



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 April 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planning Objectives Closure Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Daniel Warm, Head of Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

A revised set of Planning Objectives (PO) was incorporated into Hywel Dda University Health Board's (HDdUHB) plan for 2023/24 that set out the aims of the organisation, ie the horizon that HDdUHB is driving towards over the long term, as well as a set of specific, measurable Planning Objectives, which move the organisation towards that horizon over the next year.

For 2023/24, nine Planning Objectives were aligned to the Strategic Development and Operational Delivery Committee (SDODC).

As in previous years it is the expectation that SDODC would receive an update on the progress made in the delivery of the Planning Objectives for onward assurance to the Board through the Board Assurance Framework.

This report provides an overview regarding progress of the Planning Objectives and acts as a closure report for the 2023/24 Planning Objectives aligned to SDODC.

Cefndir / Background

The Planning Objectives were the bedrock of our Annual Plan for 2023/24 and this report is presented as an update to demonstrate where progress has been made in delivering those Planning Objectives aligned to SDODC, as per the table below:

Planning Objective	Executive Lead
3a Transforming Urgent and Emergency Care (TUEC) Programme	Director of Operations
4a Planned Care and Cancer Recovery	
4b Develop and deliver a regional diagnostic plan	
4c Mental Health Recovery Plan	
5a Estates Strategy	Director of Strategy and Planning
6a Clinical Services Plan	
7a Public Health	Director of Public Health

7b Integrated Localities, Accelerated Cluster Development and Primary Care sustainability	Director of Primary Care, Community and Long-Term Care
7c Social Model for Health and Wellbeing	Medical Director / Director of Public Health

Throughout the year the Committee has received regular updates and deep dives into each of these planning objectives, all of which can be accessed on the Health Board's website.

Asesiad / Assessment

The table below provides an overview of the status of the Planning Objectives as 2023/24 draws to a close.

Planning Objective	Executive Lead	Current Status
3a Transforming Urgent and Emergency Care (TUEC) Programme	Director of Operations	On-track
4a Planned Care and Cancer Recovery		On-track
4b Develop and deliver a regional diagnostic plan		Behind
4c Mental Health Recovery Plan		On-track
5a Estates Strategy	Director of Strategy and Planning	Behind
6a Clinical Services Plan		On-track
7a Public Health	Director of Public Health	On-track
7b Integrated Localities, Accelerated Cluster Development and Primary Care sustainability	Director of Primary Care, Community and Long-Term Care	N/A – this work now forms part of the Primary Care strategy work contained within 6a
7c Social Model for Health and Wellbeing	Medical Director / Director of Public Health	On-track

Highlight reports for each of the Planning Objectives noting key achievements; outstanding actions / elements still to be completed (if applicable); and any other comments, can be found in Annex i.

Planning Objectives remain a key component moving forward. Based on the learning and progression against the previous Planning Objectives, a revised set of Planning Objectives for 2024/25 was approved by the Board at its meeting in January 2024, and form an essential element of our 2024/25 Annual Plan. The table below shows the alignment of the 2023/24 Planning Objectives to the 2024/25 Planning Objectives. All of the 2024/25 Planning Objectives are again aligned to the appropriate Committee and as such these Committees will receive regular updates to Board for assurance. This reporting will also continue to be visible through the Board Assurance Framework.

2024/25 Planning Objectives	2023/24 Planning Objectives
PO1: Workforce stabilisation	1a Develop an attraction & Recruitment plan
	1b Develop career progression opportunities
	2a Engage with and listen to our people
	2b Continue to strive to be an employer of choice
	2c Develop and maintain an overarching workforce, OD and partnerships plan
PO 2: Financial recovery and roadmap	6b Pathways and Value Based Healthcare
	8b Local Economic and Social Impact
	8c Financial Roadmap

PO 3: Transforming urgent and emergency care	3a Transforming Urgent and Emergency Care programme
PO 4: Planned care (including cancer, diagnostics and therapies performance)	4a Planned Care and Cancer Recovery
	4b Regional Diagnostics Plan
PO 5: Mental health and CAHMS	4c Mental Health Recovery Plan
PO 6: Clinical services plan	6a Clinical Services Plan
PO 7: Primary care and community strategic plan	7b Integrated Localities
PO 8: A Healthier Mid and West Wales infrastructure	5a Estates Strategies
	8a Decarbonisation & Sustainability
PO 9: Digital strategic plan	5c Digital Strategy
PO 10: Population Health (including the social model for health and wellbeing)	7a Population Health
	7c Social Model for Health and Wellbeing
Business as usual POs (not taken forward from 2023/24 into 2024/25)	3b Healthcare Acquired Infection Delivery Plan
	5b Research and innovation
	6c Continuous Engagement
	8d Welsh Language and Culture

Note: the POs in **bold** are assigned to the SDOD Committee for 2024/25.

Argymhelliad / Recommendation

The Committee is asked to **RECEIVE ASSURANCE** on the position in regard to the progress during 2023/24 of the Planning Objectives aligned to the Strategic Development and Operational Delivery Committee, in order to onwardly assure the Board where Planning Objectives are progressing and are on target, and to raise any concerns where Planning Objectives are identified as behind in their status and/or not achieving against their key deliverables.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 To receive an assurance on delivery against all Planning Objectives aligned to the Committee.
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:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be

Amcanion Cynllunio Planning Objectives	1a Recruitment plan 2a Staff health and wellbeing 5b Research and innovation 8d Welsh Language and Culture
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:	3 Year Plan and Annual Plan Decisions made by the Board since 2017-18 Recent <i>Discover</i> report, published in July 2020 Gold Command requirements for COVID-19 Input from the Executive Team Report presented to Public Board in September 2020
Rhestr Termiau: Glossary of Terms:	Explanation of terms is included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Public Board - September 2020 Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Planning Objective(PO): 3a - Implement the Six Goals & To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026

Executive Lead: Andrew Carruthers

Overall status On-track

Key achievements over 2023/24

- Phase1 of the Clinical Streaming Hub - local delivery / resource hubs; Eastgate in Carmarthenshire, Porth Preseli in Pembrokeshire came online at the end of 2023 and Ceredigion have an offer through Porth Gofal and their community service model with outreach in South Ceredigion working with the Same Day Urgent Care (SDUC) service.
- Development of enhanced community care wrap around services to support local resource hubs continues at pace (aligned with the Further Faster pathways).
- Same Day Emergency Care (SDEC) units active in three general hospital sites providing safe alternative direct access pathways via Primary Care or the Welsh Ambulance Service Trust (WAST), avoiding unnecessary conveyance and attendance at Emergency departments and wherever possible discharge individuals home to sleep in their own bed and avoiding an inpatient stay.
- Continued improvement on reducing the Pathway of Care Delays from the April 2023 baseline position through applying a consistent approach to the discharge process, robust action plan against those areas with the highest and longest number of delays ie the assessment phase and increasing the number of Trusted Assessors within the region.

Outstanding actions / elements still to be completed (IF APPLICABLE)

Any other Comments / General Observations

- There has been a considerable amount of clinical engagement undertaken over the last 12 months to help formulate the clinical vision for the regional streaming hub and associated local resource hubs and also work to ensure alignment with other key programmes of work such as Strategic Primary and Community Care, Further Faster etc

Planning Objective: 4a Planned Care and Cancer Recovery

Executive Lead: Andrew Carruthers

Overall status: On-track

Key achievements over 2023/24

- The number of patients on the cancer pathway over the 62-day standard has improved by over 25% from 525 patients waiting in May 2023 to 387 in February 2024
- The number of patients waiting beyond the Referral to Treatment Time (RTT) milestone of 104 weeks reduced from an ambition of 5034 to 1458 at the end of March 2024
- Reduction of backlogs have focused creating opportunities, these have included:
 - Utilised all backfill opportunity in theatres to deliver extra capacity focussed on the longest waiting cohort.
 - Waiting List team validated all patients waiting over 104 weeks and sent to pre-assessment.
 - Refocussed all capacity on longest waiting cohort – working with the responsible teams to ensure all activity was booked from this cohort, and that theatre sessions are fully utilised.
 - Validation of patient cohort implementing Interventions Not Normally Undertaken (INNU) policy and clinical pathways.
 - Monitoring theatre utilisation in line with GIRFT.
 - Improved training.
- The Planned Care position should also take into account - the Health Board has had to deal with a number of critical issues with respect to Industrial Action, Reinforced Autoclaved Aerated Concrete (RAAC), fire and business continuity work (which has progressed addressing some of the most critical risks to our estate).

Outstanding actions / elements still to be completed (IF APPLICABLE)

- This work will continue through 2024/25, as part of new Planning Objective 4: Planned Care, Diagnostics and Cancer.
- We're prioritising delivering the best and most efficient care standards, with an immediate focus on cancer care and reducing waiting times in key areas, including diagnostics and outpatient services.
- Through 2024/25 the Health Board expects to deliver an improved position across Planned Care services. The aspiration is to deliver the 75% Single Cancer standard, have no patients waiting over 104 weeks and no patients waiting over 52 weeks for the first outpatient appointment, in addition to no patients waiting over 8 weeks for diagnostics. At present the plan achieves this in all specialties except Orthopaedics and Ophthalmology. This also includes the eradication of 104-week waits in most specialties.

Any other Comments / General Observations

- In challenging our approaches to achieve the RTT position, the Health Board has adopted a comprehensive approach and a suite of measures and solutions that not only enhances productivity but also optimises patient flow and resource allocation. This endeavour encompasses a series of targeted actions:
 - Pursuit of a 5% Productivity Enhancement
 - Implementation of GIRFT Recommendations
 - Incorporation of Reasons Other Than Treatment (ROTT)
 - Waiting List Initiatives and Outsourcing
 - Commitment to Continuous Improvement



Planning Objective: 4b Regional Diagnostics

Executive Lead: Andrew Carruthers

Overall status: Behind

Key achievements over 2023/24

- Establishment of a Regional (Hywel Dda/Swansea Bay) Diagnostic Programme Board. (ARCH).
- Approval of the plan to establish a Regional Pathology service, in shadow form from April 2024 (ARCH).
- A regional diagnostics programme community diagnostics workshop to establish priority areas for possible regional collaboration (ARCH).
- Clearer joint data sets ie Radiology.
- Diagnostics services Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis completed across both Health Boards.

Outstanding actions / elements still to be completed (IF APPLICABLE)

- Creation of diagnostic specific groups for: Endoscopy: Radiology: Terms of Reference were produced but meetings not progressed.
- Creation of a diagnostics workforce group or function.
- Clear demarcation between individual Health Board work and those elements susceptible to regional development.
- Neurophysiology regionalisation is on hold awaiting the Welsh Health Specialised Services Committee (WHSSC) service specification (2024/25) and ARCH resource allocation.

Any other Comments / General Observations

- As the year progressed it became apparent that initial, ambitious plans for the ARCH regional diagnostic programme were hampered by a lack of resource within the ARCH team.
- There has also been a recognition during Quarter 4 that there may need to be some re-alignment of Joint regional planning arrangements outside the ARCH infra-structure, and some of this may include diagnostic elements.
- It also became apparent that a lack of clear, Health Board specific, diagnostics strategy and plans (for both Health Boards) was hampering efforts to establish regional priorities.
- During Quarter 4 most meetings of the Regional Diagnostics Programme Board were cancelled.

Planning Objective: 4c Mental Health Recovery Plan

Executive Lead: Andrew Carruthers, Director of Operations

Overall status: On-track

Key achievements over 2023/24

- Established a 24/7 Children and Young People alternative to hospital/discharge lounge in Carmarthen, linked to Crisis Assessment and Treatment Teams.
- Commissioned two Youth Worker led children and young people Sanctuaries in Pembrokeshire and Ceredigion.
- Developed and implemented a robust co-occurring Mental Health and Substance Misuse Framework and Pathways.
- Commissioned external providers to deliver timelier assessments to reduce excessive waiting times in Autistic Spectrum Disorder (ASD).
- A new Sector Model of Care has been developed and implemented across all GP cluster boundary areas. Which means that seamless care is provided from community to inpatient settings through a single consultant.
- New service specifications for the Memory Assessment Service and the Dementia Well-being Service have been developed and implemented.
- The GP Cluster based Well-being Service within Integrated Psychological Therapies Services (IPTs) has been fully recruited to and is now fully operational, offering face to face brief interventions cross all GP Cluster areas.

Outstanding actions / elements still to be completed (IF APPLICABLE)

- Develop an holistic clinical pathway for people living with dementia whilst experiencing acute-frailty distress during inpatient episodes of care.
- The strategic work on 'No wrong door' is being led by Regional Partnership Board colleagues and timelines are subject to a regional agenda. Work is ongoing to scope possible models for multi-agency referral panels/pathways.
- Development of the new service specification for Learning Disabilities and Adult Inpatient settings including pathway redesign, roles and functions etc has been delayed to 2024/25 due to current financial pressures. This includes any associated Organisational Change Process.
- Savings targets for Continuing Health Care (CHC) is being impacted due to the lack of availability of council accommodation eg there are 15 individuals who could step down into independent accommodation however there are no suitable/available Local Authority housing options.

Any other Comments / General Observations

- There is a national shortage of Learning Disability Nurses which may impact on planned recruitment for new service model.
- Inpatient Services continue to be impacted by a lack of registered nurses to safely staff wards, exacerbated by staff sickness, maternity leave and difficulties with recruitment.
- Demand continues to outweigh capacity in ASD services, which is severely impacting performance targets.

Planning Objective: P05a Estates Strategy

Executive Lead: Lee Davies

Overall status: Behind

We are behind on the timeline for the completion and submission of a Board approved A Healthier Mid and West Wales (AHMWW) Strategic Outline Case (SOC) by September 2023. Please see below for the delay details relating to the Welsh Government (WG) commissioned clinical model review and the WG Infrastructure Investment Board (IIB).

• Key achievements over 2023/24

- Completion of the WG commissioned Clinical Model Review by August 20 23 - As at Quarter 2 report, draft report received and broadly supportive of HDdUHB's clinical model. Formal feedback and copy of final report is still awaited from WG.
- Completion and submission of Board approved SOC by September 2023 – The final version of the SOC will need to reflect the output from the finalised Clinical Model Review and the results of the September 2023 IIB discussions. Correspondence has been received from the Deputy Chief Executive – NHS Wales (October and December 2023). A workshop is to be held with WG on 22 April 2024 to agree the range of strategic options for SOC appraisal which will help determine cost and timeline consequences for the programme. WG formal endorsement of the Programme Business Case (PBC) also remains outstanding and will in part, at least, be dependent upon HDdUHB responding to the IIB on the actions taken as a consequence of the Nuffield Trust Review.
- Land consultation for new Urgent and Planned Care Hospital reported to Public Board by September 2023 – Report presented to 14 September 2023 Board resulting in shortlist of two sites.
- Submission of regional 10-year capital plan to WG by August 2023 - Complete
- Submission of Full Business Case (FBC) for Cross Hands by January 2024 - This is now targeted for May 2024 as a consequence of the limited response to the market testing exercise to inform the scheme target price.

Outstanding actions / elements still to be completed (IF APPLICABLE)

- Clinical Review - formal feedback from WG to be received
- Feedback to WG on the actions taken by HDdUHB in relation to the Nuffield Trust review.
- A workshop to take place with WG officers to discuss and recommend the further options to be explored in the SOC.
- Successful conclusion of above will allow HDdUHB to cost and procure the team to support the completion of the SOC for new hospital, Glangwili Hospital (GGH) and Withybush Hospital (WGH) and to formally consider its approval and submission to WG for their review and subsequent approval. Timing is dependent on any further work emerging from the workshop with WG officers and the timing of the PBC endorsement by WG which must precede consideration of the SOC by the Board.

Any other Comments / General Observations

Risks to delivery: The programme is in delay. There is a risk that the programme might be further delayed or stopped. This is because of the risk of insufficient capital (or potentially revenue for innovative finance solutions) to support the development and implementation of the programme infrastructure requirements. The impact would be the highly significant risk to current service provision, location of services, equity of access and the need for unplanned service changes in response to potentially unsustainable service scenarios.

Overall status: On-track

Key achievements over 2023/24

- Development of the governance, scope, and programme approach for the Clinical Services Plan.
- A clinically led assessment of the ten service areas included within the Clinical Services Plan programme has been completed.
- An Issues Paper was presented to Board in March 2024, outlining the key findings from activity data, concerns data, workforce data, and early engagement with staff and service users.

Outstanding actions / elements still to be completed (IF APPLICABLE)

- In March 2024, the Board was asked to agree that all nine services (excluding Primary Care and Community Services) move to Phase 2 of the Clinical Services Plan programme (Option Development process).
- It is anticipated that a series of options for how the Clinical Services Plan programme could be delivered will be submitted to the Board for decision in September 2024.
- The Board will also be asked to agree that a separate governance structure be established to oversee the development of a Primary Care and Community Services Strategy.

Any other Comments / General Observations

The following potential risks have been identified that may impact Phase 2 and Phase 3 of the Clinical Services Plan programme (excluding Primary Care and Community Services):

- There is a risk that resources required including corporate support, operational teams and clinical time may not be available to support the continuity of the programme.
- There is a risk of scope creep in considering whole pathway approaches when considering options in relation to configuration.
- There is a risk relating to the current programme scope and that this reflected the position in the Health Board at the point in time the CSP commenced and does not consider further services that have been identified through the annual planning process that may need to be considered or supported for similar reasons.
- There is a risk of managing the interdependencies including the regional and recovery schemes taking place.
- There is a risk in relation to the finance required for Phase 3 of the programme. This has been articulated through the annual planning process and is logged through the relevant planning objective for the Clinical Service Plan.

Planning Objective: 7a: Population Health

Executive Lead: Dr Ardiana Gjini

Overall status: On-track

Key achievements over 2023/24

1. Healthy Weight Healthy Wales:
 - Whole System Approach to Healthy Weight programme: recruitment to all posts, and engagement with Public Services Board (PSBs) following participatory system mapping workshops.
 - Level 3 Weight Management Service: Fully staffed Multi-Disciplinary Team (MDT) is now in place.
2. Tobacco control – progress continues to be made in reducing smoking prevalence, with HDdUHB being only Health Board to achieve WG target of 5% smokers making a quit attempt via cessation services. Local Tobacco Control Group established. Promotion of cessation service led to 40% increase in hospital referrals vs 2022/23.
3. Alcohol and Drug Use: Strengthening of the Area Planning Board, and development of work plans to meet long-term requirements of national drug and alcohol plans. Highlights including launch of Blue Light Project in Quarter 4 to work with change resistant alcohol users. Roll out of Naloxone training to local police to prevent deaths from opiate overdose.
4. Children and Young People: Healthy Schools and Whole School Approach to Emotional and Mental Wellbeing – 100% of secondary schools completed self-evaluation 85% completed action planning.
5. Children and Young People: Early Years Needs Assessment completed, next steps to progress work.
6. Community development and Outreach Team completed over 10,000 engagements focusing on bridging the gap between health services and underserved communities.
7. Health Protection – Undertaken system workshops to develop sustainable local health protection system, adopting an all-hazards approach. Development of Hepatitis C elimination action plan and steering group.
8. Immunisation and Vaccination
 - Collaboration with Community Development and Outreach Team to provide immunisation opportunities directly to underserved groups, including Gypsy and Traveller communities.
 - Undertaking additional Measles, Mumps Rubella (MMR) clinics to respond to increased threat of measles.
 - Completion of vaccine champion training for social care settings.
 - All 48 HDd region GP practices commissioned to deliver shingles vaccination programme
9. Completion of the 'A Regional Collaboration for Health' (ARCH) Health Needs Assessment to inform evidence-based regional planning.
10. Production of initial Procedures of Limited Clinical Effectiveness policy and Interventions Not Normally Undertaken policies.

Outstanding actions / elements still to be completed (IF APPLICABLE)

1. Establishment of a Health Board wide forum for progression of population health and equity agendas – planned in Quarter 1 2024/25.
2. System wide, sustainable health protection model working with local partners currently in development, for progression in Quarter 1 2024/25.
3. Vaccine Equity Strategy to go to newly established Health Protection Group Quarter 1 2024/25, with strategy delivery plan to be by Quarter 2.
4. Healthy Weight Healthy Wales: In context of Health Board financial and service delivery situation model developed for children, young people (CYP) and families and discussed at Health Board CYP Working Group needs to be revised and developed alongside development of national plans for weight management.

Any other Comments / General Observations

1. While progress has been made across the planning objective, long term reduced head counts in the Senior Leadership Team (SLT) continue to pose challenges to delivery, however new leadership during the second half of 2023/24 affords a much stronger footing for the successor 2024/25 objective PO10, with revised and refreshed structures for delivery.
2. Population health workstreams will require continued long term strategic commitment to achieve necessary shift to prevention and change of current trajectories of ill health in our communities. A system wide focus on prevention and health equity is essential to meeting the sustainability and long-term strategic objectives of the Health Board.
3. Risks to future delivery include financial challenges including reductions in grant funds, paired with expanding delivery demands from WG, workforce challenges are also likely to continue.

Planning Objective: 7b Integrated Localities, Accelerated Cluster Development and Primary Care sustainability

Executive Lead: Jill Paterson

Overall status: This Planning Objective is now incorporated into the Primary Care Strategy Development Work within the CSP (6a)

Key achievements over 2023/24

- Professional collaboratives established for Community Pharmacy and Optometry with good attendance
- Ministerial Milestones have been achieved and reported on
- Development of an Issues Paper to inform the development of a Primary and Community Services Strategy
- All new Cluster projects are established with a monitoring methodology (QI) and robust data collection to support project progress and review

Outstanding actions / elements still to be completed (IF APPLICABLE)

- Following the Board decision in September 2023, this Planning Objective was paused and the work incorporated into the Primary Care Strategy Development work
- As articulated in a Board paper also in September 2023, the Primary Care Strategy the following were agreed to be in scope:
 - Primary Care contracted services: General Medical Service, Optometry, Community Pharmacy and General Dental Services
 - HDdUHB Managed Practices (current and future vision)
 - Community provision of services to bring care closer to home, including social prescribing, working with the Third Sector, multi-disciplinary working, Community Resource Teams, outreach service provision e.g. leg ulcer clinics etc
 - Health Board wide framework for the design and development of services at Pan Cluster Planning Groups at County level (Integrated Locality Planning)
 - The provision of Out of Hours services, 24/7 and Urgent Primary Care
 - Community Dental Services

Any other Comments / General Observations

The work on the strategy is also a key element of the Clinical Services Plan, As we move into 2024/25 and into Phase 2 of the CSP, the focus for Primary Care will be

- Whilst Primary Care has been included as part of the Clinical Services Plan process, phase 2 will differ to the other pathways. The key objective from the Primary Care issues paper is to provide information and insight into Primary Care Services, which will inform the development of a Primary Care and Community Services Strategy for Hywel Dda.
- A working group attended by key colleagues from across Primary Care, Community and partnership organisations will be established to review the issues paper key themes for Primary Care Services to renew the strategy project scope and agree the key strategic priorities.
- Contingent on the key themes and scope, a governance framework addressing each area will be constituted to support each stage of the strategy development.
- The steps involved and anticipated timeline will be developed and shared in future updates.

Planning Objective: 7c: Social Model for Health and Wellbeing

Executive Lead: Director of Public Health

Overall status: On-track

Key achievements over 2023/24

- Regular multi-agency county-level “Creating change together in...” meetings took place, providing the opportunity for information sharing and networking.
- There has been ongoing representation at and contribution to Public Services Boards meetings.
- Initial scoping work for an Employer Supported Volunteer (ESV) scheme has been carried out and a draft plan to progress a scheme has been produced.
- Support has been provided for a multi-partner creative engagement project in Pembrokeshire, led by Span Arts.
- Regular “Wednesday walks”, established in collaboration with UWSTD, have taken place.
- The Moondance Cancer Initiative (MCI) bowel cancer screening awareness-raising programme took place in Ysgol Pen Rhos, Tyisha, Llanelli- the first primary school in Wales to deliver the MCI. A robust evaluation of the MCI was carried out to help inform possible future implementation of the approach.
- An evaluation of the knowledge and application of the Asset Based Community Development (ABCD) approach by Health Board staff was carried out.
- Links and relationships with partners have been established, e.g. Gloucester Voluntary Council, Public Health Wales Evaluation Team, Coleg Sir Gar and the Early Years Team in Pembrokeshire.
- A draft Action Plan for 2024 – 2025 to progress the Social Model for Health and Wellbeing has been produced.
- Plans are underway to develop a new “Social Innovation Hub” in collaboration with University of Wales Trinity Saint David (UWTSD). Discussions are taking place about initial projects to be “incubated” in the Hub.

Outstanding actions / elements still to be completed (IF APPLICABLE)

- N/A

Any other Comments / General Observations

- The Social Model for Health and Wellbeing Steering Group is being refreshed. The first meeting of the refreshed group is likely to take place in May 2024.
- Existing community activity that aligns with, supports or reflects a Social Model for Health and Wellbeing, is being mapped.
- A paper about the systematic review of the literature for a Social Model for Health and Wellbeing, led by Aberystwyth University and supported by the Health Board, is going to be published in the European Journal of Public Health (publication date to be confirmed).