# Cyfarfod Cyhoeddus y Bwrdd/ Public Board Meeting

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| **DYDDIAD Y CYFARFOD:**<br>**DATE OF MEETING:** | 24 September 2026 |
| **TEITL YR ADRODDIAD:**<br>**TITLE OF REPORT:** | Director of Public Health Annual Report 2026: Building a Healthy Rural Future in West Wales |
| **CYFARWYDDWR ARWEINIOL:**<br>**LEAD DIRECTOR:** | Dr Ardiana Gjini, Executive Director of Public Health |
| **SWYDDOG ADRODD:**<br>**REPORTING OFFICER:** | Dr Bruce Bolam, Deputy Director / Consultant in Public Health |

| **Pwrpas yr Adroddiad** (dewiswch fel yn addas)<br>**Purpose of the Report** (select as appropriate) |
|---|
| Ar Gyfer Penderfyniad/For Decision |

**ADRODDIAD SCAA**
**SBAR REPORT**

## Sefyllfa / Situation

The Director of Public Health Annual Report 2026 provides an assessment of the health and wellbeing of the population of Carmarthenshire, Ceredigion and Pembrokeshire, with a specific focus on how rurality shapes health outcomes, access to services and health inequalities. The report highlights key population health challenges, examines the wider determinants of health, and identifies opportunities for collective action across the NHS, local authorities, communities, the third sector and national partners.

The Board is asked to discuss the Director of Public Health Annual Report 2026, consider its findings and recommendations, and endorse the strategic direction set out for improving health and wellbeing in rural communities across West Wales.

## Cefndir / Background

The annual report focuses on the impact of rurality on health and wellbeing in Hywel Dda. While rural West Wales benefits from strong communities, cultural identity, volunteering and natural assets, it also faces challenges associated with dispersed populations, an ageing demographic, transport barriers, digital exclusion, workforce pressures and inequalities in access to services.

The report is structured around four themes:

1. Understanding health in rural communities.
2. The wider determinants of rural health.
3. Major wellbeing challenges in rural areas.
4. Recommendations for system-wide action.

The report supports delivery of the Health Board's strategic ambition to improve population health and reduce inequalities through prevention, partnership working and implementation of the Social Model for Health and Wellbeing and the 20four7 Prevention Model.

## Asesiad / Assessment

The report highlights a structural mismatch between the needs of the population, the accessibility of services and the capacity of the system to respond.

Standard measures may understate need in rural West Wales. Although relatively few communities are among the most deprived overall, 69 of the region's 235 local areas are in the most deprived 10% in Wales for access to services. This suggests that current approaches to needs assessment and resource allocation may overlook dispersed disadvantage. Access should therefore be treated as a health inequality, with travel time, transport cost, digital connectivity and Welsh-language need considered alongside conventional measures of deprivation.

The pressure is expected to increase as the population ages. By 2047, more than one in three residents will be aged 65 or over, with corresponding increases in conditions such as atrial fibrillation, diabetes, heart failure, respiratory disease and cancer. This reinforces the need for earlier intervention and support to maintain independence for longer. The challenge is not simply that people are living longer, but that more people are spending a greater proportion of their lives in poor health, with increasing levels of multimorbidity, frailty and demand for services.

The report also challenges common perceptions of rural advantage. An estimated 30% to 50% of households in the region may experience transport poverty, more than 2,000 premises fall below the Broadband Universal Service Obligation, around 70% of local areas are among the two most deprived categories for food access, and Hywel Dda has the lowest rate of walking or cycling to school of any health board area in Wales. These findings demonstrate that natural assets, local food production and high levels of car ownership do not necessarily result in equitable access, healthy diets or active lifestyles.

At the same time, the region has important strengths. Adult smoking prevalence is 7.7%, compared with 13% across Wales, while local cessation services reach 9% of smokers compared with 5% nationally. Rural communities also report high levels of volunteering, neighbour support and community trust. Together, these findings suggest that prevention can be highly effective when services are accessible, locally delivered and connected to trusted community networks.

The report recommends a coordinated, long-term shift towards prevention designed around the realities of rural life, summarised as:

1. **Make prevention core business across clinical pathways**, service specifications and partner organisations, with particular focus on early years, healthy weight, long-term conditions, tobacco, alcohol and drugs, frailty and falls.
2. **Design equitable rural access into services**, ensuring that service changes, digital pathways and centralisation consider travel time, transport, connectivity, workforce sustainability, Welsh-language need and people without access to a car.
3. **Support healthy ageing and independence**, through earlier identification of frailty, falls risk, isolation and loss of function, with strength, balance and community support available closer to home.
4. **Create healthier local environments**, improving access to affordable healthy food, safe physical activity and active travel where practical, using planning, procurement, schools and community food partnerships.

5. **Improve access to tobacco, alcohol and drug support**, using confidential outreach, pharmacy, community and integrated services for people affected by distance, stigma, digital exclusion or complex needs.
6. **Treat climate adaptation as prevention**, addressing cold homes, fuel poverty, overheating, disruption to essential services and the resilience of estates, transport and food systems.
7. **Invest in community-led prevention and social connection**, strengthening community hubs, social prescribing, volunteering and links between statutory services and trusted local organisations.
8. **Rural-proof strategic decisions and investment**, using health impact assessment to test major service, workforce, digital, capital and funding decisions for their effects on rural and coastal communities.
9. **Provide sustained, multi-year investment in prevention**, moving beyond short-term projects and evaluating whether prevention and community resilience reduce inequalities and future demand.

## Argymhelliad / Recommendation

The Board is asked to **DISCUSS** and **ENDORSE** the Director of Public Health Annual Report 2026 and the opportunities it presents to strengthen collective action across the Health Board and partner organisations to improve health and wellbeing outcomes for rural communities.

| **Amcanion: (rhaid cwblhau)**<br>**Objectives: (must be completed)** | |
|---|---|
| Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol:<br>Datix Risk Register Reference and Score: | The Director of Public Health Annual Report is a statutory independent report intended to inform discussion, strategic planning and partnership action. It does not directly relate to the management of a specific corporate or principal risk. |
| Parthau Ansawdd:<br>Domains of Quality<br>Quality and Engagement Act (sharepoint.com) | 7. All apply |
| Galluogwyr Ansawdd:<br>Enablers of Quality:<br>Quality and Engagement Act (sharepoint.com) | 6. All Apply |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives: | All Strategic Objectives are applicable |
| Nodau Cynllunio 2026/27<br>Planning Goals 2026/27 | All Planning Goals Apply |
| Hypergyswllt i Amcanion Llesiant HDdUHB 2026<br><br>Hyperlink to HDdUHB Well-being Objectives 2026 | 9. All HDdUHB Well-being Objectives apply |
| Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau)<br>A Social Model for Health and Wellbeing: (*complete for strategic* | 7. All Apply |

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| *change and/or significant service changes)* | |
| **Gwybodaeth Ychwanegol:<br>Further Information:** | |
| Ar sail tystiolaeth:<br>Evidence Base: | Census 2021 and ONS population and healthy life expectancy data; Welsh Index of Multiple Deprivation 2025; Public Health Wales disease registers, cancer intelligence and Child Measurement Programme; National Survey for Wales; Ofcom connectivity data; NHS Wales workforce statistics; and relevant Welsh Government evidence on climate adaptation, food, transport and ageing. |
| Rhestr Termau:<br>Glossary of Terms: | DPH – Executive Director of Public Health<br>HDdUHB – Hywel Dda University Health Board<br>PHW – Public Health Wales<br>PSB – Public Services Board<br>WFG Act – Well-being of Future Generations (Wales) Act 2015 |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn:<br>Parties / Committees consulted prior to this meeting: | N/A |

| **Effaith: (rhaid cwblhau)<br>Impact: (must be completed)** | |
|---|---|
| **Ariannol / Gwerth am Arian:<br>Financial / Service:** | There are no direct financial implications arising from receipt of the Director of Public Health Annual Report 2026. The report highlights opportunities for investment in prevention, population health improvement and partnership approaches that may contribute to improved outcomes and more sustainable use of resources over the longer term. The report is intended to inform future strategic planning and decision-making by the Health Board and its partners. |
| **Ansawdd / Gofal Claf:<br>Quality / Patient Care:** | The report supports improvement across all domains of quality by identifying factors that influence health and wellbeing in rural communities and highlighting opportunities to strengthen prevention, reduce inequalities and improve outcomes. The findings provide an evidence base to inform action that supports better health, wellbeing and patient experience across the Hywel Dda population. |
| **Gweithlu:<br>Workforce:** | There are no direct workforce implications arising from consideration of the report. However, delivery of the report's recommendations may require collaborative working across organisations and sectors and may inform future workforce planning to support prevention, community-based services and population health improvement. |

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| **Tegwch Iechyd:**<br>**Health Equity:** | Health equity is a central theme of the report. The report examines how rurality influences health outcomes, access to services and wider determinants of health, and identifies opportunities to reduce avoidable and unfair differences in health and wellbeing across communities in Carmarthenshire, Ceredigion and Pembrokeshire. Potential impacts on health equity have therefore been explicitly considered. An equity focused health impact assessment has not been undertaken as the report is an independent statutory report and does not propose a specific service change, policy decision or resource allocation. |
| **Risg:**<br>**Risk:** | No specific corporate or operational risks arise from receipt of the report. The report is intended to inform strategic discussion and support risk mitigation through improved understanding of the factors affecting population health, wellbeing and inequalities in rural communities. |
| **Cyfreithiol:**<br>**Legal:** | The Director of Public Health Annual Report is a statutory report produced by the Director of Public Health on matters affecting the health of the local population. Consideration of the report supports the Health Board in discharging its public health, planning and partnership responsibilities. |
| **Enw Da:**<br>**Reputational:** | The report presents an opportunity for the Health Board to demonstrate leadership in addressing the health and wellbeing challenges facing rural communities and to strengthen engagement with partners and communities. Failure to respond to the issues identified may present reputational risks for the wider health and care system. |
| **Gyfrinachedd:**<br>**Privacy:** | There are no privacy or information governance implications arising from receipt of the report. The report presents population-level information and does not contain identifiable personal information. |
| **Cydraddoldeb:**<br>**Equality:** | The report considers inequalities in health and wellbeing and highlights opportunities to improve outcomes for different population groups and communities. No adverse equality impacts arise directly from consideration of the report. As the report does not propose a specific policy, service change or decision, and Equality Impact Assessment screening has not been undertaken. The Director of Public Health Annual Report is an independent statutory report presented for discussion and does not itself introduce a policy, service change or decision requiring a full Equality Impact Assessment. |

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

# Director of Public Health Annual Report 2026

## Building a healthy rural future in Mid and West Wales

# Director of Public Health Annual Report 2026

## Building a healthy rural future in Mid and West Wales

# Contents

# Foreword

## Building a Healthy Rural Future in Mid and West Wales

The Hywel Dda area is a special place to live, work and grow older.

It is a place of strong communities, rich culture, beautiful landscapes and a deep connection to the region. It is a place where people support one another, where Welsh language and identity thrive, and where community resilience remains one of our key assets.

Yet the same rurality that gives Mid and West Wales many of its strengths also shapes some of our most significant health challenges.

Our communities are rich in natural assets, culture, Welsh language, volunteering and community spirit. These strengths contribute greatly to our health and wellbeing and are among our most valuable resources.

At the same time, rurality creates challenges that can make it harder for some people to live healthy lives. Distance, transport, housing, digital connectivity, access to services and the rising cost of living all influence health and opportunity across our region.

This Annual Report explores how rurality shapes health and wellbeing across Carmarthenshire, Ceredigion and Pembrokeshire. It highlights both the assets and the challenges of rural living, examines some of the most important health issues facing our communities, and sets out practical actions that can help improve health and reduce inequalities.

A central message runs throughout the report: **good health is created far beyond the walls of the NHS.**

Healthcare services are vital, but health is also shaped by:

- education
- housing
- transport
- employment
- planning
- community connections
- access to healthy food and the environments in which people live

No single organisation can address these challenges alone. Building a healthier future requires collective action across the NHS, local government, the third sector, communities, businesses and national partners.

The report also highlights the importance of prevention of ill health. As our population ages and the number of people living with long-term conditions continues to rise, we must do more to prevent, reduce and delay ill health, intervene earlier and help people remain healthy, independent and connected to their communities for longer. Prevention is not an optional extra; it is essential to the sustainability of public services and to the wellbeing of future generations.

The good news is that we already have many of the foundations in place. Across the Hywel Dda area, public services and communities are working together to strengthen local resilience, support healthier lifestyles, tackle inequalities and improve wellbeing. Through initiatives such as our Social Model for Health and Wellbeing and the 20four7 Prevention Model, we have an opportunity to make prevention everyone's business and ensure that health is considered in every decision we make.

This report is both an assessment of where we are today and a call to action for the future.

It invites all of us to consider how our decisions, investments and priorities can contribute to healthier communities. It challenges us to design services around people rather than organisations, to reduce inequities wherever they exist, and to recognise that improving health is fundamental to the social, economic and environmental future of Carmarthenshire, Ceredigion and Pembrokeshire.

My hope is that this report will stimulate discussion, strengthen partnerships and inspire action across our region. We have the opportunity to strengthen our work together with renewed ambition and purpose so that everyone in Mid and West Wales, regardless of where they live, can enjoy the opportunity to live a long, healthy and fulfilling life.

**Dr Ardiana Gjini**
Executive Director of Public Health
Hywel Dda University Health Board

# Executive summary

This Director of Public Health Annual Report describes how our population's health and wellbeing is shaped by rurality across Carmarthenshire, Ceredigion and Pembrokeshire. The report sets out the actions required from the NHS, local authorities, communities, the third sector and national partners to reduce health inequalities so that everyone has the opportunity to live well and age in good health.

Mid and West Wales has significant strengths: a beautiful natural environment, strong communities with a high commitment to volunteering, language and cultural identity, and a deep sense of place and belonging. These assets support a good quality of life, and community wellbeing and resilience. Rurality also creates specific challenges. Distance, transport infrastructure, digital connectivity, housing, employment, food access, climate risks and access to local services all influence people's opportunities to live well. These factors interact with deprivation and can add to its effects. Combined with an ageing population and rising levels of long-term conditions, this means disadvantage can be dispersed, hidden and harder to address through standard service models.

**This report has four parts.**

**Part 1** sets out the rural context for health in Hywel Dda. The area covers a quarter of Wales' landmass and serves a dispersed population across coastal towns, market towns and small rural communities. The report shows that access is a health equity issue: long journeys, limited public transport, variable digital connectivity and workforce pressures affect whether people can access care, support, employment, education, food and social opportunities. It also highlights the importance of rural assets, while recognising that strong local networks do not reach everyone equally.

The population health profile shows why prevention and healthy ageing are urgent priorities. Hywel Dda has a higher proportion of older people than Wales as a whole, and by 2047 around one in three residents is projected to be aged 65 or over. Many people are living longer but spending a greater proportion of their lives in poor health, with rising numbers of people living with long-term conditions. Smoking, unhealthy weight, harmful alcohol use and physical inactivity remain major drivers of preventable illness, shaped by the conditions in which people live.

**Part 2** considers the wider determinants of rural health. Climate change is already affecting rural and coastal communities through heatwaves, cold snaps, more frequent floods and storms, and disruption to food systems, infrastructure and service continuity. Cold homes, fuel poverty and overheating are preventable health risks, particularly for older people and those with long-term conditions. The report also shows that social connection is part of the prevention system. Community groups, volunteering, social prescribing and local networks can protect wellbeing and extend the reach of prevention.

They must be nurtured so that those most at risk of isolation are not excluded by transport, cost, digital barriers or lack of confidence.

**Part 3** examines major wellbeing challenges in the Hywel Dda area. Healthy weight is shaped by early years influences, food access, affordability, transport, active travel and local environments. Tobacco, alcohol and other drug-related harms are shaped more by deprivation than by rurality alone, but rurality affects early identification, access to support, confidentiality, continuity of care and recovery. Ageing well is framed as both an asset and a prevention priority, with a focus on enabling more people in later life to remain active, independent, connected and valued in their communities.

**Part 4** sets out recommendations for shared action. These include embedding prevention of ill health as a core function of the NHS and for the other sector organisations. This will mean fully adopting the principles of Wales' Community by Design (CbD) including:

- supporting healthy rural ageing
- improving rural access and digital inclusion
- building healthier local environments
- strengthening climate resilience
- supporting community-led prevention
- designing policies with rurality in mind and investing for the long term in prevention and community resilience

The Hywel Dda University Health Board (UHB) CbD transformation programme provides a forum in which the organisation can bring together the key elements of work that will drive forward sustainable change, working with our communities to improve population health and health outcomes.

The Health Impact Assessment (Wales) Regulations 2025 come into force in April 2027, which mandate public bodies in Wales to conduct a health impact assessment when making decisions of a strategic nature, this is a significant opportunity for the wider system to take a 'health in all policies' approach.

Improving health in rural Mid and West Wales depends on shared responsibility. Individuals, families and communities play an important role through everyday choices, caring, volunteering, participation and support for one another. However, those choices are shaped by wider conditions, including income, housing, transport, food access, digital connectivity, work and training opportunities, education, social connection and the local environment.

The role of public health and system partners is therefore to make healthier choices easier, fairer and more realistic, while reducing the barriers that prevent some people and communities from living well.

The central message is that rurality is not a single cause of good or poor health, but it shapes risk, access, and resilience and therefore the outcomes that people experience. Improving health in Carmarthenshire, Ceredigion and Pembrokeshire requires prevention that is designed around rural places: close to communities, grounded in local assets, focused on equity, and delivered through sustained partnership across the whole system.

Part 1

# Understanding health in rural communities

## Key messages

- Rurality shapes health through access to services, transport, digital connectivity, housing, employment, food, social connection and the natural environment
- Disadvantage in the rural Hywel Dda area is often dispersed and less visible, with access barriers playing a major role in health inequalities
- The Hywel Dda population is older than the Welsh average and is ageing more rapidly, increasing the importance of chronic disease prevention as a part of healthy ageing
- Many people live longer lives but spend a substantial part of those lives in poor health, with clear inequalities by location, deprivation and age
- Prevention in rural systems must be designed around local context, community assets and partnership across statutory and community organisations

# 1. The Hywel Dda context

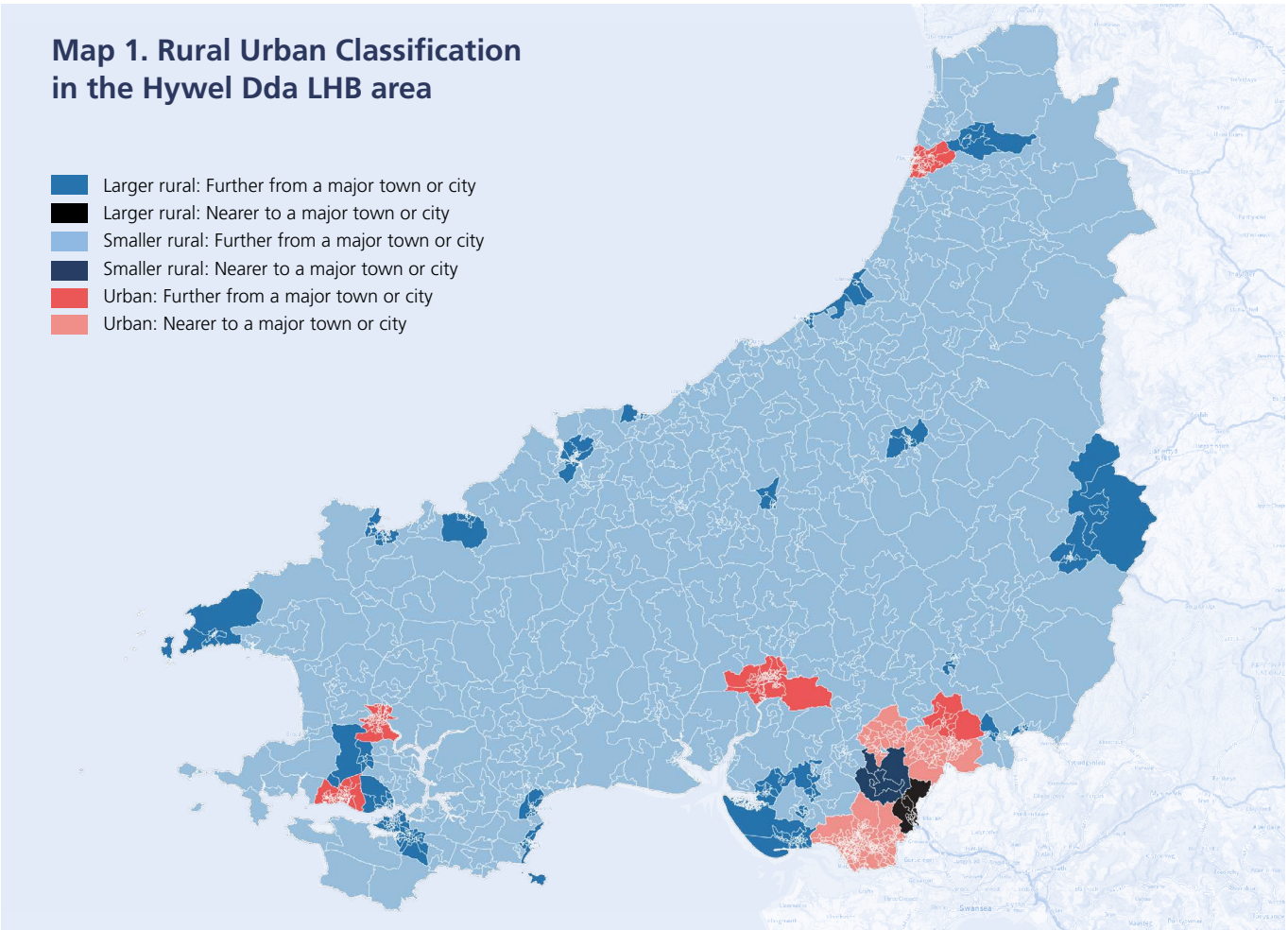
One in three people living in Wales live in rural areas. Hywel Dda UHB covers a quarter of Wales' landmass and is the country's second most sparsely populated health board, serving Carmarthenshire, Ceredigion and Pembrokeshire. Communities are widely dispersed, including coastal towns, market towns and many small rural settlements.

**Table 1. Population density of Hywel Dda UHB**

| **Area** | **Population density** (usual residents per square kilometre) |
|---|---|
| Carmarthenshire | 79.3 |
| Pembrokeshire | 76.2 |
| Ceredigion | 40.0 |
| Wales | **149.9** |

Source: Census 2021, Nomis

**Map 1. Rural Urban Classification in the Hywel Dda LHB area**



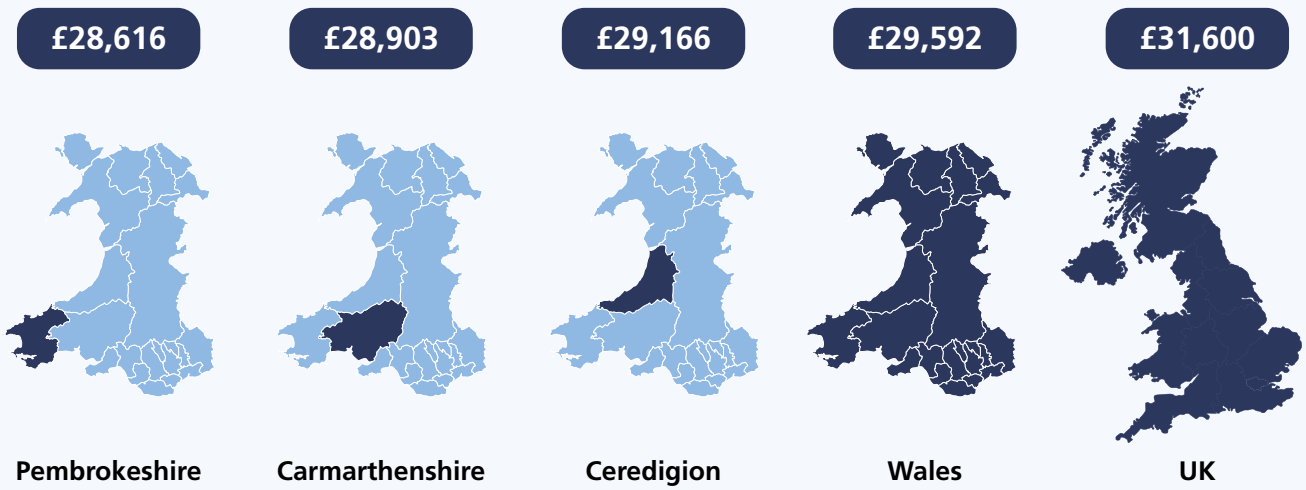

Source: © Crown Copyright and database right 2026. Ordnance Survey AC0000849488. Welsh Government

## Rurality and socio-economic disadvantage

The Hywel Dda region is predominantly rural, but its economy is not uniform. South-east Carmarthenshire has a strong industrial heritage associated with coal mining, tinplate and steel production, and some former industrial communities continue to experience higher levels of deprivation and poorer health outcomes than other parts of the county. In contrast, much of Ceredigion and rural Carmarthenshire is characterised by agriculture, land-based industries, education, tourism and many small businesses. Pembrokeshire has a distinctive economic profile. This combines agriculture and a substantial visitor economy around areas of outstanding natural beauty alongside strategic energy and industrial assets in the Milford Haven Waterway. This includes the Port of Milford Haven, energy infrastructure, oil refining and liquefied natural gas facilities.

Across the region, public services, retail, tourism, hospitality and care services are major employers, alongside relatively high levels of self-employment. Earnings are generally lower than Welsh and UK averages, with some local economies reliant on sectors where employment can be seasonal or less secure.

**The Annual Survey of Hours and Earnings (2024) - median annual earnings**



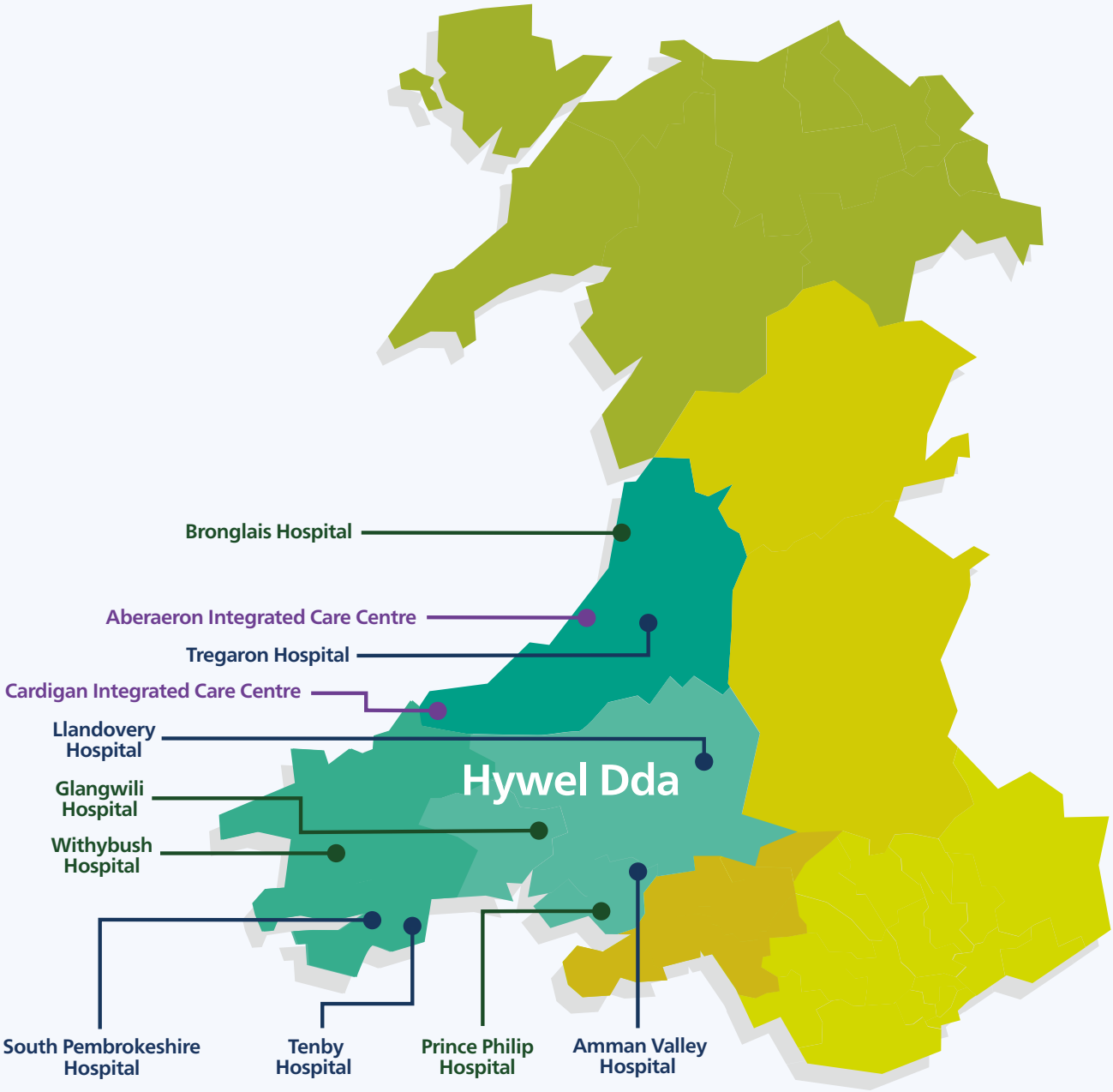

Out-migration of younger adults is a continuing challenge, reflecting perceptions of better employment and career opportunities outside the region.

Wider cost-of-living pressures, including housing affordability and fuel poverty, further shape health outcomes in the region. Reliance on oil for home heating is a particular challenge in rural areas as costs rise. For example, 68% of households in Llannon, Cross Hands and Pen-y-groes rely solely on oil for central heating. This is the highest proportion recorded for any neighbourhood in Wales. Source: Census 2021: how homes are heated in your area - ONS.

These factors are not always well captured by standard measures of deprivation.

Rurality adds a further layer of challenge in access to services. Long travel times, limited public transport, and fewer local services can make it harder to access healthcare, employment, education, food and social opportunities. The map illustrates the location of services including the hospitals, community hospitals and integrated care centres within Hywel Dda University Health Board.

## Map 2. Hospitals, community hospitals, and integrated care centres in the Hywel Dda UHB area



Digital connectivity offers new ways to access care, advice and support, but uneven broadband and mobile coverage risk widening inequalities rather than reducing them. Table 3 shows that, although the proportion of premises below the Broadband Universal Service Obligation is relatively low, more than 2,000 premises across the region remain affected. Map 3 shows that mobile coverage also varies geographically, with more rural parts of Mid and West Wales having lower 4G coverage than more urbanised areas across the rest of Wales. For people living in these households, running businesses from these premises or relying on mobile connectivity while travelling, poor digital access can limit online services, remote appointments, education, work, social connection and access to timely information. Source: Universal Service Obligations - broadband an telephony - Ofcom.

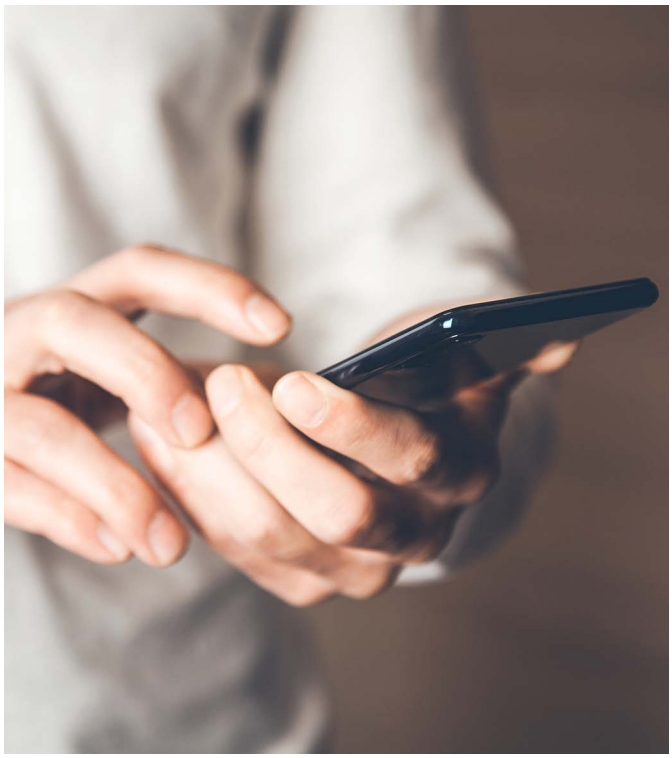


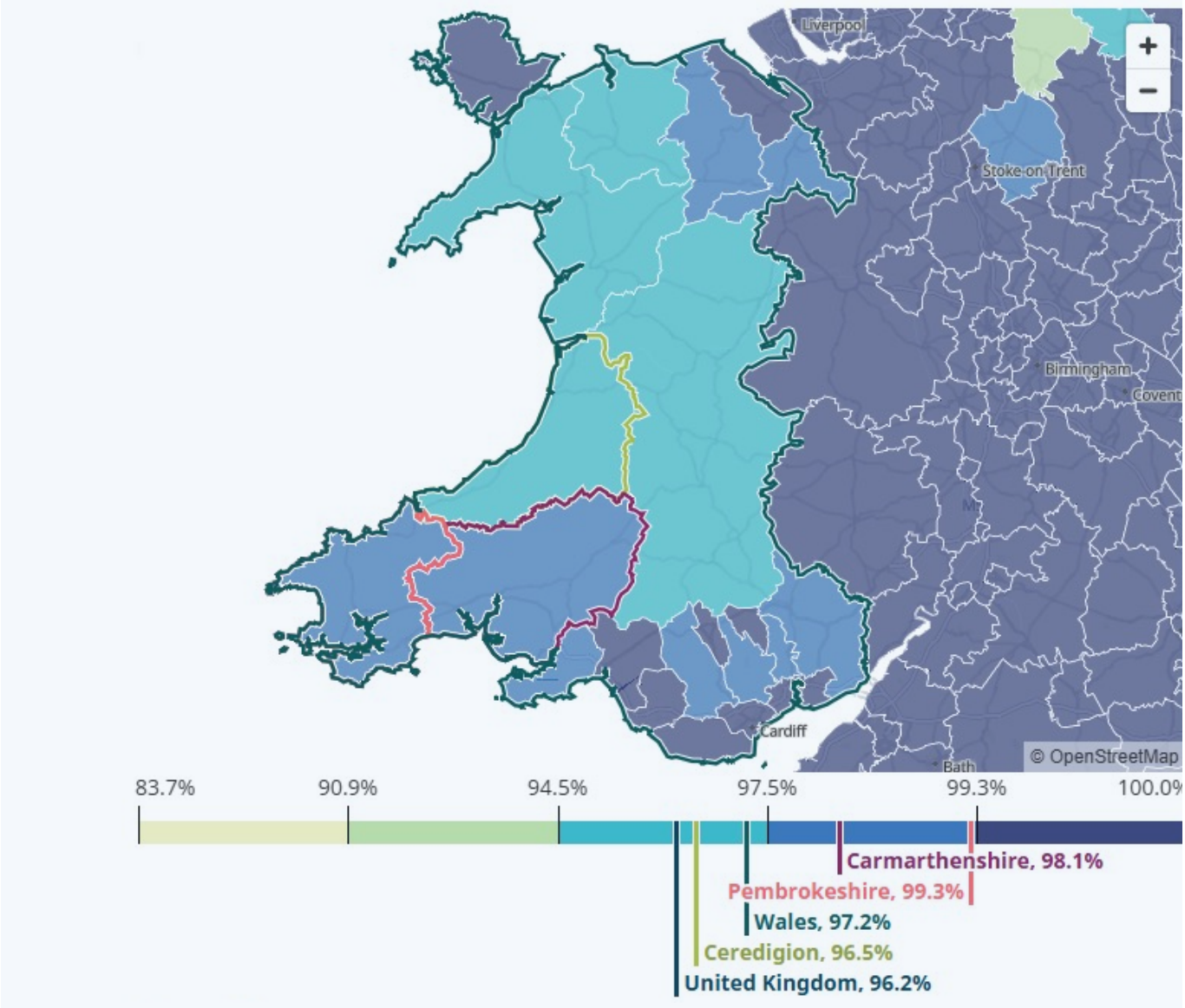
**Table 2. Premises with poor broadband or mobile coverage***

| County | Number of premises | Proportion of all premises (%) |
|---|---|---|
| Carmarthenshire | 1,074 | 1.1% |
| Pembrokeshire | 382 | 0.6% |
| Ceredigion | 658 | 1.7% |

*Defined as number and proportion of premises below the Broadband Universal Service Obligation

Source: Fixed broadband performance, Ofcom, 2025

**Map 3. Percentage of area with 4G mobile telephone coverage from at least one mobile network provider, lower tier/unitary authorities, January 2026**



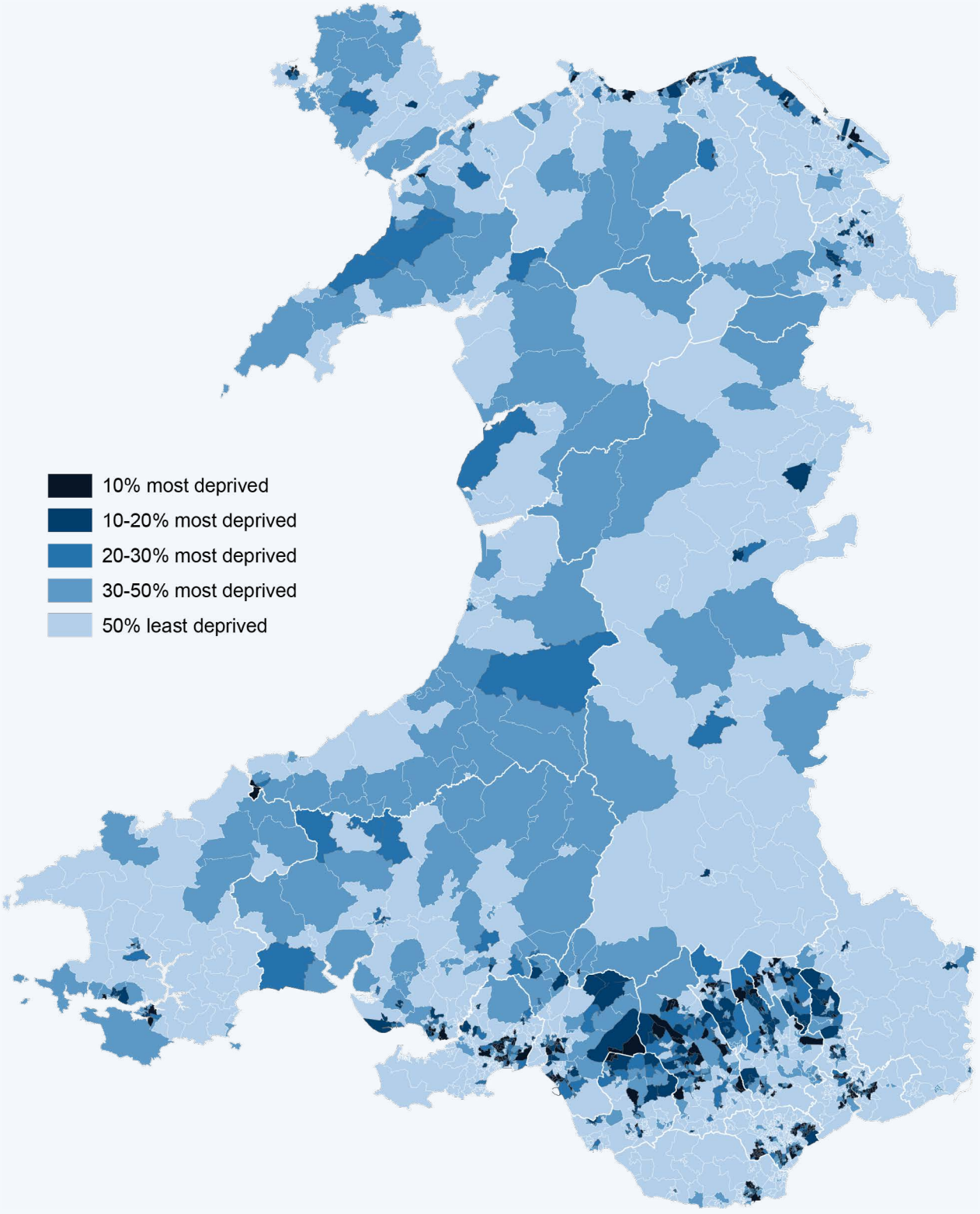

Source: Office for National Statistics. Connected Nations and infrastructure reports

Remoteness and limited economies of scale can increase the cost of living in rural areas and make services harder to sustain locally. Unlike in cities and larger towns, where disadvantage is often concentrated in clearly defined neighbourhoods, rural disadvantage is often more dispersed, less visible and harder to identify through standard measures. These structural factors shape people's access to care, employment, education, food and social opportunities, and contribute directly to health inequalities.

Maps 4 and 5 illustrate this pattern. Map 4 shows that, on the overall Welsh Index of Multiple Deprivation, only a limited number of areas in Hywel Dda are among the most deprived in Wales. This includes some coastal and post-industrial communities such as parts of Llanelli, Milford Haven and Aberystwyth.

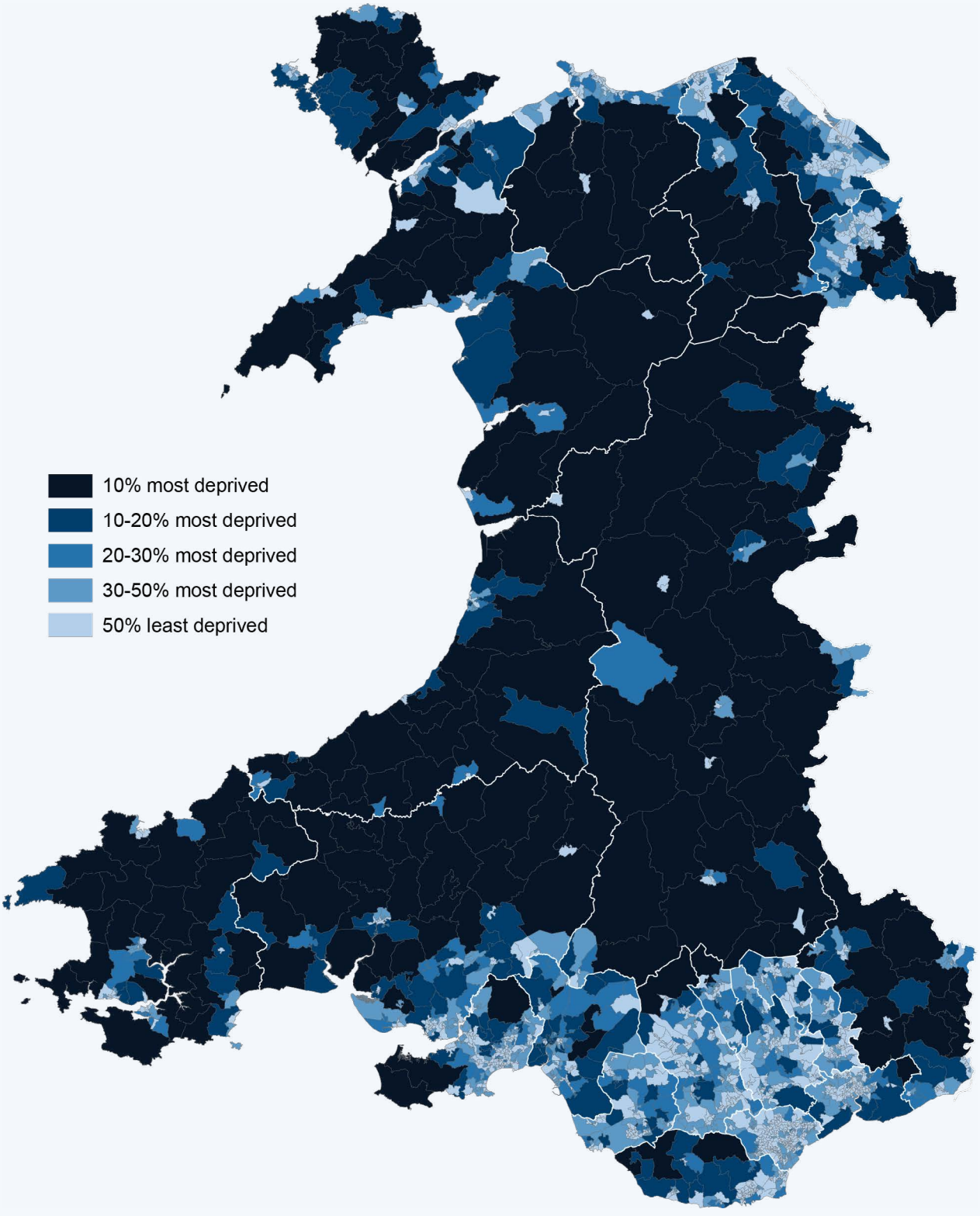
Map 5 shows a different and more widespread picture for access to services: sixty-nine of 235 Lower Layer Super Output Areas (LSOAs) in Hywel Dda are in the most deprived 10% in Wales for this domain. This demonstrates that rural deprivation is often driven less by dense concentrations of poverty and more by the practical barriers of distance, transport and access to essential services.

## Map 4. Welsh Index of Multiple Deprivation by county and lower super output area, 2025




Source: © Crown Copyright 2025. Cartographics. Welsh Government

## Map 5. Welsh Index of Multiple Deprivation access to services domain, by county and lower super output area, 2025




Source: © Crown Copyright 2025. Cartographics. Welsh Government

## Rural assets

Rural communities in Carmarthenshire, Ceredigion and Pembrokeshire have significant assets that can support health and wellbeing. These include access to natural environments and green space, strong local identity and cultural life, informal support networks, volunteering and civic participation. Welsh language is a key factor in the identity of our area. 51.9% of the population aged three and over speak Welsh in Ceredigion, and 46.5% in Carmarthen, with all three counties seeing an increase in Welsh speakers between 2011 and 2021. It is vital that we recognise the concept of language need in building a healthy rural future. Crime levels are generally lower in rural areas than in urban areas, and many communities

benefit from high levels of trust, neighbourliness and mutual support.

Although local data are limited, table 4 shows UK evidence suggesting that rural areas often have stronger bonding social capital, local trust and civic participation than urban areas.

**Table 3. Stronger community support and neighbourliness in rural compared to urban areas (UK, 2020–2021)**

| Indicator | Rural (%) | Urban (%) |
|---|---|---|
| People checking on neighbours who might need help | 63.8 | 53.2 |
| People who felt they could rely on their local community for support | 79.3 | 67.4 |
| People agreeing others are willing to help neighbours | 75.4 | 65.0 |

Source: Social capital in the UK - Office for National Statistics

These assets are also reflected in volunteering and civic participation. Welsh data show that people living in rural areas are more likely to volunteer than those in urban areas, with 35% of people in rural areas volunteering compared with 27% in urban areas. Source: Volunteering (National Survey for Wales): April 2022 to March 2023 - Welsh Government. Voter turnout in the 2026 Welsh Government election also suggests strong civic participation, with the new Ceredigion Penfro and Sir Gaerfyrddin constituencies recording the third and fourth highest turnouts in Wales, at 56.2% and 56.0% respectively.

However, rural assets do not reach everyone equally. Strong local networks can sometimes be inward-looking, and people who are new to an area, digitally excluded, socially isolated, less mobile, living on low incomes or experiencing stigma may find it harder to benefit from them. Older people in small communities may be particularly vulnerable where transport is limited or support from different generations is weak. Building a healthy rural future therefore means valuing and investing in rural assets, while also ensuring that community support is inclusive, outward-looking and connected to wider services and opportunities. Source: Age and Loneliness in Wales - Wales Centre for Public Policy Data Insight. An evidence summary of health inequalities in older populations in coastal and rural areas - Public Health England.

# 2. Population health profile

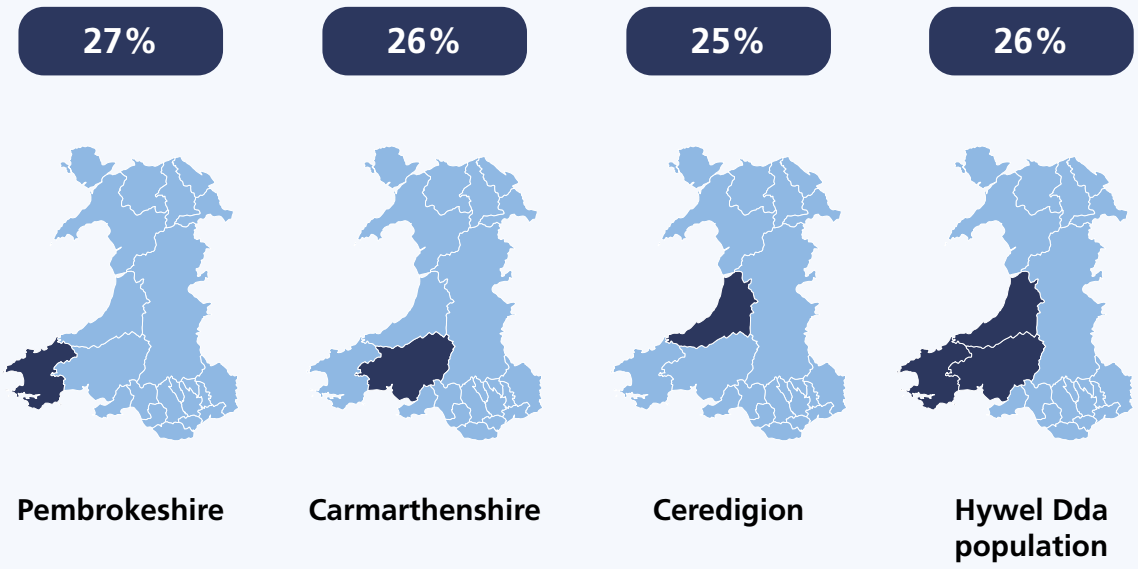
## An ageing rural population

Almost half of the **Hywel Dda population** lives in **Carmarthenshire (190,800)**, with around a third in **Pembrokeshire (125,761)** and just under a fifth in **Ceredigion (72,599)**. Reflecting rural trends across the UK, the population profile of Hywel Dda is older than Wales as a whole and is ageing more rapidly than the national average.

Over the last two decades, the number of people aged 65 and over has increased steadily. People aged 65 years and older now make up around a quarter of the **Hywel Dda population (26%)**, with small but significant variations across **Pembrokeshire (27%), Ceredigion (26%)** and **Carmarthenshire (25%)**. Population projections suggest this trend will continue. By 2047, it is anticipated that one in three (34%) residents in Hywel Dda will be aged 65 and over, compared with just over one in four (29%) across Wales.

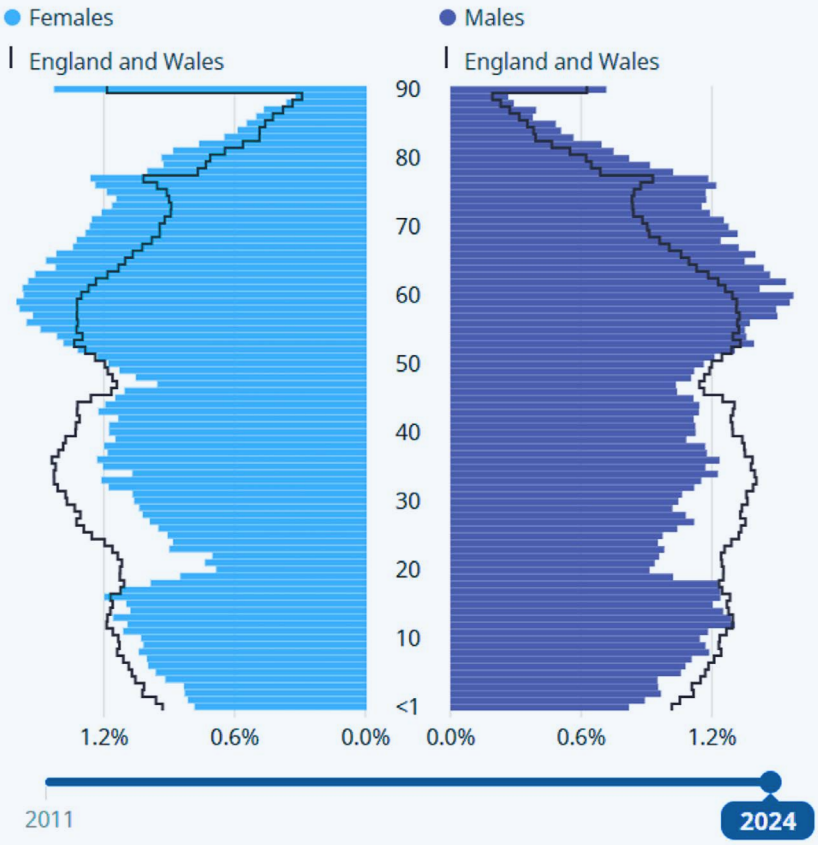
The oldest age groups are expected to grow particularly quickly, with the number of people aged 85 and over increasing substantially.

### Rising number of people Aged 65 and over

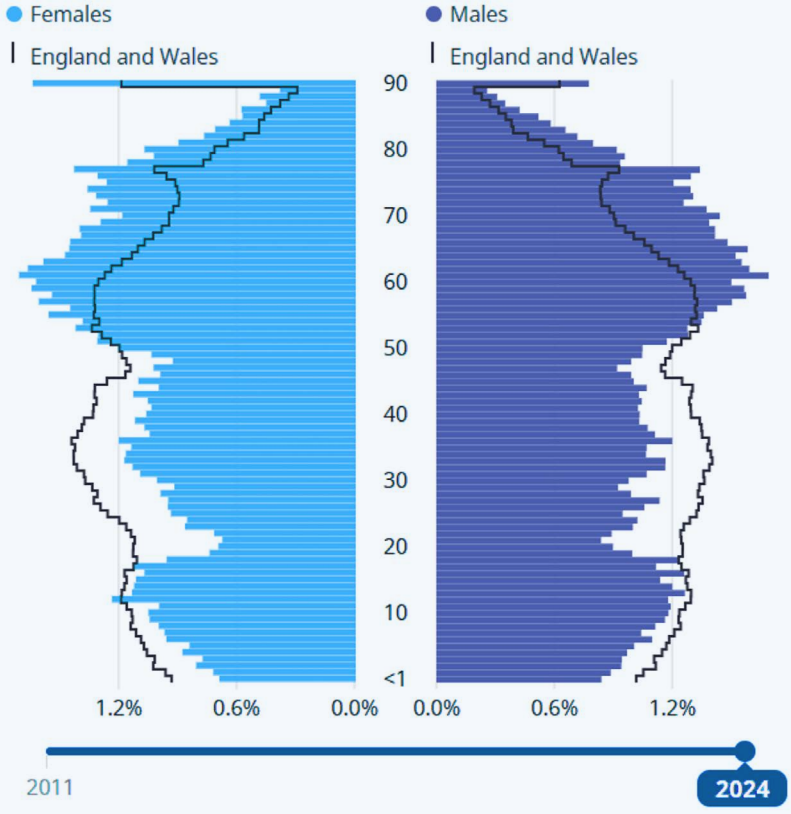



Source: ONS Mid-Year Estimates 2024

**Population age structure by single year of age and sex for Carmarthenshire, 2011 to 2024**

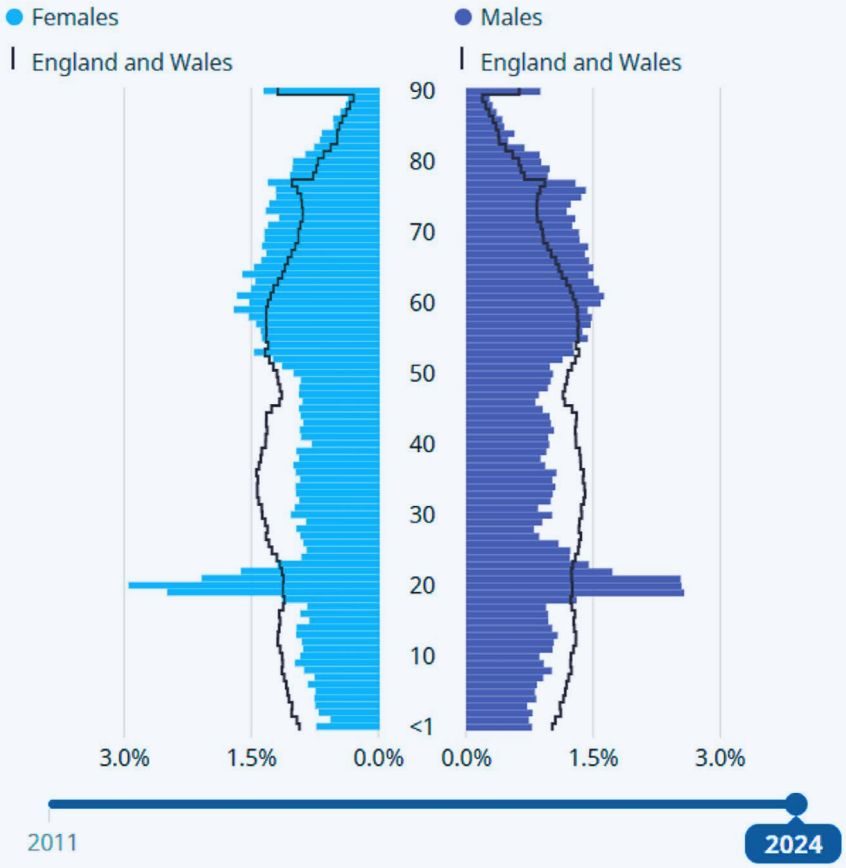



**Population age structure by single year of age and sex for Pembrokeshire, 2011 to 2024**




Source: Population estimates for England and Wales: mid-2024 - ONS

**Population age structure by single year of age and sex for Ceredigion, 2011 to 2024**




Source: Population estimates for England and Wales: mid-2024 - ONS

This ageing profile is an important strength as well as a significant challenge. Older people make major contributions to rural communities through work, volunteering, unpaid care, civic participation, Welsh language and cultural life. It also increases the importance of prevention, early support for long-term conditions, frailty and falls prevention, accessible local services, transport, digital inclusion and age-friendly communities. Part 3 considers ageing well in more detail.

## A growing burden of chronic disease

As the population ages, more people are living longer with long-term conditions. This is reflected in historical trends across disease registers for major age-related chronic conditions, including cancers, as shown in the tables 4 and 5. These trends should be interpreted with care, as changes may reflect population ageing, improved diagnosis, coding changes, survival and underlying changes in disease prevalence.

The tables show substantial increases in the number of people recorded on major chronic disease registers. The largest percentage increases are seen in osteoporosis, atrial fibrillation, diabetes and heart failure. These are all conditions strongly associated with ageing and multimorbidity, and they have significant implications for prevention, early detection, planned care, medicines management, rehabilitation, social care and unpaid caring.

**Table 4. Numbers of patients on major age-related chronic disease registers in Hywel Dda, from earliest available data to 2023/24**

| Group | Condition | From | Count | Count in 2023/ 2024 | Percentage increase | Projected change of chronic conditions to 2033/34 (All Wales) |
|---|---|---|---|---|---|---|
| Diabetes | Diabetes (aged 17+ years) | 2009/10 | 19783 | 29267 | 47.9% | 22% |
| Cardiovascular Disease | Atrial Fibrillation | 2009/10 | 7881 | 12994 | 64.8% | 26% |
| | Heart Failure | 2009/10 | 3905 | 5792 | 48.3% | 45% |
| | Hypertension | 2009/10 | 62859 | 68650 | 9.2% | 7% |
| | Stroke/Transient Ischaemic Attack | 2009/10 | 8716 | 9925 | 13.8% | 8% |
| Respiratory | Asthma | 2009/10 | 26459 | 29632 | 12% | 8% |
| | Chronic Obstructive Pulmonary Disease | 2009/10 | 7394 | 9544 | 29% | 12% |
| Musculoskeletal | Osteoporosis (50+ years) | 2012/13 | 352 | 818 | 132.4% | |
| | Rheumatoid Arthritis | 2013/14 | 3505 | 3916 | 11.7% | 16% |

Source: Quality and Outcomes Framework and the Quality Assurance and Improvement Framework, Public Health Wales

The table below shows a similar pattern for cancer. Cancer incidence, excluding non-melanoma skin cancer, increased by 32.3% between 2002 and 2022, with increases for both men and women. This reinforces the importance of prevention, screening, early diagnosis and support for people living with and beyond cancer.

**Table 5. Change in cancer incidence in Hywel Dda, excluding non-melanoma skin cancer, 2002 to 2022**

| Group | | Count in 2002 | Count in 2022 | Percentage Increase | Projected change of chronic conditions to 2033 (All Wales) |
|---|---|---|---|---|---|
| Cancer incidence | Men | 1079 | 1444 | 33.8% | 18% |
| | Women | 1005 | 1314 | 30.7% | 12% |
| | All Persons | 2084 | 2758 | 32.3% | |

Source: Cancer register data, Cancer reporting tool, Welsh Cancer Intelligence and Surveillance Unit (WCISU)

Together, the tables show that the challenge is not simply that more people are living longer, but that more people are living longer with complex and cumulative health needs.

## A larger part of life lived in poor health

Reflecting wider patterns seen across Wales and other countries, historical improvements in life expectancy have stalled after decades of steady progress, and significant inequalities remain. Across Wales, men living in the most deprived areas can expect to live almost eight years fewer than those in the least deprived areas. While for women the gap is just under seven years. Source: Healthy life expectancy by national area deprivation, England and Wales: between 2013 to 2015 and 2022 to 2024 - ONS.

Healthy life expectancy, the years lived in good health, has declined. This means people are spending more of their lives in poor health. This partly reflects the growing burden of chronic disease in an ageing population. For males in Wales, healthy life expectancy fell from 61.3 years in 2011–2013 to 59.2 years in 2022–2024. For females, it fell from 61.9 years to 58.5 years over the same period. The inequality gap in healthy life expectancy between the most and least deprived quintiles remains substantial at around seven years. Source: Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024 - ONS. Within Hywel Dda, there is also variation between counties, as shown in the table below.

**Table 6. An overview of life expectancy and healthy life expectancy for the counties in Hywel Dda UHB, 2024**

| Area | Males | | | Females | | |
|---|---|---|---|---|---|---|
| | Life Expectancy | Healthy Life Expectancy | % life expectancy in good health | Life Expectancy | Healthy Life Expectancy | % life expectancy in good health |
| Ceredigion | 79.7 | 63.3 | 79.4 | 83.3 | 63.2 | 75.9 |
| Pembrokeshire | 78.8 | 61.6 | 78.2 | 83.1 | 61.5 | 74.0 |
| Carmarthenshire | 78.7 | 57.7 | 73.3 | 81.9 | 56.2 | 68.6 |
| Hywel Dda UHB | 79.1 | 60.1 | 76.0 | 82.4 | 59.3 | 72.0 |
| Wales | 77.9 | 59.2 | 76.0 | 82.4 | 58.5 | 71.0 |

Source: Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024 - ONS

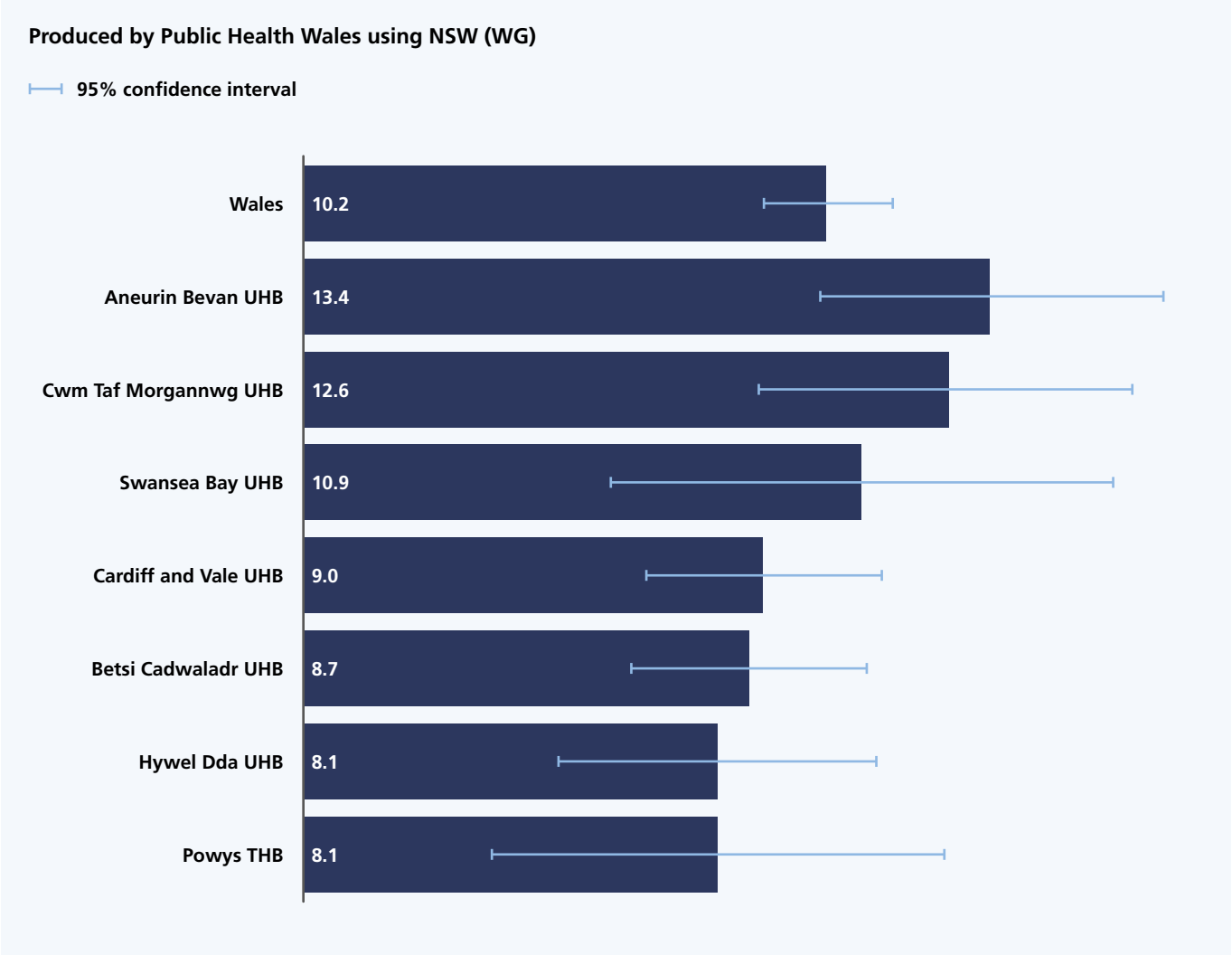
## Modifiable risk factors: brief population profile

Smoking, diet, alcohol use and physical activity remain major drivers of preventable ill health. This section gives a brief population profile. Part 3 returns to these issues in more detail, focusing on healthy weight, tobacco, alcohol and other drug-related harm, and the prevention response needed in rural Mid and West Wales.

## Smoking

Smoking prevalence is lower in Hywel Dda than the Wales average, as shown in the charts below. Tobacco harm remains unequal, particularly for people experiencing deprivation and some groups facing exclusion. Part 3 considers smoking-related harm and cessation support in more detail.

**Figure 1: Adults who smoke, age-standardised percentage, persons aged 16+, Wales, Health Board, 2024/2025**



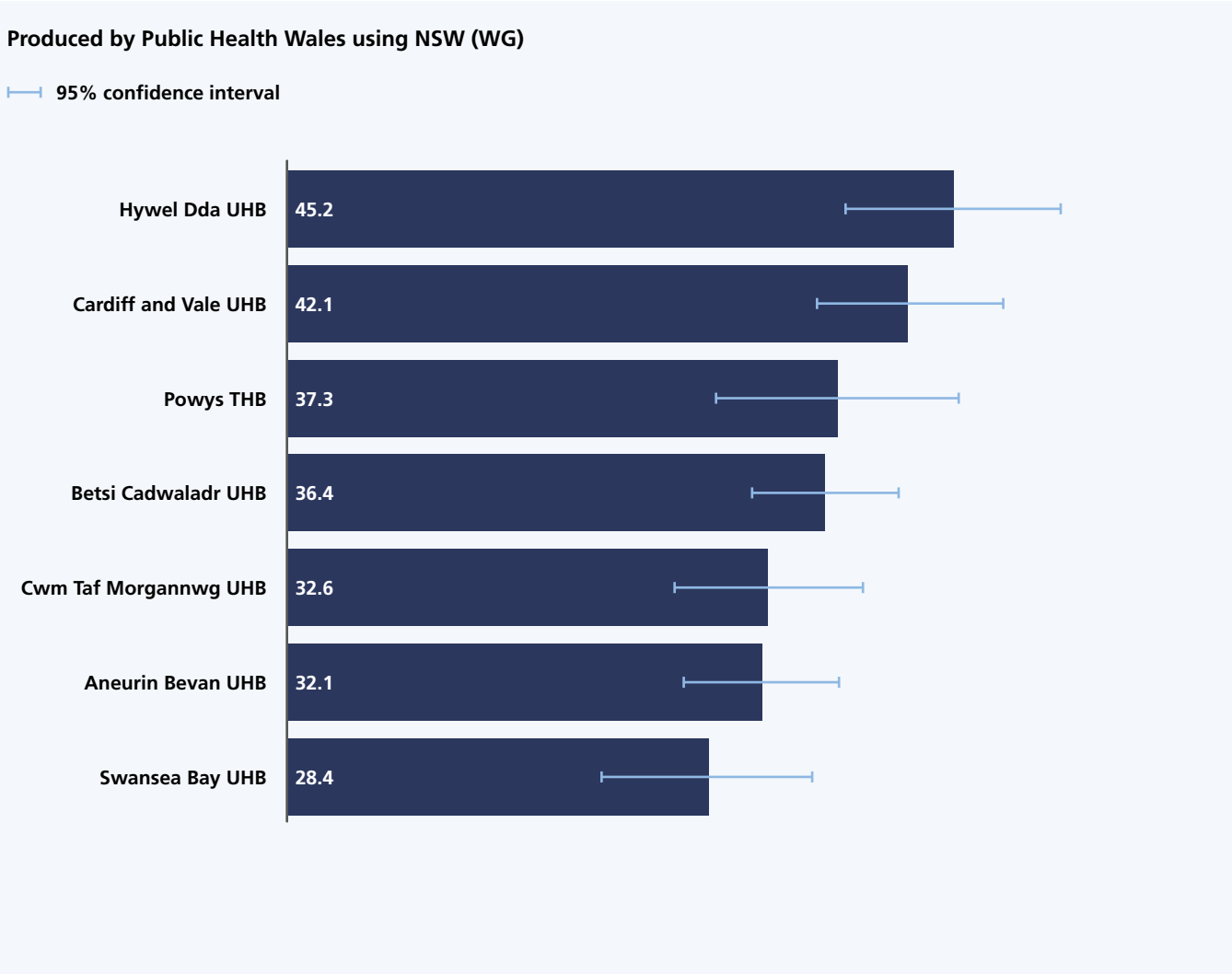

Source: https://phw.nhs.wales/data/public-health-outcomes-framework-reporting-tool-data/

Unadjusted figures show a very similar pattern with Hywel Dda still having the second lowest percentage of adults smoking in Wales at 7.7% of the population.

## Nutrition

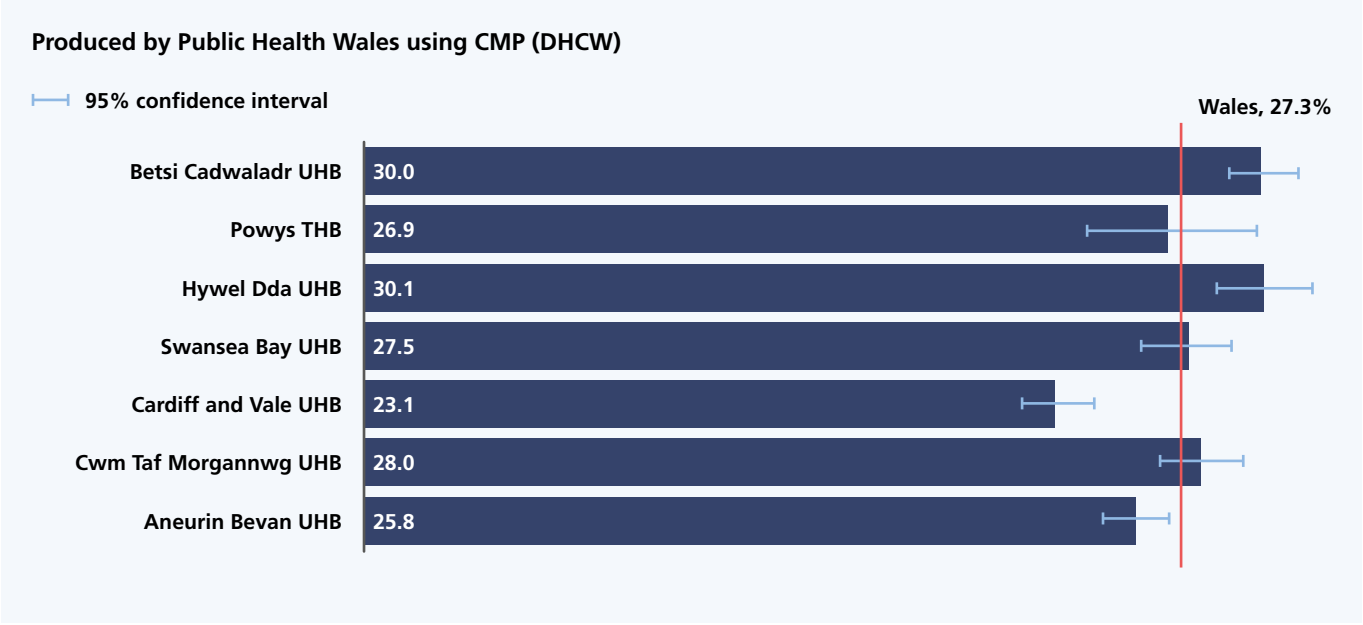
The charts below show that overweight and obesity remain major population health challenges. Over half of adults are overweight or obese, and around 30% of children aged four to five are overweight or obese, compared with 27% nationally. There is also local variation, with higher levels in areas including South Ceredigion and Amman Gwendraeth. Part 3 considers healthy weight in more detail.

**Figure 2: Working age adults of healthy weight, age-specific average persons aged 16-64, Health Board, 2024/2025**



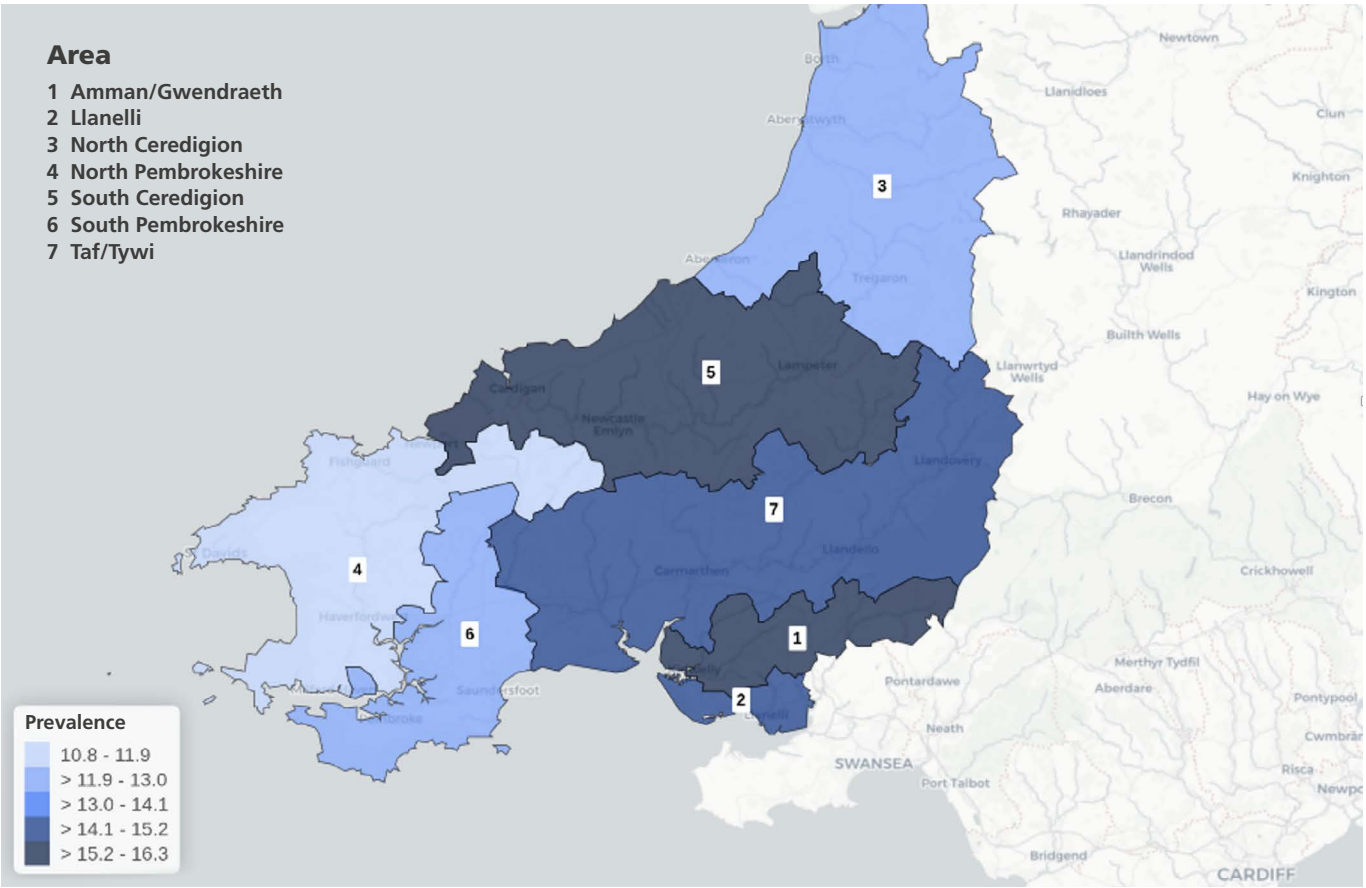

Source: https://phw.nhs.wales/data/public-health-outcomes-framework-reporting-tool-data/

## Figure 3: Prevalence of children aged 4 to 5 years with overweight or obesity, Health board, 2024/2025




Source: https://phw.nhs.wales/data/child-measurement-programme-dashboard/

## Map 6: Prevalence of children aged 4 to 5 years with obesity, Hywel Dda UHB, Primary Care Cluster, 2024/2025

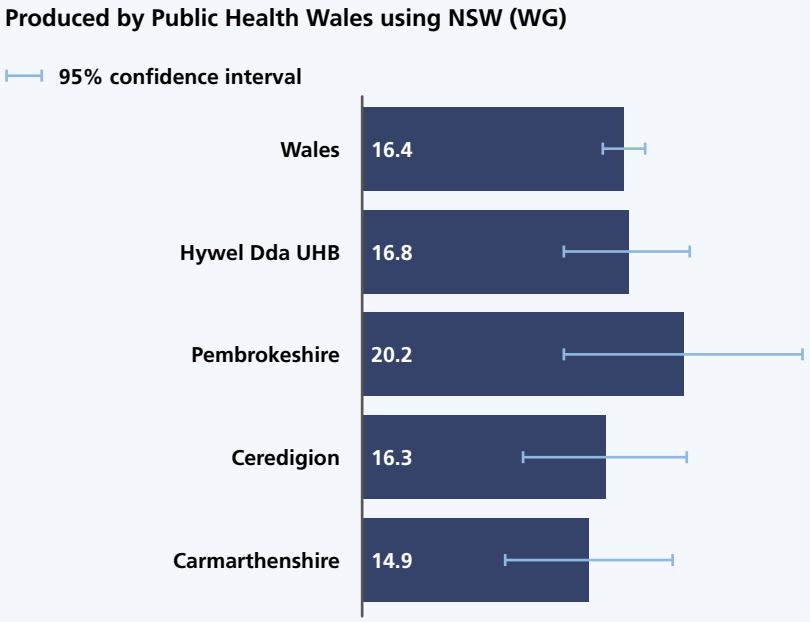



Source: Child Measurement Programme (CMP), Public Health Wales

## Alcohol

The chart below shows that around 17% of adults in Hywel Dda drink above the recommended weekly guideline, slightly above the Wales average, with Pembrokeshire showing the highest level in the region. Part 3 considers alcohol-related harm, rural access and service response in more detail.

**Figure 4: Adults drinking above guidelines, age standardised percentage, persons 16+, Wales, selected Health Boards, local authorities, 2022/2023 (PHW, 2025)**

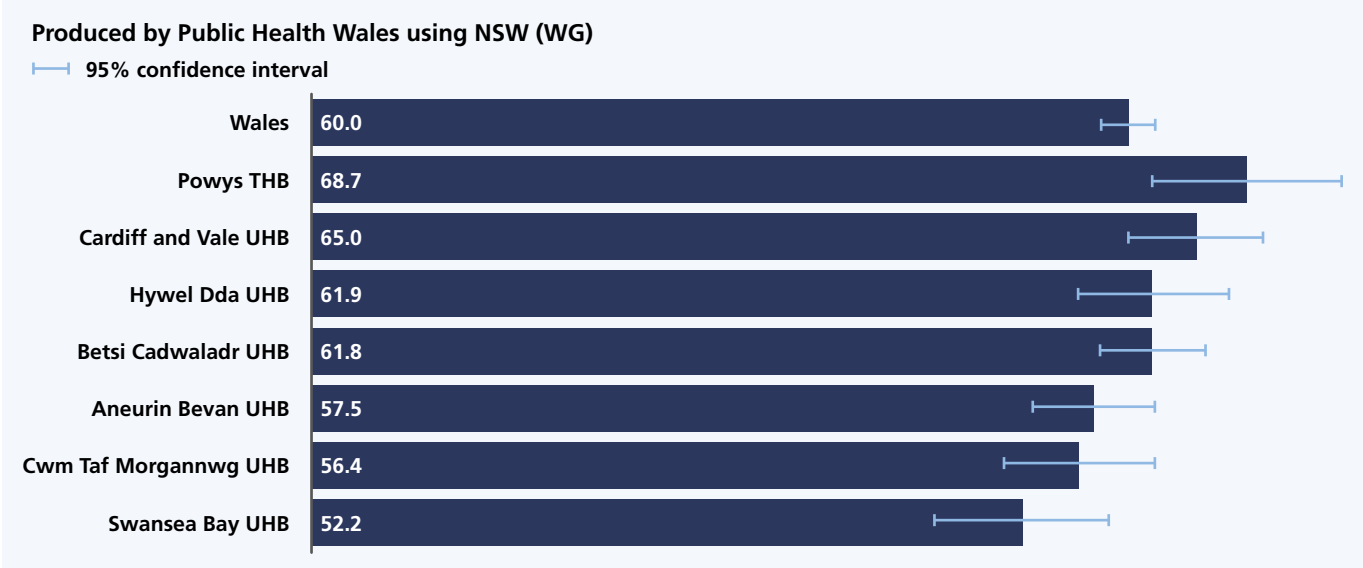



Source: https://phw.nhs.wales/data/public-health-outcomes-framework-reporting-tool-data/

## Physical activity

The table on page 26 shows that approaching two thirds (61.9%) of adults in Hywel Dda meet the physical activity guideline of at least 150 minutes of moderate to vigorous activity each week, slightly above the Wales average. Updated guidance in 2026 reinforces that, while meeting this level provides important health benefits, any increase in movement can improve health and wellbeing. Moving from being inactive to doing some activity is therefore a meaningful and beneficial step.

## Figure 5: Adults meeting physical activity guidelines, age-standardised percentage, persons aged 16+, Wales, Health Board, 2024/2025



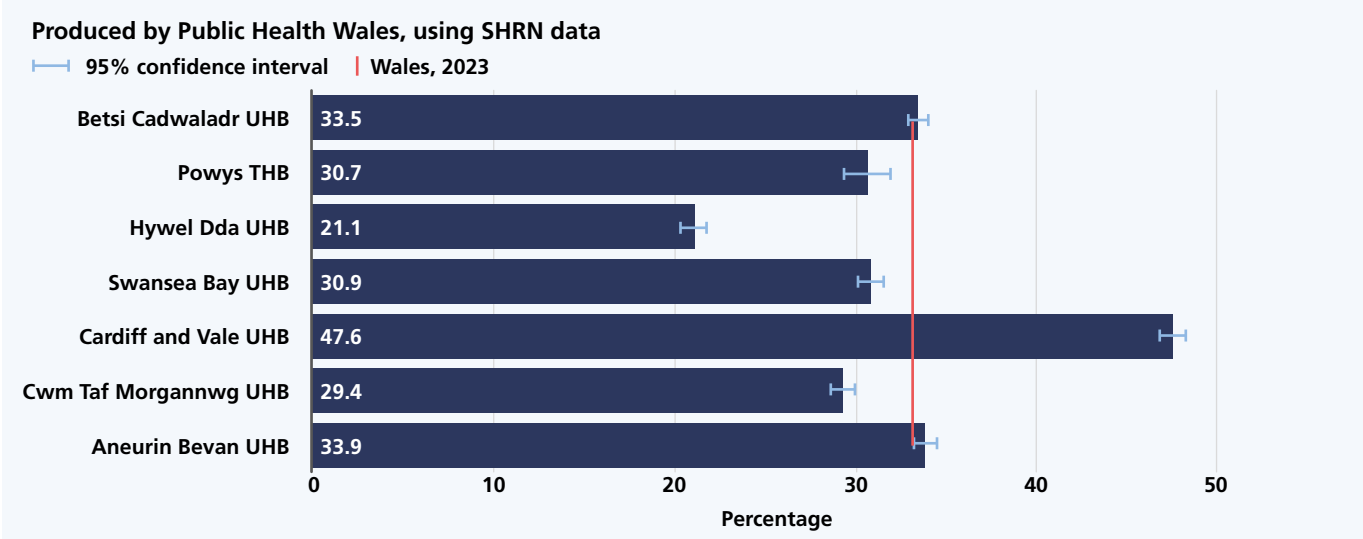

Source: https://phw.nhs.wales/data/public-health-outcomes-framework-reporting-tool-data/

Rural Mid and West Wales presents particular barriers to building physical activity into everyday life. Long distances, car dependency, limited public transport and fewer safe walking and cycling routes can reduce active travel, especially for children, older people and those on lower incomes. Rural Wales has high access to vehicles, with 94% of people having access to a vehicle compared with 85% in urban areas, although access is lower among older people and those living in more deprived circumstances. Source: Transport (National Survey for Wales): April 2022 to March 2023 - Welsh Government.

Between 30% and 50% of households in the Hywel Dda region are estimated to be in transport poverty, defined as needing to spend at least 10% of income on running a car. Source: Making the Connection - Sustrans.

Only about one in five 11 to 16-year-olds in Hywel Dda get the recommended 60 minutes of activity each day. The chart below shows that children in Hywel Dda are less likely to walk or cycle to school than children in any other health board area in Wales, reflecting distance, rural roads and limited safe routes.

## Figure 6: Reported active travel (walking or cycling) in journey to school, percentage, persons, aged 11-16, multiple health boards, Wales, 2023




Source: https://phw.nhs.wales/data/secondary-school-childrens-health-and-well-being-dashboard-data/

# 3. Prevention in a rural system

## Why rural prevention needs to work differently

The profile in Part 1 shows why prevention in our area must be designed around local realities. Distance, transport, digital access, workforce pressures and dispersed communities mean that prevention cannot rely only on centralised or clinic-based models.

## Building on local assets and trusted networks

Effective rural prevention needs to use local assets as well as formal services. Trusted community organisations, volunteers, local champions, schools and community venues can help reach people who may otherwise be missed.

## Partnership and access close to home

This means bringing prevention closer to home through outreach, community-based support, hybrid models and stronger partnership between the NHS, local government, social care, public health, the third sector and communities. Parts 2 and 3 explore these wider determinants and priority wellbeing challenges in more detail.

Part 2

# The wider determinants of rural health

| General socioeconomic, cutural and environmental conditions | Living and working conditions | Social and community networks | Individual lifestyle factors | Age, sex and hereditary factors |
|---|---|---|---|---|
| Digital exclusion | Limited opportunities for training and education | Social exclusion | Alcohol abuse | |
| Lack of public transport | Houses colder | People and services more geographically dispersed | Stoicism | |
| Deprivation | Fuel poverty | Closure of pubs and key services | | |
| Houses older and less energy efficient | Unemployment and underemployment | Isolation | | |
| Small rental market | Manual work | | | |
| House prices more expensive | Seasonal work | | | |
| Climate change/floods | Long working hours | | | |
| Funding of social care services | Stress | | | |
| NHS services cost more to deliver | Reduced access to NHS services | | | |
| Funding of rural NHS Trusts | | | | |
| Resourcing of NHS services | | | | |

Source: Adapted from: Whitehead, M. and Dahlgren, G. (1991)

# 1. Climate change, rural environments and population health

## Key messages

- Climate change is already affecting health in rural Mid and West Wales through heat, cold, flooding, coastal change and disruption to roads, services, homes and food systems
- Rural communities can be more exposed because people live further apart, housing is often older, transport options are limited and local infrastructure is more fragile
- Cold homes, fuel poverty and increasing heat risk are preventable health issues, especially for older people and those with long-term conditions
- Food insecurity can be hidden in rural areas and is shaped by affordability, transport, retail choice and digital access, not just by whether food is produced locally
- Climate adaptation is a public health priority and offers opportunities to improve health, reduce inequalities and strengthen community resilience

## Climate change as a determinant of rural health

Climate change is already shaping the conditions that affect health in the Hywel Dda area. Welsh Government's Climate Adaptation Strategy highlights growing risks from flooding, storms, heat, coastal change and pressure on infrastructure, food systems and wellbeing.

These risks matter for Hywel Dda because many communities are dispersed, travel distances are long and the population is older than Wales as a whole. Disruption to roads, power, water, digital systems or supply chains can quickly affect access to care, medicines, home support and essential services. National evidence also shows that infrastructure systems are connected, so problems in one system can affect others. Source: Climate Adaptation Strategy for Wales 2024 - Welsh Government.

Climate change affects health directly through heat, cold, injury and environmental exposure. It also affects health indirectly through housing, food, transport, employment, community resilience and access to services. UK and Welsh evidence links climate change to mental health impacts after flooding, poorer air quality, changing infectious disease risks and disruption to the systems people rely on. Source: Health Effects of Climate Change (HECC) report - GOV.UK; Climate Change in Wales: Health Impact Assessment - World Health Organization Collaborating Centre On Investment for Health and Well-being.

## Climate risk pathways in rural Mid and West Wales

- **Extreme heat** can increase illness risk for older people and people with long-term conditions. Staff and patients in buildings can be prone to overheating
- **Flooding and storms** can disrupt roads, appointments, medicines, utilities, home-based care and access to urgent services
- **Power, water and digital disruption** can have greater consequences in a dispersed rural system where people may rely on remote care, medical equipment, transport and informal support
- **Climate risks can widen inequalities** where people have poorer housing, lower incomes, limited transport, poorer digital access or less ability to adapt
- **Adaptation is prevention:** resilient public sector estates, strong communities, safe pathways, climate-aware services and targeted support for those most at risk can reduce avoidable harm and protect service continuity

# Rural Health Protection: Water, Infection and Rural Communities

Health protection is a core component of population health, helping to prevent illness, reduce harm and strengthen community resilience. In Hywel Dda, our rural geography creates unique health protection considerations that require co-ordinated action across the health and care system.

Many communities across the Hywel Dda region have close connections to the natural environment, agriculture and tourism. Some households and businesses also rely on private water supplies from wells, boreholes and springs rather than public water supplies. While rural living brings many health and wellbeing benefits, it can also create specific routes of exposure to infectious, environmental and zoonotic hazards that require ongoing surveillance, prevention and response.

Infections such as cryptosporidium and campylobacter illustrate the importance of this approach. These infections may be associated with a range of exposures, including contaminated food or water, contact with livestock, environmental contamination, and person-to-person transmission. Protecting health therefore requires a whole-system approach that combines public awareness, environmental monitoring, safe food and water practices, infection surveillance, outbreak investigation and effective multi-agency response.

The quality and safety of private water supplies remain an important consideration in rural areas. Private supplies can be more vulnerable to microbiological contamination than regulated public water systems, particularly following periods of heavy rainfall, agricultural runoff, inadequate treatment, flooding or poor maintenance. Ensuring safe private water supplies relies on partnership working between local authorities, environmental health teams, water regulators, Public Health Wales, communities and supply owners themselves.

Recent surveillance data from Public Health Wales demonstrate the importance of ongoing vigilance. Notifications of cryptosporidiosis and campylobacter infection in the Hywel Dda area during 2026 were above recent historical averages. While surveillance trends do not necessarily indicate outbreaks or identify specific causes, they provide valuable intelligence to support risk assessment, targeted prevention activity and timely investigation where required.

Health protection extends well beyond the management of individual outbreaks. It includes preventing healthcare-associated infections, reducing community-acquired infections, improving vaccination uptake, strengthening antimicrobial stewardship, preparing for environmental incidents. It also builds resilience to emerging threats including those associated with climate change. Increasingly, many of these challenges arise at the interface between environmental, animal and human health, reinforcing the importance of a One Health approach.

Recognising these interconnected risks, the Hywel Dda Health Protection Strategic Oversight Group provides system leadership and oversight of health protection priorities across the region. Working alongside Public Health Wales, local authorities, environmental health services, Natural Resources Wales, the Welsh Government, emergency planning partners and healthcare providers, the Group supports a co-ordinated approach to prevention, preparedness, response and recovery. This partnership enables organisations to share intelligence, identify emerging risks and strengthen collective action to protect the health of our population.

As pressures from climate change, antimicrobial resistance, emerging infections and environmental hazards continue to evolve. Effective health protection will depend increasingly on collaboration across organisational boundaries. By strengthening surveillance, prevention and partnership working, we can reduce avoidable harm, protect vulnerable populations and create healthier, safer and more resilient communities for current and future generations.

## Cold, heat and housing

Climate risk in Wales includes both cold and heat. Cold homes remain a major and preventable cause of ill health, especially for older people and people with heart or lung conditions. Fuel poverty, poor insulation and reliance on off-grid heating can increase these risks in rural areas. Source: Winter mortality - POST.

Rising temperatures also increase the risk of overheating in homes, care settings and public buildings. This is a particular concern for older people, people with long-term conditions and people who spend long periods indoors.

Good housing is therefore a prevention issue. Warmer, safer and more energy-efficient homes can reduce fuel poverty, improve health and support decarbonisation.

### Cold homes

There is a clear association between cold homes and excess winter deaths in Wales. Indoor temperatures below 18°C are linked to a range of adverse health outcomes, particularly for older people and those with long-term conditions (Janssen H, Ford K, Gascoyne B, Hill R, Roberts M, Bellis MA, Azam S. Source: Cold indoor temperatures and their association with health and well-being: a systematic literature review - Public Health.

Cold homes contribute to respiratory illness, worsening of chronic conditions, increased frailty and avoidable hospital admissions. In rural areas, reliance on off-grid heating and higher energy costs can increase exposure to these risks.

Addressing cold homes is therefore a prevention opportunity, improving health outcomes while reducing winter pressures on health and care services.


Source: Janssen H, Gascoyne B, Ford K, Hill R, Roberts M and Azam S (2022) Cold homes and their association with health and well-being: a systematic literature review. Wrexham: Public Health Wales NHS Trust

## Food systems, access and resilience

Food links climate, rural economies and health. Our area produces food, but this does not mean everyone can access healthy and affordable food. Evidence from Wales shows that some rural areas have poorer access to food retailers, weaker transport links and more limited online access. Source: Which? highlights neighbourhoods in Wales most at risk of food insecurity - Consumer Data Research Centre.

For households, food security depends on money, transport, local shops and the ability to order or collect food. In rural areas, these barriers can combine and make food insecurity less visible. Older people, low-income households, carers and people without transport or digital access may be particularly affected. Source: United Kingdom Food Security Report 2024: Theme 4: Food Security at Household Level - DEFRA.

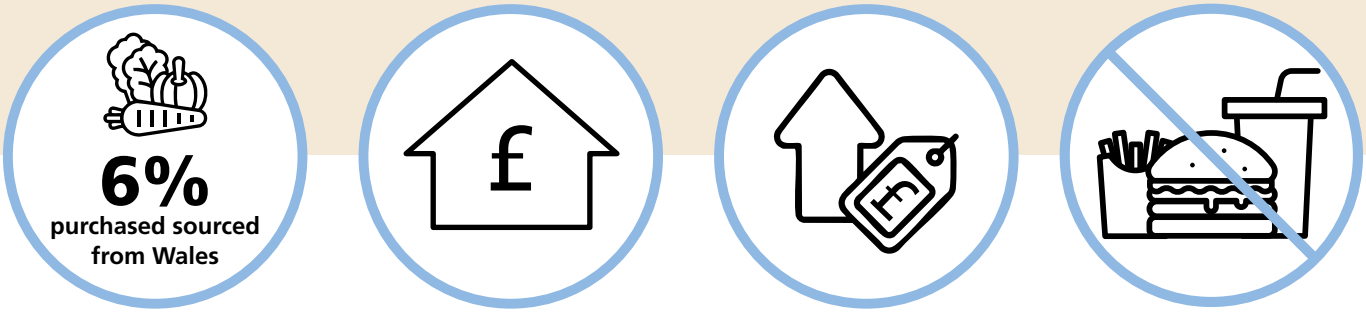
Across the Hywel Dda region, around 70% of Lower Super Output Areas fall within the two most deprived categories for food deserts, and over half are in the tenth most deprived. The region also contains seven of the 10 areas ranked worst for food access across Wales and England. Source: New Data: The e-food deserts index - Consumer Data Research Centre.

Although Wales is a major food producer, production is mainly focused on meat, dairy and cereals. Only around 1% of land is used for fruit and vegetable growing, and only around 6% of fruit and vegetables purchased by the public sector are sourced from Wales. This means local production does not automatically translate into healthier local food environments. Source: Welsh Public Sector Food Procurement – Update on Spending and Welsh purchasing August 2022 - Brookdale Consulting.

Rising living costs add further pressure. Evidence points to a "rural premium", where households in rural areas face higher everyday costs than those in urban areas, with some estimates suggesting costs may be around 10–20% higher. Source: The Rural Premium: exploring the impact of the cost-of-living crisis in rural areas - APPG.

Local food systems can help. Welsh Government's Community Food Strategy highlights the role of local food in improving health, supporting local economies and strengthening communities. Local Food Partnerships can connect producers, communities and services to improve access to healthy food, tackle food poverty and support resilience. Source: Wales Community Food Strategy - Food & Drink Wales.

Strengthening local production, supply chains and community food projects can improve access to healthy food, support local jobs and reduce vulnerability to wider system shocks. National evidence also highlights the need to improve food system resilience in response to climate and economic pressures. Source: Status of Local Food Partnerships in 2025 - Food Sense Wales.




## Inequalities, access and rural vulnerability

Climate change will not affect everyone equally. Welsh policy recognises climate adaptation as a matter of fairness because people on lower incomes, older people and people with health conditions often have less ability to protect themselves or recover from disruption.

In rural communities, climate-related disruption can make existing access problems worse. Flooding, storms or transport disruption can isolate people and make it harder to reach care, work, shops and social support. Source: Spotlight on rural health and social care in Wales - Llais.

Without targeted action, climate change could widen existing inequalities.

## Climate adaptation as a public health priority

Climate adaptation is a public health priority. It is not only about emergency response; it is about reducing avoidable harm, protecting services and planning now for risks that are already increasing.

Many actions bring wider benefits. Better housing, warmer homes, resilient transport, safer routes and stronger food systems can improve health, reduce inequalities and support sustainability.

The main challenge is delivery. National evidence shows that adaptation plans are developing, but implementation and monitoring need sustained focus. Source: Adapting to climate change - Progress in Wales - Climate Change Committee.

## Implications for rural Mid and West Wales

In Carmarthenshire, Ceredigion and Pembrokeshire, climate change reinforces the importance of a whole-system approach to population health. This includes:

- embedding climate risk into service planning, pathways and estates
- addressing housing quality, energy affordability and fuel poverty
- strengthening local food systems and improving access to healthy food
- improving transport resilience and access to services
- supporting community resilience and local networks
- targeting support towards those most at risk of inequality and exclusion

Climate change presents significant risks, but also opportunities to reshape systems around prevention, equity and sustainability.

# 2. Communities, connectedness and community-led prevention

## Key messages

- Social connection protects health, while loneliness and isolation increase risks to physical and mental wellbeing
- Community-centred approaches can improve wellbeing and may help reach people who are less well served by traditional services
- Social prescribing, volunteering and community participation can connect people to local support and strengthen resilience
- Rural structural barriers, including transport and digital exclusion, limit access to connection and support
- Those most at risk of isolation are often least able to benefit, requiring targeted and inclusive approaches
- Building community connections promotes health and wellbeing most effectively when it is combined with action on the wider determinants of health to reduce inequalities

## Social connection as a determinant of health

In Wales, around 13% of adults report experiencing loneliness, with a similar proportion experiencing social isolation. These experiences are associated with poorer physical and mental health outcomes, including depression, cardiovascular disease and premature mortality.

Social connection therefore acts both as a protective factor and as one pathway through which wider inequalities are experienced. Source: Loneliness, social isolation and social connection in Wales: A public health perspective - Public Health Wales.

These risks are especially important in rural areas where transport, digital access and fewer local opportunities can make connection harder for some people.

## Community-centred approaches and prevention

Community-centred approaches are a core part of public health. They work with people and communities, rather than only delivering services to them. UK guidance shows that this can improve health and help reduce inequalities, especially for groups who may be less well served by traditional services. Source: Community-centred practice: applying All Our Health - Public Health England.

They support prevention by:

- strengthening social support and reducing isolation
- increasing confidence, purpose and control
- supporting healthier behaviours and mental wellbeing
- enabling earlier help seeking and informal support
- building resilience within communities

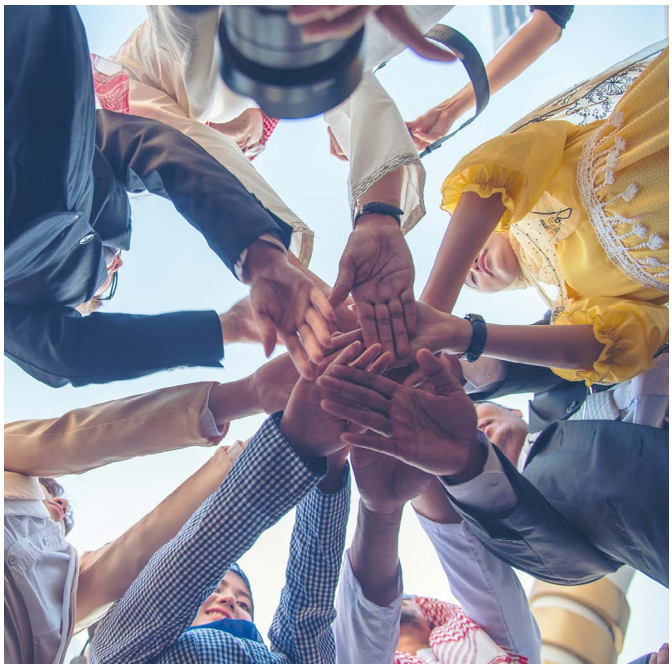
Community-led prevention should be valued for its contribution to wellbeing, trust and resilience, while also being evaluated carefully so partners understand what works best and for whom. Source: Community-based interventions and mental wellbeing in the UK - SCIE.

## Social prescribing and connecting people to local assets

Social prescribing and community connector models link people to local support such as social groups, volunteering, practical advice, physical activity, arts, nature-based activity and peer support. They help address non-medical issues that affect health and wellbeing.

UK evidence shows that social prescribing is associated with improvements in wellbeing, patient experience and confidence in managing long term conditions. Source: What is the evidence for social prescribing? - NASP.

In rural areas these models are useful, but they need to be easy to reach. Transport, digital exclusion, cost, confidence and awareness can all limit who benefits, so outreach and inclusive design are important.



## Volunteering and community participation

Volunteering and participation support prevention by strengthening social networks, confidence, purpose and community resilience. They are also associated with improved wellbeing and social capital. Source: Volunteering and its Effects on Social Capital and Wellbeing in the UK: Insights from the United Kingdom Household Longitudinal Study - SCVO.

## Inequalities, access and rural barriers

Not everyone can access community support equally. Common barriers include:

- long travel distances and limited public transport
- digital exclusion
- cost and affordability
- caring responsibilities and time pressures
- stigma, confidence and awareness

Transport is especially important. Without affordable and accessible transport, people can be cut off from healthcare, work, education, social activity and community support.

This can create hidden isolation, even in communities that appear well connected.

Those most at risk of isolation are often least able to access support, so community-centred approaches need to be actively inclusive.

## Implications for prevention and system change

Community connection is part of the prevention system in the Hywel Dda area. It supports wellbeing, earlier help and resilience, and complements clinical and care services.

It has greatest impact when combined with action on poverty, housing, transport, digital access and local services.

For Hywel Dda and partners, the implications are:

- embedding social connection within prevention strategies and care pathways
- signing up to the Social Model of Health and Wellbeing Charter
- strengthening links between clinical services and community resources
- investing in community capacity, volunteering and local infrastructure
- designing approaches that actively reach those most at risk of isolation
- improving evaluation to better understand impact and inform investment

The wider message is clear: strong community assets matter, and they need to be supported by sustained action on the conditions that shape health.

## Farmers, fishers and forestry workers

As well as public services, tourism and hospitality, farming, fishing and forestry play a key role in the economy, culture and identity of rural Mid and West Wales. They also bring distinct health risks. Financial pressure, uncertainty, long working hours, isolation and stigma around asking for help can affect mental health and wellbeing, particularly in small communities where confidentiality may be a concern. Source: Supporting farming communities at times of uncertainty - Public Health Wales.

Understanding the health needs of farming populations is essential for supporting agricultural and rural communities and ensuring that healthcare services are accessible, appropriate and responsive. In Wales, farmers' health and wellbeing is not only a public health concern but is also closely connected to broader agricultural and rural policy goals. Poor physical and mental health can affect farmers' capacity to manage demanding workloads, respond to regulatory changes, adopt new practices, and maintain the long-term sustainability of their farm businesses. Source: Data Insight: Health and healthcare use among farmers in Wales: Insights from linked administrative data - ADR UK.

Part 3

# Major wellbeing challenges in rural areas

Parts 1 and 2 described the rural context, population health profile and wider conditions that shape health in Mid and West Wales. This part applies that evidence to three priority challenges: healthy weight, tobacco, alcohol and other drug-related harm, and ageing well.

## Key messages

- Parts 1 and 2 show that rural health is shaped by access, deprivation, wider living conditions and community assets. Part 3 applies that evidence to three priority wellbeing challenges
- Healthy weight, tobacco, alcohol and other drug-related harm, and ageing well all need prevention that combines personal support with action on food, transport, housing, digital access, community connection and local services
- Rurality does not usually cause these issues on its own, but it affects how early needs are identified, how easily people access help and whether support can be sustained
- Healthy ageing should be treated as a prevention priority, with a greater focus on frailty, falls, mobility, independence and social connection
- The response needs to be place-based, practical and close to communities, using both statutory services and local assets

# 1. Healthy weight

Healthy weight is one of the most important prevention priorities for Hywel Dda. As shown in Part 1, over half of adults are overweight or obese and around 30% of children aged four to five are overweight or obese, compared with 27% nationally. Rates are highest in some of our most disadvantaged communities and are contributing to high levels of weight-related disease.

## Why healthy weight matters

Living with overweight or obesity increases the risk of type 2 diabetes, cardiovascular disease, musculoskeletal conditions and some cancers. It can also affect mental wellbeing and quality of life. Diabetes prevalence in Hywel Dda is above the Welsh average and continues to rise. Around 8.4% of adults, approximately 28,000 to 29,000 people, are currently living with diabetes. If current trends continue, this is projected to rise to nearly 39,500 people by 2030. Diabetes already places significant pressure on services, with around one in six hospital beds occupied by people with diabetes, often alongside other long-term conditions linked to obesity.

## Healthy weight is shaped by more than individual choice

Healthy eating and physical activity are important, but they are shaped by the places people live and the resources available to them. As set out in Parts 1 and 2, food access, affordability, transport, income, housing, school and community environments all influence whether healthier choices are realistic.

Recent analysis of the 2023/24 Child Measurement Programme suggests that rural–urban residence is an independent but modest predictor of childhood weight in Wales, with urban children slightly less likely to be overweight or obese and slightly more likely to be underweight (Urban–Rural Differences in Childhood Weight Status in Wales: Insights from the 2023/24 Child Measurement Programme, Ouerghi et al, awaiting publication). This supports the need for prevention and weight management services that are sensitive to local context, without treating rurality as the only driver.

## Food, activity and everyday environments

As shown in Parts 1 and 2, healthy weight is shaped by the places where people live. The detailed food access and active travel evidence is set out earlier in the report. The focus here is how partners can turn that evidence into practical action through early years support, healthier food environments, safer opportunities for everyday movement and co-ordinated local prevention.

## Early years and family influences

The early years are a critical time for healthy growth. The first 1,000 days of life, from conception to a child's second birthday, can influence health across the life course, including future risk of obesity. Source: Nutrition interventions in the first 1000 days and long-term health outcomes: a systematic review - Paediatric Research. Evidence shows that factors such as maternal weight, smoking in pregnancy, birthweight, infant feeding, family diet and the home environment can shape later weight outcomes. Source: Risk Factors in the First 1000 Days of Life Associated With Childhood Obesity: A Systematic Review and Risk Factor Quality Assessment - PMC.

Supporting families before conception, during pregnancy and in the early years is therefore central to reducing inequalities in healthy weight.

Hywel Dda's developing Women's Health Plan complements this work by recognising that women's health and wellbeing before conception, during pregnancy and in the postnatal period are critical determinants of outcomes for both mothers and children. Underpinned by a bio-psycho-social approach, the plan seeks to improve experiences and outcomes for women. It also seeks to strengthen the foundations for healthy growth, development and healthy weight during the first 1000 days.

Partners are developing a more co-ordinated programme of support from conception to age two. This includes an Infant Feeding Service, delivered through maternity, health visiting and public health, and the First 1000 Days Food and Nutrition Programme, which supports safe introduction of solid foods and helps families establish healthy eating behaviours from the earliest stages of life. Together these approaches aim to create the conditions for healthy growth and healthy weight from the very beginning.

## A whole-system response

No single service can improve healthy weight on its own. A whole-system response is needed across health services, local authorities, education, transport, food partnerships, communities and the third sector. The aim is to make healthier choices easier in the places where people live, learn, work and play.

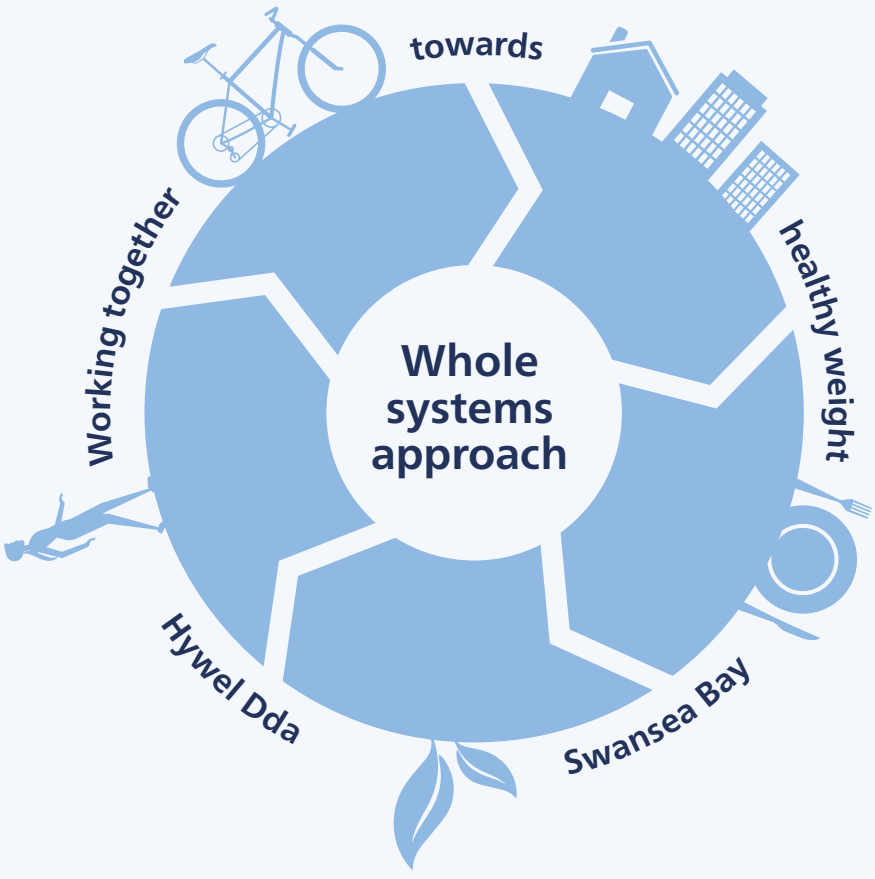
This work is already developing across the region. Improving access to affordable, healthy, local and sustainable food has been identified as a shared Public Services Board priority. Regional work includes public sector food procurement, the Dyfed Powys Civil Food Resilience Strategy, the Cymru Wledig LPIP Rural Wales Project on community kitchens and the three county Community Food Partnerships.

Community-based cooking and food education initiatives, including work with Cegin y Bobl, are also helping children, families and communities build food skills, confidence and food literacy.

Local prevention programmes support healthy weight across the life course. The Healthy and Sustainable Pre-School Scheme helps early years settings encourage healthy eating, oral health and healthy development. In schools, the Welsh Network of Health and Wellbeing Promoting School Schemes embeds food and nutrition across school life. The Daily Active framework and initiatives such as The Daily Mile increase opportunities for regular physical activity. Together, these programmes show a shift towards a more co-ordinated regional response.

The focus for healthy weight in our area should therefore be:

- practical and place-based
- supporting families early
- improving access to healthy food
- creating safer opportunities for everyday movement
- aligning action across health, education, transport, planning, food partnerships and communities



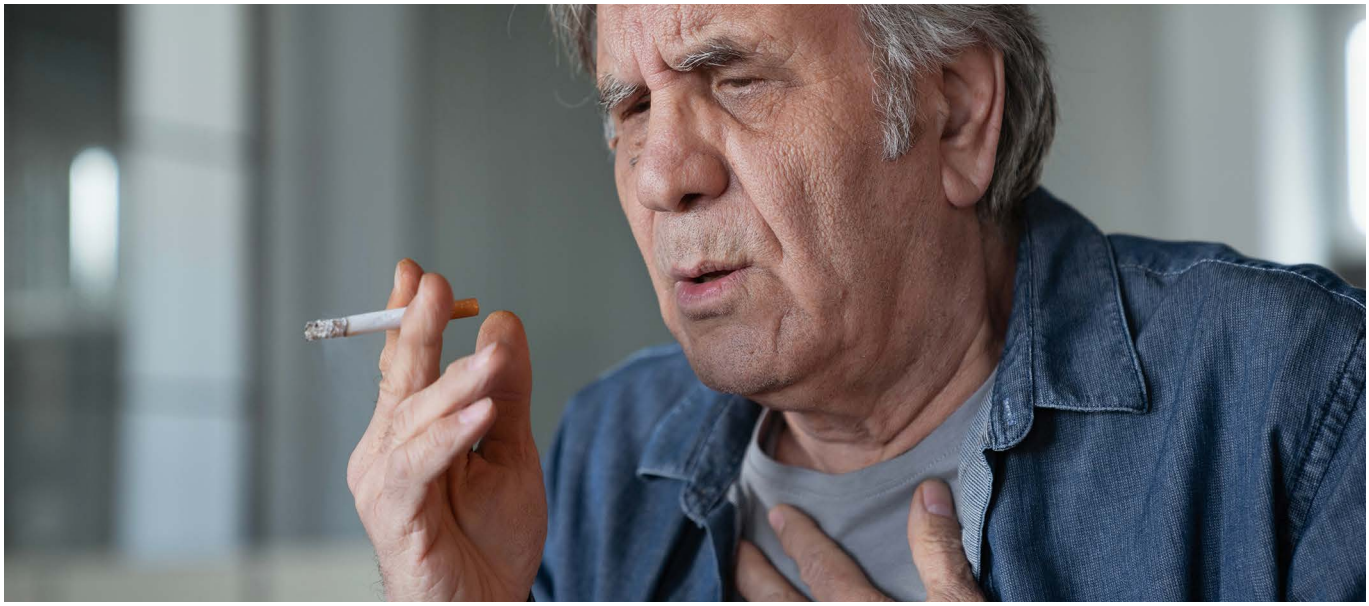
# 2. Tobacco, alcohol and other drugs

Part 1 described patterns of smoking and alcohol use. This section focuses on harm, inequalities, access to support and the local service response. Tobacco, alcohol and other drug-related harms are shaped mainly by deprivation, trauma, mental health, housing, employment and social conditions. Rurality affects how early problems are recognised, how easily people seek help, and whether treatment and recovery support can be sustained.

## Smoking

As shown in Part 1, smoking prevalence in Hywel Dda is lower than the average across Wales. The focus here is smoking-related harm and support to stop smoking. Tobacco remains a leading cause of preventable illness and early death, accounting for over 10% of all deaths in Wales, and smoking-related harm remains one of the clearest health inequalities.

Mortality rates attributable to smoking are around three times higher in the most deprived communities than in the least deprived. People living in more deprived areas are also around twice as likely to be admitted to hospital for smoking-related conditions. Across Wales, there are over 17,000 smoking-related hospital admissions each year, placing significant pressure on services. Source: Smoking Inequalities Report - Public Health Wales.



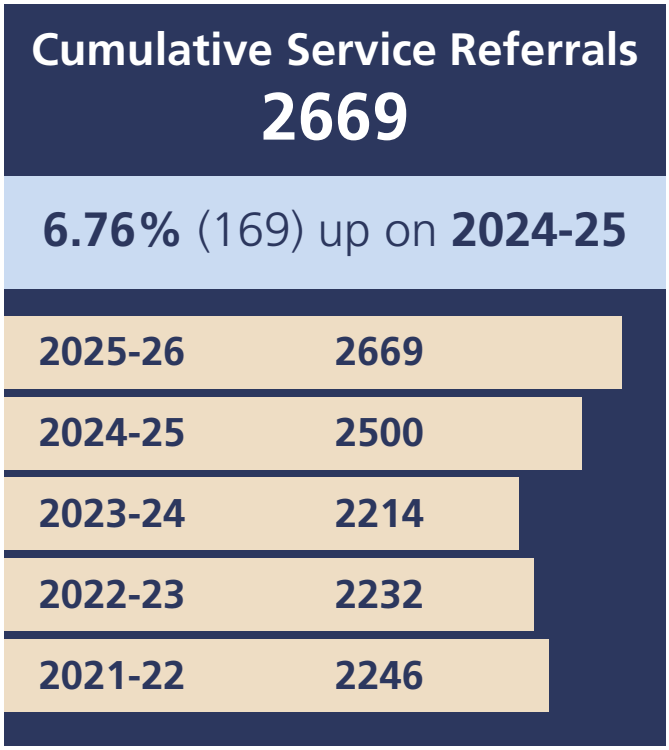
## Alcohol and other drugs

Alcohol harm follows a complex pattern. Heavier drinking is often more common in higher-income groups, but people on lower incomes experience greater alcohol-related harm. This is often described as the alcohol-harm paradox. Source: Understanding the alcohol-harm paradox: what next? - The Lancet Public Health. In rural communities, isolation, seasonal work, limited recreational alternatives, reliance on cars and concerns about confidentiality can all shape drinking patterns and access to support.

Alcohol remains a significant contributor to illness and early death. Local referral data show an upward trend in alcohol and drug referrals in Dyfed in recent years. Source: Dyfed Area Planning Board Alcohol Substance Misuse Referral Dashboard, Hywel Dda UHB, 2024–2026. This may reflect a mix of increased need, better recognition, stronger referral pathways, greater awareness of services and service development.

Drug-related harms, including opioid and polysubstance use, are also increasingly evident. These harms often occur alongside mental health problems, housing instability, trauma, and economic insecurity, creating more complex patterns of need.

**Figure 7. Alcohol and substance misuse service referrals, Dyfed Area Planning Board Area, 2021/22 to 2025/26**




Source: All alcohol and substance misuse service referrals, Dyfed Area Planning Board Alcohol Substance Misuse Referral Dashboard.

## Service and system challenges in rural Mid and West Wales

In the Hywel Dda area, rurality mainly affects access, continuity and recovery. Key barriers include:

- **Distance and transport:** long journeys and limited public transport can make it harder to reach primary care, pharmacies, specialist support and recovery groups, particularly for people without access to a car
- **Seasonal and coastal pressures:** weather, tourism and seasonal work can affect service demand and make support less predictable
- **Digital exclusion:** remote support can help some people, but poor connectivity, low confidence or lack of equipment can exclude others
- **Isolation:** people living alone or in dispersed housing may be less visible to services and have fewer opportunities for early support
- **Confidentiality:** in small communities, people may delay seeking help because they are worried about being recognised or judged

These barriers mean that services need to be close to communities, easy to enter, confidential and linked across health, social care, housing, mental health, criminal justice and the third sector.


## Current response and opportunities for improvement

A range of services is in place across the Hywel Dda region. Dyfed Area Planning Board commissions support for alcohol and drug-related harm, including:

- Tier two services through Dyfed Drug and Alcohol Team and Choices
- Community Drug and Alcohol Teams, including harm reduction and opiate substitution treatment
- local authority-led social care services
- alcohol care and support in community and hospital settings

The Area Planning Board also commissions a Complex Needs Programme for people with overlapping needs, including mental health problems and housing instability.

The Health Board is both a provider of clinical care and a system partner. The rise in referrals highlights the importance of early identification, clear pathways and support that can be accessed locally.

## Smoking cessation and prevention pathways

The table on page 47 brings together prevalence and service reach. While adult smoking prevalence is lower in Hywel Dda than the Wales average, local cessation services are reaching a higher proportion of smokers than the Wales average.

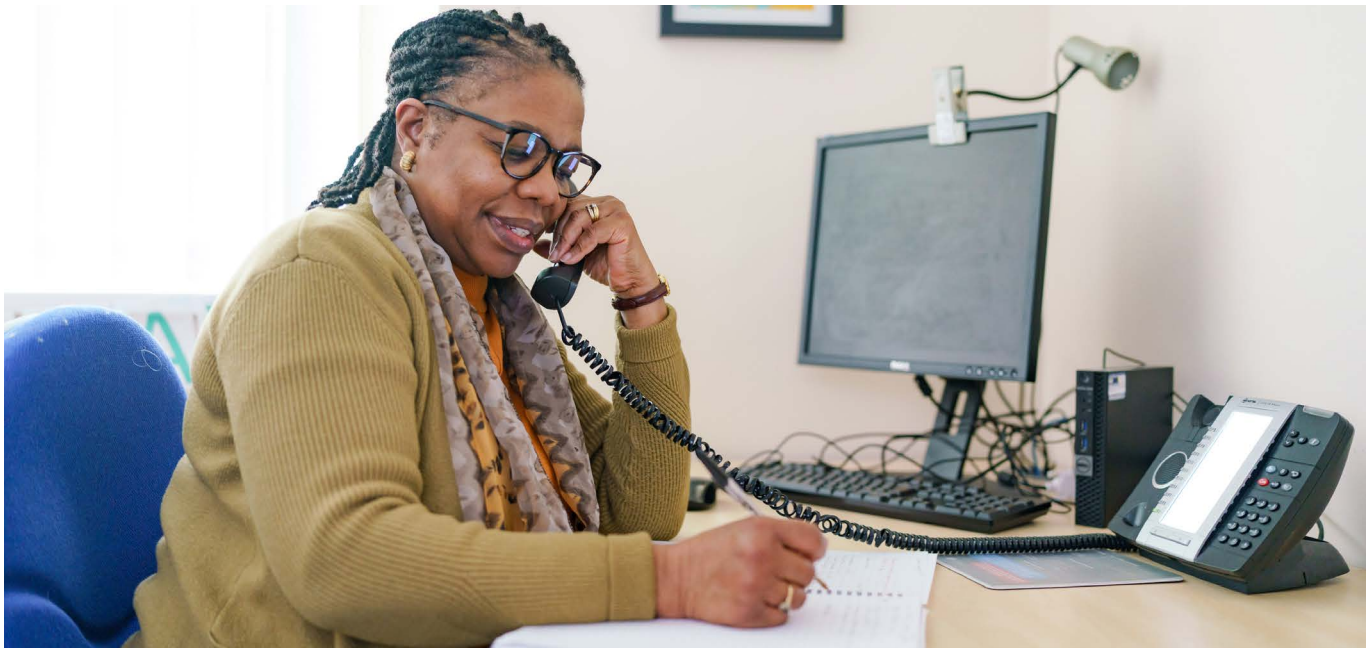


**Table 7. Adult Smoking Prevalence (%), Hywel Dda UHB and Wales, 2024-2025 and Smokers Treated (%), 2023-2024, Hywel Dda UHB and Wales**

| | Hywel Dda | Wales |
|---|---|---|
| Adult smoking prevalence (%)* | 7.7% | 13% |
| % of smokers treated (2023–24)** | 9% | 5% |

*National Survey for Wales, Welsh Government, October 2025
**Hywel Dda UHB smoking cessation service data

Cessation support is increasingly built into care pathways, including:

- brief advice and referral during routine care
- pharmacotherapy to support smoke-free hospital admissions
- targeted support in hospital and maternity services
- lifestyle support such as Health Coaching, Making Every Contact Count training and the staff Wellbeing Champions Network

## Outreach, integration and remaining gaps

Services are increasingly using outreach and integrated models to reduce barriers to access. This includes meeting people in community settings, linking substance misuse and mental health support, and using trauma-informed approaches.

The remaining challenge is to make support consistently easy to access across a large rural area.

Community-based support is essential. Third-sector organisations, peer support, social prescribing, mobile services, pharmacies and community hubs can help reach people who may not attend traditional services. These approaches work best when they are linked to clear clinical pathways and wider support for housing, money advice, mental health and social care.

The priority for Hywel Dda is therefore to reduce harm while improving reach, equity and continuity. This means combining population prevention, targeted support for higher-risk groups, confidential and accessible treatment, outreach in rural communities, and better links across health, social care, housing, mental health and community services.

# 3. Ageing well in rural communities

## Key messages

- Older people are a major asset in rural Mid and West Wales, contributing through work, volunteering, unpaid care, civic life, language, culture and community leadership
- Ageing well is not equally distributed, with healthy life expectancy, frailty multimorbidity, isolation and loss of independence varying across places and population groups
- Frailty, falls, loss of mobility and loneliness should be treated as prevention priorities because they can lead rapidly to loss of confidence, hospital admission and increased care needs
- Rurality matters because access becomes more fragile as people become less mobile, stop driving, become digitally excluded or experience bereavement, disability or caring pressures
- An age-friendly approach can help more older people remain independent, active, connected and valued in their own communities for longer

## Ageing as an asset

The ageing profile and the contribution of older people to rural community life were described earlier in the report. This section focuses on what that means for prevention: supporting more people to remain independent, active, connected and valued for longer. This reflects Welsh Government's age-friendly Wales approach, which emphasises independence, participation, care, self-fulfilment and dignity, and the need to challenge ageist assumptions about later life: Source: Age friendly Wales: our strategy for an ageing society - Welsh Government.

## Inequalities in ageing well

The ability to age well is not shared equally. Later life is shaped by income, housing, work, education, relationships, health and access to services over many years. As shown earlier in the population health profile, many people in Hywel Dda live longer lives, but healthy life expectancy remains much lower than life expectancy. This means that a significant part of later life is spent in poor health.

## Maintaining independence for longer

The key public health challenge is not simply that the population is ageing, but whether more people can remain active, independent, connected and well for longer. Frailty, falls, multimorbidity, dementia, loss of mobility, bereavement, isolation and caring responsibilities can all lead to a rapid loss of confidence and independence if support is not available early.

## Frailty and falls

Frailty and falls are important prevention priorities because they can quickly lead to reduced mobility, hospital admission, slower recovery and increased need for care. Physical activity is one of the clearest ways to reduce risk in later life. UK Chief Medical Officers' guidance recommends that adults and older adults aim for:

- at least 150 minutes of moderate activity each week
- build strength on at least two days a week
- minimise long periods of sitting
- include balance activity twice weekly to reduce the risk of frailty and falls

Source: Physical activity for adults and older adults: 19 and over - DHSC; Healthy Ageing: physical activity in an ageing society Eighth Report of Session 2024–26.

In rural Mid and West Wales, this cannot rely only on formal leisure centres or centrally delivered services. Opportunities to maintain strength, balance and mobility need to be available close to where people live. This means using community venues, local groups, social prescribing, falls prevention programmes, green and blue spaces, walking routes, clubs, faith and cultural settings, and outreach models. It also means recognising that some older people cannot easily travel to services, no longer drive, lack confidence after a fall, or need help to reconnect after illness or bereavement.

## Access, workforce and service pressures

An older rural population also affects how services are planned and delivered. Rural areas have a higher ratio of older people to working-age people, and this is expected to increase over time. This can make it harder to recruit and sustain health and social care services. Hywel Dda currently has the fourth highest number of NHS Wales staff vacancies, with 966 full-time equivalent vacancies and an 8.5% vacancy rate at 31 December 2025, as shown in the table on page 50.

**Table 8. NHS Wales staff vacancies by organisation, 31 December 2025**

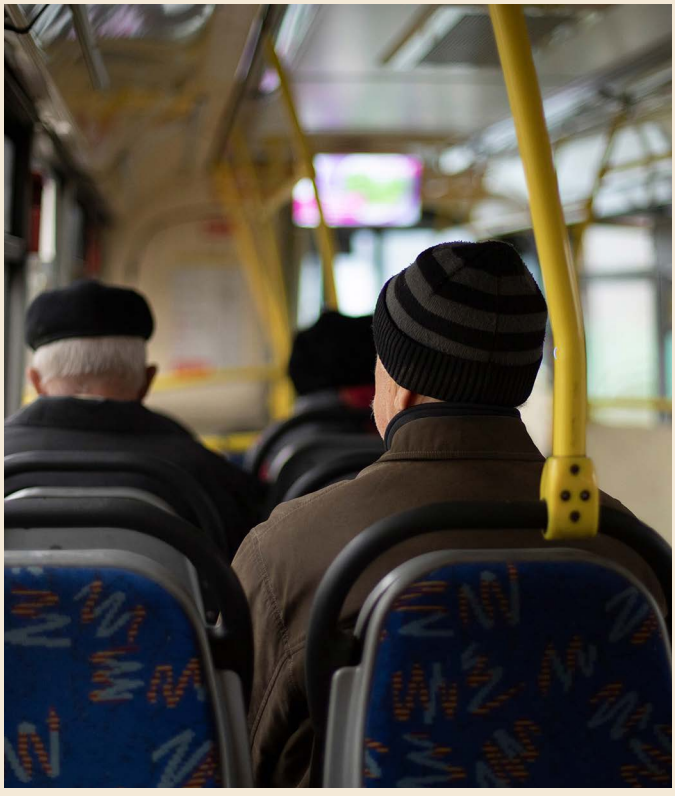
| Organisation | Number of FTE vacancies | Vacancy rate (%) |
|---|---|---|
| All organisations | 5,652 | 5.6 |
| Betsi Cadwaladr | 1,737 | 8.7 |
| Powys | 259 | 10.3 |
| Hywel Dda | 966 | 8.5 |
| Swansea Bay | 696 | 5.2 |
| Cwm Taf Morgannwg | 339 | 2.8 |
| Aneurin Bevan | 223 | 1.6 |
| Cardiff and Vale | 622 | 4 |
| Public Health Wales | 143 | 6.7 |
| Velindre | 59 | 3.4 |
| Welsh Ambulance Services NHS Trust | 277 | 6.2 |
| Health Education and Improvement Wales | 43 | 7.6 |
| Digital Health and Care Wales | 126 | 9.5 |
| NHS Wales Shared Services Partnership | 165 | 6.5 |

Source: NHS staff vacancies by organisation and staff group, StatsWales, Welsh Government.
Available at: NHS staff vacancies by organisation and staff group.

Workforce pressure, long travel distances and rising need can make local access harder to sustain. Recruitment challenges, together with the continuing effects of COVID-19, mean that people in Hywel Dda are waiting longer for some planned care, and the Clinical Services Plan highlights that some services fall short of national standards.

Hospital use also reflects the older population profile. People aged 65–74, 75–84 and 85 and over account for a higher share of hospital activity in Hywel Dda than across Wales. Average bed days are also higher in some specialties, including geriatrics, acute medicine and all non-psychiatric specialties. Source: APC Headline Figures - All Wales Providers - 2024/25 - DHCW.

These pressures strengthen the case for earlier prevention and detection. For example, Hywel Dda UHB has tested approaches in podiatry services where staff check for an irregular pulse and refer people for further assessment where needed. Earlier detection of atrial fibrillation can reduce the risk of complications such as transient ischaemic attack or stroke, improving outcomes for individuals and reducing pressure on services.



Population projections are also being used to plan future services. For example, work on transcatheter aortic valve implantation (TAVI) has considered how future demand may change as the population ages, given that age is an important risk factor for aortic valve disease.

## Social connection and loneliness

Social connection is central to ageing well, but the main evidence and policy context have already been set out in Part 2. For older people, the issue is especially practical: poor health, poverty, digital exclusion, limited transport, caring responsibilities and lack of accessible opportunities can stop people from benefiting from community life. Public Health Wales evidence highlights the importance of social relationships for older people's health and wellbeing. Source: Building the social relationships of older people in Wales: challenges and opportunities - Public Health Wales.

Loneliness and isolation should therefore be treated as health risks, not only social issues. Abuse, financial struggle, loneliness and social isolation in later life are independently associated with poorer health outcomes among older adults in Wales. One recent national survey of older people found that 12.5% of participants had experienced abuse since age 60, 19.0% had struggled financially and 20.7% had felt lonely or socially isolated. Source: Social Model for Health and Wellbeing - Hywel Dda UHB.

Rurality changes the experience of ageing because access becomes more challenging as people become less mobile. A journey that is manageable at 65 may become difficult at 80. A digital appointment may help one person but exclude another. A strong local network may protect someone, while another person remains unseen. The issue is the combined effect of rurality, ageing, health, income, mobility, housing, transport and social connection.

## Creating an age-friendly Mid and West Wales

The evidence on rural and coastal ageing points to the importance of whole-system, asset-based approaches. Health inequalities in older populations in rural and coastal areas reflect both vulnerability and resilience, including poverty, social exclusion, community assets, health and care support, digital inclusion and wider system action. Source: An evidence summary of health inequalities in older populations in coastal and rural areas - Public Health England.

Local community-driven initiatives such as **Borth Community Hub, Solva Care** and the **Ten Towns initiative** show how place-based approaches can support older people to remain connected, active and independent. Their value lies in local ownership, trusted relationships, practical help close to home, use of community assets, and links between statutory services, third sector organisations and informal networks.

### Promising place-based, community-led initiatives in the Hywel Dda area

#### Ten Towns

is a place-based regeneration programme in rural market towns in Carmarthenshire, supporting economic development, community spaces and local resilience.

#### Borth Community Hub

in Ceredigion is a long-standing community-run hub offering a pay-as-you-feel café, activities for older people and a local response to isolation.

#### Solva Care

is a community-founded registered charity in Pembrokeshire that supports older residents and helps sustain a connected local community.

The implication for Hywel Dda and partners is clear. Healthy rural ageing requires a shift from responding to crisis towards maintaining independence. This means identifying people earlier who are at risk of:

- frailty, falls, isolation or loss of function
- embedding strength, balance and physical activity into routine prevention and care pathways
- supporting unpaid carers
- connecting people to local assets
- aligning primary and community care, social care, housing, transport, digital inclusion and the third sector around shared outcomes

Taken together, the challenges in Part 3 point to the same conclusion: prevention in Carmarthenshire, Ceredigion and Pembrokeshire needs to be local, practical and joined up. It must support individuals and families while also changing the conditions that shape health, including food access, transport, housing, digital inclusion, community connection and service availability.

The aim should be that older people in rural Mid and West Wales can live independently,


remain active, stay connected, contribute to their communities and access timely help when their needs change. This will require services and partners to build on the strengths of rural communities while deliberately targeting support towards those most at risk of frailty, isolation, poverty and preventable loss of independence.

The recommendations that follow set out where shared action is needed across the NHS, local authorities, communities and national partners.

Part 4

# Recommendations

The evidence in this report points to a clear conclusion: improving health in the Hywel Dda area requires shared action across the whole system. The recommendations below are framed as regional priorities because the main challenges of rural access, prevention, ageing, food, climate resilience, community connection and health inequalities, cut across organisational boundaries.

These recommendations sit within two connected regional approaches. The Social Model for Health and Wellbeing provides a set of principles by which partners across the region take an asset-based approach to improving population health and wellbeing: working with people, communities, local authorities, the third sector and public services to strengthen the conditions that help people live well. Source: Social Model for Health and Wellbeing - Hywel Dda UHB. The 20four7 Prevention Model aims to further embed prevention of ill health as "everyone, in every service, all the time" across Hywel Dda UHB services. This report brings these together in the rural context of Mid and West Wales, recognising that prevention needs both stronger community partnerships and a clearer health-service focus on earlier help, access, equity and avoiding escalation.

## Shared priorities for a healthy rural future

### 1 Make prevention core business across the Hywel Dda system

**Lead partners:** Hywel Dda UHB including General Practice, Community Pharmacies, the three local authorities, Public Service Boards and the Regional Partnership Board, and Public Health Wales.

Rebalance activity towards prevention across the life course, with a focus on early years, healthy weight, diabetes and long-term condition prevention, alcohol and drug-related harm, frailty, falls and healthy ageing and tobacco dependency. Prevention is a key component of the Community by Design programme. It should be a planning and continuous service improvement objective of routine care, including maternity, primary care, community services, planned care, outpatient pathways, pharmacy, mental health, substance misuse and hospital discharge. It should also be the core part of service specifications and delivery of the local authority services, including housing and education, of the other public services, such as Mid and West Wales Fire and Rescue Service and Natural Resources Wales.

Within health services, this means using the 20four7 Prevention Model to move prevention from the margins to everyday practice, join up what already works, reduce duplication and make it easier for teams to act earlier.

### 2 Design rural access into services, pathways and digital models

**Lead partners:** Hywel Dda UHB, local authorities, Digital Health and Care Wales and transport partners.

Ensure that travel time, transport availability, digital connectivity and workforce sustainability are treated as core health equity issues in all service planning and pathway redesign. Outreach, mobile, community-based and hybrid models should be used where appropriate to provide earlier support closer to home and prevent avoidable escalation, particularly for prevention, long-term condition management, smoking cessation, substance misuse, frailty, falls and support after discharge.

Service changes should routinely assess their impact on rural and coastal communities, people without access to a car, digitally excluded households, Welsh language needs, seasonal pressures and those living in the most access-deprived Lower Super Output Areas.

### 3 Support healthy rural ageing, frailty prevention and independence

**Lead partners:** Hywel Dda UHB, local authorities, social care providers, primary care providers, third sector and community groups.

Develop a regional healthy ageing and frailty prevention approach across Hywel Dda, local authorities, primary care, social care and the third sector. This should prioritise early identification of people at risk of frailty, falls, isolation or loss of function; access to strength and balance activity close to home; support for unpaid carers; dementia-friendly and age-friendly communities; and better links between primary care, community services, housing, transport and voluntary support.

Services should be designed, taking account of Welsh language needs, for people who cannot easily travel, no longer drive, are digitally excluded, or need support to reconnect after illness, bereavement or hospital admission.

## 4 Build healthier food and activity environments

**Lead partners:** local authorities, Public Services Boards, Community Food Partnerships, schools, planning and transport partners.

Local authorities, Public Services Boards, schools, planning teams, transport teams and community partners should use their levers to improve access to healthy food, safe everyday movement and supportive local environments. This should include strengthening Community Food Partnerships in Carmarthenshire, Ceredigion and Pembrokeshire; using public sector food procurement to support healthier local food; improving food security and cooking and food skills initiatives; and further embedding healthy food and physical activity in early years and school settings.

Active travel and safe routes should be prioritised where they are realistic and equitable, recognising that rural distance and road safety limit walking and cycling for many communities.

This reflects the Social Model for Health and Wellbeing and a whole system approach to healthy weight: creating the local conditions that enable people to live well, rather than relying only on individual behaviour change.

## 5 Improve access to tobacco, alcohol and drug-related harm support

**Lead partners:** Hywel Dda UHB, Dyfed Area Planning Board, local authorities, primary care providers, pharmacies and third-sector providers.

Improve confidential, accessible support for smoking cessation, alcohol-related harm and drug-related harm. This should include outreach, pharmacy and community-based access points, integrated mental health and substance misuse pathways, support for complex needs, and pathways designed for people affected by transport, stigma, digital exclusion or seasonal work.

## 6 Strengthen climate resilience, warm homes and food system resilience

**Lead partners:** local authorities, Public Services Boards, housing agencies, emergency planning partners, NHS estates and food partnerships.

Hywel Dda, local authorities, housing partners, Public Services Boards and emergency planning partners should treat climate adaptation as prevention. Priority actions should include reducing cold-home and fuel poverty risks, planning for overheating in homes and public buildings, protecting service continuity during flooding, storms, power or digital disruption, and targeting support to older people, people with long-term conditions, low-income households and isolated rural or coastal communities.

Climate risk should be built into estates planning, care pathways, community resilience planning, food resilience work and local transport planning.

## 7 Invest in community-led prevention and social connection

**Lead partners:** communities, third-sector, local authorities, NHS, social prescribing and community connector services.

This recommendation is central to the regional Social Model for Health and Wellbeing. Communities should be supported to lead and shape prevention activity that reflects local needs, culture and assets. The NHS, local authorities and third sector partners should invest in the community infrastructure that makes this possible, including community hubs, volunteering, social prescribing, schools, local champions, faith and cultural groups, peer support and practical help close to home. The 20four7 Prevention Model should help health services connect people to this support earlier and more consistently.

Attention should be given to people who are least likely to benefit from existing networks, including people who are isolated, digitally excluded, less mobile, new to an area, living on low incomes, or experiencing stigma. Social prescribing and community connector models should be linked to accessible transport, outreach and local community assets, so that people who are most isolated are actively reached rather than expected to self-refer.

The Community by Design Primary Care transformation model has the potential to ensure that primary care services have stronger links with local community groups and services. Some primary care services already have strong multi disciplinary teams which include representation from local authority and third-sector organisations. In this way, they are able to offer comprehensive packages of care to their most vulnerable patients.

In Carmarthenshire and in Pembrokeshire, social prescribers and community connectors are aligned to GP surgeries, enabling them to build stronger relationships and ensure vulnerable patients have their wider needs met.

In 2026-27, the Wellbeing of Future Generations' Progress Tracker will have elements of a Social Model added, supporting organisations in monitoring their progress towards embedding a Social Model for Health and Wellbeing.

### 8 Rural-proof policy, funding and strategic decisions

**Lead partners:** Welsh Government, national NHS bodies, regional partnerships and public bodies under Health Impact Assessment Regulations.

National partners should ensure that strategies, funding formulae, capital investment, digital programmes and service changes reflect the costs and access challenges of rural and coastal communities. Rural impact should be explicitly considered in strategic decisions, including through the Health Impact Assessment (Wales) Regulations 2025 when they come into force.

Assessments should consider travel time, transport availability, digital coverage, workforce sustainability, Welsh language, seasonal pressures, older population structure and the risk of widening inequalities in dispersed communities.

### 9 Invest for the long term in prevention, community capacity and rural resilience

**Lead partners:** national and regional partners, Hywel Dda UHB, local authorities, Public Services Boards, Regional Partnership Board and third-sector partners.

National and regional partners should shift investment towards prevention that reduces future demand on services, including healthy weight, early years, tobacco dependency treatment, alcohol and drug-related harm reduction, frailty and falls prevention, social connection, community hubs, food resilience, warm homes and climate adaptation. This continues the emphasis from previous Director of Public Health Annual Reports on sustained prevention, long-term partnership and shared accountability.

Investment should support multi-year delivery and evaluation, rather than short-term projects, so that partners can build capacity, learn what works and sustain successful approaches across Carmarthenshire, Ceredigion and Pembrokeshire.

**What success would look like in 10–15 years**

In 10–15 years, rural Mid and West Wales will be a place where all people have as great an opportunity as possible to live well at every stage of life. Communities will be better connected, resilient and supported, with fewer years spent in poor health and narrower inequalities between places and population groups.

Success would mean that:

- People can access care, support and opportunities for wellbeing without distance or connectivity being a barrier
- Prevention is embedded across everyday life, with healthy choices made easier by supportive environments
- Older people are enabled to remain independent, active and valued contributors to their communities
- Communities are strong partners in improving health, shaping local solutions and supporting one another
- Rural and coastal communities are better protected from the health impacts of climate change and environmental pressures.
- Multi agency services continue to develop stronger connections and services, leading to more responsive, effective and efficiently delivered services in our rural communities

## Monitoring progress

Progress towards this vision should be monitored through a rural health equity and population health dashboard. Our Social Model for Health and Wellbeing Maturity Matrix is also a good monitoring tool to indicate progress of all partners towards strengthening communities, prevention and early intervention.

It has been embedded in the Wellbeing of Future Generations Progress Checker. This should include measures of rural access and equity, including travel time, digital exclusion, access to services, healthy life expectancy, frailty and falls, smoking cessation reach, alcohol and drug-related harm, food access, social connection and climate vulnerability. This should be combined with community insight from Carmarthenshire, Ceredigion and Pembrokeshire, as well as the delivery of contractual and primary care commissioned services. The dashboard should help track both the 20four7 Prevention Model and the regional Social Model for Health and Wellbeing: whether prevention is being embedded in routine health pathways, whether earlier help is reaching people closer to home, whether community partnerships are strengthening local support, and whether action is reducing inequalities between places and population groups.

The Director of Public Health Annual Report will continue to provide an annual account of progress, informing system priorities, supporting shared accountability and guiding long term action for healthy rural futures in Carmarthenshire, Ceredigion and Pembrokeshire.

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

# Adroddiad Blynyddol Cyfarwyddwr Iechyd Cyhoeddus 2026

## Adeiladu dyfodol gwledig iach yn y Canolbarth a'r Gorllewin

# Adroddiad Blynyddol Cyfarwyddwr Iechyd Cyhoeddus 2026

## Adeiladu dyfodol gwledig iach yn y Canolbarth a'r Gorllewin

# Cynnwys

# Rhagair

## Adeiladu Dyfodol Gwledig Iach yn y Canolbarth a'r Gorllewin

Mae ardal Hywel Dda yn lle arbennig i fyw, i weithio ac i dyfu'n hŷn.

Mae yma gymunedau cryf, diwylliant cyfoethog, tirweddau godidog ac ymdeimlad dwfn o berthyn. Mae'r bobl yn gefnogol o'i gilydd, y Gymraeg a hunaniaeth Gymreig yn ffynnu, a gwytnwch cymunedol yn parhau i fod yn ased allweddol.

Mae llawer o gryfderau y Canolbarth a'r Gorllewin yn deillio o natur wledig y rhanbarth, ond mae hyn hefyd yn siapio rhai o'n heriau iechyd mwyaf arwyddocaol.

Mae ein cymunedau yn gyfoethog o ran asedau naturiol, diwylliant, y Gymraeg, gwirfoddoli ac ysbryd cymunedol. Mae'r cryfderau hyn yn cyfrannu'n helaeth at ein hiechyd a'n llesiant ac maent ymhlith ein hadnoddau mwyaf gwerthfawr.

Ar yr un pryd, mae gwledigrwydd yn creu heriau a all ei gwneud hi'n anoddach i rai pobl fyw bywydau iach. Mae pellter, trafnidiaeth, tai, cysylltedd digidol, mynediad at wasanaethau a chostau byw cynyddol oll yn dylanwadu ar iechyd a chyfleoedd ar draws ein rhanbarth.

Mae'r Adroddiad Blynyddol hwn yn archwilio sut mae gwledigrwydd yn siapio iechyd a llesiant ar draws Sir Gaerfyrddin, Ceredigion a Sir Benfro.

Mae'n tynnu sylw at asedau a heriau byw yng nghefn gwlad, yn archwilio rhai o'r materion iechyd pwysicaf sy'n wynebu ein cymunedau, ac yn nodi camau gweithredu ymarferol a all helpu i wella iechyd a lleihau anghydraddoldebau.

Mae neges ganolog yn rhedeg trwy'r adroddiad: **mae iechyd da yn cael ei greu ymhell y tu hwnt i furiau'r Gwasanaeth Iechyd.**

Mae gwasanaethau gofal iechyd yn hanfodol, ond mae iechyd hefyd yn cael ei siapio gan:

- addysg
- tai
- trafnidiaeth
- cyflogaeth
- cynllunio
- cysylltiadau cymunedol
- mynediad at fwyd iach a'r amgylcheddau lle mae pobl yn byw ynddynt

Ni all unrhyw sefydliad unigol fynd i'r afael â'r heriau hyn ar ei ben ei hun. Mae adeiladu dyfodol iachach yn gofyn am weithredu ar y cyd ar draws y GIG, llywodraeth leol, y trydydd sector, cymunedau, busnesau a phartneriaid cenedlaethol.

Mae'r adroddiad hefyd yn tynnu sylw at bwysigrwydd atal salwch. Wrth i'n poblogaeth heneiddio a nifer y bobl sy'n byw gyda chyflyrau hirdymor yn parhau i gynyddu, rhaid i ni wneud mwy i atal salwch, i leihau salwch ac i oedi salwch, i ymyrryd yn gynt ac i helpu pobl i aros yn iach, yn annibynnol ac yn gysylltiedig â'u cymunedau am gyfnod hirach.

Nid rhywbeth dewisol yw atal; mae'n hanfodol i gynaliadwyedd gwasanaethau cyhoeddus ac i lesiant cenedlaethau'r dyfodol.

Y newyddion da yw bod llawer o'r sylfeini eisoes ar waith gennym. Ar draws ardal Hywel Dda, mae gwasanaethau cyhoeddus a chymunedau'n gweithio gyda'i gilydd i gryfhau gwytnwch lleol, cefnogi ffyrdd iachach o fyw, mynd i'r afael ag anghydraddoldebau a gwella llesiant. Trwy fentrau fel ein Model Cymdeithasol ar gyfer Iechyd a Llesiant a Model Atal 20pedwar7, mae gennym gyfle i wneud pawb yn rhan o'r atal ac i sicrhau bod iechyd yn cael ei ystyried ym mhob penderfyniad a wnawn.

Mae'r adroddiad hwn yn asesiad o ble rydyn ni heddiw ac yn alwad i weithredu ar gyfer y dyfodol.

Mae'n gwahodd pob un ohonom i ystyried sut y gall ein penderfyniadau, ein buddsoddiadau a'n blaenoriaethau gyfrannu at gymunedau iachach. Mae'n ein herio i ddylunio gwasanaethau o amgylch pobl yn hytrach na sefydliadau, i leihau anghydraddoldebau ble bynnag y byddant yn bodoli, ac i gydnabod bod gwella iechyd yn sylfaenol i ddyfodol cymdeithasol, economaidd ac amgylcheddol Sir Gaerfyrddin, Ceredigion a Sir Benfro.

Fy ngobaith yw y bydd yr adroddiad hwn yn ysgogi trafodaeth, yn cryfhau partneriaethau ac yn ysbrydoli gweithredu ar draws ein rhanbarth. Mae gennym gyfle i gryfhau ein gwaith gyda'n gilydd gydag uchelgais a phwrpas o'r newydd fel y gall pawb yn y Canolbarth a Gorllewin, waeth ble maent yn byw, fwynhau'r cyfle i fyw bywyd hir, iach a boddhaus.

**Dr Ardiana Gjini**
Cyfarwyddwr Gweithredol
Iechyd Cyhoeddus
Bwrdd Iechyd Prifysgol Hywel Dda

# Crynodeb gweithredol

Mae Adroddiad Blynyddol y Cyfarwyddwr Iechyd Cyhoeddus yn disgrifio sut mae iechyd a llesiant ein poblogaeth yn cael ei siapio gan wledigrwydd ar draws Sir Gaerfyrddin, Ceredigion a Sir Benfro. Mae'r adroddiad yn nodi'r camau gweithredu sydd angen eu cymryd gan y GIG, awdurdodau lleol, cymunedau, y trydydd sector a phartneriaid cenedlaethol i leihau anghydraddoldebau iechyd fel bod cyfle gan bawb i fyw'n dda ac i heneiddio mewn iechyd da.

Mae cryfderau sylweddol yng Nghanolbarth a Gorllewin Cymrui gryfderau sylweddol: amgylchedd naturiol hardd, cymunedau cryf gydag ymrwymiad mawr i wirfoddoli, iaith a hunaniaeth ddiwylliannol, ac ymdeimlad dwfn o le a pherthyn. Mae'r asedau hyn yn cefnogi ansawdd bywyd da, a llesiant a gwytnwch cymunedol. Mae natur wledig hefyd yn creu heriau penodol. Mae pellter, seilwaith trafnidiaeth, cysylltedd digidol, tai, cyflogaeth, mynediad at fwyd, risgiau hinsawdd a mynediad at wasanaethau lleol i gyd yn dylanwadu ar gyfleoedd pobl i fyw'n dda. Mae'r ffactorau hyn yn rhyngweithio ag amddifadedd a gallant ychwanegu at ei effeithiau. Ynghyd â phoblogaeth sy'n heneiddio a lefelau cynyddol o gyflyrau hirdymor, mae hyn yn golygu bod anfantais yn gallu gwasgaru, cuddio a phrofi'n anoddach mynd i'r afael ag ef trwy fodelau gwasanaeth safonol.

**Mae pedair rhan i'r adroddiad hwn.**

Mae **Rhan 1** yn nodi'r cyd-destun gwledig ar gyfer iechyd yn Hywel Dda. Mae'r ardal yn cwmpasu chwarter tir Cymru ac yn gwasanaethu poblogaeth wasgaredig ar draws trefi arfordirol, trefi marchnad ac chymunedau bach gwledig. Mae'r adroddiad yn dangos bod mynediad yn fater o degwch iechyd: teithiau hir, trafnidiaeth gyhoeddus gyfyngedig, cysylltedd digidol amrywiol a phwysau gweithlu yn effeithio ar allu pobl i gyrchu gofal, cymorth, cyflogaeth, addysg, bwyd a chyfleoedd cymdeithasol. Mae hefyd yn tynnu sylw at bwysigrwydd asedau gwledig, tra'n cydnabod nad yw rhwydweithiau lleol cryf yn cyrraedd pawb yn gyfartal.

Mae proffil iechyd y boblogaeth yn dangos pam mae atal a heneiddio iach yn flaenoriaethau brys. Mae gan Hywel Dda gyfran uwch o bobl hŷn na Chymru gyfan, ac erbyn 2047 amcanestynnir y bydd tua un o bob tri o drigolion yn 65 oed neu'n hŷn. Mae llawer o bobl yn byw'n hirach ond yn treulio cyfran fwy o'u bywydau mewn iechyd gwael, gyda nifer cynyddol o bobl yn byw gyda chyflyrau hirdymor. Mae smygu, pwysau afiach, defnydd niweidiol o alcohol ac anweithgarwch corfforol yn parhau i fod yn brif ysgogwyr salwch y gellir ei atal, sydd wedi'u siapio gan yr amodau y mae pobl yn byw ynddynt.

Mae **Rhan 2** yn ystyried penderfynyddion ehangach iechyd gwledig. Mae newid yn yr hinsawdd eisoes yn effeithio ar gymunedau gwledig ac arfordirol trwy dywydd poeth, cyfnodau o oerfel, llifogydd a stormydd amlach, ac aflonyddu ar systemau bwyd, seilwaith a pharhad gwasanaethau. Mae cartrefi oer, tlodi tanwydd a gorboethi yn risgiau iechyd y gellir eu hosgoi, yn enwedig i bobl hŷn a'r rhai sydd â chyflyrau hirdymor. Mae'r adroddiad hefyd yn dangos bod cysylltiad cymdeithasol yn rhan o'r system atal. Gall grwpiau cymunedol, gwirfoddoli, presgripsiynu cymdeithasol a rhwydweithiau lleol amddiffyn llesiant ac ymestyn cyrhaeddiad atal.

Rhaid eu meithrin fel nad yw'r rhai sydd fwyaf mewn perygl o ynysu yn cael eu heithrio gan drafnidiaeth, costau, rhwystrau digidol neu ddiffyg hyder.

Mae **Rhan 3** yn archwilio heriau mawr o ran llesiant yn ardal Hywel Dda. Mae pwysau iach yn cael ei siapio gan ddylanwadau blynyddoedd cynnar, mynediad at fwyd, fforddiadwyedd, trafnidiaeth, teithio llesol ac amgylcheddau lleol. Mae tybaco, alcohol a niwed eraill sy'n gysylltiedig â chyffuriau yn cael eu siapio yn fwy gan amddifadedd nag gan wledigrwydd yn unig, ond mae natur wledig yn effeithio ar adnabod cynnar, mynediad at gymorth, cyfrinachedd, parhad gofal ac adferiad. Mae heneiddio'n dda yn cael ei fframio fel ased a blaenoriaeth atal, gyda ffocws ar alluogi mwy o bobl yn ddiweddarach mewn bywyd i aros yn egnïol, yn annibynnol, yn gysylltiedig ac yn werthfawr i'w cymunedau.

Mae **Rhan 4** yn nodi argymhellion ar gyfer gweithredu ar y cyd. Mae'r rhain yn cynnwys ymgorffori atal salwch fel swyddogaeth graidd y GIG ac ar gyfer sefydliadau sectorau eraill. Bydd hyn yn golygu mabwysiadu egwyddorion Cymunedol o'r Cychwyn yn llawn, gan gynnwys:

- cefnogi heneiddio gwledig iach
- gwella mynediad gwledig a chynhwysiant digidol
- adeiladu amgylcheddau lleol iachach
- cryfhau gwytnwch hinsawdd
- cefnogi atal dan arweiniad cymunedol
- dylunio polisïau gyda gwledigrwydd mewn golwg a buddsoddi ar gyfer y tymor hir mewn atal a gwytnwch cymunedol

Mae rhaglen trawsnewid Cymunedol o'r Cychwyn BIP Hywel Dda yn darparu fforwm lle gall y sefydliad ddod â'r elfennau allweddol o waith ynghyd a fydd yn sbarduno newid cynaliadwy, gan weithio gyda'n cymunedau i wella iechyd y boblogaeth a chanlyniadau iechyd.

Daw Rheoliadau Asesiadau o'r Effaith ar Iechyd (Cymru) 2025 i rym ym mis Ebrill 2027, sy'n gorfodi cyrff cyhoeddus yng Nghymru i gynnal asesiad o'r effaith ar iechyd wrth wneud penderfyniadau o natur strategol. Mae hwn yn gyfle sylweddol i'r system ehangach gymryd ymagwedd 'iechyd ym mhob polisi'.

Mae gwella iechyd yng nghefn gwlad y Canolbarth a'r Gorllewin yn dibynnu ar gyfrifoldeb ar y cyd. Mae unigolion, teuluoedd a chymunedau yn chwarae rôl bwysig trwy ddewisiadau bob dydd, gofalu, gwirfoddoli, cyfranogiad a chefnogaeth i'w gilydd. Fodd bynnag, mae'r dewisiadau hynny'n cael eu siapio gan amodau ehangach, gan gynnwys incwm, tai, trafnidiaeth, mynediad at fwyd, cysylltedd digidol, gwaith ac hyfforddiant, addysg, cysylltiad cymdeithasol a'r amgylchedd lleol.

Rôl partneriaid iechyd cyhoeddus a system felly yw gwneud dewisiadau iachach yn haws, tecach a mwy realistig, tra'n lleihau'r rhwystrau sy'n atal rhai pobl a chymunedau rhag byw'n dda.

Y neges ganolog yw nad yw gwledigrwydd yn un achos o iechyd da neu wael, ond mae'n siapio risg, mynediad a gwytnwch ac felly'r canlyniadau y mae pobl yn eu profi. Mae gwella iechyd yn Sir Gaerfyrddin, Ceredigion a Sir Benfro yn gofyn am atal sydd wedi'i gynllunio o amgylch mannau gwledig: yn agos at gymunedau, wedi'i seilio ar asedau lleol, yn canolbwyntio ar gydraddoldeb, ac yn cael ei gyflawni trwy bartneriaeth barhaus ar draws y system gyfan.

Rhan 1

# Deall iechyd mewn cymunedau gwledig

## Negeseuon allweddol

- Mae gwledigrwydd yn siapio iechyd trwy fynediad at wasanaethau, trafnidiaeth, cysylltedd digidol, tai, cyflogaeth, bwyd, cysylltiad cymdeithasol a'r amgylchedd naturiol
- Mae anfantais yn ardal Hywel Dda yn aml yn wasgaredig ac yn llai gweladwy, gyda rhwystrau mynediad yn chwarae rhan fawr mewn anghydraddoldebau iechyd
- Mae poblogaeth Hywel Dda yn hŷn na chyfartaledd Cymru ac mae'n heneiddio'n gyflymach, gan gynyddu pwysigrwydd atal clefydau cronig fel rhan o heneiddio'n iach
- Mae llawer o bobl yn byw bywydau hirach ond yn treulio rhan sylweddol o'r bywydau hynny mewn iechyd gwael, gydag anghydraddoldebau amlwg yn ôl lleoliad, amddifadedd ac oedran
- Rhaid cynllunio atal mewn systemau gwledig o amgylch cyd-destun lleol, asedau cymunedol a phartneriaeth ar draws sefydliadau statudol a chymunedol

# 1. Cyd-destun Hywel Dda

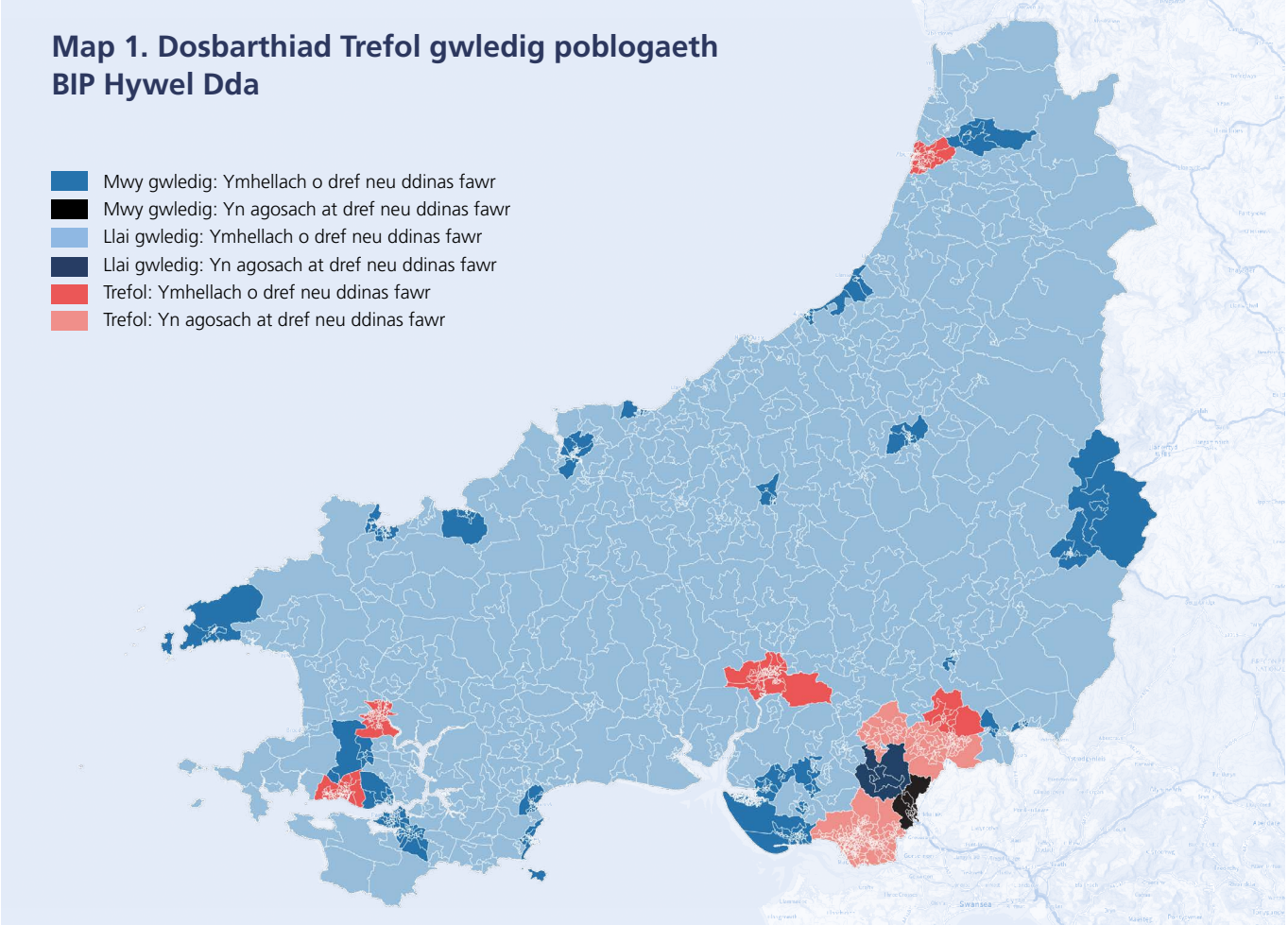
Mae un o bob tri o bobl sy'n byw yng Nghymru yn byw mewn ardaloedd gwledig. Mae BIP Hywel Dda yn cwmpasu chwarter tir Cymru a dyma'r ail fwrdd iechyd mwyaf gwasgaredig ei boblogaeth yn y wlad, sy'n gwasanaethu Sir Gaerfyrddin, Ceredigion a Sir Benfro. Mae cymunedau wedi'u gwasgaru'n eang, gan gynnwys trefi arfordirol, trefi marchnad a llawer o gymunedau bach gwledig.

**Tabl 1. Dwysedd poblogaeth BIP Hywel Dda**

| **Ardal** | **Dwysedd poblogaeth** (preswylwyr arferol fesul cilomedr sgwâr) |
|---|---|
| Sir Gaerfyrddin | 79.3 |
| Sir Benfro | 76.2 |
| Ceredigion | 40.0 |
| Cymru | **149.9** |

Ffynhonnell: Cyfrifiad 2021, Nomis

**Map 1. Dosbarthiad Trefol gwledig poblogaeth BIP Hywel Dda**



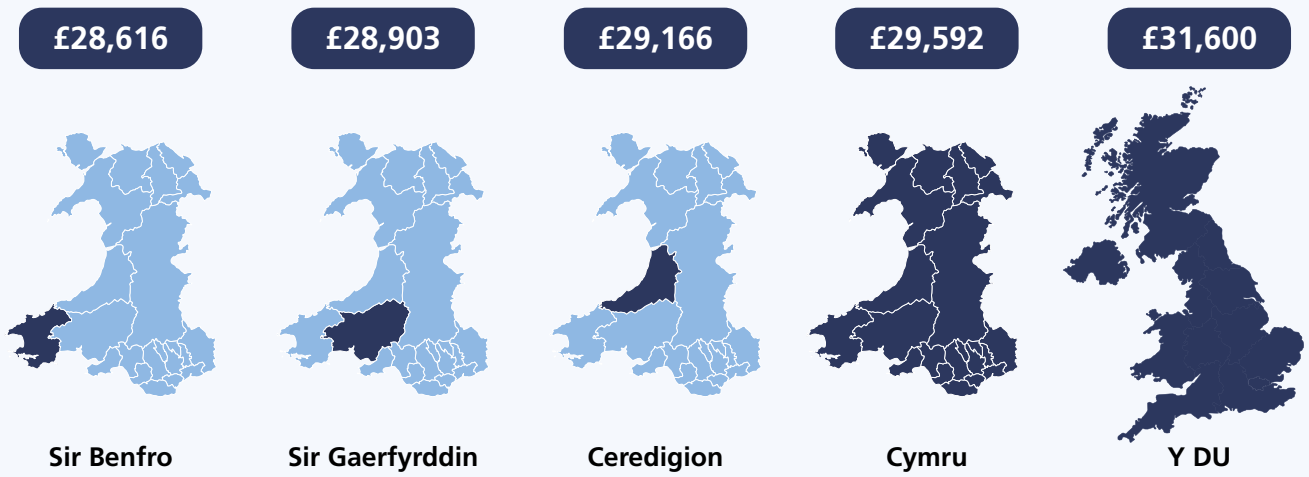

Ffynhonnell: © Hawlfraint y Goron a hawl cronfa ddata 2026. Ordnance Survey AC0000849488. Llywodraeth Cymru
Source: © Crown Copyright and database right 2026. Ordnance Survey AC0000849488. Welsh Government

## Gwledigrwydd ac anfantais economaidd-gymdeithasol

Mae rhanbarth Hywel Dda yn wledig yn bennaf, ond nid yw ei heconomi yn unffurf. Mae gan Dde-ddwyrain Sir Gaerfyrddin dreftadaeth ddiwydiannol gref sy'n gysylltiedig â mwyngloddio glo, cynhyrchu tunplat a dur, ac mae rhai hen gymunedau diwydiannol yn parhau i brofi lefelau uwch o amddifadedd a chanlyniadau iechyd gwael na rhannau eraill o'r sir. Mewn cyferbyniad, mae llawer o Geredigion a sir Gaerfyrddin wledig yn cael ei nodweddu gan amaethyddiaeth, diwydiannau tir, addysg, twristiaeth a llawer o fusnesau bach. Mae gan Sir Benfro broffil economaidd unigryw. Mae hyn yn cyfuno amaethyddiaeth ac economi ymwelwyr sylweddol o amgylch ardaloedd o harddwch naturiol eithriadol ochr yn ochr ag asedau ynni a diwydiannol strategol yn Nyfrffordd Aberdaugleddau. Mae hyn yn cynnwys Porthladd Aberdaugleddau, seilwaith ynni, puro olew a chyfleusterau nwy naturiol hylifedig.

Ar draws y rhanbarth, mae gwasanaethau cyhoeddus, manwerthu, twristiaeth, lletygarwch a gwasanaethau gofal yn gyflogwyr mawr, ochr yn ochr â lefelau cymharol uchel o hunangyflogaeth. Mae enillion yn gyffredinol yn is na chyfartaledd Cymru a'r DU, gyda rhai economïau lleol yn dibynnu ar sectorau lle gall cyflogaeth fod yn dymhorol neu'n llai sicr.

**Arolwg Blynyddol o Oriau ac Enillion (2024) - enillion blynyddol canolrifol**



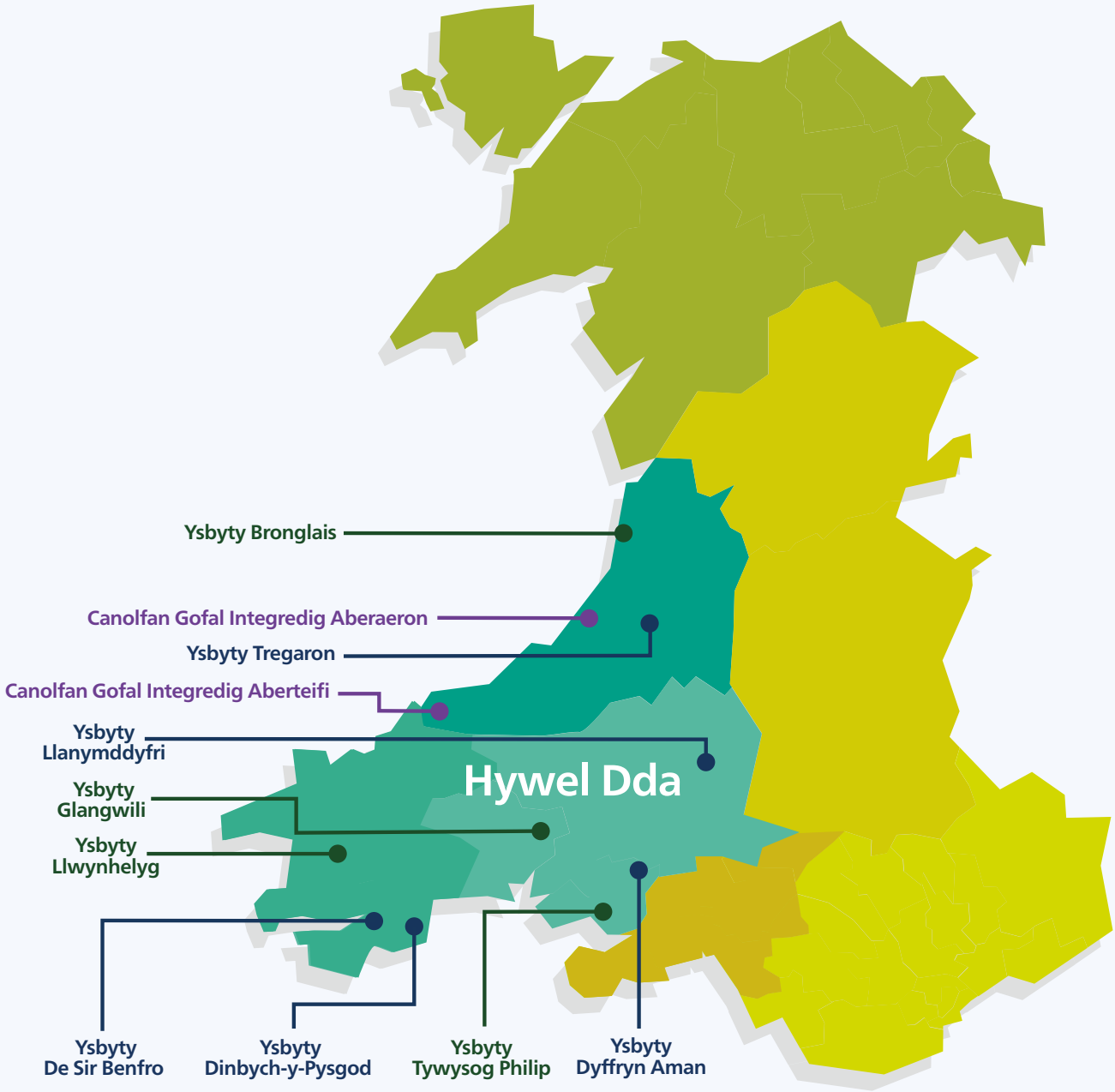

Mae allfudo ymhlith oedolion iau yn her barhaus, sy'n adlewyrchu canfyddiadau o well cyflogaeth a chyfleoedd gyrfa y tu allan i'r rhanbarth.

Mae pwysau costau byw ehangach, gan gynnwys fforddiadwyedd tai a thlodi tanwydd, yn siapio canlyniadau iechyd yn y rhanbarth ymhellach. Mae dibyniaeth ar olew ar gyfer gwresogi cartref yn her arbennig mewn ardaloedd gwledig wrth i gostau godi. Er enghraifft, mae 68% o aelwydydd yn Llannon, Cross Hands a Phen-y-groes yn dibynnu ar olew yn unig ar gyfer gwres canolog. Dyma'r gyfran uchaf a gofnodwyd ar gyfer unrhyw gymdogaeth yng Nghymru. Ffynhonnell: Cyfrifiad 2021: how homes are heated in your area - Y Swyddfa Ystadegau Gwladol).

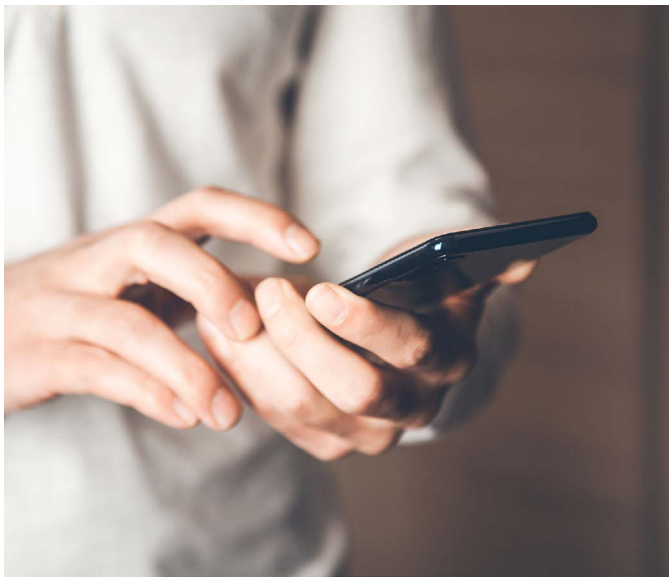
Nid yw'r ffactorau hyn bob amser yn cael eu dal yn dda gan fesurau amddifadedd safonol.

Mae gwledigrwydd yn ychwanegu haen arall o her mewn mynediad at wasanaethau. Gall amseroedd teithio hir, trafnidiaeth gyhoeddus gyfyngedig, a llai o wasanaethau lleol ei gwneud hi'n anoddach cael mynediad at ofal iechyd, cyflogaeth, addysg, bwyd a chyfleoedd cymdeithasol. Mae'r map yn dangos lleoliad y gwasaenaethau gan gynnyws yr ysbytai, ysbytai cymunedol a'r canolfannau gofal integredig o fewn BIP Hywel Dda.

## Map 2. Yr ysbytai, ysbytai cymunedol, a'r canolfannau gofal integredig yn ardal BIP Hywel Dda



Mae cysylltedd digidol yn cynnig ffyrdd newydd o gael mynediad at ofal, cyngor a chymorth, ond mae band eang a darpariaeth symudol anwastad yn peryglu ehangu anghydraddoldebau yn hytrach na'u lleihau. Mae Tabl 3 yn dangos, er bod cyfran yr adeiladau sy'n is na'r Rhwymedigaeth Gwasanaeth Cynhwysol Band Eang yn gymharol isel, bod mwy na 2,000 o adeiladau ledled y rhanbarth yn parhau i gael eu heffeithio. Mae Map 3 yn dangos bod signal ffonau symudol hefyd yn amrywio yn ddaearyddol, gyda rhannau mwy gwledig o'r Canolbarth a'r Gorllewin yn cael signal 4G is nag ardaloedd mwy trefol ar draws gweddill Cymru. Ar gyfer pobl sy'n byw yn yr aelwydydd hyn, sy'n rhedeg busnesau o'r adeiladau hyn neu'n dibynnu ar gysylltedd symudol wrth deithio, gall mynediad digidol gwael gyfyngu ar wasanaethau ar-lein,



apwyntiadau o bell, addysg, gwaith, cysylltiad cymdeithasol a mynediad at wybodaeth mewn modd amserol. Ffynhonnell: Universal Service Obligations - broadband an telephony - Ofcom.

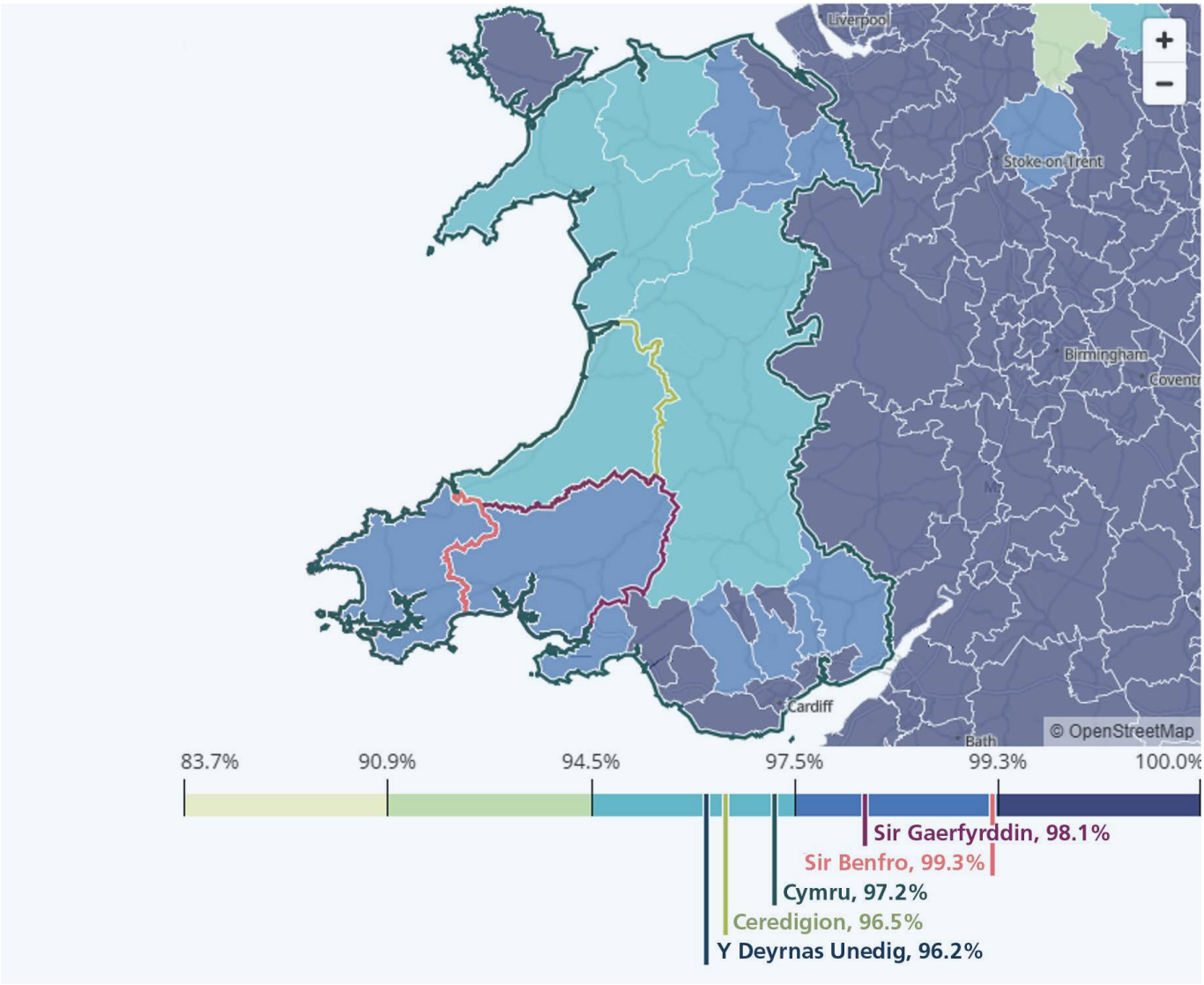
**Tabl 2. Adeiladau sydd â signal band eang neu symudol gwael***

| Sir | Nifer yr adeiladau | Cyfran yr holl adeiladau (%) |
|---|---|---|
| Sir Gaerfyrddin | 1,074 | 1.1% |
| Sir Benfro | 382 | 0.6% |
| Ceredigion | 658 | 1.7% |

*Wedi'i ddiffinio fel nifer a chyfran yr adeiladau islaw'r Rhwymedigaeth Gwasanaeth Cynhwysol Band Eang

Ffynhonnell: Perfformiad band eang sefydlog, Ofcom, 2025

**Map 3. Canran yr ardal sydd â signal ffôn symudol 4G gan o leiaf un darparwr rhwydwaith symudol, awdurdodau haen is/unedol, Ionawr 2026**



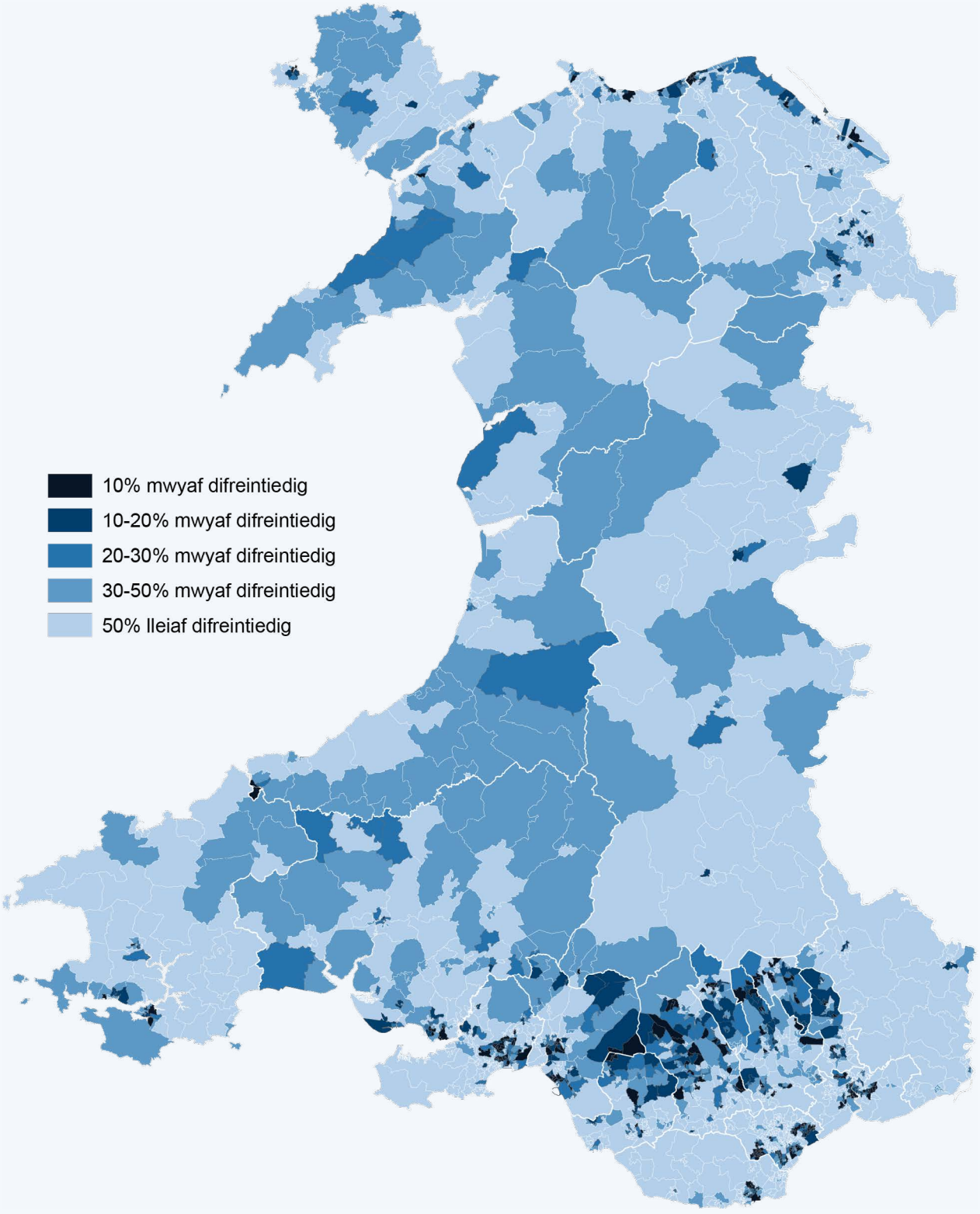

Ffynhonnell: Swyddfa Ystadegau Gwladol. Connected Nations and infrastructure reports

Gall natur anghysbell ac economïau cyfyngedig o ran graddfa gynyddu costau byw mewn ardaloedd gwledig a gwneud gwasanaethau'n anoddach eu cynnal yn lleol. Yn wahanol i ddinasoedd a threfi mwy, lle mae anfantais yn aml wedi'i ganolbwyntio mewn cymdogaethau wedi'u diffinio'n glir, mae anfantais wledig yn aml yn fwy gwasgaredig, yn llai gweladwy ac yn anoddach i'w nodi trwy fesurau safonol. Mae'r ffactorau strwythurol hyn yn siapio mynediad pobl at ofal, cyflogaeth, addysg, bwyd a chyfleoedd cymdeithasol, ac yn cyfrannu'n uniongyrchol at anghydraddoldebau iechyd.

Mae mapiau 4 a 5 yn dangos y patrwm hwn. Mae Map 4 yn dangos, ar Fynegai Amddifadedd Lluosog Cymru yn gyffredinol, mai dim ond nifer cyfyngedig o ardaloedd yn Hywel Dda sydd ymhlith y rhai mwyaf difreintiedig yng Nghymru. Mae hyn yn cynnwys rhai cymunedau arfordirol ac ôl-ddiwydiannol fel rhannau o Lanelli, Aberdaugleddau ac Aberystwyth.

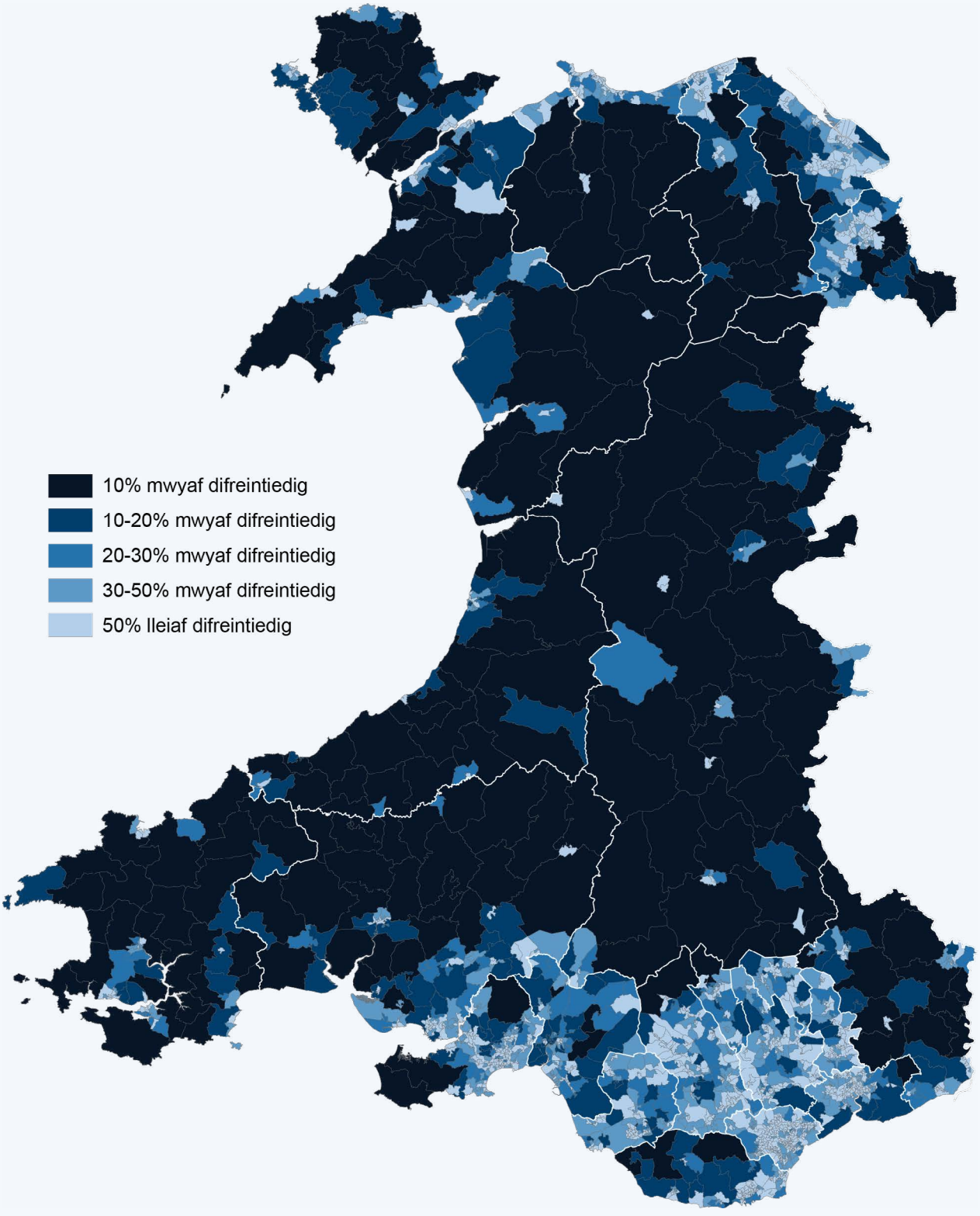
Mae Map 5 yn dangos darlun gwahanol a mwy eang o ran mynediad at wasanaethau: mae chwe deg naw o'r 235 Ardal Gynnyrch Ehangach Haen Is (AGEHI) yn Hywel Dda yn y 10% mwyaf difreintiedig yng Nghymru ar gyfer y maes hwn. Mae hyn yn dangos bod amddifadedd gwledig yn aml yn cael ei yrru llai gan grynodiadau mawr o dlodi ac yn fwy gan y rhwystrau ymarferol o bellter, trafnidiaeth a mynediad at wasanaethau hanfodol.

## Map 4. Mynegai Amddifadedd Lluosog Cymru yn ôl sir ac ardal uwch-allbwn is, 2025




Ffynhonnell: © Hawlfraint y Goron 2025. Cartographics. Llywodraeth Cymru
Source: © Crown Copyright 2025. Cartographics. Welsh Government

## Map 5. Mynegai Amddifadedd Lluosog Cymru mynediad at wasanaethau, yn ôl sir ac ardal uwch-allbwn is, 2025




Ffynhonnell: © Hawlfraint y Goron 2025. Cartographics. Llywodraeth Cymru
Source: © Crown Copyright 2025. Cartographics. Welsh Government

# Asedau gwledig

Mae gan gymunedau gwledig yn Sir Gaerfyrddin, Ceredigion a Sir Benfro asedau sylweddol a all gefnogi iechyd a llesiant. Mae'r rhain yn cynnwys mynediad at amgylcheddau naturiol a mannau gwyrdd, hunaniaeth leol gref a bywyd diwylliannol, rhwydweithiau cymorth anffurfiol, gwirfoddoli a chyfranogiad dinesig. Mae'r Gymraeg yn ffactor allweddol yn hunaniaeth ein hardal. Mae 51.9% o'r boblogaeth tair oed a throsodd yn siarad Cymraeg yng Ngheredigion, a 46.5% yn Sir Gaerfyrddin, gyda'r tair sir yn gweld cynnydd yn nifer y siaradwyr Cymraeg rhwng 2011 a 2021. Mae'n hanfodol ein bod yn cydnabod y cysyniad o angen ieithyddol wrth adeiladu dyfodol gwledig iach. Mae lefelau troseddu yn gyffredinol yn is mewn ardaloedd

gwledig nag mewn ardaloedd trefol, ac mae llawer o gymunedau yn elwa o lefelau uchel o ymddiriedaeth, cymdogaeth a thrigolion yn helpu'i gilydd.

Er bod data lleol yn gyfyngedig, mae tabl 4 yn dangos tystiolaeth y DU sy'n awgrymu bod gan ardaloedd gwledig gyfalaf cymdeithasol cryfach, ymddiriedaeth leol a chyfranogiad dinesig nag ardaloedd trefol.

**Tabl 3. Cefnogaeth gymunedol a chymdogaeth gryfach mewn ardaloedd gwledig o'i gymharu ag ardaloedd trefol (DU, 2020–2021)**

| Dangosydd | Gwledig (%) | Trefol (%) |
|---|---|---|
| Pobl sy'n cynnig help llaw i gymdogion | 63.8 | 53.2 |
| Pobl sy'n teimlo y gallent ddibynnu ar eu cymuned leol am gefnogaeth | 79.3 | 67.4 |
| Pobl sy'n cytuno bod eraill yn barod i helpu cymdogion | 75.4 | 65.0 |

Ffynhonnell: Social Capital in the UK - Y Swyddfa Ystadegau Gwladol

Mae'r asedau hyn hefyd yn cael eu hadlewyrchu mewn gwirfoddoli a chyfranogiad dinesig. Mae data Cymru yn dangos bod pobl sy'n byw mewn ardaloedd gwledig yn fwy tebygol o wirfoddoli na'r rhai mewn ardaloedd trefol, gyda 35% o bobl mewn ardaloedd gwledig yn gwirfoddoli o'i gymharu â 27% mewn ardaloedd trefol. Ffynhonnell: Gwirfoddoli (Arolwg Cenedlaethol Cymru): Ebrill 2022 i Mawrth 2023 | LLYW.CYMRU. Mae nifer y pleidleiswyr a bleidleisiodd yn etholiad Llywodraeth Cymru 2026 hefyd yn awgrymu cyfranogiad dinesig cryf, gydag etholaethau newydd Ceredigion Penfro a Sir Gaerfyrddin yn cofnodi'r trydydd a'r pedwerydd nifer uchaf a bleidleisiodd yng Nghymru, sef 56.2% a 56.0% yn y drefn honno.

Fodd bynnag, nid yw asedau gwledig yn cyrraedd pawb yn gyfartal. Gall rhwydweithiau lleol cryf weithiau edrych tuag i mewn, ac efallai y bydd pobl sy'n newydd i ardal, wedi'u heithrio yn ddigidol, yn gymdeithasol ynysig, yn llai symudol, yn byw ar incwm isel neu'n profi stigma yn ei chael hi'n anoddach elwa ohonynt. Gall pobl hŷn mewn cymunedau bach fod yn arbennig o agored i niwed lle mae trafnidiaeth yn gyfyngedig neu gefnogaeth rhwng cenedlaethau yn wan. Mae adeiladu dyfodol gwledig iach felly yn golygu gwerthfawrogi a buddsoddi mewn asedau gwledig, tra hefyd yn sicrhau bod cymorth cymunedol yn gynhwysol, yn edrych tuag allan ac yn gysylltiedig â gwasanaethau a chyfleoedd ehangach. Ffynhonnell: Age and Loneliness in Wales - Wales Centre for Public Policy Data Insight. An evidence summary of health inequalities in older populations in coastal and rural areas - Public Health England.

# 2. Proffil iechyd y boblogaeth

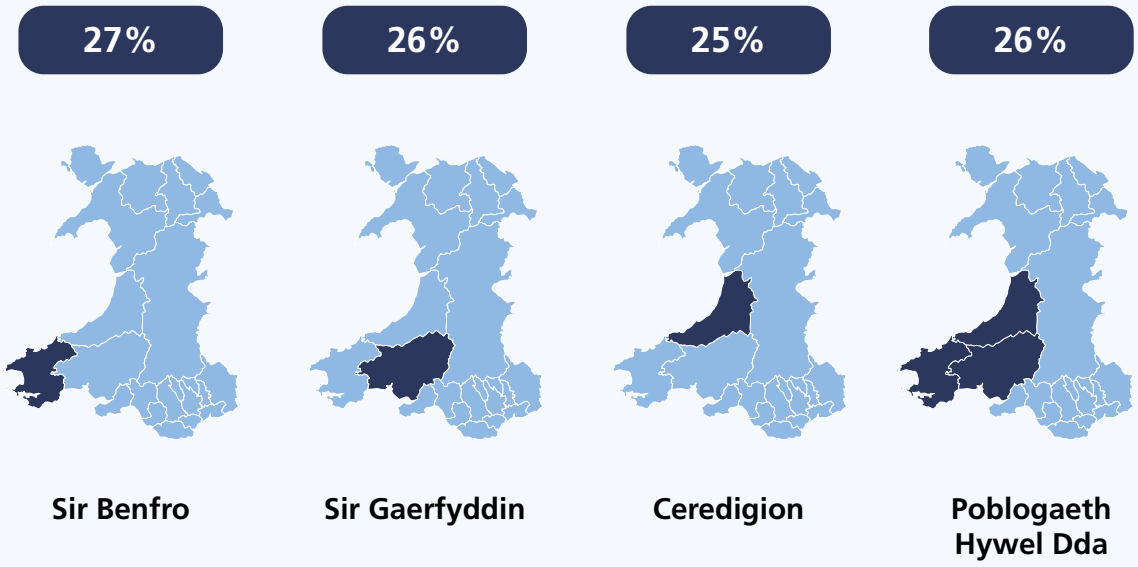
## Poblogaeth wledig sy'n heneiddio

Mae bron i hanner **poblogaeth Hywel Dda** yn byw yn **Sir Gaerfyrddin (190,800)**, gyda thua thraean yn **Sir Benfro (125,761)** ac ychydig o dan un rhan o bump yng **Ngheredigion (72,599)**. Gan adlewyrchu tueddiadau gwledig ledled y DU, mae proffil poblogaeth Hywel Dda yn hŷn na Chymru gyfan ac mae'n heneiddio'n gyflymach na'r cyfartaledd cenedlaethol.

Dros y ddau ddegawd diwethaf, mae nifer y bobl 65 oed a throsodd wedi cynyddu'n raddol. Mae pobl 65 oed a hŷn bellach yn ffurfio tua chwarter **poblogaeth Hywel Dda (26%)**, gydag amrywiadau bach ond sylweddol ar draws **Sir Benfro (27%), Ceredigion (26%)** a **Sir Gaerfyrddin (25%)**. Mae amcanestyniadau poblogaeth yn awgrymu y bydd y duedd hon yn parhau. Erbyn 2047, rhagwelir y bydd un o bob tri (34%) o drigolion yn Hywel Dda yn 65 oed a hŷn, o'i gymharu ag ychydig dros un o bob

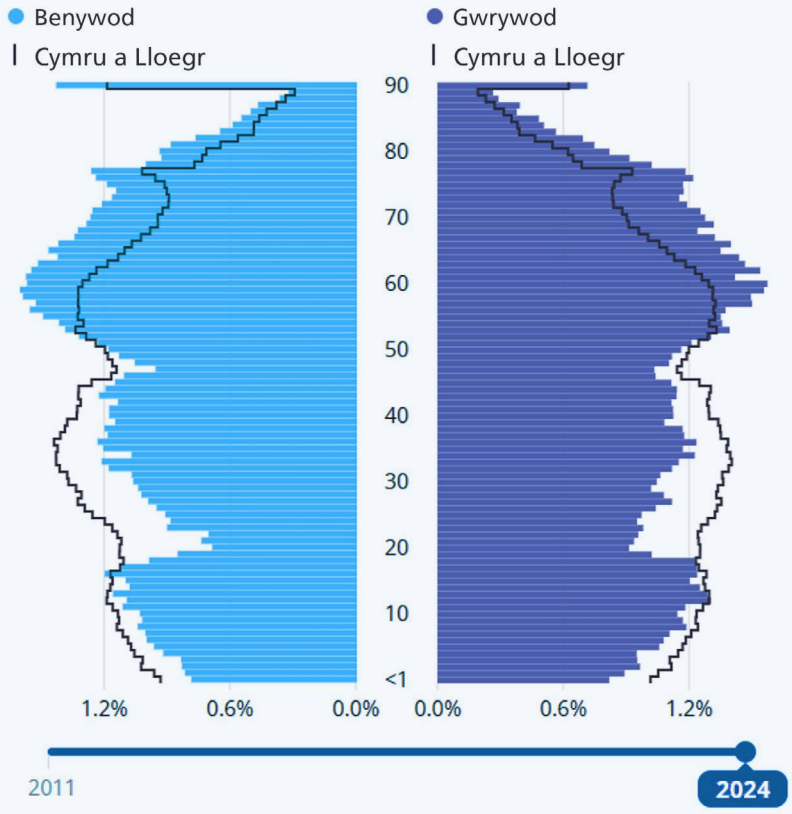
pedwar (29%) ledled Cymru. Disgwylir i'r grwpiau oedran hynaf dyfu'n arbennig o gyflym, gyda nifer y bobl 85 oed a throsodd yn cynyddu'n sylweddol.

### Nifer cynyddol o bobl 65 oed a hŷn

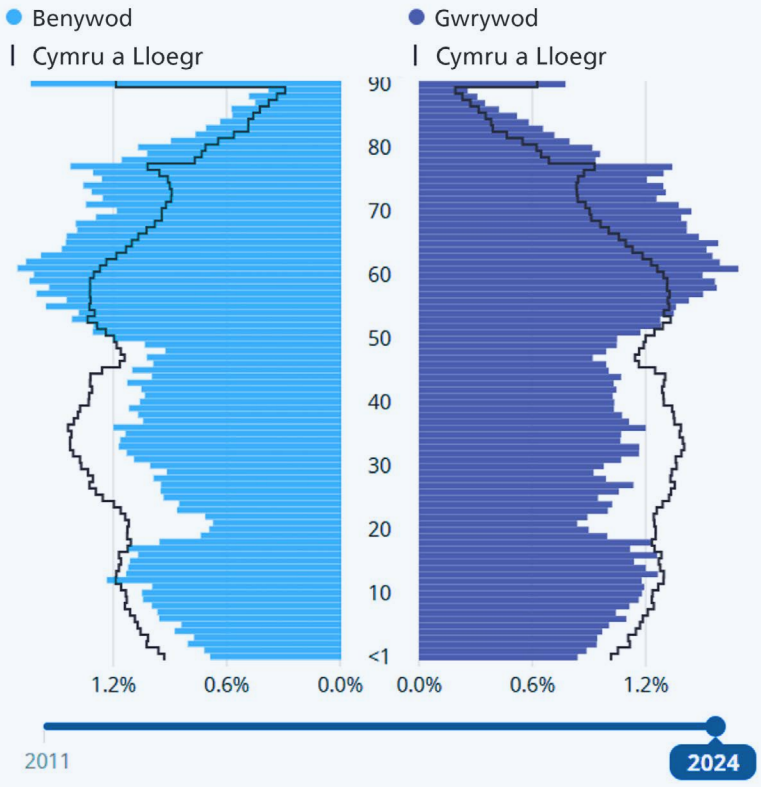



Ffynhonnell: Swyddfa Ystadegau Gwladol Amcangyfrifion Canol Blwyddyn 2024
Source: ONS Mid-Year Estimates 2024

## Strwythur oedran y boblogaeth yn ôl blwyddyn oedran sengl a rhyw ar gyfer Sir Gaerfyrddin, 2011 i 2024

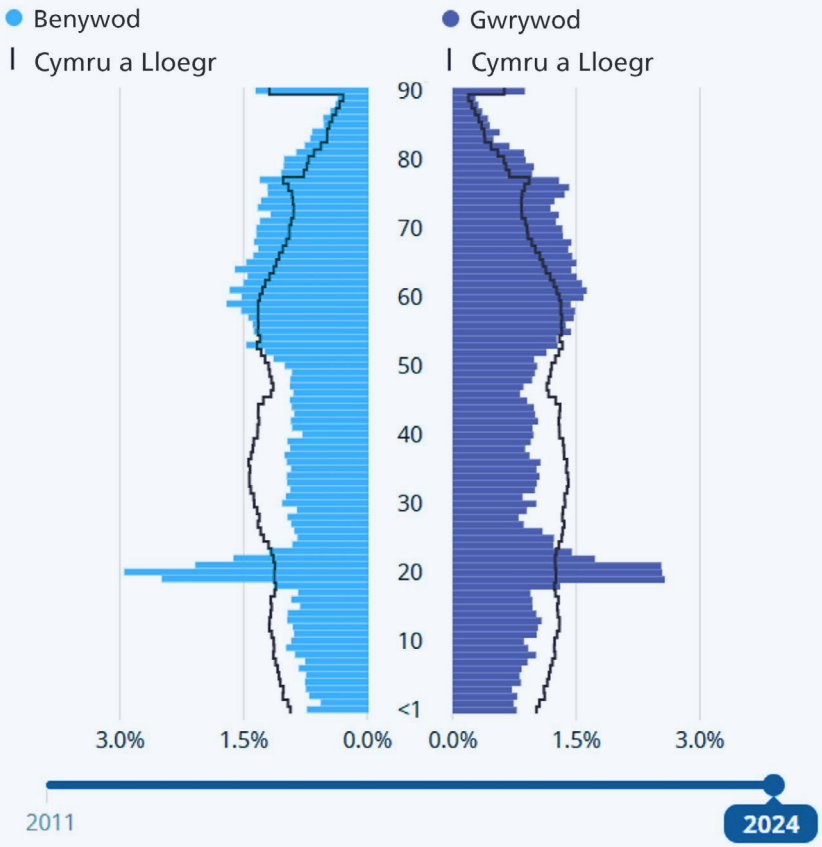



## Strwythur oedran y boblogaeth yn ôl blwyddyn oedran sengl a rhyw ar gyfer Sir Benfro, 2011 i 2024




Ffynhonnell: Amcangyfrifon poblogaeth ar gyfer Lloegr a Chymru, canol 2024 - SYG
Source: Population estimates for England and Wales: mid-2024 - ONS

**Strwythur oedran y boblogaeth yn ôl blwyddyn oedran sengl a rhyw ar gyfer Ceredigion, 2011 i 2024**




Ffynhonnell: Amcangyfrifon poblogaeth ar gyfer Lloegr a Chymru, canol 2024 - SYG
Source: Population estimates for England and Wales: mid-2024 - ONS

Mae'r proffil heneiddio hwn yn gryfder pwysig yn ogystal â her sylweddol. Mae pobl hŷn yn gwneud cyfraniadau mawr i gymunedau gwledig drwy waith, gwirfoddoli, gofal di-dâl, cyfranogiad dinesig, iaith Gymraeg a bywyd diwylliannol. Mae hefyd yn cynyddu pwysigrwydd atal, cefnogaeth gynnar ar gyfer cyflyrau hirdymor, atal bregusrwydd a chwympiadau, gwasanaethau lleol hygyrch, trafnidiaeth, cynhwysiant digidol a chymunedau sy'n oed-gyfeillgar. Mae Rhan 3 yn ystyried heneiddio'n dda yn fwy manwl.

## Baich cynyddol clefyd cronig

Wrth i'r boblogaeth heneiddio, mae mwy o bobl yn byw'n hirach, a hynny gyda chyflyrau hirdymor. Adlewyrchir hyn mewn tueddiadau hanesyddol ar draws cofrestrau clefydau ar gyfer cyflyrau cronig mawr sy'n gysylltiedig ag oedran, gan gynnwys canserau, fel y dangosir yn y tablau 4 a 5. Dylid dehongli'r tueddiadau hyn yn ofalus, gan y gall newidiadau adlewyrchu heneiddio yn y boblogaeth, gwell diagnosis, newidiadau codio, goroesi a newidiadau sylfaenol mewn achosion clefydau.

Mae'r tabl yn dangos cynnydd sylweddol yn nifer y bobl a gofnodwyd ar gofrestrau clefydau cronig mawr. Mae'r cynnydd canrannol mwyaf i'w gweld mewn osteoporosis, ffibriliad atrïaidd, diabetes a methiant y galon. Mae'r rhain i gyd yn gyflyrau sydd â chysylltiad cryf ag heneiddio ac amlafiachedd, ac mae ganddynt oblygiadau sylweddol ar gyfer atal, canfod yn gynnar, gofal wedi'i gynllunio, rheoli meddyginiaethau, adsefydlu, gofal cymdeithasol a gofal di-dâl.

**Tabl 4. Nifer y cleifion ar gofrestrau clefydau cronig mawr sy'n gysylltiedig ag oedran yn Hywel Dda, o'r data cynharaf sydd ar gael hyd at 2023/24**

| Grŵp | Cyflwr | O | Cyfrif | Cyfrif yn 2023/2024 | Cynnydd canrannol | Newid rhagamcanedig mewn cyflyrau cronig hyd at 2033/34 (Cymru Gyfan) |
|---|---|---|---|---|---|---|
| Diabetes | Diabetes (17+ oed) | 2009/10 | 19783 | 29267 | 47.9% | 22% |
| Clefyd cardiofasgwlaidd | Ffibriliad atrïaidd | 2009/10 | 7881 | 12994 | 64.8% | 26% |
| | Methiant y Galon | 2009/10 | 3905 | 5792 | 48.3% | 45% |
| | Pwysedd gwaed uchel | 2009/10 | 62859 | 68650 | 9.2% | 7% |
| | Strôc / Ymosodiad Ischemig Dros Dro | 2009/10 | 8716 | 9925 | 13.8% | 8% |
| Anadlol | Asthma | 2009/10 | 26459 | 29632 | 12% | 8% |
| | Clefyd rhwystrol cronig yr ysgyfaint | 2009/10 | 7394 | 9544 | 29% | 12% |
| Cyhyrysgerbydol | Osteoporosis (50+ oed) | 2012/13 | 352 | 818 | 132.4% | |
| | Arthritis gwynegol | 2013/14 | 3505 | 3916 | 11.7% | 16% |

Ffynhonnell: Fframwaith Ansawdd a Chanlyniadau a'r Fframwaith Sicrhau a Gwella

Mae'r tabl isod yn dangos patrwm tebyg ar gyfer canser. Cynyddodd nifer yr achosion o ganser, ac eithrio canser y croen nad yw'n melanoma, 32.3% rhwng 2002 a 2022, gyda chynnydd ymhlith dynion a menywod. Mae hyn yn atgyfnerthu pwysigrwydd atal, sgrinio, diagnosis cynnar a chefnogaeth i bobl sy'n byw gyda chanser a thu hwnt.

**Tabl 5. Newid yn nifer yr achosion o ganser yn Hywel Dda, ac eithrio canser y croen nad yw'n melanoma, 2002 i 2022**

| Grŵp | | Cyfrif yn 2002 | Cyfrif yn 2022 | Cynnydd Canran | Newid rhagamcanedig mewn cyflyrau cronig hyd at 2033 (Cymru Gyfan) |
|---|---|---|---|---|---|
| Mynychder canser | Dynion | 1079 | 1444 | 33.8% | 18% |
| | Menywod | 1005 | 1314 | 30.7% | 12% |
| | Pob Person | 2084 | 2758 | 32.3% | |

Ffynhonnell: Data cofrestr canser, Offeryn adrodd canser, Uned Gwybodaeth a Gwyliadwriaeth Canser Cymru (WCISU)

Gyda'i gilydd, mae'r tablau yn dangos mai'r her yn ogystal â bod mwy o bobl yn byw'n hirach, yw bod mwy o bobl yn byw yn hirach gydag anghenion iechyd cymhleth a chronnus.

## Byw rhan fwy o fywyd mewn iechyd gwael

Gan adlewyrchu patrymau ehangach a welwyd ledled Cymru a gwledydd eraill, mae gwelliannau hanesyddol mewn disgwyliad oes wedi stopio ar ôl degawdau o gynnydd cyson, ac mae anghydraddoldebau sylweddol yn parhau. Ledled Cymru, gall dynion sy'n byw yn yr ardaloedd mwyaf difreintiedig ddisgwyl byw bron i wyth mlynedd yn llai na'r rhai yn yr ardaloedd lleiaf difreintiedig, tra bod y bwlch i fenywod ychydig yn llai na saith mlynedd. Ffynhonnell: Healthy life expectancy by national area deprivation, England and Wales - SYG.

Mae disgwyliad oes iach, y blynyddoedd o fyw mewn iechyd da, wedi dirywio. Mae hyn yn golygu bod pobl yn treulio mwy o'u bywydau mewn iechyd gwael. Mae hyn yn adlewyrchu'n rhannol y baich cynyddol a ddaw o glefydau cronig mewn poblogaeth sy'n heneiddio. Ar gyfer dynion yng Nghymru, gostyngodd disgwyliad oes iach o 61.3 mlynedd yn 2011–2013 i 59.2 mlynedd yn 2022–2024. Ar gyfer menywod, gostyngodd o 61.9 mlynedd i

58.5 mlynedd dros yr un cyfnod. Mae'r bwlch anghydraddoldeb mewn disgwyliad oes iach rhwng y cwintelau mwyaf difreintiedig a lleiaf difreintiedig yn parhau i fod yn sylweddol ar oddeutu saith mlynedd. Ffynhonnell: SYG – People, population and community – healthy life expectancy, UK. O fewn Hywel Dda, mae amrywiaeth rhwng siroedd hefyd, fel y dangosir yn y tabl isod.

**Tabl 6. Trosolwg o ddisgwyliad oes a disgwyliad oes iach ar gyfer y siroedd yn BIP Hywel Dda, 2024**

| Ardal | Gwrywod | | | Benywod | | |
|---|---|---|---|---|---|---|
| | Disgwyliad Oes | Disgwyliad Oes Iach | % disgwyliad oes mewn iechyd da | Disgwyliad Oes | Disgwyliad Oes Iach | % disgwyliad oes mewn iechyd da |
| Ceredigion | 79.7 | 63.3 | 79.4 | 83.3 | 63.2 | 75.9 |
| Sir Benfro | 78.8 | 61.6 | 78.2 | 83.1 | 61.5 | 74.0 |
| Sir Gaerfyrddin | 78.7 | 57.7 | 73.3 | 81.9 | 56.2 | 68.6 |
| BIP Hywel Dda | 79.1 | 60.1 | 76.0 | 82.4 | 59.3 | 72.0 |
| Cymru | 77.9 | 59.2 | 76.0 | 82.4 | 58.5 | 71.0 |

Ffynhonnell: Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024 - ONS
Source: Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024 - ONS

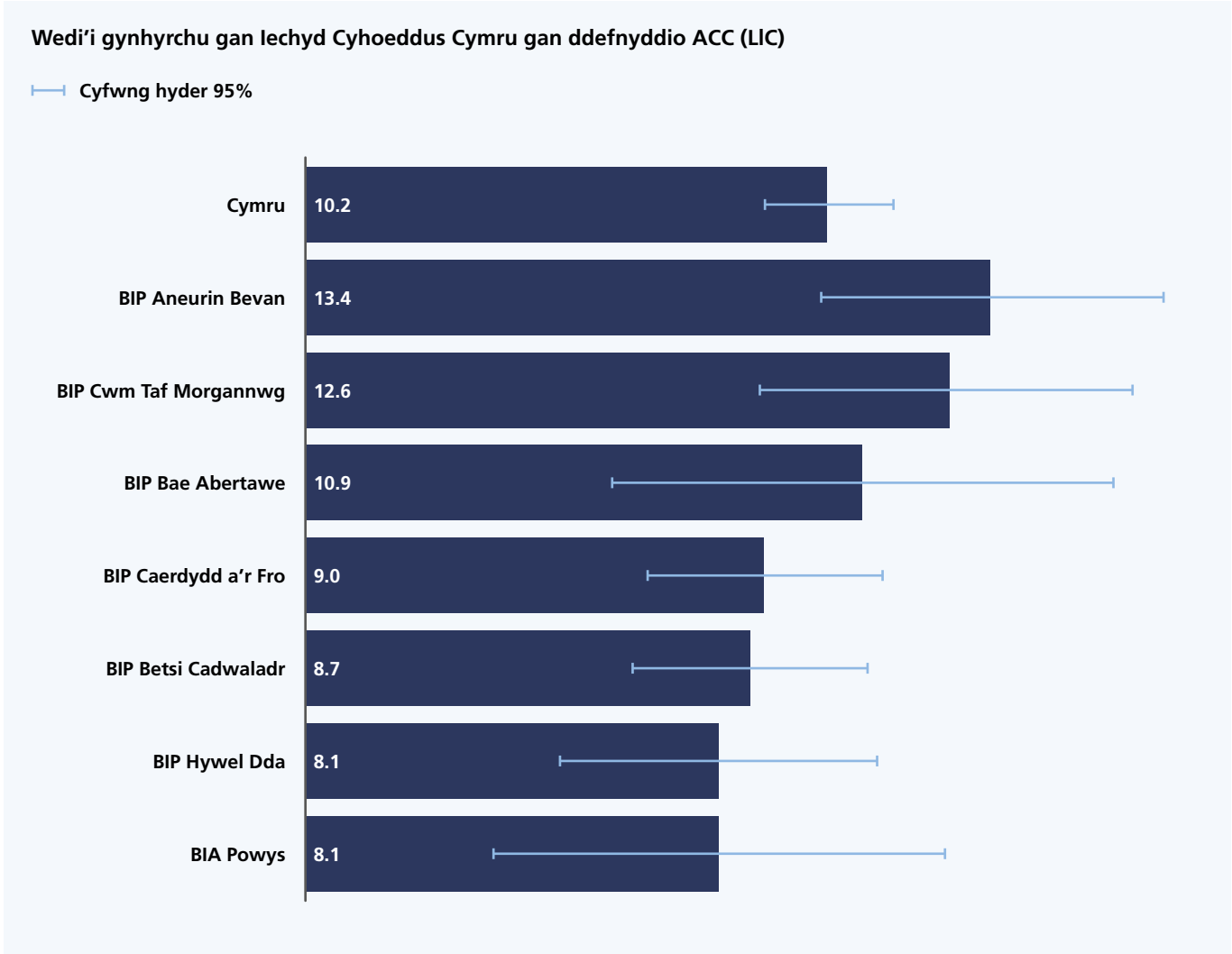
## Ffactorau risg addasadwy: proffil poblogaeth cryno

Mae smygu, diet, defnyddio alcohol a gweithgarwch corfforol yn parhau i fod yn brif ysgogwyr salwch y gellir ei atal. Mae'r adran hon yn rhoi proffil poblogaeth cryno. Mae Rhan 3 yn dychwelyd at y materion hyn yn fanylach, gan ganolbwyntio ar bwysau iach, tybaco, alcohol a niwed arall sy'n gysylltiedig â chyffuriau, a'r ymateb atal sydd ei angen yng nghefn gwlad Canolbarth a Gorllewin Cymru.

## Smygu

Mae nifer y bobl sy'n smygu yn Hywel Dda yn llai na chyfartaledd Cymru, fel y dangosir yn y siartiau isod. Mae niwed tybaco yn parhau i fod yn anghyfartal, yn enwedig i bobl sy'n profi amddifadedd a rhai grwpiau sy'n wynebu allgáu. Mae Rhan 3 yn ystyried niwed sy'n gysylltiedig â smygu a chymorth rhoi'r gorau iddi yn fanylach.

**Ffigur 1: Oedolion sy'n ysmygu, canran wedi'i safoni yn ôl oedran, pobl 16+ oed, Cymru, Bwrdd Iechyd, 2024/2025**

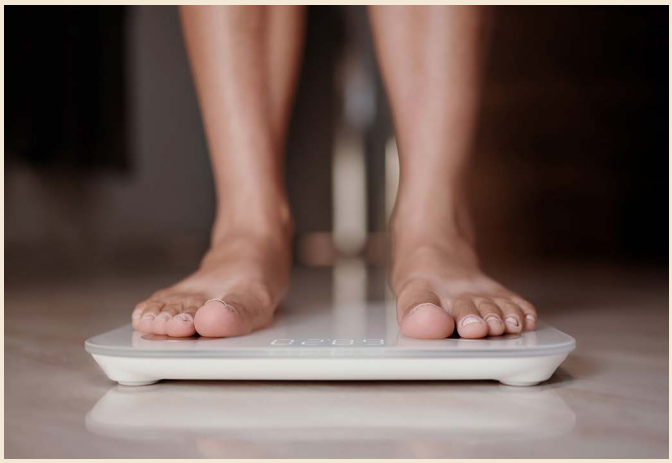



Ffynhonnell: https://icc.gig.cymru/tudalen-data/data-offeryn-adrodd-fframwaith-canlyniadau-iechyd-y-cyhoedd/

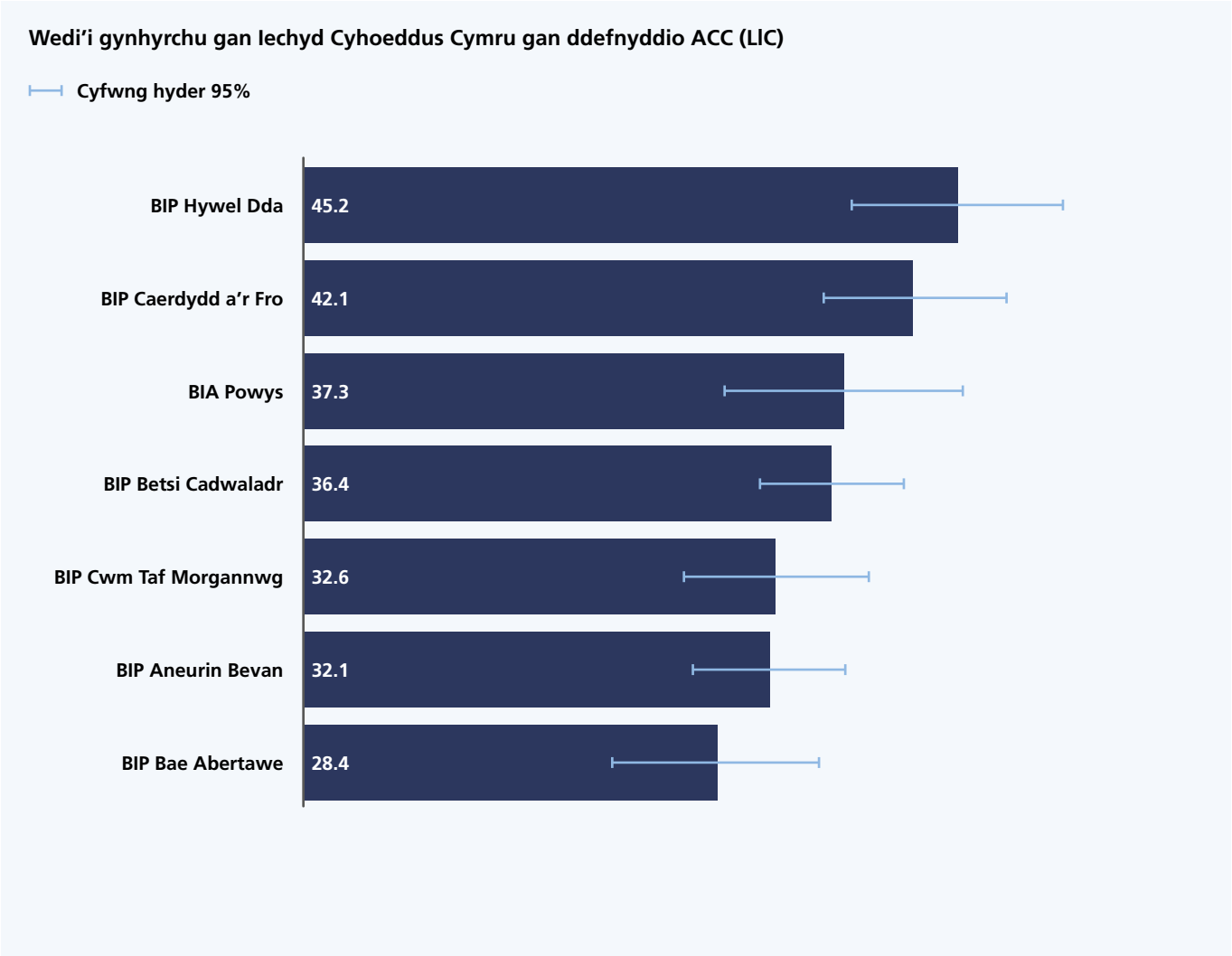
Mae ffigurau heb eu haddasu yn dangos patrwm tebyg iawn, gyda Hywel Dda yn parhau â'r ail ganran isaf o oedolion sy'n smygu yng Nghymru, sef 7.7% o'r boblogaeth.

## Maeth

Mae'r siartiau isod yn dangos bod gorbwysau a gordewdra yn parhau i fod yn heriau iechyd y boblogaeth mawr. Mae dros hanner yr oedolion dros bwysau neu'n ordew, ac mae tua 30% o blant rhwng pedair a phump oed dros bwysau neu'n ordew, o'i gymharu â 27% yn genedlaethol. Mae amrywiad lleol hefyd, gyda lefelau uwch mewn ardaloedd gan gynnwys De Ceredigion ac Aman Gwendraeth. Mae Rhan 3 yn ystyried pwysau iach yn fanylach.

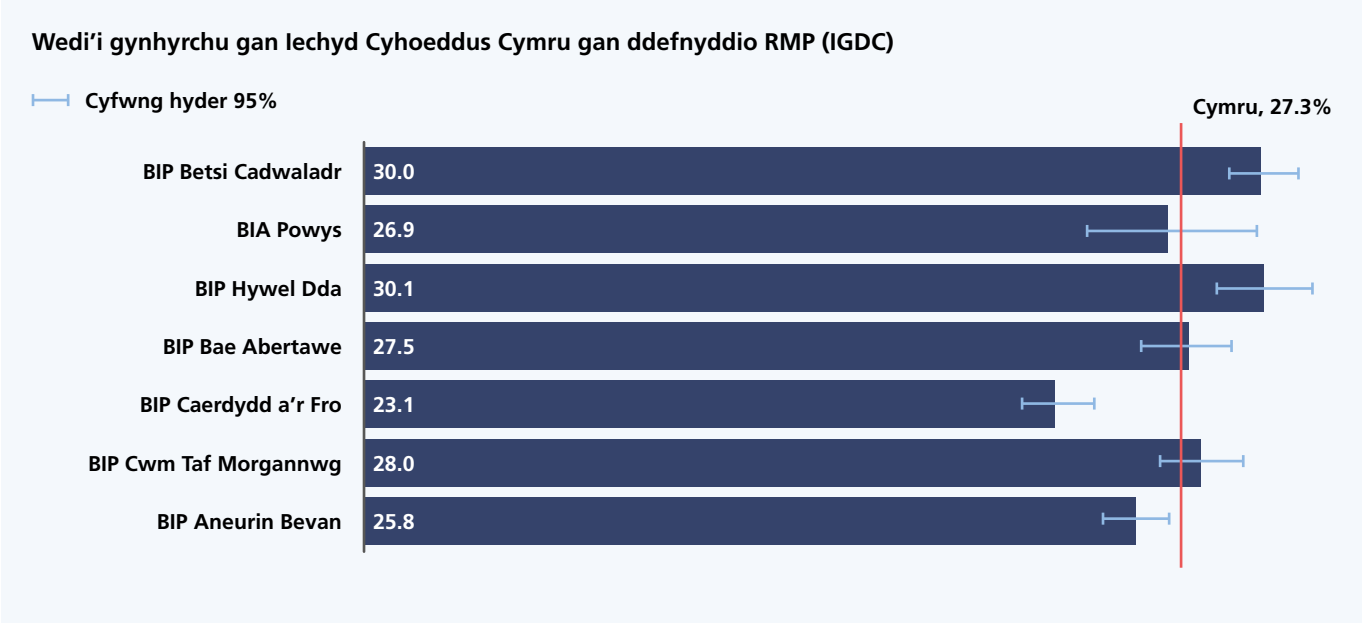


**Ffigur 2: Oedolion o oed gweithio sydd â phwysau iach, cyfartaledd penodol i oedran, pobl 16-64 oed, Bwrdd Iechyd, 2024/2025**



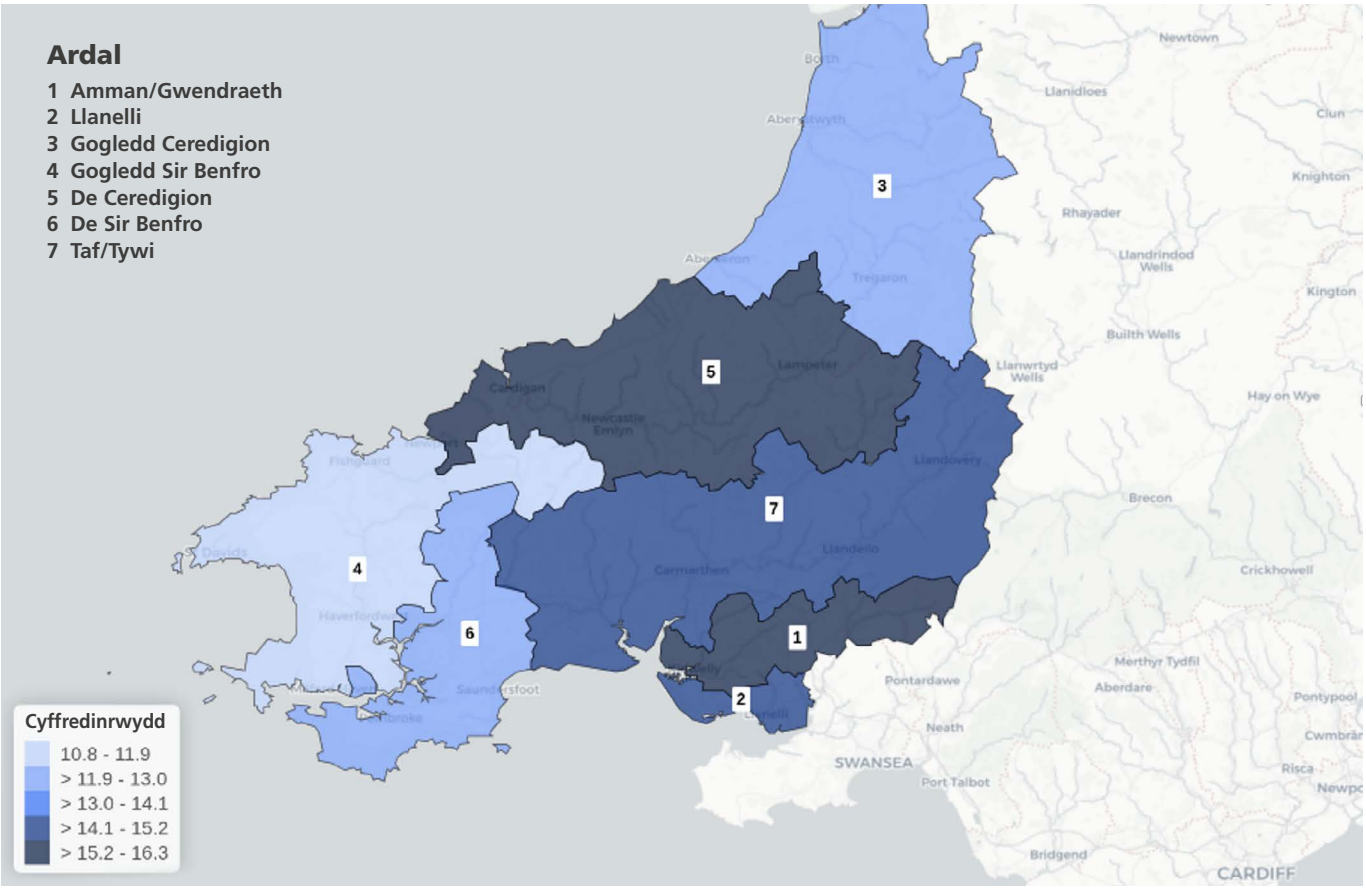

Ffynhonnell: https://icc.gig.cymru/tudalen-data/data-offeryn-adrodd-fframwaith-canlyniadau-iechyd-y-cyhoedd/

## Ffigur 3: Cyffredinrwydd y plant 4 i 5 oed dros bwysau neu'n ordew, Bwrdd Iechyd, 2024/25




Ffynhonnell: https://icc.gig.cymru/tudalen-data/dangosfwrdd-rhaglen-mesur-plant/

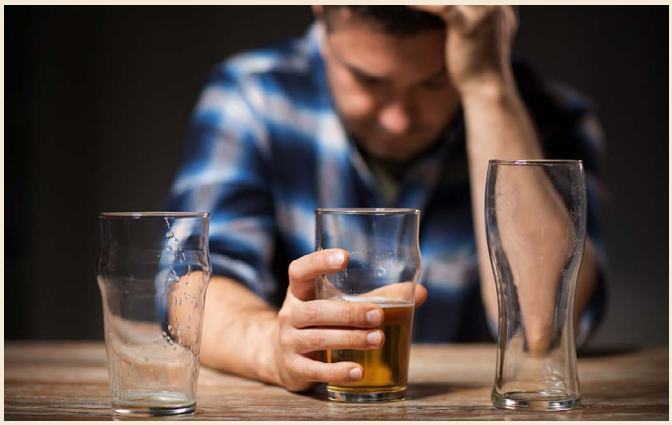
## Map 6: Cyffredinrwydd y plant 4 i 5 sydd yn ordew, BIP Hywel Dda, Clwstwr Gofal Sylfaenol, 2024/25



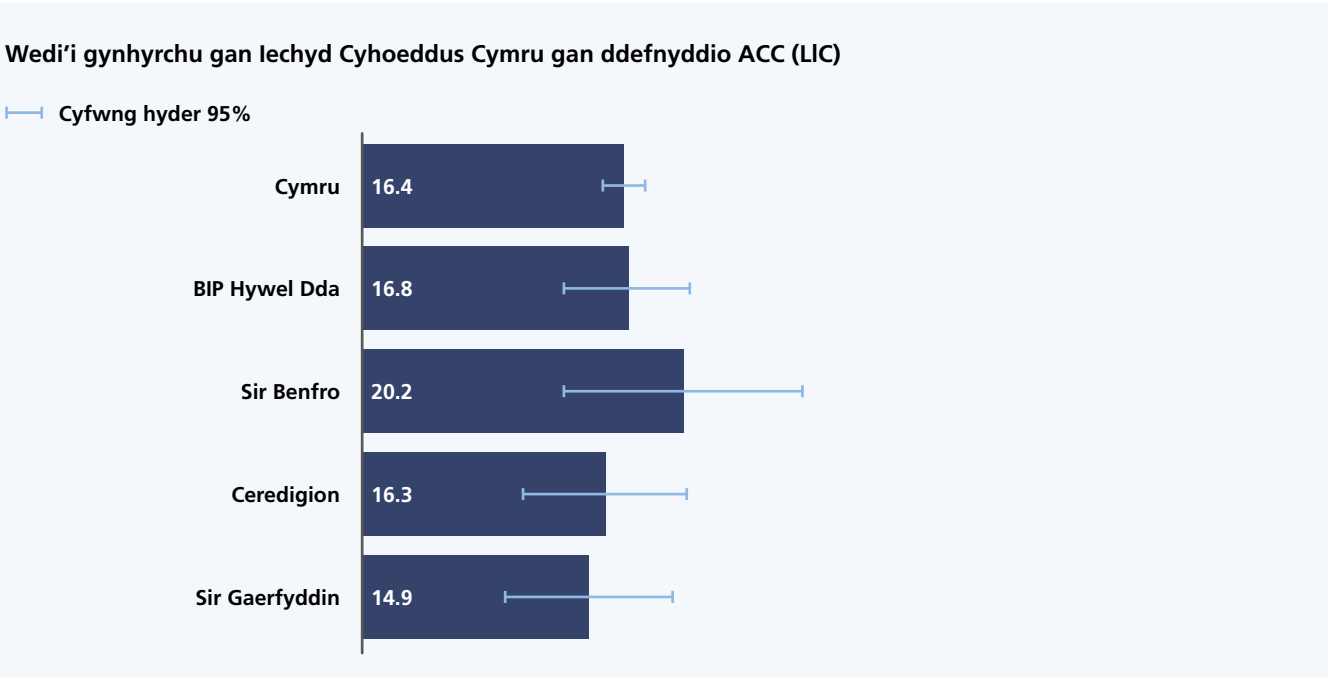

Ffynhonnell: Rhaglen Mesur Plant Cymru, Iechyd Cyhoeddus Cymru

## Alcohol

Mae'r siart isod yn dangos bod tua 17% o oedolion yn Hywel Dda yn yfed mwy na'r canllawiau wythnosol a argymhellir, ychydig yn uwch na chyfartaledd Cymru, gyda Sir Benfro yn dangos y lefel uchaf yn y rhanbarth. Mae Rhan 3 yn ystyried niwed sy'n gysylltiedig ag alcohol, mynediad gwledig ac ymateb gwasanaethau yn fanylach.



**Ffigur 4: Oedolion sy'n yfed mwy na'r canllawiau, canran safonedig oedran, personau 16+, Cymru, Byrddau Iechyd dethol, awdurdodau lleol, 2022/2023 (ICC, 2025)**

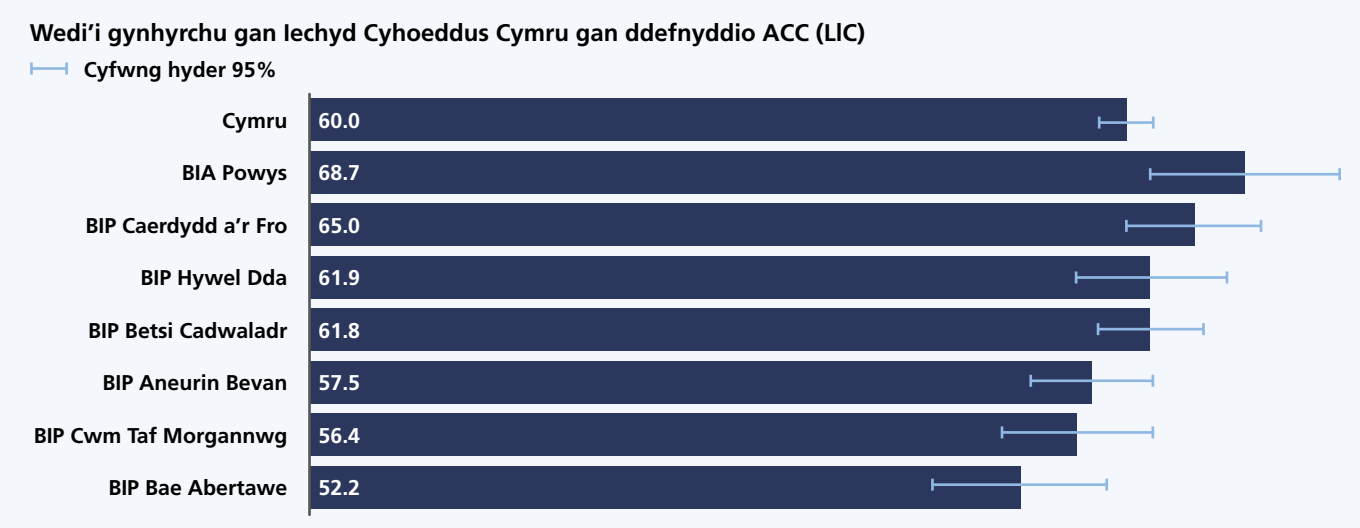



Ffynhonnell: https://icc.gig.cymru/tudalen-data/data-offeryn-adrodd-fframwaith-canlyniadau-iechyd-y-cyhoedd/

## Gweithgarwch corfforol

Mae'r tabl isod yn dangos bod tua dwy ran o dair (61.9%) o oedolion yn Hywel Dda yn bodloni'r canllawiau gweithgarwch corfforol, o leiaf 150 munud o weithgarwch cymedrol i egnïol bob wythnos, ychydig yn uwch na chyfartaledd Cymru. Mae canllawiau wedi'u diweddaru yn 2026 yn atgyfnerthu'r neges, er bod cyrraedd y lefel hon yn darparu manteision iechyd pwysig, gall unrhyw gynnydd mewn symud wella iechyd a llesiant. Mae symud o fod yn anweithgar i wneud rhywfaint o weithgaredd felly yn gam ystyrlon a buddiol.

## Ffigur 5: Oedolion sy'n bodloni canllawiau gweithgarwch corfforol, canran wedi'i safoni yn ôl oedran, pobl 16+ oed, Cymru, Bwrdd Iechyd, 2024/2025



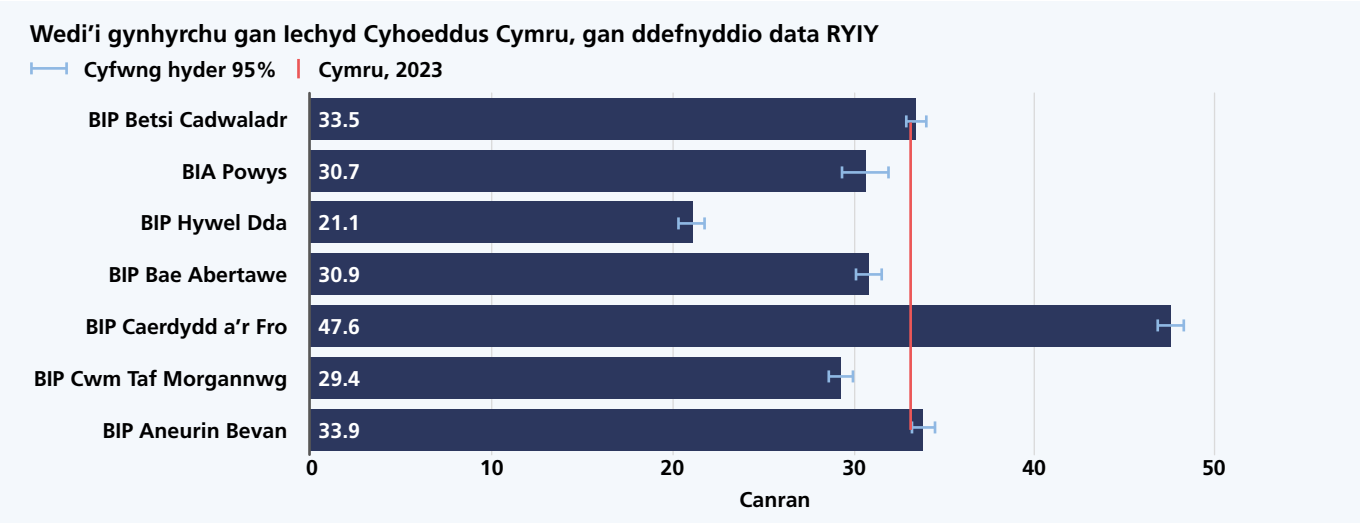

Ffynhonnell: https://icc.gig.cymru/tudalen-data/data-offeryn-adrodd-fframwaith-canlyniadau-iechyd-y-cyhoedd/

Mae Canolbarth a Gorllewin Cymru wledig yn cyflwyno rhwystrau arbennig i adeiladu gweithgarwch corfforol i fywyd bob dydd. Gall pellteroedd hir, dibyniaeth ar geir, trafnidiaeth gyhoeddus gyfyngedig a llai o lwybrau cerdded a beicio diogel leihau teithio llesol, yn enwedig i blant, pobl hŷn a'r rhai ar incwm is. Mae gan Gymru wledig fynediad uchel at gerbydau, gyda 94% o bobl â mynediad at gerbyd o'i gymharu ag 85% mewn ardaloedd trefol, er bod mynediad yn is ymhlith pobl hŷn a'r rhai sy'n byw mewn amgylchiadau mwy difreintiedig. Ffynhonnell: Trafnidiaeth (Arolwg Cenedlaethol Cymru): Ebrill 2022 i Fawrth 2023 | LLYW. CYMRU.

Amcangyfrifir bod rhwng 30% a 50% o aelwydydd yn rhanbarth Hywel Dda mewn tlodi trafnidiaeth, a ddiffinnir fel angen gwario o leiaf 10% o'r incwm ar redeg car. Ffynhonnell: Making the Connection - Sustrans.

Dim ond tua un o bob pump o bobl ifanc 11 i 16 oed yn Hywel Dda sy'n cael y 60 munud o weithgaredd a argymhellir bob dydd. Mae'r siart isod yn dangos bod plant yn Hywel Dda yn llai tebygol o gerdded neu feicio i'r ysgol na phlant mewn unrhyw ardal bwrdd iechyd arall yng Nghymru, gan adlewyrchu pellter, ffyrdd gwledig a diffyg llwybrau diogel.

## Ffigur 6: Teithio egnïol a adroddwyd (cerdded neu feicio) mewn taith i'r ysgol, canran, pobl 11-16 oed, sawl bwrdd iechyd, Cymru, 2023




Ffynhonnell: https://icc.gig.cymru/tudalen-data/data-dangosfwrdd-iechyd-a-lles-plant-ysgolion-uwchradd/

# 3. Atal mewn system wledig

## Pam mae angen i atal gwledig weithio'n wahanol

Mae'r proffil yn Rhan 1 yn dangos pam mae'n rhaid cynllunio atal yn ein hardal o amgylch realiti lleol. Mae pellter, trafnidiaeth, mynediad digidol, pwysau'r gweithlu a chymunedau gwasgaredig yn golygu na all atal ddibynnu ar fodelau canolog neu glinigol yn unig.

## Adeiladu ar asedau lleol a rhwydweithiau dibynadwy

Mae angen i atal gwledig effeithiol ddefnyddio asedau lleol yn ogystal â gwasanaethau ffurfiol. Gall sefydliadau cymunedol dibynadwy, gwirfoddolwyr, hyrwyddwyr lleol, ysgolion a lleoliadau cymunedol helpu i gyrraedd pobl a allai gael eu colli fel arall.

## Partneriaeth a mynediad yn agos at gartref

Mae hyn yn golygu dod ag atal yn nes at gartref trwy allgymorth, cymorth cymunedol, modelau hybrid a phartneriaeth gryfach rhwng y GIG, llywodraeth leol, gofal cymdeithasol, iechyd cyhoeddus, y trydydd sector a chymunedau. Mae Rhannau 2 a 3 yn archwilio'r penderfynyddion ehangach hyn a'r heriau llesiant sy'n flaenoriaeth yn fwy manwl.

# Rhan 2

# Penderfynyddion ehangach iechyd gwledig

| Amodau economaidd-gymdeithasol, diwylliannol ac amgylcheddol cyffredinol | Amodau byw a gweithio | Rhwydweithiau cymdeithasol a chymunedol | Ffactorau ffordd o fyw unigol | Oedran, rhyw a ffactorau etifeddol |
|---|---|---|---|---|
| Allgáu digidol | Cyfleoedd cyfyngedig ar gyfer hyfforddiant ac addysg | Allgáu cymdeithasol | Camddefnyddio alcohol | |
| Diffyg trafnidiaeth | Tai oerach | Pobl a gwasanaethau sydd wedi'u gwasgaru'n fwy daearyddol | Stoiciaeth | |
| Amddifadedd | Tlodi tanwydd | Tafarndai a gwasanaethau allweddol yn cau | | |
| Tai hŷn a llai effeithlon o ran ynni | Diweithdra a thangyflogaeth | Ynysu | | |
| Marchnad rhentu fach | Gwaith llaw | | | |
| Prisiau tai yn ddrytach | Gwaith tymhorol | | | |
| Newid hinsawdd/llifogydd | Oriau gwaith hir | | | |
| Cyllido gwasanaethau gofal cymdeithasol | Straen | | | |
| Gwasanaethau'r GIG yn costio mwy i'w darparu | Llai o fynediad at wasanaethau'r GIG | | | |
| Cyllido Ymddiriedolaethau GIG gwledig | | | | |
| Adnoddau ar gyfer gwasanaethau'r GIG | | | | |

Ffynhonnell: Addaswyd o: Whitehead, M. and Dahlgren, G. (1991)

# 1. Newid yn yr hinsawdd, amgylcheddau gwledig ac iechyd y boblogaeth

## Negeseuon allweddol

- Mae newid yn yr hinsawdd eisoes yn effeithio ar iechyd yng nghefn gwlad Gorllewin Cymru drwy wres, oerfel, llifogydd, newid arfordirol ac aflonyddu ar ffyrdd, gwasanaethau, cartrefi a systemau bwyd
- Gallai'r effaith fod yn fwy ar gymunedau gwledig oherwydd bod pobl yn byw ymhellach oddi wrth ei gilydd, mae tai yn aml yn hŷn, mae opsiynau trafnidiaeth yn gyfyngedig ac mae seilwaith lleol yn fwy bregus
- Mae cartrefi oer, tlodi tanwydd a risg cynyddol o wres yn broblemau iechyd y gellir eu hosgoi, yn enwedig i bobl hŷn a'r rhai sydd â chyflyrau hirdymor
- Gall ansicrwydd bwyd gael ei guddio mewn ardaloedd gwledig ac mae'n cael ei siapio gan fforddiadwyedd, trafnidiaeth, opsiynau siopa a mynediad digidol, nid yn unig gan a yw bwyd yn cael ei gynhyrchu'n lleol
- Mae addasu i'r hinsawdd yn flaenoriaeth iechyd cyhoeddus ac mae'n cynnig cyfleoedd i wella iechyd, lleihau anghydraddoldebau a chryfhau gwytnwch cymunedol

## Newid yn yr hinsawdd fel penderfynydd iechyd gwledig

Mae newid yn yr hinsawdd eisoes yn llunio'r amodau sy'n effeithio ar iechyd yn ardal Hywel Dda. Mae Strategaeth Addasu i'r Hinsawdd Llywodraeth Cymru yn tynnu sylw at risgiau cynyddol o lifogydd, stormydd, gwres, newid arfordirol a phwysau ar seilwaith, systemau bwyd a llesiant.

Mae'r risgiau hyn yn bwysig i Hywel Dda oherwydd bod llawer o gymunedau wedi'u gwasgaru, pellteroedd teithio yn hir a'r boblogaeth yn hŷn na Chymru gyfan. Gall tarfu ar ffyrdd, pŵer, dŵr, systemau digidol neu gadwyni cyflenwi effeithio'n gyflym ar fynediad at ofal, meddyginiaethau, cymorth cartref a gwasanaethau hanfodol. Mae tystiolaeth genedlaethol hefyd yn dangos bod systemau seilwaith wedi'u cysylltu, felly gall problemau mewn un system effeithio ar eraill. Ffynhonnell: Strategaeth Addasu i'r Hinsawdd ar gyfer Cymru 2024 - Llywodraeth Cymru.

Mae newid yn yr hinsawdd yn effeithio ar iechyd yn uniongyrchol trwy wres, oerfel, anafiadau ac amlygiad amgylcheddol. Mae hefyd yn effeithio ar iechyd yn anuniongyrchol trwy dai, bwyd, trafnidiaeth, cyflogaeth, gwytnwch cymunedol a mynediad at wasanaethau. Mae tystiolaeth y DU a Chymru yn cysylltu newid yn yr hinsawdd ag effeithiau iechyd meddwl ar ôl llifogydd, ansawdd aer gwael, risgiau newid i glefydau heintus ac aflonyddu ar y systemau y mae pobl yn dibynnu arnynt. Ffynhonnell: Health Effects of Climate Change (HECC) report - GOV.UK; Newid Hinsawdd yng Nghymru: Asesiad o'r Effaith ar Iechyd - Canolfan Gydweithredol Sefydliad Iechyd y Byd ar Fuddsoddi ar gyfer Iechyd a Llesiant.

## Llwybrau risg hinsawdd yng nghefn gwlad Canolbarth a Gorllewin Cymru

- Gall **gwres eithafol** gynyddu'r risg o salwch i bobl hŷn a phobl â chyflyrau hirdymor. Gall staff a chleifion mewn adeiladau fod yn dueddol o orboethi
- Gall **llifogydd a stormydd** darfu ar ffyrdd, apwyntiadau, meddyginiaethau, cyfleustodau, gofal cartref a mynediad at wasanaethau brys
- Gall **tarfu pŵer, dŵr a digidol** gael mwy o ganlyniadau mewn system wledig gwasgaredig lle gall pobl ddibynnu ar ofal o bell, offer meddygol, trafnidiaeth a chymorth anffurfiol
- Gall **risgiau hinsawdd ehangu anghydraddoldebau** lle mae gan bobl dai tlotach, incwm is, trafnidiaeth gyfyngedig, mynediad digidol gwael neu lai o allu i addasu
- **Addasu yw atal:** gall ystadau sector cyhoeddus gwydn, cymunedau cryf, llwybrau diogel, gwasanaethau sy'n ymwybodol o'r hinsawdd a chymorth wedi'i dargedu i'r rhai sydd fwyaf mewn perygl leihau niwed y gellir ei osgoi a diogelu parhad gwasanaethau

## Diogelu Iechyd Gwledig: Dŵr, Heintiau a Chymunedau Gwledig

Mae diogelu iechyd yn elfen graidd o iechyd y boblogaeth, gan helpu i atal salwch, lleihau niwed a chryfhau gwytnwch cymunedol. Yn Hywel Dda, mae ein daearyddiaeth wledig yn creu ystyriaethau diogelu iechyd unigryw sy'n gofyn am weithredu cydgysylltiedig ar draws y system iechyd a gofal.

Mae gan lawer o gymunedau ar draws rhanbarth Hywel Dda gysylltiadau agos â'r amgylchedd naturiol, amaethyddiaeth a thwristiaeth. Mae rhai aelwydydd a busnesau hefyd yn dibynnu ar gyflenwadau dŵr preifat o ffynhonnau, tyllau turio a tharddellau yn hytrach na chyflenwadau dŵr cyhoeddus. Er y manteision iechyd a llesiant di-ri o fyw yn wledig, gall hefyd greu llwybrau penodol o ddod i gysylltiad â pheryglon heintus, amgylcheddol a milheintiol sy'n gofyn am wyliadwriaeth, atal ac ymateb parhaus.

Mae heintiau fel cryptosporidium a campylobacter yn dangos pwysigrwydd y dull hwn. Gall yr heintiau hyn fod yn gysylltiedig ag ystod o amlygiad, gan gynnwys bwyd neu ddŵr halogedig, cyswllt â da byw, halogiad amgylcheddol, a throsglwyddo o berson i berson. Felly, mae amddiffyn iechyd yn gofyn am ddull system gyfan sy'n cyfuno ymwybyddiaeth y cyhoedd, monitro amgylcheddol, arferion bwyd a dŵr diogel, gwyliadwriaeth heintiau, ymchwilio i achosion ac ymateb aml-asiantaeth effeithiol.

Mae ansawdd a diogelwch cyflenwadau dŵr preifat yn parhau i fod yn ystyriaeth bwysig mewn ardaloedd gwledig. Gall cyflenwadau preifat fod yn fwy agored i halogiad microbiolegol na systemau dŵr cyhoeddus rheoledig, yn enwedig yn dilyn cyfnodau o law trwm, dŵr ffo amaethyddol, triniaeth annigonol, llifogydd neu gynnal a chadw gwael. Mae sicrhau cyflenwadau dŵr preifat diogel yn dibynnu ar weithio mewn partneriaeth rhwng awdurdodau lleol, timau iechyd yr amgylchedd, rheoleiddwyr dŵr, Iechyd Cyhoeddus Cymru, cymunedau a pherchnogion cyflenwadau.

Mae data gwyliadwriaeth diweddar gan Iechyd Cyhoeddus Cymru yn dangos pwysigrwydd gwyliadwriaeth barhaus. Roedd hysbysiadau o cryptosporidiosis a haint campylobacter yn ardal Hywel Dda yn ystod 2026 yn uwch na'r

cyfartaledd hanesyddol diweddar. Er nad yw tueddiadau gwyliadwriaeth o reidrwydd yn nodi achosion nac yn nodi achosion penodol, maent yn darparu gwybodaeth werthfawr i gefnogi asesu risg, gweithgarwch atal wedi'i dargedu ac ymchwiliad amserol lle bo angen.

Mae diogelu iechyd yn ymestyn ymhell y tu hwnt i reoli achosion unigol. Mae'n cynnwys atal heintiau sy'n gysylltiedig â gofal iechyd, lleihau heintiau a gafwyd yn y gymuned, gwella cyfraddau brechu, cryfhau stiwardiaeth gwrthficrobaidd, paratoi ar gyfer digwyddiadau amgylcheddol, ac adeiladu gwytnwch i fygythiadau sy'n dod i'r amlwg gan gynnwys y rhai sy'n gysylltiedig â newid yn yr hinsawdd. Yn gynyddol, mae llawer o'r heriau hyn yn codi ar y rhyngwyneb rhwng iechyd amgylcheddol, anifeiliaid a phobl, gan atgyfnerthu pwysigrwydd ymagwedd Un Iechyd.

Gan gydnabod y risgiau rhyng-gysylltiedig hyn, mae Grŵp Goruchwylio Strategol Diogelu Iechyd Hywel Dda yn darparu arweinyddiaeth system a goruchwylio blaenoriaethau diogelu iechyd ledled y rhanbarth. Gan weithio ochr yn ochr ag Iechyd Cyhoeddus Cymru, awdurdodau lleol, gwasanaethau iechyd yr amgylchedd, Cyfoeth Naturiol Cymru, Llywodraeth Cymru, partneriaid cynllunio argyfwng a darparwyr gofal iechyd, mae'r Grŵp yn cefnogi dull cydgysylltiedig o atal, parodrwydd, ymateb ac adferiad. Mae'r bartneriaeth hon yn galluogi sefydliadau i rannu deallusrwydd, nodi risgiau sy'n dod i'r amlwg a chryfhau gweithredu ar y cyd i ddiogelu iechyd ein poblogaeth.

Wrth i bwysau newid yn yr hinsawdd, ymwrthedd gwrthficrobaidd, heintiau sy'n dod i'r amlwg a pheryglon amgylcheddol barhau i ddatblygu, bydd amddiffyniad iechyd effeithiol yn dibynnu fwyfwy ar gydweithredu ar draws ffiniau sefydliadol. Trwy gryfhau gwyliadwriaeth, atal a gweithio mewn partneriaeth, gallwn leihau niwed y gellir ei osgoi, amddiffyn poblogaethau agored i niwed a chreu cymunedau iachach, mwy diogel a mwy gwydn ar gyfer cenedlaethau'r presennol a'r dyfodol.

## Oerfel, gwres a thai

Mae risg hinsawdd yng Nghymru yn cynnwys oerfel a gwres. Mae cartrefi oer yn parhau i fod yn brif achos salwch, yn enwedig i bobl hŷn a phobl â chyflyrau'r galon neu'r ysgyfaint. Gall tlodi tanwydd, inswleiddio gwael a dibyniaeth ar wresogi oddi ar y grid gynyddu'r risgiau hyn mewn ardaloedd gwledig. Ffynhonnell: Winter mortality - POST.

Mae tymheredd cynyddol hefyd yn cynyddu'r risg o orboethi mewn cartrefi, lleoliadau gofal ac adeiladau cyhoeddus. Mae hyn yn bryder arbennig i bobl hŷn, pobl â chyflyrau hirdymor a phobl sy'n treulio cyfnodau hir dan do.

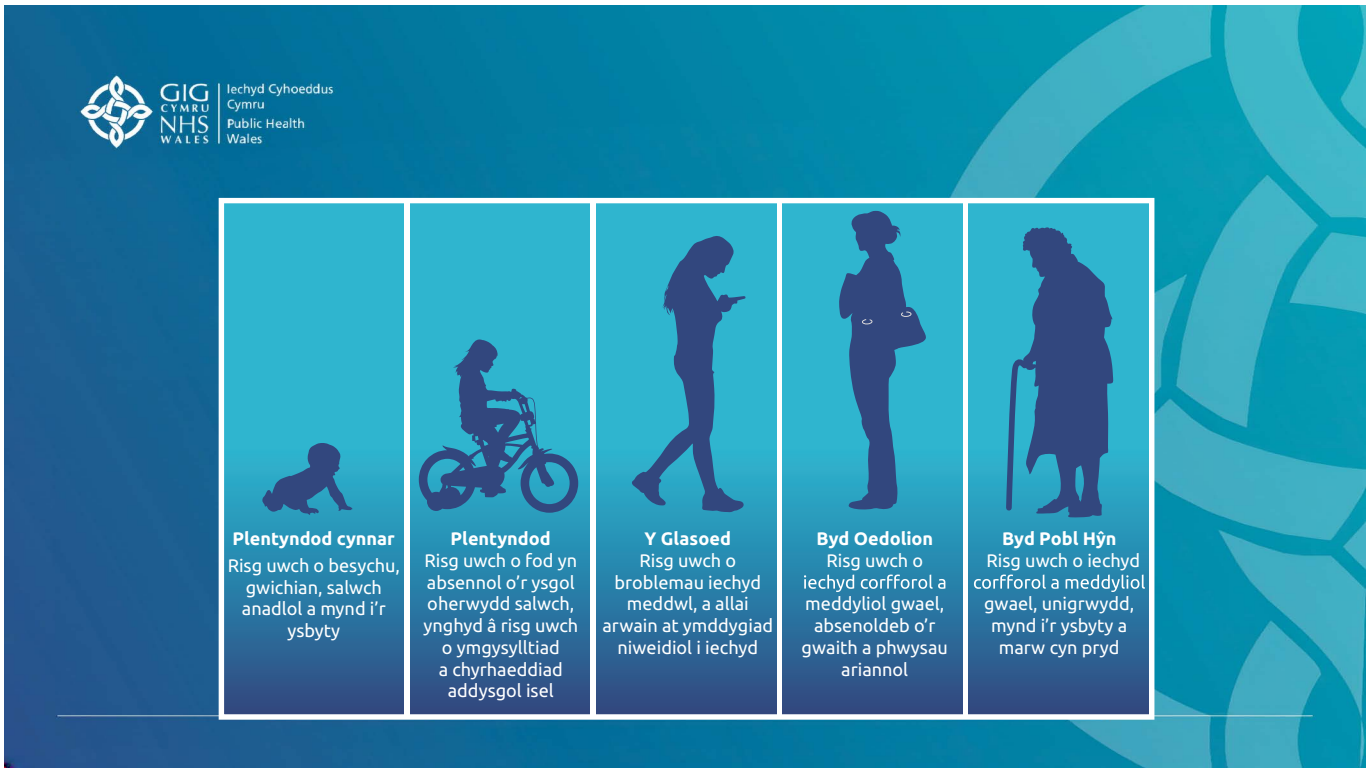
Mae tai da felly yn fater atal. Gall cartrefi cynhesach, mwy diogel a mwy ynni-effeithlon leihau tlodi tanwydd, gwella iechyd a chefnogi datgarboneiddio.

### Cartrefi oer

Mae cysylltiad clir rhwng cartrefi oer a marwolaethau gormodol yn y gaeaf yng Nghymru. Mae tymheredd dan do o dan dan 18°C yn gysylltiedig ag ystod o ganlyniadau niweidiol ar iechyd, yn enwedig i bobl hŷn a'r rhai sydd â chyflyrau hirdymor (Janssen H, Ford K, Gascoyne B, Hill R, Roberts M, Bellis MA, Azam S. Ffynhonnell: Cold indoor temperatures and their association with health and well-being: a systematic literature review - Public Health.

Mae cartrefi oer yn cyfrannu at salwch anadlol, gwaethygu cyflyrau cronig, mwy o wendid a derbyniadau i'r ysbyty y gellir eu hosgoi. Mewn ardaloedd gwledig, gall dibyniaeth ar wresogi oddi ar y grid a chostau ynni uwch gynyddu amlygiad i'r risgiau hyn.

Felly, mae mynd i'r afael â chartrefi oer yn gyfle atal, gan wella canlyniadau iechyd tra'n lleihau pwysau'r gaeaf ar wasanaethau iechyd a gofal.




Ffynhonnell: Janssen H, Gascoyne B, Ford K, Hill R, Roberts M ac Azam S (2022) Cartrefi oer a'u cysylltiad ag iechyd a llesiant: adolygiad llenyddiaeth systematig. Wrecsam: Ymddiriedolaeth GIG Iechyd Cyhoeddus Cymru

## Systemau bwyd, mynediad a gwytnwch

Mae bwyd yn cysylltu hinsawdd, economïau gwledig ac iechyd. Mae ein hardal yn cynhyrchu bwyd, ond nid yw hyn yn golygu y gall pawb gael mynediad at fwyd iach a fforddiadwy. Mae tystiolaeth o Gymru yn dangos bod gan rai ardaloedd gwledig fynediad gwael at fanwerthwyr bwyd, cysylltiadau trafnidiaeth gwannach a mynediad ar-lein mwy cyfyngedig. Ffynhonnell: Which? highlights neighbourhoods in Wales most at risk of food insecurity - Consumer Data Research Centre.

Ar gyfer cartrefi, mae diogelwch bwyd yn dibynnu ar arian, trafnidiaeth, siopau lleol a'r gallu i archebu neu gasglu bwyd. Mewn ardaloedd gwledig, gall y rhwystrau hyn gyfuno a gwneud ansicrwydd bwyd yn llai gweladwy. Efallai y bydd pobl hŷn, aelwydydd incwm isel, gofalwyr a phobl heb drafnidiaeth na mynediad digidol yn cael eu heffeithio'n arbennig. Ffynhonnell: United Kingdom Food Security Report 2024: Theme 4: Food Security at Household Level - DEFRA.

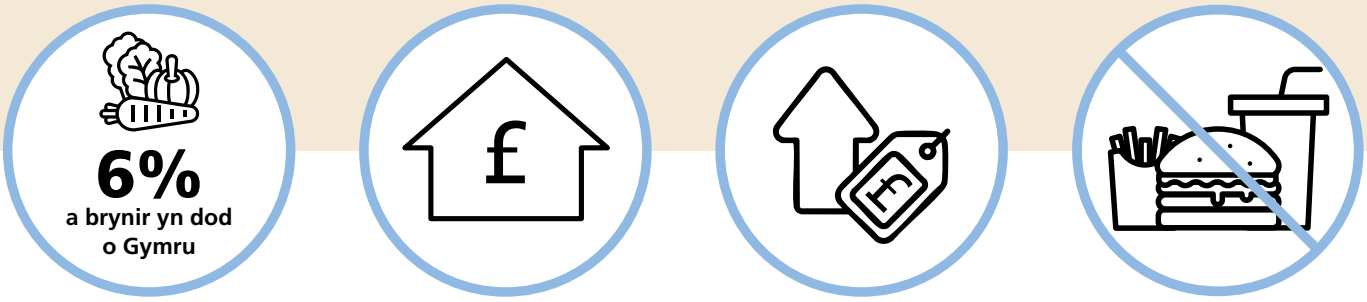
Ar draws rhanbarth Hywel Dda, mae tua 70% o'r Ardaloedd Uwch-Allbwn Is yn perthyn i'r ddau gategori mwyaf difreintiedig ar gyfer anialwch bwyd, ac mae dros hanner yn y deg mwyaf difreintiedig. Mae'r rhanbarth hefyd yn cynnwys saith o'r 10 ardal sydd wedi'u rhestru waethaf o ran mynediad at fwyd ledled Cymru a Lloegr. Ffynhonnell: New Data: The e-food deserts index - Consumer Data Research Centre.

Er bod Cymru yn gynhyrchydd bwyd mawr, mae'r cynhyrchiad yn canolbwyntio'n bennaf ar gig, llaeth a grawnfwydydd. Dim ond tua 1% o'r tir sy'n cael ei ddefnyddio ar gyfer tyfu ffrwythau a llysiau, a dim ond tua 6% o'r ffrwythau a'r llysiau a brynir gan y sector cyhoeddus sy'n dod o Gymru. Mae hyn yn golygu nad yw cynhyrchu lleol yn cyfieithu'n awtomatig i amgylcheddau bwyd lleol iachach. Ffynhonnell: Welsh Public Sector Food Procurement – Update on Spending and Welsh purchasing August 2022 - Brookdale Consulting.

Mae costau byw cynyddol yn ychwanegu pwysau pellach. Mae tystiolaeth yn dangos "premiwm gwledig", lle mae aelwydydd mewn ardaloedd gwledig yn wynebu costau bob dydd uwch na'r rhai mewn ardaloedd trefol, gyda rhai amcangyfrifon yn awgrymu y gallai costau fod tua 10-20% yn uwch. Ffynhonnell: The Rural Premium: exploring the impact of the cost-of-living crisis in rural areas - APPG.

Gall systemau bwyd lleol helpu. Mae Strategaeth Bwyd Cymunedol Llywodraeth Cymru yn tynnu sylw at rôl bwyd lleol wrth wella iechyd, cefnogi economïau lleol a chryfhau cymunedau. Gall Partneriaethau Bwyd Lleol gysylltu cynhyrchwyr, cymunedau a gwasanaethau i wella mynediad at fwyd iach, mynd i'r afael â thlodi bwyd a chefnogi gwytnwch. Ffynhonnell: Wales Community Food Strategy - Food & Drink Wales.

Gall cryfhau cynhyrchu lleol, cadwyni cyflenwi a phrosiectau bwyd cymunedol wella mynediad at fwyd iach, cefnogi swyddi lleol a lleihau bregusrwydd i siociau ehangach yn y system. Mae tystiolaeth genedlaethol hefyd yn tynnu sylw at yr angen i wella gwytnwch system fwyd mewn ymateb i bwysau hinsawdd ac economaidd. Ffynhonnell: Status of Local Food Partnerships in 2025 - Food Sense Wales.




## Anghydraddoldebau, mynediad a bregusrwydd gwledig

Ni fydd newid yn yr hinsawdd yn effeithio ar bawb yn gyfartal. Mae polisi Cymru yn cydnabod addasu i'r hinsawdd fel mater o degwch oherwydd bod gan bobl ar incwm is, pobl hŷn a phobl â chyflyrau iechyd, lai o allu i amddiffyn eu hunain neu wella.

Mewn cymunedau gwledig, gall aflonyddwch sy'n gysylltiedig â'r hinsawdd wneud problemau mynediad presennol yn waeth. Gall llifogydd, stormydd neu darfu ar drafnidiaeth ynysu pobl a'i gwneud hi'n anoddach cyrraedd gofal, gwaith, siopau a chymorth cymdeithasol. Ffynhonnell: Spotlight on rural health and social care in Wales - Llais.

Heb weithredu wedi'i dargedu, gallai newid yn yr hinsawdd ehangu anghydraddoldebau presennol.

## Addasu i'r hinsawdd fel blaenoriaeth iechyd cyhoeddus

Mae addasu i'r hinsawdd yn flaenoriaeth iechyd cyhoeddus. Nid yw'n ymwneud ag ymateb brys yn unig; mae'n ymwneud â lleihau niwed y gellir ei osgoi, diogelu gwasanaethau a chynllunio nawr ar gyfer risgiau sydd eisoes yn cynyddu.

Mae llawer o gamau gweithredu yn dod â manteision ehangach. Gall tai gwell, cartrefi cynhesach, trafnidiaeth wydn, llwybrau mwy diogel a systemau bwyd cryfach wella iechyd, lleihau anghydraddoldebau a chefnogi cynaliadwyedd.

Y brif her yw cyflawni. Mae tystiolaeth genedlaethol yn dangos bod cynlluniau addasu yn datblygu, ond mae angen canolbwyntio parhaus ar weithredu a monitro. Ffynhonnell: Adapting to climate change - Progress in Wales - Climate Change Committee.

## Goblygiadau i Ganolbarth a Gorllewin Cymru wledig

Yn Sir Gaerfyrddin, Ceredigion a Sir Benfro, mae newid yn yr hinsawdd yn atgyfnerthu pwysigrwydd ymagwedd system gyfan at iechyd poblogaethau. Mae hyn yn cynnwys:

- ymgorffori risg hinsawdd mewn cynllunio gwasanaethau, llwybrau ac ystadau
- mynd i'r afael ag ansawdd tai, fforddiadwyedd ynni a thlodi tanwydd
- cryfhau systemau bwyd lleol a gwella mynediad at fwyd iach
- gwella gwytnwch trafnidiaeth a mynediad at wasanaethau
- cefnogi gwytnwch cymunedol a rhwydweithiau lleol
- targedu cymorth tuag at y rhai sydd fwyaf mewn perygl o anghydraddoldeb ac allgáu

Mae newid yn yr hinsawdd yn cyflwyno risgiau sylweddol, ond hefyd cyfleoedd i ail-lunio systemau o amgylch atal, tegwch a chynaliadwyedd.

# 2. Cymunedau, cysylltedd ac atal a arweinir gan y gymuned

## Negeseuon allweddol

- Mae cysylltiad cymdeithasol yn diogelu iechyd, tra bod unigrwydd ac ynysu yn cynyddu'r risgiau i lesiant corfforol a meddyliol
- Gall dulliau sy'n canolbwyntio ar y gymuned wella llesiant a gall helpu i gyrraedd pobl nad ydynt yn cael eu gwasanaethu mor dda gan wasanaethau traddodiadol
- Gall presgripsiynu cymdeithasol, gwirfoddoli a chyfranogiad cymunedol gysylltu pobl â chefnogaeth leol a chryfhau gwytnwch
- Mae rhwystrau strwythurol gwledig, gan gynnwys trafnidiaeth ac allgáu digidol, yn cyfyngu ar fynediad at gysylltiad a chymorth
- Yn aml, y rhai sydd fwyaf mewn perygl o ynysu yw'r rhai sydd lleiaf abl i elwa, ac mae angen dulliau cynhwysol, wedi'u targedu
- Mae adeiladu cysylltiadau cymunedol yn hyrwyddo iechyd a llesiant yn fwyaf effeithiol pan gaiff ei gyfuno â gweithredu ar benderfynyddion ehangach iechyd i leihau anghydraddoldebau

## Cysylltiad cymdeithasol fel penderfynydd iechyd

Yng Nghymru, mae tua 13% o oedolion yn dweud eu bod yn profi unigrwydd, gyda chyfran debyg yn profi ynysu cymdeithasol. Mae'r profiadau hyn yn gysylltiedig â chanlyniadau iechyd corfforol a meddyliol gwael, gan gynnwys iselder, clefyd cardiofasgwlaidd a marwolaethau cynamserol.

Felly, mae cysylltiad cymdeithasol yn gweithredu fel ffactor amddiffynnol ac fel un llwybr i brofi anghydraddoldebau ehangach. Ffynhonnell: Unigrwydd, ynysigrwydd cymdeithasol a chysylltiad cymdeithasol yng Nghymru: Safbwynt iechyd cyhoeddus.

Mae'r risgiau hyn yn arbennig o bwysig mewn ardaloedd gwledig lle gall trafnidiaeth, mynediad digidol a llai o gyfleoedd lleol wneud cysylltiad yn anoddach i rai pobl.

## Dulliau ac atal sy'n canolbwyntio ar y gymuned

Mae dulliau cymunedol-ganolog yn rhan greiddiol o iechyd cyhoeddus. Maent yn gweithio gyda phobl a chymunedau, yn hytrach na dim ond darparu gwasanaethau ar eu cyfer. Mae canllawiau'r DU yn dangos y gall hyn wella iechyd a helpu i leihau anghydraddoldebau, yn enwedig ar gyfer grwpiau nad ydynt efallai yn cael eu gwasanaethu mor dda gan wasanaethau traddodiadol. Ffynhonnell: Community-centred practice: applying All Our Health - Public Health England.

Maent yn cefnogi atal trwy:

- gryfhau cymorth cymdeithasol a lleihau ynysu
- cynyddu hyder, pwrpas a rheolaeth
- cefnogi ymddygiadau iachach a llesiant meddyliol
- galluogi cymorth cynharach a chymorth anffurfiol
- adeiladu gwytnwch o fewn cymunedau

Dylid gwerthfawrogi atal a arweinir gan y gymuned am ei gyfraniad at lesiant, ymddiriedaeth a gwytnwch, tra hefyd yn cael ei werthuso'n ofalus fel bod partneriaid yn deall beth sy'n gweithio orau ac i bwy. Ffynhonnell: Community-based interventions and mental wellbeing in the UK - SCIE.

## Presgripsiynu cymdeithasol a chysylltu pobl ag asedau lleol

Mae modelau presgripsiynu cymdeithasol a chysylltydd cymunedol yn cysylltu pobl â chymorth lleol fel grwpiau cymdeithasol, gwirfoddoli, cyngor ymarferol, gweithgarwch corfforol, celfyddydau, gweithgareddau sy'n seiliedig ar natur a chymorth gan gymheiriaid. Maent yn helpu i fynd i'r afael â materion anfeddygol sy'n effeithio ar iechyd a llesiant.

Mae tystiolaeth yn y DU yn dangos bod presgripsiynu cymdeithasol yn gysylltiedig â gwelliannau mewn llesiant, profiad cleifion a hyder wrth reoli cyflyrau hirdymor. Ffynhonnell: What is the evidence for social prescribing? - NASP.

Mewn ardaloedd gwledig mae'r modelau hyn yn ddefnyddiol, ond mae angen iddynt fod yn hawdd eu cyrraedd. Gall trafnidiaeth, allgáu digidol, cost, hyder ac ymwybyddiaeth oll gyfyngu ar bwy sy'n elwa, felly mae allgymorth a dylunio cynhwysol yn bwysig.

## Gwirfoddoli a chyfranogiad cymunedol

Mae gwirfoddoli a chyfranogiad yn cefnogi atal trwy gryfhau rhwydweithiau cymdeithasol, hyder, pwrpas a gwytnwch cymunedol. Maent hefyd yn gysylltiedig â gwell llesiant a chyfalaf cymdeithasol. Ffynhonnell: Volunteering and its Effects on Social Capital and Wellbeing in the UK: Insights from the United Kingdom Household Longitudinal Study - SCVO.

## Anghydraddoldebau, mynediad a rhwystrau gwledig

Nid yw pawb yn gallu cael mynediad at gymorth cymunedol yn gyfartal. Mae'r rhwystrau cyffredin yn cynnwys:

- pellteroedd teithio hir a thrafnidiaeth gyhoeddus gyfyngedig
- allgáu digidol
- cost a fforddiadwyedd
- cyfrifoldebau gofalu a phwysau amser
- stigma, hyder ac ymwybyddiaeth

Mae trafnidiaeth yn arbennig o bwysig. Heb drafnidiaeth fforddiadwy a hygyrch, gall pobl gael eu hallgáu o ofal iechyd, gwaith, addysg, gweithgarwch cymdeithasol a chymorth cymunedol.

Gall hyn greu ynysu cudd, hyd yn oed mewn cymunedau sy'n ymddangos mewn cysylltiad da.

Y rhai sydd fwyaf mewn perygl o ynysu yn aml yw'r rhai sydd lleiaf debygol o allu cael mynediad at gymorth, felly mae angen i ddulliau sy'n canolbwyntio ar y gymuned fod yn weithredol gynhwysol.

## Goblygiadau ar gyfer atal a newid system

Mae cysylltiad cymunedol yn rhan o'r system atal yn ardal Hywel Dda. Mae'n cefnogi llesiant, cymorth cynharach a gwytnwch, ac yn ategu gwasanaethau clinigol a gofal.

Mae'n cael yr effaith fwyaf o'i gyfuno â gweithredu ar dlodi, tai, trafnidiaeth, mynediad digidol a gwasanaethau lleol.

I Hywel Dda a'i bartneriaid, dyma'r goblygiadau:

- ymgorffori cysylltiad cymdeithasol o fewn strategaethau atal a llwybrau gofal
- mabwysiadu'r Siarter Model Cymdeithasol ar gyfer Iechyd a Llesiant
- cryfhau cysylltiadau rhwng gwasanaethau clinigol ac adnoddau cymunedol
- buddsoddi mewn capasiti cymunedol, gwirfoddoli a seilwaith lleol
- dylunio dulliau sy'n cyrraedd y rhai sydd fwyaf mewn perygl o ynysu
- gwella gwerthuso i ddeall effaith a llywio buddsoddiad yn well

Mae'r neges ehangach yn glir: mae asedau cymunedol cryf yn bwysig, ac mae angen eu cefnogi gan weithredu'n barhaus ar y cyflyrau sy'n siapio iechyd.

## Ffermwyr, pysgotwyr a gweithwyr coedwigaeth

Yn ogystal â gwasanaethau cyhoeddus, twristiaeth a lletygarwch, mae ffermio, pysgota a choedwigaeth yn chwarae rhan allweddol yn economi, diwylliant a hunaniaeth cefn gwlad Canolbarth a Gorllewin Cymru. Yn eu sgil daw risgiau iechyd amlwg. Gall pwysau ariannol, ansicrwydd, oriau gwaith hir, ynysu a stigma ynghylch gofyn am help effeithio ar iechyd meddwl a llesiant, yn enwedig mewn cymunedau bach lle gall cyfrinachedd fod yn bryder. Ffynhonnell: Cefnogi cymunedau ffermio yn ystod cyfnodau o ansicrwydd - Iechyd Cyhoeddus Cymru.

Mae deall anghenion iechyd poblogaethau ffermio yn hanfodol i gefnogi cymunedau amaethyddol a gwledig a sicrhau bod gwasanaethau gofal iechyd yn hygyrch, yn briodol ac yn ymatebol. Yng Nghymru, mae iechyd a llesiant ffermwyr nid yn unig yn bryder iechyd cyhoeddus ond mae hefyd yn gysylltiedig yn agos â nodau amaethyddol a pholisi gwledig ehangach. Gall iechyd corfforol a meddyliol gwael effeithio ar allu ffermwyr i reoli llwythi gwaith heriol, ymateb i newidiadau rheoleiddio, mabwysiadu arferion newydd, a chynnal cynaliadwyedd hirdymor eu busnesau fferm. Ffynhonnell: Defnydd iechyd a gofal iechyd ymhlith ffermwyr yng Nghymru: Mewnwelediadau o ddata gweinyddol cysylltiedig. ADR UK.

Rhan 3

# Heriau mawr o ran llesiant mewn ardaloedd gwledig

Roedd Rhannau 1 a 2 yn disgrifio'r cyd-destun gwledig, proffil iechyd y boblogaeth a'r amodau ehangach sy'n siapio iechyd yng Nghanolbarth a Gorllewin Cymru. Mae'r rhan hon yn cymhwyso'r dystiolaeth honno i dair her flaenoriaeth: pwysau iach, tybaco, alcohol a niwed arall sy'n gysylltiedig â chyffuriau, a heneiddio'n dda.

## Negeseuon allweddol

- Mae rhannau 1 a 2 yn dangos bod iechyd gwledig yn cael ei siapio gan fynediad, amddifadedd, amodau byw ehangach ac asedau cymunedol. Mae Rhan 3 yn cymhwyso'r dystiolaeth honno i dair her llesiant sy'n flaenoriaeth
- Mae angen atal ym meysydd pwysau iach, tybaco, alcohol a niwed arall sy'n gysylltiedig â chyffuriau, a heneiddio'n dda sy'n cyfuno cefnogaeth bersonol â gweithredu ar fwyd, trafnidiaeth, tai, mynediad digidol, cysylltiad cymunedol a gwasanaethau lleol
- Nid yw gwledigrwydd fel arfer yn achosi'r materion hyn ar ei ben ei hun, ond mae'n effeithio ar sut mae anghenion cynnar yn cael eu nodi, pa mor hawdd mae pobl yn cael mynediad at gymorth, ac a ellir cynnal cymorth
- Dylid trin heneiddio'n iach fel blaenoriaeth atal, gyda mwy o ffocws ar wendid, cwympiadau, symudedd, annibyniaeth a chysylltiad cymdeithasol
- Mae angen i'r ymateb fod yn y man a'r lle, yn ymarferol ac yn agos at gymunedau, gan ddefnyddio gwasanaethau statudol ac asedau lleol

# 1. Pwysau iach

Pwysau iach yw un o'r blaenoriaethau atal pwysicaf i Hywel Dda. Fel y dangosir yn Rhan 1, mae dros hanner yr oedolion dros bwysau neu'n ordew ac mae tua 30% o blant pedair a phump oed dros bwysau neu'n ordew, o'i gymharu â 27% yn genedlaethol. Mae'r cyfraddau uchaf yn rhai o'n cymunedau mwyaf difreintiedig ac maent yn cyfrannu at lefelau uchel o glefydau sy'n gysylltiedig â phwysau.

## Pam mae pwysau iach yn bwysig

Mae byw dros bwysau neu'n ordew yn cynyddu'r risg o ddiabetes math 2, clefyd cardiofasgwlaidd, cyflyrau cyhyrysgerbydol a rhai canserau. Gall hefyd effeithio ar lesiant meddyliol ac ansawdd bywyd. Mae nifer yr achosion o ddiabetes yn Hywel Dda yn uwch na chyfartaledd Cymru ac mae'n parhau i godi. Mae tua 8.4% o oedolion, tua 28,000 i 29,000 o bobl, yn byw gyda diabetes ar hyn o bryd. Os bydd y tueddiadau presennol yn parhau, rhagwelir y bydd hyn yn codi i bron i 39,500 o bobl erbyn 2030. Mae diabetes eisoes yn rhoi pwysau sylweddol ar wasanaethau, gyda thua un o bob chwech o welyau ysbyty yn cael eu meddiannu gan bobl â diabetes, yn aml ochr yn ochr â chyflyrau hirdymor eraill sy'n gysylltiedig â gordewdra.

## Mae pwysau iach yn cael ei siapio gan fwy na dewis unigol

Mae bwyta'n iach a gweithgarwch corfforol yn bwysig, ond maent yn cael eu siapio gan y lleoedd y mae pobl yn byw a'r adnoddau sydd ar gael iddynt. Fel y nodir yn Rhannau 1 a 2, mae mynediad at fwyd, fforddiadwyedd, trafnidiaeth, incwm, tai, amgylcheddau ysgol a chymunedol i gyd yn dylanwadu ar allu realistig i wneud dewisiadau iachach.

Mae dadansoddiad diweddar o Raglen Mesur Plant 2023/24 yn awgrymu bod preswylfa wledig-drefol yn rhagfynegydd annibynnol ond cymedrol o bwysau plentyndod yng Nghymru, gyda phlant trefol ychydig yn llai tebygol o fod dros bwysau neu'n ordew ac ychydig yn fwy tebygol o fod dan bwysau (Gwahaniaethau Trefol-Gwledig mewn Statws Pwysau Plentyndod yng Nghymru: Mewnwelediadau o Raglen Mesur Plant 2023/24, Ouerghi et al, yn aros i'w gyhoeddi). Mae hyn yn cefnogi'r angen am wasanaethau atal a rheoli pwysau sy'n sensitif i gyd-destun lleol, heb drin gwledigrwydd fel yr unig sbardun.

## Bwyd, gweithgareddau ac amgylcheddau bob dydd

Fel y dangosir yn Rhannau 1 a 2, mae pwysau iach yn cael ei siapio gan y mannau lle mae pobl yn byw. Mae'r dystiolaeth fanwl o fynediad at fwyd a theithio llesol wedi'i nodi'n gynharach yn yr adroddiad. Y ffocws yma yw sut y gall partneriaid droi'r dystiolaeth honno yn weithredu ymarferol trwy gymorth blynyddoedd cynnar, amgylcheddau bwyd iachach, cyfleoedd mwy diogel ar gyfer symud bob dydd ac atal lleol cydgysylltiedig.

## Y Blynyddoedd cynnar a dylanwadau teuluol

Mae'r blynyddoedd cynnar yn gyfnod hanfodol ar gyfer twf iach. Gall y 1,000 diwrnod cyntaf o fywyd, o'r beichiogi i ail ben-blwydd plentyn, ddylanwadu ar iechyd ar draws cwrs bywyd, gan gynnwys risg o ordewdra yn y dyfodol. Ffynhonnell: Nutrition interventions in the first 1000 days and long-term health outcomes: a systematic review - Paediatric Research. Mae tystiolaeth yn dangos y gall ffactorau fel pwysau mamol, smygu yn ystod beichiogrwydd, pwysau geni, bwydo babanod, diet teuluol a'r amgylchedd cartref siapio canlyniadau pwysau diweddarach. Ffynhonnell: Risk Factors in the First 1000 Days of Life Associated With Childhood Obesity: A Systematic Review and Risk Factor Quality Assessment - PMC.

Mae cefnogi teuluoedd cyn beichiogi, yn ystod beichiogrwydd ac yn y blynyddoedd cynnar felly yn ganolog i leihau anghydraddoldebau mewn pwysau iach.

Mae Cynllun Iechyd Menywod Hywel Dda sy'n cael ei ddatblygu yn ategu'r gwaith hwn drwy gydnabod bod iechyd a llesiant menywod cyn beichiogi, yn ystod beichiogrwydd ac yn y cyfnod ôl-enedigol yn ffactorau hollbwysig sy'n pennu canlyniadau i famau a phlant. Wedi'i ategu gan ddull bio-seico-gymdeithasol, mae'r cynllun yn ceisio gwella profiadau a chanlyniadau i fenywod. Mae hefyd yn ceisio cryfhau'r sylfeini ar gyfer twf iach, datblygiad a phwysau iach yn ystod y 1000 diwrnod cyntaf.

Mae partneriaid yn datblygu rhaglen fwy cydgysylltiedig o gymorth, o feichiogi hyd at ddwy oed. Mae hyn yn cynnwys Gwasanaeth Bwydo Babanod, a ddarperir drwy famolaeth, ymweliadau iechyd ac iechyd cyhoeddus, a'r Rhaglen Bwyd a Maeth 1000 Diwrnod Cyntaf, sy'n cefnogi cyflwyno bwydydd solet yn ddiogel ac yn helpu teuluoedd i sefydlu ymddygiadau bwyta iach o'r cychwyn. Gyda'i gilydd, nod yr ymagweddau hyn yw creu'r amodau ar gyfer twf iach a phwysau iach o'r dechrau'n deg.

## Ymateb system gyfan

Ni all unrhyw un gwasanaeth wella pwysau iach ar ei ben ei hun. Mae angen ymateb system gyfan ar draws gwasanaethau iechyd, awdurdodau lleol, addysg, trafnidiaeth, partneriaethau bwyd, cymunedau a'r trydydd sector. Y nod yw gwneud dewisiadau iachach yn haws yn y mannau lle mae pobl yn byw, dysgu, gweithio a chwarae.

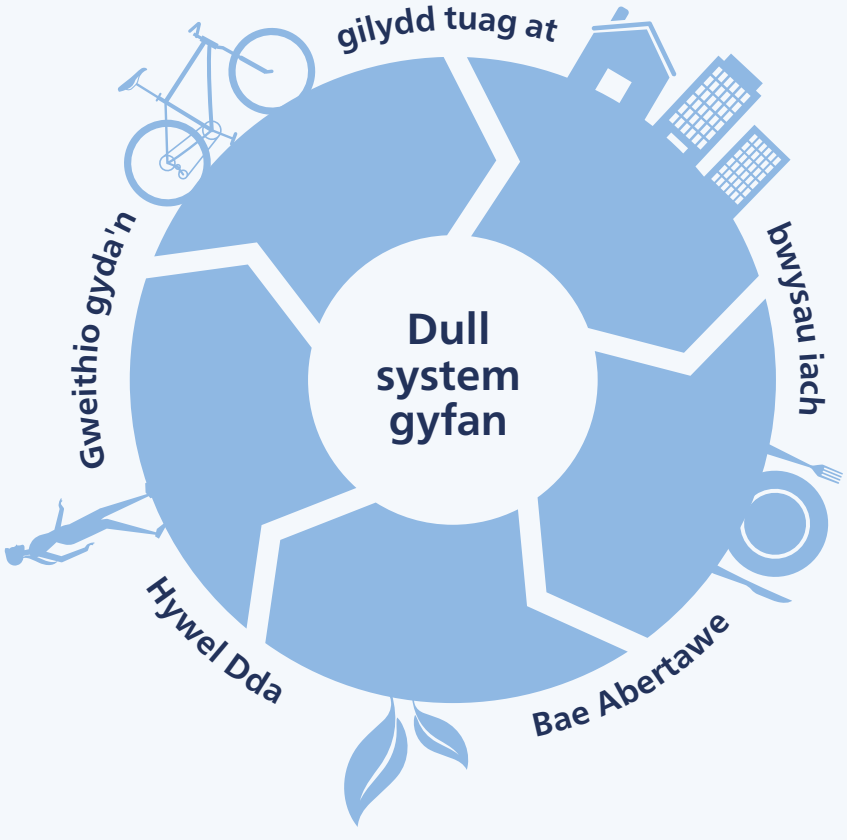
Mae'r gwaith hwn eisoes yn datblygu ar draws y rhanbarth. Mae gwella mynediad at fwyd fforddiadwy, iach, lleol a chynaliadwy wedi'i nodi fel cyd-flaenoriaeth y Bwrdd Gwasanaethau Cyhoeddus. Mae'r gwaith rhanbarthol yn cynnwys caffael bwyd yn y sector cyhoeddus, Strategaeth Gwydnwch Bwyd Sifil Dyfed Powys, Prosiect Cymru Wledig LPIP ar geginau cymunedol a'r tair Partneriaeth Bwyd Cymunedol sirol.

Mae mentrau coginio ac addysg bwyd yn y gymuned, gan gynnwys gweithio gyda Cegin y Bobl, hefyd yn helpu plant, teuluoedd a chymunedau i feithrin sgiliau bwyd, hyder a llythrennedd bwyd.

Mae rhaglenni atal lleol yn cefnogi pwysau iach trwy gydol bywyd. Mae'r Cynllun Cyn-ysgol Iach a Chynaliadwy yn helpu lleoliadau blynyddoedd cynnar i annog bwyta'n iach, iechyd y geg a datblygiad iach. Mewn ysgolion, mae Rhwydwaith Cymru o Gynlluniau Hyrwyddo Iechyd a Llesiant mewn Ysgolion yn ymgorffori bwyd a maeth ar draws bywyd ysgol, tra bod y fframwaith Daily Active a mentrau fel Milltir Bob Dydd yn cynyddu cyfleoedd ar gyfer gweithgarwch corfforol rheolaidd. Gyda'i gilydd, mae'r rhaglenni hyn yn dangos newid tuag at ymateb rhanbarthol mwy cydgysylltiedig.

Felly, yn ein hardal, dylai'r ffocws ar gyfer pwysau iach fod yn:

- ymarferol ac yn y man a'r lle
- cefnogi teuluoedd yn gynnar
- gwella mynediad at fwyd iach
- creu cyfleoedd mwy diogel ar gyfer symud bob dydd
- alinio gweithredu ar draws iechyd, addysg, trafnidiaeth, cynllunio, partneriaethau bwyd a chymunedau



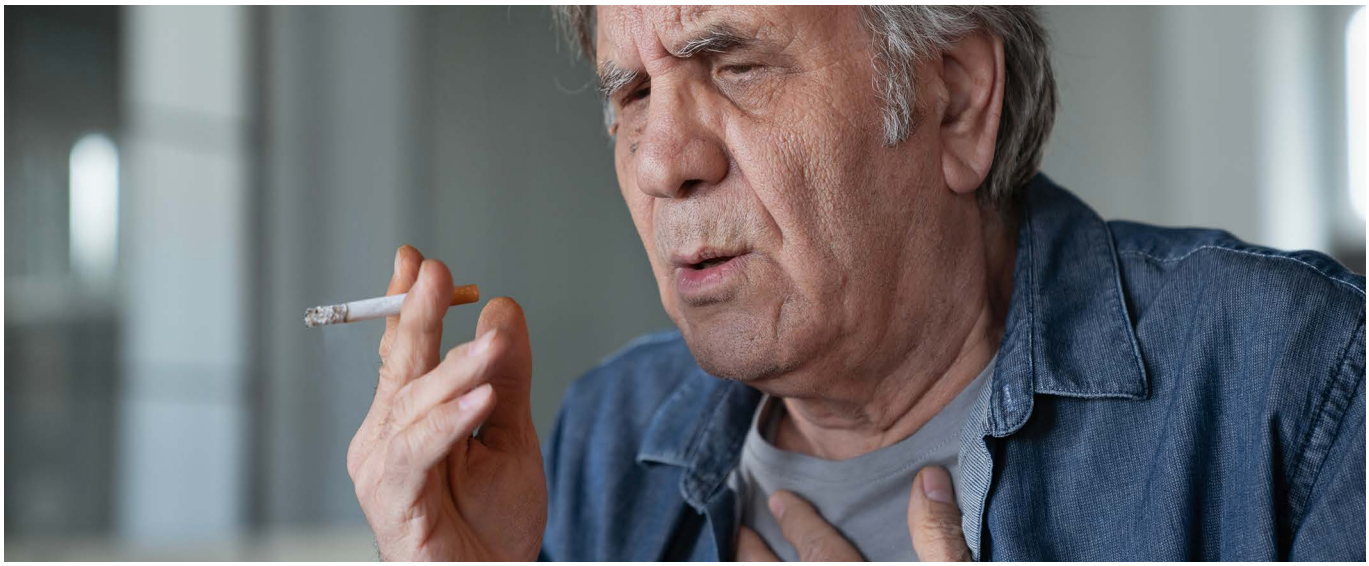
# 2. Tybaco, alcohol a chyffuriau eraill

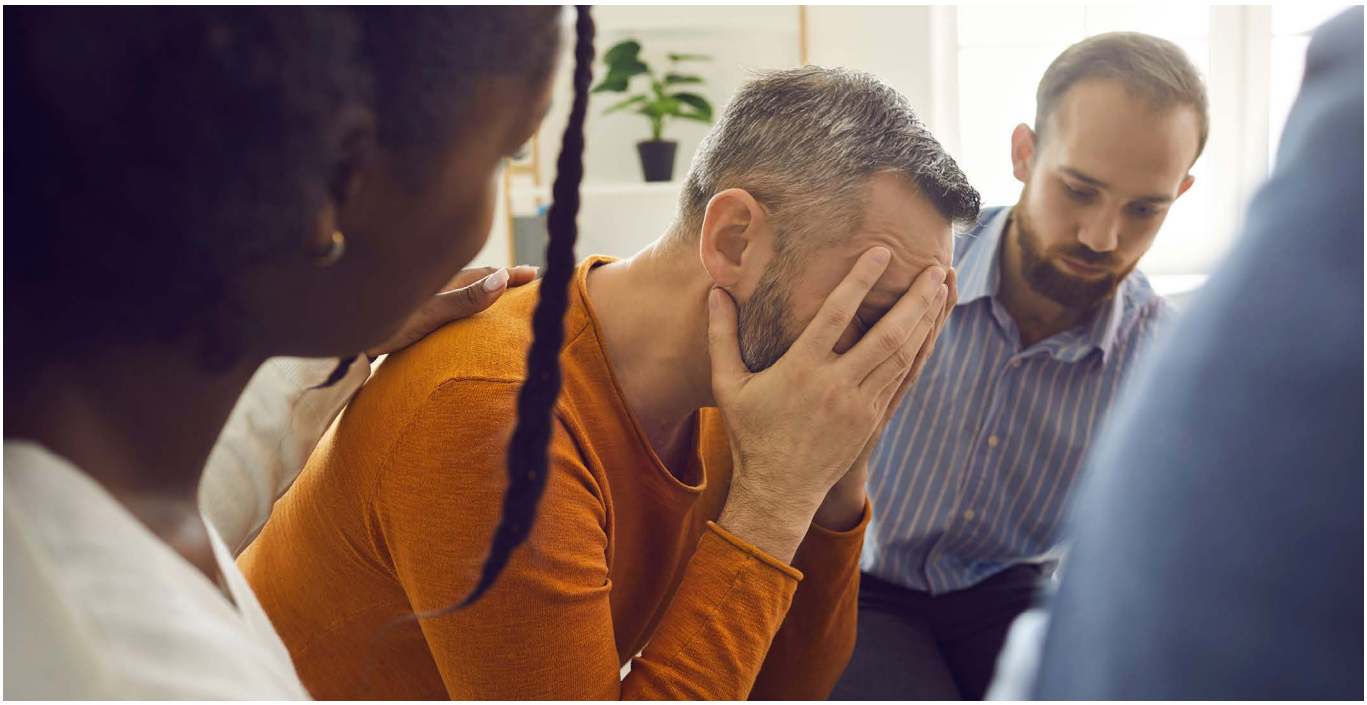
Disgrifiodd Rhan 1 batrymau smygu a defnyddio alcohol. Mae'r adran hon yn canolbwyntio ar niwed, anghydraddoldebau, mynediad at gymorth ac ymateb y gwasanaeth lleol. Mae tybaco, alcohol a niwed eraill sy'n gysylltiedig â chyffuriau yn cael eu siapio yn bennaf gan amddifadedd, trawma, iechyd meddwl, tai, cyflogaeth ac amodau cymdeithasol. Mae gwledigrwydd yn effeithio ar sut mae problemau cynnar yn cael eu hadnabod, pa mor hawdd mae pobl yn ceisio help, ac a ellir cynnal triniaeth a chymorth adferiad.

## Smygu

Fel y dangosir yn Rhan 1, mae nifer y smygwyr yn Hywel Dda yn is na'r cyfartaledd ar draws Cymru. Y ffocws yma yw niwed sy'n gysylltiedig â smygu a chefnogaeth i roi'r gorau i smygu. Mae tybaco yn parhau i fod yn brif achos salwch y gellir eu hosgoi a marwolaethau cynnar, gan gyfrif am dros 10% o'r holl farwolaethau yng Nghymru, ac mae niwed sy'n gysylltiedig â smygu yn parhau i fod yn un o'r anghydraddoldebau iechyd cliriaf.

Mae cyfraddau marwolaethau sy'n cael eu priodoli i smygu tua thair gwaith yn uwch yn y cymunedau mwyaf difreintiedig nag yn y cymunedau lleiaf difreintiedig. Mae pobl sy'n byw mewn ardaloedd mwy difreintiedig hefyd tua dwywaith yn fwy tebygol o gael eu derbyn i'r ysbyty am gyflyrau sy'n gysylltiedig â smygu. Ledled Cymru, mae dros 17,000 o dderbyniadau i'r ysbyty sy'n gysylltiedig â smygu bob blwyddyn, sy'n rhoi pwysau sylweddol ar wasanaethau. Ffynhonnell: Smoking Inequalities Report - Public Health Wales.





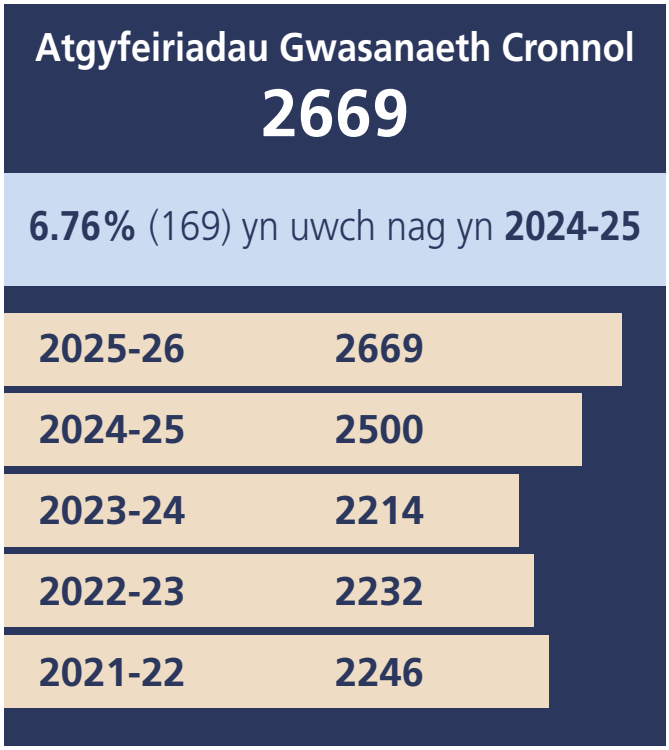
## Alcohol a chyffuriau eraill

Mae niwed alcohol yn dilyn patrwm cymhleth. Mae yfed trymach yn aml yn fwy cyffredin mewn grwpiau incwm uwch, ond mae pobl ar incwm is yn profi mwy o niwed sy'n gysylltiedig ag alcohol. Mae hyn yn aml yn cael ei ddisgrifio fel y paradocs niwed alcohol. Ffynhonnell: Understanding the alcohol-harm paradox: what next? - The Lancet Public Health. Mewn cymunedau gwledig, gall ynysu, gwaith tymhorol, llai o ddewisiadau hamdden, dibyniaeth ar geir a phryderon am gyfrinachedd i gyd siapio patrymau yfed a mynediad at gymorth.

Mae alcohol yn parhau i gyfrannu'n sylweddol at salwch a marwolaeth gynnar. Mae data atgyfeiriadau lleol yn dangos tuedd i fyny mewn atgyfeiriadau alcohol a chyffuriau yn Nyfed yn ystod y blynyddoedd diwethaf (Dangosfwrdd Atgyfeirio Camddefnyddio Sylweddau Alcohol Bwrdd Cynllunio Ardal Dyfed, BIP Hywel Dda, 2024–2026). Gall hyn adlewyrchu cymysgedd o angen cynyddol, gwell cydnabyddiaeth, llwybrau atgyfeirio cryfach, mwy o ymwybyddiaeth o wasanaethau a datblygu gwasanaethau.

Mae niwed sy'n gysylltiedig â chyffuriau, gan gynnwys defnyddio opioidau a defnyddio sawl sylwedd, hefyd yn fwyfwy amlwg. Mae'r niwed hyn yn aml yn digwydd ochr yn ochr â phroblemau iechyd meddwl, ansefydlogrwydd tai, trawma ac ansicrwydd economaidd, gan greu patrymau mwy cymhleth o angen.

**Ffigur 7. Atgyfeiriadau i wasanaethau camddefnyddio alcohol a sylweddau, Ardal Bwrdd Cynllunio Ardal Dyfed, 2021/22 i 2025/26**




Ffynhonnell: Pob atgyfeiriad gwasanaeth camddefnyddio alcohol a sylweddau, Dangosfwrdd Atgyfeirio Camddefnyddio Sylweddau Alcohol Bwrdd Cynllunio Ardal Dyfed.

## Heriau gwasanaeth a system yng nghefn gwlad Canolbarth a Gorllewin Cymru

Yn ardal Hywel Dda, mae gwledigrwydd yn effeithio'n bennaf ar fynediad, parhad ac adferiad. Mae'r rhwystrau allweddol yn cynnwys:

- **Pellter a thrafnidiaeth:** gall teithiau hir a thrafnidiaeth gyhoeddus gyfyngedig ei gwneud hi'n anoddach cyrraedd gofal sylfaenol, fferyllfeydd, grwpiau cymorth arbenigol ac adferiad, yn enwedig i bobl heb fynediad at gar
- **Pwysau tymhorol ac arfordirol:** gall tywydd, twristiaeth a gwaith tymhorol effeithio ar y galw am wasanaethau a gwneud cymorth yn llai rhagweladwy
- **Allgáu digidol:** gall cymorth o bell helpu rhai pobl, ond gall cysylltedd gwael, diffyg hyder neu ddiffyg offer eithrio eraill
- **Ynysu:** gall pobl sy'n byw ar eu pennau eu hunain neu mewn tai gwasgaredig fod yn llai gweladwy i wasanaethau ac mae ganddynt lai o gyfleoedd i gael cymorth cynnar
- **Cyfrinachedd:** mewn cymunedau bach, gall pobl oedi cyn ceisio cymorth oherwydd eu bod yn poeni am gael eu hadnabod neu eu barnu

Mae'r rhwystrau hyn yn golygu bod angen i wasanaethau fod yn agos at gymunedau, yn hawdd eu cyrchu yn gyfrinachol ac yn gysylltiedig ar draws iechyd, gofal cymdeithasol, tai, iechyd meddwl, cyfiawnder troseddol a'r trydydd sector.

## Ymateb cyfredol a chyfleoedd ar gyfer gwella

Mae amrywiaeth o wasanaethau ar waith ar draws rhanbarth Hywel Dda. Mae Bwrdd Cynllunio Ardal Dyfed yn comisiynu cymorth ar gyfer niwed sy'n gysylltiedig ag alcohol a chyffuriau, gan gynnwys:

- Gwasanaethau Haen Dau drwy Dîm Cyffuriau ac Alcohol Dyfed a Choices
- Timau Cyffuriau ac Alcohol Cymunedol, gan gynnwys lleihau niwed a thriniaeth amnewid opiate
- gwasanaethau gofal cymdeithasol dan arweiniad awdurdodau lleol
- gofal a chymorth alcohol mewn lleoliadau cymunedol ac ysbytai

Mae'r Bwrdd Cynllunio Ardal hefyd yn comisiynu Rhaglen Anghenion Cymhleth ar gyfer pobl ag anghenion sy'n gorgyffwrdd, gan gynnwys problemau iechyd meddwl ac ansefydlogrwydd tai.

Mae'r Bwrdd Iechyd yn ddarparwr gofal clinigol ac yn bartner system. Mae'r cynnydd mewn atgyfeiriadau yn tynnu sylw at bwysigrwydd adnabod yn gynnar, llwybrau clir a chefnogaeth y gellir ei gyrchu'n lleol.

## Llwybrau rhoi'r gorau i smygu ac atal smygu

Mae'r tabl ar y dudalen 47 yn dwyn ynghyd mynychder a chyrhaeddiad gwasanaeth. Er bod nifer yr achosion o smygu oedolion yn is yn Hywel Dda na chyfartaledd Cymru, mae gwasanaethau rhoi'r gorau i smygu lleol yn cyrraedd cyfran uwch o smygwyr na chyfartaledd Cymru.

**Tabl 7. Cyfraddau ysmygu ymhlith oedolion (%), BIP Hywel Dda a Chymru, 2024-2025 ac Ysmygwyr a gafodd driniaeth (%), 2023-2024, Bwrdd Iechyd Prifysgol Hywel Dda a Chymru**

| | Hywel Dda | Cymru |
|---|---|---|
| Mynychder smygu oedolion (%)* | 7.7% | 13% |
| % y smygwyr a gafodd eu trin (2023–24)** | 9% | 5% |

*Arolwg Cenedlaethol Cymru, Llywodraeth Cymru, Hydref 2025
**Data gwasanaeth rhoi'r gorau i smygu Bwrdd Iechyd Prifysgol Hywel Dda

Mae cymorth rhoi'r gorau i smygu yn cael ei adeiladu fwyfwy i lwybrau gofal, gan gynnwys:

- Cyngor byr ac atgyfeirio yn ystod gofal arferol
- Ffarmacotherapi i gefnogi derbyniadau di-fwg i ysbyty
- Cymorth wedi'i dargedu mewn gwasanaethau ysbytai a mamolaeth
- Cymorth ffordd o fyw fel Hyfforddiant Iechyd, Gwneud i Bob Cyswllt Gyfrif a Rhwydwaith Hyrwyddwyr Llesiant staff

## Allgymorth, integreiddio a bylchau sy'n parhau

Mae gwasanaethau yn defnyddio allgymorth a modelau integredig fwyfwy i leihau rhwystrau i fynediad. Mae hyn yn cynnwys cwrdd â phobl mewn lleoliadau cymunedol, cysylltu camddefnyddio sylweddau a chymorth iechyd meddwl, a defnyddio dulliau sy'n seiliedig ar drawma.

Yr her sy'n weddill yw gwneud cymorth yn gyson hawdd i'w gyrchu ar draws ardal wledig fawr.

Mae cefnogaeth gymunedol yn hanfodol. Gall sefydliadau trydydd sector, cymorth cymheiriaid, presgripsiynu cymdeithasol, gwasanaethau symudol, fferyllfeydd a chanolfannau cymunedol helpu i gyrraedd pobl nad ydynt efallai yn mynychu gwasanaethau traddodiadol. Mae'r dulliau hyn yn gweithio orau pan fyddant yn gysylltiedig â llwybrau clinigol clir a chefnogaeth ehangach ar gyfer tai, cyngor ariannol, iechyd meddwl a gofal cymdeithasol.

Y flaenoriaeth i Hywel Dda felly yw lleihau niwed wrth wella cyrhaeddiad, tegwch a pharhad. Mae hyn yn golygu cyfuno atal poblogaethau, cymorth wedi'i dargedu i grwpiau risg uwch, triniaeth gyfrinachol a hygyrch, allgymorth mewn cymunedau gwledig, a gwell cysylltiadau ar draws iechyd, gofal cymdeithasol, tai, iechyd meddwl a gwasanaethau cymunedol.

# 3. Heneiddio'n dda mewn cymunedau gwledig

## Negeseuon allweddol

- Mae pobl hŷn yn ased mawr yng nghefn gwlad Canolbarth a Gorllewin Cymru, gan gyfrannu trwy waith, gwirfoddoli, gofal di-dâl, bywyd dinesig, iaith, diwylliant ac arweinyddiaeth gymunedol
- Nid yw heneiddio'n dda wedi'i ddosbarthu'n gyfartal, gyda disgwyliad oes iach, bregusrwydd, cydafiachedd, ynysu a cholli annibyniaeth yn amrywio ar draws lleoedd a grwpiau poblogaeth
- Dylid trin bregusrwydd, cwympiadau, colli symudedd ac unigrwydd fel blaenoriaethau atal oherwydd gallant arwain yn gyflym at golli hyder, derbyn i'r ysbyty a mwy o anghenion gofal
- Mae gwledigrwydd yn bwysig oherwydd bod mynediad yn dod yn fwy bregus wrth i bobl ddod yn llai symudol, stopio gyrru, cael eu hallgáu'n ddigidol neu brofi profedigaeth, anabledd neu bwysau gofalu
- Gall dull oed-gyfeillgar helpu mwy o bobl hŷn i aros yn annibynnol, yn egnïol ac yn gysylltiedig am gyfnod hirach, yn ogystal â chael eu gwerthfawrogi yn eu cymunedau eu hunain

## Heneiddio fel ased

Disgrifiwyd proffil heneiddio a chyfraniad pobl hŷn i fywyd cymunedol gwledig yn gynharach yn yr adroddiad. Mae'r adran hon yn canolbwyntio ar yr hyn y mae hynny'n ei olygu i atal: cefnogi mwy o bobl i aros yn annibynnol, yn egnïol ac yn gysylltiedig, a chael eu gwerthfawrogi, am gyfnod hirach. Mae hyn yn adlewyrchu ymagedd Cymru oed-gyfeillgar Llywodraeth Cymru, sy'n pwysleisio annibyniaeth, cyfranogiad, gofal, hunangyflawniad ac urddas, a'r angen i herio rhagdybiaethau oedran ynglŷn â blynyddoedd diweddarach bywyd. Ffynhonnell: Cymru o blaid pobl hŷn: ein strategaeth ar gyfer cymdeithas sy'n heneiddio | LLYW. CYMRU.

## Anghydraddoldebau wrth heneiddio'n dda

Nid yw'r gallu i heneiddio'n dda yn cael ei rannu'n gyfartal. Mae blynyddoedd diweddarach bywyd yn cael ei siapio gan incwm, tai, gwaith, addysg, perthnasoedd, iechyd a mynediad at wasanaethau dros nifer o flynyddoedd. Fel y dangoswyd yn gynharach ym mhroffil iechyd y boblogaeth, mae llawer o bobl yn Hywel Dda yn byw bywydau hirach, ond mae disgwyliad oes iach yn parhau i fod yn llawer is na disgwyliad oes, sy'n golygu bod rhan sylweddol o flynyddoedd diweddarach bywyd yn cael ei dreulio mewn iechyd gwael.

## Cynnal annibyniaeth am gyfnod hirach

Yr her iechyd cyhoeddus allweddol yw nid yn unig bod y boblogaeth yn heneiddio, ond a all mwy o bobl aros yn egnïol, yn annibynnol, yn gysylltiedig ac yn iach am gyfnod hirach. Gall bregusrwydd, cwympiadau, cyd-afiachedd, dementia, colli symudedd, profedigaeth, ynysu a chyfrifoldebau gofalu oll arwain at golli hyder ac annibyniaeth yn gyflym os nad yw'r cymorth ar gael yn gynnar.

## Bregusrwydd a chwympiadau

Mae bregusrwydd a chwympiadau yn flaenoriaethau atal pwysig oherwydd gallant arwain yn gyflym at lai o symudedd, derbyn i'r ysbyty, adferiad arafach a mwy o angen am ofal. Gweithgarwch corfforol yw un o'r ffyrdd cliriaf o leihau'r risg yn ddiweddarach mewn bywyd. Mae canllawiau Prif Swyddogion Meddygol y DU yn argymell bod oedolion ac oedolion hŷn yn anelu at:

- o leiaf 150 munud o weithgarwch cymedrol bob wythnos
- adeiladu cryfder ar o leiaf ddau ddiwrnod yr wythnos
- lleihau cyfnodau hir o eistedd
- a chynnwys gweithgaredd cydbwysedd ddwywaith yr wythnos i leihau'r risg o wendid a chwympo

Ffynhonnell: Physical activity for adults and older adults: 19 and over - DHSC; Healthy Ageing: physical activity in an ageing society Eighth Report of Session 2024–26.

Yng nghefn gwlad y Canolbarth a'r Gorllewin, ni all hyn ond dibynnu ar ganolfannau hamdden ffurfiol neu wasanaethau a ddarperir yn ganolog. Mae angen i gyfleoedd i gynnal cryfder, cydbwysedd a symudedd fod ar gael yn agos at ble mae pobl yn byw. Mae hyn yn golygu defnyddio lleoliadau cymunedol, grwpiau lleol, rhagnodi cymdeithasol, rhaglenni atal cwympiadau, mannau gwyrdd a glas, llwybrau cerdded, clybiau, lleoliadau ffydd a diwylliannol, a modelau allgymorth. Mae hefyd yn golygu cydnabod nad yw rhai pobl hŷn yn gallu teithio'n hawdd i wasanaethau, nad ydynt bellach yn gyrru, bod diffyg hyder ar ôl cwymp, neu bod angen help i ailgysylltu ar ôl salwch neu brofedigaeth.

## Mynediad, gweithlu a phwysau ar wasanaethau

Mae poblogaeth wledig hŷn hefyd yn effeithio ar sut mae gwasanaethau yn cael eu cynllunio a'u darparu. Mae gan ardaloedd gwledig gymhareb uwch o bobl hŷn i bobl oedran gweithio, a disgwylir i hyn gynyddu dros amser. Gall hyn ei gwneud hi'n anoddach recriwtio a chynnal gwasanaethau iechyd a gofal cymdeithasol. Ar hyn o bryd, mae gan Hywel Dda y pedwerydd nifer uchaf o swyddi gwag staff GIG Cymru, gyda 966 o swyddi gwag cyfwerth ag amser llawn a chyfradd swyddi gwag o 8.5% ar 31 Rhagfyr 2025, fel y dangosir yn y tabl ar dudalen 50.

**Tabl 8. Swyddi gwag staff GIG Cymru yn ôl sefydliad, 31 Rhagfyr 2025**

| Sefydliad | Nifer y swyddi gwag CaALl | Cyfradd swyddi gwag (%) |
|---|---|---|
| Pob sefydliad | 5,652 | 5.6 |
| Betsi Cadwaladr | 1,737 | 8.7 |
| Powys | 259 | 10.3 |
| Hywel Dda | 966 | 8.5 |
| Bae Abertawe | 696 | 5.2 |
| Cwm Taf Morgannwg | 339 | 2.8 |
| Aneurin Bevan | 223 | 1.6 |
| Caerdydd a'r Fro | 622 | 4 |
| Iechyd Cyhoeddus Cymru | 143 | 6.7 |
| Felindre | 59 | 3.4 |
| Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru | 277 | 6.2 |
| Addysg a Gwella Iechyd Cymru | 43 | 7.6 |
| Iechyd a Gofal Digidol Cymru | 126 | 9.5 |
| Partneriaeth Cydwasanaethau GIG Cymru | 165 | 6.5 |

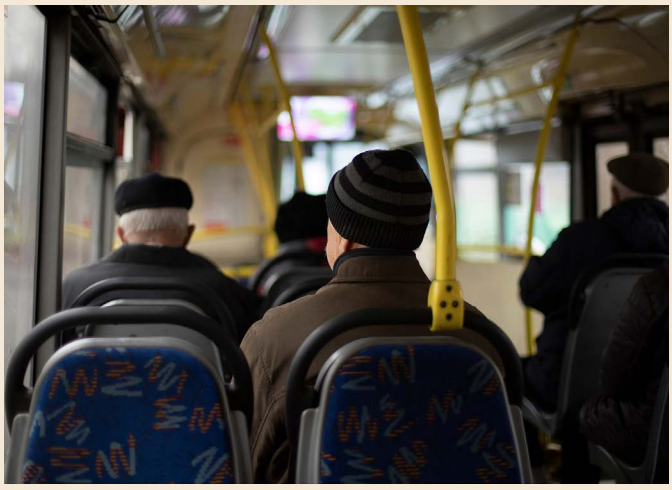
Ffynhonnell: Swyddi gwag staff y GIG yn ôl sefydliad a grŵp staff, StatsCymru, Llywodraeth Cymru.
Ar gael yn: NHS staff vacancies by organisation and staff group.

Gall pwysau'r gweithlu, pellteroedd teithio hir ac angen cynyddol wneud mynediad lleol yn anoddach i'w gynnal. Mae heriau recriwtio, ynghyd ag effeithiau parhaus COVID-19, yn golygu bod pobl yn Hywel Dda yn aros yn hirach am rywfaint o ofal wedi'i gynllunio, ac mae'r Cynllun Gwasanaethau Clinigol yn tynnu sylw at y ffaith bod rhai gwasanaethau yn methu bodloni safonau cenedlaethol.

Mae defnydd ysbyty hefyd yn adlewyrchu proffil y boblogaeth hŷn. Mae pobl 65–74, 75–84 ac 85 oed a throsodd yn cyfrif am gyfran uwch o weithgarwch ysbytai Hywel Dda nag ar draws Cymru. Mae diwrnodau gwely ar gyfartaledd hefyd yn uwch mewn rhai arbenigeddau gan gynnwys geriatreg, meddygaeth acíwt a phob arbenigedd nad yw'n seiciatrig. Ffynhonnell: APC Headline Ffigwrs - All Wales Providers - 2024/25 - DHCW.

Mae'r pwysau hyn yn cryfhau'r achos dros atal a chanfod yn gynharach. Er enghraifft, mae BIP Hywel Dda wedi profi dulliau mewn gwasanaethau podiatreg lle mae staff yn gwirio am guriad afreolaidd ac yn cyfeirio pobl am asesiad pellach lle bo angen. Gall canfod ffibriliad atrïaidd yn gynharach leihau'r risg o gymhlethdodau fel ymosodiad isgemig dros dro neu strôc, gan wella canlyniadau i unigolion a lleihau'r pwysau ar wasanaethau.

Mae amcanestyniadau poblogaeth hefyd yn cael eu defnyddio i gynllunio gwasanaethau i'r dyfodol. Er enghraifft, mae gwaith ar fewnblannu falf aortig transcatheter (TAVI) wedi ystyried sut y gall y galw yn y dyfodol newid wrth i'r boblogaeth heneiddio, o ystyried bod oedran yn ffactor risg pwysig ar gyfer clefyd falf aortig.



## Cyswllt cymdeithasol ac unigrwydd

Mae cyswllt cymdeithasol yn ganolog i heneiddio'n dda, ond mae'r brif dystiolaeth a'r cyd-destun polisi eisoes wedi'u nodi yn Rhan 2. I bobl hŷn, mae'r mater yn arbennig o ymarferol: gall iechyd gwael, tlodi, allgáu digidol, trafnidiaeth gyfyngedig, cyfrifoldebau gofalu a diffyg cyfleoedd hygyrch atal pobl rhag elwa o fywyd cymunedol. Mae tystiolaeth Iechyd Cyhoeddus Cymru yn tynnu sylw at bwysigrwydd perthnasoedd cymdeithasol i iechyd a llesiant pobl hŷn. Ffynhonnell: Building the social relationships of older people in Wales: challenges and opportunities - Public Health Wales.

Felly, dylid trin unigrwydd ac ynysu fel risgiau iechyd, nid materion cymdeithasol yn unig. Mae camdriniaeth, trafferthion ariannol, unigrwydd ac ynysu cymdeithasol yn ddiweddarach mewn bywyd yn gysylltiedig yn annibynnol â chanlyniadau iechyd gwael ymhlith oedolion hŷn yng Nghymru. Canfu un arolwg cenedlaethol diweddar o bobl hŷn fod 12.5% o'r cyfranogwyr wedi profi camdriniaeth ers 60 oed, 19.0% wedi cael trafferth ariannol a 20.7% wedi teimlo'n unig neu'n ynysig yn gymdeithasol. Ffynhonnell: Mae Iechyd Cyhoeddus Cymru yn tynnu sylw at risgiau iechyd brys o gam-drin, unigrwydd a thrafferthion ariannol yn ddiweddarach mewn bywyd.

Mae gwledigrwydd yn newid y profiad o heneiddio oherwydd bod mynediad yn dod yn fwy heriol wrth i bobl ddod yn llai symudol. Gall siwrne sy'n bosib yn 65 oed ddod yn un anodd yn 80. Gall apwyntiad digidol helpu un person ond eithrio un arall. Gall rhwydwaith lleol cryf amddiffyn rhywun, tra bod person arall yn parhau i fod yn anweledig. Y mater yw effaith gyfunol gwledigrwydd, heneiddio, iechyd, incwm, symudedd, tai, trafnidiaeth a chysylltiad cymdeithasol.

## Creu Canolbarth a Gorllewin sy'n oed-gyfeillgar

Mae'r dystiolaeth ar heneiddio gwledig ac arfordirol yn dangos pwysigrwydd dulliau sy'n seiliedig ar asedau system gyfan. Mae anghydraddoldebau iechyd mewn poblogaethau hŷn mewn ardaloedd gwledig ac arfordirol yn adlewyrchu bregusrwydd a gwytnwch, gan gynnwys tlodi, allgáu cymdeithasol, asedau cymunedol, cymorth iechyd a gofal, cynhwysiant digidol a gweithredu system ehangach. Ffynhonnell: An evidence summary of health inequalities in older populations in coastal and rural areas - Public Health England.

Mae mentrau lleol sy'n cael eu gyrru gan y gymuned fel **Hwb Cymunedol y Borth, Gofal Solfach** a'r fenter **Deg Tref** yn dangos sut y gall ymagwedd leol gefnogi pobl hŷn i aros yn gysylltiedig, yn egnïol ac yn annibynnol. Mae eu gwerth yn gorwedd mewn perchnogaeth leol, perthnasoedd dibynadwy, cymorth ymarferol yn agos at gartref, defnyddio asedau cymunedol, a chysylltiadau rhwng gwasanaethau statudol, sefydliadau'r trydydd sector a rhwydweithiau anffurfiol.

**Mentrau addawol sydd yn y fan a'r lle, dan arweiniad y gymuned yn Ardal Hywel Dda**

### Deg Tref

yn rhaglen adfywio mewn trefi marchnad gwledig yn Sir Gaerfyrddin, sy'n cefnogi datblygu economaidd, mannau cymunedol a gwytnwch lleol.

### Hwb Cymunedol y Borth

yng Ngheredigion yn ganolfan gymunedol hirsefydlog sy'n cynnig caffi talu faint y gallwch, gweithgareddau i bobl hŷn ac ymateb lleol i ynysu.

### Gofal Solfach

yn elusen gofrestredig a sefydlwyd gan y gymuned yn Sir Benfro sy'n cefnogi preswylwyr hŷn ac yn helpu i gynnal cymuned leol gysylltiedig.

Mae'r goblygiadau i Hywel Dda a'i bartneriaid yn glir. Mae heneiddio gwledig iach yn gofyn am newid o ymateb i argyfwng i gynnal annibyniaeth. Mae hyn yn golygu adnabod pobl yn gynharach sydd mewn perygl o:

- wendid, cwympiadau, ynysu neu golli swyddogaeth
- ymgorffori cryfder, cydbwysedd a gweithgarwch corfforol mewn llwybrau atal a gofal arferol
- cefnogi gofalwyr di-dâl
- cysylltu pobl â'r hyn sydd ar gael yn lleol
- ac alinio gofal sylfaenol a chymunedol, gofal cymdeithasol, tai, trafnidiaeth, cynhwysiant digidol a'r trydydd sector o amgylch canlyniadau a rennir

Gyda'i gilydd, mae'r heriau yn Rhan 3 yn dangos yr un casgliad: mae angen i atal yn Sir Gaerfyrddin, Ceredigion a Sir Benfro fod yn lleol, yn ymarferol ac yn gydweithredol. Rhaid iddo gefnogi unigolion a theuluoedd tra hefyd yn newid yr amodau sy'n siapio iechyd, gan gynnwys mynediad at fwyd, trafnidiaeth, tai, cynhwysiant digidol, cysylltiad cymunedol ac argaeledd gwasanaethau.

Y nod yw i bobl hŷn yng nghefn gwlad y Canolbarth a'r Gorllewin allu byw'n annibynnol,


aros yn egnïol, cadw mewn cysylltiad, cyfrannu at eu cymunedau a chyrchu cymorth amserol pan fydd eu hanghenion yn newid. Bydd hyn yn gofyn i wasanaethau a phartneriaid adeiladu ar gryfderau cymunedau gwledig tra'n targedu cefnogaeth yn fwriadol tuag at y rhai sydd fwyaf mewn perygl o wendid, ynysu, tlodi a cholli annibyniaeth, a hynny heb eisiau.

Mae'r argymhellion sy'n dilyn yn nodi lle mae angen gweithredu ar y cyd ar draws y GIG, awdurdodau lleol, cymunedau a phartneriaid cenedlaethol.

# Rhan 4
# Argymhellion

Mae'r dystiolaeth yn yr adroddiad hwn yn tynnu sylw at gasgliad clir: mae gwella iechyd yn ardal Hywel Dda yn gofyn am weithredu ar y cyd ar draws y system gyfan. Mae'r argymhellion isod wedi'u fframio fel blaenoriaethau rhanbarthol oherwydd bod y prif heriau, mynediad gwledig, atal, heneiddio, bwyd, gwytnwch hinsawdd, cysylltiad cymunedol ac anghydraddoldebau iechyd, yn digwydd ar draws ffiniau sefydliadol.

Mae'r argymhellion hyn yn eistedd o fewn dau ddull rhanbarthol cysylltiedig. Mae'r Model Cymdeithasol ar gyfer Iechyd a Llesiant yn darparu set o egwyddorion lle mae partneriaid ledled y rhanbarth yn mabwysiadu dull seiliedig ar asedau o wella iechyd a llesiant y boblogaeth: gweithio gyda phobl, cymunedau, awdurdodau lleol, y trydydd sector a gwasanaethau cyhoeddus i gryfhau'r hyn sy'n helpu pobl i fyw'n dda. Ffynhonnell: Model Cymdeithasol ar gyfer Iechyd a Llesiant – BIP Hywel Dda. Nod y Model Atal 20pedwar7 yw ymgorffori atal salwch ymhellach fel "pob un, ym mhob gwasanaeth, drwy'r amser" ar draws gwasanaethau BIP Hywel Dda. Mae'r adroddiad hwn yn dwyn ynghyd y rhain yng nghyd-destun gwledig Canolbarth a Gorllewin Cymru, gan gydnabod bod angen partneriaethau cymunedol cryfach a ffocws cliriach ar wasanaethau iechyd ar gymorth cynharach, mynediad, tegwch ac osgoi gwaethygu.

## Blaenoriaethau a rennir ar gyfer dyfodol gwledig iach

### 1 Gwneud atal yn fusnes craidd ar draws system Hywel Dda

**Partneriaid arweiniol:** BIP Hywel Dda gan gynnwys meddygfeydd, y tri awdurdod lleol, Byrddau Gwasanaethau Cyhoeddus a'r Bwrdd Partneriaeth Rhanbarthol, ac Iechyd Cyhoeddus Cymru.

Ailgydbwyso gweithgarwch tuag at atal ar draws cwrs oes, gan ganolbwyntio ar flynyddoedd cynnar, pwysau iach, diabetes ac atal cyflyrau hirdymor, niwed sy'n gysylltiedig ag alcohol a chyffuriau, gwendid, cwympiadau a heneiddio'n iach a dibyniaeth ar dybaco. Mae atal yn rhan allweddol o'r rhaglen Cymunedol o'r Cychwyn a dylai fod yn amcan cynllunio a gwella gwasanaeth parhaus mewn gofal arferol, gan gynnwys mamolaeth, gofal sylfaenol, gwasanaethau cymunedol, gofal wedi'i gynllunio, llwybrau cleifion allanol, fferylliaeth, iechyd meddwl, camddefnyddio sylweddau a rhyddhau o'r ysbyty. Dylai hefyd fod yn rhan greiddiol o fanylebau gwasanaeth a darparu gwasanaethau awdurdodau lleol, gan gynnwys tai ac addysg, a'r gwasanaethau cyhoeddus eraill, megis Gwasanaeth Tân ac Achub Canolbarth a Gorllewin Cymru a Cyfoeth Naturiol Cymru.

O fewn gwasanaethau iechyd, mae hyn yn golygu defnyddio Model Atal 20pedwar7 i symud atal o'r ymylon i fod yn ymarfer bob dydd, gan uno â'r hyn sydd eisoes yn gweithio, lleihau dyblygu a'i gwneud hi'n haws i dimau weithredu'n gynharach.

### 2 Dylunio mynediad gwledig i wasanaethau, llwybrau a modelau digidol

**Partneriaid arweiniol:** BIP Hywel Dda, awdurdodau lleol, Iechyd a Gofal Digidol Cymru a phartneriaid trafnidiaeth.

Sicrhau bod amser teithio, argaeledd trafnidiaeth, cysylltedd digidol a chynaliadwyedd y gweithlu yn cael eu trin fel materion ecwiti iechyd craidd mewn cynllunio gwasanaeth ac ailgynllunio llwybrau. Dylid defnyddio modelau allgymorth, symudol, cymunedol a hybrid lle bo hynny'n briodol i ddarparu cymorth cynharach yn agosach at gartref ac atal cynnydd y gellir ei osgoi, yn enwedig ar gyfer atal, rheoli cyflyrau hirdymor, rhoi'r gorau i smygu, camddefnyddio sylweddau, gwendid, cwympiadau a chymorth ar ôl rhyddhau.

Dylai newidiadau i wasanaethau asesu eu heffaith ar gymunedau gwledig ac arfordirol, pobl heb fynediad at gar, aelwydydd sydd wedi'u hallgáu'n ddigidol, anghenion iaith Gymraeg, pwysau tymhorol a'r rhai sy'n byw yn yr Ardaloedd Uwch-Allbwn Is sydd wedi'u difreintio o ran mynediad.

### 3 Cefnogi heneiddio gwledig iach, annibyniaeth ac atal gwendid

**Partneriaid arweiniol:** BIP Hywel Dda, awdurdodau lleol, darparwyr gofal cymdeithasol, darparwyr gofal sylfaenol, y trydydd sector a grwpiau cymunedol.

Datblygu dull rhanbarthol o heneiddio'n iach ac atal bregusrwydd ar draws Hywel Dda, awdurdodau lleol, gofal sylfaenol, gofal cymdeithasol a'r trydydd sector. Dylai hyn flaenoriaethu adnabod yn gynnar y bobl sydd mewn perygl o wendid, cwympiadau, ynysu neu golli swyddogaeth; mynediad at weithgaredd cryfder a chydbwysedd yn agos at gartref; cymorth i ofalwyr di-dâl; cymunedau dementia-gyfeillgar ac oed-gyfeillgar; a gwell cysylltiadau rhwng gofal sylfaenol, gwasanaethau cymunedol, tai, trafnidiaeth a chymorth gwirfoddol.

Dylai gwasanaethau gael eu cynllunio, gan ystyried anghenion y Gymraeg, pobl nad ydynt yn gallu teithio'n hawdd, nad ydynt bellach yn gyrru, sydd wedi'u hallgáu'n ddigidol, neu sydd angen cymorth i ailgysylltu ar ôl salwch, profedigaeth neu dderbyn i'r ysbyty.

## 4 Adeiladu amgylcheddau bwyd a gweithgareddau iachach

**Partneriaid arweiniol:** awdurdodau lleol, Byrddau Gwasanaethau Cyhoeddus, Partneriaethau Bwyd Cymunedol, ysgolion, partneriaid cynllunio a thrafnidiaeth.

Dylai awdurdodau lleol, Byrddau Gwasanaethau Cyhoeddus, ysgolion, timau cynllunio, timau trafnidiaeth a phartneriaid cymunedol fynd ati i wella mynediad at fwyd iach, symudiad diogel bob dydd ac amgylcheddau lleol cefnogol. Dylai hyn gynnwys cryfhau Partneriaethau Bwyd Cymunedol yn Sir Gaerfyrddin, Ceredigion a Sir Benfro; defnyddio gallu'r sector cyhoeddus i gaffael bwyd i gefnogi bwyd lleol iachach; gwella diogelwch bwyd a mentrau coginio a sgiliau bwyd; ac ymgorffori bwyd iach a gweithgarwch corfforol ymhellach mewn lleoliadau blynyddoedd cynnar ac ysgolion.

Dylid blaenoriaethu teithio llesol a llwybrau diogel lle maent yn realistig ac yn deg, gan gydnabod bod pellter gwledig a diogelwch ar y ffyrdd yn cyfyngu ar gerdded a beicio i lawer o gymunedau.

Mae hyn yn adlewyrchu'r Model Cymdeithasol ar gyfer Iechyd a Llesiant a'r ymagwedd system gyfan at bwysau iach: creu'r amodau lleol sy'n galluogi pobl i fyw'n dda, yn hytrach na dibynnu ar newid ymddygiad unigolion yn unig.

## 5 Gwella mynediad at gymorth ar gyfer niwed sy'n gysylltiedig â thybaco, alcohol a chyffuriau

**Partneriaid arweiniol:** BIP Hywel Dda, Bwrdd Cynllunio Ardal Dyfed, awdurdodau lleol, darparwyr gofal sylfaenol, fferyllfeydd a darparwyr trydydd sector.

Gwella cefnogaeth gyfrinachol a hygyrch ar gyfer rhoi'r gorau i smygu, niwed sy'n gysylltiedig ag alcohol a niwed sy'n gysylltiedig â chyffuriau. Dylai hyn gynnwys pwyntiau mynediad allgymorth, fferyllol a chymunedol, llwybrau iechyd meddwl integredig a chamddefnyddio sylweddau, cymorth ar gyfer anghenion cymhleth, a llwybrau sydd wedi'u cynllunio ar gyfer pobl yr effeithir arnynt gan drafnidiaeth, stigma, allgáu digidol neu waith tymhorol.

## 6 Cryfhau gwytnwch hinsawdd, cartrefi cynnes a gwytnwch system fwyd

**Partneriaid arweiniol:** awdurdodau lleol, Byrddau Gwasanaethau Cyhoeddus, asiantaethau tai, partneriaid cynllunio argyfwng, ystadau'r GIG a phartneriaethau bwyd.

Dylai Hywel Dda, awdurdodau lleol, partneriaid tai, Byrddau Gwasanaethau Cyhoeddus a phartneriaid cynllunio argyfwng drin addasu i'r hinsawdd fel modd o atal. Dylai camau gweithredu blaenoriaeth gynnwys lleihau risgiau tlodi cartrefi oer a thanwydd, cynllunio ar gyfer gorboethi mewn cartrefi ac adeiladau cyhoeddus, diogelu parhad gwasanaeth yn ystod llifogydd, stormydd, tarfu pŵer neu ddigidol, a thargedu cymorth i bobl hŷn, pobl â chyflyrau hirdymor, aelwydydd incwm isel a chymunedau gwledig neu arfordirol ynysig.

Dylai risg hinsawdd gael ei ymgorffori mewn cynllunio ystadau, llwybrau gofal, cynllunio gwytnwch cymunedol, gwaith gwytnwch bwyd a chynllunio trafnidiaeth leol.

## 7 Buddsoddi mewn atal a chysylltiad cymdeithasol dan arweiniad y gymuned

**Partneriaid arweiniol:** cymunedau, trydydd sector, awdurdodau lleol, y GIG, presgripsiynu cymdeithasol a gwasanaethau cyswllt cymunedol.

Mae'r argymhelliad hwn yn ganolog i'r Model Cymdeithasol ar gyfer Iechyd a Llesiant rhanbarthol. Dylid cefnogi cymunedau i arwain a llunio gweithgareddau atal sy'n adlewyrchu anghenion, diwylliant ac asedau lleol. Dylai'r GIG, awdurdodau lleol a phartneriaid y trydydd sector fuddsoddi yn y seilwaith cymunedol sy'n gwneud hyn yn bosib, gan gynnwys canolfannau cymunedol, gwirfoddoli, presgripsiynu cymdeithasol, ysgolion, hyrwyddwyr lleol, grwpiau ffydd a diwylliannol, cymorth gan gymheiriaid a chymorth ymarferol yn agos at gartref. Dylai Model Atal 20pedwar7 helpu gwasanaethau iechyd i gysylltu pobl â'r gefnogaeth hon yn gynharach ac yn fwy cyson.

Dylid rhoi sylw i bobl sydd lleiaf tebygol o elwa o rwydweithiau presennol, gan gynnwys pobl

sydd wedi'u hynysu, wedi'u heithrio'n ddigidol, yn llai symudol, yn newydd i ardal, sy'n byw ar incwm isel, neu sy'n profi stigma. Dylai modelau presgripsiynu cymdeithasol a chyswllt cymunedol fod yn gysylltiedig â thrafnidiaeth hygyrch, allgymorth ac asedau cymunedol lleol, fel bod pobl sydd fwyaf ynysig yn cael eu cyrraedd yn weithredol yn hytrach na disgwyl iddynt hunangyfeirio.

Mae gan fodel trawsnewid Gofal Sylfaenol, Cymunedol o'r Cychwyn, y potensial i sicrhau bod gan wasanaethau gofal sylfaenol gysylltiadau cryfach â grwpiau a gwasanaethau cymunedol lleol. Mae gan rai gwasanaethau gofal sylfaenol dimau amlddisgyblaethol cryf eisoes sy'n cynnwys cynrychiolaeth o sefydliadau'r awdurdod lleol a'r trydydd sector. Yn y modd hwn, maent yn gallu cynnig pecynnau gofal cynhwysfawr i'w cleifion mwyaf agored i niwed.

Yn Sir Gaerfyrddin ac yn Sir Benfro, mae presgripsiynwyr cymdeithasol a chysylltwyr cymunedol wedi'u cysylltu â meddygfeydd, gan eu galluogi i feithrin perthnasoedd cryfach a sicrhau bod anghenion ehangach cleifion agored i niwed yn cael eu diwallu.

Yn 2026-27, bydd elfennau o Fodel Cymdeithasol yn cael eu hychwanegu at Declyn Olrhain Cynnydd Llesiant Cenedlaethau'r Dyfodol, gan gefnogi sefydliadau i fonitro eu cynnydd tuag at ymgorffori Model Cymdeithasol ar gyfer Iechyd a Llesiant.

## 8 Polisi, cyllid a phenderfyniadau strategol sy'n addas ar gyfer ardaloedd gwledig

**Partneriaid arweiniol:** Llywodraeth Cymru, cyrff cenedlaethol y GIG, partneriaethau rhanbarthol a chyrff cyhoeddus o dan y Rheoliadau Asesu Effaith ar Iechyd.

Dylai partneriaid cenedlaethol sicrhau bod strategaethau, fformiwlâu cyllido, buddsoddiad cyfalaf, rhaglenni digidol a newidiadau i wasanaethau yn adlewyrchu costau a heriau mynediad cymunedau gwledig ac arfordirol. Dylid ystyried effaith wledig yn benodol mewn penderfyniadau strategol, gan gynnwys drwy Reoliadau Asesu Effaith ar Iechyd (Cymru) 2025 pan fyddant yn dod i rym.

Dylai asesiadau ystyried amser teithio, argaeledd trafnidiaeth, cwmpas digidol, cynaliadwyedd y gweithlu, iaith Gymraeg, pwysau tymhorol, strwythur poblogaeth hŷn a'r risg o ehangu anghydraddoldebau mewn cymunedau gwasgaredig.

## 9 Buddsoddi yn y tymor hir mewn atal, capasiti cymunedol a gwytnwch gwledig

**Partneriaid arweiniol:** partneriaid cenedlaethol a rhanbarthol, BIP Hywel Dda, awdurdodau lleol, Byrddau Gwasanaethau Cyhoeddus, Bwrdd Partneriaeth Rhanbarthol a phartneriaid trydydd sector.

Dylai partneriaid cenedlaethol a rhanbarthol symud buddsoddiad tuag at atal sy'n lleihau'r galw am wasanaethau yn y dyfodol, gan gynnwys pwysau iach, blynyddoedd cynnar, triniaeth dibyniaeth ar dybaco, lleihau niwed sy'n gysylltiedig ag alcohol a chyffuriau, atal bregusrwydd a chwympiadau, cysylltiad cymdeithasol, canolfannau cymunedol, gwytnwch bwyd, cartrefi cynnes ac addasu i'r hinsawdd. Mae hyn yn parhau â'r pwyslais o Adroddiadau Blynyddol blaenorol y Cyfarwyddwr Iechyd Cyhoeddus ar atal parhaus, partneriaeth hirdymor a chyd-atebolrwydd.

Dylai buddsoddiad gefnogi cyflawni a gwerthuso aml-flwyddyn, yn hytrach na phrosiectau tymor byr, fel y gall partneriaid feithrin capasiti, dysgu beth sy'n gweithio a chynnal dulliau llwyddiannus ar draws Sir Gaerfyrddin, Ceredigion a Sir Benfro.

**Beth fyddai llwyddiant mewn 10–15 mlynedd**

Ymhen 10–15 mlynedd, bydd Canolbarth a Gorllewin Cymru wledig yn le lle mae pawb yn cael y cyfle mwyaf posib i fyw'n dda ar bob cam o fywyd. Bydd cymunedau yn cael eu cysylltu'n well, yn wydn ac yn cael eu cefnogi, gyda llai o flynyddoedd yn cael eu treulio mewn iechyd gwael ac anghydraddoldebau culach rhwng lleoedd a grwpiau poblogaeth.

Byddai llwyddiant yn golygu:

- Pobl yn gallu cyrchu gofal, cymorth a chyfleoedd ar gyfer llesiant heb bellter na rhwystr o ran cysylltedd
- Atal wedi'i ymgorffori ar draws bywyd bob dydd, gyda dewisiadau iach yn cael eu gwneud yn haws gan amgylcheddau cefnogol
- Pobl hŷn yn cael eu galluogi i aros yn annibynnol, yn weithgar ac yn gyfranwyr gwerthfawr i'w cymunedau
- Cymunedau yn bartneriaid cryf wrth wella iechyd, llunio atebion lleol a chefnogi ei gilydd
- Cymunedau gwledig ac arfordirol yn cael eu hamddiffyn yn well rhag effeithiau iechyd a ddaw o ganlyniad i newid yn yr hinsawdd a phwysau amgylcheddol
- Gwasanaethau amlasiantaeth yn parhau i ddatblygu cysylltiadau a gwasanaethau cryfach, gan arwain at wasanaethau mwy ymatebol, effeithiol ac effeithlon yn ein cymunedau gwledig

## Monitro cynnydd

Dylid monitro cynnydd tuag at y weledigaeth hon trwy gydraddoldeb iechyd gwledig a dangosfwrdd iechyd poblogaethau. Mae ein Matrics Aeddfedrwydd Model Cymdeithasol ar gyfer Iechyd a Llesiant hefyd yn offeryn cyflwyno da i nodi cynnydd yr holl bartneriaid tuag at gryfhau cymunedau, atal ac ymyrraeth gynnar.

Mae wedi'i fewnosod yn Gwiriwr Cynnydd Llesiant Cenedlaethau'r Dyfodol. Dylai hyn gynnwys mesurau mynediad a thegwch gwledig, gan gynnwys amser teithio, allgáu digidol, mynediad at wasanaethau, disgwyliad oes iach, gwendid a chwympiadau, cyrhaeddiad rhoi'r gorau i smygu, niwed sy'n gysylltiedig ag alcohol a chyffuriau, mynediad at fwyd, cyswllt cymdeithasol a bregusrwydd hinsawdd. Dylid cyfuno hyn â mewnwelediad cymunedol o Sir Gaerfyrddin, Ceredigion a Sir Benfro yn ogystal â darparu gwasanaethau cytundebol a gofal sylfaenol wedi'u comisiynu. Dylai'r dangosfwrdd helpu i olrhain Model Atal 20pedwar7 a'r Model Cymdeithasol ar gyfer Iechyd a Llesiant: a yw atal yn cael ei ymgorffori mewn llwybrau iechyd arferol, a yw cymorth cynharach yn cyrraedd pobl yn agosach at gartref, a yw partneriaethau cymunedol yn cryfhau cefnogaeth leol, ac a yw gweithredu yn lleihau anghydraddoldebau rhwng lleoedd a grwpiau poblogaeth.

Bydd Adroddiad Blynyddol y Cyfarwyddwr Iechyd Cyhoeddus yn parhau i ddarparu adroddiad blynyddol ar gynnydd, gan lywio blaenoriaethau'r system, cefnogi cyd-atebolrwydd ac arwain y gwaith o weithredu hirdymor ar gyfer dyfodol gwledig iach yn Sir Gaerfyrddin, Ceredigion a Sir Benfro.

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
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