

Planning Objective 10 – Population Health

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Period of reporting: Quarter 2 progress update

What is the aim of the Planning Objective?

SCOPE:

- Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol.
- Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care).
- Leadership and partnership working to strengthen health board position on health equity and the wider determinants of health, continuing to develop a Social Model for Health and Wellbeing. (Including support & collaboration with PSBs and RPB).

AIM:

To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and reduce the long-term trends of increasing burden of ill health on the Health Board.

What have been the key achievements so far?

Planning Objective 10 - Population Health				
[Strategic Objective 4: The best health and wellbeing for our communities]				
Objective	Specific Deliverables	Timescale	Lead Officers	Progress to date RAG Status
10.1. Develop a strategic approach to improving population health and equity : Complete the development of a vaccination equity strategy , and commence action planning and implementation.	10.1.1 Establish forum with appropriate governance, and terms of reference for oversight of systematic approach to health equity in HDdUHB	Sep-24	JD	On track , Health Improvement and Strategic Equity Oversight Group is established. Vaccine Equity Steering Group developed to oversee delivery of strategic plan, monitoring will take place through Immunisation Oversight Group.
10.2 Develop and implement a regional health protection plan.	10.2.1 Establish Strategic Health Protection Oversight Group and agree local priorities, identifying trajectories and improvement	Jun-24	MH/BL/G A/GJ	On track , Group established and local priorities, trajectories and outcomes identified. Work underway on a three-year strategic plan for 2025-28..
10.3 Deliver on National Immunisation Framework with a focus on increasing uptake of MMR and seasonal imms	10.3.1.1 Vaccination centre walk in for all over 5s for all vaccination programmes	Jun-24	MH/BL/GJ	On track , summer drop in events held but not used well by population. Team reviewing ongoing access to drop in opportunities whilst targeting low uptake areas across MMR2 and 4 in 1 pre school booster.
	10.3.1.2 Data cleansing for MMR to ensure accurate portrayal of health board performance	Jun-24	MH/BL/GJ	Completed. for school aged children, need to explore further those children up to 5 years of age.
	10.3.1.3 Vaccination sessions at all schools with 50+ pupils under 90% MMR2 rate	Jun-24	MH/BL/GJ	Completed. but a challenge on uptake, focussed programme continues. Achieved 90.1% in Primary schools and 92.1% across secondary schools.
	10.3.4.1 Review seasonal vaccination uptake among nursing staff and make recommendations with early planning for 24/25 programmes; implement changes to	Jun-24	MH/BL/GJ	On track , planning for seasonal vaccination programmes complete and programmes began for Autumn / Winter period. Monthly review of uptakes across seasonal Flu, Autumn COVID booster and RSV immunisations
10.4 Tobacco - implementation of local tobacco control plan working towards Smokefree 2030	10.4.1. Establishment of local tobacco control group	Jun-24	JD	Completed. First meeting scheduled for end of June chaired by Prof. K Lewis , draft terms of reference established, agenda and dates of quarterly meetings ongoing.
10.5 Delivery of Whole Systems Approach to Healthy Weight	10.5.1 Develop sub-system areas of focus and agree priority actions for next two years of programme	Mar-25	BC/TN/L W	On track , Regional mapping of the healthy weight system undertaken with stakeholders to build a shared understanding of the complex healthy weight system and the challenge to be addressed. System maps utilised at PSB level workshops during the Autumn aimed at narrowing the focus of the system to an agreed regional priority for collaborative action – outputs currently being analysed and will be shared back with stakeholders in early December. HDdUHB Healthy Weight Oversight Group established to provide oversight of key programmes of work in support of the Health Board's healthy weight agenda. A Mapping Report of the All Wales Weight Management Pathway has been completed identifying gaps and opportunities

What have been the key achievements so far (cont.)?

10.6 (Re)establish regional Children and Young People’s governance forum under the RPB	10.6.1 Regularised meetings with ToR signed off by group to improve recognition of needs and strategies to improve H&WB of CYP	Sep-24	BW	Completed. RPB CYP Board have signed off ToR and quarterly meetings established. Strategic prioritisation exercise to be agreed at Q4 meeting.
10.7 Progress the development of the Social Model for Health and Wellbeing	10.7.1 Produce new framework for action for SMfHW	Mar-25	TN/ND/R R	On track. Definition and Principles of a SMfHW agreed by the Steering Group and progressing through internal governance processes within the Health Board and as part of external consultation working with the Engagement Team. Draft Framework being developed to include a Charter to be launched at a planned Summit in March 2025
	10.7.2 Initiate development of social innovation with partners	Dec-24	TN/ND/R R	On track. Leading the Development of the Social Innovation Institute with Trinity St Davids University; e.g made links on a new Arts & Health Creative Prescribing Programme following a successful bid for funding
	10.7.3 Map existing groups/initiatives/projects aligned to SMfHW	Mar-25	TN/ND	On track. Initial mapping commenced as part of on-going implementation
10.8 Alcohol and Drug Use	10.8.1 Retendering of Tier 2 Drug and Alcohol Services for adult and children & young persons	Mar-25	JD/CM	On track, Work on specification to be discussed at extended SLT in July. Tender due to be out by October and awarding of contract in January 2025
10.9 Equity in Clinical Service Planning	10.9.1 Develop framework for integrating equity and prevention into clinical service planning	Dec-24	JD/DD	On track, Work on developing the frameworks for integrating equity and prevention into clinical services setting out proposal and approach is underway and Sbar to be produced. Also linking with Public Health Wales and framework was included in a Clinical Services Review Workshop late May as part of Hurdles Document.
10.10 Return on Investment	10.10.1 Produce a form of Return on Investment to health services for a few key public health services	Sep-24	JD/DD/CJ	On track, ROI papers on alcohol and drugs and smoking cessation were presented to SDOC. The financial elements of these are currently being reviewed. The ROI paper for vaccinations and immunisations is being reviewed by the finance and planning team prior to submission to SDOC.

How do we know what we are doing is having an impact?

Indicator	Target	Hywel Dda 2023/24	Reporting period	Hywel Dda 2024/25	Carms	Ceredigion	Pembs	Movement	Wales
5% of adult smokers make a quit attempt via smoking cessation services	1.25% per qtr - 5.0% at Q4	7.45%	6/30/2024	2.11%				↑	NR

Indicator	Target	Hywel Dda 2023/24	Reporting period	Hywel Dda 2024/25	Carms	Ceredigion	Pembs	Movement	Wales
% Vaccine uptake in children reaching their 5th birthday - "4 in 1"	95%	88.00%	6/30/2024	86.10%	83.10%	92.10%	87.70%	↓	89.40%
% Vaccine uptake in children reaching their 5th birthday - Hib/MenC Booster	95%	94.00%	6/30/2024	93.80%	92.50%	92.70%	96.70%	↔	93.80%
% Vaccine uptake in children reaching their 5th birthday - MMR dose 2	95%	88.90%	6/30/2024	86.40%	84.00%	90.10%	88.40%	↓	89.60%
% Vaccine uptake in children reaching their 5th birthday - "Up to date in schedule"	95%	88.00%	6/30/2024	84.90%	82.30%	88.70%	87.00%	↓	87.70%

MMR staff vaccination update

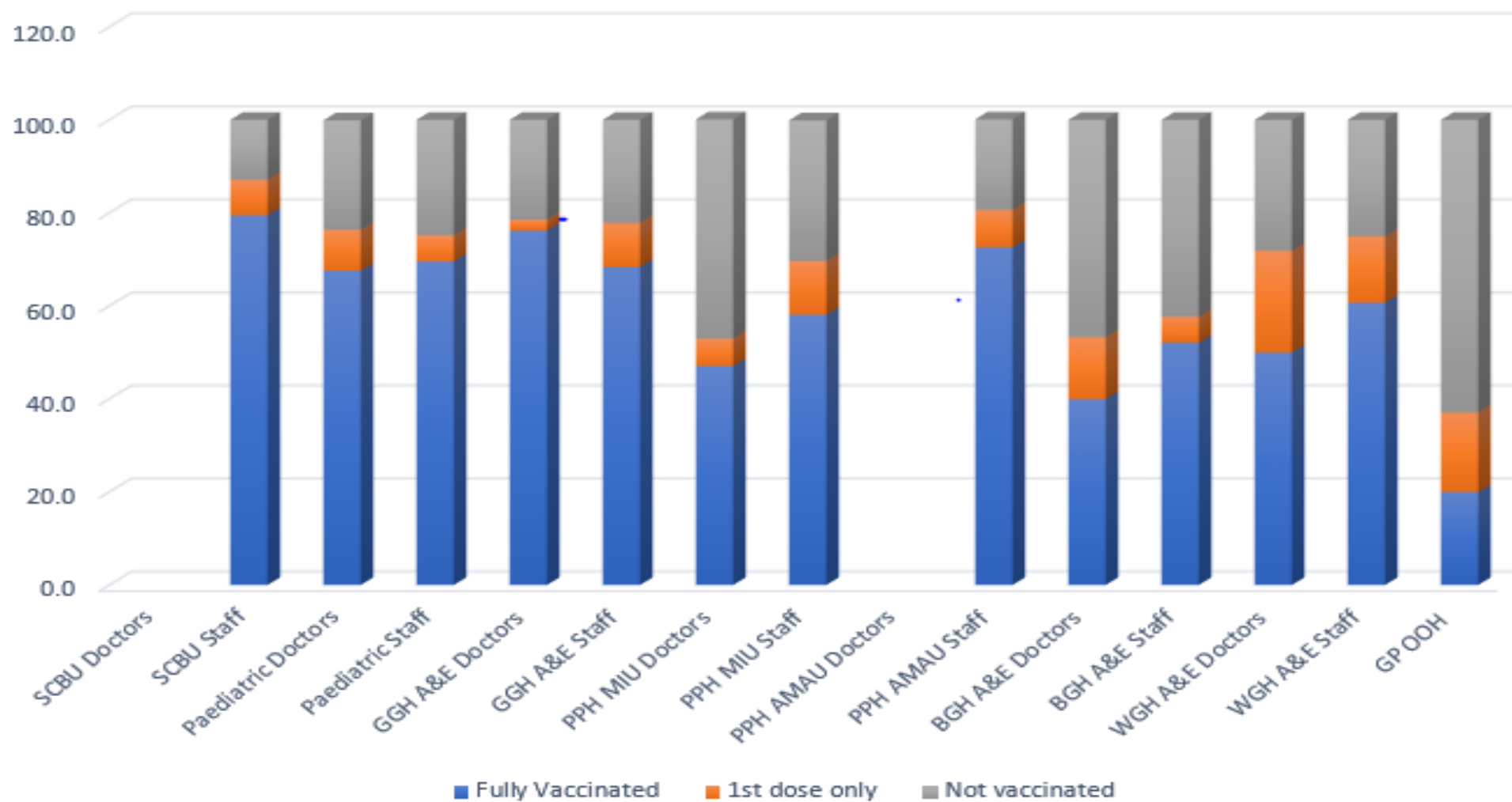
- Information and prompts for all staff to check immune status has been coordinated through internal Health Board communications.
- Targeted communications (letters) have been sent to tier one high risk work areas and tier two occupational groups, including an offer of flexible, local vaccination and support to meet team needs.
- Additional information and education on MMR vaccination has been provided to senior nurse managers and service delivery managers through routine business meetings.
- In addition to routine bookings for existing occupational health clinics, public health and occupation health immunisation staff have collaborated to provide drop-in MMR vaccination centres to increase all staff access.
- A roaming vaccination service has been used to check staff immune status and offer MMR vaccination across all Health Board sites, revisited each month. This service has also provided opportunistic information and vaccination for executive and senior leadership staff.
- There is ongoing work targeting out of hours staff, many of whom are locums born before 1970 and therefore assumed to have established measles immunity.



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND



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



What are your take home messages for the Committee?

- The Directorate is making good progress against process-oriented planning objectives, despite capacity gaps, particularly at the consultant level, which have contributed to budget underspend.
- With ongoing structural changes, the next round of annual planning will increasingly focus on outcome-oriented objectives, building on the solid process measures completed this cycle.
- **Risk 1884:** There is a risk that the Hywel Dda Public Health Team may struggle to support the Health Board's priorities for 2024/25 or fulfil statutory functions, including responding to acute outbreaks, due to limited capacity. Only one of four consultants is currently in post, with a locum/fixed-term consultant starting in July 2024 and a new Deputy Director of Public Health in September. This is a Directorate risk, with a current score of 16.
- SDODC is asked to **RECEIVE ASSURANCE** on Quarter 2 progress and the Directorate's commitment to exploring the impact of objectives on population health and actions for further improvement.