

CYFARFOD BWRDD PRIFYSGOL IECHYD STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 December 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Embedding a social model for health and wellbeing
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Trina Nealon, Principal Public Health Practitioner

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Progress has been made in developing tools for a system-wide approach to a social model for health and wellbeing, including a definition and set of principals approved by the Social Model for Health and Wellbeing (SMfHW) Steering Group, which are provided for assurance as Appendix 1.

The definition and principals will be used to develop a framework to embed the model as a way of working across partnership organisations. This commitment will form the basis of a celebratory Summit event in early 2025.

Cefndir / Background

Hywel Dda University Health Board has committed to embedding a SMfHW under Planning Objective 10: Population Health in the long-term strategy and Annual Plan 2024/25, including through support and collaboration with Public Service Boards (PSBs) and the Regional Partnership Board (RPB).

Key actions undertaken to date include:

- A systematic review of academic literature conducted by Aberystwyth University in 2022
- A “Conversations with a Purpose” thematic review led by Dr Philip Kloer and Baroness Rennie Fritchie, supported by the Public Health Directorate, in 2021/22
- Executive Leadership of the SMfHW transferred to the Executive Director of Public Health, February 2024
- Reviewed SMfHW Steering Group as part of Health Board governance review in 2024, with a strategic focus, revised membership and purpose
- A Definition and set of six Principles have been formulated and agreed by Steering Group members which will form part of a Framework and Charter
- Working with the Health Board’s Engagement Team, consultation is taking place on how these how these Principles can be embedded within organisations and communities

- A celebration event a multi-partnership Summit - to help amplify and lead a SMfHW 'movement' is planned for March 2025 with representation from the Future Generations Commissioner's Office, Welsh Government and presentations from prominent leaders working to reduce inequalities and inequity in population health

Asesiad / Assessment

Population health and wellbeing are influenced by socio-economic, environmental, and other factors, necessitating a holistic view of individual and community experience and outcomes.

The SMfHW Steering Group, in conjunction and represented by all 3 PSBs and Local Authority and Third Sector partners, formulated and agreed the principles, which will provide a foundation for all work outlined in the PSB's Well-being Plans.

The three 'Creating Change together' groups, established by the SMfHW provide a network for sharing and developing community practice to help reduce inequalities in health. Consultation has commenced on forming a 'Community of Practice' across the region.

The PSBs and the RPB support a system-wide approach to improving population health, wellbeing, and equity, for example, through the Shaping Places for Well-being in Wales Programme led by Public Health Wales and the Welsh Government's Healthy Weight, Healthy Wales strategy. The agreed definition and principals for the social model for health and wellbeing reflect this holistic and system-based approach.

To build momentum on progress to date and help further embed the social model for health and wellbeing as a shared way of working across partnering organisations in the Hywel Dda region, the next steps are:

- To develop a supporting framework, including a charter, maturity matrix, and self-assessment tool.
- To confirm a communications strategy, including options for a landing webpage, and supporting resources.
- To establish a community of practice building on the momentum of 'Creating Change' groups with the aim of expanding engagement with communities for a shift towards a SMfHB.
- To hold a celebratory Summit planned for spring 2025.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to:

- **RECEIVE ASSURANCE** that the Health Board is taking forward as per annual plan 2024-25 the social model for health and wellbeing by supporting the definition and principles as outlined in Appendix 1, and subsequent actions outlined above.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

3.1 Seek assurance on delivery against all Planning Objectives aligned to the Committee (see Appendix 1), considering, and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.

	3.8 Consider the Health Board's approach to reducing health inequalities and the interventions aimed at addressing the causes.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	5. Equitable 6. Person-Centred 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities 6. Sustainable use of resources 1. Putting people at the heart of everything we do 2. Working together to be the best we can be
Amcanion Cynllunio Planning Objectives	10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Well-being of future Generations (Wales) Act 2015
Rhestr Termiau: Glossary of Terms:	Contained within the body of report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	SMfHW Steering Group Formal Executive Team A Healthier Mid and West Wales Group Strategic Development and Operational Delivery Committee

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Yes – Attached EQIA Appendix 2
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Ansawdd / Gofal Claf: Quality / Patient Care:	Evidence of improving the well-being of the population is at the forefront of this model
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Positive impact

Appendix 1: Definition and Principles of Social Model for Health and Wellbeing

Social Model for Health and Wellbeing (SMfHW)

Definition

A Social Model for Health and Wellbeing (SMfHW) focuses on reducing health inequalities, enabling people and communities to have more control over their health to achieve and maintain the best possible health. This model promotes prevention, early identification of disease and timely intervention. A SMfHW advocates that the building blocks of health, including social, environmental and biological factors, can create favourable conditions for good health. It also highlights that the prerequisites for health and prospects for health are everyone's responsibility, including health services, governments, local authorities, the voluntary sector, industry, academia, communities and individuals themselves.

Our SMfHW approach has an agreed set of principles. These are practical actions that can be taken to support a shift towards a SMfHW

Principles

Principle 1

A Social Model for Health and Wellbeing will complement and integrate with other ways of working, values, principles and objectives.



Principle 2

Leaders will be bold and brave and will strategically commit to supporting a shift towards a Social Model for Health and Wellbeing.



Principle 3

Involvement with individuals and communities will take place to understand their needs and support the co-production of solutions.



Principle 4

Meaningful collaborations with partners will be strengthened and developed to make the most of the building blocks of health and wellbeing, with the goal of enabling individuals and communities to build resilience, reducing health inequalities and improving health equity.



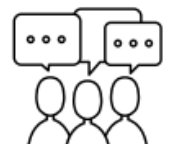
Principle 5

A more preventative approach, including earlier identification and intervention, will be taken to support people to maintain and improve their health and wellbeing.



Principle 6

A culture of testing and learning will be encouraged, enabled, supported and celebrated.



Hywel Dda University Health Board Equality & Health Impact Assessment (EHIA)

Please note:

Equality and Health Impact Assessments (EHIA) are used to support the scrutiny process of a Board or Committee by identifying the impacts of key areas of action before any strategic or higher-level decisions or recommendations are made.

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment.

- The completed Equality & Health Impact Assessment (EHIA) must be:
 - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval.
 - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.

For in-house advice and assistance with assessing for impact, please contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Part 1 – The Proposal

Sponsored by:	Name	Ardiana Gjini
	Title	Executive Director of Public Health
	Contact details	Ardiana.Gjini2@wales.nhs.uk

Policy or project title:	Embedding a Social Model for Health and Wellbeing
Brief outline of what is being proposed:	<p>Hywel Dda University Health Board has committed to embedding a Social Model for Health and Wellbeing (SMfHW) under Planning Objective 10: Population Health in the long-term strategy and Annual Plan 2024/25, including through support and collaboration with Public Service Boards (PSBs) and the Regional Partnership Board (RPB).</p> <p>A number of key actions have taken place. Of relevance to this paper are the following:</p> <ul style="list-style-type: none">• A Definition and set of six Principles have been formulated and agreed by Steering Group members which will form part of a Framework and Charter

	<ul style="list-style-type: none"> • Working with the Health Board’s Engagement Team, consultation is taking place on how these how these Principles can be embedded within organisations and communities • A celebration event /multi-partnership Summit - to help amplify and lead a SMfHW ‘movement’ is planned for March 2025 with representation from the Future Generations Commissioner’s Office, Welsh Government and presentations from prominent leaders working to reduce inequalities and inequity in population health
<p>Who will be affected by the strategy / policy / plan / procedure / service? (Consider staff as well as the population that the project / change may affect to different degrees)</p>	<p>The shift towards a social model for health and wellbeing will affect:</p> <ul style="list-style-type: none"> • Staff working in Statutory and Non-statutory services and the Third Sector across the region. • Citizens of Ceredigion, Carmarthenshire, and Pembrokeshire. • Health Board and Local Authority partners and stakeholders.

Part 2- Equality, Human Rights and Welsh language

1. How will the strategy, policy, plan, procedure and / or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No Impact	Potential positive and / or negative impacts Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.
<p>Age</p> <p>Is it likely to affect older and younger people in different ways or affect one age group and not another?</p>	√			Embedding the Social Model for Health and Wellbeing should have a positive impact on the population in general.	Younger and older people may better understand the role that they play in managing their health and wellbeing. Being engaged in local community activities is increasingly recognised as an important factor in maintaining health and wellbeing. Opportunities for improved access to volunteering both in the workplace and within communities may be improved as part of embedding a Social Model for Health and Wellbeing.
<p>Disability</p>	√				It is expected that all citizens may better understand the role that they play in managing their health and wellbeing.

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No Impact	Potential positive and / or negative impacts Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.
Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes					It is anticipated that being engaged in activities in local communities will be increasingly recognised as important in maintaining health and wellbeing Increased awareness of the importance of including people with sensory or physical or learning disabilities in planning, delivering and participating in services.
Gender Re-assignment Consider the potential impact on individuals who either: <ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but 	√			Embedding the Social Model for Health and Wellbeing should have a positive impact on the population in general.	It is anticipated that an increasing awareness of the importance and advantages of including people considering or undergoing gender-reassignment or who wish to live permanently in a different gender from their gender at birth in planning, delivering and participating in services may be supported as part of embedding the Principles of a Social Model of Health and Wellbeing.

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No Impact	Potential positive and / or negative impacts Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.
wish to live permanently in a different gender from their gender at birth.					
Marriage and Civil Partnership This also covers those who are not married or in a civil partnership.	√				
Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.	√				Citizens may be engaged in activities in their local community which contribute to maintaining health and wellbeing, including community-based support to new parents and carers and access to health and social care support, particularly in areas of high deprivation.
Race or Ethnicity People of a different race, nationality, colour, culture or	√			Embedding the Social Model for Health and Wellbeing should have a positive impact on the population in general.	It is anticipated that an increasing awareness of the importance and advantages of including all people regardless of their sex, maternity status,

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No Impact	Potential positive and / or negative impacts Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.
ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.					race, ethnicity, religion or belief in planning, delivering and participating in services.
Religion or Belief (or non-Belief) The term 'religion' includes a religious or philosophical belief.	√				
Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?	√				
Sexual Orientation	√				

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No Impact	Potential positive and / or negative impacts Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.
Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.					their sexual orientation, or membership of the Armed Forces, or family of a member of the Armed Forces in planning, delivering and participating in services.
Armed Forces Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find	✓			Embedding the Social Model for Health and Wellbeing should have a positive impact on the population in general.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No Impact	Potential positive and / or negative impacts Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.
accessing such goods and services challenging.'					
<p>Welsh Language</p> <p>Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.</p>	√				<p>It is anticipated that being engaged in Welsh, English, bilingual or other language medium activities in their local community would be increasingly recognised as important in maintaining health and wellbeing and would hope to see an increase in volunteering.</p> <p>It is anticipated that an increasing awareness of the importance and advantages of including all people regardless of their language of choice in planning, delivering and participating in services.</p>

Part 3 – Human Rights

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. For a fuller explanation of these rights and other rights in the Human Rights Act please refer to Appendix A: The Legislative Framework.

Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the Policy relevant to:	Yes	No
<p>Article 2 : The right to life</p> <p>Example: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control</p>	√	
<p>Article 3 : The right not be tortured or treated in an inhuman or degrading way</p> <p>Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control</p>	√	
<p>Article 5 : The right to liberty</p> <p>Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control</p>	√	
<p>Article 6 : The right to a fair trial</p> <p>Example: issues of patient choice, control, empowerment and independence</p>	√	
<p>Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control</p> <p>Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life</p>	√	
<p>Article 11 : The right to freedom of thought, conscience and religion</p>	√	

Example: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers		
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Part 4 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population and specific population groups (sometimes referred to as communities of interest or communities of place) who could be more impacted than others by a policy / project / proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- Potential gaps, opportunities to maximise positive health and wellbeing outcomes
- Recommendations / mitigation to be considered by the decision makers

Identification of specific population groups

The groups listed below have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in EHIA Screening and Appraisal. In an EHIA, the groups identified as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself. The lists provided are therefore just a guide and are not exhaustive. It may be appropriate to focus on groups that have multiple disadvantages.

Complete the wider determinants framework table below providing rational / evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive / negative) for each of the wider determinants (the bullets under each determinant are there as a guide).

2. Record any unintended consequences (negative impacts) and / or gaps identified. Please remember to include evidence to support this view along with details of any engagement which has taken place with any particular group(s)
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation / recommendations where appropriate

Please note you may find that not all determinants are relevant to the project / plan.

Wider determinant for consideration	Positive impacts or additional opportunities Please include evidence to support your view.	Negative impacts, unintended consequences or gaps Please include evidence to support your view	Population groups affected Please include evidence to support your view	Mitigation / recommendations
Lifestyles <ul style="list-style-type: none"> • Diet / nutrition / breastfeeding • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Risk-taking activity i.e. gambling, addictive behaviour 	The Social Model for Health and Wellbeing seeks to promote community and person-centered approaches, enabling and empowering individuals and communities to build health and wellbeing equally.			
Social and community influences on health <ul style="list-style-type: none"> • Adverse childhood experiences 		It is a model that has many elements. Evidence		

<ul style="list-style-type: none"> • Citizen power and influence • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Social isolation/loneliness • Social capital/support/network 	<p>to support each element can be found in documentation relating to the Wellbeing of Future Generations (Wales) Act 2015; Social Prescribing; Social Services and Wellbeing Act.</p>			
<p>Mental Wellbeing</p> <ul style="list-style-type: none"> • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience? 				
<p>Living / environmental conditions affecting health</p> <ul style="list-style-type: none"> • Attractiveness / access / availability / quality of area, green and blue space, natural space. • Health & safety, community, individual, public / private space 	<p>The Social Model for Health and Wellbeing seeks to promote community and person-centered approaches, enabling and empowering individuals and</p>			

<ul style="list-style-type: none"> • Housing, quality / tenure / indoor environment • Light / noise / odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality 	<p>communities to build health and wellbeing equally.</p> <p>For evidence: see above</p>			
<p>Economic conditions affecting health</p> <ul style="list-style-type: none"> • People on low income, economically inactive, unemployed / workless • People who are unable to work due to ill-health • People living in areas known to exhibit poor economic and/or health indicators • People unable to access services and facilities • Food / fuel poverty • Personal or household debt. <p>For a comprehensive guide to the Socio Economic Duty in Wales and supporting resource please see https://gov.wales/more-equal-wales-socio-economic-duty</p>				

<p>Access and quality of services</p> <ul style="list-style-type: none"> • Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • Medical and health services • Other caring services i.e. social care; Third Sector, youth services, child care • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services <p>Transport including parking, public transport, active travel</p>	<p>The Social Model for Health and Wellbeing seeks to promote community and person-centered approaches, enabling and empowering individuals and communities to build health and wellbeing equally. For evidence: see above</p>			
<p>Macro-economic, environmental and sustainability factors</p> <ul style="list-style-type: none"> • Biodiversity • Climate change / carbon reduction / flooding / heatwave • Cost of living i.e. food, rent, transport and house prices • Economic development including trade • Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration 				

Actions (required to address any potential negative impact identified or any gaps in data)	Assigned to	Target Review Date	Completion Date	Comments
There are no potential negative impacts identified or gaps in data as part of work to date to embed a Social Model for Health and Wellbeing.				

EHIA Completed by:	Name	Rhian Rees
	Title	Senior Public Health Practitioner
	Department	Public Health Directorate
	Contact details	Rhian.Rees@wales.nhs.uk
	Date	4.12.24
EHIA Authorised by:	Name	Trina Nealon
	Title	Principal in Public Health
	Department	Public Health Directorate
	Contact details	Trina.Nealon@wales.nhs.uk
	Date	4.12.24