

**PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 December 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	PO 7C: Social Model for Health and Wellbeing (SMfHW)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Phil Kloer, Medical Director and Deputy CEO
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Leighton Phillips, Director of Research, Innovation and Value and Nathan Davies, Senior Project Manager (TPO)

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report aims to provide assurance to the Strategic Development and Operational Delivery Committee (SDODC) about progress made to deliver Planning Objective 7C (Social Model for Health and Wellbeing) and the proposed direction of travel for future work.

Cefndir / Background

Hywel Dda University Health Board (HDdUHB) is committed to a Social Model for Health and Wellbeing (SMfHW). This strategic commitment was ratified in the A Healthier Mid and West Wales (AHMWW) Programme (2018) and there has been a Planning Objective (now PO 7C) about a SMfHW in the Annual Plan since the COVID-19 pandemic.

Over the past two years, the Executive Medical Director (EMD) has led a work programme to consider how HDdUHB can move from a Medical Model towards a more Social Model for Health and Wellbeing. The EMD has led three interrelated pieces of work:

- A literature review designed to define the SMfHW and identify examples of organisations that have successfully implemented it. The review concluded that the SMfHW is a difficult concept to define with precision but there are several widely recognised characteristics evident within organisations pursuing approaches characterised by a SMfHW.
- Expert interviews (Conversations With a Purpose) with a wide range of thought leaders and holders of significant public office. The interviews sought to understand the social model, its merits and key considerations around its implementation. There was strong support for the model, but experts found it difficult to define and often referred to what the social model is not. Somewhat encouragingly, experts provided several examples of how the NHS could operate differently to bring about its delivery.
- As part of a wider Public Health survey, asking a question to determine public understanding of the importance of a move towards a SMfHW. This was achieved by asking people whether they considered various determinants of health and wellbeing to be important. While relatively low in number, those responding to the survey considered the social model to be important.

These three pieces of work generated considerable and diverse information and insight about how a SMfHW can be defined and implemented. Through a process of triangulation, the main areas of consensus across the three pieces of work were:

- Acceptance of the considerable pressures facing public services and the need to find headroom for preventative activities to avoid a future tsunami of health and care demand.
- General agreement on the need to move towards a SMfHW but acceptance that there is not a commonly accepted and well-defined approach or tool for doing so.
- The importance of recognising the workforce as the greatest asset in supporting a move towards the SMfHW but many staff will require development and support to understand and work in a manner consistent with the model.
- In time of constraint, leadership around the SMfHW will be essential to making it a reality. Investing in courses of action that might take years to yield a benefit could be perceived as risky.
- Acknowledgement that partners have an appetite to share assets (including funding) but that there is currently limited impetus or opportunity to do so, including with and by the Health Board. Public funding mechanisms need to be reviewed and revised for assets to be shared more easily and effectively.
- Agreement that shared accountability, from individual service provision through to system-wide service delivery, is needed for the SMfHW to be implemented.

The triangulation work and associated discussion resulted in the identification of three broad areas of focus to help support a shift towards a SMfHW:

1. Workforce
The SMfHW will only be realised if all those working for or within Hywel Dda UHB understand and are committed to its importance, and have the knowledge, skills, and time to start advancing practical actions to make it a reality.
2. Partners / partnerships
The SMfHW will only be realised by Hywel Dda UHB utilising partnerships fully, meaningfully, and where appropriate, developing new partnerships arrangements in the interest of improved health and wellbeing outcomes.
3. Communities
The SMfHW will only be realised through Hywel Dda UHB finding new ways to understand community needs and aspirations and play its role alongside others to unlocking the assets and resources, which exist to bring about change.

The three broad areas were presented to and accepted at a Board Development session in June 2023. Board asked the EMD to identify some practical next steps.

The context changed after June 2023 because of the financial and operational pressures that the Health Board was facing and continues to face. However, it was highlighted that a focus on a SMfHW needed to be retained in order to identify and address the root causes of poor health and wellbeing, which ultimately manifest in increasing demand and a more challenging financial and operational position year-on-year.

In light of this, the work around a SMfHW for the next 12 months was reconsidered to ensure that it could continue without putting additional strain on already stretched individuals, teams and services. An action plan was developed in August 2023, reflecting available staff resource, to enable a limited number of high impact areas of work to be continued or started. Progress against the high impact areas of work are summarised in the assessment section below.

Asesiad / Assessment

This section of the report summarises the high impact areas of work to help support the shift towards a SMfHW.

Workforce

It was acknowledged that a SMfHW can only be realised if all those working for or within the Health Board understand and are committed to its importance and have the knowledge, skills, opportunity, support and motivation to start advancing practical actions to make it a reality.

As a starting point, consideration is being given to the possibility and feasibility of establishing an Employer Supported Volunteer (ESV) scheme. This may initially be for Health Board staff, who live in the three communities that are the focus of place-based activity. A mapping exercise has been carried out to determine the number of staff in each community along with which broad staff group they are. In addition, a draft report about Employer Supported Volunteering, including possible immediate next steps, has been produced. The draft report may help to guide discussion about if and how an ESV could be implemented.

Arrangements are underway to establish a small group of key clinicians in the Health Board to act as a Check and Challenge group.

Partners / partnerships

It was acknowledged that a shift towards a SMfHW can only happen with the support of partners- both external to the Health Board and internal within the Health Board. Therefore, partnership working, including establishing or maintaining trust and building relationships, forms a key part of the SMfHW work. Partnership work includes:

- Health Board staff attend and present the SMfHW at meetings of the Public Services Boards (PSBs).
- The Regional Partnership Board (RPB) Programme Manager has been updated about work and activity.
- County Voluntary Councils (CVCs) attend the county-level Creating Change Together in meetings.
- Health Board staff have attended and presented at the Transforming Tyisha Community Steering Group as well as the various workstream groups.
- Internally, relationships have been made with various teams and individuals, for example, the Public Health team, Future Workforce team and the Community Development Outreach team.

Communities

Specific communities in each county were selected for the initial focus of place-based activity. An SBAR outlining the community-selection process has previously been submitted to SDODC.

Some of the activity taking place in each community is described below:

a) Tyisha (ward), Llanelli (Carmarthenshire):

- The Health Board is aligning activity with the Transforming Tyisha programme.
- Arrangements have been made for the Moondance Cancer Initiative (MCI) to be delivered to Year 6 pupils in Ysgol Pen Rhos (Primary School) in Tyisha- likely in January 2024. One of the Health Board's Colorectal Consultants, members of the Bowel Screening Wales team and, hopefully, a patient with lived experience of bowel cancer will be supporting the delivery of the MCI. The main aims of the MCI are to raise awareness of bowel cancer (e.g. signs / symptoms) and influence ("parental") behavioural change with the intention of increasing the uptake of bowel cancer screening. The MCI has previously been delivered in Secondary Schools, including in the Health Board area. However, this will be the first time delivering the MCI in a Primary School setting.

- Discussions are taking place with the Future Workforce team about delivering talks and giving presentations in Ysgol Pen Rhos about the Health Board in general, e.g. What the Health Board is / the area that the Health Board covers / examples of jobs and careers in the Health Board. This is to raise awareness and understanding of the Health Board and showcase the diversity of entry routes, jobs and careers in the Health Board.
- The Transforming Tyisha team have linked with Primary Care colleagues, e.g. They have attended Primary Care Cluster meetings to share information about community activities and events taking place as part of the Transforming Tyisha project.
- The Transforming Tyisha team are linking with the Future Workforce team to explore volunteering opportunities in / with the Health Board for people, who live in Tyisha.
- Links have been made with a research project led by Swansea University. The aims of the project are to bring together teachers, local and national government, the local community and researchers to learn about how Ysgol Pen Rhos is practicing community-focused education, workshop local challenges and how these are / can be addressed through the curriculum and evidence-based practice and spread that good practice.
- Ongoing discussions are taking place about the possible replication in Tyisha of the Grand Avenues pilot project being delivered in Ely and Caerau in Cardiff. The Grand Avenues pilot project is asset-based, user-centred and rooted in local communities. It will run over ten years, with a new team of probation officers supervising people on probation locally within community hubs, alongside local charities Action in Caerau and Ely and Wales Restorative Approaches Partnership.
- There are regular opportunities for the Transforming Tyisha team and Health Board staff to meet, network and share information and knowledge. For example, the Transforming Tyisha team present updates at the multi-agency “Creating change together in Carmarthenshire” meetings and Health Board staff have presented at the Tyisha Community Steering Group.

b) Crymych and Newport (Pembrokeshire):

- The Health Board is aligning activity with the Preseli Cares programme. This is a Test and Learn programme, an iterative two-year process starting with conversations, surveys and workshops, involving as many people as possible in the design, testing, and delivery of a sustainable community-led model of care and well-being, built on the assets of the area.
- Arrangements have been made for the Preseli Cares team to link with Primary Care colleagues, regarding issues such as discussing the approaches for addressing other issues relating to the social determinants that impact health, such as housing and unpaid care alongside associated stress and anxiety.
- The Preseli Cares team reported that certain community members had highlighted that they experienced difficulties accessing Health Board services such as Hospital appointments because of transport issues. The Preseli Cares team were made aware of the Health Board’s Transport and Travel survey in order that people could submit feedback about their transport and travel issues or difficulties.
- There are regular opportunities for the Preseli Cares team and Health Board staff to meet, network and share information and knowledge. For example, the Preseli Cares team present updates at the multi-agency Creating Change Together in Pembrokeshire meetings and Health Board staff, including the EMD, have attended local (community) Development Group meetings.
- The Health Board is a partner in a multi-agency externally funded project to explore the use of art as a way to creatively engage with community members about what is important to them in terms of health and wellbeing. The project is focusing on three broad groups: Children and young people, carers and older people. The project will be going live in Spring 2024.

- Discussions are taking place, in collaboration with the Public Health Team in the Health Board, with Milford Haven School (Secondary School) about the possibility of delivering a modified version of the Moondance Cancer Initiative (MCI). Rather than focusing on bowel cancer, the school will identify its own area of focus or interest such as vaping or consumption of energy drinks, and will be supported to address that particular focus. There will also be an emphasis on the use of data to support activity.

c) Lampeter (Ceredigion):

- In collaboration with the University of Wales Trinity Saint David (UWTSD), weekly Wednesday walks have been established. The walks, which are accessible and take place around the UWTSD campus, enable people to get together informally. Approximately 40 people, including the Mayoress of Lampeter, took part in the first walk on 25 October 2023. Local schools are now also participating. Discussions are taking place with partners in the other communities about the possibility of replicating the walks there.
- Information about Ripple Effect Mapping (REM), an evaluation approach being used by the Preseli Cares project, has been shared with public sector partners in Lampeter. Consideration may be given to using Ripple Effect Mapping to support the evaluation of the recently launched (October 2023) Wellbeing Centre in Lampeter.
- Regular multi-agency Creating Change Together in Ceredigion meetings take place, which provide the opportunity for public sector partners and the Health Board to meet, network and share information and knowledge.

d) Lessons learned:

- Considerable lessons have been and continue to be learned about how the Health Board works with communities. A lessons learned log has been set up to capture and record lessons learned.

Wider work and activity to support a shift towards a SMfHW

In addition to the work summarised above relating directly to communities, partners / partnerships and the HDdUHB workforce, wider work and activity is also taking place to support a shift toward a SMfHW. This section provides an overview of that wider work and activity.

Social Innovation

The OECD defines Social Innovation as:

'The design and implementation of new solutions that imply conceptual, process, product, or organisational change, which ultimately aim to improve the welfare and wellbeing of individuals and communities. Many initiatives undertaken by the social economy and by the civil society have proven to be innovative in dealing with socio-economic and environmental problems, while contributing to economic development.'

It has been highlighted that there is a need to create some capacity to develop and test new approaches to achieving a SMfHW both within the Health Board and in partnership with others. An SBAR about Social Innovation, which explored taking a thematic focus on Social Innovation as part of our TriTech and Innovation functions, was submitted to and discussed at the Research and Innovation Sub-Committee (R&ISC) meeting on 6 November 2023. The R&ISC agreed with the proposals in the SBAR. Additional scoping work and planning will now be undertaken.

10,000 conversations for community engagement

The 10,000 conversations pilot project, led by PLANED, is complete. The results of the pilot are currently being considered. One possible next step is to develop a Toolkit, which could be used by local organisations to have wellbeing conversations with their clients, groups or citizens at a

small scale. An accompanying training programme for facilitators of the wellbeing conversations could also be developed.

It has been suggested that it may be beneficial to test the Toolkit and training programme, when developed, in the three communities- Tyisha, Crymych and Newport and Lampeter.

Ripple Effect Mapping (REM)

Ripple Effect Mapping is a participatory, qualitative method that can capture the wider impacts- both intended and unintended, of a project or programme. The Preseli Cares team are using REM to evaluate the Preseli Cares project.

Information about REM has been shared with the Transforming Tyisha team and partners in Lampeter as a possible evaluation approach for community activity.

Asset Based Community Development (ABCD)

[Asset Based Community Development \(ABCD\)](#) is an approach to sustainable, community-driven development. The premise of ABCD is that:

...communities can drive the development process themselves by identifying and mobilizing existing, but often unrecognised assets.

In December 2018, approximately 20 Health Board staff took part in ABCD training. Although this was several years ago, an evaluation is going to be carried out to find out if and how training participants have used or are using ABCD in their day-to-day work. The evaluation will seek to identify any barriers to implementing an ABCD approach. It will also aim to find out about examples of other community development approaches that training participants are aware of or have used. The results of the questionnaire may indicate the extent to which the Health Board already has ABCD expertise in-house and the extent to which ABCD, as an approach, has been used by the Health Board.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** from the PO 7C: Social Model for Health and Wellbeing (SMfHW) report regarding progress made to deliver Planning Objective 7C and the proposed direction of travel for future work.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Not Applicable
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)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	7c Social model
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The Social Model for Health and Wellbeing: Triangulation Report
Rhestr Termau: Glossary of Terms:	<p>ABCD: Asset Based Community Development</p> <p>MCI: Moondance Cancer Initiative</p> <p>REM: Ripple Effect Mapping</p> <p>SI: Social Innovation</p> <p>SMfHW: Social Model for Health and Wellbeing</p>
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	None

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable

Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Risk log when community activity was PO 4U: PO 4U Risk log v3 ND 16th Nov 2022.xlsx (sharepoint.com)
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable