for formal care by supporting people to remain well, connected, and independent for longer.

Experiences of services were mixed. Positive accounts emphasised kindness, listening and being heard, and continuity, while negative experiences often centred on delays, difficulty accessing services, and fragmented systems.

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| **People did not just describe problems, they also described what good could look like. There was strong support for:** | • Care closer to home, rooted in local communities<br>• Joined-up services that are easy to navigate<br>• Greater use of community and third sector provision<br>• Environments that feel welcoming, inclusive and non-clinical |

These aspirations align with the vision of a Health and Wellbeing Hub and a Care Campus as an open, community-integrated environment, rather than a standalone or institutional setting, offering a range of support options and maintaining people's connection to place.

## Key Patterns

Overall, there is a shift needed from reactive care to **preventative, community-based, and integrated services**.

Several clear themes emerged:

- **Independence:** People want support that helps them stay independent
- **Access:** Long waits, travel, and difficulty getting GP appointments are major issues
- **Joined-up services:** Services feel disconnected; better coordination is needed
- **Prevention & community:** Social connection and local support are vital for staying well
- **Workforce pressure:** Staff shortages affect care quality and continuity.

## Cross-Cutting Issues

Common challenges across all areas include:

- **Transport:** Limits access to services and independence
- **Communication and trust:** People want to feel heard and informed
- **Equity:** Not everyone can access services equally
- **Carer support:** Unpaid carers need more recognition and respite
- **Mental health and isolation:** Often linked to ageing and access to support.

Additional insights:

- Work through existing community networks
- Reflect local differences and identities
- Use inclusive and creative engagement methods
- Consider local and environmental challenges.

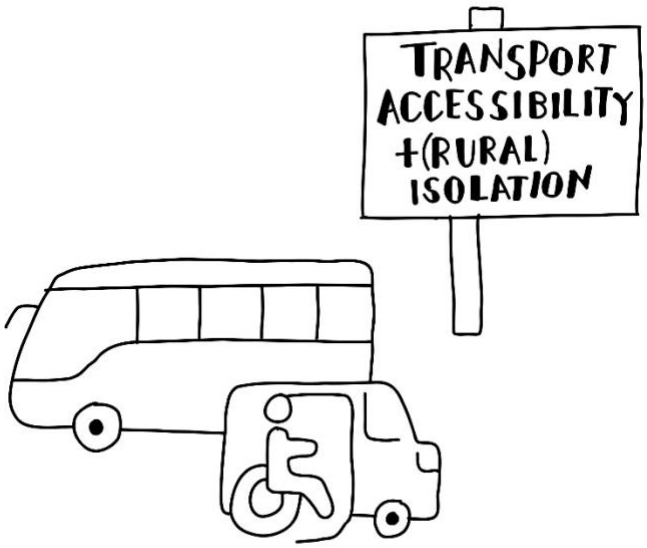
These issues need coordinated, multi-agency solutions.

## Links Between Themes

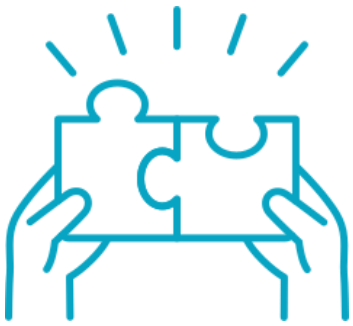
Key connections include:

- Transport → access → independence
- Good communication → trust → better care experience
- Community support → prevention → reduced service demand
- Integration → simpler, better outcomes
- Workforce capacity → foundation for all improvements

There is also a strong link between place and wellbeing - people want services rooted in their communities.



# Developing ideas and prioritisation



## Co-production

Co-production was a central principle underpinning this work. It reflects a commitment to designing services *with* people rather than *for* them, recognising that those who use, deliver and support services each bring valuable knowledge and experience.

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| **Co-production is a mindset and way of working based on 5 values:**<br>• Value people and build on their strengths<br>• Develop networks that operate across silos<br>• Focus on what matter for the people involved<br>• Build relationship of trust and shared power<br>• Enable people to be change makers |  | **It supports:**<br>• More inclusive and equitable decision-making<br>• Stronger relationships between communities and organisations<br>• Solutions that are more likely to be trusted, used and sustained<br>• A shift towards prevention, early intervention and community-led support |

This approach is particularly important given the complexity of health and care challenges in South East Pembrokeshire. Many of the issues identified such as access, transport, isolation, and system fragmentation are not easily resolved through single service solutions.

### How people and organisations worked together

The co-production process brought together community members, third sector organisations, local authority representatives, and health professionals in a shared space. Workshops were designed to reduce traditional hierarchies and create an environment where all contributions were valued equally. This included:

- Informal, café-style group work to encourage open discussion
- Mixed groups to bring together different perspectives and experiences
- Use of creative tools and prompts to support participation
- Clear co-production principles emphasising shared power and mutual respect

Participants worked collectively to:

- Reflect on findings from the engagement phase
- Explore challenges and opportunities
- Develop and test ideas
- Identify and prioritise what would make solutions realistic and impactful

## Exploring and Developing Ideas

Themes used in the co-production workshops were directly informed by analysis of the engagement phase. Feedback from community events, surveys, and stakeholder discussions was reviewed and grouped into key topic areas. This ensured continuity between what people said in the engagement phase and what was explored in more depth during co-production.

### Themes reflected both lived experience and system challenges, including:

- Transport, accessibility and rural isolation
- Access to healthcare
- Prevention and wellbeing
- Community connection and belonging
- Support for carers and the workforce
- Joined-up, “no wrong door” services
- Ageing well, independence and dignity
- Place-based and community-led provision

### Idea development

A structured framework was used to support groups to move from broad themes to more developed ideas. For each theme, participants worked through:

1. **Outcomes** – What difference would this make?
2. **Assets** – What already exists that could support this?
3. **Ideas** – What could be done?
4. **What makes this strong?** – Why would this work?
5. **Blue sky thinking** – What would be possible without constraints?

## Outcomes

Across themes, desired outcomes were consistent and strongly aligned. Participants described wanting:

- Easier, more timely access to support
- Greater independence and confidence
- Reduced isolation and stronger community connection
- More local, place-based services
- Systems that feel simple, joined-up and responsive


## Assets

Participants identified a wide range of existing strengths, including:

- Community groups, volunteers and local networks
- Existing transport schemes and local knowledge
- Community buildings and spaces (e.g. halls, libraries)
- Skilled staff and community connectors
- Natural environments and local identity

## Ideas

A broad range of ideas were generated, often focusing on improving how existing resources are used rather than creating entirely new services. Common ideas included:

- Community hubs and "warm spaces" as points for connection and information
- Improved signposting, including through GP practices and community connectors
- Better coordination of transport and community-based solutions
- Peer-led and lived-experience-led activities, with support from professionals and experts from time to time
- Flexible, low-pressure social and wellbeing activities
- Use of multiple communication channels, including non-digital formats

### What makes these strong

Participants identified several features that strengthen ideas and increase their likelihood of success:

- Building on existing assets rather than creating new systems
- Being locally owned and community-led
- Supporting relationships and trust
- Being flexible and inclusive
- Offering low barriers to access (e.g. free, drop-in, no referral required)
- Having sustainable, longer-term funding

### Blue sky

The 'blue sky' element of the process created space for more ambitious thinking.

Examples included:

- Fully integrated, 'one front door' community hubs
- Transport systems that are fully flexible, community hosted and responsive to need
- Long-term, ring-fenced funding to support prevention
- Communities where no one experiences isolation
- Co-housing and intergenerational living models


## Prioritisation

After generating ideas participants evaluated system challenges and idea practicality to:

- Align community, organisational, and system perspectives
- Identify strong agreements across groups
- Explore combined approaches
- Highlight the most supported concepts

Sticker voting was used to provide a simple but effective way of identifying which ideas had the strongest collective support. Priority areas included:

1. **Community spaces:** Support for accessible, informal venues like warm hubs, community organisations, and libraries as places for connection and early support.

2. **Navigation and information:** High importance on making services easier to find through trusted points like GP practices.

3. **Transport:** Critical barrier; needs coordination and flexibility to enable confident use.

4. **Community-led approaches:** Valued for building trust and reducing isolation via lived experience and peer support.

5. **Long-term, integrated approaches:** Emphasis on reducing silos, securing long-term funding, and building on existing assets.

Successful ideas share traits of simplicity, accessibility, flexibility, trust, and multi-outcome delivery. Priorities are interconnected, for example community hubs work better with transport, signposting needs accessible options, and prevention depends on strong networks. integrated approaches are favoured over isolated actions.

## Limitations

The engagement and co-production process offered valuable insights and engagement but had limitations:

- Project timeline constraints meant that there was limited time in the co-production meetings to explore ideas in detail, or to spend time sharing information with community members that would aid in decision making
- Our engagement event in Narberth was the least well attended, and the two co-production meetings we had budget to hold happened in Tenby and Saundersfoot
- Some stakeholders were very interested in getting involved, but not available to attend scheduled meetings (e.g. Pembrokeshire Coast National Park Authority)
- Limited input from the South East Pembrokeshire Community Health Network as they were inactive during the project period
- Lack of budget and time meant we were not able to dive deeply into ensuring all sections of the community were represented in discussions (for example, members of the global majority community or the D/deaf or hard of hearing community).

# Insight to take forward

Based on the engagement work, co-production process, and consensus building, five clear interconnected priorities have emerged:

## Priorities

### 1. Develop Community Connection Points

**Message: Health does not start in services, it starts in communities**

Wellbeing is driven by relationships, community connection, and everyday support, not formal services. The system wrongly prioritises services over community life. Establish and strengthen a network of accessible, welcoming community spaces that act as hubs for connection, support, and information.

**What this means:** Participants consistently prioritised informal, low-barrier spaces such as warm hubs, libraries, and community venues which valued and offered a relationship, rather than just services. These are not viewed as standalone services, but as entry points into wider support.

**Key features:**

- Relational approaches over purely service-led solutions
- Free or low-cost, drop-in access
- Non-clinical, welcoming environments
- Opportunities for social connection and activity
- Access to information and support

### 2. Improve Navigation, Information and Signposting

**Message: The system is unintentionally creating the pressures it is trying to solve**

People are not asking for more services, they are asking for a simpler system. They want easier navigation, trusted contacts, and joined-up support; complexity and disconnection are bigger problems than capacity. Create a simple, consistent and multi-channel approach to helping people find and access support.

**What this means:** The strongest-supported ideas focused on improving how people navigate the system, particularly through trusted touchpoints such as GP practices, social prescribers and community projects.

**Key features:**

- Consistent signposting across health, social care and community services

- Use of multiple formats (face-to-face, print, digital)
- Clear, accessible and up-to-date information
- Roles such as community connectors or navigators

### 3. Address Transport as a System Enabler

**Message: 'Care closer to home' actually means something much deeper**

People want care that is familiar, relational, easy to access, and integrated into everyday life, not a separate system. Develop coordinated, flexible, and community hosted transport solutions that enable access to services, activities and community life.

**What this means:** Transport was identified as a fundamental barrier affecting almost all aspects of health and wellbeing. Solutions need to go beyond routes and timetables to consider usability, coordination, and the how people in communities can support each other. Transport within communities such as Tenby is important as well as routes into towns.

**Key features:**

- Better coordination and revision of existing services
- Flexible, community-hosted transport models
- Support for individuals to access and use transport, including from door to door
- Alignment with appointment times and local need

### 4. Strengthen Community-Led and Peer-Supported Approaches

**Message: Community organisations and spaces are critical infrastructure**

Community venues and organisations provide early support, prevention, navigation, and social connection, making them essential, not optional. Invest in and enable community-led activity, including peer support and lived-experience models.

**What this means:** Participants placed strong value on activities and support led by people with lived experience, and on community groups as key delivery partners. Although there are strong community led provisions in the area, community volunteers also emphasised their desire for some professional support to 'back them up'.

**Key features:**

- Peer-led groups and activities
- Support for volunteers and community leaders
- Longer term funding and investment to support small scale community activity
- Opportunities for people to contribute as well as receive support
- Building on existing groups and networks

### 5. Enable Joined-Up, Preventative and Sustainable Approaches

**Message: Working together for the longer term**

Shift towards integrated, long-term models that prioritise prevention, reduce duplication, and build on existing assets.

**What this means:** There was a clear call to move away from siloed, short-term initiatives towards coordinated, sustainable approaches.

**Key features:**

- Collaboration across organisations and sectors
- Long-term funding approaches where possible
- Focus on early intervention and wellbeing
- Whole-system thinking rather than isolated services

## Specific messages for Tenby Cottage Hospital and South East Pembrokeshire Care campus

### 1. Create a Welcoming Place

- Develop both projects as warm, inclusive community spaces, not just places for clinical care
- Remove things which create barriers, for example glass screens
- Focus on wellbeing, prevention, and social connection
- Ensure spaces feel open, friendly, and accessible to services users, visitors, and the wider community
- Allow spaces to grow and adapt based on what people want and need

### 2. Make Services Easy to Access and Navigate

- Provide clear, accessible information about services and support
- Offer consistent points of contact to guide people
- Ensure support is designed around people's needs, not organisational structures
- Create a joined-up experience across health, care, and community service

### 3. Invest in Flexible Community Spaces (Indoor and Outdoor)

- Provide multi-use indoor spaces for activities, peer support, and community groups
- Include well-equipped kitchens for cooking sessions, workshops, and shared meals
- Develop outdoor areas to support wellbeing, including:
  - Community gardens

- Spaces to relax and socialise
- Access to walking routes and green spaces

### 4. Put Community Connection at the Heart

- Treat community spaces, activities, and peer support as core infrastructure
- Support and host a wide range of:
  - Wellbeing events and themed days
  - Expert talks and advice sessions
  - Activities for seldom heard groups, young people and the wider community
- Let activity programmes evolve based on local interest and need
- Enable people to stay connected, contribute, and maintain independence

### 5. Support Community-Led Approaches with Long-Term Investment

- Encourage collaboration between staff, volunteers, and local organisations
- Build local capacity and community assets
- Provide sustainable funding and long-term commitment
- Continue to co-produce ideas, projects and services

### 6. Design Transport as Part of the System or Service

- Provide accessible community transport (e.g. wheelchair-accessible minibus and car) based at key sites across the community
- Coordinate with and help develop existing transport services
- Develop flexible solutions that reflect how people actually travel to access care and activities

### 7. Ensure Strong Integration Across Services

- Join up health, care, and community services so they feel connected and easy to use
- Provide shared signposting and coordinated support
- Focus on the individual experience, making access simple and integrated

### 8. Enable Ongoing Community and Stakeholder Participation

- Build on the existing Living Well project group to maintain strong community involvement
- Provide funding to support ongoing co-production and engagement
- Develop the knowledge and confidence of community members to work alongside professionals
- Ensure services and spaces continue to be shaped with, not just for, the community

# Supporting information

1. Event summaries
2. Survey questions
3. Detailed demographic data
4. Full thematic breakdown
5. Photos
6. Images and design bank